

**SUSA04 Hepatitis C: Is it a Viral Disease or a Liver Disease? An Interactive Discussion Between a Hepatologist and an ID Physician**

Major Industry Sponsor Satellite

**Venue:** Melbourne Room 1

**Date:** Tuesday 22 July

**Time:** 07:00-08:30

**Organizer:** AbbVie

TBD

**Welcome and Introduction**

*G. Matthews, Australia*

**Personal Perspective on Treating HIV/HCV Co-infected Patients**

*J. Rockstroh, Germany*

**Personal Perspective on Treating HCV Mono-infected Patients**

*A. Thompson, Australia*

**Open Discussion on Topical Subjects in the Management of Monoinfected and Co-Infected HCV Patients**

*G. Matthews, Australia (To be confirmed); J. Rockstroh, Germany; A. Thompson, Australia*

**Q&A Session**

*A. Thompson, Australia; J. Rockstroh, Germany; G. Matthews, Australia*

**Close**

*G. Matthews, Australia*

**TUSA02 AIDS 'Living in the Shadows' A Voice of America Documentary and Panel Discussion**

Non-Commercial Satellite

**Venue:** Room 203-204

**Date:** Tuesday 22 July

**Time:** 07:00-08:30

**Organizer:** Voice of America

Making its debut at the 20th International AIDS Conference, the documentary, "Living in the Shadows" has legendary singer, HIV/AIDS activist, Sir Elton John introducing several different stories addressing women, children, and sexual orientation. The program takes an in-depth look at stigma in different countries and communities affected by HIV/AIDS crisis. You will hear stories from around the world that chronicle bravery, hardship, and hope. One of the documentaries focuses on Nigerian Activist Ifeanyi Kelly Orazulike, who is challenging his country's legislation of penalties for same sex couples, who openly show affection. For those with AIDS, the fear of seeking treatment has taken the community underground. We will look at the human rights violations making the stigma of AIDS in Africa a life threatening situation. Join Activists Ifeanyi Orazulike and widely acclaimed researchers Dr. Anthony Fauci, Dr. Julio Montaner and Dr. James McIntyre after the screening for a panel discussion following the film.

**Screen Video**

*S. Video, United States*

**Panel discussion and Q & A**

*J. Montaner, Canada; I. Orazulike, Nigeria; A. Fauci, United States; J. McIntyre, United Kingdom*

**TUSA03 Where we were, where we want to be: Infant feeding in the context of HIV and ARVs**

Non-Commercial Satellite

**Venue:** Room 101-102

**Date:** Tuesday 22 July

**Time:** 07:00-08:30

**Organizer:** UNICEF

The session, organized by UNICEF in close collaboration with WHO, will review the opportunities for improving HIV-free survival of children born to women living with HIV through breastfeeding and ARV. This includes the complexity of routinely collecting data about HIV-infected breastfeeding mothers and whether they are receiving ARVs to prevent HIV transmission. Participants will be asked how we can more rapidly learn about successful approaches for improving infant feeding practices while ensuring ARV coverage for mothers living with HIV. Plans for future revisions to the WHO-UNICEF guidelines will be shared and suggestions invited.

**Where we were, where we want to be - Framing infant feeding in the context of HIV and ARVs**

*N. Rollins, Switzerland*

**Collecting and aggregating data on ARV coverage among HIV-infected breastfeeding mothers**

*C. Hayashi, Switzerland; H. Ngidi, South Africa*

**Improving care of HIV-infected breastfeeding mothers and their babies: Early results from the Partnership for HIV-free Survival Initiative in Uganda**

*T. Nsubuga-Nyombi, Uganda*

**Infant feeding and HIV in the context of Option B+ : Learning from the Kabeho Study in Rwanda**

*M. Gill, United States*

**Question and Answer**

**TUSA04 Local to Large: Utilising Locally Available Data to Evaluate Programs and Answer Research Questions**

Non-Commercial Satellite

**Venue:** Room 103

**Date:** Tuesday 22 July

**Time:** 07:00-08:30

**Organizer:** The Kirby Institute

Most clinical settings now have systems to routinely collect patient data. These systems often include electronic data capture. The availability of these data has a plethora of uses. Globally there has been a push to test and treat early. From a clinic perspective appropriate collection and analysis of data will assist in evaluating roll-out of these programs and will provide a resource for individual patient management. Further, once data collection systems are established, they can provide an invaluable resource to address locally specific research questions as well as contribute data to wider collaborative research initiatives. This seminar brings together professionals from regional centres and international collaborative initiatives to discuss: establishing systems for routine data collection; determining types of research questions and appropriate analysis; combining data sources.

