



THSA01 Implementing Point-of-Care for Early Infant Diagnosis Testing

Non-Commercial Satellite

Venue: Session Room 2

Time: 07:00-08:30

Organizer: African Society for Laboratory Medicine (ASLM)

Early Infant Diagnosis (EID) is the only gateway to care and treatment for vulnerable infants. However, limited access, lost test results, and long turn-around-times (TATs) lead to high loss-to-follow-up (LTFU). Innovative point-of-care (POC) EID technologies provide the opportunity to save lives by revolutionising the way that patients access care and treatment. This session will present the latest information and evidence on POC EID diagnostics to help facilitate the adoption and implementation planning of POC EID technologies. Presentations on POC EID products will include the product pipeline, regulator status, pricing, and technical performance data. Topics focused on operationalising POC EID testing to maximise patient impact include data-driven approaches to site and product selection, new infant testing strategies, and early lessons-learned from POC EID pilots.

Welcome and introductions

J.Cohn, Elizabeth Glaser Paediatric AIDS Foundation, Switzerland; H.Watts, Office of the Global AIDS Coordinator, PEPFAR, United States

Framing remarks

R.Matiru, UNITAID, Switzerland

Update on WHO EID Algorithm and Opportunities for Earlier Diagnosis

L.Vojnov, WHO, Switzerland

EID Technical Evaluation Results

S.Carmona, University of the Witwatersrand, South Africa

Uganda EID Entry Point Study

C.Kiyaga, Central Public Health Laboratory, Uganda

Impact of POC EID: Pilot Experiences from Mozambique

I.Jani, National Institute of Health, Mozambique

Impact of POC EID: Pilot Experiences from Malawi

R.Mwenda, Malawi Ministry of Health, Malawi

POC EID Implementation: Planning Scenarios for Optimised EID - Experiences from Lesotho

T.Mots'oane, Lesotho Ministry of Health, Lesotho

Global Fund Framework Agreements for Diagnostic Procurement and POC EID Procurement Consortium

Q&A, closing remarks

J.Cohn, Elizabeth Glaser Paediatric AIDS Foundation, Switzerland; H.Watts, Office of the Global AIDS Coordinator, PEPFAR, United States

THSA02 What People Living with HIV Want

Non-Commercial Satellite

Venue: Session Room 3

Time: 07:00-08:30

Organizer: Global Network of People living with HIV

LIVING2016, The Positive Leadership Summit, is a pre-conference to AIDS2016. During this satellite we would like to share with you what was discussed at this conference for people living with HIV. In a rich and interactive session, people living with HIV from different regions and different walks of life will share their vision on the future of the HIV response.

What people living with HIV want

THSA03 Building on HIV Clinical Pharmacology to Develop an African Center of Excellence in Pharmaceutical Sciences

Non-Commercial Satellite

Venue: Session Room 4

Time: 07:00-08:30

Organizer: Center for Integrated Global Biomedical Sciences, University at Buffalo, State University of New York; University of Zimbabwe; University of the West Indies

Scientific breakthroughs in HIV prevention and treatment research, many with novel pharmacologic strategies, have produced evidence that early access to combination antiretroviral therapy is highly effective in preventing HIV sexual and vertical transmission, as well as reducing mortality. Building on the resultant HIV/AIDS pharmacology research infrastructure in Africa can facilitate regional educational initiatives in Science, Technology, Engineering and Mathematics (STEM) to foster the application of emerging technologies in drug development, drug quality testing, nanomedicine and indigenous medicines for tuberculosis, malaria, viral hepatitis as well as emerging infectious diseases. This satellite will focus on mechanisms that that will contribute to an integrated model for clinical pharmacology research programs within an African network of university and private sector settings with the following themes: 1) point of care medication adherence testing and behavioral research models, 2) design of clinical

Establishing the University of Zimbabwe Center of Excellence in Clinical Pharmacology and Pharmaceutical Sciences

T.Mudzviti, Newlands Clinic, Zimbabwe

Nanomedicine Laboratories and Drug Development programs in Africa

A.Dube, University of the Western Cape, South Africa; A.Dube, University of the Western Cape, Zimbabwe

Role for Clinical Pharmacology and Translational Science in National Health Programs

S.Nanzigu, Makerere, Uganda

Building on Quality Assurance toward Pharmaceutical Laboratory Quality Management Systems

