Wednesday 26 July | Sessions

WEPL01  Plenary Session

Venue:  Le Grand Amphithéâtre
Time:  08:45-10:30

Co-Chairs:  Marijke Wijnroks, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland
Valérie Péresse, Présidente de Région Île-de-France, France

IAS TB/HIV Research Prizes: annual prizes
A.Pozniak, Chelsea and Westminster Hospital NHS Trust, United Kingdom; H.Getahun, World Health Organization (WHO), Switzerland

PD-1 blockade immunotherapy against cancer and infectious diseases
T.Hongo, Kyoto University, Japan

Antiretroviral therapy (ART) and beyond
A.Calmy, Geneva University Hospital, Switzerland

Challenges and novel approaches to cure HBV infection
F.Zoulim, Lyon I University, France

WEWS01  Tuberculosis in Europe: The Impact of Migration
Workshop

Venue:  Room 242
Time:  11:00-12:30

Co-Facilitators:  Cristiana Oprea, Carol Davila University of Medicine and Pharmacy, Romania
Anton Pozniak, Chelsea and Westminster Hospital NHS Trust, United Kingdom

Globally 10.4 million new cases of tuberculosis (TB) were estimated to have occurred in 2015, of which 3% were reported in Europe. Of these, over a quarter are estimated to be among individuals from outside of Europe. With an increasing flow of migrants towards Europe, TB among migrant populations is on the rise, emphasizing the need for a better understanding of TB trends at the regional level. This workshop, intended for clinicians, the public health community and investigators interested in TB, addresses the epidemiological and clinical aspects of TB in Europe, with a special focus on the impact of migration in this regional epidemic and on the specific situation in Eastern Europe. Additionally, new diagnostic tools and new treatment options for TB are explored. Participants at this workshop can learn about the challenges linked to TB for migrant populations and how this can be addressed epidemiologically and clinically.

Introduction

Epidemiological and clinical aspects of tuberculosis in Eastern Europe
D.Podlekareva, University of Copenhagen, Denmark

The impact of migration on tuberculosis epidemiology in Europe
D.Zenner, Public Health England, United Kingdom

Tuberculosis screening and case finding among migrants
A.Hristea, Matei Bals National Institute of Infectious Diseases, Romania

New methods and drugs for tuberculosis diagnosis and treatment: an update
F.Blanc, Université de Nantes, France

Moderated discussion

Closing remarks

WEAC01  PrEP Expectations and Experiences
Oral Abstract Session

Venue:  Le Grand Amphithéâtre

Time:  11:00-12:30

Co-Chairs:  Jared Baeten, University of Washington, United States
Camille Anoma, ANRS, Cameroon

Barriers to uptake of pre-exposure prophylaxis among respondents to the Flash! PrEP in Europe survey

Preferences regarding emerging HIV prevention technologies among Toronto men who have sex with men
D.H.S. Tan, J. Rana, S. Fowler, T.A. Hart, J. Wilton, A. Bayoumi

Health systems and study design features permitting rapid enrolment of individuals at high-risk of HIV acquisition into a pre-exposure prophylaxis study in Melbourne, Victoria, Australia

Pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) in the Netherlands: motives to choose for, switch to, or stop with daily or event-driven PrEP
H.Zimmermann, S. Eekman, R. Achterbergh, M. Prins, M. Schim

Trends in pediatric HIV testing across six African countries
J. Winters, E. Okoth, A. Ahimbisibwe, G. Antelman, D. Brou

Evaluation of the impact of the accelerating children’s HIV/AIDS treatment (ACT) initiative on pediatric and adolescent HIV testing and yield in Western Kenya

Disclosure of HIV status to children living with HIV in Malawi: needs assessment and formative evaluation of an intervention intended to help with the disclosure process
K.Kalesmba, G.E. Kendali, M. Ali

An assessment of the effectiveness of reaching undiagnosed HIV+ children through community-based testing in Lesotho
K.Sindelar, J. Joseph

