

Addressing the Challenge of HIV Transmission Through Unsafe Blood and Injections

Venue: Skills Building Room 2

Date: August, 3rd 2008

Time: 09:00-11:00h

Organizer: World Health Organization

Addressing the challenge of HIV in 2000, WHO estimated that about 5% of new HIV infections in developing and transitional countries may be attributable to unsafe health care injections, including unsafe blood and occupational exposures. This global estimate varies according to regions, with higher percentages for Asia compared to other parts of the world. During a transfusion of blood infected with HIV, the recipient is exposed to more infectious material than by any other means of acquiring HIV infection. The transfusion of unsafe blood and blood products therefore poses an exceptionally high risk of transmission of HIV (95–100%) compared to other common routes of HIV exposure: for example, 11–32% for perinatal HIV transmission and 0.1%–10% for sexual contact. Around 2.7 million units of blood were collected in 40 sub-Saharan countries in 2004; 88.5% of these were not tested for HIV in a quality-assured manner.

The session will discuss major challenges to be addressed for preventing HIV transmission through unsafe blood and injections, sharing of experiences from country success stories for ensuring blood and injection safety, followed by a panel discussion to identify priority actions to ensure blood and injection safety. This would also include comprehensive strategies to prevent HIV transmission to patients, health care workers and the community at large. This will be reviewed through discussion of key interventions that should be implemented to ensure blood and injection safety:

1. Blood safety:

- Strengthen capacity of countries to establish safe blood transfusion services.
- Promote and coordinate the development of strategies, tools and guidelines to ensure universal access to safe blood and blood products.
- Increase voluntary unpaid blood donation and reduction in family/replacement and paid donation, by developing blood donor programmes and providing training to blood donor programme managers.
- Strengthen capacity of countries on quality-assured screening of all donated blood for HIV.
- Support countries in developing systems for reducing the need for transfusion and reducing unnecessary transfusions.
- Develop HIV counselling guidelines and building capacity in countries to provide HIV counselling to blood donors.
- Maintain safe blood transfusion systems in emergency situations.
- Ensure safe disposal of needles, and blood collection bags and safe waste management in blood transfusion services.

2. Injection safety:

- Promote and coordinate the development of strategies, tools and guidelines to ensure rational and safe use of injections.
- Develop culturally adapted communication strategies targeting health care workers and the community in order to reduce injections overuse and create consumer demand for safety devices.
- Disseminate information.

Strengthening primary services through the use of IMAI: Country experience

Venue: Session Room 2

Date: August, 3rd 2008

Time: 11:15-13:15h

Organizer: World Health Organization

As countries move towards universal access, WHO has strongly committed itself to the development and implementation of a set of simplified and operationalized tools for delivering HIV prevention, care, treatment and support services in resource constrained settings. Many countries have successfully adapted the Integrated Management of Adolescent and Adult Illness/Integrated Management of Childhood Illness (IMAI/IMCI) toolkit, while others have started the process of reviewing their scale-up approach and adapting IMAI materials to allow decentralization of HIV services and to strengthen prevention efforts. In this session, country experience and lessons learnt will be presented and discussed.

Responding to HIV in the Workplace in Sub-Saharan Africa: Operational and Collaborative Experiences

Venue: Skills Building Room 3

Date: August, 3rd 2008

Time: 11:15-13:15h

Organizer: The World Bank

Workers, employers, worker dependents and the communities, with which they interact, represent significant stakeholders in efforts to contain HIV in sub-Saharan Africa. International organizations have sought to join with these stakeholders in efforts to collaborate and support the development, implementation, and sharing of programmes that respond to HIV needs in different situations. National performance with respect to productivity, attitudes to stigma and prospects for achieving universal access can be greatly influenced by what these groups do or not do. Employees and employers, and their associations, as well as international technical assistance and financing organizations, have extensive experience, technical expertise, with each having a comparative advantage in support of local, national or sub-regional HIV efforts. This session will share good practices at country, regional and global levels. It will highlight examples of what has been done to address HIV at the workplace and beyond, feature what has worked (and has not), what is planned, and what could be done to expand workplace and related programmes in achieving HIV prevention, treatment, care and support.

People Living with HIV as Expert Patient Trainers: Country experiences

Venue: Session Room 2

Date: August, 3rd 2008

Time: 13:30-15:30h

Organizer: World Health Organization

Integrated Management of Adolescent and Adult Illness (IMAI) uses people living with HIV as standardized patients known as Expert Patient Trainers (EPTs). Most EPTs have also been TB patients and are familiar in TB-HIV care. Besides being involved in the training of health care workers, expert patients can be prepared to join the clinical care team. This strategy enables scaling up and decentralization of HIV services in many resource-poor countries where the TB-HIV epidemic poses serious challenges to already stressed health systems. More than 30 countries use EPTs in IMAI trainings. They are usually recruited from groups of people living with HIV or NGOs that work closely with them. All EPTs undergo a three-day preparation on case presentation and the use of a checklist for the assessment of the health care worker performance. The EPT presents a clinical case and gives feedback to the health care worker's performance in a skill station. After the training, the EPT can be incorporated into the clinical team for supporting patients and giving adherence counselling. This experience has shown that EPTs improve the quality of training on HIV for health care workers through fostering mutual respect and reducing stigma. Based on the successful experience in using EPT in HIV care trainings, EPT cases were developed and are now being used in TB-HIV co-management trainings. Results will be presented from several countries where EPTs were involved in TB-HIV co-management training. Both EPTs and health care workers grew to respect each other, a lesson that hopefully is retained during clinical practice with real patients. EPT's sense of partnership with the health care workers in managing their illness improved due to their role as trainers and the acquisition of more knowledge and skills about TB-HIV management. The involvement of the expert patient is an untapped resource that should be incorporated in the health service delivery both to help address the human resource crisis and to improve quality of care. Systematic use of EPTs in TB-HIV programmes should be expanded to improve in-service training and should be incorporated into pre-service training. Presentations: There will be presentations from various people that will share the role of the EPT as a trainer and on the clinical team. Benon Tumwebaze, an international trainer for EPTs from the Uganda Knowledge Hub, will present on multicountry experience on the role of the EPT. There will be presentations on the role of the EPT on the clinical team and in the community, as well as presentations from different countries regarding their experiences, including Tanzania, Ethiopia and Swaziland.

Know Your Epidemic, Know Your Response

Venue: Session Room 10

Date: August, 3rd 2008

Time: 13:30-15:30h

Organizer: Joint United Nations Programme on HIV/AIDS (UNAIDS)

“Know your Epidemic — know your prevention strategies” must be adapted to changing patterns of HIV risk if they are to succeed in controlling the HIV epidemic and reaching those most in need. It is therefore important to first know your epidemic, that is, to understand the current distribution of new infections by risk group and thereby understand the drivers of the epidemic. Then it is also paramount to know your response, so that countries and regions are able to understand gaps in HIV prevention programmes, policies and strategic information. Different partners have recognized that “Know your Epidemic and Know your Response” is of paramount importance, and have implemented different analytical tools to know a country’s HIV epidemic and know its prevention response so as to focus, redirect and make appropriate policy choices about HIV prevention. The UNAIDS Reference Group on Estimates, Modelling and Projection has developed a model to calculate the short term incidence of HIV infections among the adult population by mode of transmission, using the current HIV prevalence, number of individuals in particular risk groups, and the risk of exposure. UNAIDS and the World Bank have supported National AIDS Commissions and local epidemiologists in five countries (Kenya, Lesotho, Mozambique, Swaziland and Uganda) to assess their prevention responses and further investigate the modes of HIV transmission using data from this incidence model, an epidemiological review, HIV prevention review and an assessment of HIV prevention resource use.

