

WESA02 Civil Society Response on Transitions to Country Ownership: Role of civil society in sustainable transitions and country ownership

Non-Commercial Satellite

Venue: Room 103

Time: 07:00-08:30

Organizer: ICASO, amFAR, Futures Group\Health Policy Project, PPFA

The objective is to engage stakeholders in a dialogue on CSO survival, engagement, and strengthening in sustainable transitions for country ownership. The session will open with a brief overview followed by a panel of civil society representatives describing challenges and successes with their own experiences in country transitions. Key issues the panelists will consider include how transitions affect scale-up of HIV services for key populations and civil society engagement and the status of the country "hand-off" plans. Respondents from major donor institutions who are charged with and have charged country transitions will comment on the panel presentations. Following the presentations, there will be a moderated dialogue with the audience for input and questions.

Country level policy trends on civil society engagement

F. Cleghorn, United States

Lessons learned from bringing in civil society into FP2020 and work to ensure access to comprehensive, quality and responsive AIDS and SRH services.

Topline findings from research in Vietnam on the participation of civil society, especially key populations, in HIV program planning and transition.

Topline findings from research in South Africa on civil society participation, especially key populations, in HIV program planning and transition

N. Ndlovu, South Africa

WESA03 Nurses Stepping Up. Nurses Stepping Forward. Nurses Stepping Beyond

Non-Commercial Satellite

Venue: Room 104

Time: 07:00-08:30

Organizer: Association of Nurses in AIDS Care Australian and New Zealand Association of Nurses in AIDS Care Australasian Sexual Health and HIV Nursing Association Australasian Society of HIV Medicine

Nurses constitute more than 80% of the global healthcare workforce and increasingly are involved in more than care delivery. Nurses step up to identify and address structural barriers while educating patients as part of health promotion. Nurses step forward and develop cultural competencies and utilize technology with patient centered perspectives that help to better design approaches to care and advance health equity in hard to reach populations. Nurses step beyond expected roles to use their unique experiences to advocate for policies and funding that shape better health care delivery and contribute to reducing health disparities in many settings. This satellite session will present four examples of innovative nurse designed and nurse led health care programs that reach vulnerable and under-served populations and will conclude with the critical role of nurses in health policy leadership.

Nurses Stepping Beyond Borders: HIV Education in Nepal

D. Cummins, Australia

Introduction

K. Carbaugh, United States

Stepping Up Nurses Role in MDR-TB/HIV Co-Infection in South Africa

J. Farley, PhD, MPH, NP, FAAN, United States

Stepping Beyond the City - Building HIV Clinical Service Capacity in a Rural Setting Through the Introduction of Innovative Nurse-Led Strategies

J. Tomnay, RN, MHS, PhD, Australia

Stepping Forward to Provide Nurse Coordinated HIV Management at the Victorian Aboriginal Health Service

S. Gregson RN, Australia

Nurses Stepping Forward into Public Health Policy and Advocacy Roles

C. Treston RN MPH, United States

Discussion & Audience Interaction

WESA05 Operationalizing community-centred clinical services for key populations

Non-Commercial Satellite

Venue: Room 111-112

Time: 07:00-08:30

Organizer: FHI 360

The session will focus on approaches to community-centred clinical services as a component of comprehensive HIV and sexually transmitted infections (STI) services for sex workers and MSM. The purpose of the session is to share good practices and lessons learnt from the experiences of projects in different regions of the world. The opening speakers will discuss the 2012 global recommendations for prevention and treatment of HIV and other STIs among sex workers and MSM, and the overall community-centred approach to programs described in 'Implementing Comprehensive HIV/STI Programmes with Sex Workers'. The session will then focus on approaches to clinical services. Staff of sex workers' and MSM projects from different countries including Avahan, India will present the methodologies and outcome of operationalizing community-centred clinical services. A speaker from a large donor agency will discuss the guiding principles for community participation in key population programs supported by the agency.

