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USAID AT AIDS 2016

21ST INTERNATIONAL AIDS CONFERENCE

Durban, South Africa | July 18–22, 2016

Durban International Convention Centre



USAID
FROM THE AMERICAN PEOPLE



WELCOME TO DURBAN

“In the face of the grave threat posed by HIV/AIDS, we have to rise above our differences and combine our efforts to save our people. History will judge us harshly if we fail to do so now, and right now.”

These words are as true today as they were 16 years ago when Nelson Mandela addressed the 12,000 participants at the 13th International AIDS Conference in Durban.

The time to end AIDS is now. To do that, we must deliver HIV prevention tools that work—now. We must ensure that all people, including those most vulnerable and marginalized receive sustained care and treatment without fear of stigma and discrimination—now. We must pave a path towards country ownership for long-term sustainability—now. We must assure equity and human rights—now.

It has been 35 years since the first person was diagnosed with an illness that came to be known as AIDS. And over the past several decades, we have seen tremendous progress in the prevention and treatment arenas. I am proud that for 30 years the United States Agency for International Development (USAID) has been an integral catalyst for this advancement. But until AIDS is no longer a public health threat, until the burden of this disease ceases to devastate millions of people around the world, and until no person is left behind, we must work furiously to build on our successes.

AIDS 2016 and Durban represent so much—struggle and perseverance, scientific brilliance and human compassion, and most importantly, our collective desire to completely and absolutely eradicate the world of this horrible disease—now.

USAID, through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), is pleased to have a significant presence at AIDS 2016. Topics ranging from reducing stigma among people living with HIV and sex workers to optimizing multi-month scripting of antiretroviral therapy showcase our commitment, and that of our implementing partners, to improving lives, enhancing well-being and ending AIDS.

I believe that an AIDS death in 2016 is a preventable death. And so together, we must redouble our efforts to bring about an end to AIDS.

Sincerely,
David Stanton



Director, USAID Office of HIV/AIDS

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USAID'S OFFICE OF HIV/AIDS

USAID established its HIV and AIDS portfolio in 1986. Since then, the Office of HIV/AIDS has expanded tremendously—in parallel with the epidemic. Over the course of 30 years, USAID has positioned itself as a technical leader for the field, leveraging strategic partnerships to help improve HIV/AIDS care and treatment and strengthen health systems around the world. As the primary implementer of PEPFAR, USAID has a unique advantage in addressing the HIV/AIDS epidemic from a development perspective.

USAID's Office of HIV/AIDS strives for a world where HIV and AIDS are no longer burdens on health and development through the following three-pronged mission:

- » Providing **global leadership** to maximize the impact of USAID's overall response to HIV and AIDS
- » Supporting **country-led efforts** to combat complex challenges of HIV and AIDS, catalyzing USAID's broad health and development competence/capability and specialized HIV and AIDS technical expertise
- » Applying **science, technology and innovation** to support the implementation of cost-effective, sustainable and appropriately integrated HIV and AIDS interventions at scale

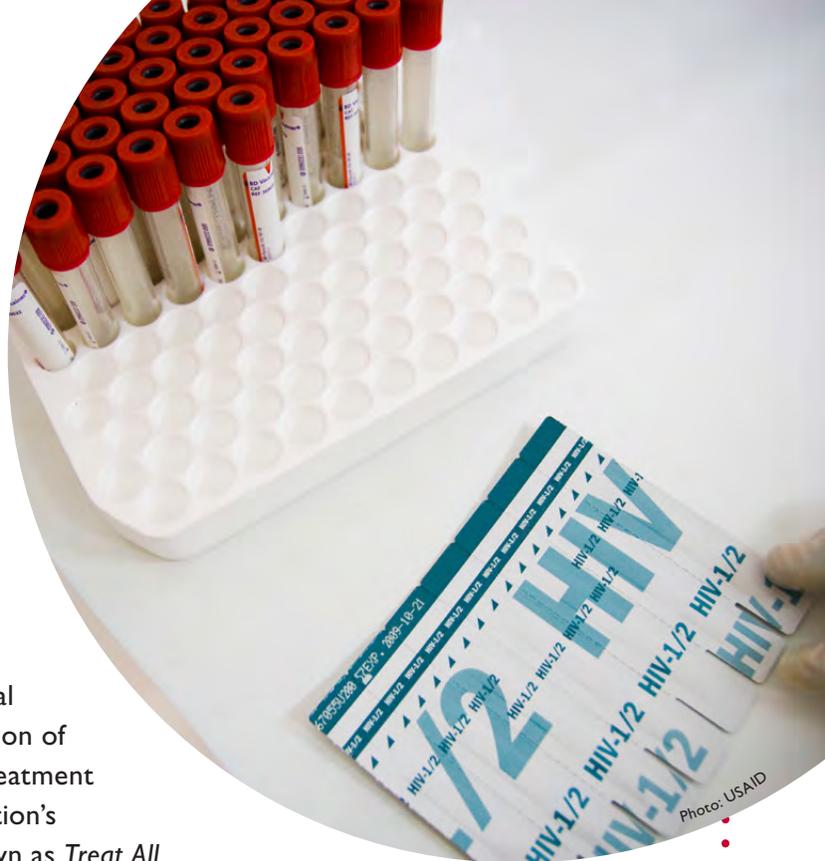
USAID's Office of HIV/AIDS has a strong infrastructure, consisting of eight divisions:

- » Budget and Operations
- » Prevention, Care and Treatment
- » Priority Populations and Integration Rights
- » Research
- » Strategic Coordination and Communications
- » Strategic Information, Evaluation and Informatics
- » Supply Chain for Health
- » Systems and Program Sustainability

These focus areas work collaboratively in order to help achieve the vision of an AIDS-free generation. Across the office, technical expertise and global field support are concentrated on the following technical priorities and areas of emphasis, all with data-driven science at the core:

TEST AND START

In order to meet the Sustainable Development Goal of eliminating AIDS by 2030, the global community must achieve epidemic control. USAID is taking a leading role in innovative service delivery models and advancing more effective and less expensive antiretroviral drugs in order to rapidly expand coverage of antiretroviral therapy services, save lives and reduce ongoing transmission of HIV. USAID is focused on developing better HIV/AIDS treatment and care services to support the World Health Organization's recommendation to treat all people living with HIV (known as *Treat All* or *Test and Start*).



SUSTAINABLE FINANCING INITIATIVE

USAID recognizes the importance of working with countries to mobilize their domestic resources in order to meet the long-term needs of the more than 36 million people living with HIV. USAID is the lead coordinator and implementer of PEPFAR's Sustainable Financing Initiative which aims to deliver an AIDS-free generation through shared financial responsibility with host country governments.

DREAMS

DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) is an ambitious \$385 million partnership to reduce HIV infection among adolescent girls and young women in HIV priority areas within Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. DREAMS builds upon USAID's decades of experience empowering young women and advancing gender equality across the sectors of global health, education and economic growth. USAID partners with community, faith-based and nongovernmental organizations whose credibility within communities and capacity to mobilize significant numbers of volunteers allow USAID to address the structural inequalities impacting girls' vulnerability to HIV.



Photo: Lisa Russell/Governess Films

ORPHANS AND VULNERABLE CHILDREN

USAID's programs for orphans and vulnerable children (OVC) affected by HIV and AIDS contribute to the achievement of an AIDS-free generation by responding to the social, economic and emotional consequences of the disease on children, their families and the communities that support them. The goal of USAID and PEPFAR's OVC Program is to improve the health and well-being of children and families by mitigating the impact of HIV and AIDS and increasing children's resilience and reducing their risk for the disease.

KEY POPULATIONS

Key populations—people who inject drugs, men who have sex with men, transgender persons and sex workers—are disproportionately infected with HIV compared to the general population. Through strategic projects like LINKAGES, the first USAID-funded project with a specific mandate to focus on HIV services for key populations, USAID prioritizes HIV and AIDS research, policy, prevention, care and treatment services to ensure that nobody gets left behind.

RESEARCH

Research is a fundamental part of achieving an AIDS-free generation. Over the last several decades, a tremendous amount of knowledge has been gained about how the virus is transmitted, replicates and causes AIDS. USAID is leading the way in cultivating strategic partnerships to implement HIV and AIDS research and technology development programs, designing and managing biomedical and implementation research, disseminating research findings and supporting their programmatic and policy applications and supporting sustainable capacity building for HIV and AIDS research.

HIV/AIDS SUPPLY CHAIN

USAID's HIV/AIDS programs and the people they serve depend on getting the right medicines, lab equipment, testing supplies and other commodities in good condition, at the right time. Successful implementation of health programs cannot function without an uninterrupted supply of quality essential health products. HIV and AIDS programs require a variety of these products. Reliable supply chains and quality-assured products are critical to ensuring the health of those impacted by HIV around the world. ■

TEST AND START: Optimizing Antiretroviral Therapy Services to Save Lives

USAID is committed to meeting the Sustainable Development Goal of eliminating AIDS by 2030, and recognizes that achieving epidemic control is critical to ending AIDS. The UNAIDS 90-90-90 framework, which calls for 90 percent of people living with HIV to know their status, 90 percent of people who know their HIV-positive status to receive sustained antiretroviral therapy (ART), and 90 percent of people receiving antiretroviral therapy to have viral suppression, is a path towards epidemic control. But with global resources being finite, it is necessary to do the right things, in the right places, in the right way, right now.

In October 2015, the World Health Organization issued guidance on what they call the “Treat All” approach—recommending ART, for everyone living with HIV at any CD4 cell count. Commonly known as *Test and Start*, this approach begins patients on ART immediately after a HIV-positive diagnosis in an effort to improve health outcomes. Study evidence shows that the earlier patients initiate ART, the better they do.