The clinical impact and cost-effectiveness of incorporating point-of-care (POC) assays into early infant HIV diagnosis (EID) programs at 6 weeks of age in Zimbabwe: a model-based analysis

www.ias2017.org
Guiding adolescent girls safely into womanhood: what will it take?  
S.Delany-Morellie, Wits Reproductive Health and HIV Institute (WRHI), South Africa

HIV and HPV co-infection: challenges and solutions  
S.Kapambwe, Ministry of Health, Zambia

HIV and menopause: considerations for ageing  
I.Cassetti, Helios Salud, Argentina

Questions and answers

Closing remarks

WESY02 Integration of HIV with Other Care Services  
Symposia Session

Venue: Bordeaux Amphitheater

Time: 11:00-12:30

Co-Chairs: Meg Doherty, World Health Organization (WHO), Switzerland  
Jean-Pierre Daulouede, BIZIZA, France

A more holistic approach to care for people living with HIV and related co-morbidities may require a better integration of HIV care with other care services. This session highlights successful models for integration of HIV care with other important health services, including hepatitis C, substance abuse and mental health treatment, reproductive/maternal/child health, non-communicable diseases and management of tuberculosis. This session discusses the clinical and economic impact of integrated care models, including the tradeoffs between “horizontal” versus “vertical” service provision. The session is targeted towards researchers, policy makers and care providers, and participants can learn about the barriers and facilitators to integrating HIV care with other key services.

Introduction

Integrated HIV prevention and treatment services among people who inject drugs and men who have sex with men in India: a cluster randomized trial  
S.Mehta, Johns Hopkins University, United States

Integrating substance abuse treatment into HIV care in Ukraine  
F.Alivis, Yale University, United States

The interface of maternal-child health and HIV care in South Africa  
L.Myer, University of Cape Town, South Africa

Non-communicable disease adherence clubs for people living with HIV  
T.Ellman, Medecins Sans Frontieres, South Africa

Moderated discussion

Closing remarks

WESY03 Do We Need Triple Therapy for Everyone for Life?  
Symposia Session

Venue: Havana Amphitheater

Time: 11:00-12:30

Co-Chairs: Pedro Cahn, Fundacion Huesped, Argentina  
François Raffi, Nantes University Hospital, France
Providing stigma free HIV services to people who inject drugs in Indonesia: a healthcare worker perspective
L. Ang, Provincial Health Office Papua, Papua New Guinea

Providing stigma free HIV services to men who have sex with men in Kenya: a healthcare worker perspective
S. Chege, Minority Persons Empowerment Program, Kenya

Innovative ways to reduce stigma and discrimination in Vietnam: zero discrimination & violence to zero HIV
D. Tung, Lighthouse Social Enterprise, Vietnam

Policy approaches and guidance to address stigma and discrimination in healthcare settings
R. Baggaley, World Health Organization (WHO), Switzerland

Moderated discussion

WEPDB01 Opportunistic Infections and AIDS-defining Cancers: Can We Do Better?

Poster Discussion Session

Venue: Maillot Room
Time: 13:00–14:00

Co-Chairs: Andrew Grulich, University of New South Wales, Australia
Brenda Crabtree-Ramírez, Instituto Nacional de Ciencias Medicas y Nutricion Salvador Zubiran, Mexico

Immediate vs. delayed oral etoposide (ET) among HIV-infected individuals with limited-stage KS initiating ART: AS264/AMC-067 study
Malawi

Implementing CRAG screening in HIV patients initiating ART in rural HIV clinics with regular absence of CD4 testing services in rural Tanzania
G. Mbwangi, D. Inam17, A. Nyur1, Andrew Katende1, Aneth Kalinjuma1, Maja Weisser1,3, David Boulware2,4, Emilie Letang1,3,5
Tanzania, United Republic of

High mortality despite high dose oral fluconazole (1600 mg) and flucytosine, and serial lumbar punctures, for HIV-associated cryptococcal meningitis: ANRS 12257 study in Burundi and Ivory Coast
France

Comparison of various anal intraepithelial neoplasia screening strategies including standard anoscopy, anal cytology and HPV genotyping in HIV-positive men who have sex with men
France

