#IAPAC2018

WELCOME!

OUR LAST MEETING WAS PURELY ASPIRATIONAL...

...BUT IT NOW FEELS LIKE WE COULD BE GETTING SOMEWHERE!

JOSE M. ZUNIGA, IAPAC

ILONA KICKBUSCH
GRADUATE INSTITUTE OF INTERNATIONAL & DEVELOPMENT STUDIES, GENEVA

2018 IS AN IMPORTANT YEAR FOR GLOBAL HEALTH!

WE'RE WORKING ON A GLOBAL HEALTH PLAN... BUT MORE NEEDS TO BE DONE!

FURTHER IS ALSO AN ISSUE!

WELCOME TO EVERYONE OUT THERE ON THE WEBSYTE!

THERE IS A NEW REALISM...

KENNETH MAYER
FENWAY INSTITUTE, USA

IT IS THE BEST OF TIMES, IT IS THE WORST OF TIMES...

...ABOUT THE CHALLENGES
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Soumya Swaminathan, WHO

Keynote Address - The Health SDGs & UHC - Re-Igniting Political Will for Action

We have a historic opportunity!

...but it's an ambitious goal.

36.7 million people estimated to be living with HIV.

1.8 million newly infected.

82.4% co-infection.

HIV/hepatitis C prevalence in people who inject drugs.

There has been a drop in the figures... but this is to be expected.

Progress uneven.

Global TB Epidemic

53 million lives saved 2000-2016.

The story for HIV & TB is the other way around.

TB deaths.

HIV falling by 3% per year.

Mortality.

SDG3.3 - Good health & well-being (ending epidemics).

3 Strategic Priorities

Global TB Epidemic

53 million lives saved 2000-2016.

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Mortality.

SDG3.3 - Good health & well-being (ending epidemics).

3 Strategic Priorities

Achieving UHC

The WHO supports health systems in fragile countries.

There are three dimensions of UHC:

1. Reducing costs.
2. Expanding range of service.
3. Increasing service coverage.

Universal Health Coverage

*Universal health coverage.

Integration & linkages.

HIV in context.

Healthier Balance.
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**DEFINING ‘HIV EPIDEMIC CONTROL’**

*Chair: Ilona Kickbusch, Geneva (Racing Deputy-D. UNAIDS)*

*What do we mean?*

"Controlling the HIV epidemic"...never forget how far we have come!

*In 2000, 90 people in South Africa were accessing HIV treatment*

*In mid-2017, 20.9 million people are on treatment*

*90-90-90* by 2020

95-95-95

*Leading to an increase in life expectancy!*

*Fast track targets!*

*All people who need treatment are on treatment*

*All people on treatment are virally suppressed*

*The epidemic is on the way to being overcome*

*There is concern around increased risk in young women in Africa (globally)*

*There are still discriminatory measures against treatment in some areas*

*Tailored prevention schemes*

*Spending resources required*

*The gold standard!*

*Self-testing*

*Countries are adopting the five pillars of combination prevention*

*Fast-track cities*

*Global standard*

*Financial shortfall*

*Key populations...consider Vietnam*

*Note: Many more blue dots off the page*
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Ambassador Deborah L. Birx
Office of the Global AIDS Coordinator, USA

Actioning HIV Epidemic Control
- PEPFAR’s 13 Country Strategy

What is the Global Goal for HIV?

Control the HIV Pandemic by 2030

Where are we?

Pepfar’s 3 Guiding Pillars

Men’s Corner

Slow Policy Adoption

Rapid Policy Adoption

Continual Monitoring

Dramatic Expansion is Possible

Core Policy Adopted Quickly

Results from Zambia

The Youth Bulge in Africa

Eastern Europe, Central Asia, Caribbean & Latin America

Eastern & Southern Africa

West & West Central Africa

Stigma

Young men & women don’t know their status

Perceived access in men under 25

How do we know?

Look at the Data in Detail!

PEPFAR Results

Over 13.3 million on ART

Over 2.2 babies HIV-free

Over 15 million voluntary circumcisions

Swaziland Trends

2015

2017

SUCCESS
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The epidemic continues unchecked in men under 35 and women under 25.

Pilots don't exist anymore.

Partner performance must be improved.