USAID uses the *Test and Start* approach as a strategy to achieve the 90-90-90 treatment targets. To reach the targets of the second and third 90, USAID’s Office of HIV/AIDS is taking a leading role in innovative service delivery models and advancing more effective, and less expensive, antiretroviral drugs. These efforts, in combination with USAID’s global health supply chain management, strive to rapidly expand coverage of ART services, save lives and reduce ongoing transmission of HIV.

Costs are a great barrier to providing ART to those who need it most. In order to reduce costs and improve impact, USAID works with implementing partners to provide tailored services. This includes customizing the type of service provided, how it is provided and by whom, as well as the frequency. This helps reduce the burden on health facilities while increasing initiation, retention and suppression.



Photo: Tish McCarroll/USAID

Addressing the spectrum of the 90-90-90 goals are two innovative USAID-supported projects: OPTIMIZE and EQUIP. Awarded in 2015, OPTIMIZE and EQUIP seek to revolutionize treatment and service delivery through initiatives led for the first time solely by two African-based partners. OPTIMIZE aims to accelerate the historically slow rate of introducing new and improved ART drugs in developing countries through a co-creation approach to clinical development and research, pharmaceutical manufacturing, next generation antiretroviral formulation and public health-driven business models to plan and launch new and improved products. EQUIP is focused on providing countries with innovative and customized solutions that increase HIV testing and linkages to care, widening the coverage of ART, expanding the capacity for viral load monitoring and improving retention of patients on ART. EQUIP provides quick responses to requests from PEPFAR countries and rapidly produces solutions that are tailored to the country-specific context and area. Solutions are centered on the differentiation and customization of service delivery, cost-effectiveness and technical/resource suitability of each solution. By focusing on differentiated models of service delivery, EQUIP provides solutions that are scalable and achieve sustainable impact towards the 90-90-90 goals.

OHA's innovative partnerships and technical leadership are positioned to expand coverage and drive down costs to facilitate the *Test and Start* approach—ensuring that people can access lifesaving HIV treatment and care that is critical to realizing the vision of a world free of the AIDS epidemic. ■



Photo: Eric Bond/EGPAF

SUSTAINABLE FINANCING INITIATIVE

In order to meet the long-term needs of the more than 36 million people living with HIV, USAID recognizes the importance of working with countries to mobilize their domestic resources. USAID is the lead coordinator and implementer of PEPFAR's Sustainable Financing Initiative (SFI) which aims to deliver an AIDS-free generation through shared financial responsibility with host country governments.

In 2014, PEPFAR committed \$63.5 million, to be disbursed over multiple years, through the SFI to support ongoing country-led efforts to further mobilize their own resources to address health financing and the needs of people living with HIV/AIDS. For this first phase of the initiative, seven countries are participants: Kenya, Nigeria, Tanzania, Vietnam, Zambia, Uganda and Mozambique. Several criteria aided in the selection of these countries: political commitment and expression of interest from the host government to increase domestic resource mobilization; prioritization of health in the country, including their commitment to use new domestic funds at least in part for HIV programs; strong macroeconomic growth potential and anticipated impact in three years; program success and good management; and the country's share of PEPFAR funding.

USAID collaborates with relevant stakeholders, including missions, to support new and ongoing health financing activities that aim to increase domestic resources for the health sector. USAID is working with countries to mobilize their domestic resources while ensuring transparency, accountability and impact. Impact encompasses increasing service coverage for prevention and care and treatment, strengthening financial protection and improving access for vulnerable populations. Under the SFI, solutions are tailored to each country context and involve a unique mix of health financing approaches.



Photo: Eric Bond/EGPAF

USAID focuses on four approaches to mobilize additional domestic resources for HIV and AIDS. The mix of these interventions is unique to each country. At the center of each of these interventions are the core analytics to inform, monitor and evaluate implementation and progress in these areas. Interventions include:

1. **Advocacy:** Using evidence to generate and sustain political will so that host governments allocate more resources to health and HIV.
2. **Tax administration and policy:** Increasing tax revenues through improved tax collection or development of new taxes is a critical part of domestic resource mobilization. Enhancing financial management and improving analysis of expenditures so that resources can be mobilized with greater efficiency is an equally important part of this approach.
3. **Technical efficiency:** Improving technical efficiency through commodity procurement and supply chain system strengthening, health insurance, and other financial management reforms allows countries to avoid waste and improve health and HIV/AIDS outcomes within existing sets of resources.
4. **Private sector:** Expanding the use of private health insurance markets and encouraging private markets to increase options and facilitate greater participation creates sustainable health outcomes and greater service coverage. ■



Photo: Lisa Russell/Governess Films

DREAMS: Determined, Resilient, Empowered, AIDS-free, Mentored and Safe



DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) is an ambitious \$385 million partnership to reduce HIV infection among adolescent girls and young women (AGYW) in HIV priority areas within Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. Girls and young women account for 71 percent of new HIV infections among adolescents in sub-Saharan Africa and nearly 1,000 AGYW are infected with HIV every day. The 10 DREAMS countries in sub-Saharan Africa account for nearly half of all the new HIV infections that occurred among AGYW globally in 2014.

Social isolation, economic disadvantage, discriminatory cultural norms, orphanhood, gender-based violence and school drop-out all contribute to girls' vulnerability to HIV. With support from PEPFAR, the Bill & Melinda Gates Foundation, Girl Effect, Johnson & Johnson, Gilead Sciences and ViiV Healthcare, DREAMS is delivering a core package of evidence-based approaches that go beyond the health sector, addressing the structural factors that increase girls' HIV risk, including poverty, gender inequality, sexual violence and a lack of education.

The DREAMS Innovation Challenge seeks solutions to needs that go beyond the core package, including strengthening capacity for service delivery, keeping girls in secondary school, linking men to services, supporting pre-exposure prophylaxis, providing a bridge to employment, applying data to increase impact and offering sustainable solutions that may be scaled or replicated and deploying solutions rapidly.



DREAMS builds upon USAID's decades of experience empowering young women and advancing gender equality across the sectors of global health, education and economic growth. USAID partners with community, faith-based and nongovernmental organizations whose credibility within communities and capacity to mobilize significant numbers of volunteers allow USAID to address the structural inequalities impacting girls' vulnerability to HIV. USAID is leveraging existing community platforms and technical expertise through:

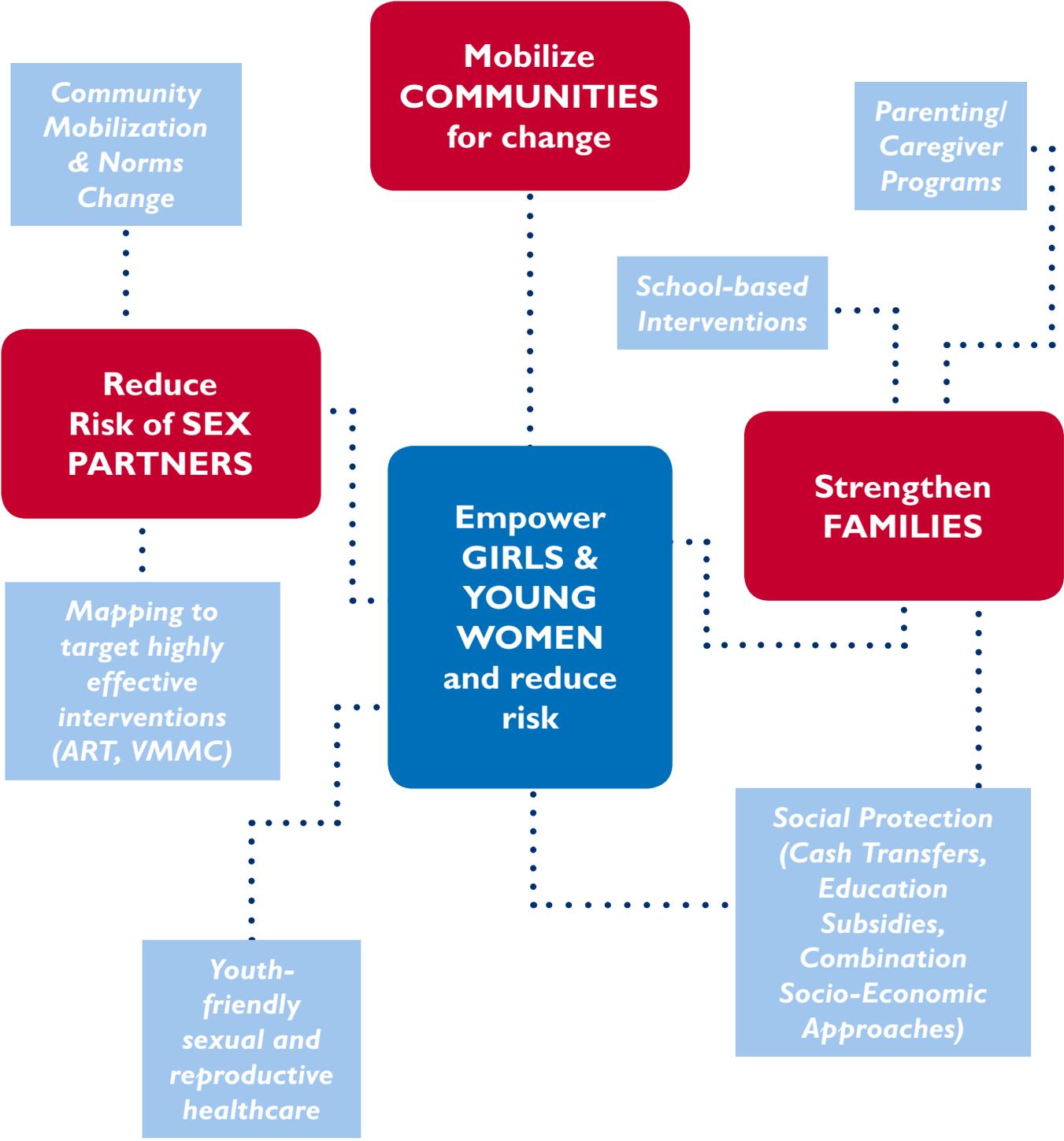
- » The Orphans and Vulnerable Children program, which has been a leader in strengthening the capacity of families and communities to care for vulnerable children through education subsidies, cash transfers, parenting programs and psychosocial support.
- » DREAMS building on the achievements from the PEPFAR Gender-based Violence (GBV) Initiative by strengthening violence prevention and response programming using HIV platforms.
- » DREAMS leveraging existing USAID-funded national-level and community-based HIV prevention efforts and communication interventions that aim to reduce sexual risk-taking and increase the utilization of HIV and health services.
- » Collaborating with USAID's Office of Education and the Let Girls Learn Initiative to ensure that all young girls have access to a quality secondary education and viable employment opportunities.

