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UNAIDS

CONTROLLING THE HIV EPIDEMIC WITH ANTIRETROVIRALS

HIV

From Consensus
to Implementation



22-24 September 2013

Queen Elizabeth II Conference Centre, London

WELCOME FROM IAPAC

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.*

WELCOME FROM THE CHAIRS

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.



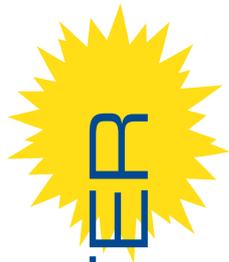
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London, England, UK



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Co-Chair
Boston, MA, USA



Julio S.G. Montaner, MD
Co-Chair
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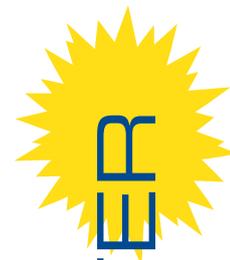
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International Association of
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Washington, DC, USA



SUMMIT INFORMATION

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.

GENERAL INFORMATION

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

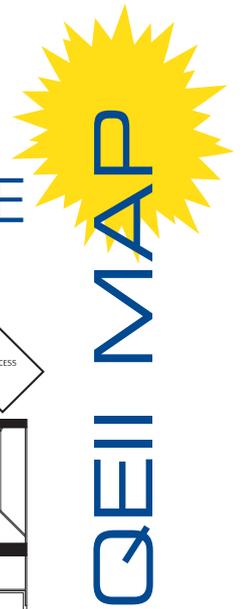
SLIDE PRESENTATIONS

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

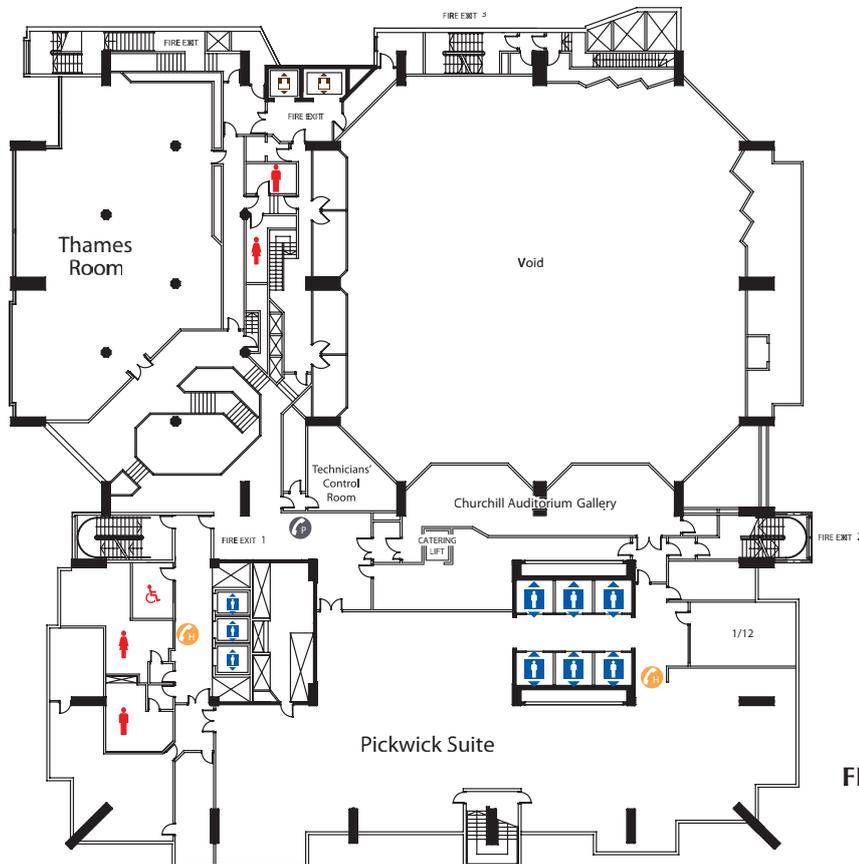
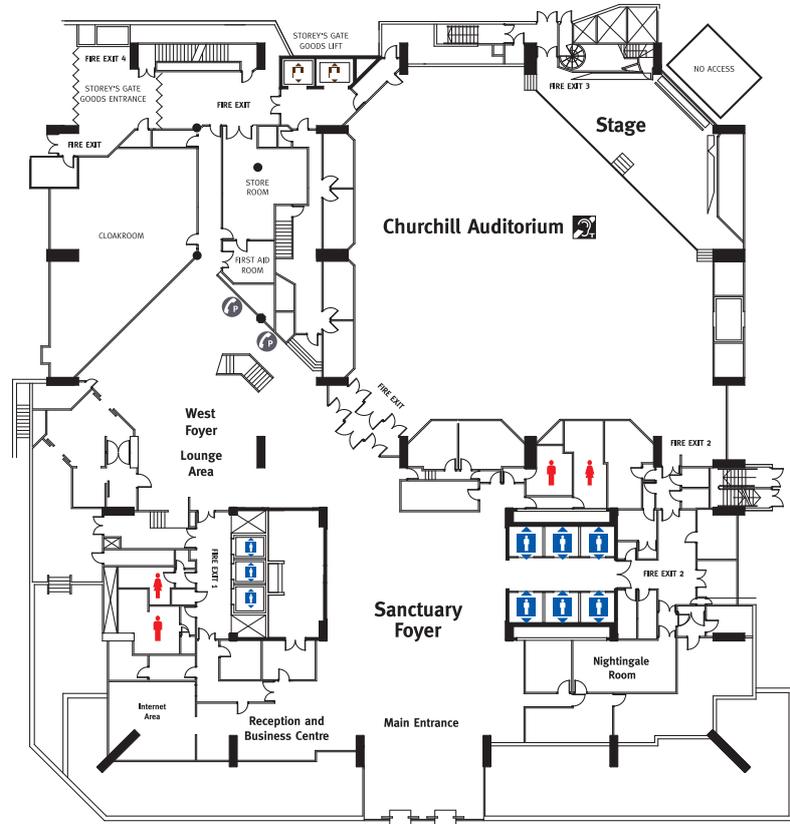
QUESTIONS