The aim of this study was to address the following questions:

- Where are new infections occurring?
- What does the behavioural data say about which priority groups we should be targeting?
- Where should we be reaching these target groups?
- What are we doing at the moment, where and with what resources?
- Is there a mismatch in resource allocation?
- What are the interventions that are going to make a difference?

These country teams have derived implications for prevention programming and resource allocation and presented these together with findings from the analysis in national synthesis reports. The World Bank has been conducting HIV Epidemic, Response and Policy Syntheses (ERPS) in different regions in the world, in partnership with UNAIDS, governments, and tertiary education institutions. ERPS uses all existing epidemiological and behavioural data to gain new insights into the epidemic in a country or region, and examines data on the response to draw out policy and programme implications. This provides a strong basis for tailoring national responses carefully to the country’s epidemic – the starting point for effective HIV prevention, treatment, care and mitigation.

The intersections between violence against women and HIV/AIDS

Venue: Skills Building Room 6

Date: August, 3rd 2008

Time: 13:30-15:30h

Organizer: United Nations Development Fund for Women (UNIFEM)

Violence against women is both a cause and a consequence of HIV prevalence among women. The threat of violence is one manifestation of gender inequality that can also carry with it the threat of HIV; a number of studies show that the risk of HIV is significantly higher in women who have experienced violence than among those who have not. Where there is stigma and discrimination against people living with HIV, fear of violence may prevent women from accessing information, discourages them from getting tested and from disclosing their HIV status, and also may represent an obstacle to receiving treatment and counselling. As women are key to the epidemic’s dynamics and response, examining the intersections of HIV and violence against women is a necessary element in promoting and coordinating the comprehensive approach and specific interventions to reverse the epidemic. The proposed session will highlight: a) Grantees from the 2007 Trust Fund on Violence against Women initiative on HIV to share data on the programme with a short presentation on evaluating HIV and violence against women b) “Promising” practices on country level action to address the intersections (new Action Aid International/UNIFEM publication); c) Example of capacity building tools “Empowerment: HIV/AIDS and violence against women”, an online training tool being implemented in Latin America, with a demonstration of its global adaptation; d) A testimony of an HIV-positive woman and the violence she faces; e) Advocacy work to address the intersections between violence against

women and HIV – highlighting the “Women Won’t Wait” campaign – and specifically their work on the issue of financing HIV and violence against women; f) “Men’s involvement” in addressing gender equality and the intersections of the twin pandemics.

Youth Pop Culture, Media and HIV/AIDS: How to work and meaningfully involve celebrities in HIV/AIDS Prevention

Venue: Skills Building Room 7

Date: August, 3rd 2008

Time: 13:30-15:30h

Organizer: United Nations Population Fund (UNFPA)

The main objective of this satellite session is to share effective strategies in the area of popular culture, media and youth-led programming for HIV prevention, drawing on the Youth Peer Education Network’s (Y-PEER) innovative partnerships with a number of regional celebrities and MTV’s experiences with its Staying Alive Campaign. The discussion will highlight results of a recent evaluation of the Y-PEER network that showed that engaging celebrities in HIV prevention and affiliating them with Y-PEER activities has proven effective in building both network credibility and popularity with young people. The evaluation further showed that this newly improved perception of the network has translated into perceived credibility of HIV prevention activities supported by Y-PEER on behalf of the target audience members. The satellite will further provide a forum to discuss effective methods for involving role models, trendsetters and opinion leaders in HIV prevention work. It will also provide participants with a unique opportunity to hear views of national celebrities and media leaders who have been engaged with MTV and Y-PEER. The panellists will share their own perspectives and experiences and will outline effective frameworks for partnership building.

Inter-Country Debate on Emerging Issues and Challenges of National AIDS Response in India, Brazil and Thailand

Venue: Session Room 7

Date: August, 3rd 2008

Time: 15:45-17:45h

Organizer: UNAIDS India

The National AIDS programme in India, Brazil and Thailand is the road map to universal access to HIV prevention, treatment, care and support in the three countries. Commitments by government, a decentralized response and a strong partnership with civil society have been crucial to the HIV response in these three countries. The objective of the session is to highlight the impact of HIV in these countries and the success of national response in reducing the incidence of HIV. The session will highlight the lessons learnt from targeted intervention among sex workers, people who inject drugs, men who have sex with men; impact of condom use and impact of prevention strategies among various sub population groups. The session will also focus on how the three countries have been successful in community mobilization of sex workers and other key populations at risk. The session will not only provide a meaningful platform for key stakeholders of National Programme on AIDS in three countries to share experiences, but also an opportunity for comparative learning on the impact of awareness, community mobilization and implementation of National programme on AIDS.

Challenges and Lessons Learned from Adapting PMTCT Global Recommendations to Country Situation

Venue: Session Room 9

Date: August, 3rd 2008

Time: 15:45-17:45h

Organizer: World Health Organization

The session will present opportunities to renew commitment to the comprehensive provision of services for care and support of mothers and their infants. It will be a forum for broad dialogue to review progress made, share country experience and discuss future needs.

Universal access of tuberculosis services to people living with HIV: harnessing collaboration and coordination

Venue: Session Room 10

Date: August, 3rd 2008
Time: 15:45-17:45h

Organizer: World Health Organization

Tuberculosis (TB) is a curable and preventable disease that still kills 4000 people every day. There are nearly 700,000 HIV positive TB patients globally and most have not yet received HIV treatment and care. TB is the leading cause of death among people living with HIV (PLHIV) in Africa and a major cause of death elsewhere. It is also the most common presenting illness among PLHIV on antiretroviral treatment worldwide. The increasing emergence of extensively drug resistant (XDR) TB and the associated high mortality rate among PLHIV calls for urgent actions to be taken by all stakeholders, particularly HIV policy makers and service providers. This session, co-sponsored by WHO, the International AIDS Society, the Global Fund, and UNAIDS will address the key, practical activities that need to be implemented in order to reduce the burden of TB in PLHIV and ensure the universal access of TB prevention, diagnosis and treatment services. Particular emphasis will be given to the challenges and opportunities of mainstreaming intensified TB case finding, the use of Isoniazid preventive therapy and TB infection control in HIV care services in order to advocate for their inclusion as core functions of HIV care services. Successful implementation experiences from pioneer countries will be presented, what works and what doesn't will be discussed and next steps will be laid out. Recent advances in the monitoring and evaluation of collaborative TB/HIV activities and harmonizing the core indicators will also be addressed and shared. The following are the intended target audience for this satellite symposium: all HIV service providers, PLHIV activists/advocates, HIV researchers, representatives of NGOs and Faith Based Organizations, and global and national HIV policymakers.