Human Papillomavirus infection and cervical lesions in HIV-1-infected women on antiretroviral therapy in Thailand
France

Screening for tuberculosis with Xpert MTB/RIF versus fluorescent microscopy among people newly diagnosed with HIV in rural Malawi: a cluster-randomized trial
Malawi

WEPDC01 It’s Time to Focus on STIs

Poster Discussion Session
<table>
<thead>
<tr>
<th>Co-Chairs: Geoffrey S. Gottlieb, University of Washington, United States Richard John Hayes, London School of Hygiene &amp; Tropical Medicine, United Kingdom</th>
<th>WEPDD01 Getting to the First 90 Poster Discussion Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue: Room 242</td>
<td>Co-Chairs: Rachel Baggaley, World Health Organization (WHO), Switzerland Eric Feuilletot, French Embassy in Thailand, Thailand</td>
</tr>
<tr>
<td>Time: 13:00-14:00</td>
<td>Community-based testing strategies among sex workers in the transport corridor in Mozambique E. Simango, T. Ellmass, R. Giuliani, C. Bimansha, L. O’Connell, E. Grandio, V. Achut South Africa</td>
</tr>
<tr>
<td>Time: 13:00-14:00</td>
<td>Sex, test and treat: implementing an incentivized community-driven intervention to promote the uptake of HIV testing services among clients of sex workers T.N. Flavien, F. Ghislaine, N. Denise, G. Honorat, S. Billong, J.B. Elat M., D. Levitt, S. Baral Cameroon</td>
</tr>
<tr>
<td>Venue: Room 242</td>
<td>Implementing test &amp; start program in a rural conflict affected area of south Sudan: the experience of Médecins Sans Frontières N.C. Ferreray Arellano, B. Oulu, E. Grandio, V. Achut Spain</td>
</tr>
</tbody>
</table>
Conference delegates are invited to participate in this IAS special session, which serves as the IAS General Members’ Meeting followed by the Joep Lange Memorial Lecture. Participants receive an update from the IAS Secretariat on Conferences, HIV Programmes, Member Relations, Partnerships and Governance, and will be asked to approve the 2016 financial report. The session is followed by a reception to provide participants an opportunity to network with speakers and members.

The Joep Lange Memorial Lecture pays tribute to Joep Lange’s contribution to HIV research and treatment and his efforts to scale up access to health services and HIV treatment in resource limited settings, particularly in Asia and Africa. Joep Lange was Professor of Medicine/Global Health at the Academic Medical Center (AMC), University of Amsterdam, where he headed the Department of Global Health and the Amsterdam Institute for Global Health and Development (AIGHD). He has been involved in HIV research and treatment since 1983. In addition to various positions at the AMC, he was Chief of Clinical Research and Drug Development at the Global Programme on AIDS of the World Health Organization in Geneva from 1992 to 1995. Joep Lange was among the first who paid interest to HIV and AIDS in Asia and championed the overall effort of Thailand and the Thai Red Cross AIDS Research Centre using the Test and Treat strategy.

Welcome remarks
L.Bekker, Desmond Tutu HIV Centre, South Africa

Driving future success with current investments in HIV research
N.Goodenow, Office of AIDS Research (OAR), United States

Introduction of Joep Lange Memorial Lecture
N.Goodenow, Office of AIDS Research (OAR), United States

Joep Lange Memorial Lecture: bringing HIV cure within reach
J.Ananworanich, US Military HIV Research Program (MHRP), United States

IAS/ANRS prize ceremony
L.Bekker, Desmond Tutu HIV Centre, South Africa; F.Dabis, France

Remembering Mark Wainberg
N.Klein, McGill University Health Centre, Canada

Formal approval of finances and auditors
C.Christie-Samuels, University of the West Indies, Jamaica

