



CONTROLLING THE HIV EPIDEMIC WITH ANTIRETROVIRALS

LEVERAGING PROGRESS, SEIZING OPPORTUNITIES



OCTOBER 13-14, 2016 • GENEVA, SWITZERLAND



Elizabeth Glaser
Pediatric AIDS
Foundation



WELCOME FROM THE CO-CHAIRS AND HONORARY CHAIR

Dear Colleagues:

Welcome to the fifth annual **Controlling the HIV Epidemic with Antiretrovirals** summit, organized by the International Association of Providers of AIDS Care (IAPAC) in partnership with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other partners. We are here these two days to explore the ways in which we will improve population health in heavily HIV affected regions within the next five years, setting the stage for ending AIDS as a public health threat by 2030.

The rationale for this annual summit is more compelling than ever, given the culmination of several important studies this past year. The START and TEMPRANO studies convincingly demonstrated that the initiation of antiretroviral (ART) as soon as patients are diagnosed with HIV and understanding the importance of daily adherence results in decreased HIV morbidity and mortality. Moreover, the data from START and TEMPRANO offer hope that early ART initiation can significantly decrease the global tuberculosis (TB) syndemic.

Additionally, with the final report from HPTN 052, we now definitively know that early ART initiation is among the most effective HIV prevention interventions, reducing transmission by more than 90% after close to 10,000 person years of follow-up. The Partner study's final report published earlier this year in the *Journal of the American Medical Association* also documented zero HIV transmissions after condomless vaginal or anal sex when the HIV-positive partner was virologically suppressed. The beneficial findings associated with early ART are also complemented by additional reports that the use of pre-exposure prophylaxis (PrEP) can effectively decrease HIV acquisition among high-risk populations. A pragmatic study, PROUD, conducted in British genitourinary medicine clinics, demonstrated that the integration of PrEP within the context of sexual health in primary care settings can be highly effective, approaching 90% protection in a very real-world setting.

The challenge for our discussions this year in Geneva is to how to best translate these exciting research findings into public health policy that leaves no one behind. We have the tools to turn the tide on this persistent global pandemic, and the modelling indicates that we can do so by 2020 if we attain the UNAIDS 90-90-90 and zero stigma and discrimination targets, as well as scale up all other HIV prevention interventions, including PrEP. The question is whether we will leverage the progress that we have made to date, avoid the risks that come with entrenched complacency and divergent agendas, and seize the opportunities before us to control the HIV epidemic.

Ultimately, our goal to end AIDS as a public health threat by 2030 is only possible through a combination of commitment, innovation, partnership, and action – which are the mainstay of this annual series of IAPAC summits. We hope that the scheduled plenaries and panel discussions as well as formal and informal discussions throughout the next two days will provide you with new insights and and new contacts to facilitate further optimization of the use of antiretrovirals to control the HIV epidemic.

Best wishes for a productive summit,



Kenneth H. Mayer, MD¹
Co-Chair



Paula Munderi, MD²
Co-Chair



Julio S.G. Montaner, MD³
Honorary Co-Chair

¹Fenway Institute, Boston, MA, USA

²Medical Research Council, Kampala, Uganda

³British Columbia Centre of Excellence in HIV/AIDS, Vancouver, BC, Canada



WELCOME FROM IAPAC

Dear Colleagues,

Welcome to the 2016 **Controlling the HIV Epidemic with Antiretrovirals** summit.

The International Association of Providers of AIDS Care (IAPAC) is honored to co-host this year's summit with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Foundation for AIDS Research (amfAR), the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), the Agence Nationale de Recherche sur le Sida et les Hépatites Virales (ANRS), and the Geneva University Hospitals.