**Maximising the use of VCT data for programs' planning and evaluation; experience from developing longitudinal studies of FSWs in Bali.**

*L. Wulandari, Indonesia; P. Januraga, Indonesia*

**Lessons learnt through implementing electronic data capture from remote/rural clinical sites in Thailand**

*S. Kerr, Thailand*

**Antiretroviral therapy, cancer prevention and care in Africa: The experience of the IeDEA West Africa Collaboration**

*F. Dabis, France*

**Panel discussion**

**TUSA05 Global Health Transformation: Building UHC on the Lessons of the AIDS Response**

Non-Commercial Satellite

**Venue:** Room 104

**Date:** Tuesday 22 July

**Time:** 07:00-08:30

## Organizer: Management Sciences for Health and the International HIV/AIDS Alliance

The AIDS response transformed the world's understanding of what's possible in health and what's necessary to achieve change. With prominent stakeholders in global health, including many low- and middle-income countries, adopting universal health coverage (UHC) as a new health sector priority, the relationship between UHC and the AIDS response requires deeper consideration.

To succeed as a transformative global health movement, the UHC movement should employ lessons from the AIDS response's success in social mobilization, improving access for vulnerable populations, global governance, and other innovations.

Please join MSH and the International HIV/AIDS Alliance for an interactive panel discussion on what the universal health coverage (UHC) movement can learn from the HIV & AIDS response. Will feature keynote address from the Hon. Michael Kirby, and distinguished speakers from MSH, International HIV/AIDS Alliance, World Bank and more!

Breakfast will be served.

### Welcome and Introductions

*J. Jay, United States; D. Quick, United States*

### Keynote Address

*H. Kirby, Australia*

### Interactive audience discussion

### Moderated panel discussion

### Q&A Session

## TUSA07 Creative Solutions to Challenging Contexts: Reaching and Serving Key and Vulnerable Populations

Non-Commercial Satellite

**Venue:** Room 111-112

**Date:** Tuesday 22 July

**Time:** 07:00-08:30

**Organizer:** U.S. President's Emergency Plan for AIDS Relief (PEPFAR)

Reaching key and vulnerable populations with HIV prevention, treatment, and care services is essential to achieving an AIDS-free generation. Since the beginning of the global HIV/AIDS epidemic, creative solutions and innovative partnerships have enabled the delivery of comprehensive, high-quality HIV services to those who most need them – even when facing challenging cultural contexts, stigma and discrimination, or security environments. Please join Sandra L. Thurman, Acting Principal Deputy, Office of the U.S. Global AIDS Coordinator and an esteemed panel of civil society leaders from Africa and Asia for a lively discussion on successful community-driven models for protecting and promoting good public health and human rights in reaching key and vulnerable populations with HIV services.

### Opening Remarks

*S. Thurman, United States*

### Panel Discussion

*I. Orazulike, Nigeria; S. Janyang, Thailand; P. Mabele, Nigeria*

### Closing Remarks and Q&A

## TUSA09 AIDS and the Private Sector - Lessons from the Asia Pacific

Non-Commercial Satellite

**Venue:** Clarendon Auditorium

**Date:** Tuesday 22 July

**Time:** 07:00-08:30

**Organizer:**

## Asia Pacific Business Coalition on AIDS (APBCA)

The Asia Pacific Business Coalition on AIDS is a network of 11 national business coalitions in the Asia Pacific who assist companies to halt and reverse the spread of AIDS, TB and Malaria.  
[www.apbca.com/AIDS2014](http://www.apbca.com/AIDS2014)

The Asia Pacific Business Coalition on AIDS presents a special session for business operating in the Asia Pacific region at AIDS 2014.

Leading businesses such will share their perspectives and strategies for fighting HIV/AIDS, and deepening business and community partnerships in the largest and most populous region in the world.