R.DiFrancesco, University at Buffalo, United States

Panel Discussion

G.Morse, University at Buffalo, United States

THSA05 Using Prevention Cascades to Improve Programmes

Non-Commercial Satellite

Venue: Session Room 6

Time: 07:00-08:30

Organizer: Bill and Melinda Gates Foundation/UNAIDS

Following a very strong global interest in and success with rolling out HIV treatment, using the 90:90:90 cascade framework in recent years, there now is also renewed interest in advancing the HIV combination prevention agenda focusing on those negative. The operationalization of combination prevention using a similar cascade framework is however complicated by the need to define who is at risk and estimate population sizes and the availability of an increasing number of prevention options. The session will discuss the concept of prevention cascades and issues related to their measurement, provide examples of prevention intervention cascades and make recommendations for using prevention cascades to strengthen programs. Participants will develop an understanding of how the cascade framework can be useful to advance the planning and management of combination prevention programs including monitoring progress and addressing bottlenecks. The session targets HIV prevention program policy makers, planners and implementers.

Introduction

S.Vermund, Vanderbilt Institute for Global Health, United States

The concept of prevention cascades, demand and supply cascades

G.Garnett, Bill and Melinda Gates Foundation, United States

Sources of data for prevention cascades and their potential use



W.El-Sadr, ICAP at Columbia University, Mailman School of Public Health, United States

Condom cascade in Swaziland

L.Malaza, Ministry of Health, Swaziland

Voluntary and Medical Male Circumcision cascade in Zimbabwe

N.Madidi, PSI, Zimbabwe

Recommendations for interventions to improve prevention cascades

K.Dehne, UNAIDS, Switzerland

THSA06 Moving from Silos to Solidarity

Non-Commercial Satellite

Venue: Session Room 7

Time: 07:00-08:30

Organizer: Global Network of Black People working in HIV, GNBPH

Join AIDS 2016 Local Co-Chair Olive Shisana, ScD, UNAIDS Ex. Director Michel Sidibé, US Congresswoman Barbara Lee, Society Against AIDS in Africa Program Manager Gordon Tambro, PEPFAR Chief Policy Officer A. Cornelius Baker, AMSHeR Ex Director Kene Esom, Coalition for African Lesbians Ex. Director Dawn Cavanagh, Women Now Chair Dazon Dixon Diallo, Gilead Sciences, Inc. Sr. Director Douglas Brooks, THRIVE SS Co-Founder Daniel Driffin, Ford Foundation Program Officer, Eka Esu Williams, PhD for a breakfast session to highlight best practices in engaging people and communities of the African Diaspora given the HIV prevalence, latest science, availability of new tools and technologies. The session will provide the opportunity to hear from leaders across disciplines with special emphasis on developing bio-medical, socio-cultural and eco-geopolitical competencies and strategies. The session goal: the exchange of ideas for cross silo collaboration. GNBPH Global Leadership Awards will be given to Under-Secretary-General Sidibé, Professor Shisana and Congresswoman Lee.

Welcome

M.Martin, Global Network of Black People working in HIV, United States

Moving from Silos to Solidarity

D.Driffin, THRIVOSS, United States

THSA07 Diagnosis and treatment of TB in people living with HIV: Discussion

Non-Commercial Satellite

Venue: Session Room 8

Time: 07:00-08:30

Organizer: London School of Hygiene & Tropical Medicine and The Aurum Institute

In resource-constrained settings, tuberculosis (TB) remains the leading cause of death in HIV-positive adults. In this session we will discuss three South African studies designed to inform strategies to reduce morbidity and mortality due to TB. In the TB Fast Track trial, we tested the effect of nurse-led empirical TB treatment on mortality among adult outpatients with advanced HIV disease; in the Lesedi Kamoso study we explored causes of death among TB Fast Track participants; and in the XPHACTOR study we tested ways to prioritise use of Xpert MTB/RIF among HIV clinic attendees. We will discuss the findings of these three studies and their implications for current practice for with respect to TB investigation and management among HIV-positive people.

TB fast track: testing the effect of nurse-led empirical TB treatment on mortality among adult outpatients with advanced HIV disease

S.Charalambous, The Aurum Institute, South Africa; M.Tlali, South Africa

Lesedi Kamoso: exploring causes of death among TB Fast Track participants

A.Karat, LSHTM, United Kingdom

XPHACTOR: testing ways to prioritise use of Xpert MTB/RIF among HIV clinic attendees

THSA08 Fast-Tracking Access to ART: The Journey to Reach >1 Million Patients in KwaZulu-Natal, South Africa and the Road Ahead

Non-Commercial Satellite

Venue: Session Room 9

Time: 07:00-08:30

Organizer: MatCH (Maternal, Adolescent and Child Systems), KwaZulu-Natal Department of Health, UNAIDS