Thank you for making the impossible possible!
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**Setting Metrics for Success**

**HIV epidemic transition: overview of existing & proposed metrics**

**Framework**

- Zero new infections
- End the epidemic by 2030

**Meeting**

- GC2017 GLION meeting
  - 'Making the end of AIDS real'
- MAAP meeting on measurement of policy, stigma & discrimination

**Metrics for epidemic transition**

- **Existing**:
  - Incidence rate per 1000 uninfected
  - % reduction in new infections
  - % reduction in AIDS deaths
  - AIDS-related mortality per 1,000 population

**Interpretation**

- Ratio of new HIV infections to number of people living with AIDS.
- Strength: identifies epidemiological shifts

- Incidence: Mortality ratio (IMR)
  - Strength: identifies when HIV costs will diminish

**Graphs**

- Incidence: Prevalence (IPR)
- Over 1000 new infections % reduction incidence-prevalence (IPR)
- Deaths/1000 population % reduction in AIDS-related death

*Except Eastern Europe & Central Asia*
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**Measures of HIV-Related Policy, Stigma & Discrimination**

Participants at GLON called for impact-level packages!

MTAG: Many measures already exist!

Drivers of HIV-related discrimination

Manifestation & outcomes

New metrics can give improved impact

Panel: Setting metrics for success
Are we measuring what matters?

Moderator: José M Zuniga, IAPAC

PANELISTS
- Ambassador Deborah L. Blix, PEPPAR, USA
- Gottfried Hirnschall, WHO
- Timothy Martinena, UNAIDS
- Peter Sands, Global Fund to Fight AIDS, TB & Malaria
- Laurel Sprague, Global Network of People Living with HIV, Amsterdam

South Africa shows their data as circles...

Zambia as a map...

... and others as a chart

Who focus on:
1. SDGs & UHCS
2. New Programme of Work (GPW)
3. Global HIV Health Sector Strategy
4. How we deliver differentiated support

Differentiated service delivery

1 million more people with health coverage
1 billion more people made safer
1 billion lives made better

Interventions for key populations
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**Political & Legal Determinants of Vulnerability**
- Stigma & Discrimination
- Violence
- Punitive Laws & Policies
- Poverty

**Need for Political HIV Transformations**
- No Criminalisation
- No Mandatory Testing
- No Abortion, Contraception
- No Sterilization
- No Evidence of Human Rights Violations
- Access to Justice
- Engagement of Women Living with HIV in Validation Process

**We Want to Be Attacking the Problem... Not the Patients**

**Contraindications**

**Conceptualising the Epidemic Outside the Social & Political Context**

**Incidence: Prevalence Isn't Intuitive...**

**The Worse Your Data, The Greater Need for a Simpler Metric**

**You Need More Powerful Metrics to Convince Finance Ministers to Release Funds!**

**We're Not Hiding a Secret AIDS Programme!**

**Indicators That Stigmatise**

**Convenience Indicators**

**Look at How the World Learned from the Recent Financial Crisis... We Can Learn from This Too!**

**Models and Metrics**

**Data Dictionary**
Facilitating HIV Epidemic Control

'Business as Usual' – Finding & Testing the HIV Unawares

Nitika Pant Pai, McGill University

We've been doing HIV self-testing (HIV ST) since 2006.

There are two strategies:
- Unsupervised/unassisted
- Facilitated/supervised assisted

250+ Studies on Cost-effectiveness

HIVSmart: Smartphone Web, Tablet App

Integration

Delivery Models

Challenges and Opportunity

We tested HIVSmart on students in Canada and South Africa.

So... we took this to South African Townships.

Available in Xhosa, English, Afrikaans... and other S.A. languages.

99% of all participants were linked to care.

99% of all participants were linked to care.

HIV needs to be affordable.

Needs to integrate within existing programmes.

Self-testing is the middle road.

Choice!

Convenience!
Long-acting antivirals - where are we heading? Are we ready?

Carl Diffenbach, National Institutes of Health, USA

What problems are long-acting, sustained release formulations solving?

Non-adherence to drug regimens is a problem!

Does less frequent dosing lead to improved adherence?

Yes!

How often?

Daily? Weekly? Monthly?

