

Meeting Report

CIPHER Cohort Collaboration Meeting

3 March 2014, Boston, USA



Contents

1 About the Meeting.....	3
2 Welcome & Introductions	3
3 Review of Progress to Date	3
4 CIPHER Background	3
4.1 Needs Assessment.....	4
4.2 CIPHER Grant Programme.....	4
4.3 Online Paediatric HIV Database	4
4.4 Other Activities and Future Directions.....	5
5 CIPHER Cohort Collaboration.....	5
5.1 Project Oversight & Management.....	6
5.2 Presentation on Data Management.....	8
5.3 Presentation on Adolescent Analysis	9
5.4 Presentation on First-line Analysis.....	9
5.5 Brainstorming on Future Directions & Funding Possibilities	10
5.5.1 Research Gaps.....	10
5.5.2 Possibility of an ILF Roundtable on Paediatrics.....	10
6 Draft Agenda for IWHOD Meeting.....	11
7 Conclusions & Next Steps	11
Annex 1: CIPHER Cohort Collaboration Meeting Participants.....	12
Annex 2: CIPHER Cohort Collaboration Meeting Agenda	14

1 About the Meeting

The CIPHER Cohort Collaboration meeting took place in Boston, USA, on 3 March 2014 as a CROI-affiliated event. The objective of this meeting was to kick off the collaboration and provide an opportunity for the group to review and discuss the concept notes and operational plan for working together. Future directions were also discussed. All collaborating groups were represented, as well as additional investigators from certain cohorts/networks that have been contributing data to and working with them on the CIPHER projects.

2 Welcome & Introductions

Lynne Mofenson opened the meeting, welcoming participants and emphasizing the importance of working together. She explained how difficult it can be to get paediatric HIV as a priority on research agendas, but also mentioned that as a group, it is something that can be achieved. She noted that the meeting had nearly doubled in size since last year's meeting in Venice, Italy, and welcomed the additional cohort investigators contributing to the CIPHER Cohort Collaboration, as well as representatives from WHO, the US Centers for Disease Control and Prevention (CDC) and the US President's Emergency Plan for AIDS Relief (PEPFAR).

3 Review of Progress to Date

Linda-Gail Bekker reminded meeting participants how great it is that paediatrics is one of the three new key priorities of the International AIDS Society (IAS). She also discussed how CIPHER is funded by ViiV Healthcare and mentioned that ViiV is willing to have other funders on board.

4 CIPHER Background

Marissa Vicari gave an overview of CIPHER's background, presenting it as the flagship paediatric initiative of the IAS. She explained how the initiative builds on work of the IAS-Industry Liaison Forum (IAS-ILF) in promoting HIV research relevant to women and children in resource-limited settings (RLS). CIPHER was launched in 2012 as a two-year initiative with a grant of £1.5 million from ViiV Healthcare. Its main goal is to optimize clinical management and delivery of services to infants, children and adolescents affected by HIV in RLS, through research promotion and advocacy.

In its first two years, CIPHER focused on two main objectives:

- Addressing targeted research questions to optimize service delivery and clinical management of infants, children and adolescents in RLS
- Supporting collaboration among paediatric HIV cohorts.

In 2014, CIPHER will be expanded as the paediatric priority of the IAS. This will include a broadening of the overall goal and objectives to include activities focused on questions of implementation, access and advocacy. Funding from ViiV for CIPHER in 2014 was announced on March 6 in an official [press release](#).

4.1 Needs Assessment

Laying the foundation for CIPHER in 2012/13, a comprehensive research agenda in paediatric HIV was developed, including a list of 12 clinical and operational research priorities. This was done through a comprehensive [Needs Assessment](#), including an extensive literature review and key informant interviews. As CIPHER progresses, part of its work will include updating the Needs Assessment, which serves as a guide to the programme.

In addition to identifying current knowledge gaps in paediatric HIV research, the Needs Assessment ensures that CIPHER complements, rather than duplicates, other initiatives and provides a basis for the CIPHER Grant Programme.

4.2 CIPHER Grant Programme

The CIPHER Grant Programme was launched at AIDS 2012 and was very well received, with 143 letters of intent submitted, underlining the reality that this is a funding gap area. To be eligible, all CIPHER grants must address one of the research gaps identified in the Needs Assessment.

To maximize impact, in 2013, CIPHER granted a total of US\$ 1 million for seven projects in Botswana, Ethiopia, Malawi, South Africa (three projects) and Uganda. Early feedback shows that CIPHER grantees are already having an impact of putting the health challenges of adolescents living with HIV on the agenda. In Ethiopia, adolescents living with HIV are now included as priority groups in the strategic framework for HIV investment (grantee Degu Jerene). In South Africa, CIPHER grantee Rebecca Hodes has been invited to join a national committee on creating youth-friendly spaces in clinics across the country.

Thanks to funding received later in 2013, CIPHER is going through the process of selecting two new grantees who were shortlisted during the 2013 grant programme. These grants will be awarded at AIDS 2014 in Melbourne, Australia. It is also hoped that CIPHER will launch a new round of grants in Melbourne (pending funding).

4.3 Online Paediatric HIV Database

On World AIDS Day 2013, CIPHER launched an online, searchable paediatric HIV cohort database, with an interactive map and complete cohort profiles to act as a forum and tool for researchers, funders and policy makers. The aim is for paediatric cohorts worldwide to register and contribute to the database. Currently, this online resource provides centralized information and contact details on paediatric cohorts, including data on overall numbers enrolled disaggregated by age, sex and route of transmission.

Most of the cohorts represented at this meeting have registered or are in the process of registering in the CIPHER database. Marissa thanked them for their participation in this important project and invited any comments.