KwaZulu-Natal Province in South Africa has the largest antiretroviral treatment (ART) programme in the world with >1 million patients commenced on ART since 2004. The KZN Department of Health, UNAIDS and MatCH (Maternal, Adolescent and Child Health Systems) are hosting a satellite session to showcase the rapid scale-up of ART in KZN from hospital-based doctor driven services to integrated HIV treatment and care at primary health services. The session will explore both cost effective practices that contributed to accelerated ART scale up such as the roll-out of Nurse-Initiated and Managed Anti-Retroviral Treatment (NIMART) and also interventions to successfully integrate HIV care at primary health services. In addition, there will be discussion on key policy and practice issues to be considered for the province to achieve UNAIDS 90-90-90 targets by 2030.

Opening and purpose of the workshop;

H.Coovadia, MatCH Health Systems (Maternal, Adolescents and Child Health), South Africa

The role of NIMART in reducing morbidity and mortality in KZN

S.Dhlomo, South Africa

Documentary on the experience of NIMART nurses in KZN: video footage

Task shifting, increasing access to ARV and sustaining treatment success in Peri-Urban Primary

M.Nzimande, South Africa; M.Zuma, South Africa

Impact of NIMART on elimination of mother to child transmission of HIV

Assessing the impact of nurses on antiretroviral therapy initiation in rural KwaZulu-Natal

M.Zuma, South Africa

Message of support from the US Government

F.Chisholm, South Africa

Message of support from UNAIDS

E.Morah, South Africa

Book launch and official handover of the book by Hon. MEC health, Dr. SM Dhlomo to the Hon. Premier W Mchunu

Introduction of the Hon. Premier for KZN

S.Dhlomo, South Africa

Keynote Address

W.Mchunu, Premier of KwaZulu-Natal, South Africa

Closing Remarks and Vote of Thanks

P.Mdletshe, South Africa

THSA09 Hormonal Contraception and HIV: A Review of the Science and Research, and Their Implications for Research, Programme and Policy

Non-Commercial Satellite

Venue: Session Room 10

Time: 07:00-08:30

Organizer: World Health Organization

WHO convened a Technical Consultation to identify research gaps and directions for future research with respect to hormonal contraception (HC) and HIV acquisition risk; and use of anti-retroviral therapy (ART) in December 2015. A multi-disciplinary group of experts in family planning and HIV research, policymakers, and civil society were represented. The objectives of this three-day meeting were to review the body of published evidence and ongoing



research on HC methods and HIV; identify and highlight key research priorities and discuss programmatic and policy implications of these research findings. Three main topics i.e. HC for women at risk of HIV infection (HIV acquisition); HC methods and ART interactions and Implementation Research were discussed. This session will report on the key messages of the meeting, systematic reviews (including the latest on DMPA and HIV acquisition and HC and ART interaction), biological mechanisms and an update on the ECHO-trial.

Welcome and introduction

J.Kiarie, World Health Organization (WHO), Switzerland

Meeting objectives and key messages of the meeting

P.Steyn, Department of Reproductive Health and Research, WHO, Switzerland

Hormonal contraception and HIV acquisition - updated systematic review

C.Polis, Guttmacher Institute, United States

Update on the ECHO randomised trial on HIV acquisition among users of different hormonal contraceptive (HC) methods

J.Baeten, University of Washington, United States

Biological/immunological mechanisms for an association between HC and HIV

J.Hapgood, Institute of Infectious Disease and Molecular Medicine, University of Cape Town, South Africa

Interactions between HC methods and ART - updated systematic review

A.Gray, University of KwaZulu-Natal, South Africa

Questions

Wrap-up

H.Rees, University of Witwatersrand, South Africa

THSA10 #BarriersMustFall – International Review Findings and a Toolkit for Removing Age of Consent Barriers to Adolescent Access to HIV and SRH Services

Non-Commercial Satellite

Venue: Session Room 11

Time: 07:00-08:30

Organizer: Southern African AIDS Trust (SAT)

The world's attention has moved beyond HIV and AIDS. Yet it remains the leading killer of adolescents in southern Africa. Eastern and Southern Africa now has 10.5 million children who have lost one or both parents to AIDS. In 2011, there was an estimated 1.2 million adolescents 10-19 years old living with HIV, more than half of all HIV-positive adolescents globally.

