CONTROLLING THE HIV EPIDEMIC WITH ANTIRETROVIRALS

From Consensus to Implementation

22-24 September 2013
Queen Elizabeth II Conference Centre, London
Dear Colleagues:

On behalf of the International Association of Providers of AIDS Care (IAPAC), I welcome you to our second Controlling the HIV Epidemic with Antiretrovirals summit, which we are proud to sponsor in partnership with the British HIV Association (BHIVA), Public Health England (PHE), and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

From the discovery of HIV diagnostic and screening tests in the mid-1980s, to the advent of antiretroviral therapy (ART) in the mid-1990s, an army of researchers, scientists, clinicians, allied health professionals, advocates, and people living with HIV/AIDS (PLWHA) has labored in the face of myriad challenges, including a virus that reproduces at a rate of an estimated 10 billion virions daily. But despite considerable progress, HIV continues to cause unnecessary suffering and hastened deaths globally.

Our colleagues in the prevention arena are working diligently to further reduce HIV transmission rates among high-risk individuals. And, we have individually and collectively embraced a paradigm shift from ART as a strictly clinical tool for treating PLWHA to a dual role for ART as a biomedical prevention tool. We declared as much in 2012 in a Consensus Statement* issued as a result of our gathering in London last year for IAPAC’s inaugural Controlling the HIV Epidemic with Antiretrovirals summit. As with any paradigm shift, implementation requires re-conceptualization, in this case on the order of that which occurred almost two decades ago when we re-conceptualized HIV treatment following the advent of combination ART.

Given new findings since we last convened, this year’s summit is extraordinarily timely as we wrestle with not whether, but how, to what degree, and with what speed we intend to alter the course of this global epidemic. I am grateful to the world-class faculty we have assembled to share their experience, expertise, and wisdom related to the implementation of combination HIV prevention. And, I thank the PLWHA, advocates, bioethicists, clinicians, researchers, social scientists, policy-makers, and other stakeholders joining us over the next 2.5 days – without your engagement and support, scaling up these interventions is virtually impossible. Finally, I express my sincere gratitude to our valued partners – BHIVA, PHE, and UNAIDS – each of which is working in solidarity with IAPAC and other like-minded institutions to battle complacency around and advance commitment to ending the HIV epidemic.

For myriad reasons, therefore, not the least of which is a clear and present opportunity to stem the global tide of 18,000 new HIV infections daily, my colleagues and I wish you a successful summit.

José M. Zuniga, PhD, MPH
President/Chief Executive Officer
Washington, DC, USA

*Available for download at www.iapac.org.
Dear Colleagues:

We are honored to welcome you to the second Controlling the HIV Epidemic with Antiretrovirals summit, sponsored by the International Association of Providers of AIDS Care (IAPAC), in partnership with the British HIV Association (BHIVA), Public Health England (PHE), and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

We are also excited to chair this summit given the rapid pace at which the science of combination HIV prevention is evolving, most notably through the use of antiretroviral agents for treatment as prevention (TasP) and for oral and topical pre-exposure prophylaxis (PrEP). As important, we are optimistic as the world moves from consensus-building into actual implementation of these life-saving interventions as a means of significantly bending AIDS-related morbidity and mortality curves worldwide.

We have not experienced such excitement since 1996, with the advent of combination antiretroviral therapy (ART). At that time, rapid expansion of ART led to a dramatic decrease in morbidity and mortality. A growing armamentarium of antiretroviral agents, a dedicated health system, a trained health workforce, and an empowered community of people living with HIV/AIDS (PLWHA) eventually made this Lazarus-like effect possible for millions of HIV-infected individuals globally. However, it was not all smooth sailing – especially with respect to facilitating universal access to ART, which even today remains an elusive goal.

As we meet in London for IAPAC’s 2013 TasP Summit, we are faced once more with very promising data, this time related to both TasP and PrEP. But, as with ART almost two decades ago, we are confronted with challenges that require the attention of a multidisciplinary group of experts, if we are to optimally deploy these biomedical interventions and avoid the unacceptable dichotomy offered by the status quo: the have’s, and the have not’s.