Girls' education is often called the social vaccine against HIV because of the significant reduction in HIV incidence among better-educated girls and young women.

Scaling up a core package of evidence-based interventions across multiple sectors will allow USAID to accelerate efforts to achieve an AIDS-free generation. By the end of 2017, DREAMS will achieve a 40 percent reduction in HIV incidence among women and girls ages 15–24 in the hardest-hit areas of the 10 DREAMS countries. As the leading implementer of the DREAMS package, USAID will support:

- » HIV testing and counseling for nearly 528,000 AGYW.
- » Education subsidies for almost 88,000 AGYW.
- » Post-violence care for more than 113,000 AGYW survivors of GBV.
- » School-based HIV & violence prevention programs for approximately 684,000 AGYW.
- » Pre-exposure prophylaxis for more than 10,500 AGYW.
- » Condom promotion and provision for almost 1.7 million AGYW and their partners.
- » Improved access to youth-friendly sexual and reproductive health services and the full range of contraceptive methods.
- » Parenting/caregiver programs for more than 281,000 people.

DREAMS CORE PACKAGE



ORPHANS AND VULNERABLE CHILDREN

USAID's orphans and vulnerable children (OVC) programs, through PEPFAR, aim to improve the health and well-being of children living with and affected by HIV. The OVC programs strengthen child and family resilience and contribute to the acceleration of children's HIV and AIDS treatment and prevention of HIV among adolescent girls and young women. By lessening the impact of HIV and AIDS on children and families, communities are better positioned to work towards an AIDS-free generation.

OVC programs enable the delivery of vital health and social services that are critical to improving HIV prevention, care and treatment, contributing directly to the UNAIDS 90-90-90 goals and ultimately working towards epidemic control. In FY15, 5.5 million OVC and their families received care and support.

USAID is supporting child-centered, family-focused, community-based and government-backed OVC programming that targets the full range of OVC needs according to their age and developmental stage. Current priorities include:

- » Aligning OVC programming in the highest HIV prevalence areas.
- » Maximizing OVC platforms to mitigate the social effects of HIV and AIDS and contributing to reduced HIV risks for adolescent girls and young women, earlier identification and retention of children infected with, exposed to and affected by HIV and improved stability of families affected by the pandemic.
- » Improving use of data to identify the most vulnerable children and families in priority districts, including expanding the use of evidence-informed graduation models.
- » Increasing the use of community-based OVC platforms to ensure children and families access HIV services.
- » Investing in critical social service systems strengthening to prevent and respond to violence (including gender-based violence), neglect and exploitation of children and adolescents affected by the pandemic.
- » Measuring child and family well-being outcomes for program impact.
- » Ensuring the delivery of core, evidence-based interventions.

Core OVC interventions include:

- » Ensuring children, adolescents and families have access to a continuum of mitigation, prevention, care and treatment through case management.
- » Monitoring health outcomes, building health and nutrition knowledge and skills in caregivers and facilitating access to key health services.
- » Providing services to prevent and mitigate mistreatment of children and adolescents including gender-based violence, as well as special provisions for adolescents (particularly girls) who are vulnerable to or have experienced violence, including sexual violence.
- » Reducing economic instability among adolescents and families affected by and vulnerable to HIV.
- » Overcoming barriers to educational access for improved enrollment, attendance and progression, including early childhood development, primary school completion and transition to secondary school.



ACT AND DREAMS INITIATIVES

OVC programs remain central to achieving an AIDS-free generation, contributing to the achievement of the goals of the Accelerating Children's HIV/AIDS Treatment (ACT) Initiative and the DREAMS Initiative. Worldwide, more than 13.3 million children are living without one or both parents due to AIDS, a change from 14.3 million at the height of the epidemic. As care and treatment programs have expanded, parents are living successfully with HIV, and USAID, through PEPFAR, continues to refine the services for OVC in high-prevalence communities. The programs respond to socioeconomic challenges that negatively impact the lives of children. Through strategic efforts to strengthen the capacity of OVC, their families, their communities and systems of care and support, OVC programs improve children's and their parents'/caregivers' access to essential services, including core HIV treatment and prevention services. To achieve an AIDS-free generation, strengthening children's resilience, especially among adolescent girls, their families and communities is a core priority to act upon, so that all children can survive, thrive and reach their full potential. ■

SOCIAL MEDIA TOOLKIT

OVERVIEW

This social media toolkit highlights some of USAID's scientific contributions to the 21st International AIDS Conference (AIDS 2016). In particular, this toolkit is heavily influenced by the areas in which USAID plays a significant leadership role: Test and Start, the Sustainable Finance Initiative (SFI), Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) and Orphans and Vulnerable Children (OVC). Conference attendees and others in the international HIV/AIDS community are encouraged to use this toolkit to amplify messaging throughout the week. Each topic includes one image with correlating Twitter and Facebook posts for you to use to widen the reach of this critical information.

Conference attendees should visit USAID and other U.S. government (USG) experts in the exhibit hall at Booth 117. At the booth, attendees will have the opportunity to meet with leading technical staff, listen to ask-the-expert sessions and experience the interactive timeline which showcases the USG's decades-long commitment to fighting AIDS.

Not attending the meeting? Those not onsite can still participate in the meeting through Facebook Live's streaming of ask-the-expert sessions and interviews with leading scientists and researchers. And join the conversation with **#AIDSFreeGen**, **#EndAIDS2030** and **#AIDS2016**.

The International AIDS Society is working with Clinical Care Options, FHI 360, NAM Publications, the Guardian and the Independent Media Group as its official media partners for AIDS 2016. Check back on their websites and platforms to keep up-to-date with the latest developments and achievements in the HIV field.

For more information, visit <http://www.aids2016.org/>.

KEY TWITTER HANDLES

USAID Global Health: **@USAIDGH**

USAID: **@USAID**

PEPFAR: **@PEPFAR**

International AIDS Conference:
@AIDS_conference

International AIDS Society: **@iasociety**

FHI 360: **@fhi360**

Clinical Care Options: **@CCO_HIV**

NAM AIDSMap: **@aidsmap**

The Guardian: **@guardianGDP**

IMAGE AND POSTS: GENERAL CONFERENCE



Photo: Tsvangirayi Mukwazhi/OPHID Trust

TWITTER

- » .@USAID presents >80 innovative, scientific sessions at Int'l #AIDS Conference in #Durban. www.usaid.gov/aids2016 #AIDS2016
- » Discover how @USAID is working towards an #AIDSFreeGen @ International #AIDS Conference in Durban. Learn more: www.usaid.gov/aids2016
- » .@USAID @ #AIDS2016 featuring innovative science on #VMMC, #keypops, #PMTCT & #HIV vaccines! www.usaid.gov/aids2016
- » Over 80 sessions at #AIDS2016 highlighting @USAID's work in achieving an #AIDSFreeGen. Learn more www.usaid.gov/aids2016
- » Visit @USAID at Booth #117 to see 35 yrs of amazing progress in working towards #AIDSFreeGen www.usaid.gov/aids2016

- » #AIDS2016 is our chance to change world views of what is possible, including an #AIDSFreeGen ow.ly/sqcf30Inky5
- » #AIDS2016 returns to #Durban after 16 yrs. We stand at a crucial midpoint & must keep working to #EndAIDS2030.
- » 2016 marks 35 yrs of responding to the global AIDS epidemic. @USAID looks forward to global forum to #EndAIDS2030.

FACEBOOK

- » USAID is proud to participate in the 21st International AIDS Conference taking place in Durban, South Africa. #AIDS2016 will be an opportunity for governments, policy-makers, advocates, people living with HIV and other individuals committed to a #AIDSFreeGen to come together and chart a course forward. With over 80 USAID and USAID-partner sessions in topics ranging from sustainable financing and reducing HIV risk for adolescent girls and young women, to voluntary medical male circumcision and rapid antiretroviral treatment scale-up, discover what USAID has to offer at AIDS 2016. www.usaid.gov/aids2016
- » USAID and its partners are proud to present over 80 sessions at the 2016 International AIDS Conference, ranging from poster sessions and panel discussions to interactive workshops and cutting-edge research publications. Learn how USAID is contributing to an #AIDSFreeGen by checking out USAID's #AIDS2016 electronic briefing book: www.usaid.gov/aids2016



Photo: USAID

IMAGE AND POSTS: Test and Start



TWITTER

- » 35 yrs ago, 1st cases of what became known as #AIDS were reported. This yr, @USAID joins global forum at #AIDS2016.
- » .@WHO recommends #ART for all who test HIV+ regardless of CD4 cell count for an #AIDSFreeGen www.usaid.gov/aids2016
- » Lifesaving treatment critical to ending #HIV epidemic. See @USAID's approach at #AIDS2016: www.usaid.gov/aids2016
- » Test and Start: Optimizing Antiretroviral Therapy to Save Lives. Learn @USAID's approach at #AIDS2016: www.usaid.gov/aids2016
- » .@USAID uses innovative #ART svc delivery models to ↑ reach of Test & Start to #EndAIDS2030 www.usaid.gov/aids2016