IAS Secretariat update
O.Ryan, International AIDS Society, Switzerland

Q&A
L.Bekker, Desmond Tutu HIV Centre, South Africa

Closing remarks
L.Bekker, Desmond Tutu HIV Centre, South Africa

This workshop focuses on the challenges of designing studies to assess the efficacy of new prevention strategies (PrEP, vaccines, antibodies) in humans. Due to the high efficacy of oral PrEP with TDF/FTC when adherence is appropriate and due to multiple drugs/vaccine and modes of delivery to assess, large non-inferior randomized trials will take years to provide results and will require significant funding. These challenges need to be addressed by investigators, regulators and pharmaceutical companies to foster the development of new preventive strategies. This session is targeted at prevention researchers, ethicists, regulators, research agencies, private and public funders, pharmaceutical companies, and community representatives. Participants will leave with an understanding of the challenges faced by future preventive studies aimed at assessing their efficacy in the prevention of HIV-infection, along with insights into potential ways of addressing them.

Introduction
G.Garcia-Lerma, Centers for Disease Control and Prevention (CDC), United States

Discussion and questions
P.Anderson, University of Colorado, United States

Role of explant tissue infection assays
I.McGowan, University of Pittsburgh, United States

Discussion and questions
C.Mullick, US Food and Drug Administration (FDA), United States

Requirements for approval: a perspective from regulatory agencies
D.Dunn, University College London (UCL), United Kingdom

Discussion and questions
Measurement of the effectiveness of experimental PrEP agents
S.Delany-Moretlwe, Wits Reproductive Health and HIV Institute (WRHI), South Africa

Discussion and questions
The community perspective
N.Dedes, Positive Voice, Greece

Discussion and questions
Closing remarks
L.Bekker, Desmond Tutu HIV Centre, South Africa

WEWS02 How to Assess the Efficacy of New Strategies for the Prevention of HIV-infection? Workshop
Venue: Room 242
Time: 14:30-17:00
Co-Facilitators: Robert Grant, Gladstone Institutes/UCSF, United States
Nathalie Morgensztejn, ANSM, France

This workshop focuses on the challenges of designing studies to assess the efficacy of new prevention strategies (PrEP, vaccines, antibodies) in humans. Due to the high efficacy of oral PrEP with TDF/FTC when adherence is appropriate and due to multiple drugs/vaccine and modes of delivery to assess, large non-inferior randomized trials will take years to provide results and will require significant funding. These challenges need to be addressed by investigators, regulators and pharmaceutical companies to foster the development of new preventive strategies. This session is targeted at prevention researchers, ethicists, regulators, research agencies, private and public funders, pharmaceutical companies, and community representatives. Participants will leave with an understanding of the challenges faced by future preventive studies aimed at assessing their efficacy in the prevention of HIV-infection, along with insights into potential ways of addressing them.

Introduction
G.Garcia-Lerma, Centers for Disease Control and Prevention (CDC), United States

Discussion and questions
P.Anderson, University of Colorado, United States

Role of explant tissue infection assays
I.McGowan, University of Pittsburgh, United States

Discussion and questions
C.Mullick, US Food and Drug Administration (FDA), United States

Requirements for approval: a perspective from regulatory agencies
D.Dunn, University College London (UCL), United Kingdom

Discussion and questions
Measurement of the effectiveness of experimental PrEP agents
S.Delany-Moretlwe, Wits Reproductive Health and HIV Institute (WRHI), South Africa

Discussion and questions
The community perspective
N.Dedes, Positive Voice, Greece

Discussion and questions
Closing remarks
L.Bekker, Desmond Tutu HIV Centre, South Africa
Implementation Science is a critical piece of the HIV and AIDS research agenda. To achieve the 90/90/90 goals that serve patient health and HIV prevention, implementation science is being conducted to learn how to do this in the "best" ways (e.g., most effectively, efficiently, durably). The PEPPER 3.0 Strategy underscores the importance of targeting--doing the "Right things, in the Right Places" to curb the epidemic. NIH-funded HIV and AIDS implementation science should also correspond to the most urgent needs in the HIV and AIDS service community. However, implementation science means different things to different people. In this session, you will learn about the types of projects that NIH currently funds, and the highest priority research directions. You will also hear from implementation science leaders about important models and methods being used, and key questions that need answering. The session will end with 30 minutes of Q&A for you to ask advice from the panelists.