Join key businesses at this special session to learn about workplace strategies and the reputation and productivity benefits of tackling infectious diseases in our region.

Panel members include:

- Dr James Allen, Asia Pacific Medical Director for Chevron
- Dr Jane Thomason, CEO of Abt JTA on her work in PNG
- Mr Martin Pun, founder, Myanmar Business Coalition on AIDS

Further information: [www.apbca.com/AIDS2014](http://www.apbca.com/AIDS2014)

### Panel

*J. Allen, Singapore; D. Thomason, Australia; M. Pun, Myanmar*

## SUSA07 Renewing the fight against TB: transforming the conversation to win the battle against the disease

Non-Commercial Satellite

**Venue:** Melbourne Room 2

**Date:** Tuesday 22 July

**Time:** 18:30-20:30

**Organizer:** World Health Organization's Stop TB Partnership Secretariat

The Stop TB Partnership has initiated work to renew the fight against TB and to transform the conversation to include, involve, influence and call others to action. This satellite session will present the new identity guidelines for the disease in order to unify and amplify the efforts of the global TB community – to galvanize and sustain a global movement delivering lasting impact. The session will provide a forum to discuss how TB can leapfrog and to raise relevance and amplify the conversation about TB on a global scale. It will also present the work on the Global Plan to Stop TB 2016 – 2020 and seek initial inputs into the debate about the plan from the audience.

The panel discussion will adopt an interactive format and involve partners and advocates, influence donors and decision makers and galvanize the global fight to beat TB once and for all.

### Two Diseases, One Fight: An Opportunity to Reach Zero Tuberculosis and AIDS Deaths in our Lifetime

*L. Ditiu, Romania*

### Part I - Reframing the Conversation on TB and the 2016-2020 Global Plan for TB

*A. Oxley, United Kingdom*

### Part II - Reframing the Conversation on TB and the 2016-2020 Global Plan for TB

*J. Liden, Norway*

## TUSA01 Treating Patients for Long-Term Management

Major Industry Sponsor Satellite

**Venue:** Room 105-106

**Date:** Tuesday 22 July

**Time:** 18:30-20:30

**Organizer:** MSD

Light refreshments will be served before the presentation

### HIV and Long Term Toxicities

*A. Carr, Australia*

### Clinical Trial Based Evidence

*D.Kuritzkes, United States*

## Multiple Patients - Multiple Choices

*G.Moyle, United Kingdom*

### **TUSA11 Design and implementation challenges for PMTCT implementation research - INSPIRE Initiative - South: South collaboration supported by WHO and DFATD**

Non-Commercial Satellite

**Venue:** Plenary 3

**Date:** Tuesday 22 July

**Time:** 18:30-20:30

**Organizer:** The Lighthouse Trust, Lilongwe - Malawi, on behalf of INSPIRE Projects Team

INSPIRE ((INtegrating and Scaling up Pmtct through Implementation REsearch)). This session will review specific challenges to rigorous design and implementation of implementation research that examine interventions to improve rates of uptake and retention-in-care of HIV pregnant women and mothers on ARVs. Scaling up PMTCT interventions to achieve high coverage while maintaining quality care is the aim of every national programme. However, constraints in human resources and health systems and diverse community perspectives can impede these goals. Implementation research (IR), by testing innovative service delivery approaches, can inform how health systems might improve quality of care. The INSPIRE is a South-South collaboration consisting of 6 IR projects in Malawi, Nigeria and Zimbabwe. This session targets individuals involved in Implementation Research, National program planners and implementers, Institutions that provide technical and financial support to country programs in Middle and resource limited countries.

#### Session Introduction

*D.Mwansambo, Malawi; D.Mushavi, Zimbabwe*

#### INSPIRE. Prioritizing national research agendas for PMTCT. (Achieving buy-in for results before studies start

*D.Rollins, Switzerland*

#### Using routine health systems data for primary outcome measures. Vulnerabilities and processes to improve the quality of routine data