There are many long-acting antivirals in development

Single-dose delivery

PREP

HPTN 083

HPTN 084

Trials currently on-going

What is the upper limit of drug tolerance

We want to keep people in the green zone!

We need an oral lead in for injectable formulations

Will this methodology hold water?

ACTS 5357

Protocol in development

Potency & breadth of HIV-1

Passive antibody prevention as PrEP?

Sanofi/VRCTri-specific antibody

...the three-headed monster

2018 Controlling the HIV Epidemic Summit – 10
REACHING 90% OF PEOPLE AT RISK OF HIV WITH COMPREHENSIVE PREVENTION  

WHY PRIMARY PREVENTION? 

NEW HIV INFECTIONS ARE NOT DECLINING FAST ENOUGH. 

TREATMENT CANNOT DO IT ALL! 

RECENT HIV INFECTIONS ARE 30X MORE INFECTIONS 

THE FIVE PILLARS OF PREVENTION 

A HIV PREVENTION PACKAGE 

PREVENTION PROGRAMME TARGETS 

COUNTRY TARGETS 

90% OF KEY POPULATIONS REACHED 

90% OF A YOUNG WOMEN IN PRIORITY SETTINGS 

90% OF MEN 15-49 CIRCUMCISED IN 14 COUNTRIES 

25-30 CONDOMS PER MAN PER YEAR 

THE PREVENTION BUDGET AND IS A % OF TOTAL BUDGET 

HIV PREVENTION SERVICES FOR SEX WORKERS 

ESTIMATED NEST OF PEOPLE TAKING PREP 

ROAD MAP 

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FACILITATING HIV EPIDEMIC CONTROL (CONTINUED...)

CHAIR: ALEXANDRA CALMY, GENEVA UNIVERSITY HOSPITALS

INTEGRATING PrEP WITH EARLY ANTIRETROVIRAL THERAPY INITIATION

VENNE TH NAYER, FENWAY INSTITUTE, USA

**IS PrEP 100% EFFECTING?**

**NO.**

PRÉP REDUCES INCIDENCE EVEN WHEN THE TREATMENT IS NOT ADHERED TO (IN MSM)

BUT NEEDS A HIGH LEVEL OF ADHERENCE WITH WOMEN TO WORK.

US Prep UPTAKE

US STATES WITH HIGH Prep-TO-NEED RATIOS

Prep AS A GATEWAY TO CARE

Prep USE AMONG MSM IN SAN FRANCISCO

AT THE FENWAY INSTITUTE WE NEVER TURN ANYONE AWAY!

Prep ENGAGEMENT

97% RELATIVE REDUCTION VS. PLACEBO

WHY THE HIGH BURDEN OF MENTAL HEALTH IN HIV?

PURVIEW PARADOX

'WE'RE NOT HIV SPECIALISTS'

10% CARE PROVIDERS WHO CLAIM AGE

97% CARE PROVIDERS
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**Differentiated Care - Improving Engagement & Retention in HIV Care**

Meg Doherty, WHO

**The 'Treat All' Initiative**

- The 'Treat All' Initiative
- Incidence
- The Cross-Point

**Differentiated Service Delivery**

- The Building Blocks
- WHO
- WHAT
- WHERE
- WHEN

**When 36 Monthly Visits**

- Where Community Level
- WHAT

**Benefits of D.S.D.**

- Prevention
- Testing
- Treatment

**DSD Applies Across the HIV Care Continuum**

- Reaching Men in Esho E South Africa
- Package of Care for People with Advanced HIV

**It's Time to Test & Treat Differently!**

- Rapid ART Acceleration
- DSD in Cameroon
- Increasing Trend in ART

- DSD in Ghana
- Adolescent Clinic Days

- DSD in Zambia
- 6 Monthly Visits in Zambia
- 3 Monthly Visits in Spain

- The Benefits of D.S.D.
Ghana

There were gaps in our workforce... and we wouldn't be able to meet our targets.

Resource mobilisation

We need to scale up!

Equitable distribution is critical!

In the cities... and rural areas.

We are going to de-centralse our services.

For some service providers, documentation is not a priority.

Malawi

90-90-90 our progress

Help wanted

Many vacancies in HRH

Many staff provide HIV services (74%... but few are able to initiate ART (10%)

ART initiation mostly done by nurses...