HIV and AIDS Implementation Science Research across NIH: Recent Highlights, Current Priorities, and Partners
C. Gordon, National Institute of Mental Health (NINH), United States

Personalizing Public Health? Adaptive Interventions for Retention in HIV Care
E. Geng, University of California, San Francisco (UCSF), United States

Opportunities in the Transition to Passive Data Collection Systems for Impact Evaluation
S. Baral, Johns Hopkins Bloomberg School of Public Health, United States

Utilizing Implementation Science to Build Strategies for Differentiated Care for HIV
R. Barnabas, University of Washington, United States

Moderated Discussion
D. Nash, City University of New York, United States; C. Gordon, National Institute of Mental Health (NINH), United States; J. Bassett, Harvard University, United States; E. Geng, University of California, San Francisco (UCSF), United States; S. Baral, Johns Hopkins Bloomberg School of Public Health, United States; R. Barnabas, University of Washington, United States

WEA01 Potpourri of Comorbidities
Venue: Bordeaux Amphitheater
Time: 14:30-16:00
Co-Chairs: Peter Reiss, University of Amsterdam, Netherlands
Adede Kamarulzaman, University of Malaya, Malaysia

Trends and predictors of non-communicable disease multi-morbidity among HIV-infected adults initiating ART in Brazil, 2003-2014
United States

HIV infection and the risk of peripheral arterial disease
M. Freiberg, M. Duncan, A. Justice, J. Beckman, Veterans Aging Cohort Study
United States

Impact of exposure to each antiretroviral treatment (ARV) on the risk of fracture in HIV-1-infected individuals: an analysis from FHDH ANRS CO4
D. Costagliola, V. Potard, S. Lang, S. Abgrall, C. Duvivier, H. Fischer, V. Joy, J.-M. Lacombe, M.-A. Valantin, M. Mary-Krause, S. Rozemberg, on behalf of the FHDH ANRS CO4
France

Being HIV-1-infected is independently associated with decreased erectile function among older men who have sex with men
Netherlands

SHIV infection and drug transporters influence brain tissue concentrations of efavirenz
N. Srinivas, J. Fallon, C. Sykes, N. White, A. Schauer, L. Adamson, M. Matthews, P. Luciw, P. Smith, A. Kashuba

Zoledronic acid is superior to TDF-switching for increasing bone mineral density in HIV-infected adults with osteopenia: a randomised trial
J. Hoy, R. Richardson, P.R. Ebeling, J. Rojas, N. Pocock, S. Kerr, E. Martinez, A. Carr, Zoledronate or Switch Tenovir (ZeST) Study Group
Australia

WEAC02 PMTC: We Must Do Better
Venue: Maillot Room
Time: 14:30-16:00
Co-Chairs: Laura Guay, Elizabeth Glaser Pediatric AIDS Foundation, United States
Jeanne Sibiude, Institut National de la Santé et de la Recherche Médicale (INSERM), France

Raltegravir vs Liponavir/r for late-presenter pregnant women
Brazil

Intensification of antiretroviral treatment with raltegravir for late-presenting HIV-infected pregnant women
N. Thepnarong, T. Puthanakit, S. Chaithongwawathana, S. Anugurueykitt, O. Anunsittichai, T. Theerawit, C. Pancharoen, P. Phunuphak
Thailand

Spatial-temporal trend of mother to child HIV transmission in western Kenya, 2007-2013
A. Wairung, T. Achia, H. Mutua, L. Ng'ang'a, E. Zielinski-Gutierrez, B. Ochanda, A. Katana, P. Young, J. Tobias, T. Ylleskar
Kenya

Cost and cost-effectiveness analysis of a randomized controlled trial evaluating perinatal home visiting among South African mothers/infants
A. Wynn, M. Tomlinson, M.J. Retheram, J. Le Roux
United States