*A.Mangwiro, Zimbabwe; D.Oyeledun, Nigeria*

#### Mother support groups and mentor mothers to improve retention-in-care

*D.Sam-Agudu, Nigeria; P.Magezi, Zimbabwe*

#### Defining and measuring retention-in-care vs. loss to follow-up. Two sides of one coin

*P.Phiri, Malawi*

#### Discussion

*D.Mwansambo, Malawi; D.Mushavi, Zimbabwe*

### **TUSA12 Can New Technologies Improve Efficiency in VMMC and EIMC Scale-Up?**

Non-Commercial Satellite

**Venue:** Melbourne Room 1

**Date:** Tuesday 22 July

**Time:** 18:30-20:30

**Organizer:** Population Services International, FHI 360, Population Council

New VMMC devices have the potential to rapidly accelerate VMMC scale up by making the procedure faster, simpler and more acceptable. This session will provide updates from male circumcision device research and pilot implementation. Presentations from researchers from several African countries will discuss new advances and these advances' potential impact on HIV prevention programming. These will include presentations on the latest clinical profiles and acceptability of male circumcision devices in adult and early infant male circumcision as well as other VMMC-related operations research to increase efficiencies for rapid scale up

### **Considerations for Introduction of New Medical Devices into Existing Adolescents and Adults VMMC Programs in Eastern and Southern Africa: Results from Modelling**

*E.Njeuhmeli, United States*

### **Experience with PrePex Device Use with Adults and Adolescents in Pilot Implementation and Active Surveillance from Zimbabwe, South Africa, and Zambia**

*K.Hatzold, Zimbabwe*

### **Performance of the Shang Ring for Voluntary Medical Male Circumcision in Clinical Studies in Kenya and Zambia**

*T.Mastro, United States*

### **Behaviour Change Pathways to Adult Voluntary Medical Male Circumcision: Research from Zambia**

*E.Soler-Hampejsek, Zambia*

### **Panel Discussion: Experience with Adult Medical Male Circumcision Devices in Pilot Implementation and Scale Up, Operational Issues**

*D.Rech, South Africa; M.Tshimanga, Zimbabwe; K.Hatzold, Zimbabwe; T.Mastro, United States; E.Soler-Hampejsek, Zambia*

### **Stocktaking Assessment of EIMC in Southern and Eastern Africa**

*S.Kasedde, United States*

### **Cost and Impact of Expanding Early Infant Male Circumcision: Results from Modelling Using the DMPPT 2.0**

*E.Njeuhmeli, United States*

### **Comparison Study of EIMC Devices and Pilot Implementation in Botswana**

*R.Plank, United States*

### **Acceptability of EIMC and Experiences with the AccuCirc Device in Zimbabwe**

*W.Mavhu, Zimbabwe*

### **Panel Discussion on EIMC, Questions and Answers**

### **TUSA13 Making Sense of Complexity: Key Findings from the Integra Initiative on the Integration of SRH and HIV Services**

Non-Commercial Satellite

**Venue:** Room 203-204

**Date:** Tuesday 22 July

**Time:** 18:30-20:30

**Organizer:** Integra Initiative (IPPF, LSHTM, Population Council)

Linking sexual and reproductive health (SRH) and HIV makes 'people sense' yet all too often SRH and HIV services are provided through vertical, unintegrated programmes.

The Integra Initiative rigorously gathered evidence on the benefits and costs of a range of models for delivering integrated HIV and SRH services in Kenya, Malawi and Swaziland. It was the largest ever evaluation of its kind and used a programme science approach by embedding the research within the day-to-day activities of the 42 health facilities studied.

This satellite will interactively present the results of the Integra Initiative, providing answers to the following questions:

1. Can SRH and HIV integration improve health and service delivery outcomes?
2. Is integration cost effective?
3. Does the integration of services affect quality of care?
4. Does integration reduce stigma and support client choice?
5. How can SRH and HIV services be better integrated and scaled-up?