FACEBOOK

- » In 2015, USAID helped 5.7 M people receive lifesaving antiretroviral treatment through global HIV supply chain efforts. Receiving timely and quality treatment is critical to an #AIDSFreeGen. www.usaid.gov/aids2016
- » USAID is committed to meeting the Sustainable Development Goal of #EndAIDS2030, and recognizes that achieving epidemic control is critical to ending AIDS. The UNAIDS 90-90-90 framework, which calls for 90 percent of people living with HIV to know their status, 90 percent of people who know their HIV-positive status to receive sustained antiretroviral therapy (ART) treatment, and 90 percent of people receiving antiretroviral therapy to have viral suppression, is a path towards epidemic control. www.usaid.gov/aids2016



Photo: PSI

IMAGE AND POSTS: Sustainable Financing Initiative



TWITTER

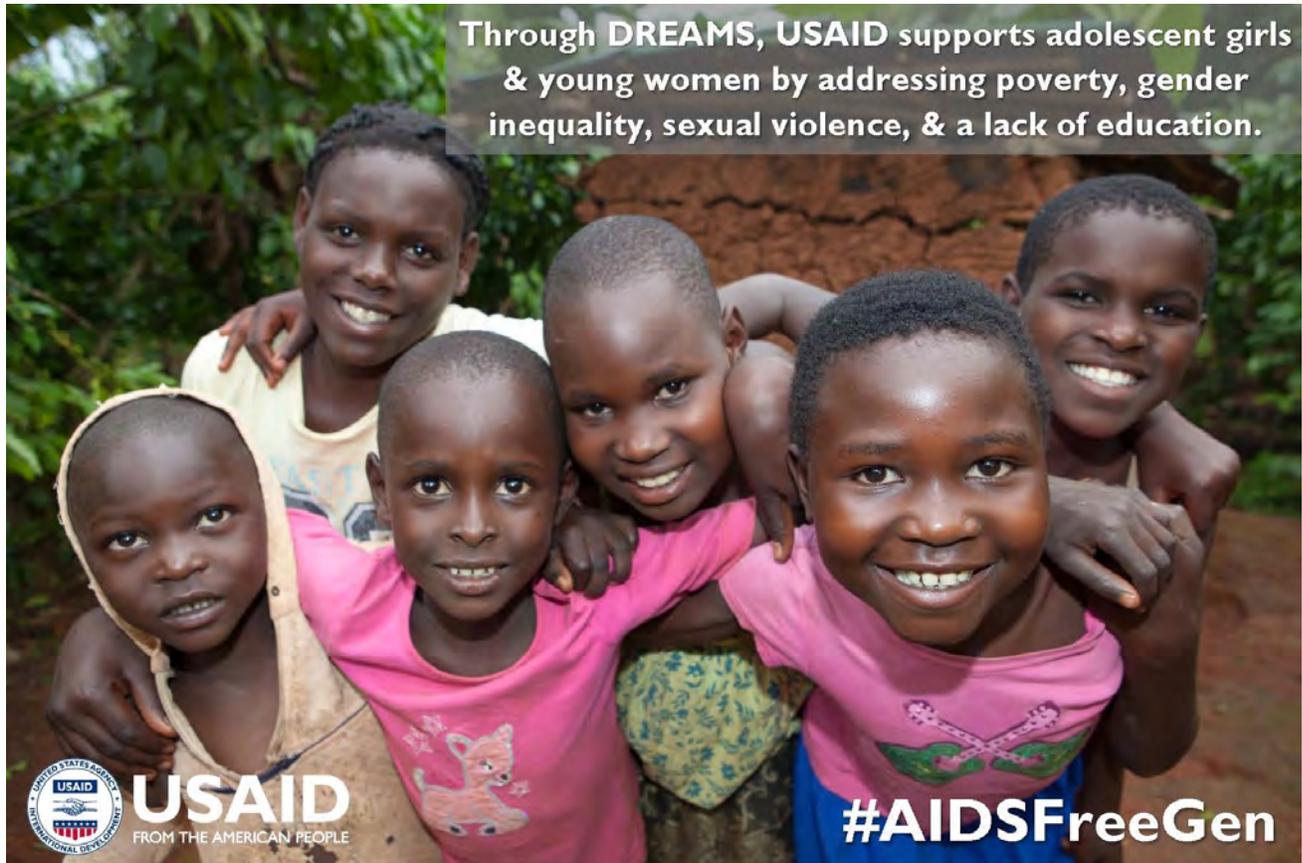
- » .@USAID supports domestic resource mobilization & sustainable financing for #HIV www.usaid.gov/aids2016 #AIDS2016
- » .@USAID partners present at #AIDS2016 on financing #HIV response w/ domestic resources www.usaid.gov/aids2016
- » .@USAID & #sustainablefinance help countries lead, manage, implement & fund HIV/#AIDS prgrms www.usaid.gov/aids2016
- » .@USAID helps build health system resiliency for epidemic control for an #AIDSFreeGen See: www.usaid.gov/aids2016

FACEBOOK

- » Through the Sustainable Financing Initiative, USAID is working with countries to mobilize their domestic resources while ensuring transparency, accountability and impact for an #AIDSFreeGen. www.usaid.gov/aids2016
- » In 2014, PEPFAR committed \$63.5 million to help countries invest in their national HIV/AIDS programs through the Sustainable Financing Initiative (SFI). Disbursed over multiple years, SFI supports ongoing country-led efforts to further mobilize their own resources, addressing health financing and the needs of people living with HIV/AIDS. www.usaid.gov/aids2016 #EndAIDS2030

IMAGE AND POSTS:

Determined, Resilient, Empowered, AIDS-free, Mentored and Safe



TWITTER

- » .@USAID works to ensure #AGYW are Determined Resilient Empowered #AIDS-free, Mentored & Safe www.usaid.gov/aids2016
- » Learn about @USAID's work to provide #AGYW access to #HIV services thru #DREAMS at #AIDS2016 www.usaid.gov/aids2016
- » Each year 380K #AGYW are infected with #HIV. That's why @USAID invests in #DREAMS www.usaid.gov/aids2016
- » #AGYW = 71% of new adolescent #HIV infections in sub-Saharan Africa, #DREAMS prgrm can help www.usaid.gov/aids2016

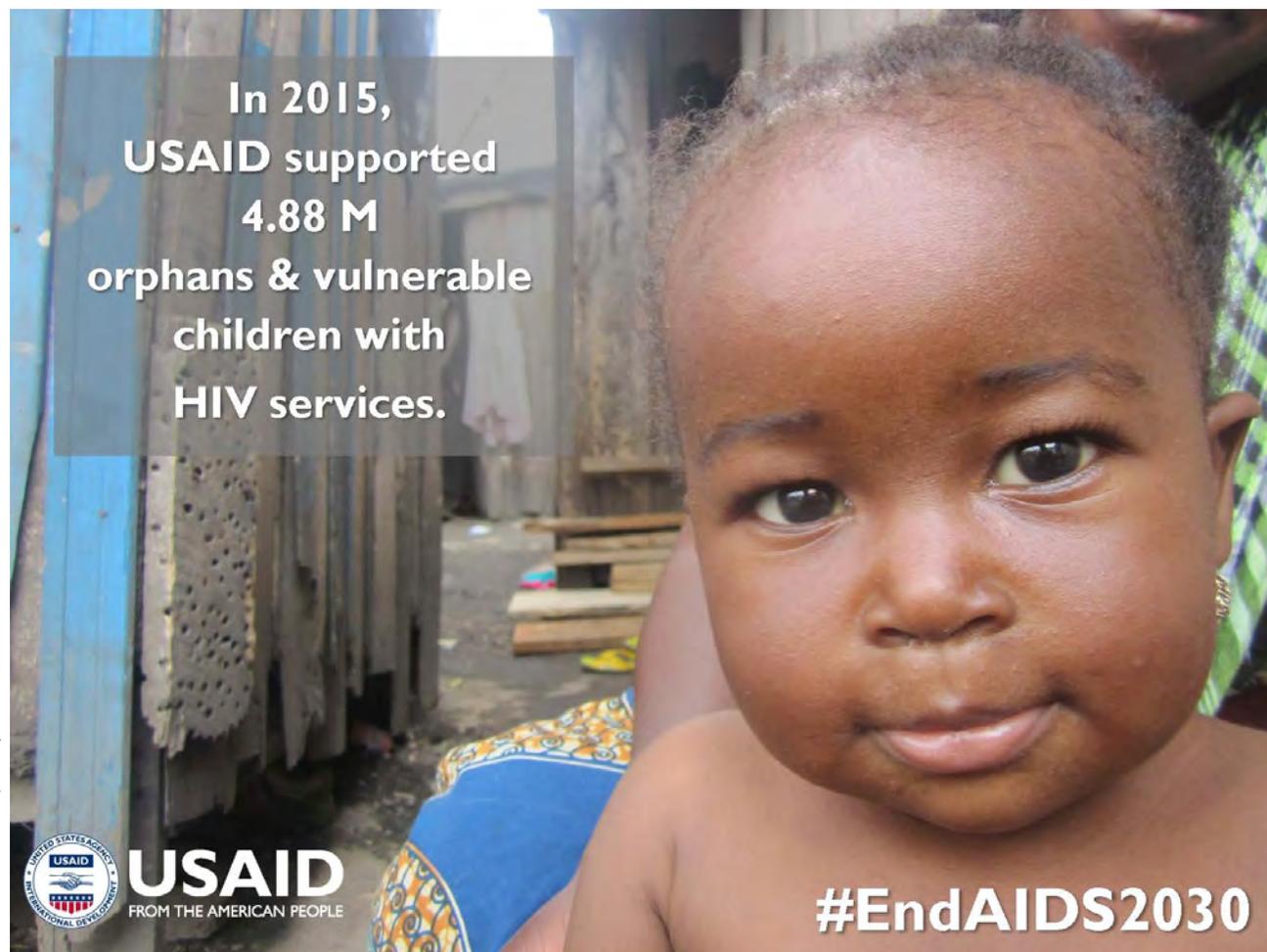
FACEBOOK

- » #DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) is an ambitious \$385 million partnership to reduce HIV infection among adolescent girls and young women (AGYW) in HIV priority areas within Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. It's time for an #AIDSFreeGen. www.usaid.gov/aids2016
- » By the end of 2017, #DREAMS will achieve a 40 percent reduction in HIV incidence among women and girls ages 15–24 in the hardest-hit areas of the 10 DREAMS countries to help realize an #AIDSFreeGen. www.usaid.gov/aids2016



