

FRPL01 Where Are We Headed?

Plenary Session

Venue: Plenary 2

Time: 08:10-10:30

Co-Chairs: Fábio Mesquita, Brazil
Lambert Grijns, Netherlands
Abby Landy, Australia

CIPHER Grantees 2013

L. Bekker, South Africa

Award Presentation: CIPHER Grant Programme

F. Barré-Sinoussi, France

How to Dance? - a film produced by Zvandiri, a group of HIV positive children & adolescents from Zimbabwe

Where Are We Headed with ART?: Beyond an Undetectable Viral Load

D. Cooper, Australia

Where Are We Headed with HIV and Adolescents?

L. Thomas Negrón, Puerto Rico

Where Are we Headed with HIV and Adolescents?

S. Kasedde, United States

Where Are We Headed on Ending HIV and AIDS in Children?

S. Essajee, United States

FRAB01 Cascade of Care

Oral Abstract Session

Venue: Plenary 1

Time: 11:00-12:30

Co-Chairs: Kenneth Mayer, United States
Anne Mijch, Australia

Retention of adult ART patients at 12, 24, 36, 48 and 60 months in South Africa

*L. Seshoka, T. Mtleni, T. Molapo, T. Maomela
South Africa*

Urgent need to strengthen active tracing of lost to follow up cases: a prospective cohort study of newly diagnosed HIV clients in rural districts, Zambia

*F. Hadunka, K. Chibwe, P. Nambala, V. Chipeta, H. Phiri, R. Siakachite, K. Komada, H. Miyamoto, S. Miyano, A. Mwango
Zambia*

HIV exposed infant cohort analysis: results from an innovative method for routinely monitoring longitudinal outcomes of HIV exposed infants, Kenya

*B. Ochanda, M. Schmitz, A. Langat, I. Mukui, A. Mwangi, R. Wafula, S. Cheburet, L. Ng'ang'a, H. Muttai
Kenya*

Engagement in the HIV care cascade among transgender women enrolled in a public HIV clinic in Buenos Aires, Argentina, 2000-2012

*M.E. Socias, O. Sued, C. Frola, A. Iacchetti, T. Kerr, I. Aristegui, V. Zalazar, H. Pérez, P. Cahn
Argentina*

The HIV care cascade ('cascade') measured over multiple time periods varies by time period and method

*M. Horberg, L. Hurlley, D. Klein, W. Towner, P. Kadlecik, C. Finnegan, M. Mogyoros, R.J. Matyas, P. Brachman, M. Silverberg
United States*

Moderated discussion

FRAD01 Drug Policy, Harm Reduction and Human Rights

Oral Abstract Session

Venue: Plenary 2

Time: 11:00-12:30

Co-Chairs: Chad Hughes, Australia
Daniel Wolfe, United States

Reducing vulnerability of marginalized drug dependent communities in Nairobi Kenya through socioeconomic opportunities

H.O. Ogumbo, C. Orodio Angira, B. Mbugua, S. Abdallah, R. Abdool Kenya

Policy breakthrough in needle and syringe program (NSP) for people who inject drugs (PWID) in Cebu City, Philippines

*E. Dano, I. Tac-an, G. Belimac, P. Zhao
WHO*

Impact evaluation of a training program on drug policy, HIV and human rights in Latin America

*G. Touze, P. Cymerman, M.E. D' Agostino
Argentina*

Strategies to increase participation by women who inject drugs in available harm reduction services in Dar es Salaam, Tanzania

*S. Zamudio-Haas, B. Lambdin, B. Mahenge, S. Likindikoki, M. Dunbar, J. Mbwambo, O. Chang
United States*

Lawyering in the streets in Eastern Europe and Central Asia (presentation of project outcomes on 'Street Lawyers' for protecting and promoting the rights of women who use drugs)

*E. Jakobishvili, O. Belyava
Lithuania*

Moderated discussion

FRAE01 Making the Cut: Advancing Voluntary Medical Male Circumcision

Oral Abstract Session

Venue: Room 109-110

Time: 11:00-12:30

Co-Chairs: Dorothy Mbori-Ngacha, UNICEF
John Kaldor, Australia
Angela Kelly-Hanku, Papua New Guinea

Hitting it big and fast - the Kenya experience on HTC and VMMC 2013 joint national campaign