### **Measuring integrated service delivery: The need for the Integra Initiative**

*J.Hopkins, United Kingdom*

### **Can SRH and HIV integration improve health and service delivery outcomes?**

*J.Kimani, Kenya*

## Improving service provision: experiences from an SRHR organisation

Z.Nhlabatsi, Swaziland

## How does HIV and SRH service integration impact workload?

S.Sweeney, United Kingdom

## Panel discussion and Q&A

## Where do we go from here?

K.Osborne, South Africa

### TUSA14 Realizing the Potential for HIV Self-Testing (HIVST)

Non-Commercial Satellite

**Venue:** Room 101-102

**Date:** Tuesday 22 July

**Time:** 18:30-20:30

**Organizer:** World Health Organization

HIV self-testing (HIVST), the process in which a person tests and interprets the result in private, has huge potential to scale-up access to HIV testing and counselling; especially among underserved populations who are at high risk for HIV infection and frequently re-test. Drawing from the lessons learned from the World Health Organization and Liverpool School of Tropical Medicine's First International Symposium on HIVST in April 2013, this session features new developments in implementation research and the launch of the AIDS and Behavior Special Issue on HIVST. The focus of this session is to present opportunities and challenges facing HIVST, to debate thinking on HIVST for a real world setting, and to discuss how the potential of HIVST can be fully realized and enhance access to HIV testing and counselling and early linkage to prevention, care and treatment services.

#### Introduction and Overview

R.C. Johnson, Switzerland

#### HIV Self-testing among Key Populations: An Implementation Science Approach to Evaluating Self-testing

J.Tucker, United States

#### Introducing HIV Self-testing Technologies for Couples in Resource-poor Contexts: A Case Study in Urban Malawi

N.Desmond, Malawi; L.Corbett, Malawi

#### Shaping the Future of HIV Self-tests: An Innovative Usability Study of Unsupervised HIV Self-testing Prototypes

R.Peck, United States

#### Six Studies on HIV Self-testing in Kenya: What We Learned From and About Formative Research

A.Brown, United States

#### A Regional Approach to Making Wide-scale HIV Self-testing a Reality in Southern Africa

M.Zulu, South Africa

#### A Community Perspective on HIV Self-testing: A Testimonial

D.Ocheret, Lithuania

#### Getting from Point A to Point B: What it Means to Bring HIV Self-tests to Market

P.Stankard, United States

### TUSA15 Towards an HIV cure: Community Engagement Workshop

Non-Commercial Satellite

**Venue:** Room 103

**Date:** Tuesday 22 July

**Time:** 18:30-20:30

**Organizer:** International AIDS Society (IAS)  
National Association of People With HIV  
Australia (NAPWA)  
Treatment Action Group (TAG)

Beyond the mission to accelerate and facilitate international research for a potential HIV cure, the IAS Towards an HIV cure initiative is strongly determined to ensure that the broader HIV community is involved and engaged throughout this process.

Co-organized with our partners, NAPWA and TAG, the Community Engagement satellite aims to provide the key elements to understand the challenges and obstacles for an HIV cure, to present the most recent results and the current research directions, as well as engaging a cross-community dialogue.

This satellite will be open to all, including community representatives, members of patients associations, advocates, and HIV cure researchers, from both the public and private sector and media representatives.

#### Introduction and Welcome

F.Barré-Sinoussi, France

#### The IAS HIV Cure Initiative: Ongoing Efforts and Opportunities for Collaboration

A.Ross, France

#### An Overview of HIV Cure Research in 2014

D.Finzi, United States

#### Community Collaboration in HIV Cure Research

D.Evans, United States

#### Media Coverage of HIV Cure Research: Distinguishing Hype from Reality, and Strategies for Responding to Misleading Stories

M.Warren, United States; J.Cohen, United States; J.Gale, Australia

#### Understanding Community Expectations and Willingness for HIV Cure Research

B.Spire, France; J.Sugarman, United States; J.Taylor, United States

#### Discussion

### TUSA16 Drug Pricing, Intellectual Property Rights and Trade: How to get to Global AIDS Control

Non-Commercial Satellite

**Venue:** Room 104

**Date:** Tuesday 22 July

**Time:** 18:30-20:30

**Organizer:** AIDS Healthcare Foundation

Millions still need treatment, but money for medicine is shrinking while prices are growing. How can we keep the fight going and get affordable drugs to those who need them most?

Hear what implementers, generic manufacturers, community members and development experts have to say about drug pricing and intellectual property rights and share your solutions for making treatment more affordable.