Global Recommendations for Prevention and Treatment of HIV/STI among Sex Workers and MSM

J. Butler, United States

Community-centred Approach for Implementing HIV/STI Programmes with Sex Workers

R. Thomas, United Kingdom

South-south Collaboration for Transfer of Learning of Community-based Services for Key Populations

J. Mathenge, Kenya

Community Empowerment Model for Establishing a Community-Led HIV Prevention Program for Sex Workers in Tamil Nadu, India

R. R., India; G. Amalrani, India

Community-centered Clinical Services: Case Studies and Lessons Learned from Implementing Key Population Programs in India

A. Das, India

Guiding Principles for Community Participation in Key Population Programs

S. Kumta, India

LINKAGES: Enabling Key Population Access to Community Clinical Services Across the HIV Cascade

K. Green, Ghana

WESA16 Are we there yet? Stepping up the pace through 2012 National HIV Prevalence and Behavioral Surveys: Botswana, Kenya and South Africa

Non-Commercial Satellite

Venue: Room 101-102

Time: 07:00-08:30

Organizer: National AIDS Coordinating Agency, Botswana

A panel debate by 3 countries on estimation of Incidence, Testing, Special Populations, Gender, sexual behaviour and access to services based on the results of the 2012 National HIV surveys. It is hoped that following the presentations by country representatives, regarding redirection of policy, guidelines will be made. Participation from the floor will be allowed to enhance the panel discussions

Botswana AIDS Impact Survey results, 2012

S. Mosweunyane, Botswana

Kenya AIDS Indicator Survey, 2012

K. Representative, Kenya

South African National HIV Prevalence, Incidence and Behavioral Survey, 2012

S. Representative, South Africa; L. Simbayi, South Africa

WESA17 Stepping Up the Pace for Young Women in South Africa

Non-Commercial Satellite

Venue: Room 203-204

Time: 07:00-08:30

Organizer: loveLife

The session seeks to explore ways in which young women's HIV prevention interventions can be more targeted and effective. In South Africa, young women (15-24) continue to be the "epicenter" of the HIV epidemic, it is time to "step up the pace". Two presentations will be made, one which is an innovative new intervention in South Africa targeting young women, loveLife's mobile phone incentive programme called iLoveLife. A leading researcher will also share learnings and best practice for developing interventions for young women that tackle HIV.

Welcome address

G. Mathlape, South Africa

Best practices in preventing HIV in young women through intervention programmes

E. Sickle, South Africa

iLoveLife programme design

N. Malope, South Africa

Live demonstration

A. Qwabe, South Africa

F. Abdullah, South Africa

SUSA17 Stigma Research and Prevention 2.0: Stepping Up the Pace for Evidence-Based Stigma-Reduction Interventions for HIV Prevention, Treatment, and Care

Non-Commercial Satellite

Venue: Plenary 2

Time: 18:30-20:30

Organizer: RTI International

HIV and Key Population-related stigma is a barrier to HIV prevention, treatment and care that undermines investments in all aspects of the HIV response. Stepping up the pace for a more effective and efficient HIV response requires a more concerted effort to accelerate the pace and scope of the response to stigma. The field of stigma-reduction has made significant strides in the past decade, increasing both understanding of how stigma impacts prevention, treatment and care, as well as how to respond programmatically through the development and testing of intervention models and measurement tools. Now is the moment to build on this evidence to step up the pace of stigma-reduction. This session will include: 1) an overview presentation of the current state of the field for stigma-reduction programming and measurement; 2) presentations focusing on stigma-reduction interventions from the perspective of community, researcher, and program implementer-led responses; 3) donor perspectives on challenges and opportunities.

What do we know and where do we go: the state of the field in stigma –reduction programming and measurement

L. Nyblade, United States

Priorities, experiences and the role of community-led responses in responding to stigma in Asia

D. Oetomo, Indonesia

Implementing stigma-reduction interventions for sex workers and MSM: The experience in West Africa

D. Diouf, Senegal

Using data to advocate for programme and policy change: the experience of the people living with HIV stigma index

J. Hovs, Netherlands; L. Sprague, United States; L. Sprague, United States

Improving access to HIV prevention and treatment for stigmatised populations: Experiences with female sex workers from Zimbabwe

F. Cowan, Zimbabwe

Evidence based responses for stigma reduction in Thailand: experiences and the way forward