A community-based, household survey to determine mother to child HIV transmission rates and HIV-free survival in Swaziland
Swaziland

WESY04 The New $90-$90-$90: Drugs Affordable for All
Venue: Blue Amphitheater
Time: 14:30-16:00
Co-Chairs: Simon Barton, Chelsea And Westminster Hospital NHS Foundation Trust, United Kingdom
Catherine Hankins, The Amsterdam Institute for Global Health and Development (AIGHD), Netherlands

All treatment guidelines agree that every individual should receive treatment for HIV and associated comorbidities, in particular tuberculosis and hepatitis C. If treatments were priced at $90, or less, a year, a major treatment access barrier – cost - would be removed. This multi-perspective session discusses and analyzes the barriers to global affordable drug pricing. It examines how therapeutics could become affordable, as currently, prices are variable worldwide and often high. The increasingly important role of advocacy, together with commitments by pharmaceuticals, originator and generic, for affordable therapeutics are debated and discussed in this session, which is directed towards policymakers, programme managers, and community advocates. It offers perspectives from the industry, NGOs, academia, and community participants and allows delegates to gain an understanding of issues related to the affordable pricing of essential medicines for HIV and comorbidities and the ability to identify the various forces shaping costs.

$90-$90-$90: how we can achieve these access prices
A. Hill, University of Liverpool, United Kingdom

www.ias2017.org
Navigating and negotiating lower prices
M. Hellard, Burnet Institute, Australia

How pricing can improve access to treatment
S. Golovin, International Treatment Preparedness Coalition (ITPC), Russian Federation

How advocacy can influence pricing policy
J. Burry, Access Campaign, Canada

How pharma are responding to the challenge
N. Goncalves, ViIV Healthcare, United Kingdom

How generic companies can upscale treatment affordably instead of cheaply
H. Shehine, Pharco Pharmaceuticals, Egypt

Moderated discussion

Closing remarks

WESY05 Basic Vaccinology
Symposia Session

Venue: Havana Amphitheater
Time: 14:30-16:00

Co-Chairs: Douglas Nixon, The George Washington University, United States
Masafumi Takiguchi, University of Kumamoto, Japan

This symposium focuses on the role of the major actors of adaptive and innate immunity in the response to HIV: IFN type I response, NK cells, B cells and polyfunctional antibodies, and CD4+ and CD8+ T cells. An overview of each immune actor provides a historical context, following which participants can learn about the latest discoveries in the field before learning how these discoveries can drive the development of successful HIV vaccines, through the induction of effective immune responses in humans. This session is addressed to scientists and clinicians looking for a deep understanding of HIV pathogenesis and the mounting of effective anti-viral immunity, towards the design of efficacious vaccines.

Introduction

Polyfunctional antibodies in HIV infection and vaccination
G. Alter, Harvard University, United States

CD8+ T cells reborn
S. Rowland-Jones, University of Oxford, United Kingdom

Investigating HIV-specific CD4+ T cell responses through TCR clonotypic analysis: implications for vaccine design
L. Chakrabarti, Institut Pasteur, France

Mechanisms of HIV-1 resistance to ADCC
D. Evans, University of Wisconsin-Madison, United States

HIV innate sensors and IFN type I response
N. Manel, Institut Curie, France

Moderated discussion

Closing remarks

WESY06 Toward HIV Elimination
Symposia Session

Venue: Room 241
Time: 14:30-16:00

Co-Chairs: François Dabis, France Recherche Nord & Sud Sida-HIV Hépatites (ANRS), France
Adele Benzaken, Ministry of Health, Brazil

To reach the global target of ending AIDS, three major strategies will need further development: cure, vaccine, and eliminating transmission. While the first two strategies have yet to be achieved, several approaches have been shown to effectively reduce and limit transmission. The tools needed for success in preventing transmission - engagement of key populations, high coverage of HIV prevention and testing, immediate ARV treatment to all people living with HIV to achieve viral suppression, voluntary male medical circumcision and harm reduction - are at hand, yet turning these tools into practice usually proves challenging. This symposium, developed for policy makers, implementation researchers, programme managers and advocates, presents evidence of ending HIV transmission in different settings, discusses the effectiveness of operational strategies leading to the elimination of HIV transmission, identifies remaining obstacles, and suggest questions for further research.