Photo: Abraar Karani/Apne Aap Women

IMAGE AND POSTS: Orphans and Vulnerable Children



TWITTER

- » .@USAID improves well-being of children made vulnerable by #AIDS epidemic to #EndAIDS2030 www.usaid.gov/aids2016
- » >13.3M children live w/o 1 or 2 parents bc of #AIDS. @USAID supports #OVC for #AIDSFreeGen www.usaid.gov/aids2016
- » ↑ resilience to #HIV helps children thrive & fulfill their dreams & live an #AIDSFreeGen www.usaid.gov/aids2016
- » .@USAID prgrms enable #OVC to stay in school & strengthen families for an #AIDSFreeGen: ow.ly/ZI8U30InBQI

FACEBOOK

- » USAID's Orphans and Vulnerable children programs strengthen child and family resilience, accelerate children's HIV/AIDS treatment and prevent HIV among adolescent girls and young women for an #AIDSFreeGen. [ow.ly/ZI8U30InBQI](https://www.ow.ly/ZI8U30InBQI)
- » Worldwide, more than 13.3 million children are living without one or both parents due to AIDS, compared to 14.3 million at the height of the epidemic. As care and treatment programs have expanded, parents are living successfully with HIV. Through the U.S. President's Emergency Plan for AIDS Relief, USAID continues to refine services for OVC, allowing for programs to improve child, parent and caregiver access to essential services, including HIV treatment and prevention services to reach an #AIDSFreeGen. [ow.ly/ZI8U30InBQI](https://www.ow.ly/ZI8U30InBQI)





SUCCESS STORY:
Combatting Fear and Stigma While Living
with HIV in Jamaica

ADVOCATE PROMOTES PREVENTION, WORKS TO CHANGE PERCEPTIONS

March 2016—“I have HIV,” said Jennifer*. The crowded hall of restless high school students immediately fell silent as she told her story. What they heard was a tale of triumph over a frightening virus and the stigma that it can bring.

Thirty-eight year-old Jennifer, a hairdresser and single mother of four, has been HIV-positive for 14 years. While she is now a strong activist and advocate for the HIV community, this was not always the case. In 1999, when she first learned of her positive status, she feared the stigma that the virus carried with it and, more importantly, the impact that it would have on her children’s lives and futures.

That fear almost cost Jennifer her life.

“In the early stages, I had rashes on my skin, and when I would walk to the shops, people would come out and call me names.” said Jennifer. “I was afraid, so I stayed home.”

In 2006, because she refused to go out to receive required medical treatment, Jennifer’s white blood cell count dropped to a dangerously low level while she was pregnant. It was the effect of HIV on her pregnancy that pushed her to take action.

“I told myself, you’re not only living for yourself but for your children,” she remembers.

She got involved in Jamaica’s efforts to tackle HIV and AIDS, developing relationships with other people living with HIV and learning more about the virus. And in 2013, she took part in the Health Policy Project’s Greater Involvement of People Living with HIV group, where she learned about the causes of stigma and discrimination. The project is funded by USAID.

Jennifer’s advocacy and public speaking are impacting communities on a personal level. Her message of prevention and compassion is changing lives.

“I can remember one lady coming up to me after a presentation and saying, ‘You know, I have a sister who is HIV-positive and I didn’t know how to cope with her. But since you spoke, you really have motivated me to go home and help her more,’” says Jennifer.

She continues to shift attitudes and perceptions of what it’s like to live with HIV. “We are the ones who have to take the pills and who have to go through all the side effects. We not only help those managing their positive status, but we are a living testimony for all people and can reach them through the message of prevention. Together, we are greater than AIDS.”

An estimated 32,000 Jamaicans are living with HIV. In 2009, under the United States President's Emergency Plan for AIDS Relief (PEPFAR), the United States established its first efforts to combat HIV in the Caribbean and created a regional HIV prevention and care program. USAID provides assistance through the Jamaican Government and community-based organizations that are implementing HIV prevention programs targeting key populations and addressing stigma, gender norms and gender-based and sexual violence.

Through PEPFAR and USAID, more than 100,000 people in Jamaica have received HIV counseling and testing since 2012.

**Name changed to protect privacy.*

A woman in a red shirt is smiling and showing a document to a group of young men. They are outdoors, and the woman is holding a yellow folder. The men are looking at the document with interest. The photo is credited to Henock Alemayehu/Timret Le Hiwot.

HIV advocates are crucial to combating stigma in their communities and also provide important preventative education, including how to properly use condoms.

TWITTER

- » "Together, we are greater than AIDS." Read how one woman combats stigma while living w/ #HIV in Jamaica [ow.ly/yTyH30IoccP](https://www.ow.ly/yTyH30IoccP) #AIDS2016
- » Stigma can be a barrier to health. @USAID is proud of community members who combat #HIV fear & stigma [ow.ly/T9Cs30IocAc](https://www.ow.ly/T9Cs30IocAc) #AIDS2016

FACEBOOK

- » Stigma can be the biggest barrier to health. USAID provides assistance through community-based organizations that implement HIV prevention programs targeting key populations and addressing stigma, gender norms and gender-based and sexual violence. Learn how one woman living with HIV in Jamaica works to change perceptions in her community: www.usaid.gov/results-data/success-stories/combating-fear-and-stigma-while-living-hiv-jamaica #AIDS2016 #EndAIDS2030 #AIDSFreeGen

SUCCESS STORY:

Thai HIV Clinics Target High-risk Groups to Promote Testing

FIVE PRIVATE HOSPITALS ENHANCE CLINIC SERVICES GEARED TOWARD PRIVACY

April 2015—Sometimes it's best to go where everyone does not know your name, but where you feel welcome just the same. It's that way for many men who have sex with men (MSM) and transgender women who are among the more than half a million people living with HIV in Thailand. Roughly the same number have died since the epidemic began in the country in 1984.

Through a partnership with the Thai Red Cross AIDS Research Center, USAID helped set up HIV services at five private hospitals across Bangkok in June 2014 that specifically target MSM and transgender women. USAID trained medical staff on catering to their needs and sensitivities, respecting their privacy and making sure they feel accepted without discrimination or stigma.

While HIV services already existed in these private hospitals before this partnership, the services were not tailored to the two target groups. To spread the word about the new orientation toward MSM and transgender women, the research center used social media and the Adam's Love campaign, which was created in 2010. Its website promotes free T-shirts and other discounted merchandise for anyone who gets a free HIV test at a center clinic. Other programs and celebrity events encourage testing and repeat testing. The website and Facebook page have tens of thousands of likes and followers and offer tips on HIV prevention, safe sex, where to get tested and how to access free counseling.

"I would encourage other people to join this program," said a patient at Phyathai 1 Hospital who asked not to be identified. "It's a very good program for all populations like MSM and heterosexual [individuals]. We all should get tested to know if we have HIV so we can get treated and not transmit it to others."

USAID partners with the Thai Red Cross AIDS Research Center to set up HIV services that target men who have sex with men, and transgender women.

There is no reliable HIV data from the MSM and transgender women communities in Thailand. The five HIV clinics and groups such as Adam's Love can increase access to

information on HIV testing and care for key populations. So far, hundreds of MSM and transgender women have used these services. Thirty-nine have tested positive for HIV and all of them have received medical care.



Photo: www.AdamsLove.org

USAID's Regional Development Mission for Asia's HIV and AIDS program is part of the U.S. President's Emergency Plan for AIDS Relief. Activities focus on HIV prevention and treatment among MSM, transgender women and other key populations facing the greatest infection risks. Working in partnership with intended beneficiaries, the program promotes the benefits of HIV testing and treatment and engages with community and clinical providers to ensure access to high-quality, friendly and relevant HIV services. To help achieve an AIDS-free generation, USAID works to combat stigma and discrimination that prevent those with the greatest needs from seeking services. Increasingly, through project support, these individuals are finding welcoming places to go for lifesaving help.

TWEETS

- » .@USAID combats discrimination that prevents #keypops from accessing HIV services for an #AIDSFreeGen ow.ly/RT6u30IoiXZ
- » .@USAID delivers #HIV services for #keypops including men who have sex with men & transgender women in Thailand ow.ly/RT6u30IoiXZ

FACEBOOK

- » To help achieve an AIDS-free generation, USAID works to combat stigma and discrimination that prevent those with the greatest needs from seeking services. Increasingly, through project support, these individuals are finding welcoming places to go for lifesaving help. Learn how USAID supports #HIV services for men who have sex with men and transgender women in Thailand to help #EndAIDS2030: www.usaid.gov/results-data/success-stories/hiv-services-target-msm-and-transgender-women



SUCCESS STORY:
Reducing HIV/AIDS Risk in Ukraine for
Injection Drug Users

ADDICTS FIND SUPPORT FROM DOCTORS, SOCIAL WORKERS,
COUNSELORS

July 2015—Viktor* is a 44-year-old drug addict from Ukraine with a long history of injection drug use punctuated by a series of prison sentences.

He decided to change his life for the better last year by entering the Seven Steps Program implemented under USAID's Improving HIV/AIDS Service for Most At-Risk Populations in Ukraine (RESPOND Project).

Seven Steps is a program to reduce HIV/hepatitis and sexually transmitted infection risk for people who inject drugs. The program promotes enrollment in care, drug treatment and medication assisted therapy by teaching participants to seek medical attention and social support while undergoing positive behavior change.