*D.K. Koros, E. Mwamburi, N. Talam, J. Odek, D. Emusu, M. Jungphae, N. Kweyu, W. Maina
Kenya*

Using non physician surgeons in scaling up safe medical circumcision (SMC) Uganda. TASO Mbale experience

*M. Tumuheki, B. Logose, J. Babirye, S. Okoboi
Uganda*

Age, adverse events, HTC uptake and HIV prevalence: results from a 6-week joint voluntary medical male circumcision campaign in Malawi

*A. Nkhata, H. Chimbalu, M. Mtika, F. Matchere, F. Chimbandira, Z. Mwandu
Malawi*

Estimating the cost efficiency of introducing the Prepex circumcision device in Zambia

*L. Vandament, B. Tambatamba, A. Kaonga, P. Clark, A. Samona, F. Mpasela, N. Chintu
Zambia*

HIV incidence among women is associated with their partners' circumcision status in the township of Orange Farm (South Africa) where the male circumcision roll-out is ongoing (ANRS-12126)

*K. Jean, P. Lissouba, D. Taljaard, R. Taljaard, B. Singh, J. Bouscaillou, G. Peytavin, R. Sitta, S.G. Mahiane, D. Lewis, A. Puren, B. Auvert
France*

Moderated discussion

FRBS02 The Intersection of Lesbian, Gay, Bisexual and Transgender (LGBT) Rights and HIV and AIDS

Bridging Session

Venue: Melbourne Room 2

Time: 11:00-12:30

Chair: Dennis Altman, Australia

The aim of this session is to consider the relationship between increased emphasis on Lesbian, Gay, Bisexual and Transgender (LGBT) human rights and the relationship of these to the health and human rights paradigm, which has been very important in responding to HIV. While establishing rights are important it is not obvious that external advocacy rights will produce immediate positive results for LGBT people or people living with HIV and AIDS. The session interrogates the nature and implications of HIV and AIDS and its intersection with LGBT people's ability to have access to resources within a given socio-political context. This session will also be an opportunity for a report-back on the findings of "The Intersection of LGBT Rights and HIV-AIDS" pre-conference.

Introduction

Panel discussion

M. Marin, Thailand; O. Mellouk, Morocco; M. Cabral, Argentina; P. Aggleton, Australia

Questions and answers

Closing remarks

FRSY01 In Whose Interests? Under Whose Control? Community Mobilization on Scaling-up Access to Testing and Treatment

Symposia Session

Venue: Melbourne Room 1

Time: 11:00-12:30

Co-Chairs: Luiz Loures, UNAIDS
Chris Collins, UNAIDS
Suzette Moses-Burton, Netherlands

Community systems are at the heart of the AIDS response, playing a fundamental role in HIV prevention, testing, treatment, and support. Nevertheless, for different reasons, many communities are restricted to explore their full potential in scaling-up access to testing and treatment. But community systems are critical to cost-effective interventions ensuring services are delivered to those most in need and hard to reach, also ensuring advocacy and mobilization for demand creation and retention in the treatment cascade. Community systems should not be viewed separately from health systems, but as critical at every step of the prevention-treatment continuum. This session explores cross-regional experiences and impact of community engagement in scaling-up access to treatment programmes, focusing on the demand creation for ART, innovative use of technologies and service delivery models for HIV diagnostics and treatment in close collaboration with health systems and linking people living with HIV effectively into prevention and care services.

Introduction

Reaching the un-reached: communities as generators of demand, and complementary deliverers of services at local level and to remote and key populations

D. Ocheret, Lithuania

Scaling up what works: replicating models on community service delivery and advocacy

J. Gatsi Mallet, Namibia

Questions and answers

Creating enabling country-level policy environments: advocacy to repeal and reform punitive and criminalizing laws, and policies that hinder access to testing, treatment, care and support in particular for key populations

M. Ramaiah, India

Health and community systems linkages: enhancing the community workforce

N. Parkhill, Australia

Moderated discussion

Questions and answers

Conclusion

FRSY02 Violence, Culture and Conflict: Strategies for Safety in a Time of AIDS

Symposia Session

Venue: Room 203-204

Time: 11:00-12:30

Co-Chairs: Carol Kidu, Papua New Guinea
Tanya Plibersek MP, Australia

This session addresses the interface between violence towards women and HIV. It examines the range of violence directed towards women from intimate partners to health care workers. The symposium will highlight how culturally-condoned violence can lead to contracting HIV and how women living with HIV face disproportionate levels of violence in every sector of society. Violence is disproportionately directed towards women regardless of whether they are mothers, lovers, young or old, in the home or the hospital. The presenters each speak passionately from very different personal perspectives, and offer strategies to overcome the challenges women face.