T. Siraprasiri, Thailand

What do donor's think? Opportunities and challenges for stigma-reduction programmes and research

C. Wolf, United States

SUSA28 Community-Based Service Delivery, Essential for Achieving Universal Access to HIV Prevention, Care and Treatment Services: What Works and What We Need to Do

Non-Commercial Satellite

Venue: Clarendon Room D&E

Time: 18:30-20:30

Organizer: UNAIDS, International Federation of the Red Cross (IFRC), Global Network of People Living with HIV (GNP+)

In 2013, two in three treatment-eligible individuals were unable to access antiretroviral and one in three people living with HIV are unaware of their HIV status. In addition, nearly 50% of those who are diagnosed as HIV-positive are lost to follow-up before they can be assessed for treatment eligibility. Barriers to treatment access are distance, transportation cost, stigma and discrimination, shortage of health staff, lack of supplies, and long waiting. With less than 700 days left to reach the declaration's target of 15 million people on antiretroviral therapy before the end of 2015, HIV testing and treatment must be accelerated through innovative models to expanded access to HIV testing and treatment. Community health workers, including volunteers, represent a sustainable and critical resource:

- Working with the formal health system linking clients to available services
- Task shifting the uptake of service delivery
- Mobilizing communities and contributing to HIV prevention, care and s

UNAIDS Treatment 2015 Initiative and the essential role of community based service delivery models in expanding access to HIV prevention and treatment services

B. Samb, Afghanistan

FRC and GNP+ community-based service delivery model

P. Couteau, Switzerland; J. Hovs, Netherlands

Community-based service delivery across the continuum of HIV prevention, treatment and care for key populations

L. Ong, Cambodia

Driving a community-based response to the HIV epidemic and increasing the testing and treatment uptake. Lessons learned from a country experience in Estonia.

A. Zakowicz, Netherlands

WESA01 Growing Tomorrow's Leaders in Paediatric HIV

Major Industry Sponsor Satellite

Venue: Room 109-110

Time: 18:30-20:30

Organizer: ViiV Healthcare

We have all seen the headlines of an AIDS-free generation, but who are the leaders of tomorrow, who will get us there? This symposium aims to explore what activities will help us identify, grow and support those leaders across all disciplines from research to policy that will help the children infected with HIV today become leaders themselves in the future.

Introduction

J.Pottage, United Kingdom

Setting the scene

G.Tudor-Williams, United Kingdom

The legacy of ARROW

V.Musiime, Uganda

CIPHER: Finding Research Talent for the Future

P.Dr. Jerene, South Africa

CHAI: Enabling environments for future policy leaders

S.Essajee, United States

A vision for the future, from young people living with HIV across the world

Final thoughts: the way forward in paediatric HIV

G.Tudor-Williams, United Kingdom

Discussion with refreshments and canapes

WESA06 Assuring the quality of diagnostics used at point-of-care; pre-market assessment and post-market surveillance

Non-Commercial Satellite

Venue: Plenary 1

Time: 18:30-20:30

Organizer: World Health Organization

In settings without adequate regulatory capacity to assess the suitability of diagnostics for their intended use (pre-market assessment) and to monitor the on-going quality of diagnostics (post-market surveillance), WHO fills a gap through its WHO Prequalification – Diagnostics programme.

The newly streamlined WHO PQDx procedure allows for global stakeholders and national authorities to have a source of independent technical review of quality and performance ahead of national registration. However, once products are placed on the market, their quality needs to be continually monitored, both proactively and reactively through post-market surveillance activities. Proactive elements of post-market surveillance include independent lot quality control testing and data generated through external quality assessment and quality control programmes at user level. Reactive elements of post-market surveillance are vigilance through reporting of complaints and quality issues.