On behalf of IAPAC, I recognize the contributions made by those of you who are joining us here in Geneva from 55 countries, among you:

- Representatives from advocacy groups and healthcare provider associations, including Human Rights Watch, IAPAC, the European AIDS Clinicians Society, and the International AIDS Society;
- UNAIDS, the United Nations Children's Fund, and the World Health Organization;
- The US President's Emergency Plan for AIDS Relief; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and UNITAID, as well as private sector donors, including amfAR, the Elton John AIDS Foundation, Gilead Sciences, Merck & Co., and ViiV Healthcare;
- Research institutions such as the ANRS and the US National Institutes of Health, and government and non-governmental implementing agencies such as EGPAF, FHI360, Médecins sans Frontières, the US Centers for Disease Control and Prevention, and the US Agency for International Development;
- Federal and state health ministries from 27 countries, and representatives from 14 Fast-Track Cities – Amsterdam, Bangkok, Dakar, Dar es Salaam, Denver, Geneva, Kyiv, Lagos, Lilongwe, Melbourne, Mexico City, New York City, Windhoek, and Yaoundé; and
- Individuals who share in our mutual concern that we are not moving fast enough to avert many more AIDS-related deaths and new HIV infections.

We have achieved much together over the past 35 years of the global HIV pandemic. With the dawn of antiretroviral therapy (ART) in the mid-1990s, we ushered in a new era in which an HIV diagnosis was no longer an automatic death sentence. The results of HTPN 052 a few short years ago confirmed that ART is life-saving/-enhancing and a biomedical HIV prevention intervention. Today more than 17 million people living with HIV are on ART and benefiting from its therapeutic and preventative effects.

These very successes have added layers of complexity to our efforts that deserve critical reflection, particularly as we strive to end AIDS as a public health threat. We must ask ourselves: Are we merely maintaining the structures of the status quo and perpetuating divergent agendas that will delay progress toward HIV control, elimination, and eradication? Or are our actions truly being carried forward in the best interest of those communities that stand to benefit, particularly key affected populations?

WELCOME

The course of action that we assume from this moment forward will speak to the spirit that resides within and drives our global HIV community. The critical juncture at which we find ourselves is defined by the progress that I have referenced as well as the unprecedented opportunities that we now have to control the HIV pandemic. The emphasis must be on cooperation to ensure that no man, woman, or child is left behind as we strive to attain the United Nations' 90-90-90 targets in a rights-based approach that is predicated on the ability for each of us to realize the human right to health.

Whether we, as leaders in the global HIV movement, coalesce around the tools at our disposal and lean forward to attain the 90-90-90 targets will be the most immediate test of our commitment and resolve. Data signal an opportunity to leverage ART to prevent illness, death, and transmission and thus control the HIV epidemic. Important adjuncts to our primary goal of reaching and saving the lives of 20 million people not currently on ART include the means by which to curb HIV acquisition, including condoms, pre-exposure prophylaxis (PrEP), harm reduction, and other prevention interventions.

The "business as usual" approach to our global AIDS response has been shattered. Yet, much work remains to cross geographic and philosophical borders; forge innovative, logical, and meaningful partnerships; and comport ourselves with concern for those in whose service we labor. Our work also must be on a scale and at a pace that allows us to rapidly avert AIDS-related deaths (more than 2,000 children and 19,200 adults are dying weekly), as well as prevent new HIV infections (more than 2,800 babies and 37,000 adults are newly infected daily).

In advancing a non-business as usual approach, let us also remain ever cognizant that every action we advance along what I refer to as a "continuum to zero" – zero new HIV infections and zero AIDS-related deaths – must be taken out of concern for the dignity which HIV all too often strips from individuals, communities, and nations. We must conscientiously suffuse our efforts with the premise of dignity and human rights, including the right to HIV treatment. In so doing, we will be rewarded in our time by knowing that we have contributed to the preservation and renaissance of communities and nations.

I wish you a productive two days of meaningful and robust discussions regarding our way forward.