Securing Women and Children's Property Rights in the Era of HIV (to be confirmed)

Venue: Skills Building Room 1

Date: August, 3rd 2008

Time: 15:45-17:45h

Organizer: Food and Agriculture Organization

This session will advocate for and raise awareness among policymakers and donors on the issues of women and children's property rights in the context of HIV. Background: Official foreign investment in the agricultural sector has declined by 57% over the past 30 years. Africa has been the worst hit with overall negative GDP growth of 1.1% between 1980 and 2000 and an increase in poverty between 1990 and 2000. Meanwhile, vulnerable groups – and in particular rural women and children affected by HIV – continue to experience deepening poverty and are at particular risk as they face the double threat of increasing demand for land and the HIV pandemic undermining social safety nets in rural areas. This condition is contributing to a rising incidence of women and children – especially those affected by HIV – suffering property confiscation and eviction. Many countries have undertaken legal reforms on land, property and inheritance rights, yet their implementation on the ground has proven to be a significant problem. Awareness and commitment on behalf of governments, institutional and financial capacity, and openness to change are key requisites to foster progress. Property rights to land, livestock and other agrarian resources are critical to the livelihoods of rural men, women and children. Insecure property rights perpetuate gender inequalities, livelihood insecurity and poverty. Thus, secure property rights are central to any effort to address gender inequalities, poverty, vulnerability and sustainable development in general. Securing the rights of men and women to land is essential for ensuring sustainable rural development, social equity and economic growth, and crucial for the full achievement of the Millennium Development Goals (MDGs). In some countries highly affected by HIV, the premature death of a male head of household can mean that surviving widows and children are at risk of losing their land, houses and other assets as family members 'grab' property. Forced off the land – often their only source of income and livelihood – women and children are at risk of homelessness, acute food insecurity and poverty. In some cases, women engage in high-risk sexual behaviour in exchange for food or money in order to survive, increasing their vulnerability to HIV infection. The past decade has seen the international community come together and concentrate their efforts on research and programming for women and children's property rights. Through this satellite session, co-hosted by other UN agencies and NGOs, we hope to better communicate what we know about the issue and share some successful initiatives that are addressing the problem to a larger audience including policymakers and donors.

Challenges in Defining the Economic Impact of the Global Fight Against HIV / The Uncertain Economic Impact of the Global Fight Against HIV

Venue: Skills Building Room 4

Date: August, 3rd 2008

Time: 15:45-17:45h

Organizer: University of KwaZulu-Natal, UNAIDS/The World Bank Economic Reference Group

Although the human costs of AIDS in terms of death, disability and social disruption are extensively documented, the direct and indirect economic impacts of the epidemic remain much less well defined. The studies that have been conducted have examined across a broad range of indicators, used very different models and, in some cases, have reached starkly different conclusions. Increasingly, the leaders of the AIDS response in high burden countries are calling for economic evidence to inform their medium to long-term planning. There is a pressing need to expand, energize and bring international consistency to efforts to understand the economics of AIDS. This session will bring together recent research presentations from academia and international organizations, concentrating on two key areas: 1) AIDS and human capital and 2) the externalities of HIV programmes. In each of these areas, there will be a presentation of a synthesis of current knowledge and an opportunity to discuss how economic analysis and modelling can assist policymakers and planners to sustain the AIDS response at the community and country level. The session would be supported through the joint UNAIDS/World Bank Economic Reference Group.

Intensify HIV Prevention: Meeting the Challenges of Scale, Demand and Drivers

Venue: Session Room 2

Date: August, 4th 2008

Time: 18:30-20:30h

Organizer: Joint United Nations Programme on HIV/AIDS (UNAIDS)

What does one of the world's biggest HIV prevention programmes look like? Who has achieved universal access to prevention? How do we get people in the streets demanding their prevention rights? Drawing on the world's best examples and direct testimony on the biggest challenges overcome, this satellite will answer some of the most pressing questions facing full-scale HIV prevention: how to deliver prevention on a massive scale and how to plan for sustained success. The purpose of this session will be: to draw attention to ways of overcoming barriers at country level to large-scale, effective prevention programming; and to get greater clarity globally on effective means of tackling the drivers of the epidemic. The satellite will have three aspects: a) a focused discussion on the model for prevention scale up b) a lively exchange on prevention demand: "Can we grow prevention activists or are they born that way?"; c) and a state-of-the-art panel on social change communication to address the drivers of the epidemic.

Food and Nutritional Support in Treatment Programmes:

Venue: Session Room 3

Date: August, 4th 2008

Time: 18:30-20:30h

Organizer: World Food Programme

This session will outline the potential benefits of incorporating food and nutritional support into anti-retroviral treatment programmes as well as the issues and challenges being faced on the ground in doing so. Various perspectives will be addressed by the presenters including an overview of the scientific evidence related to food and nutritional support and treatment outcomes (including adherence), as well as programmatic perspectives looking at the benefits and challenges of integrating food and nutritional support into care and treatment programmes. The session will also address the challenge of ensuring access to adequate food after food assistance within a treatment programme stops. The session also gives the opportunity to present the operational guidance manual, "Integrating nutrition and food assistance into HIV care and treatment programmes", jointly developed by WFP and WHO, and the UNAIDS policy brief, "HIV, food security and nutrition".

Keeping the Promise: Unite for Children. Unite Against AIDS

Venue: Session Room 4

Date: August, 4th 2008

Time: 18:30-20:30h

Organizer: UNICEF

Today's children and adolescents have never known a world free of AIDS. They are the most vulnerable to HIV infection, the least equipped to protect themselves against it and the ones with the biggest stake in stopping it. Children's issues need to remain at the center of the AIDS response if the international community is committed to achieving an AIDS-free generation. Global epidemic updates indicate that children and adolescents continue to bear the brunt of the HIV epidemic. In 2007: globally, children under 15 accounted for 2.1 million of the 33.2 million people with HIV; some 420,000 children were newly infected with HIV and 290,000 died of AIDS-related illnesses; about 50% of infants who get HIV from their mothers die before their second birthday; young people aged 15-24 account for about 40% of new HIV infections among adults aged 15 years and up; in sub-Saharan Africa, the estimated number of children under 18 orphaned by AIDS more than doubled between 2000 and 2007, currently reaching 12.1 million.

The Global Initiative on "Unite for children, unite against AIDS", launched in October 2005, focuses on galvanizing global support to translate existing evidence into real and lasting change for children in different populations, with a focus on four programming areas ("4 Ps"): prevention of mother to child transmission; paediatric HIV care and treatment; prevention of HIV in adolescents; and protection of children affected by HIV (orphans and vulnerable children). Two recent publications, the UNICEF/UNAIDS/WHO 2008 Stocktaking Report and the WHO/UNAIDS/UNICEF 2008 Universal Access Report highlight the progress being made in the "4 Ps". This satellite will highlight new innovations in programming responses: Taking stock: What progress are we making; Family-centred approaches in implementing PMCT in the era of antiretrovirals; Effecting partnerships to achieve results in paediatric HIV care and treatment; Cash transfers for social protection: What do we know and feasibility of large scale implementation; Addressing prevention with and for adolescents most at risk to HIV.

From Commitment to Action: Implementing Effective Responses on Gender and AIDS

Venue: Session Room 5

Date: August, 4th 2008

Time: 18:30-20:30h

Organizer: United Nations Development Programme (UNDP)

This session will bring together AIDS and gender experts and practitioners from different regions and sectors, to address the intersection between gender and AIDS and explore experiences in advancing gender equality and empowering women through national AIDS responses. Government and civil society best practices will be highlighted, in addition to opportunities and challenges in scaling up programming and funding for gender action. Discussion topics will include approaches for assessing and understanding how HIV differentially affects females and males to strengthen national response efforts, and strategies for supporting and empowering positive women and men, women's groups, and marginalized communities to effectively engage in AIDS decision-making, planning and implementation processes. The session will consider the need for implementation of dedicated action on gender and AIDS, alongside mainstreaming of gender perspectives in AIDS interventions, to ensure that gender priorities can be adequately funded and sufficiently scaled-up. In addition, the session will address opportunities for linking action on AIDS with broader action on gender equality by forging partnerships between people and institutions working on AIDS, and people and institutions working on gender. Speakers will address the concept of 'knowing your epidemic' in gender terms, and the need to match AIDS responses to the gender-profile of national and local epidemics. This will include discussions on aligning programme investments in prevention, treatment and impact mitigation to the needs of affected populations, as well as to new and emerging patterns of infection among females, males and most at risk populations. Essential gender actions will be considered for countries facing generalized and hyper-endemic epidemics where women are disproportionately living with and affected by AIDS, as well as for concentrated epidemic settings where sex work, drug use and sex between males play a key role in epidemic dynamics. Additional issues that will be addressed include gender based violence, community gender norms, vulnerability of young women, HIV transmission in marriage and long-term relationships, and the role of men and boys in promoting gender equality."