Research conducted in many parts of the world shows that several legal and human rights barriers hinder access to, and uptake of SRH and HTC services and to linkages to prevention, treatment and care. Key among these barriers are age of consent legislation and policies which impede. Southern African AIDS Trust in collaboration with UNICEF worked with Thompson Reuters to conduct a legal review in Botswana, South Africa, Swaziland, Kenya, Zambia, Zimbabwe, Malawi, Tanzania, Mozambique, Nigeria, Morocco, Cote d'Ivoire, United Kingdom, Sweden, France, Canada, British Columbia, Ukraine, Brazil, Jamaica, India, Thailand, Indonesia and Vietnam

THSA11 Children Treatment Challenges in Resource-Limited Settings

Major Industry Sponsor Satellite

Venue: Session Room 12

Time: 07:00-08:30

Organizer: Merck MSD

TBA

Opening remarks

M.Cotton, Stellenbosch University, South Africa

WHO guidelines and recent data: implementing gaps

L.Mulenga, University Teaching Hospital, Zambia

Managing HIV in children in resource-limited settings: key challenges

M.Cotton, Stellenbosch University, South Africa

Improving treatment coverage

T.Puthanakit, Chulalongkorn University, Thailand

Case studies

Concluding remarks

M.Cotton, Stellenbosch University, South Africa

THSA12 Evaluation Results on Integrating HIV Services with Other Health Services: Improving Effectiveness and Efficiency in Addressing the HIV Care Continuum

Non-Commercial Satellite

Venue: Session Room 13

Time: 07:00-08:30

Organizer: International Initiative for Impact Evaluation (3ie)

Rigorous evidence for new approaches to address uptake and retention in care more efficiently and effectively is needed to achieve the UNAIDS 90-90-90 targets by 2020. Integration of HIV services with other services shows promising potential. This session will present results from impact evaluations of five pilots implemented in Côte d'Ivoire, Tanzania, and Zimbabwe. These studies of under-researched HIV service integration programs to improve linkage to care, adherence and retention were funded by International Initiative for Impact Evaluation. They contribute to understanding better what works, why, how, and at what cost to maximize policy relevance and impact. The pilots include integration of: the expanded program for immunization with early infant diagnosis, Option B+ with maternal and child health, the use of an appointment system within Option B+, and preliminary results for integrating within a chronic care model and into community health worker services.

Introduction and welcome

Presentation 1

T.Barnighausen, Harvard University, United States

Presentation 5

S.McCoy, University of California, Berkeley, United States

Presentation 4

Presentation 2

Presentation 3

Questions/ Discussion

THUSA04 The 'HOW' of reaching adolescents and young people in sub-Saharan Africa with high-impact HIV interventions: Lessons learnt from Kenya

Non-Commercial Satellite

Venue: Session Room 5

Time: 07:00-08:30

Organizer: Government of Kenya, National AIDS Control Council, United Nations Children's Fund

For the first time in the history of the HIV epidemic, the world has the knowledge and tools to create an AIDS-free generation among adolescents and young people. Based on Kenya's latest experience, this session will answer critical questions on HOW to ensure that adolescents and young people are protected from HIV. It will highlight policy and resource considerations to end AIDS among adolescents and young people, provide insights from PrEP programmes on service delivery considerations for HIV prevention among adolescent girls and young women, illustrate how countries can successfully generate and utilize age-disaggregated data for decision-making, describe



investments to be made so as to reduce new infections among adolescents and young people as well as innovations in going to where adolescents are, especially those most vulnerable and often ignored. Adolescents living with HIV as champions of change will also let you know what success looks like.

Welcome And Introduction

U.Gilbert, UNICEF, Kenya

Mobilizing political commitment and investments in Africa to end HIV among adolescents and young people (TBD)

G.Machel-Mandela, Graça Machel Trust, Mozambique

Kenya's multi-sectoral approach in implementing the Fast-track Plan To End HIV and AIDS Among Adolescents: Successes, lessons and opportunities

N.Kilonzo, National AIDS Control Council of Kenya, Kenya

What investments must sub-Saharan Africa be prepared to make to reduce new infections among adolescents and young people?"

M.Wijnroks, The Global Fund, Switzerland

Developing data estimates and counting adolescents and young people in order to reach those that are most-at-risk and most-in-need

U.Gilbert, UNICEF, Kenya

The voice of adolescents: Lessons learnt from a national network of adolescents and young people living with HIV in Kenya in becoming leaders and champions for an effective HIV response

B.Bakobye, HIV Advocate, Kenya

Policy and service-delivery considerations for HIV prevention among adolescent girls and young women: Lessons learnt in implementing PrEP programmes

E.Bukusi, Kenya Medical Research Institute (KEMRI), Kenya

Using innovation and technology to provide accurate and correct HIV and SRH information and services to young people: lessons from the LVCT Health one2one programme that reaches 300,000 young people annually