In Ukraine, people who inject drugs often encounter barriers when attempting to access health care and social services due to lack of information, mistrust of others and stigma that fosters a fear of disclosure.

The Seven Steps model helps to increase participation in the healthcare system by motivating people who inject drugs to take action to change their lives. The program is delivered in seven sessions during a three to six month period consisting of individualized counseling and comprehensive case management.

In five months, Viktor, who is from Lubny in the country's Poltava region, went through all seven modules and, supported by a psychologist and a social worker, enrolled in medication assisted therapy. He took an HIV test, had a chest X-ray, and consulted with a narcologist and a surgeon. During regular sessions with a psychologist, Viktor began to give more thought to his life, health, behavior and relationships.

“Now I do not need to spend all my time searching for drugs. It is the first time that I have begun thinking about my health and enjoying life. And I know how to protect myself from AIDS,” Viktor said, adding that some fellow addicts had entered the Seven Steps program as well. “I did not even have to persuade them. They saw how I'd changed and they wanted to have the same change in their lives. I told them that, with professional support, they'd get over it as I did.”

USAID began implementing Seven Steps in August 2014 in four regions of Ukraine: Mykolayiv, Cherkasy, Poltava and Zaporizhzhya. To date, over 940 people who inject drugs have enrolled in the program.

The Improving HIV/AIDS Service for Most At-Risk Populations in Ukraine (RESPOND Project), which runs from 2012 through 2017, aims to assist the Government of Ukraine and civil society to reduce HIV transmission among key populations through sustainable country-led programs.

**Full name withheld to protect identity.*

TWITTER

- » How @USAID reduces #HIV/ #AIDS risk for injection drug users in Ukraine to #EndAIDS2030: ow.ly/WG4330lqdlId
- » “Now I do not need to spend all my time searching for drugs & I know how to protect myself from #AIDS” ow.ly/bd7x30lqeYf

**Intravenous drug user
in Kiev, Ukraine.**



Photo: Mike Wang/PATH, Courtesy of Photoshare1

FACEBOOK

- » “Now I do not need to spend all my time searching for drugs. It is the first time that I have begun thinking about my health and enjoying life. And I know how to protect myself from AIDS.” USAID helps reduce HIV/AIDS risk for injection drug users in Ukraine, by linking people to services that provide medical attention and social support for those who want to change their lives and be a part of an #AIDSFreeGen. Read: www.usaid.gov/results-data/success-stories/seven-steps-change

SUCCESS STORY:

Parenting in South Africa Amid the Threat of HIV

ADOLESCENTS AND THEIR CAREGIVERS LEARN NEW WAYS TO BRIDGE THE DIVIDE

May 2016—Nestled in the south of Johannesburg is a sprawling informal settlement known as Freedom Park, established following South Africa’s democracy in the late 90s. It is here that you find poverty, high unemployment rates and families ravaged by HIV/AIDS and other opportunistic diseases.

It is also here where you find a youth project known as Ikusasa Lethu, translated loosely as “Our Future.” They work with community-based projects to improve the management and delivery of services provided to orphans and vulnerable children.

Ikusasa Lethu was established in 2008 in the disadvantaged community of Freedom Park and Devland to help combat disease and other socioeconomic problems. The project provides two to three meals a day to nearly 300 children; helps children with their school work and checks on their health, ensuring that they eat balanced meals and take any necessary medication; and visits ailing parents in their homes to ensure that they eat, take medication and attend regular check-ups at the clinic. The project is supported through a partnership between USAID and HIVSA.

The USAID-supported Let’s Talk activity under Ikusasa Lethu is designed to help adults living with HIV and the adolescents in their care. Phase one of the program addresses caregivers or parents separately, followed by phase two and three, which are comprised of combined sessions for both caregivers and children.

Mahlaku Ratau introduced her mother to the Let’s Talk program after she had visited Ikusasa Lethu to receive regular meals offered to disadvantaged children.

Her mother, Matloe, a single parent, was excited and agreed to join the program with her daughter.

The program was an eye-opener for Matloe, helping her to realize how her behavior could affect her daughter and their relationship. Let’s Talk helped her build confidence as a parent and understand her responsibilities.

“It’s so hard to be a parent these days when you try to get your children to move away from the streets, especially at night, and also get them to help with home chores,” said Matloe. “Before attending this program, I used to shout at my children for not listening and helping me with house chores.”



**Mahlaku
Ratau and
her mother
Matloe Ratau**

Today, Matloe is more calm and receptive to her daughter's ideas and requests. After battling to get Mahlaku to help with house chores, she was surprised one day to find her doing laundry without any instruction. That is when she first realized the effects of the program.

Although they used to have a rocky relationship, now, through exercises that involve problem-solving skills, Mahlaku and Matloe are best friends. Mahlaku now appreciates the importance of having a parent, recognizing that parents also went through adolescence. "The program made me realize that adults want what's best for us and our attitude determines our future," she said.

Discussing difficult topics such as sex and sexual health, issues that Mahlaku never thought of discussing with her mother, has become easy. They have also learned how to prevent pregnancy and avoid contracting HIV and other infectious diseases.

The program also helps participants cope with difficult emotions such as sadness and anger and includes sessions on positive family relationships, effective communication and preventing and responding to crises.

Matloe and Mahlaku are now sharing what they learned with other members of their family, fellow community members, friends at school and are encouraging others to join the program.

"We want young people to make choices to develop their bodies and minds to the fullest extent possible; to live to the fullest, but to be consequent in what they choose to do and what they choose not to do," said Dr. Aaron Motsoaledi, the national health minister of South Africa, at the August 2015 launch of a youth mobile website that caters to the health and development needs of adolescents.

So far, the program, which started in July 2015, has reached 76 female parents/guardians and 93 adolescents (69 girls and 24 boys) between the ages of 13 and 17, and plans to reach more as it expands. For those facing difficult times with their children, Let's Talk has become a lifesaver.

TWITTER

- » .@USAID supports #HIV prevention through building positive family relationships to #EndAIDS2030 ow.ly/NKR130Iqfzd
- » Parenting in South Africa amid threat of #HIV, @USAID helps adolescents, families bridge the divide to #EndAIDS2030 ow.ly/2XVy30IqfTE

FACEBOOK

- » "We want young people to make choices to develop their bodies and minds to the fullest extent possible; to live to the fullest, but to be consequent in what they choose to do and what they choose not to do." USAID supports #HIV prevention for adolescent health and wellbeing by building positive family relationships in South Africa for an #AIDSFreeGen. Learn how USAID is helping adolescents and their caregivers bridge the divide: www.usaid.gov/results-data/success-stories/parenting-prevent-hiv

MONDAY, JULY 18

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SATELLITE SESSION

Providing Clinically Competent and Affirming Health Care to Transgender Women

Clinical Skills Needed to Provide Competent, Affirming Health Care to Gay and Bisexual Men/MSM and Transgender Women as Broader Context for HIV Care Prevention

Tonia Poteat | MOSA01

🕒 8:00–10:00 | 📍 Session Room 5

Key Population-Led Service Delivery in the Real World: Glimpses from Across the Globe

Repairing HIV Service Cascades that Leak: Key Population Communities Taking the Lead

Steeve Laguerre | MOSA12

🕒 10:15–12:15 | 📍 Session Room 7

Vaccines are Needed to Conclusively End HIV/AIDS and TB

State of the Field and Future Direction of Research and Development for TB and HIV/AIDS Vaccines

Ambassador Eric Goosby | MOSA04

🕒 8:00–10:00 | 📍 Session Room 8



Photo: USAID

Voluntary Medical
Male Circumcision
as Primary HIV
Prevention: Maximizing
Our Investment and
Considerations for
Sustainability

Catherine Hankins
& Mitchell Warren |
MOSA16

🕒 10:15–12:15 |

📍 Session Room 11

Updated Clinical Manuals on
Medical Male Circumcision for
Ongoing Safe, Quality Services

Carlos Toledo | MOSA23

🕒 12:30–2:30 |

📍 Session Room 9



MONDAY, JULY 18

TUESDAY, JULY 19

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ORAL ABSTRACT

“We Talk, We Do Not Have Shame:” Reducing HIV and Sex Work Stigma through Social Cohesion Among FSW Living with HIV in the Dominican Republic

Shame-Less: Stigma Interventions that Work

Maria Augusta Carrasco | TUAD0401

🕒 16:30–18:00 | 📍 Session Room 5

POSTER EXHIBIT

Assessing Household Economic Vulnerability in HIV-Affected Communities in Five Regions of Côte d'Ivoire

Michael Ferguson | TUPED339

🕒 12:30–14:30 | 📍 Poster Exhibition Area

Costs and Constraints in Meeting Ambitious Scale-Up Targets for Pediatric and Adolescent Antiretroviral Treatment in Kenya

Catherine Barker | TUPEE604

🕒 12:30–14:30 | 📍 Poster Exhibition Area



Photo: Malcolm Linton

.....

The Cost of Voluntary Medical Male Circumcision in South Africa

Melissa Schnure | TUPEE606

🕒 12:30–14:30 |

📍 Poster Exhibition Area

.....

Does Introduction of PrePex™ into an Existing Surgical VMMC Program Save Money?

Vibhuti Hate | TUPEE608

🕒 12:30–14:30 |

📍 Poster Exhibition Area

.....

Estimating Out-of-Pocket Expenditures Incurred by Clients of Voluntary Medical Male Circumcision in South Africa

Eurica Palmer | TUPEE607

🕒 12:30–14:30 | 📍 Poster Exhibition Area

.....

Expanding the Contraceptive Method Mix for Women at High Risk of HIV: Experiences from the CAPRISA 008 Tenofovir Gel Implementation Trial

Cheryl Baxter | TUPEE556

🕒 12:30–14:30 | 📍 Poster Exhibition Area

.....