Take a long term view: Options for the future of AIDS

Venue: Session Room 7

Date: August, 4th 2008

Time: 18:30-20:30h

Organizer: aids2031

The world has been managing the global AIDS epidemic for more than 25 years. While great strides have been made, there are still persisting as well as emerging challenges that must be addressed. aids2031 is a consortium of partners who have come together to look at what we have learned about the AIDS response, as well as consider the implications of the changing world around AIDS, in order to chart options for the long-term response and consider what we can do differently now to prepare for, as well as change, the face of AIDS by 2031. This satellite will bring together conveners of the different aids2031 working groups on modelling the epidemic, financing the response, addressing the social drivers, and re-thinking the programmatic response in light of existing and potential new science and technologies. Activists, economists, young leaders, social and biomedical scientists will consider and debate future options.

Positive synergies between health systems and global health initiatives

Venue: Session Room 9

Date: August, 4th 2008

Time: 18:30-20:30h

Organizer: World Health Organization

Growing awareness of the need for improved accommodation between health systems and priority health programmes is now prompting health systems to actively adopt measures that can help integrate and maximize the impact of Global Health Initiatives. By the same token, the Global Health Initiatives are starting to make a more active investment in systems strengthening. A concerted global effort is now required if the world is to take full advantage of these opportunities. Strengthened interaction between global health initiatives and health systems actors at the international and country level must be promoted. Global health initiatives, health systems, donors, academics, multilateral agencies, civil society and health ministries each need to contribute towards finding new and sustainable ways of maximizing positive health outcomes. New links and partnerships are being formed between health systems analysts and health policy makers at global, regional and national levels and these must be extended. This event will discuss how to exploit the existing synergies, with current global, regional and country experiences to be presented.

International Launch of World Association of Girl Guides/UNAIDS Training Toolkit on HIV

Venue: Skills Building Room 1

Date: August, 4th 2008

Time: 18:30-20:30h

Organizer: World Association of Girl Guides and Girl Scouts/UNAIDS

The World Association of Girl Guides and Girl Scouts (WAGGGS) would like to invite participants at AIDS 2008 to the launch of the WAGGGS/UNAIDS training toolkit on HIV. An important component in WAGGGS' continuing work in the fight against AIDS, the kit is packed with training ideas for leaders and trainers to teach girls and young women about HIV and AIDS and to help counteract the stigma that surrounds the epidemic. It combines case study material alongside activities that have proved successful in several countries around the world. WAGGGS received funding from the UNAIDS-led Global Coalition on Women and AIDS to develop this project. The booklet covers information about HIV, training in life skills and how to tackle prejudice and discrimination. The toolkit also contains practical activities, games and newsletters giving more detailed project outlines from five feature countries: Peru, Malawi, Kenya, Brazil and India.

Advance Publication Launch: The Changing HIV/AIDS Landscape: A Compendium of Selected Papers Prepared in Conjunction with the World Bank Africa Region's "HIV/AIDS Agenda for Action 2007-2011"

Venue: Skills Building Room 3

Date: August, 4th 2008

Time: 18:30-20:30h

Organizer: The World Bank

The World Bank launched its emergency response to address AIDS in sub-Saharan Africa in 2000, providing over US \$1.5 billion in resources directed towards HIV interventions for more than 33

countries and 5 sub-regions by 2008. In 2006, recognizing that much had changed in terms of the global, regional and country response to AIDS in sub-Saharan Africa, the Bank undertook a major consultative and extensive analytical process to reshape its approach. A new strategy, "The World Bank's Commitment to HIV/AIDS in Africa: Our Agenda for Action, 2007-2011", is based on preparatory analytical work and consultations, and adjusts to the new environment on the ground, as well as the technological, financial, and attitudinal changes that continue to take place. Materials prepared for the Bank's strategy encompassed many topics which are often treated in isolation. The decision was made to build on the work done for the Bank's Agenda for Action, and expand those efforts to include new information, new authors and inform a wider audience including policymakers, programme managers, and practitioners. This publication is a compilation of various background papers by specialists covering a wide spectrum of HIV and AIDS issues. The session will highlight select papers from each of the four chapters of the publication. Speakers will be announced closer to the time of the event.

Introduction To and Update on the UN Prequalification of Diagnostics Programme for HIV, Tuberculosis and Malaria

Venue: Skills Building Room 8

Date: August, 4th 2008

Time: 18:30-20:30h

Organizer: World Health Organization

Introduction to and update on prequalification of diagnostics is a programme that aims to increase access to affordable diagnostic technologies of assured quality that are appropriate for use in resource limited countries. The programme comprises: an application and a product dossier review; a laboratory evaluation of the performance and operational characteristics of the product; an inspection of the manufacturing site for compliance with globally recognized quality standards. Prequalification findings can be used to provide information to UN (and other) procurement agencies in order to guide diagnostics procurement decisions.

The objectives of the satellite are: to increase awareness of the UN prequalification of diagnostics programme; to educate stakeholders about the need for objective, impartial assessments of the quality and operational characteristics of diagnostics, suitable for use in resource-limited settings; and to provide updated information on the expansion of the UN prequalification of diagnostics programme.

Epidemic Dynamics in the MENA Context – Knowing your Epidemic to Shape Policy and Programmatic Response to HIV

Venue: Skills Building Room 2

Date: August, 5th 2008

Time: 07:00-08:30h

Organizer: UNAIDS, UNAIDS Regional Support Team, Middle East and North Africa

This session will aim to impart key findings on the magnitude and patterns of the HIV epidemic in the Middle East and North Africa (MENA) region, coupled with policy and programmatic recommendations ensuing from a recent comprehensive review of HIV dynamics in MENA. This review was commissioned by the World Bank, UNAIDS and WHO as an evidence-based and data-driven review to determine epidemic potential in specific and general population. Diversity is the salient feature of the HIV epidemic and a broad characterization of the epidemic is not necessarily informative. Overshadowed by the general impression of low HIV prevalence in MENA, decision-makers may still operate under a dangerously false assumption of relative security from HIV, in a context characterized by substantive risk behaviour among various population groups and, as yet, largely non-adapted HIV responses. This is perpetuated by reluctance to confront socio-cultural issues and underlying causes of vulnerability to HIV, in particular related to sexual behaviours. The lack of surveillance systems adapted to the epidemiological context and the limited prioritization of the programmatic response in most countries provide ubiquitous grounds for concern given increasing evidence of elevated prevalence within specific population groups (people who inject drugs, men who have sex with men and sex workers) and locations. In addition, evidence of multiplicity and overlap of risk factors, including IDU and unprotected sexual contacts, coupled with low adoption of preventive practices, could spark more serious HIV outbreaks across populations. In this context, impetus to implement adapted and focused policies, and programmes, informed by new evidence and commensurate with the needs of those exposed at risk, remains ever present in MENA. The session will provide a platform to raise awareness

and discuss further the policy and programmatic implications for the region based on the emergent evidence of HIV epidemic and potential spread. The session will combine presentations and discussions. The main presentation, approx. 40-min, to be delivered by two speakers, will focus on the main findings of the review: characterization and insights into the dynamics of HIV epidemiology; summary analysis of proxy biological information to probe nature of sexual risk patterns and sexual networks; analysis of risk and vulnerability factors to determine potential spread of HIV infection; and recommendations to enhance policy, strategic prioritization, coverage, quality and resource allocation. The experience of Morocco will illustrate how undertaking the first ever assessment on IDUs and related HIV risks and vulnerability altered the national policy to accept harm reduction, delineated a national programme on drug use and HIV, and engendered partnership between government partners, police and NGOs.