Introduction

C. Kidu, Papua New Guinea

Intimate partner violence

R. Kubunavanua, Fiji

Violence and disability

J. Hargrave, Australia

Violence to women within the health sector

T. Njoki Otieno, Kenya

Violence towards sex workers

T. Rai Nisha Ayub, Malaysia

Violence faced by female drug users

N. Ao, Thailand

Addressing violence at the national level

K. Mutuvi, Kenya

Questions and answers

Closing

T. Plibersek MP, Australia

FRRE01 Managing Change in the Middle East and Northern Africa (MENA)

Regional Session

Venue: Room 105-106

Time: 11:00-12:30

HIV and AIDS is a growing epidemic in the Middle East. To shed more light on the HIV and AIDS situation in this region of the world, this panel will feature experts who are on the frontlines of tackling the epidemic. The high-level panel will be composed of scholars and professionals from Turkey, Afghanistan, Jordan, Egypt, and Morocco who will be able to attest to the state of HIV and AIDS and provide insight into the lessons learned and future plans for tackling the epidemic. Each of these countries has committed to incorporating the MDG concerning HIV/AIDS, eradicating barriers to appropriate services, and providing sustainable solutions to the epidemic.

Introduction to the Middle East and North Africa region

A. Alaei, United States

Egypt looking forward

I. Abdelrahman, Egypt

What's next for Morocco?

M. Karkouri, Morocco

Turkey: HIV in a low endemicity country: country response

S. Unal, Turkey

Questions and answers

Concluding remarks

A. Alaei, United States; A. Alaei, United States

FRWS01 Cognitive Impairment: Strategies for Resource Poor Settings

Scientific Development Workshop

Venue: Room 101-102
Time: 11:00-12:30
Level: Foundation
Target audience: Peer educator, Community health worker, Counsellor
Seating limit: 50
Co-Facilitators: Denise Cummins, Australia
 Gary Trotter, Australia
 Ken Murray, Australia
 Ahm Azizul Haque, Australia

HIV cognitive impairment may affect 50% of people living with HIV (PLWH). Some people will experience subtle changes in their cognition. It may be difficult to recognize these changes as there can be other health conditions which have similar symptoms of cognitive impairment such as depression and substance use. PLWH may also downplay symptoms – they may feel symptoms are a result of other issues such as ageing or stress. This workshop will use various methods such as case studies and small group work to discuss the causes of cognitive impairment, risk factors and how to reduce their impact and frequency. Participants will gain a deeper understanding of how cognitive impairment is diagnosed including screening tools, and signs and symptoms. They will be given practical strategies to manage daily living with cognitive impairment and will be provided with handouts.

Understanding the causes of cognitive impairments
D.Cummins, Australia

Risks factors and how to reduce them: questions and answers
D.Cummins, Australia

How is HIV associated neurocognitive disorder (HAND) diagnosed?
G.Trotter, Australia

Signs and symptoms of cognitive impairment: group discussion
K.Murray, Australia

Adaptation of existing health promotion resources for resource poor settings
A.Haque, Australia

Closing: practical strategies to manage cognitive impairment in daily living (questions and answers)
D.Cummins, Australia

FRWS02 Business Rationale for the HIV Response – Private Sector Best Practices from South Africa and Beyond
 Leadership & Accountability Development Workshop

Venue: Room 103
Time: 11:00-12:30
Level: Foundation
Target audience: Private sector, Health care worker / social services worker / laboratory, Donor
Seating limit: 130
Co-Facilitators: Mats Ahnlund, South Africa
 Olive Shisana, South Africa

In most countries, the HIV response has been the responsibility of the public health sector, supported by donors, NGOs, and local communities. South Africa has been a notable exception, with the private sector using their own resources to play a leading role in HIV testing, counselling, treatment and prevention programmes. Their rationale is to keep experienced and valuable staff healthy, however they have also laid the foundation for corporate social responsibility (CSR) initiatives, and improved the well-being of whole communities. This workshop will highlight the challenges and lessons learned from South Africa and similar countries, where the private sector has taken a leading role in the HIV response. Participants will gain an insight into the key issues which will be addressed at AIDS2016 in Durban, South Africa. They will learn how companies can engage with public health officials and civil societies on key interventions; strategies for sustaining HIV and other health care interventions; and key pitfalls to avoid.