Introduction

Introductory Comments
M. Wijnroks, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland

Overview of the trends in reducing HIV transmission and incidence
P. Glynn, UNAIDS, Switzerland

Ending HIV transmission among people who inject drugs: the tale of two cities - New York (US) and Hai Phong (Vietnam)
D. Des Jarlais, Icahn School of Medicine at Mount Sinai, United States; D. Thi Huong, Hai Phong Medical and Pharmacology University, Vietnam

Moderated discussion

Closing remarks

WEWS03 NIH Grantsmanship Strategies and Peer Review Workshop
Workshop

Venue: Room 241
Time: 16:30-18:00

Co-Facilitators: Jay Radke, NIH/NIAID, United States
Vasundhara Varthakavi, NIH/NIAID, United States

The National Institutes of Health (NIH) is the largest public funder of biomedical research in the world and supports basic, clinical and translational research to improve the health of people across the globe. NIH Scientific Review Officers and Program Officials will discuss strategies for developing a sustained, collaborative research grant portfolio in HIV/AIDS. Potential grant applicants will learn when to interact with NIH staff, how to identify funding opportunities and research resources, steps to establish productive research collaborations, and strategies to prepare new applications. NIH staff also will discuss HIV/AIDS research priorities, training and research grants, and the application peer review processes used by the National Institute of Allergy and Infectious Diseases (NIAID) Scientific Review Program (SRP) and the NIH Center for Scientific Review (CSR). A panel of NIH staff will be available to answer questions.

Introduction

NIH extramural research funding: strategies for success
H. Hornbeck, NIH/NIAID, United States

Office of AIDS research and NIH HIV research agenda
S. Carrington-Lawrence, National Institutes of Health (NIH), United States

NIAID division of AIDS: HIV/AIDS research priorities
B. Sanders, NIH/NIAID, United States

NIMH division of AIDS research scientific agenda: discovery to implementation
C. Gordon, National Institute of Mental Health (NIMH), United States

www.ias2017.org
**NIH Grant mechanisms: K, P, U, R**  
R.Binder, NIH/NIAID, United States

**Strategies for developing a successful NIH application**  
V.Varthakavi, NIH/NIAID, United States

**NIH peer review process: Center for Scientific Review (CSR)**  
R.Freund, NIH/Center for Scientific Review, United States

**NIH peer review process: Institute/Center reviews**  
J.Radke, NIH/NIAID, United States

---

**WEAA02 When Donors Leave...**  
Venue: Bordeaux Amphitheater  
**Time:** 16:30-18:00  
**Co-Chairs:** Yogan Pillay, National Department of Health, South Africa  
Thérèse N’Dri-Yoman, PAC-CL, Cote D’Ivoire

**When donor funding leaves: the immediate impact on resources of USAID’s withdrawal of support for direct HIV care and treatment at a public health facility in South Africa**  
B. Lince-Deroche, R. Mohamed, S. Kgowedi, L. Long  
South Africa

**How changes in United States funding policies could impact the HIV epidemic in sub-Saharan Africa**  
J. McGillic, A. Sharp, B. Honermann, G. Millett, C. Collins, T. Hallett  
United Kingdom

**Estimating the size of the pediatric antiretroviral (ARV) market in 26 low- and middle-income countries (LMICs) through 2025 as prevention of mother to child transmission (PMTCT) initiatives continue to succeed**  
V.R. Pradhu, S. McGovern, P. Domanico  
United States

**Can differentiated care models solve the crisis in treatment financing? Analysis of prospects for 38 high-burden countries in sub-Saharan Africa**  
C. Barker, A. Dutte, K. Klein  
United States

**Characterizing the South African private sector ART market**  
H. Aegypti, K. Little, P. Aylward, N. Helen  
United States