AIDS, Race, Gender and Inequality in the Americas

Venue: Session Room 2

Date: August, 5th 2008

Time: 18:30-20:30h

Organizer: United Nations Development Programme (UNDP)

This session will address how race, gender and inequality affect vulnerability to HIV, and influence access to prevention, treatment, care and support services. Panellists from civil society and government will explore current responses to the epidemic in Latin America, the Caribbean and North America, and whether sufficient attention is being paid to the key factors driving vulnerability. Country case studies will include special attention to issues of race, gender, inequality and stigma and discrimination faced by people living with HIV. The level of income inequality in the Latin America and Caribbean region is amongst the highest in the world, with wealth, opportunity, and resources largely under the control of a small segment of the population. Poverty and social degradation have often been considered as economic problems, but more recently greater attention has been paid to a more complex set of social, economic, and cultural practices that comprise "social exclusion", in which certain populations are excluded from the benefits of social and economic development based on race, gender, ethnicity, HIV status or disabilities. Social exclusion in the region predominantly affects indigenous communities, men who have sex with men and transgender population, afro-descendants, women, and people living with HIV. Unprotected sex between men continues to drive the epidemic in most countries in the Americas. In addition, factors such as poverty, social exclusion, homophobia and discrimination based on gender and race are increasingly affecting vulnerability to HIV. Racism and inequality also have an impact on epidemics among men who have sex with men in the region. In the United States, the Centre for Disease Control reports high incidence and prevalence among men who have sex with men in many cities, with a growing number of Black and Latino men affected. Peru has a prevalence rate of about 0.6% but a study carried out in Lima suggests an 18.5% prevalence rate among men who have sex with men, with the highest risk faced by transgender people. In some countries such as Guatemala and Honduras, indigenous and minority populations have been found to be at high risk of HIV infection. In Honduras it is estimated that the Garifuna population of African origin faces a prevalence rate almost six times as high as the national average of 1.5%. In Brazil, for example, the epidemic is growing mainly in the most impoverished social strata, and at an even faster rate among women. Similarly, in North America, HIV is growing fastest among minority women, particularly young black women. The session will draw on panel presentations and plenary discussions to develop recommendations for more effective responses to the AIDS epidemic in the region.

Contribution of UNGASS Reporting Process Towards the Implementation of the Third One in Latin America: A Regional M&E Agenda for universal Access by 2010

Venue: Session Room 6

Date: August, 5th 2008

Time: 18:30-20:30h

Organizer: UNAIDS Guatemala

This session intends to define the regional monitoring and evaluation (M&E) agenda for Latin America based on lessons learned from UNGASS reporting process. It also aims: to share lessons learned through the UNGASS reporting process in strengthening an evidence-informed approach to achieve universal access in the Latin American region; to assess progress and main challenges identified in the development of functional monitoring and evaluation systems at national level; and to elaborate a

regional M&E agenda to achieve universal access in Latin America by 2010. Based on the identification of regional and subregional epidemic profiles, as well as country responses using UNGASS Reports, M&E officers and teams will agree on a regional M&E agenda in support of the development and strengthening of national M&E systems. This satellite will complete work in progress during 2008 and strengthen internal and external collaborative teamwork.

Leading the AIDS Response in Asia: Recommendations from the Commission on AIDS in Asia

Venue: Session Room 8

Date: August, 5th 2008

Time: 18:30-20:30h

Organizer: UNAIDS Regional Support Team, Asia Pacific

Asia presents the second largest HIV affected continent of the world, following sub-Saharan Africa. Confronted with AIDS as an emerging epidemic, the disease burden, its future prospect and impact needs to be understood to guide governments to adopt policies that will minimize the impact of HIV while attempting to halt and reverse the epidemic. UNAIDS is vitally interested in getting an objective and independent analysis conducted to address these issues and provide various policy options to member countries in the region for ensuring appropriate preparedness of the countries and the UN system. It was in response to this need that UNAIDS has constituted the Commission on AIDS in Asia. Chaired by Dr Chakravarthi Rangarajan, the chief economic adviser to the Prime Minister in India, the commission consists of eminent epidemiologists, AIDS specialists, economists, members of civil society and policymakers from the region. The complete member list includes: Dr. Tim Brown, prominent epidemiologist and senior fellow at East-West Center; Mr. Rajat Gupta, Senior Partner of McKinsey & Company and Chair of the Board of the Global Fund; Ms. Frika Chia Iskandar, a well-known AIDS advocate and active civil society member; Dr. Mahmuda Islam, a gender specialist and professor at Dhaka University; Hon. Nerissa Corazon Soon-Ruiz, Representative for the 6th District, Cebu, Philippines and chair of the House of Representatives' Special Committee on the MDGs; Dr. Wu Zunyou, Director of the Chinese Center for AIDS Control and Prevention; Dr. Tadashi Yamamoto, President of the Japan Center for International Exchange (JCIE); and Mr. JVR Prasada Rao, Director of the UNAIDS Regional Support Team for Asia and the Pacific, as Member Secretary to the Commission. Over the 18-month period, the Commission has held five sub-regional and regional consultations, meeting more than 300 experts and civil society groups and studying more than 3000 literatures and ten major commissioned studies. In this session, the Commission will present its main findings and recommendations for member countries, civil society, and the international community, including donors, UN, and other agencies involved in the AIDS response.

Linking Sexual and Reproductive Health and HIV

Venue: Skills Building Room 2

Date: August, 5th 2008

Time: 18:30-20:30h

Organizer: World Health Organization

There is growing recognition of the crucial role of linkages between HIV prevention, treatment, and care with sexual and reproductive health (SRH) at the policy, systems and services levels. Investing in linking sexual and reproductive health and HIV is strategic in reaching the two interrelated universal access goals in HIV and in sexual and reproductive health. In June 2006, at the United Nations General Assembly Special Session (UNGASS), Member States declared "...the need to strengthen policy and programme linkages and coordination between HIV/AIDS and sexual and reproductive health". HIV is largely a sexually transmitted infection or transmitted during pregnancy, childbirth and breastfeeding. HIV and reproductive health ill health also share root causes, including gender inequality, social marginalization, gender-based violence and early marriage. Providers working in SRH already offer a wide range of services to many women who are at the centre of the global HIV epidemic with half of all new infections being in women. SRH services are increasingly expanding their outreach to adolescents and to men, and there is growing recognition of the need to better reach other key populations. Acting on the bi-directional linkages between sexual and reproductive health and HIV services increases opportunities for achieving universal access to HIV prevention, treatment, care and support, and notably for addressing the often neglected rights and sexual and reproductive health of people living with HIV. This session will focus on a panel discussion that will include representatives of key partners, including networks of people living with HIV, working at advocacy, policy, programmatic levels aimed

at achieving universal access to sexual and reproductive health as well as universal access to HIV prevention, treatment, care and support.