Warmest regards,



José M. Zuniga
IAPAC President/CEO

THURSDAY
13 OCTOBER 2016

**CONTROLLING THE
HIV EPIDEMIC**

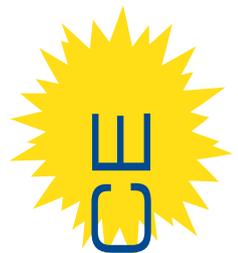
- 0900-0930 **OPENING REMARKS**
Are We at the End of the Beginning or the Beginning of the End of Our Efforts to Control the HIV Epidemic?
José M. Zuniga
Julio S.G. Montaner
Kenneth H. Mayer
Paula Munderi
- 0930-1000 **KEYNOTE ADDRESS**
Strategies, Emerging Opportunities, and Political Processes to Reach 90-90-90
Michel Sidibé
- 1000-1100 **HIGH-LEVEL PANEL DISCUSSION**
Perspectives on 90-90-90 and Zero Discrimination and Stigma within the Context of the Sustainable Development Goals
Moderator: *Amb. Lennarth Hjelmåker*
Panelists:
Amb. Deborah L. Bix
Lucica Ditiu
Mark R. Dybul
Lelio Marmora
Michel Sidibé
- 1100-1130 **COFFEE BREAK**
- 1130-1200 **JONATHAN MANN
MEMORIAL LECTURE**
Prioritizing AIDS in a World “Fatigued” by HIV: A Human Rights and Economics Argument for Finishing What We Started
Jeffrey Sachs

- 1200-1230 **SPECIAL PRESENTATION PANEL**
Task-Shifting for 90-90-90: Strategically Deploying Human Resources for Health
Moderators:
Anja Giphart
Badara Samb
Panelists:
Michel Sidibé
Jeffrey Sachs
José M. Zuniga
Mark Heywood
James Campbell
- 1230-1400 **LUNCH PANEL DISCUSSION**
The Role of Innovation to End AIDS as a Public Health Threat by 2030
Moderators:
Francesca Celletti
José M. Zuniga
Panelists:
Isabelle Andrieux-Meyer
Jennifer Cohn
Reuben Granich
Francois Venter
Mikkel Vestergaard Frandsen
- 1400-1430 **JOEP MA LANGE
MEMORIAL LECTURE**
Avoiding the Cost of Invisibility: Leaving No One Behind as We Attain 90-90-90
Amb. Deborah L. Bix

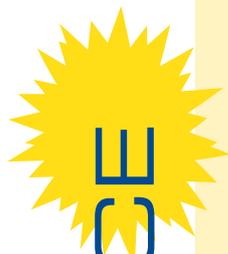
**OPTIMIZING THE HIV
CARE CONTINUUM**

- 1430-1530 **PANEL DISCUSSION**
Challenges and Opportunities to Optimizing the HIV Care Continuum – Can We Test and Treat Enough People to Make a Seismic Difference by 2030?
Moderators:
Alexandra Calmy
Jean-François Delfraissy
Presenter: *Reuben Granich*
Discussants:
Terri Ford
Sharonann Lynch
James McIntyre
John Pottage
Brian Williams

1530-1600 **COFFEE BREAK**



PROGRAM AT-A-GLANCE



PROGRAM AT-A-GLANCE

HIV TREATMENT FOR ALL

1600-1700 **PANEL DISCUSSION**
Leadership in Action: Case Studies in Implementing HIV Treatment for All

Moderators:

Mandeep Dhaliwal

Sarah Rowan

Presenter: *Gottfried Hirnschall*

Discussants:

Florentino Badial-Hernández

Joshua Kimani

Sabin Nsanzimana

Praphan Phanuphak

Francois Venter

1700-1800 **PANEL DISCUSSION**
Focusing the Clinical Response: Can Differentiated Care Accelerate the Implementation of HIV Treatment for All?

Moderators:

Meg Doherty

Paula Munderi

Presenter: *Eric Goemaere*

Discussants:

Francesca Celletti

Kevin de Cock

Lucica Ditiu

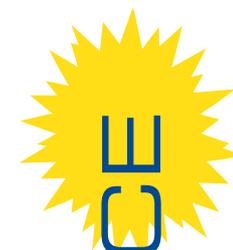
Benjamin Young

Anna Zakowicz

1800 **ADJOURN**

1800-2000 **IAPAC 30TH ANNIVERSARY
COMMEMORATION AND RECEPTION**

FRIDAY
14 OCTOBER 2016



PROGRAM AT-A-GLANCE

OPTIMIZING THE HIV PREVENTION CONTINUUM

0900-0930 **PLENARY ADDRESS**
State-of-the-Science – When HIV Treatment is Prevention, What Then Do We Mean by “Prevention”?
Catherine Hankins
Kenneth H. Mayer

0930-1030 **PANEL DISCUSSION**
Challenges to and Opportunities for PrEP Uptake: What Have We Learned? What Gaps Must We Fill?