Factors Associated with Long-Term Antiretroviral Therapy Retention Among Adolescents in Taso Uganda: A Retrospective Study

Stephen Okoboi | TUPEB046

🕒 12:30–14:30 | 📍 Poster Exhibition Area



TUESDAY, JULY 19

TUESDAY, JULY 19

Gender Integration in VMMC to Improve Outcomes: Involving Female Partners

Albert Twinomugisha | TUPEE463

 12:30–14:30 |  Poster Exhibition Area

HIV Trends Among Adolescents and Young Adults, Ages 15–24, in 23 High-Burden Countries

Sara Bowsky | TUPECI61

 12:30–14:30 |  Poster Exhibition Area

Implementing a Conceptual Framework for Stimulating Domestic Financing for HIV/AIDS Response: A Multi-Sectorial Financing Solution

Gafar Alawode | TUPEE585

 12:30–14:30 |  Poster Exhibition Area

Improving Cost-Effectiveness by Managing HIV as a Chronic Disease in Uganda

John Byabagambi | TUPEE619

 12:30–14:30 |  Poster Exhibition Area

Joint PEPFAR/Global Fund Key Population Cascade Assessment in Malawi

R. Cameron Wolf | TUPEE538

 12:30–14:30 |  Poster Exhibition Area



Model-Based Analysis of Geographic Targeting to Achieve Epidemic Control in the High Prevalence District of Beira, Mozambique

Arin Dutta | TUPEE473

🕒 12:30–14:30 |

📍 Poster Exhibition Area

A Multi-Component Program to Mitigate the Effects of Stigma as a Barrier to the Uptake of HIV Prevention, Treatment, and Care Services for Key Populations in Senegal: HIV Prevention 2.0

Gnilane Turpin | TUPEE542

🕒 12:30–14:30 | 📍 Poster Exhibition Area

Stigma, Resiliency, and Condom Negotiation with Casual Sexual Partners Among Men Who Have Sex with Men (MSM) in Senegal

Benjamin Liestman | TUPEC226

🕒 12:30–14:30 | 📍 Poster Exhibition Area

Using Mathematical Modeling to Inform Policy Planning, Implementation and Monitoring: The Example of VMMC Scale Up in Eastern and Southern Africa

Emmanuel Njeuhmeli | TUPEE475

🕒 12:30–14:30 | 📍 Poster Exhibition Area



Photo: Amunga Eshuchi/EGPAF

TUESDAY, JULY 19

TUESDAY, JULY 19

POSTER DISCUSSION

Continuous Quality Improvement for Voluntary Medical Male Circumcision Training: Experiences and Results from the Field

Raymond Mabuse | TUPDE0103

 13:00–14:00 |  Session Room 10

SATELLITE SESSION

Innovations Needed to Support Treatment for All: From Incremental to Game-Changing

David Stanton | TUSA20

 18:30–20:30 |  Session Room 8

WORKSHOP

What Do We Need to Deliver PrEP to Adolescent Girls and Young Women? Tapping into the Unheard Voices of End-Users and Providers to Ensure Equitable Access

Mitchell Warren, Elizabeth Bukusi, Kenya

Nomtika Mjwana | TUWS08

 14:30–17:00 |  Session Room 7

Photo: © Dominic Chavez/World Bank



WEDNESDAY, JULY 20

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ORAL ABSTRACT

Integrated Delivery of PrEP and ART Results in Sustained Near Elimination of HIV Transmission in African HIV Serodiscordant Couples: Final Results from the Partners Demonstration Project

Making PrEP Real for Those Who Need it Most: Optimization Strategies

Jared Baeten | WEAC0105

🕒 11:00–12:30 | 📍 Session Room 1

Meeting the Reproductive Intentions of PLHIV in Malawi

Sex Through the Ages

Pierre Dindi | WEAD0201

🕒 16:30–18:00 | 📍 Session Room 5

POSTER EXHIBIT

Applying Continuous Quality Improvement (CQI) in Voluntary Medical Male Circumcision Programs in South Africa

Tina Maartens | WEPEE510

🕒 12:30–14:30 | 📍 Poster Exhibition Area

WEDNESDAY, JULY 20

Are Key Components of Country-Level Pediatric Normative Guidance Keeping Up? A Twenty-Country Review

Meena Srivastava | WEPED437

 12:30–14:30 |  Poster Exhibition Area

Better HIV Care and Engaged Health Workers: A Mixed Methods Study from Tanzania

Joseph Kundy | WEPEE619

 12:30–14:30 |  Poster Exhibition Area

Community Quality Improvement Teams—a Vehicle for Improving Retention of HIV Patients on Antiretroviral Treatment: Experience from East Central Uganda

Emmanuel Tibenderana | WEPEE507

 12:30–14:30 |  Poster Exhibition Area

Conducting External Quality Assessments for Voluntary Male Medical Circumcision (VMMC) Programs: Experiences from Four Countries

James Ndirangu | WEPEE480

 12:30–14:30 |  Poster Exhibition Area

Correlates of Condom Use and Procedure Knowledge Among Men Accessing Voluntary Medical Male Circumcision in Malawi

Vincent Wong | WEPED383

 12:30–14:30 |  Poster Exhibition Area

Early Warning Indicators of Pediatric ARV Resistance in Kenya: A Mixed Methods Study

Jerry Okal | WEPEC153

 12:30–14:30 |  Poster Exhibition Area

Enhancing the Efficiency of African Research Ethics Review Processes—Through an Automated Review Platform

Boitumelo Mokgatla | WEPED331

 12:30–14:30 |  Poster Exhibition Area

Factors Associated with HIV-Positive and HIV-Negative Pregnant Women Disclosing Their HIV Test Result to Their Partner in Tabora, Tanzania

Gaspar Mbita | WEPED381

 12:30–14:30 |  Poster Exhibition Area

Factors Associated with Social Group Membership Among HIV-Positive and Negative Women in Tabora, Tanzania

Godfrey Woelk | WEPED309

 12:30–14:30 |

 Poster Exhibition Area



Photo: Jon Hrusa/EPA

WEDNESDAY, JULY 20

Improving Client Follow Up in Voluntary Medical Male Circumcision (VMMC) Programs Through Continuous Quality Improvement CQI: Experiences from South Africa

David Masina | WEPEE489

🕒 12:30–14:30 | 📍 Poster Exhibition Area

Improving Management of Tuberculosis in People Living with HIV in South Africa Through Integration of HIV and Tuberculosis Services: A Proof of Concept Study

Nomsa Nzama | WEPEE526

🕒 12:30–14:30 | 📍 Poster Exhibition Area

Integration of HIV Prevention and Sexual Reproductive Health Services Using a Quality Improvement Intervention—Experiences from Rural KwaZulu-Natal, South Africa

Nelisiwe Ngcobo | WEPEE572

🕒 12:30–14:30 | 📍 Poster Exhibition Area

Low Uptake of Voluntary Medical Male Circumcision (VMMC) Among High Risk Men in Malawi

Floriza Genari | WEPED382

🕒 12:30–14:30 |

📍 Poster Exhibition Area



Photo: Jean Jacques Augustin/SMCS

Partner Notification for HIV Testing Services (HTS) Approach in Tanzania Underscores Need for Discordant Couple Package

Marya Plotkin | WEPEC214

 12:30–14:30 |  Poster Exhibition Area

PrEP Discontinuation and Ongoing Risk Assessment as Part of the Delivery of an Integrated PrEP and ART HIV Prevention Strategy for African HIV Serodiscordant Couples

Renee Heffron | WEPEC250

 12:30–14:30 |  Poster Exhibition Area

Reaching the Higher Hanging Fruits: Results from Multi-Year National Cross-Sectional Surveys on VMMC for HIV Prevention Uptake and Behavioral Determinants in Zimbabwe

Munyaradzi Paul Mapingure | WEPEC174

 12:30–14:30 |  Poster Exhibition Area

The Role and Impact of Data Quality in Implementation Science Research: Example from an Assessment of PMTCT Services in Côte d'Ivoire

Samuel Granato | WEPEE636

 12:30–14:30 |  Poster Exhibition Area

The Social Acceptability of Community Health Worker-Led HIV-Testing: Findings from a Mixed-Methods Study in Swaziland

Till Baernighausen | WEPEE625

 12:30–14:30 |  Poster Exhibition Area

WEDNESDAY, JULY 20

Systematic Review of the Barriers and Facilitators to Voluntary Male Medical Circumcision (VMMC) Uptake in Priority Countries and Recommendations

Tim Mah | LBPE026

🕒 12:30–14:30 | 📍 Poster Exhibition Area

Taking Stock of the Kamhlaba Program: Making Room for Key Populations in Swaziland's HIV Response

Darrin Adams | WEPED411

🕒 12:30–14:30 | 📍 Poster Exhibition Area

Will He Let Me Use a Female Condom, Will Sex be the Same? Attitudes and Experiences of Female Condom Users Attending Selected Public-Sector Health Facilities in KwaZulu-Natal, South Africa

Alzinah Ntombizonke Mabude | WEPEC204

🕒 12:30–14:30 | 📍 Poster Exhibition Area

Who Has Heard of or Ever Used the Female Condom in South Africa? the National Female Condom Evaluation in South Africa

Malgorzata E Beksinska |

WEPEC200

🕒 12:30–14:30 |

📍 Poster Exhibition Area



POSTER DISCUSSION

Circumcision and Vaccination Programmes

Circumcision: Where to, How to, Who to?

Emmanuel Njeuhmeli | WEPDC01

 13:00–14:00 |  Session Room 5

SATELLITE SESSION

Implementation of Option B+: Focus on the PMTCT Continuum including Maternal/Infant Nutrition

Partnership for HIV-Free Survival

Emmanuel Njeuhmeli | WESA08

 07:00–08:30 |  Session Room 9

Listen Up! What Youth Living with HIV Need to Achieve 90-90-90

Julie Pulerwitz and Sara Bowsky | WESA23

 18:30–20:30 |

 Session Room II



Photo: © Dominic Chavez/World Bank

WEDNESDAY, JULY 20

GLOBAL VILLAGE WORKSHOP

The HIV Prevention Landscape for Women: A Look at New and Emerging HIV Prevention Options, Including PrEP, Vaginal Rings and New Products in Development

TBD | TUGS06

🕒 13:00–14:30 | 📍 Global Village Session Room 1

SYMPOSIUM SESSION

Optimizing the HIV Care Continuum Through Implementation Science Research

Implementation Science: What is it and What Can it Teach Us?