Impact Evaluation of HIV Interventions in Africa

Venue: Skills Building Room 3

Date: August, 5th 2008

Time: 18:30-20:30h

Organizer: The World Bank

The dramatic increase in financial resources directed towards HIV/ interventions in the last decade, from US \$300 million in 1996 to US \$8.9 billion in 2006, has necessitated a focus on whether these resources are actually being used efficiently. There is consensus that in order to achieve results, in particular, Millennium Development Goal 6 – combat HIV/AIDS, Malaria and Other Diseases – countries must ensure that the resources are directed towards interventions that are actually achieving their stated objectives. In response, the World Bank has launched several rigorous Impact Evaluations of HIV interventions in sub-Saharan Africa to assist policymakers, funding organizations, programme managers or programme clientele to understand whether an intervention is achieving its stated objectives. The purpose of impact evaluation research is to measure the "causal" impact of programme participation on a specified outcome variable for a targeted population. Impact evaluations are an extremely useful instrument for policymakers to distinguish worthwhile interventions from ineffective ones and launch new interventions or revise existing ones so as to achieve sustainable results in order to combat HIV. The session will begin with a presentation which provides an overview of impact evaluation and why it is a useful tool to assess effectiveness of interventions. This will be followed by presentations of completed, ongoing and planned impact evaluations in Burkina Faso, Ghana, Mozambique and Kenya.

Macroeconomic policy and the feminization of the AIDS epidemic: film screening of "Now or Never" and discussion

Venue: Skills Building Room 4

Date: August, 5th 2008

Time: 18:30-20:30h

Organizer: United Nations Development Fund for Women (UNIFEM)

Not only do women bear a disproportionate burden of global poverty, but they bear a disproportionate impact of the AIDS epidemic. Women's vulnerability to HIV is increased by their unequal legal, economic and social status. Gender equality, specifically the economic empowerment of women and girls, is a fundamental element in the reduction of their vulnerability to HIV and is essential to reversing the epidemic. The adoption of gender responsive economic policies plays a central role in addressing these issues; policies should aim to support women's economic independence, their right to property and inheritance, their ability to protect themselves from HIV infection, the delivery of social services in a manner that mitigates the impact of HIV on women and girls, and HIV programming that is sensitive to gender equality and human rights. Yassine Fall, Economic Advisor at UNIFEM, will introduce a film titled "Now or Never" (approx. 45-minutes running time) by Moussa Sene Absa on macroeconomic policy and the feminization of AIDS. The film will be followed by a Q&A with the director and with Amaranta Gómez, activist and recipient of the prestigious MacArthur fellowship from Oaxaca, Mexico. The film explores the social and economic costs borne by women when health systems break down due to stabilization policies and cuts in health budgets. The faces and voices of women living with HIV featured in the film powerfully convey the impact of cuts in health and social services budgets on their time and unpaid work. The film will also help conference participants visualize the challenges associated with creating macroeconomic frameworks conducive to sustained funding to reverse AIDS.

Education Matters: The Role of the Sector in Promoting Universal Access to Prevention, Treatment, Care and Support

Venue: Skills Building Room 5

Date: August, 5th 2008

Time: 18:30-20:30h

Organizer: UNESCO

Education matters: The role of HIV and sex education delivered through curriculum-based programmes has demonstrated effectiveness in improving students' knowledge, skills and behavioural intentions and can delay the initiation of sex, decrease the number of sexual partners and promote condom use among the sexually active. Enrolling girls and keeping them in school longer is now directly associated with lower risk of HIV infection in most of East and Southern Africa, given the role of education in empowering girls and young women in their sexual relationships and in expanding their options. In highly affected areas, schools are also playing an increasing role in addressing the HIV-related needs of their students, teachers and communities – broadening their role into centres of protection, care and support. Although school-based HIV education programmes have demonstrated results, the education sector response has not been sufficiently prioritized in terms of resources and action. This session will examine: the current state of school-based HIV education, promising approaches and persistent challenges; lessons learned, opportunities and risks of integrating treatment, care and support programmes in schools; and efforts to date and actions required to address the educational, sexual and reproductive needs of learners with HIV through school-based interventions. Evidence will be presented from a range of countries, including: Botswana, Brazil, Chile, Kenya, Lesotho, Mexico, Namibia, Nigeria, Rwanda, Swaziland, Tanzania and Uganda. The session will also report back on the outcomes of the pre-Conference Summit between Ministers of Health and Ministers of Education from Latin America and the Caribbean to discuss the multi-sectoral response to HIV in the region. The session will be developed collaboratively between UNESCO and members of the UNAIDS Inter-Agency Task Team (IATT) on Education.

HIV/AIDS & Disability in the Latin America and Caribbean Region: A Serious Relationship

Venue: Skills Building Room 8

Date: August, 5th 2008

Time: 18:30-20:30h

Organizer: The World Bank

People with disabilities have often been and remained excluded from HIV prevention as well as AIDS care efforts because it is presumed that they are not sexually active and at no risk of infection. The truth is that the chance of men and women with disabilities becoming victims of sexual violence are higher compared to non-disabled population. Also, due to medical advances, people living with AIDS have a higher survival rate due to medical advances, however, as a consequence of this, there are an increasing number of disabilities secondary to the disease itself or its pharmacologic treatment. To promote the issue and its integration into national public policies, The World Bank, in collaboration with governments and NGOs, has been promoting: (1) experts meeting on HIV and disability in LAC (Chile-November 2006; Argentina-March 2007; Mexico-planned for August 2008); (2) Technical assistance to national programmes (St. Lucia; Barbados; Argentina; Uruguay; Brazil; Central America); (3) NGOs training (St. Lucia for Caribbean Countries); (4) development of a knowledge basis and website with resources; and (5) other knowledge-sharing activities involving around twenty countries in the region. Conclusions taken from this work point out to the following: (1) initiatives should be implemented jointly by the disability and the STD/HIV sectors, involving governments, civil society, agencies, and universities; (2) an inclusive development approach should be taken by different sectors and stakeholders, seeking to leverage existing programmes and resources as well as avoiding the creation of segregated environments; (3) all the materials, services and activities should be inclusive and comply with the criteria of accessibility and universal design. A list of recommendations for a crosscutting approach to disability issues on HIV prevention and care for governments and NGOs was developed. Main areas of action include: partnerships; public education and communication; participation and empowerment; monitoring and evaluation; and research (www.worldbank.org/lacaidis). This session will focus on sharing experiences, best practices in South-to-South cooperation, strategies, evidence-based information and research and other resources identified on the current LAC regional effort that has been made in the area, supported by the World Bank and the programmes financed by the institution in the countries of the region. The session will count on the presence of the participants of the experts' meeting to be held just before the International Congress in Mexico City. The session will be opened to the public and will be disseminated broadly in the field of STD, HIV-AIDS and in the field of Disability."

Labour Migration and HIV: Emerging Issues

Venue: Skills Building Room 4

Date: August, 6th 2008

Time: 07:00-08:30h

Organizer: International Labour Organization

In the context of the AIDS response, labour migration across national borders for employment is a growing phenomenon and an increasingly important aspect of global and national economies. Almost half of all international labour migrants are women. Migrants experience particular HIV risks and needs which must be addressed in striving towards universal access. Many socio-cultural, economic and political factors in both origin and destination countries influence the risk of HIV infection. The resulting isolation and stress may put international labour migrants at risk of exposure to HIV. This risk is exacerbated by inadequate access to HIV prevention information, services and tools, and fear of being stigmatized. Female migrant workers may be placed in situations which make them particularly vulnerable to HIV. Many countries place travel restrictions on people living with HIV in entering or remaining in a country for any purpose, and international labour migrants may be refused entry or face deportation if they are found to be HIV-positive. Where HIV testing occurs in the context of migration, internationally agreed standards on informed consent, confidentiality, counselling and referral to services are not routinely applied. This session refers to international instruments that embody the rights of migrant workers such as the right to social security, the right to non-discrimination, the right to work, freedom of association, and the right to a healthy and safe work environment. International labour migrants, irrespective of their HIV status, can and do make important economic and social contributions to both destination countries and countries of their origin. To maintain this, they need access to appropriate HIV programmes in origin, transit and destination countries at all stages of the migration process.