W.Mukoma, LVCT Health, Kenya

THSA13 The Last 90: Accelerating Diagnostics Scale Up to Measure, Achieve and Sustain Viral Suppression

Non-Commercial Satellite

Venue: Session Room 1

Time: 18:30-20:30

Organizer: World Health Organization (WHO), UNITAID, Bill & Melinda Gates Foundation

Objectives:

- To review progress in scaling up access to viral load in high HIV burden settings
- To explore new opportunities to further scale up access to viral load testing, including through point-of-care testing and polyvalent platforms
- To discuss approaches to supporting optimal adherence to antiretroviral therapy
- To consider the impact of new policies, in particular "treat all" and "differentiated care" on scaling up access to diagnostic services

Description:

Global targets call for achieving 90% virological suppression among people on antiretroviral therapy by 2020. However, there remain important challenges to ensuring adequate levels of adherence and retention in care, and current levels of viral load testing coverage remain limited. Further, new recommendations to "Treat All" irrespective of immune status call for a more than doubling of the number of people currently on antiretroviral therapy, and this brings a number of important challenges with respect to

Chairs introduce the session and speakers

Opening Remarks UNITAID

R.Matiru, UNITAID, Switzerland

Scaling up viral load: current status and future trends

T.Peter, Clinton Health Access Initiative, Botswana

Uptake and utilization of CD4 and viral load: a global survey

N.Ford, World Health Organization, Switzerland

DBS for viral load: data and recommendations

L.Vojnov, WHO, Switzerland

How can countries take advantage of multi-test platforms for future POC viral load and EID testing?

W.Stevens, University of the Witwatersrand, South Africa

Experience using Point of Care viral load: Where are we and what needs to happen?

S.Carmona, University of the Witwatersrand, South Africa

New issues for viral load and country response and planning

J.Nkengasong, Centers for Disease Control (CDC), United States

Panel Discussion

Closing

THSA14 Leveraging Technology for Outreach, Vulnerability Reduction and Institution Building

Non-Commercial Satellite

Venue: Session Room 2

Time: 18:30-20:30

Organizer: Swasti

Phase III of Avahan has been built on the foundation of the prevention efforts of the previous phases. The focus has been on sustaining the HIV impact for key affected people through community system strengthening. Efforts towards financial security, social protection, prevention of violence and institutional strengthening have been due to the recognition that the risk reduction is sustainable only when the vulnerabilities are also reduced.

Evidence generated by Phase III (in 15 months of implementation) is already showing link between vulnerability and risk reduction. We expect to have stronger and more clear evidence in the next 15 months (at which time the grant period is completed). It is also for the first time that there is cohort data that is available for 135,000 individuals, not just on HIV prevention related service access but also on their socio-economic profile. Technology developed by the program also enables this data to be made available real time from the field workers to the nati

THSA15 Making AIDS History by 2030 High Level Meeting

Non-Commercial Satellite

Venue: Session Room 3

Time: 18:30-20:30

Organizer: Africa Union Commission and the Government of South Africa

To position health financing advocacy in order to make AIDS history, the African Union in collaboration with the Republic of South Africa will jointly host a High Level Event: 'Making AIDS history by 2030,' during the International AIDS Conference in Durban, Republic of South Africa on 21 July 2016. The side event will be hosted by the Republic of South Africa, Hon. Deputy President, who is envisaged to be the Guest of Honour and the Minister of Health South Africa who is envisaged to be anchor panelist. The Executive Director for UNAIDS and Global Fund will be invited to be the main panelists. The event will be moderated by H.E. Dr. Mustapha Sidiki Kaloko, Commissioner for Social Affairs; African Union Commission who will engage panellists with questions related to domestic financing for health before opening the floor to audience participation. The meeting is expected to bring selected Ministers of Health, UN Agencies, development partners and the private sector and ONE Campaign Africa representative.



THSA17 The Right Tools to Scale up HIV Treatment for Children, Right Now! Practical Programmatic Perspectives

Non-Commercial Satellite

Venue: Session Room 5

Time: 18:30-20:30

Organizer: Drugs for Neglected Diseases initiative, Clinton Health Access Initiative, UNITAID, NEPHAK

Despite major efforts to increase the number of children on HIV treatment and a continuing reduction in mother-to-child transmission of HIV, treatment coverage for children remains unacceptably low. Two challenges that contribute to this treatment gap include delays in diagnosis and suboptimal paediatric antiretroviral (ARV) formulations. The year 2015 saw some promising steps towards addressing these challenges. New initiatives have been launched to scale up early infant diagnosis in a number of sub-Saharan African countries. In May 2015, the U.S. Food and Drug Administration approved an improved formulation of one of the components of the World Health Organization (WHO) recommended treatment combination for children under three years of age. This session will explore how to consolidate these gains and catalyse large-scale diagnosis and treatment of infants and young children with HIV.