...they are the backbone of the service!

Focusd investment

5-5 acceleration districts

Introduction of new testing method

Turn-around time for viral load

8 additional lab techs
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MALAWI (cont...)

HRH INVESTMENT NEEDS RIGHT SIZING FOR MAXIMUM IMPACT

HRH AMONG THE KEY BARRIERS TO REACH 90-90-90

HIV IS NO LONGER A DEATH SENTENCE

BUT IS

90-90-90

HIDING THE TRUTH?

YOU CAN'T RUN BEFORE YOU CAN CRAWL!

50% OF PEOPLE WITH HEP B/C HAVEN'T BEEN TESTED IT FOR IT IN BRIGHTON!

STIGMA AROUND STIs IS STILL AROUND

WE NEED TO CHANGE THE WAY WE LOOK!
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**Funding**

- Funding is decreasing
- Top barriers to funding include criminalisation of the affected population

**Panel: A Global Compact for Ending HIV-Related Stigma & Discrimination**

Moderator: Andrea Boccardi Vidarte, UNAIDS

Panelists:
- Ibadat Dhillon, WHO
- Eszter Kismödi, Reproductive Health Matters Geneva
- Ambassador Nathalie Olijslager, Netherlands
- Valeria Rachynska, All-Ukrainian Network of People Living with HIV/AIDS
- Laurel Sprague

- We found that women who are pregnant were routinely tested... This helped destigmatise testing!
- We're Dutch... We're usually kind of blunt!
- 1 in 5 people were denied treatment
- We didn't know what to do or advice about HIV

**Our Upcoming Conference:**

Breaking barriers... Building bridges in Amsterdam!
Hello, my name is... WE'RE CHANGING OUR NAME!

COUNTRIES HAVE THREE TOOLS AVAILABLE TO THEM...

COUNTRIES CAN BE AWARDED BRONZE, SILVER OR GOLD MEDALS BASED ON THEIR HUMAN RIGHTS RECORD

WE BRING TOGETHER ACTORS WHO MIGHT NOT OTHERWISE HAVE MET!

LAUREL: PLHIVSTIGMA INDEX

IN THE USA, IF MY DENTIST REFUSED TO TREAT SOMEONE WITH HIV, BUT FOUND ONE THAT WOULD, THEY COULDN'T SUE THE FIRST ONE!

EXPERIENCES OF STIGMA & VIOLENCE...

VERBAL HARRASSMENT @!?#... POLICY HARRASSED

SEXUAL ASSAULT

THE STIGMA VARIES BY POPULATION & COUNTRY

IBADAT

PARTICULARLY NURSES AND NURSING ASSISTANTS, ... AND YOUNG WOMEN

DISCRIMINATION & STIGMA IS BEING TAUGHT...

... BUT ONLY IN AN ACADEMIC SETTING

HEALTH WORKERS ARE SOMETIMES THE PERPETUATORS OF STIGMA & DISCRIMINATION...

... BUT THEY'RE SOMETIMES ALSO THE VICTIMS

PATIENTS

HEALTH CARE WORKERS

... WE NEED TO LOOK AT THE RIGHTS AND RESPONSIBILITIES OF BOTH!
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Valeria: A structure for a global compact

The strategic focus: Our metrics will inform the compact!

The compact should be as inclusive as possible!
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Sharing National & Subnational Experiences

Panel: Sub-Saharan Africa

Moderator: Lillian Minoreko Kyomuhangi
International Council for Women, Uganda

**Panelists:**
- Solange Baptiste
  International Treatment Preparedness Coalition, S. Africa
- Henry Nagai
  JSI Training & Research Institute, Ghana
- Carol Ngunu-Gitaunthi
  University of Nairobi, Kenya

**Nairobi, Kenya**
Nairobi has around 170,000 people living with HIV

66% of people on ART are female

26,000+ new HIV cases in 2017

**Have we accelerated?**

**Leadership and Governance**

**Elimination of Mother-to-Child Transmission**

**Key Populations Programme**

**Laboratory Strengthening**

**Priorities for 2018**

**People need to have more information about HIV**

**Task Sharing Guidelines**

**Lay people can now be trained to do testing**

**We need to work faster on testing!**

**Henry**

**ARVs saved our lives!**

**Ghana is becoming more accepting of MSM at a political level**

**Data Governance**

**In 2016**

**The government made a bold move that led to no waiting for results!**

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SOLANGE

I LITERALLY JUST MOVED TO SOUTH AFRICA

WHY ARE SOME PEOPLE LEFT BEHIND?