The next 2.5 days offer us an unrivaled chance for discussion and debate, to address the exciting, difficult, and controversial issues that face us in an atmosphere of international collaboration and willingness to move forward. We hope you will all take every chance to engage and participate in this critically important exercise. We have high expectations that our discussions will be brought home with each of you to stimulate further local deliberations about how we can implement the tools we now have to successfully control the HIV epidemic.

We wish you all a very productive summit.

Brian Gazzard, MD
Honorary Chair
London, England, UK

Kenneth Mayer, MD
Co-Chair
Boston, MA, USA

Julio S.G. Montaner, MD
Co-Chair
Vancouver, BC, CANADA
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<th>Name</th>
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<td>Jonathan Mermin, MD</td>
<td>Centers for Disease Control &amp; Prevention</td>
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<td>Veronica Miller, PhD</td>
<td>Forum for Collaborative HIV Research</td>
<td>Washington, DC, USA</td>
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<td>Julio S.G. Montaner, MD</td>
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<td>Christine Nabiryo, MBChB, MMed</td>
<td>The AIDS Support Organization</td>
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<td>Terrence Higgins Trust</td>
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<td>Dianne Rausch, PhD</td>
<td>National Institute of Mental Health</td>
<td>Rockville, MD, USA</td>
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<td>Gilead Sciences</td>
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<td>Jorge Saavedra, MD</td>
<td>AIDS Healthcare Foundation</td>
<td>Mexico City, MEXICO</td>
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<td>Michel Sidiibé, MEd</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>Jeremy Sugarman, MD, MPH</td>
<td>Johns Hopkins University</td>
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<td>Roger Teck, MD</td>
<td>Médecins Sans Frontières</td>
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<td>Harsha Thirumurthy, PhD</td>
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<td>Mitchell Warren</td>
<td>AIDS Vaccine Advocacy Coalition</td>
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<td>European AIDS Treatment Group</td>
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<td>University of KwaZulu-Natal</td>
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<td>David Wilson, PhD</td>
<td>World Bank</td>
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<td>Benjamin Young, MD, PhD</td>
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<td>Anna Zakowicz, MPH, MA</td>
<td>Global Network of People Living with HIV</td>
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<td>Fujie Zhang, MD, PhD</td>
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<td>José M. Zuniga, PhD, MPH</td>
<td>International Association of Providers of AIDS Care</td>
<td>Washington, DC, USA</td>
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PROGRAM OVERVIEW
While the concepts of antiretroviral-based treatment as prevention (TasP) and pre-exposure prophylaxis (PrEP) have gained formidable ground since the International Association of Providers of AIDS Care (IAPAC) last convened this summit in June 2012, with numerous implementation and operational studies ongoing to investigate their utility, there remains much to learn about and plan for as we prepare for their integration into clinical practice. In addition, there are numerous challenges facing a variety of stakeholders as we seek to achieve the impact these biomedical prevention interventions – as part of a combination prevention approach – promise in the third decade of the HIV pandemic.

It is within this context that IAPAC is hosting this 2.5-day summit, in partnership with the British HIV Association (BHIVA), Public Health England (PHE), and the Joint United Nations Programme on HIV/AIDS (UNAIDS). Our goal is to provide a venue for the presentation of data related to and discussion about the implementation of TasP and PrEP in a variety of clinical settings.

CONTINUING PROFESSIONAL DEVELOPMENT
Medical staff in career grade posts who are enrolled with one of the Royal Medical Colleges for Continuing Professional Development will be entitled to receive CPD credits at the rate of one CPD credit per conference hour (exclusive of travel, refreshments, pharmaceutical-supported sessions and social events). The unique reference code for the conference is 83763. The entire conference has been allocated 17 category 1 (external) CPD credits. Please be advised that the attendance list of the conference will be forwarded to the Royal College of Physicians upon request.

DISCLOSURE
Alere, Gilead Sciences, Janssen UK, and ViiV Healthcare have provided educational grants in support of this summit. IAPAC is responsible for control of the summit’s content and faculty selection. In awarding educational grants, neither Alere, Gilead Sciences, Janssen UK, nor ViiV Healthcare had any involvement in the design of the program or the selection of presenters, panelists, and/or moderators.