Moderators:
Jane Anderson
Kenneth H. Mayer

Discussants:
K. Rivet Amico
Marcelo Araújo de Freitas
Michael Cassell
Catherine Hankins
Bruno Spire

1030-1100 **COFFEE BREAK**

PrEP IMPLEMENTATION SCIENCE

1100-1200 **PANEL DISCUSSION**
Leadership in Action: Case Studies in Implementing PrEP within the Context of Combination HIV Prevention

Moderators:
Rachel Baggaley
Nikos Dedes

Panelists:
Nátalia Cerqueira
Demetre Daskalakis
Josephine Odoyo
Maria Prins
Kevin Rebe

1200-1300 **PANEL DISCUSSION**
Gearing Up for PrEP 2.0 – Can Scientific and Other Innovations Transform PrEP into a More Powerful Game Changer across Key Populations?

Moderators:
Manuel Battegay
Celso Ramos

Presenter: *Karen Hoover*

Discussants:
Rachel Baggaley
David Haery
Tetiana Kiriazova
Patrick Oyaro
Midnight Poonkasetwattana
James Rooney

1300-1430 **LUNCH PANEL DISCUSSION**
Pulling in One Direction: Integrating the HIV Treatment and Prevention Agenda with the Cure and Vaccine Cure Agendas

Moderators:
Anja Giphart
Luíz Loures

Panelists:
Noel Gill
Rolando Barrios
Asier Sáez-Ciri6n

LEAVING NO ONE BEHIND

1430-1530 **PANEL DISCUSSION**
Situation Report on our Quest to End AIDS as a Public Health Threat by 2030

Moderators:
Gregorio Millett
Bernard Hirschel

Presenter: *Mariângela Simão*

Discussants:
Bertrand Audoin
Esteban Burrone
Andreas Jahn
Chewe Luo
Jorge Saavedra

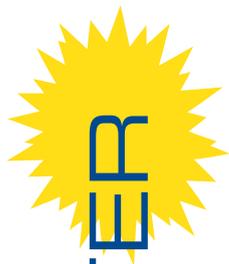
1530-1600 **COFFEE BREAK**

1600-1700 **CLOSING PANEL DISCUSSION**
Delivering on the Promise of an AIDS-Free Generation: Defining The Way Forward to Attain 90-90-90 and Zero Stigma and Discrimination Targets by 2020