**Cost-effectiveness of routine viral load monitoring in low and middle income countries: a systematic review**  
R.V. Barnabas, P. Revill, N. Tan, A. Phillips  
United States

---

**WEBS01 Hepatitis C Cure: Reality for Few and a Dream for Many**  
Venue: Havana Amphitheater  
**Time:** 16:30-18:00  
**Co-Chairs:** Anna Zakowicz, AIDS HealthCare Foundation Europe, Netherlands  
Marina Klein, McGill University Health Centre, Canada

This session addresses hepatitis C virus (HCV) controversies and lessons from HIV from three perspectives: science, community, and policy. A WHO-recognized major public health problem, chronic HCV disease is associated with substantial morbidity and mortality among over 80 million viremic people worldwide. It disproportionately affects people living with HIV, in particular persons with history of injection drug use. HCV complicates the management of HIV and affects the response to ART. The availability of effective HCV treatment, with high cure rates for all genotypes, offers unprecedented opportunities. However, barriers stand in the way, including high treatment costs, health services delivery issues, insufficient HCV screening programmes and limited HCV prevalence data. This session, tailored to policymakers, patient advocates, community members, treatment activists, and funders, equips delegates with the key arguments and actions necessary to effectively address HCV treatment controversies head-on in order to improve HCV treatment access.

**Introduction**

**Hepatitis C state-of-the-art**  
S.Pol, Institut Pasteur, France

**Lessons for policymakers from HIV for hepatitis C**  
M.Heywood, Section 27, South Africa

**Bringing down the cost of hepatitis treatment in resource-limited settings: the community perspective**  
P.Clayden, HIV I-Base, United Kingdom

**Implementation of a sustainable Hepatitis C treatment program in Cameroon**  
S. Valente, Petronela Ancuta, CRCHUM, Canada  
Carine Van Lint, Institut de biologie et de médecine moléculaires (IBMM), Belgium

---

**Investigating the SHIV reservoir in a non-human primate model following allogenous bone marrow transplantation**  
United States

**Investigating clinical therapeutics to target infected cells and promote HIV clearance**  
P. Arandjelovic, C. Allison, S. Preston, J. Cooney, M. Pellegrini  
Australia

**Inhibiting memory CD4+ T-cell self-renewal to reduce HIV persistence**  
M. Mayignier, M. Zanoni, J. Habil, C. Mattingly, J. Demarest, H. Koui, B. Lawson, T. Vanderford, G. Tharp, S. Bosinger, G. Silvestri, A. Chahroud  
United States

**PBMCs from patients with chronic myeloid leukemia treated with different tyrosine kinase inhibitors show variable susceptibility to HIV-1 infection: searching for the best therapeutic approach**  
Spain

**Eradication without reactivation: suppression of HIV-1 transcription and reactivation from latency by a Tat inhibitor**  
United States

**Myeloablative conditioning is dispensable for transplant-dependent HIV cure**  
United States
Wednesday 26 July | Sessions

Discussion

Closing remarks

WEPL02  Rapporteur and Closing Session

Venue:  Le Grand Amphithéâtre

Time:  18:15-19:45

Chair:  Anton Pozniak, Chelsea and Westminster Hospital NHS Trust, United Kingdom

Address
F. Vidal, Minister of Higher Education, Research and Innovation, France

Community address
O. Mellouk, International Treatment Preparedness Coalition (ITPC), Morocco

Track A rapporteur summary
M. Lichterfeld, Harvard University, United States

Track B rapporteur summary
P. Munderi, MRC/UVRI Uganda Research Unit on AIDS, Uganda

Track C rapporteur summary
F. Dabis, France Recherche Nord & Sud Sida-HIV Hépatites (ANRS), France

Track D rapporteur summary
C. Hankins, The Amsterdam Institute for Global Health and Development (AIGHD), Netherlands

Community statement
Y. Yomb, Centre Alternatives Cameroon, Cameroon

Closing remarks
L. Bekker, Desmond Tutu HIV Centre, South Africa; J. Delfraissy, Paris 11 University, France