Achieving Universal Access for Young People

Venue: Session Room 3

Date: August, 6th 2008

Time: 18:30-20:30h

Organiser: United Nations Population Fund (UNFPA)

Worldwide, young people are one of the groups most affected by HIV, with over 40% of all new HIV-infections among youth between the ages of 15–24. In many countries, young women represent a disproportionate majority of HIV-infections. While there are specific youth-related universal access targets, young people around the world continue to remain at heightened risk of contracting HIV. Despite youth being deeply affected by HIV, they continue to be left out and sidelined from important policy processes, including the assessment of youth-related universal access targets, what has been accomplished and what is lacking. Many youth, as well as youth organizations in the HIV field, lack specific knowledge on these targets and their relevance for young people. Through this satellite session, the Inter Agency Task Team on HIV and Young People (IATT/YP), in partnership with World AIDS Campaign, and other partners, aim to share information on these targets, provide space for their critical analysis, as well as share best practices and recommendations on young people's leadership and involvement towards achieving universal access for all. The speakers will provide examples of challenges faced, as well as successful youth initiatives. They will also discuss concrete avenues for campaigning, advocacy, lobbying, and awareness raising strategies that can aid us on the road to universal access.

India's Response to HIV and AIDS - Lessons Learnt

Venue: Session Room 6

Date: August, 6th 2008

Time: 18:30-20:30h

Organizer: UNAIDS India

Since the final preparation of the National AIDS Control Programme-Phase III strategy document and the recent down-scaling of the HIV estimates in India, it has become increasingly clear that the epidemic in India is still very much a concentrated epidemic and not a generalized one. This means it is still highly specific to the three high risk groups in the country – sex workers, people who inject drugs and men who have sex with men/transgender. The prevalence among the general population, according to the National Family Health Survey (NFHS), has not significantly increased. However, the first signs of success show that the epidemic has been contained in some high prevalence states like Tamil Nadu but has spread into some highly vulnerable states like Uttar Pradesh and Bihar in the Hindi belt and in tourism states like Rajasthan and Goa. The National AIDS Control Organization (NACO), in

line with its highly resilient policymaking bodies, has decided on a strategy for complete saturation coverage of all three high risk groups – to reach between 80 and 100% of the estimated and mapped populations in all A and B districts and to provide complete continuum of care services to people living with HIV, including second line treatment right down to the district level, through the Integrated Counselling and Testing Centres (ICTCs). To this end, NACO along with all state AIDS Control Societies (SACS) are geared to: saturate coverage of all high risk groups under their jurisdiction through focused targeted interventions; advocacy with gatekeepers such as police and health care providers on the rights of people living with HIV; increase health delivery to all people living with HIV through the ICTCs; make antiretroviral treatment available right down to the district level, wherever needed; prioritize for women, children and sexual minorities/marginalized groups in all service delivery vehicles; and provision of second line treatment to all those in need. This session will highlight lessons learned from the National AIDS Control programme under the “three ones” principle and emphasize the success of decentralization of AIDS programmes to the district level.

The Sharpest HIV Decline in Southern Africa. Experiences from Zimbabwe

Venue: Session Room 7

Date: August, 6th 2008

Time: 18:30-20:30h

Organizer: United Nations Population Fund (UNFPA)

Southern Africa is the region most affected by HIV worldwide, with HIV prevalence rates peaking between 10 and 40% of the adult population. Zimbabwe is the first country in this sub-region to experience a significant decline in HIV prevalence. The decline has been well documented and was confirmed using several different data sources and methodologies such as antenatal clinic (ANC) surveillance, population-based surveys and cohort studies. According to national estimates, HIV prevalence in adults aged 15-49 peaked in 1997/98 at 29.3 %, then levelled off and declined most significantly in the period after 2001 to 15.6 % in 2007. The story of this first sharp and nationwide HIV decline in Southern Africa will be told in this session. It will start with a summary of epidemiological evidence for the HIV decline – what caused it and which behaviour changes are associated with it. Findings from qualitative research, socio-cultural analysis and historical mapping of prevention programmes will be then presented, followed by a question period to allow for discussion. The session's second component will have three programmatic presentations, providing an overview of what lessons can be – and have been – drawn from the decline. The first presentation will give an explanation as to how evidence gathered in the reviews of the HIV decline and behaviour changes have been translated into a National Behaviour Change Strategy and national programmes. Secondly, as Zimbabwe is one of the countries with the highest rates of condom use in Africa, comprehensive condom programming in Zimbabwe will be explored. Finally, a session focused on summarizing the lessons learned from building Zimbabwe's HIV response in a resource-constraint setting will conclude the satellite.

Essential Medicines for HIV/AIDS: Update on WHO Activities and Materials

Venue: Session Room 8

Date: August, 6th 2008

Time: 18:30-20:30h

Organizer: World Health Organization

The main purpose of the satellite is to present, in simple language, an update on WHO's new activities in the field of promoting access, quality and rational use of essential medicines for HIV; and to make core WHO staff available for any questions and discussions on medicine-related topics

Making HIV trials Work for Women and Adolescent Girls

Venue: Skills Building Room 2

Date: August, 6th 2008

Time: 18:30-20:30h

Organizer: Joint United Nations Programme on HIV/AIDS (UNAIDS)

Women make up half of the adult population living with HIV, but are still seriously under-represented in HIV clinical trials. For many years, it was assumed that results and conclusions from studies involving only men were also applicable to women; however, this is not the case. Women differ both physically and socially from men. Their body composition, hormonal cycle, metabolism, and reaction to

drugs are different from those of men. Their social status puts women at higher risk of HIV exposure, increases the likelihood that they will drop out of trials and fail to adhere to treatment regimens. HIV clinical trials that are designed for women, which women can participate in easily, and that include adequate numbers of adolescent girls and women are essential for the safety of women, their children and their partners. A meeting in Geneva in December 2007 convened by UNAIDS, the Global Coalition on Women and AIDS, the International Center for Research on Women, and Tibotec Inc., gathered expert delegates from international organizations, government, the pharmaceutical industry, civil society, and research institutions to discuss the issue of "making HIV trials work for women and adolescent girls". The group came up with an action plan containing recommendations for policy and programming, a research agenda, and an advocacy framework. This session aims to raise awareness of issues regarding women and adolescent girls' participation in HIV trials, including: historical evolution of women's participation in HIV trials; sex differences in pharmacokinetics and drug interactions; reproductive health and HIV; gender issues in new prevention technologies; barriers, challenges and opportunities for research for women and girls; and policy, advocacy and action. Topics to be discussed include: facilitating women's participation in clinical trials; sex, gender, and HIV; trial types and women's participation; costs and benefits; barriers and facilitators, women and power; generating and using data to benefit women; reproductive health and HIV; integrating the sexual and reproductive health package into HIV research; contraception, fertility, pregnancy, and breastfeeding; setting the research agenda; ensuring adequate representation of women in HIV trials; changing the research context; integrating social science perspectives into HIV trials; initiating adolescent participation in safety and efficacy trials; use existing research and evidence better; research priorities. The way forward: What can be done by research agencies, academic institutions, researchers, drug regulatory agencies, and the pharmaceutical industry?