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.

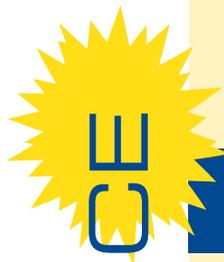
QUEEN ELIZABETH II CONFERENCE CENTRE



GROUND FLOOR



FIRST FLOOR



**CHURCHILL AUDITORIUM
Ground Floor**

1200-1205 **WELCOME BY SPONSOR**
José M. Zuniga, PhD, MPH

1205-1235 **KEYNOTE ADDRESS**
Reaching Zero - Translating
Commitment into Action
Michel Sidibé, MEcon

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

**WELCOME BY SUMMIT
HONORARY CHAIR AND
CO-CHAIRS**
Brian Gazzard, MD
Kenneth Mayer, MD
Julio S.G. Montaner, MD

**PICKWICK SUITE
First Floor**

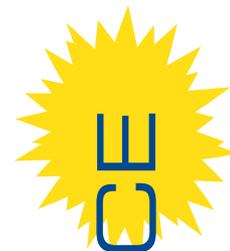
1400-1430 **COFFEE BREAK**

**CHURCHILL AUDITORIUM
Ground Floor**

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

1630 **ADJOURN**



CHURCHILL AUDITORIUM Ground Floor	
0900-0930	JONATHAN MANN, MD, MEMORIAL LECTURE <i>Anand Grover, JD*</i>
0930-1000	PLENARY 1 TasP - State of the Science Review <i>Wafaa El-Sadr, MD, MPH</i>
1000-1030	PLENARY 2 Moving the Ball Down the Court - Perspectives from Vancouver 2013 <i>Julio S.G. Montaner, MD</i>
PICKWICK SUITE First Floor	
1030-1100	COFFEE BREAK
CHURCHILL AUDITORIUM Ground Floor	
1100-1130	PLENARY 3 Wrestling with the Bioethics of TasP in a World without Universal ART <i>Jeremy Sugarman, MD, MPH</i>
1130-1230	PANEL 4 Implementing TasP - The "Consumer" Perspective Moderator: <i>Brian West</i> Presenter: <i>Gus Cairns, MA</i> Discussants: <i>A. Cornelius Baker</i> <i>Nikos Dedes</i> <i>Paul Kasonkomona</i> <i>Anna Zakowicz, MPH, MA</i>
PICKWICK SUITE First Floor	
1230-1400	LUNCH/POSTER SESSION

* Co-Sponsored by UNAIDS and IAPAC

CHURCHILL AUDITORIUM Ground Floor	
1400-1500	PANEL 5 Implementing TasP - Country Perspectives Moderator: <i>Bertrand Audoin</i> Panelists: <i>François Dabis, MD, PhD</i> <i>Javier Lama, MD, MPH</i> <i>Fujie Zhang, MD, PhD</i>
1500-1530	PLENARY 4 Who Pays and Why? Reviewing the Economics of TasP as Public Good <i>David Wilson, PhD</i>
PICKWICK SUITE First Floor	
1530-1600	COFFEE BREAK
CHURCHILL AUDITORIUM Ground Floor	
1600-1700	PANEL 6 Is Drug and Diagnostic Commodities Availability a Rate-Limiting Challenge? Moderator: <i>David Jamieson</i> Panelists: <i>Jeffrey Baker</i> <i>Denis Broun, MD</i> <i>John X. Pottage, MD</i> <i>James Rooney, MD</i>
1700-1730	PLENARY 5 Social Science Perspectives on TasP - Challenges and Opportunities <i>Catherine Dodds, PhD</i> <i>Marsha Rosengarten, PhD</i>
1730-1800	PLENARY 6 Great Opportunity, Voice of Caution: TasP and the Caveats <i>Myron S. Cohen, MD</i>
1800	ADJOURN



**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**

1230-1330 **LUNCH**

**CHURCHILL AUDITORIUM
Ground Floor**

1330-1430 **PANEL 8**
Progress toward Universal ART
Access: Innovations and Treatment 2.0
Moderator: *Gottfried Hirsichall, MD*
Presenter: *Marco Vit3ria, 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

1530-1600 **PLENARY 11**
Metrics of Success - Avoiding the
"Cascadista"/Micro Indicator Approach
Valerie Delpuch, MBBS, MPH

**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

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.

Institutional Supporters



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