Moderator: *Mitchell Besser*

Panelists:
Miriam Lehlkoa
Luíz Loures
Paula Munderi
Kenly Sikwese
José M. Zuniga

1700 **ADJOURN**



FACULTY ROSTER

K. Rivet Amico

University of Michigan
Ann Arbor, MI, USA

Jane Anderson

Homerton University Hospital
London, England

Isabelle Andrieux-Meyer

Médecins sans Frontières
Geneva, Switzerland

Marcelo Araújo de Freitas

Ministry of Health
Brasilia, Brazil

Bertrand Audoin

International Association of
Providers of AIDS Care
Geneva, Switzerland

Florentino Badial-Hernández

Clinica Condesa
Mexico City, Mexico

Rachel Baggaley

World Health Organization
Geneva, Switzerland

Manuel Battgay

University of Basel
Basel, Switzerland

Mitchell Besser

Mothers2Mothers
Cape Town, South Africa

Amb. Deborah L. Birx

Office of the Global AIDS
Coordinator
Washington, DC, USA

Esteban Burrone

Medicines Patent Pool
Geneva, Switzerland

Alexandra Calmy

Geneva University Hospitals
Geneva, Switzerland

James Campbell

World Health Organization
Geneva, Switzerland

Michael Cassell

United States Agency for
International Development
Washington, DC, USA

Francesca Celletti

Elizabeth Glaser Pediatric
AIDS Foundation
Geneva, Switzerland

Nátalia Cerqueira

University of São Paulo
São Paulo, Brazil

Jennifer Cohn

Elizabeth Glaser Pediatric
AIDS Foundation
Geneva, Switzerland

Demetre Daskalakis

NYC Department of Health and
Mental Hygiene
New York, NY, USA

Kevin de Cock

Centers for Disease Control
and Prevention
Nairobi, Kenya

Nikos Dedes

Positive Voice
Athens, Greece

Jean-François Delfraissy

Agence Nationale de Recherche
sur le Sida et les Hépatites
Virales
Paris, France

Mandeep Dhaliwal

United Nations Development
Programme
New York, NY, USA

Lucica Ditiu

Stop TB Partnership
Geneva, Switzerland

Meg Doherty

World Health Organization
Geneva, Switzerland

Mark R. Dybul

Global Fund to Fight AIDS,
Tuberculosis, and Malaria
Geneva, Switzerland

Terri Ford

AIDS Healthcare Foundation
Los Angeles, CA, USA

Noel Gill

Public Health England
London, England

Anja Giphart

Elizabeth Glaser Pediatric
AIDS Foundation
Washington, DC, USA

Eric Goemaere

Médecins sans Frontières
Cape Town, South Africa

Reuben Granich

International Association of
Providers of AIDS Care
Washington, DC, USA

David Haerry

European AIDS Treatment Group
Brussels, Belgium

Catherine Hankins

Amsterdam Institute for Global
Health
Amsterdam, Netherlands

Mark Heywood

Section 27
Johannesburg, South Africa

Gottfried Hirschall

World Health Organization
Geneva, Switzerland

Bernard Hirschel

Geneva University Hospitals
Geneva, Switzerland

Amb. Lennarth Hjelmåker

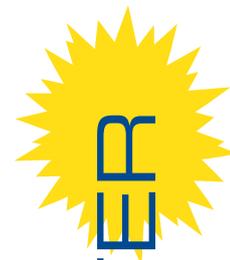
Ministry of Foreign Affairs
Stockholm, Sweden

Karen Hoover

Centers for Disease Control
and Prevention
Atlanta, GA, USA

Andreas Jahn

I-TECH Malawi
Lilongwe, Malawi

**Joshua Kimani**

University of Nairobi
Nairobi, Kenya

Tetiana Kiriazova

Ukrainian Institute on Public
Health Policy
Kyiv, Ukraine

Miriam Lehlokoa

South African Local Government
Association
Pretoria, South Africa

Luíz Loures

Joint United Nations Programme
on HIV/AIDS
Geneva, Switzerland

Chewe Luo

United Children's Fund
New York, NY, USA

Sharonann Lynch

Médecins sans Frontières
New York, NY, USA

Lelio Marmora

UNITAID
Geneva, Switzerland

Kenneth H. Mayer

Fenway Institute
Boston, MA, USA

James McIntyre

Anova Health Institute
Johannesburg, South Africa

Gregorio Millett

Foundation for AIDS Research
Washington, DC, USA

Julio S.G Montaner

BC Center for Excellence in
HIV/AIDS
Vancouver, BC, Canada

Paula Munderi

Medical Research Council
Entebbe, Uganda

Sabin Nsanzimana

Rwanda Biomedical Center
Kigali, Rwanda

Josephine Ooyo

Kenya Medical Research Institute
Nairobi, Kenya

Patrick Oyaro

Family AIDS Care and Education
Services Program
Nairobi, Kenya

Praphan Phanuphak

Chulalongkorn University
Bangkok, Thailand

Midnight Poonkasetwattana

Asia Pacific Coalition on Male
Sexual Health
Bangkok, Thailand

John Pottage

ViiV Healthcare
London, England

Maria Prins

Academic Medical Center
Amsterdam, Netherlands

Celso Ramos

Federal University of Rio de Janeiro
Rio de Janeiro, Brazil

Kevin Rebe

Anova Health Institute
Cape Town, South Africa

James Rooney

Gilead Sciences
Foster City, CA, USA

Sarah Rowan

Denver Health
Denver, CO, USA

Jorge Saavedra

AIDS Healthcare Foundation
Mexico City, Mexico

Jeffrey Sachs

Columbia University
New York, NY, USA

Badara Samb

Joint United Nations Programme
on HIV/AIDS
Geneva, Switzerland

Michel Sidibé

Joint United Nations Programme
on HIV/AIDS
Geneva, Switzerland

Kenly Sikwese

African Community Advisory Board
Lusaka, Zambia

Mariângela Simão

Joint United Nations Programme
on HIV/AIDS
Geneva, Switzerland

Bruno Spire

INSERM UMR912
Marseille, France

Francois Venter

University of the Witwatersrand
Johannesburg, South Africa

Mikkel Vestergaard Frandsen

Vestergaard
Lausanne, Switzerland

Brian Williams

South African Centre for
Epidemiological Modelling &
Analysis
Stellenbosch, South Africa