MEETING VENUE
The summit is being held at the Queen Elizabeth II Conference Centre. Plenary presentations and panel discussions will take place in the Churchill Auditorium on the Ground Floor (see the QEII Map on page 5).

COFFEE BREAKS/LUNCH
Refreshments (during coffee breaks) at the TasP 2013 Summit are provided to delegates on a complimentary basis; please note that complimentary lunch will not be provided. Visit the summit’s Information Booth for a list of local restaurants in close proximity to the Queen Elizabeth II Conference Centre.

INTERNET ACCESS INSTRUCTIONS
The Queen Elizabeth II Conference Centre offers complimentary wireless internet for general browsing purposes. To access the internet, please log on through the QEIIGuest network.

SOCIAL MEDIA
Join the summit’s Twitter conversation: #TasP2013Summit

SLIDE PRESENTATIONS
Slide presentations will be available at www.iapac.org post-summit.

QUESTIONS
If you have any questions during the summit, please locate a summit staff member at the Information Booth. If you have any questions post-summit, please contact Angela Knudson, IAPAC Associate Director of Programs, at aknudson@iapac.org.
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| 1200-1205 | **WELCOME BY SPONSOR**  
José M. Zuniga, PhD, MPH                                           |
| 1205-1235 | **KEYNOTE ADDRESS**  
Reaching Zero - Translating Commitment into Action  
Michel Sidibé, MEd                                               |
| 1235-1335 | **PANEL 1**  
Guided by the Science - Advancing Policy Solutions to End AIDS  
**Moderator:** Lord Norman Fowler  
**Panelists:** To Be Announced                                      |
| 1335-1400 | **WELCOME BY SUMMIT PARTNERS**  
José M. Zuniga, PhD, MPH  
David Asboe, MD  
Jane Anderson, MBBS, PhD                                          |
| 1335-1400 | **WELCOME BY SUMMIT HONORARY CHAIR AND CO-CHAIRS**  
Brian Gazzard, MD  
Kenneth Mayer, MD  
Julio S.G. Montaner, MD                                              |
| 1400-1430 | **COFFEE BREAK**                                                      |
| 1430-1530 | **PANEL 2**  
Combination Prevention - Why Pills Alone Are Not the Silver Bullet  
**Moderator:** Kevin Fenton, MD, PhD  
**Panelists:**  
Frederick L. Altice, MD  
Keith D. King, MPH  
Elizabeth Bukusi, PhD, MPH  
Sir Nick Partridge                                                   |
| 1530-1630 | **PANEL 3**  
Epidemiology and Economics - Modeling Scenarios for the End of AIDS  
**Moderator:** Celso Ramos, MD, MSc  
**Presenter:** Reuben Granich, MD, MPH  
**Discussants:**  
Carlos F. Cáceres, MD, PhD, MPH  
James Kahn, MD  
Viviane Dias Lima, PhD  
Jorge Saavedra, MD  
Harsha Thirumurthy, PhD  
Alan Whiteside, DEcon                                              |
<p>| 1630     | <strong>ADJOURN</strong>                                                          |</p>
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| 0900-0930  | **MEMORIAL LECTURE**  
Jonathan Mann, MD  
Anand Grover, JD* |
| 0930-1000  | **PLENARY 1**  
TasP - State of the Science Review  
Waafa El-Sadr, MD, MPH |
| 1000-1030  | **PLENARY 2**  
Moving the Ball Down the Court - Perspectives from Vancouver 2013  
Julio S.G. Montaner, MD |
| 1030-1100  | **COFFEE BREAK** |
| 1100-1130  | **PLENARY 3**  
Wrestling with the Bioethics of TasP in a World without Universal ART  
Jeremy Sugarman, MD, MPH |
| 1130-1200  | **PLENARY 4**  
Implementing TasP - The “Consumer” Perspective  
Moderator: Brian West  
Presenter: Gus Cairns, MA  
Discussants:  
A. Cornelius Baker  
Nikos Dedes  
Paul Kasonkomona  
Anna Zakowicz, MPH, MA |
| 1230-1400  | **LUNCH/POSTER SESSION** |
| 1400-1500  | **PANEL 5**  
Implementing TasP - Country Perspectives  
Moderator: Bertrand Audoin  
Panelists:  
François Dabis, MD, PhD  
Javier Lama, MD, MPH  
Fuji Zhang, MD, PhD |
| 1500-1530  | **PLENARY 4**  
Who Pays and Why? Reviewing the Economics of TasP as Public Good  
David Wilson, PhD |
| 1530-1600  | **COFFEE BREAK** |
| 1600-1700  | **PANEL 6**  
Is Drug and Diagnostic Commodities Availability a Rate-Limiting Challenge?  
Moderator: David Jamieson  
Panelists:  
Jeffrey Baker  
Denis Broun, MD  
John X. Pottage, MD  
James Rooney, MD |
| 1700-1730  | **PLENARY 5**  
Social Science Perspectives on TasP - Challenges and Opportunities  
Catherine Dodds, PhD  
Marsha Rosengarten, PhD |
| 1730-1800  | **PLENARY 6**  
Great Opportunity, Voice of Caution: TasP and the Caveats  
Myron S. Cohen, MD |
| 1800       | **ADJOURN** |