THEY'RE INVISIBLE... POOR CARE... OR JUST DON'T CARE

WHAT ABOUT THE 90-90-90?

90-90-90 IS GREAT, BUT...

PEOPLE DON'T THINK HIV IS A PROBLEM ANY MORE

WHO DO WE WORRY ABOUT?

COMMUNITY MONITORING

COMMUNITY ADVOCACY!

STRENGTHEN COMMUNITY SYSTEMS!

KEY POPULATIONS

 CHILDREN

 ADOLESCENTS

 YOUNG GIRLS

ADULT MALES

AND DON'T LEAVE ANYONE BEHIND!

WE MUST ENABLE THIS!
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**Panel: Western & Eastern Europe**

**Panelists:**
- Svitlana Moroz
  - Eurasian Women's Network on AIDS, Georgia
- Anastasia Pharris
  - European Centre for Disease Prevention & Control, Sweden
- Bryan Teixeira
  - European AIDS Treatment Group, Belgium

**Moderator:** Anna Zawowicz, AIDS Healthcare Foundation, Netherlands

**Anastasia**
- **Europe**
  - Global
  - We are the only region where new infections are increasing – particularly in the East

**Bryan**
- **90-90-90**
  - 95% by 2020
  - 95% by 2030
  - We need to start focusing on this!

**Svitlana**
- **Women and HIV**
  - 14% of all HIV cases in Kazakhstan are amongst women drug users...
  - ...but we don't know how many women drug users there are...

**Women Living with HIV in Ukraine**
- 42% learned about their HIV status during pregnancy

**Women and HIV**
- 83% of women who use drugs in Ukraine have encountered police violence

**The HIV Criminalisation Scan focused on 7 countries**
- ...and creates a false sense of security

**Zero? Discrimination**
- There is no targeted response to the diversity of the European region

**Successes**
- ON Stigma, Discrimination & Human Rights
- Need to address barriers

**Strengths Civil Society**
- Combination Prevention
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**Sharing National & Subnational Experiences (continued...)**

**Chair:** Peter Godfrey-Faussett, UNAIDS

**Panel:** Asia-Pacific

**Moderator:** Midnight Poonkasetwattana, Asia Pacific Coalition on Male Sexual Health, Thailand

**Panellists:**
- Jennifer Hoy, Monash University, Australia
- Marie Ko, AIDS Healthcare Foundation, Hong Kong
- N. Kumarasamy, Y.R. Gaitonde Centre for AIDS Research & Education, India

**Jennifer**

Australia has a unique epidemiology

90-90-90 was achieved in Victoria in 2015

What has worked... and why?

Investment in the partnership approach & a commitment to 'good data'

What isn't? 14.5% → 7%, but newly diagnosed infections is up!

90-90-90 will reduce this by approx. 17%

There are barriers!

We're committed to ending discrimination & stigma by 2020

But it (and other measures) isn't enough!

There are sporadic cluster outbreaks

1/3 of all HIV diagnoses are new

HIV testing needs to increase more

A homogenous (gay) epidemic marginalises other communities

Can Australia eliminate new infections?

How can Victoria/Australia achieve a 75% reduction by 2020?
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INDIA

HETEROSEXUAL TRANSMISSION

0.25% OF THE POPULATION

OVERALL TRENDS

2-2.5 MILLION PEOPLE LIVING WITH HIV

SIMULATION MODEL OF HIV TESTING & TREATMENT

WE FOUND IF WE WERE TO TEST THE NATIONAL POPULATION EVERY 5 YEARS, THIS WOULD BE COST-EFFECTIVE

WHAT ABOUT INDIA?

A GENERIC DTG-BASED REGIME WOULD BE COST-EFFECTIVE!

MONITORING

WHO 2016 GUIDELINES

INDIA IS THE PHARMACY FOR THE REST OF THE WORLD

NON-AIDS CAUSES OF MORTALITY

DEMONSTRATION PROJECTS OF ORAL PREP ARE UNDERWAY

ART IN INDIA IS THE LARGEST IN THE WORLD

DECREASE IN MORBIDITY & MORTALITY

PREP NEEDS TO BE IMPLEMENTED IN INDIA SOON!