Welcome and introduction

P.Clayden, HIV i-Base, United Kingdom

Keynote remarks

A.Pillay, South Africa

Panel I: What does it take to select, prioritise, and develop optimal ARV formulations for children with HIV/AIDS

WHO guidance on when to test, what to treat with, and selecting optimal formulations for children

S.Essajee, WHO, United States

Collaboration and acceleration of priority ARV formulations needed for children

C.Perez Casas, UNITAID, Switzerland

Update on development of 4-in-1 LPV/r-based combination for infants and young children: Manufacturing and R&D perspective

Moderated Q&A

N.Sugandhi, Senior Clinical Advisor, CHAI and Cordelia Katureebe, Head of Paediatrics, National AIDS Control Programme, Uganda

Panel II: What does it take to ensure access to new paediatric formulations within country programmes

The long and winding road to country introduction: Key steps after development of new paediatric ARV formulations

Revising national guidelines and training clinicians

Preparing communities for introduction of new formulations: practical tools for community outreach

Moderated Q&A

N.Sugandhi, Senior Clinical Advisor, CHAI and Cordelia Katureebe, Head of Paediatrics, National AIDS Control Programme, Uganda

Panel III: What does it take to introduce new formulations and implement programmes with new formulations: Sharing of initial experience

LPV/r oral pellets implementation study in Kenya

Lessons from CHAPAS 2

V.Musiime, Joint Clinical Research Centre, Uganda

Moderated Q&A

N.Sugandhi, Senior Clinical Advisor, CHAI and Cordelia Katureebe, Head of Paediatrics, National AIDS Control Programme, Uganda

THSA18

What it Takes to Make HIV Self-testing a Global Reality: Evidence, Quality-assured Products and Country Uptake

Non-Commercial Satellite

Venue: Session Room 6

Time: 18:30-20:30

Organizer: World Health Organization, PATH, LINKAGES/FHI 360, PSI

HIV self-testing (HIVST), the process in which a person tests and interprets the result in private, has significant potential to scale-up access to HIV testing particularly among key affected populations who are at high risk for HIV infection. This satellite will present the World Health Organization's (WHO) latest guidance on HIVST, WHO prequalification processes for HIVST, and country experiences with implementing HIVST in Asia, Africa and Latin America. The session will include a panel of donors that will address current priorities and perspectives on what needs to happen to make HIVST a global reality.

HIVST and key populations: Global overview, normative guidelines and recommendations

R.Baggaley, World Health Organization (WHO), Switzerland; C.Johnson, World Health Organization, Switzerland

WHO/UNITAID landscape analysis, WHO prequalification assessment of rapid diagnostic tests for HIVST and the role of post-market surveillance

A.Sands, World Health Organization, Switzerland; R.Meurant, World Health Organization, Switzerland

Discussion / Q&A

R.Peck, PATH, United States

In the hands of the community: Accelerating key population-led HIV lay and self-testing in Viet Nam

K.Green, PATH, Vietnam; H.Phan Thi Thu, Vietnam Administration of AIDS Control, Vietnam

Getting to the first 90: Offering HIVST to key populations in Thailand

N.Phanuphak, Thai Red Cross AIDS Research Centre, Thailand; M.Avery, FHI 360, Thailand

Getting HIVST right: Results from the STAR project clinical performance study in Zambia

K.Hatzold, Population Services International, Zimbabwe; M.Neuman, London School of Hygiene and Tropical Medicine, United Kingdom

Ahora e Agora: HIVST to reach men who have sex with men in Brazil

B.Grinsztejn, Fundação Oswaldo Cruz (Fiocruz), Brazil; R.de Boni, Fiocruz, Brazil

Donor Panel: Priorities and perspectives on what is needed to make HIVST a global reality

A.Bermejo, Children's Investment Fund Foundation, United Kingdom; A.Fakoya, The Global Fund, Switzerland; G.Garnett, Bill and Melinda Gates Foundation, United States; C.Perez Casas, UNITAID, Switzerland; V.Wong, United States Agency for International Development, United States