Scaling-up ANRS/WHO Satellite Conference - Operational Lessons from Research in Africa

Venue: Skills Building Room 3

Date: August, 6th 2008

Time: 18:30-20:30h

Organizer: Agence nationale de recherches sur le sida et les hépatites virales (ANRS) / World Health Organization

This satellite will try to present original results documenting the major issues related with scaling up HIV treatment in African countries. The experience of the independent operational research comprehensive programme put in place by the Ministry of Health-Cameroon, with the support of ANRS, will be presented as an example of the contribution of systematic evaluation for national strategies aimed at reaching the goal of universal access to HIV treatment, prevention, care and support. A number of additional presentations either based on a specific country's experience or on multi-country efforts will present contributions of research to solve important issues related to scaling up access to treatment. Special attention will be devoted to the relationship between programmes for scaling up access to treatment and health systems strengthening.

Understanding the numbers: from HIV surveillance to HIV national and global HIV burden estimates

Venue: Session Room 2

Date: August, 7th 2008

Time: 18:30-20:30h

Organizer: WHO/UNAIDS

Country regional and global HIV estimates have been changing over the last few years, significantly so for the most recent estimates published by UNAIDS and WHO in November 2007. People who are not involved directly in developing estimates get confused with changing numbers and may not understand how corrections in estimates (due to changes in methods) need to be distinguished from actual trends. This session aims to highlight the link between HIV surveillance in countries and overall national estimates and how those are influenced by the surveillance data available in the countries. Some questions to be addressed include: What are the recommended approaches to monitor the epidemic in countries? What are the approaches and tools used to estimate national burden of HIV infection and mortality due to AIDS-related illnesses? How we can link HIV trends, estimates and impact of interventions? What are the main issues in developing HIV estimates in generalized epidemics? What are the main issues in developing HIV estimates in low-level and concentrated epidemics? During this session, different approaches, tools and methods used for HIV estimates will be presented and country

experiences in this area shared. The process for how to monitor the HIV epidemic and assess its trends will be discussed. This session aims to engage different audiences involved in strategic planning, from programme implementers to epidemiologists and evaluation specialists. Presenters will be UNAIDS/WHO and country experts.

Talking Condoms: Setting a Global Agenda

Venue: Session Room 6

Date: August, 7th 2008

Time: 18:30-20:30h

Organizer: United Nations Population Fund (UNFPA)

Correct and consistent condom use is one of the most effective means of preventing sexual transmission of HIV, and thus belongs at the heart of HIV prevention programme scale up. Nonetheless, condom programming scale-up has not occurred at a pace required to mitigate the epidemic, nor is there strong political leadership or adequate resources for these interventions. At the end of this session, participants will better understand the importance, challenges and successes related to scaling up comprehensive condom programming and will be motivated to take both political and programmatic action. While the world waits for a microbicide or vaccine to become available, we must use what we have and what we know works. Universal Access by 2010 will not be achieved without comprehensive access to condoms. The format of the session will be a facilitated debate. The debate will start off with a presentation defining comprehensive condom programming and outlining the successful scale-up of comprehensive condom programming while highlighting the challenges – both bureaucratic and with regards to changing target group behaviour – along the way. This brief presentation will provide the starting point for the subsequent debate, which will focus on a number of issues that have been identified as key factors encouraging or prohibiting the scale up of condom programming, including: financing around condoms; the challenges of scale up at the national level; the elements needed to ensure scale up; the importance of and challenges to achieving effective target group behaviour change; access to condoms; lack of commitment from the international community; and actions required for changes in policy and programmes. The Interagency Task Team on Comprehensive Condom Programming will be the host of this satellite session. This team is made up of comprehensive condom programming technical experts drawn from the community of development partners: UNFPA, UNAIDS, WHO, FHC, FHF, PSI, Durex Network, World YWCA, FHI, PAI, UNESCO, Population Council, SIDA. The group's purpose is to raise awareness and advocate among the international development community, donors, policymakers and other grassroots groups on a variety of comprehensive condom programming issues.

International Legal Initiative to Strengthen National Responses to HIV/AIDS Through the Workplace (Preparation to 2009 International Labour Conference Discussion on an ILO HIV/AIDS Recommendation)

Venue: Session Room 8

Date: August, 7th 2008

Time: 18:30-20:30h

Organizer: International Labour Organization (ILO)

Workplaces are entry points to inform, prevent, non-discriminate and provide universal access to HIV treatment. In 2009, the International Labour Conference of the ILO will hold a first discussion on a new international labour standard: an autonomous recommendation on HIV in the workplace. The new standard is expected to be adopted as the outcome of a second discussion in June 2010. The preparation of an international legal standard such as a recommendation includes the broadest possible consultation on issues, perspectives and prescriptions. It rests on a state-of-the-art analysis and debate to become a universal reference and tool. This session's objective is to stimulate the debate around the issues at stake and encourage engagement by ILO tripartite constituents and other relevant stakeholders. It will provide a forum for key actors involved in current and future national, regional and global initiatives of the world of work. Their contributions will help build a useful tool to respond to the impact of HIV on all workers and their families, and strengthen national responses to HIV at and through the workplace. This will involve policy makers, governments as well as employers' and workers' representatives, international and regional organizations, legal experts and practitioners and other key stakeholders involved in the national response to HIV. The expected outcome is to have a broad dialogue that will feed into a new ILO international legal instrument.

Gender Analysis of HIV Communication Campaigns in Latin America and the Caribbean

Venue: Skills Building Room 1

Date: August, 7th 2008

Time: 18:30-20:30h

Organizer: Pan American Health Organization (PAHO)

This session will provide a participative gender analysis of HIV televised spots produced in Latin America and the Caribbean. The objectives of the session are: identification of the gender stereotypes, particularly about women, in the HIV TV spots produced in Latin America and the Caribbean; a shared understanding of how these stereotypes contribute to increase women's vulnerabilities to HIV; production of recommendations for professionals involved in the development of HIV TV spots. The TV spots will be selected from "VIHdeo America", an anthology of HIV TV spots from the region that will be shown for the first time at an International AIDS Conference. This anthology contains 200 HIV TV spots from 24 countries of the region. This session will: make a practical link between two key issues of the response to the epidemic: gender and communication; bring a wealth of visual and historical information about HIV campaigns in Latin America and Caribbean, which is certain to attract interest; and constitute an opportunity for conference participants to better understand the challenges and opportunities to HIV prevention in the region. The satellite will show that Latin America and the Caribbean have produced some of the best HIV campaigns in the world. However, the region has also produced campaigns where women are portrayed as passive, submissive, and sexy but not sexual, where men are portrayed as dominant, aggressive, only wanting sex, and where language, music and colour are used to reinforce gender role perceptions. Rather than presenting a prescriptive formula, this satellite session will be a live and interactive debate.

Update on key messages and guidance for HIV testing and counselling

Venue: Skills Building Room 5

Date: August, 7th 2008

Time: 18:30-20:30h

Organizer: World Health Organization

The rollout of expanded HIV Testing and Counselling (HTC) in a variety of health care services has been a success in many resource limited settings. Monitoring and evaluation of these services has highlighted some salient issues that need to be addressed. The scale up of HTC has led to some task shifting, including nurses performing tests and providing counselling. Inevitably, some uncertainties have arisen for the counsellors regarding counselling to individuals whose HIV test result was negative, but who may have been at risk. Another issue has been how to more effectively detect HIV acute infections, and stop transmissions at a time of high infectiousness. Experience from the field will be shared and the updated key messages, testing strategies and guidance to HTC services will be presented.