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We operate in 10 countries in Asia and support over 183,000 patients.

We focus on MSM groups, clinics, men wellness centres, training to address discrimination issues, drug users, sex workers drop-in centres.

In Thailand, we helped set up a farm in Nepal to assist people living with AIDS to feed themselves and educate youth on sexual health.

Mayors in Indonesia show their commitment to combat HIV/AIDS.

2020 on treatment by 2020. Keep the promise!
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**Panel: Americas & The Caribbean**

**Moderator:**Brun González Aguilar, Espolea, Mexico

**Panelists:**
- Xcela Christie-Samuels, Unit of the West Indies, Jamaica
- Irene Hall, Centers for Disease Control & Prevention, USA
- Fernanda Rick, Ministry of Health, Brazil

**Curbing HIV in the Caribbean**

- 49% decline in incidence
- 58% of gay men
- Annual HIV incidence 6%
- Much has been done...
- But we need to do better

**Decline in Mortality**

- But too many people are becoming infected
- And to many people are unaware of their status

**Male Adults Rising? Plateau? Female Adults New Infections**

- Jamaica has a significant problem
- It's primarily heterosexual infection
- But the picture is varied across the Caribbean

**There are cultural & social factors**

- Transgender sex
- Unprotected sex with sex workers
- Crack cocaine

**How do we reach those most at risk?**

- There is a wide range of places where people go looking for sex

- Church
- Bars & Nightclubs
- On the bus

**Risk Data Shows the Epidemic Is Shifting**
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**Mapping the Way Forward**

Chair: José M Zuniga, IAPAC

**Which Scale-up Strategies/Problemat Mixes Are Most Cost-Efficient?**

- NEW HIV INFECTIONS
- AIDS-RELATED DEATHS

**Impact!**

Investing Strategically

- Number of People with HIV Living on ART

There is not one single bullet that will solve the problem.

Increasing Evidence on What Works!

- Namibia Invested on HIV Response for Better Health!

South Africa Invested in a Rigorous Selection of Interventions

**Reductions in New Infections Are Off-Target**

The Treatment Cascade Progress Varies by Region

**A People-Centred Approach**

Focus on Young People

**Scaling Up?**

drawnLism.com
A Response Targeted to the Cycle of Infection

Community Mobilisation Works!

We know PrEP works...

...but it's still targeted

...and it's cost-effective!

For the key populations, we know what works

A combination of interventions makes the best impact

The negative effect of user fees

Bill
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**Panel:** Who is going to lead & finance efforts to control the HIV epidemic?

**Moderator:** Ilona Kickbusch

**Panelists:**
- Ambassador Deborah L. Birx
- Matthew M. Kavanagh, George Town University, USA
- Timothy Martineau
- Carmen Perezcasas, UNITAID, Geneva

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**Is the USA the lonely child in the field?**

We had many organisations working with us...

...but we felt we had to step in!

**Do you feel neglected?**

Let's use the money well!

**Financial stability is not a solution. We will get right away.**

**Is the global approach the right one?**

...what's at the core of advocacy?

**What if we spend more now... it will be cheaper in the future?**

**The funding must be complimentary!**

**We're fighting an infection that affects people that governments don't care about**

**When the money is there, it works**

**Where can the AIDS agenda benefit from UHC?**

---

**To Matthew:**

**To Iris:**

**To Deborah:**

**To Carmen:**

You look very nice!

**Gay men**

**DRUG USERS**

**Young women**

**Drug users**

**Young women**

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**We want a seat at the table!**

**There's no health security community!**

AIDS shouldn't be driving UHC (it should be the other way around).

**Pandemics are not going away!**

**Innovation is the solution!**

...What are the coming trends that will impact what we are doing?

**There must be something else we can do! We need innovation!**

**We're only halfway there!**

**We need to demonstrate what has already been done!**

**Thank you to everyone who came!**

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**Reflections**

Thomas Piketty!

We need to invest in the poor and neglected.

This keeps me up at night!

Iris

Matthew

But the mountain still needs climbing!