Welcome remarks

WHO guidance on quality assurance for point-of-care testing

J.Nkengasong, United States

Newly streamlined approach to WHO prequalification assessment for diagnostics

A.Sands, WHO

WHO guidance on post-market surveillance for diagnostics

S.Best, Australia

Challenges related to reactive post-market surveillance (complaint reporting and vigilance)

D.Harrison, Australia

Using quality assurance measures (EQA) for post-market surveillance of diagnostics

H.Tin, Myanmar

WESA07 Where is the Money? Challenges and opportunities in mobilizing increased domestic financing

Non-Commercial Satellite

Venue: Plenary 3

Time: 18:30-20:30

Organizer: Global Fund Advocates Network (GFAN), Asia and the Pacific ; Africa Civil Society Platform

Successful implementation of The Global Fund to Fight AIDS, Tuberculosis and Malaria's investments depends on our collective ability to demonstrate impact of country programmes with full participation of all stakeholders, including civil society and key populations, as well as increased domestic financing.

This session will discuss challenges at country level in mobilizing appropriate levels of resources through domestic financing. Examples of new and innovative financing mechanisms, such as trust funds, and innovative collaboration (including with civil society and key populations) will be presented. Special attention will be given to obstacles in funding critical enablers, including human rights, gender issues and addressing the needs of key affected populations.

Introduction

L.Garcia, Philippines

The role of domestic resource mobilization

P.van Rooijen, Netherlands

Domestic financing of health: challenges and opportunities from a Global Fund perspective

C.Benn, Switzerland

The establishment of an AIDS fund in Tanzania

B.Issa, United Republic of Tanzania

Expanding existing national insurance arrangements: the Vietnam perspective

K.Oanh, Vietnam

Preparing a Trust Fund: civil society experiences in Kenya

J.Kamau, Kenya

Discussion

Concluding remarks

L.Garcia, Philippines

WESA08 Sustaining the Quality of HIV Response in Botswana

Non-Commercial Satellite

Venue: Melbourne Room 1

Time: 18:30-20:30

Organizer: (National AIDS Coordinating Agency), Botswana

Botswana has shown her leadership in stepping up the pace in AIDS response with its ART coverage of 84%, PMTCT 94%, far beyond the universal access and MTC HIV transmission reduced to 2.3%. However, how to sustain the quality services is a major concern, particularly for the Government of Botswana which has contributed more than 70% of all the current resource used in addressing HIV. Under the leadership of NACA, an investment case was developed for HIV/ TB and HIV/ Sexual Reproductive Health through inclusive consultations with all stakeholders. The case has shown that if Botswana can make a good roll-out of the service integration, tighten up the programme for efficiency gains and improve prevention efforts, the country can indeed get closer to eliminating AIDS and make it truly sustainable, while benefiting the health and community systems, and the country's economy in the long term.

WESA09 Role of MSM communities in rolling out 'the WHO 2014 Consolidated Guidelines for HIV prevention, Diagnosis, treatment and Care for Key Populations' in the Asia Pacific

Non-Commercial Satellite

Venue: Melbourne Room 2

Time: 18:30-20:30

Organizer: Asia Pacific Coalition on Male Sexual Health (APCOM), UNAIDS and WHO

In recognition that the HIV response remains inadequate with low coverage and access to services often inadequate and unacceptable especially among the key populations, WHO is planning to launch a consolidated guidance on HIV and key populations at AIDS 2014. In partnership, APCOM has also made a regional submission to WHO with good practice examples from its partners that will assist in improving the quality, coverage and equity of services and interventions for key populations, especially for MSM.

The Consolidated Guidelines will need to be rolled out and implemented at country-level, taking advantage of the AIDS 2014 being in Asia and the Pacific region with many stakeholders already attending the conference, a session is planned to strategize on how to best roll out and monitor implementation of the recommendations pertaining to MSM at country-level.

Understanding the Consolidated KP Guidelines from MSM perspective

A.Ball, Switzerland

Current MSM and HIV context in Asia and the Pacific

N.Phanuphak, Thailand

APCOM research, Pulling Together Community, Building Diversity, Achieving Sustainability for HIV Counselling and Testing

M.Poonkasetwattana, Thailand

H.Mengije, China

P.Palmos, Philippines

W.Cheng, UNICEF; P.Zhao, WHO

WESA10 Risk or Reality: How Has and Will Linking Sexual and Reproductive Health and Rights and HIV Support the Response to the Epidemic?