#### Drug pricing intellectual property rights and trade

J.Saavedra, Mexico

#### Community role in ARV public procurement monitoring

S.Golovin, Russian Federation

#### The scope of patentability

L.Menghaney, India

E.Burrone, Switzerland

### TUSA17 Improving Access to Optimized Treatment among Children Living with HIV

Non-Commercial Satellite

**Venue:** Room 109-110

**Date:** Tuesday 22 July

**Time:** 18:30-20:30

**Organizer:** Medicines Patent Pool, UNITAID and the Drugs for Neglected Diseases Initiative (DNDi)

In June 2013 the World Health Organization released new guidelines for HIV paediatric care, increasing the number of children recommended for treatment and updating the preferred treatment regimens for different age groups based on the latest clinical evidence. Closing the treatment gap for children will require efforts on many levels. This includes the development of appropriate and affordable formulations, specifically as fixed-dose combinations (FDCs), which are needed to implement the treatment guidelines and simplify treatment in a way that contributes to treating more HIV positive children. The Satellite will provide a follow up to a similar satellite organized at the IAS Conference in Kuala Lumpur in 2013 and will look at where we stand one year later in closing the treatment gap for children living with HIV. The Satellite will include the presentation of the Paediatric HIV Treatment Initiative recently launched by the Medicines Patent Pool, UNITAID and the Drugs for Neglected Diseases Initiative.

## Overview of the Paediatric Market

*C.Perez Casas, Spain*

## The 2013 Treatment Guidelines and Key Implementation Challenges

*M.Penazzato, WHO*

## Forecasting Needs and Strategizing Adoption of New Formulations for Children

*N.Sugandhi, United States*

## Missing Formulations for Paediatric HIV Treatment and the Dakar Call for Action

*M.Lallemant, France; J.Lee, Malaysia*

## The Paediatric HIV Treatment Initiative to Speed Up The Development of the Missing Formulations

*S.Juneja, Switzerland*

## Panel of stakeholder perspectives on addressing the challenges with respect to paediatric formulations for HIV treatment

*L.Hatane, South Africa; P.Clayden, United Kingdom; A.Reginald, Nigeria; L.Lewis, United States; H.McDowell, United Kingdom; J.Gogtay, India*

## Q&A

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### TUSA18 Primary prevention of HIV among gay men: why do we need it?

Non-Commercial Satellite

**Venue:** Room 111-112

**Date:** Tuesday 22 July

**Time:** 18:30-20:30

**Organizer:** New Zealand AIDS Foundation

Rising HIV epidemics in gay communities worldwide amid claims of "prevention failure" have prompted a rush towards medicine-based solutions, notably "treatment as prevention" (TasP). Has primary prevention actually failed us, or has it been insufficiently implemented, scaled and sustained? New Zealand is one of the few countries where new HIV diagnoses have remained low and stable among gay men, a result built on effective social, behavioural and policy interventions marshalled by peer-led and community-based organisations. This satellite presents the argument for primary prevention of HIV among gay men using the New Zealand response as an example. It will consist of four presentations covering epidemiology and behavioural research, strategic challenges for primary prevention in gay men, innovation and evolution of condom social marketing and evaluation of community attitudes. This will be followed by panel discussion.

### HIV epidemiology and behavioural outcomes – towards control?

*D.Saxton, New Zealand*

### Effective HIV prevention for gay and bisexual men - science and strategy

*T.Hughes QSM, New Zealand*

### Primary prevention works – if you implement, scale and sustain it

*J.Rich, New Zealand*

### Success! Gay and bisexual men support condom use

*D.Adams, New Zealand*

## Panel Discussion

*S.Robinson, New Zealand; D.Saxton, New Zealand; T.Hughes QSM, New Zealand; J.Rich, New Zealand; D.Adams, New Zealand*

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### TUSA20 Civil Society and Donors working together in the Robert Carr civil society Networks Fund

Non-Commercial Satellite

**Venue:** Clarendon Auditorium

**Date:** Tuesday 22 July

**Time:** 18:30-19:30

**Organizer:** Donors and grantees of the Robert Carr civil society Networks Fund

The Robert Carr civil society Networks Fund (RCNF) was launched during the IAC in Washington to support the needs and human rights of inadequately served populations by funding international networks. The RCNF is a unique cooperation between civil society and donors. During this session the results and experiences of the first two years will be shared with the audience.

### Speakers

*M.Kazatckine, Netherlands; G.Gurung, Thailand; L.Mworeko, Uganda; A.Skjelmerud, Norway; C.Stegling, United States*