* Co-Sponsored by UNAIDS and IAPAC
Controlling the HIV Epidemic with Antiretrovirals - September 2013

TUESDAY, 24 SEPTEMBER 2013

PROGRAM AT-A-GLANCE

CHURCHILL AUDITORIUM
Ground Floor
0900-0930
PLENARY 7
PrEP - State of the Science Review
Kenneth Mayer, MD

0930-1000
PLENARY 8
Pharmacology Lessons from Chemoprophylaxis Studies
Marta Boffito, MD, PhD

1000-1030
PLENARY 9
Adherence to PrEP - Elements of Success
K. Rivet Amico, PhD

PICKWICK SUITE
First Floor
1030-1100
COFFEE BREAK

CHURCHILL AUDITORIUM
Ground Floor
1100-1200
PANEL 7
PrEP Implementation - Perspectives from the Field
Moderator: Mitchell Warren
Presenters: James Rooney, MD
Jared Baeten, MD, PhD
Discussants: Stephen Becker, MD
Suwat Chariyalertsak MD, DrPH
Sheena McCormack, MSc
Helen Rees, MD
Darrell Wheeler, PhD, MPH

1200-1230
PLENARY 10
PrEP Trial Design - A Way Forward
Veronica Miller, PhD

PICKWICK SUITE
First Floor
1230-1300
LUNCH

CHURCHILL AUDITORIUM
Ground Floor
1330-1430
PANEL 8
Progress toward Universal ART Access: Innovations and Treatment 2.0
Moderator: Gottfried Hirschmann, MD
Presenter: Marco Vitòria, MD
Discussants: Peter MacPherson, MBChB, MPH
Rosanna Peeling, PhD
Roger Teck, MD

1430-1530
PANEL 9
Optimizing Our Response - Addressing Gaps in the Treatment Cascade
Moderator: Carlos del Rio, MD
Presenters: Jane Anderson, PhD, MBBS
Jonathan Mermin, MD
Discussants: Nathaniel Brito-Ault, RN, MSc
Dianne Rausch, PhD
Christine Nabiryo, MBChB, MMed
Jean Nachega, MD, PhD
Benjamin Young, MD, PhD
Andrew Amato Gauci, MD, MSc

PICKWICK SUITE
First Floor
1600-1630
COFFEE BREAK

CHURCHILL AUDITORIUM
Ground Floor
1630-1700
POSTER RAPPORTEUR’S REVIEW
Sarah J. Fidler, MBBS, PhD

1700-1800
CLOSING PANEL
Can We End the HIV Epidemic in Our Lifetime?
Moderators: Kenneth Mayer, MD
Julio S.G. Montaner, MD
Panelists: Deborah Birx, MD
Lucy Chesire
Kevin Fenton, MD, PhD
Noerine Kaleeba, PhD

1800
FAREWELL
Controlling the HIV Epidemic with Antiretrovirals: From Consensus to Implementation is sponsored by the International Association of Providers of AIDS Care (IAPAC), in partnership with the British HIV Association (BHIVA), Public Health England (PHE), and the Joint United Nations Programme on HIV/AIDS (UNAIDS). We wish to express our gratitude to the institutional and commercial supporters whose generosity has made this summit possible.

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