Discussion & closing remarks

S.Silmula, APCOM, India

THSA19 Innovative Approaches for Sustainable Financing of AIDS Responses

Non-Commercial Satellite

Venue: Session Room 7

Time: 18:30-20:30

Organizer: UNDP

TBA

Overview of the financing situation

J.Izazola, UNAIDS, Mexico

THSA20 Making 90-90-90 a Reality: Business Unusual in South Africa

Non-Commercial Satellite

Venue: Session Room 8



Time: 18:30-20:30

Organizer: National Department of Health and UNAIDS

This symposium will highlight South Africa's considerable efforts to implement the UNAIDS 90-90-90 targets using a "3 feet approach". South Africa was one of the first countries to adopt ambitious 90-90-90 targets for HIV and TB by 2020. To fast track action, an innovative, bottom-up District Implementation Planning (DIP) process was introduced using a participatory approach to identify bottlenecks of poor performance against a set of tracer indicators. The outcome is costed HIV and TB plans, per district, which consolidate all available resources and guides all stakeholders to ensure that funds flow to priority actions, locations and populations. The process has unified action and strengthened collaboration between government, donors and implementing partners. Speakers will be high-level officials representing the South African Government, the United States President's Emergency Plan for AIDS Relief (PEPFAR), and others. They will describe the DIP process, reflect on lessons learned and suggest future directions.

Introductory remarks

E. Kiwango, UNAIDS, South Africa

90-90-90 in South Africa: what does it mean for the country's AIDS response?

Y. Pillay, National Department of Health, South Africa

Galvanizing PEPFAR partners for successful implementation of 90-90-90

N. Knight, PEPFAR, United States

Using the three-feet approach at facility level: on-the-ground experience

S. Bhardwaj, UNICEF, South Africa

An experience of bottom-up planning addressing the 1st and 2nd 90: a facility perspective

R. Mtshali, KwaZulu Natal DoH, South Africa

What have we learned about the second 90?: Evidence from the districts

H. Fomundam, Howard University, United States

A multi-sectoral approach to development of the DIP in addressing the 3rd 90

G. Shabangu, KwaZulu Natal DoH, South Africa

90-90-90 on a local level in South Africa: a civil society perspective

M. Mfundisi, Show Me Your Number, South Africa

Round table discussion

Closing remarks

THSA21 Voluntary Medical Male Circumcision Quality Assurance and Quality Improvement: Lessons Learned from East and Southern Africa

Non-Commercial Satellite

Venue: Session Room 9

Time: 18:30-20:30

Organizer: USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project

With funding from USAID and PEPFAR, the USAID ASSIST Project is supporting national voluntary medical male circumcision (VMMC) programs and implementing partners to assure the safety, efficiency, and quality of VMMC services in East and Southern Africa. In this satellite session, we will show results from applying External Quality Assurance (EQA) and Continuous Quality Improvement (CQI) tools and technologies to improve VMMC service quality and patient outcomes in multiple countries. Presentations will be followed by a panel discussion representing national government, US Government, and implementing partner perspectives, to share lessons learned in rolling out CQI in VMMC programs and discuss implications for other countries and HIV program areas.

Welcome and opening remarks

Y. Pillay, National Department of Health, South Africa

Applying External Quality Assessment and Continuous Quality Improvement to VMMC

D. Jacobs, University Research Co., LLC, South Africa

Addressing Key Quality Gaps in VMMC: Strategies and Results

J. Byabagambi, USAID ASSIST Project/URC, Uganda

Improving Efficiency through Site Utilization and Capacity Assessments

J. Ndirangu, University Research Co., LLC, South Africa

Q&A on Presentations

Y. Pillay, National Department of Health, South Africa

Screening of "A Finer Cut: South Africa's Journey to Improve Quality in VMMC"

I. Choge, USAID, South Africa

Panel: Scaling up and sustaining quality VMMC programs: Lessons and implications for other programs

E. Njeuhmeli, United States Agency for International Development (USAID), United States; A. Opio, Ministry of Health, Uganda; I. Ngomane, Mpumalanga Provincial DOH, South Africa; S. Maphisa, Dr. Maphisa & Partners, South Africa; W. Isaacs, TB/HIV Care Association, South Africa

Q&A for Panel

E. Njeuhmeli, United States Agency for International Development (USAID), United States

Final remarks

Y. Pillay, National Department of Health, South Africa

THSA22 Girls and HIV: What We Know, What We Don't Know and What We Need to Do to Reach 10- to 19-year-olds

Non-Commercial Satellite

Venue: Session Room 10

Time: 18:30-20:30

Organizer: DREAMS and Link Up, Population Council

In many parts of the world, the HIV epidemic is young, poor, and female, especially in sub-Saharan Africa. The virus exploits the vulnerabilities in the lives of many girls and young women – including poverty, violence, lack of education, financial dependency and early marriage. Understanding these vulnerabilities and the real life circumstances that put adolescent girls at risk is key to reversing the very high rates of HIV infection around the world. Evidenced-based policies, programs and interventions must be prioritized. A multidisciplinary panel of researchers, advocates, and program managers will review available data and remaining gaps on adolescent girls, discuss the various challenges and share best practices for gathering evidence and designing programs and interventions that will help meet the unique needs of 10 -19 year olds.