Non-Commercial Satellite

Venue: Room 203-204

Time: 18:30-20:30

Organizer: Interagency Working Group on SRHR and HIV Linkages

Has the linking of sexual and reproductive health and rights (SRHR) and HIV made a difference to the AIDS response? What risks were taken along the way? What reality check adjustments need to be made?

This debate-style satellite will be a candid unscripted panel conversation to debate the successes, challenges, and pitfalls in connecting HIV and SRHR. Over the past decade there has been increased attention to supporting the SRH and HIV linkages agenda. This session – with contributions from national programmes, civil society, UN agencies, and the Global Fund – will unearth controversies, share examples from the policy and programmatic arenas and propose how to move forward in the post-2015 development agenda to bridge the divide between HIV and SRHR. A particular focus will be placed on how and to what degree these SRHR and HIV linkages have supported the attainment of human rights and social justice.

Welcome and session overview

Perspective from South Africa

N.Simelela Deputy President's Office South Africa, South Africa

Perspective from India

D.Dobal (Dept. Of AIDS Control, Ministry of Health and Family Welfare, Govt. of India), India

Making money work

M.Wijnroks (Global Fund to Fight AIDS, Tuberculosis and Malaria), Switzerland

Youth at the centre

P.Aguilera HIV Young Leaders Fund, Mexico

Human rights and social justice

M.Tomlinson, Jamaica

Integration in practice (concentrated HIV epidemic)

N.Jagdish (Family Planning Association of India), India

Integration in practice (generalized HIV epidemic)

Z.Nhlabatzi (Family Life Association of Swaziland), Swaziland

Stigma and discrimination

R.Fransen-dos Santos GNP, Netherlands

Panel conversation

WESA11 Treat People Right: The Critical Role of Communities in HIV Treatment Scale-Up

Non-Commercial Satellite

Venue: Room 101-102

Time: 18:30-20:30

Organizer: Joint Satellite by the International Treatment Preparedness Coalition (ITPC), Pangea Global AIDS Foundation and AIDS & Rights Alliance for Southern Africa (ARASA).

The session will spotlight and advance community advocacy for quality HIV treatment for PLHIV by focusing on three key objectives:

- advocating for treatment scale-up,
- monitoring quality, accessibility and equity of treatment, and
- addressing trade and intellectual property barriers to treatment access.

ITPC, Pangea and ARASA will share the tools and experiences from their work on each of these issues, including the launch of

- the Advocacy for Community Treatment (ACT) Toolkit;
- the Missing the Target 11 report Barriers to Accessing HIV Treatment from a Community Perspective: Experiences of Orphans and Vulnerable Children in Uganda and Sex Workers in Kenya; and
- the release of Monitoring Country Implementation of the WHO 2013 Treatment Guidelines: A Community Report.

The program will include two plenary presentations, corresponding panel discussions, a case presentation, and personal accounts of community engagement in treatment advocacy.

Panel Discussion

B.Plumley, United States; R.Jurgens, Germany; M.Clayton, Namibia; N.Meheny, United States; O.Mellouk, Morocco; N.Kilonzo, Kenya

Speakers

C.Stegling, United States; M.Lumumba, Uganda; R.Odetoyinbo, Nigeria

Closing Remarks

C.Collins, UNAIDS

WESA12 Controversies in treatment as prevention among people who inject drugs

Non-Commercial Satellite

Venue: Room 103

Time: 18:30-20:30

Organizer: Centre for Research Excellence into Injecting Drug Use - Burnet Institute

*Panel discussion to explore the notion of treatment as prevention amongst people who inject drugs. Discussion will cover both international and Australian contexts, touching on ethical, medical and social dimensions to treatment as prevention for this marginalised group. Panel members will include local and international experts who can provide diverse professional and personal perspectives on this important issue.