Introduction
O.Shisana, South Africa; M.Ahnlund, South Africa

Overview of public and private sector collaboration
F.Abdullah, South Africa

Best practices in the work place
B.Brink, South Africa

Key strategic interventions in the response
B.Legobye, South Africa

Questions and answers
O.Shisana, South Africa; M.Ahnlund, South Africa

FRWS03 Public, Private and Faith-Based Partnerships in Papua New Guinea: How to Provide Innovative, Needs-Based Programmes to Support HIV Health Care Capacity Building in Collaboration with a Range of Partners

Leadership & Accountability Development Workshop

Venue: Room 111-112
Time: 11:00-12:30
Level: Intermediate
Target audience: Private sector, Public sector, Manager / director
Seating limit: 155

Co-Facilitators: Arun Menon, Australia
 Jacinta Maryte Ankus, Australia

This workshop will showcase public, private and faith-based partnerships and the key aspects of these partnerships that contribute to successful programs such as goal-sharing, flexibility, longevity, commitment, innovation and cost sharing. It will highlight the success of Papua New Guinea in bringing together diverse stakeholders to ensure an effective HIV response. Delegates will be exposed to the work of the Collaboration for Health in Papua New Guinea (CHPNG), Caritas Australia, Papua New Guinea (PNG) National Department of Health, PNG Catholic HIV/AIDS Service (CHASI), PNG Sexual Health Society, Igat Hope and the National Association of People Living with HIV, Australia (NAPWHA). They will develop an understanding of how relationships between these organizations are being sustained over time and explore the Australasian Society for HIV Medicine (ASHM) Clinical and Laboratory Mentoring Program and it's approach to provide HIV health care capacity building to Catholic Health Services in PNG.

Introduction to working in public, private and faith-based partnerships
A.Menon, Australia

Collaboration for Health In PNG
F.Palmer, Australia

Caritas Australia
M.Mondu, Papua New Guinea

Papua New Guinea National Department of Health
P.Dakulala, Papua New Guinea

Catholic HIV and AIDS Service Incorporated
J.Ankus, Australia

Friday 25 July | Sessions



Papua New Guinea Sexual Health Society

J.Millan, Papua New Guinea

Igat Hope and the National Association of People Living with HIV Australia

J.West Tori, Papua New Guinea; J.Rule, Australia

The experience of the mentor

M.Wehrhahn, Australia

The experience of the mentee

C.Andawa, Papua New Guinea

The community perspective

J.Sangopa, Papua New Guinea

Group work

Feedback and summary

Conclusion

FRPL02 Rapporteur Session

Plenary Session

Venue: Plenary 2

Time: 13:15-15:15

Chair: Owen Ryan, Switzerland

Track A rapporteur report

Z.Brumme, Canada

Track B rapporteur report

C.Mussini, Italy

Track C rapporteur report

F.Altice, United States

Track D rapporteur report

V.Paiva, Brazil

Track E rapporteur report

B.Haire, Australia

Leadership and accountability programme rapporteur report

A.Bandopadhaya, India

Community programme rapporteur report

L.Tooley, Canada

Global village and youth programme rapporteur report

C.Aspin, Australia; S.Beadle, Australia

FRPL03 Closing Session

Plenary Session

Venue: Plenary 2

Time: 15:30-17:00

Performance

Y.Chaka Chaka, South Africa

Closing remarks

S.Lewin, Australia

Closing remarks

R.Doyle, Australia; R.Doyle, Australia

Community partners address

V.Banda, Malawi; V.Banda, Malawi; J.Manwaring, Australia; J.Manwaring, Australia

Address from People Who Use Drugs

E.Ross Albers, United Kingdom; E.Ross Albers, United Kingdom

Remarks and introduction of incoming IAS President

F.Barré-Sinoussi, France; F.Barré-Sinoussi, France

Presidential award

F.Barré-Sinoussi, France; C.Beyrer, United States

Inaugural address

C.Beyrer, United States

Keynote address

B.Geldof, Ireland; B.Geldof, Ireland

Looking ahead to AIDS 2016

O.Shisana, South Africa; O.Shisana, South Africa

Welcome to Durban