Benjamin Young

International Association of
Providers of AIDS Care
Washington, DC, USA

Anna Zakowicz

AIDS Healthcare Foundation
Amsterdam, Netherlands

José M. Zuniga

International Association of
Providers of AIDS Care
Washington, DC, USA



CONFERENCE INFORMATION

PROGRAM OVERVIEW

This two-day **Controlling the HIV Epidemic with Antiretrovirals** summit is hosted by the International Association of Providers of AIDS Care (IAPAC), in collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Foundation for AIDS Research (amfAR), the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), the Agence Nationale de Recherche sur le Sida et les Hépatites Virales (ANRS), and the Geneva University Hospitals (HUG).

The summit will serve as a forum for the presentation of data related to and discussion about the fast-tracked scale up of HIV treatment and prevention. The summit will also allow clinicians, researchers, public health policy-makers, government officials, donor agency managers, civil society representatives, and other stakeholders to explore ways of generating demand for and increasing access to and utilization of HIV testing, prevention, care, and treatment services, including breaking down structural and other barriers within affected communities.

GENERAL INFORMATION

MEETING VENUE

The **Controlling the HIV Epidemic with Antiretrovirals** summit is being held at the International Conference Centre in Geneva, Switzerland.

MEALS

Coffee breaks will take place as scheduled in the summit program in the conference centre's Espace Polyvalent near the registration counters. Lunch also will be available on both days in the Espace Polyvalent (buffet style so that delegates may take part in the "Lunch Panel Discussions").

INTERNET ACCESS

Use these credentials to access the conference centre's wireless network:

Username: IAPAC

Password: 2016

DISCLOSURE

This year's summit is made possible through generous sponsorship from Gilead Sciences, ViiV Healthcare, the Foundation for AIDS Research (amfAR), the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), and the Agence Nationale de Recherche sur le Sida et les Hépatites Virales (ANRS). IAPAC also acknowledges in-kind support from the Geneva Convention and Visitor's Bureau.

IAPAC is responsible for control of the summit's content and faculty selection. In providing their support for the summit, the commercial sponsors agreed that they would have no involvement in the design of the program or the selection of faculty members.

SLIDE PRESENTATIONS

The summit's presentations will be posted at www.iapac.org as they are delivered.

SOCIAL MEDIA

IAPAC encourages you to use social media to communicate your thoughts about the summit proceedings. The summit's Twitter hashtag is #IAPAC2016.



QUESTIONS

If you have any questions during the summit, please locate an IAPAC staff member in the Registration Area. If you have any questions post-summit, please contact Jonathon Hess, IAPAC's Conference Manager, at jhess@iapac.org.



thirty years

Join us as we commemorate our 30th anniversary;
recognize 150 friends and colleagues; and
honor Ambassador Deborah L. Birx, MD, with
our 2016 Jonathan Mann Health Human Rights Award

Thursday, October 13, 2016

~ 6:00 PM – 8:00 PM ~

Geneva International Conference Centre

Espace Polyvalent



CONTROLLING THE HIV EPIDEMIC WITH ANTIRETROVIRALS

Controlling the HIV Epidemic with Antiretrovirals: Leveraging Progress, Seizing Opportunities is hosted by the **International Association of Providers of AIDS Care (IAPAC)**, in partnership with the **Joint United Nations Programme on HIV/AIDS (UNAIDS)**, the **Foundation for AIDS Research (amfAR)**, the **Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)**, the **Agence Nationale de Recherche sur le Sida et les Hépatites Virales (ANRS)**, and the **Geneva University Hospitals (HUG)**. We wish to express our gratitude to the institutional and commercial sponsors whose generosity has made our 2016 summit possible.

Institutional Supporters



Elizabeth Glaser
Pediatric AIDS
Foundation



Commercial Supporters