Welcome and introduction

E. Yam, Population Council, United States

Panel: Data gaps and research ethics

S. Kalibala, Population Council, United States; T. Oyewale, UNICEF, United States; M. Brady, Population Council, United States; J. Santelli, Columbia University, United States

Panel: Practical approaches and challenges with programs and research among adolescent girls

G. Caswell, International HIV/AIDS Alliance, South Africa; S. Kalibala, Population Council, United States; D. Amanire, Marie Stopes International Uganda, Uganda; R. Babirye, Uganda Network of Young People Living with HIV & AIDS, Uganda

Challenges of providing HIV-related services to adolescent girls

Panel: New prevention and treatment technologies for adolescent girls and young women

M. Brady, Population Council, United States; B. Friedland, Population Council, United States; S. Mathur, Population Council, United States

Closing

E. Yam, Population Council, United States

THSA23



Sex in the City of Gauteng - The Uncomfortable Truth

Non-Commercial Satellite

Venue: Session Room 11

Time: 18:30-20:30

Organizer: Gauteng AIDS Council

THE GAUTENG RESPONSE TO HIV & TB IS A COLLABORATION BETWEEN STAKEHOLDERS IN GOVERNMENT, SECTORS OF CIVIL SOCIETY, ORGANISED LABOUR UNIONS AND BUSINESS. THIS SESSION WILL HIGHLIGHT THE STRENGTH AND CHALLENGES OF A MULTI SECTORAL RESPONSE IN A HIGHLY URBANISED SETTING WITH COMPLEX MIGRANT POPULATIONS.

Introduction

Panel discussion

Q & A

- To discuss the practical applications of what works through community based interventions, building on existing services, systems and platforms, as effective strategies for programming. ;
- To better understand the importance of caregiving, and the key role of families and communities.
- To understand better what we can do individually and as a collective to improve the development outcomes for all young children.

Welcome

Presentation

Panel discussion moderated by Leila Pakkala

T.Nyamane, Mentor Mother, Swaziland; M.Tomlinson, Stellenbosch University, South Africa; S.Lewis, AIDS-Free World, Canada; G.Machel, Graça Machel Trust, Mozambique

Dialogue with the audience

Closing

THSA24 New Directions in Hepatitis Testing: WHO Guidelines on Hepatitis Testing

Non-Commercial Satellite

Venue: Session Room 12

Time: 18:30-20:30

Organizer: Global Hepatitis Programme, World Health Organization

Testing and diagnosis of Hepatitis B and C infection is the gateway for access to both care and treatment and prevention services. Action in hepatitis testing has been fragmented and limited to a few countries, and there remains a large burden of undiagnosed cases. WHO has developed guidance on hepatitis testing to complement existing guidance on management of hepatitis B and C, and guidance on HIV testing. This guidance addresses both who to test for hepatitis B and C, and how to test in terms of selection of assays and diagnostic algorithms, and how to monitor treatment response, and optimise linkage to care. This satellite will provide an overview of the key new WHO recommendations in hepatitis testing.

New WHO recommendations and evidence/rationale for hepatitis testing in low and middle income countries

P.Easterbrook, WHO, Switzerland

Innovations in diagnostics – future opportunities

R.Peeling, The London School of Hygiene & Tropical Medicine, United Kingdom

Rwanda experience in scale up of hepatitis C testing and treatment

J.Semahore, World Health Organization, Rwanda

Innovations in Community based hepatitis testing for key populations

R.Nalinkanta, Community Network for Empowerment, Manipur, India

Making a difference: the role of advocacy and community

K.Kabagambe, National Organization for People Living with Hepatitis B, a member of World Hepatitis Alliance, Uganda

Panel discussion

THSA25 Using the Science of Human Development and HIV to Improve Outcomes for Young Children Affected by HIV and AIDS

Non-Commercial Satellite

Venue: Session Room 13

Time: 18:30-20:30

Organizer: UNICEF

Session Objectives:

- To understand better the latest evidence on the impact of early life experiences and stressors on early brain development and function, specifically with regards to HIV-affected children;