*Date and time: 18:30-19:30, Wednesday July 23 2014

*Open to: AIDS 2014 delegates only

*Facilitator: Australian broadcaster Libbi Gorr

Panel members include:

- *The Hon Michael Kirby (Australia)
- *Dr Adeeba Kamarulzaman (Malaysia)
- *Dr Niklas Luhmann (France)
- *Sam Nugraha (Indonesia)
- *Tracy Swan (USA)
- *Professor Michel Kazatchkine (Switzerland)
- *Professor Margaret Hellard (Australia)

*For more information about this event, please contact elise.carrotte@burnet.edu.au

WESA13 Overcoming HIV in Conservative Social Settings

Non-Commercial Satellite

Venue: Room 104

Time: 18:30-20:30

Organizer: OPEC Fund for International Development (OFID) & International AIDS Society (IAS)

In many conservative settings, the HIV epidemic is concentrated, disproportionately affecting specific vulnerable population groups. In contexts where sexuality often remains taboo, and where laws targeting sexual minorities, drug users and sex workers are increasing in both their number and vigor, we must come together to discuss possible culturally-sensitive strategies and interventions to overcome HIV in these challenging settings. A previously elaborated Call to Action will be shared and discussed during this interactive session.

Introductory remarks

M.Kurian, Switzerland; R.Bencherif, Austria; Y.Chakkar, UNAIDS

Overview of HIV in conservative social settings

K.Moalla, Tunisia

Defending human rights: Advocacy challenges for making policy changes in conservative social settings

M.Afsar, Switzerland

Reaching out, stepping up: Working with vulnerable populations in a difficult context

C.Soliman, Egypt

Let's talk about sex: HIV, sexuality and sexual minorities in conservative settings

G.Azzi, Lebanon

Turning faith into an instrument for success: Experiences from India

P.Kuruvilla, India

Presentation of the Call to Action

A.Kamarulzaman, Malaysia

Way forward: Discussion with the audience

Summary and Closing Remarks

K.Moalla, Tunisia

WESA14 South African National HIV Prevalence, HIV Incidence and Behaviour Survey, 2012

Non-Commercial Satellite

Venue: Room 105-106

Time: 18:30-20:30

Organizer: Human Sciences Research Council

In 2012 a consortium of research organisations led by the Human Sciences Research Council (HSRC) of South Africa conducted a national HIV population-based household survey which investigated the HIV prevalence, HIV incidence and exposure to antiretroviral treatment (ART) as well as the biomedical, social and behavioural determinants of the epidemic. The survey was the fourth in the series of repeated cross-sectional national surveys that have been conducted by the same consortium in 2002, 2005, 2008 and 2012. These surveys have been crucial for both monitoring and assessing the national response to the epidemic in the country.

The five papers that will be presented in this session will provide information that is useful in identifying interventions that might help to reduce new infections in the country.

Trends in HIV prevalence and HIV incidence in South Africa

T.Rehle, South Africa

HIV risk perception and risk behaviour among medically and traditionally circumcised males in South Africa

N.Zungu, South Africa

Age disparate and intergenerational sex in South Africa: A risk factor for HIV infection in young women

M.Evans, South Africa

Impact of the HCT campaign on risk behaviours and enrollment on ARV therapy

D.Onoya, South Africa

HIV-related stigma, risk perception, HIV testing, HIV knowledge and risk behaviour

L.Simbayi, South Africa

WESA15 The role of the private sector in stepping up the pace of supply for HIV/AIDS commodities

Non-Commercial Satellite

Venue: Room 111-112

Time: 18:30-20:30

Organizer: Partnership for Supply Chain Management (PFSCM), John Snow, Inc. (JSI), Management Sciences for Health (MSH), Imperial Health Sciences (IHS)

The global community is well on its way to reaching the agreed target of 15 million people on treatment by 2015. At the same time, many are challenging the traditional roles of central medical stores and ministries of health in procuring, storing and distributing public health commodities. This satellite session will explore the increasing role that local, regional and international companies are playing in the delivery of medicines, test kits, laboratory supplies and other health commodities and helping meet the global target of 15 million on treatment by 2015. Speakers include Gordon Comstock, Director of Global Supply Chain, PFSCM; Iain Barton, Managing Director, IHS; Arvind Kanda, VP and Commercial Head of ARV/Infection Disease, Mylan; Dr. Owen M. Mugurungi, Director STI/HIV/AIDS & TB, AIDS & TB Programme, Ministry of Health and Child Welfare, Zimbabwe; Amit Shah, Group Executive Director, Freight in Time

J.Heavner, United States