Delivette Castor | WESY01

🕒 11:00–12:30 | 📍 Session Room 2



THURSDAY, JULY 21

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ORAL ABSTRACT

Assessing Progress, Impact, and Next Steps in Rolling Out Voluntary Medical Male Circumcision for HIV Prevention in Fourteen Priority Countries in Eastern and Southern Africa as of 2015

Bang for the Buck: Cost-Effectiveness and Modelling

Emmanuel Njeuhmeli | THAE0303

 16:30–18:00 |  Session Room 2

Evaluating the Costs and Efficiency of Integrating Family Planning Services into HIV and AIDS Treatment Services in Zambia

Connecting the Dots: Towards Seamless Service Integrations

Sophie Faye | THAE0203

 14:30–16:00 |  Session Room 2

HIV Prevention Research & Development Funding Trends 2000–2015: Tracking Investment Flows from Research to Rollout of New Prevention Technologies

Financing the Response to HIV: Show Us the Money

Emily Donaldson | THAE0106

 11:00–12:30 |  Session Room 1

THURSDAY, JULY 21

The Implications of Macroeconomic Stability on Achieving Sustainable, Domestic Financing for HIV in Zambia

Financing the Response to HIV: Show Us the Money

Thomas Fagan | THAE0102

 11:00–12:30 |  Session Room 1

Potential Domestic Source Financing for Scaled Up Antiretroviral Therapy in 97 Countries from 2015 to 2020

Financing the Response to HIV: Show Us the Money

Catherine Barker | THAE0104

 11:00–12:30 |  Session Room 1

System-Level Barriers to FP-HIV Integration in Malawi

Connecting the Dots: Toward Seamless Service Integration

Olive Mtema | THAE0202

 14:30–16:00 |  Session Room 2

POSTER EXHIBIT

Age, Geo-Spatial Location and Planned Sexual Encounters Influence Microbicide Use: Experiences with Women in Kwazulu-Natal, South Africa

Eliza Govender | THPEE523

 12:30–14:30 |  Poster Exhibition Area

Adverse Events Following Circumcision with the PrePex Device in Tanzania

Hamid Mandali | THPEC219

🕒 12:30–14:30 |

📍 Poster Exhibition Area

Anticipated and Experienced Violence Among Male and Female Sex Workers in Kenya and Their Relationship to Utilization of General and HIV-Specific Health Services

Laura Nyblade | THPED375

🕒 12:30–14:30 |

📍 Poster Exhibition Area

Antiretroviral Therapy Initiation is Not Associated with Risky Sexual Behavior Among East African Heterosexual HIV-1 Infected Persons in Serodiscordant Partnerships

Andrew Mujugira | THPEC196

🕒 12:30–14:30 | 📍 Poster Exhibition Area

Blueprint for the Provision of Care for Trans People and Trans Communities in Asia and the Pacific: A Contextual Map for the Regional HIV and Health Response

Joe Wong | THPED279

🕒 12:30–14:30 | 📍 Poster Exhibition Area



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THURSDAY, JULY 21

THURSDAY, JULY 21

Depression and Sexual Behavior Stigma among Men Who Have Sex with Men (MSM) in Three West African Nations

Fatou Drame | THPED398

🕒 12:30–14:30 | 📍 Poster Exhibition Area

Devices, an Alternative for Surgical Male Circumcision with Adolescents Ages 13–17 Years in Zimbabwe?

Karin Hatzold | THPEC224

🕒 12:30–14:30 | 📍 Poster Exhibition Area

Early Infant Male Circumcision in Reproductive and Child Health Services: Using an Integrated Service Delivery Model in Tanzania

Kanisiusy Ngonyani | THPEE448

🕒 12:30–14:30 | 📍 Poster Exhibition Area

Ending the AIDS Epidemic in Women and Girls in Sub-Saharan Africa: The Potential Role of a Preventive AIDS Vaccine

Arne Näveke | THPEE442

🕒 12:30–14:30 |

📍 Poster Exhibition Area



Photo: Jon H. USAID/EPA

Factors that May Explain Post-Op Wound Infections Among Adolescent Voluntary Medical Male Circumcision (VMMC) Clients: Qualitative Findings from Zimbabwe

Karin Hatzold | THPEC223

 12:30–14:30 |  Poster Exhibition Area

Follow-Up Rate Trends in a Fully Scaled VMMC Program in Tanzania

Hamid Mandali | THPEC218

 12:30–14:30 |  Poster Exhibition Area

“If My Husband Leaves Me I Will Go Home and Suffer, So Better Cling to Him and Hide this Thing:” Gender Issues and Women’s Participation in Malawi’s Option B+ Program

Valerie Flax | THPEE478

 12:30–14:30 |  Poster Exhibition Area

The Importance of Measuring and Addressing Anticipated Stigma and Discrimination: Associations with Seeking General and HIV-Specific Health Services Among Male and Female Sex Workers in Kenya

Laura Nyblade | THPED411

 12:30–14:30 |  Poster Exhibition Area

Increasing Access to VMMC Services Through Private Partnership

Mamokete Ntsupa | THPEC257

 12:30–14:30 |  Poster Exhibition Area

Interaction Bias Among Counselors Working with Adolescent Voluntary Medical Male Circumcision (VMMC) Clients in Sub-Saharan Africa

Kim Dam | THPEC118

 12:30–14:30 |  Poster Exhibition Area

THURSDAY, JULY 21

Modeling Costs and Impacts of Introducing Early Infant Male Circumcision for Long-Term Sustainability of the Voluntary Medical Male Circumcision Program

Peter Stegman | THPEE447

 12:30–14:30 |  Poster Exhibition Area

Multi-Month Scripting for ART: A Framework to Optimize Rapid Adaptation and Scale-Up in Uganda

Robert Ferris | THPEE465

 12:30–14:30 |  Poster Exhibition Area

Patterns and Predictors of Adverse Events Over Six Years of the VMMC Program in Tanzania

Augustino Hellar | THPEC216

 12:30–14:30 |  Poster Exhibition Area

Pre-Exposure Prophylaxis Can Be Cost-Saving for High-Risk Heterosexual HIV-Serodiscordant Couples

Britta Lisa Jewell | THPEC198

 12:30–14:30 |  Poster Exhibition Area

Results from the National PLACE Study in Uganda: Addressing the Seed for Local Evidence to Tailor Prevention Programs for Those Most Likely to Acquire and Transmit HIV

Sharon Weir | THPEE597

 12:30–14:30 |  Poster Exhibition Area

Safety of Early Infant Male Circumcision is in Pilot Setting in Rural Tanzania

Augustino Hellar | THPEC217

 12:30–14:30 |  Poster Exhibition Area

Social Cohesion, HIV Stigma and HIV/STI Outcomes Among Female Sex Workers Living with HIV in the Dominican Republic

Maria Augusta Carrasco | THPED408

🕒 12:30–14:30 | 📍 Poster Exhibition Area

A Systematic Review of Facility and Community-Based Interventions to Improve Retention of HIV-Positive Pregnant Women and HIV-Exposed Infants Along the PMTCT Continuum of Care

Meena Srivastava | THPEE542

🕒 12:30–14:30 | 📍 Poster Exhibition Area

Voluntary Medical Male Circumcision Among Adolescents: A Missed Opportunity for Behavioral Intervention?

Elizabeth Gold | THPEC116

🕒 12:30–14:30 | 📍 Poster Exhibition Area

POSTER DISCUSSION

PrEP and ART Reduce HIV Transmission Between Members of HIV Serodiscordant Couples During Pregnancy and Pregnancy Attempts

Safer Contraception Choices for HIV-Affected Couples

Renee Heffron | THPDC0102

🕒 13:00–14:00 |

📍 Session Room 9



THURSDAY, JULY 21

SATELLITE SESSION

Applying External Quality Assessment and Continuous Quality Improvement to VMMC: Addressing Key Quality Gaps in VMMC: Strategies and Results, Improving Efficiency Through Site Utilization and Capacity Assessments

Voluntary Medical Male Circumcision Quality Assurance and Quality Improvement: Lessons Learned from East and Southern Africa

Donna Jacobs, John Byabagambi, James Ndirangu | THSA21

🕒 18:30–20:30 | 📍 Session Room 9

GLOBAL VILLAGE WORKSHOP

Hyperlink(ages): MSM Community-Based Approaches in Using Information and Communication Technology Along the Continuum of Prevention, Care, Treatment and Support

R. Cameron Wolf | THGS09

🕒 16:15–17:15 | 📍 Global Village Session Room I



Photo: Eric B. Borner/ICP/PA

FRIDAY, JULY 22

USAID and its implementing partners have a significant scientific presence at AIDS 2016. This at-a-glance schedule provides highlights of USAID and USAID-supported sessions. This schedule was last updated at the time of publication on July 1, 2016. As conference information changes, visit the [AIDS 2016 online program](#) and use the program number to obtain the most up-to-date session information. And if you're onsite, remember to join the conversation with #AIDSFreeGen or #EndAIDS2030.

ORAL ABSTRACT

Good Adherence in Trial of Topical Pre-Exposure Prophylaxis Integrated into Family Planning Services

Prepped for PrEP

Leila Mansoor | FRAE0102

 11:00–12:30 |  Session Room I



Photo: Tash McCarron/USAID



NOTES

A series of horizontal blue lines for taking notes, with a vertical red dotted line on the left side.

For media inquiries or to obtain further information about USAID's HIV/AIDS portfolio, contact OHA-Communications-Team@usaid.gov



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