4.4 JIAS Special Issue

In 2013, CIPHER produced a special issue of the *Journal of the International AIDS Society (JIAS)*, “Perinatally HIV-infected adolescents.” With the burgeoning population of perinatally infected children surviving into their adolescence, this publication covers some of the latest research addressing their unique needs and challenges with respect to their treatment and care. Issues discussed include heart, kidney, lung and bone health, as well as the psychosocial well-being, epidemiology, metabolism and neurodevelopment of these adolescents.

5 CIPHER Cohort Collaboration

The main objective of this meeting was to kick off the CIPHER Cohort Collaboration. Marissa gave a short history of the collaboration and an update on progress to date. The following table details the timeline and progress made since the first meeting in Venice.

13-15 May 2013: CIPHER Paediatric HIV Cohort Investigator Consultation	Committee structure established: executive committee, steering committee, two working groups
End of June 2013	First draft concept notes circulated
August 2013	Data centres request for proposals (RFPs)
End of September 2013	Last version adolescent concept
15 October 2013	Data centres proposal submitted
Mid-November 2013	Last version time on first line concept
25 November 2013	Data centres notified
December 2013	Funding for 2014 cohort meeting secured

From 13-15 May 2013, CIPHER convened a Paediatric HIV Cohort Investigator Consultation with investigators from the major paediatric HIV cohorts worldwide. The objectives of the meeting were to establish a baseline description of the cohorts and their activities, and to identify priority gaps needed to inform policy that could be addressed by cohort collaboration and a mechanism for addressing those gaps.

The objectives of the consultation were achieved beyond expectations (the meeting report is available upon request). Notably, the meeting defined a research agenda of knowledge gaps that can be addressed by

cohort collaboration and resulted in agreement of the investigators present to collaborate on data-sharing projects. The projects are looking at two critical research gaps in paediatric HIV: the durability of first-line antiretroviral treatment in children in RLS; and the global epidemiology of adolescents living with HIV since birth.

The planned partners for the projects are:

- A Prospective Surveillance Study of Long-term Outcomes in HIV-infected Infants, Children, and Adolescents (IMPAACT P1074 and Pediatric Late Outcomes Protocol PACT/IMPAACT219/219c)
- Baylor International Pediatric AIDS Initiative at Texas Children's Hospital (BIPAI)
- Caribbean, Central and South America Network for HIV Research (CCASAnet)
- East African International Databases to Evaluate AIDS (EA-IeDEA)
- European Pregnancy and Paediatric HIV Cohort Collaboration (EPPICC) (including PMTCT and Eastern European cohorts)
- Identifying Optimal Models for Care in Africa (Optimal Models ICAP)
- International Epidemiologic Database to Evaluate AIDS Central Africa (CA-IeDEA)
- International Epidemiologic Database to Evaluate AIDS Southern Africa (IeDEA-SA)
- International Epidemiologic Database to Evaluate AIDS West Africa Collaboration (WADA and pWADA)
- Médecins Sans Frontières Paediatric Cohorts (MSF)
- Pediatric HIV/AIDS Cohort Study Surveillance Monitoring for ART Toxicities Study (PHACS SMARTT)
- TREAT Asia Pediatric HIV Observational Database (TAoHOD-IeDEA)

The consultation was held on San Servolo Island, Venice, Italy, alongside the 2013 Paediatric European Network for Treatment of AIDS-Infectious Diseases (PENTA-ID) meeting. Following the CIPHER consultation, all participants were graciously invited to stay and attend PENTA-ID 2013, allowing for an additional three days of discussion and exchange. Marissa thanked Dr Carlo Giaquinto on behalf of CIPHER and the group for his support and collaboration.

5.1 Project Oversight & Management

During the Cohort Collaboration meeting, a committee structure was established: an executive committee, a steering committee, a project oversight group and two working groups. The CIPHER Paediatric HIV Cohort Executive Committee is being chaired by IAS Governing Council member Linda-Gail Bekker with Lynne Mofenson and Shaffiq Essajee. It is responsible for providing strategic and scientific direction and advice, as well as technical input and support to help define policies and processes of collaboration.

The steering committee consists of one representative from each cohort network or independent cohort represented at the Venice meeting, as well as the members of the CIPHER Executive Committee. Members are responsible for responding to inquiries from the executive committee and IAS Secretariat, and

communicating with their represented cohorts to ensure that key relevant individuals within the cohorts are informed of any progresses. They are also responsible for providing feedback on the development of concept notes and processes for the collaborative projects, and for contributing data and supporting the implementation of the collaborative projects. Both the executive committee and steering committee are asked to identify new opportunities to promote the programme.

The CIPHER Paediatric HIV Cohort Project Oversight Group ensures that the work is delivered according to the proposal, within budget and within the proposed timeline. It is responsible for reporting back to the steering committee, providing regular updates and consulting with the steering committee on key questions regarding the overall direction of the project.

Two small scientific project teams will also be established to ensure that the project and concept notes progress and to discuss any methodological issues. They are responsible for developing the analysis plan, overseeing the analysis, writing the first draft of the manuscript and revising the manuscript to incorporate comments from the writing group. They report regularly to the project oversight group.

A Writing Group, headed by the co-chairs of the concept, will be established for each concept. The Writing Group will consist of representatives of cohorts and cohort collaborations that have contributed data to the analysis, as well as members of the Project Team who have made a significant contribution to the project, and will all be the named authors for the project. Each manuscript will contain an appendix entitled “CIPHER Cohort Collaboration,” listing the names of the Writing Group, and clearly stating authors’ contributions. In general, it is expected that this would include one representative from each individual cohort within each network or collaboration. At the time of writing this report it has been determined that the authorship policy needs to be further clarified by the group.

Discussion

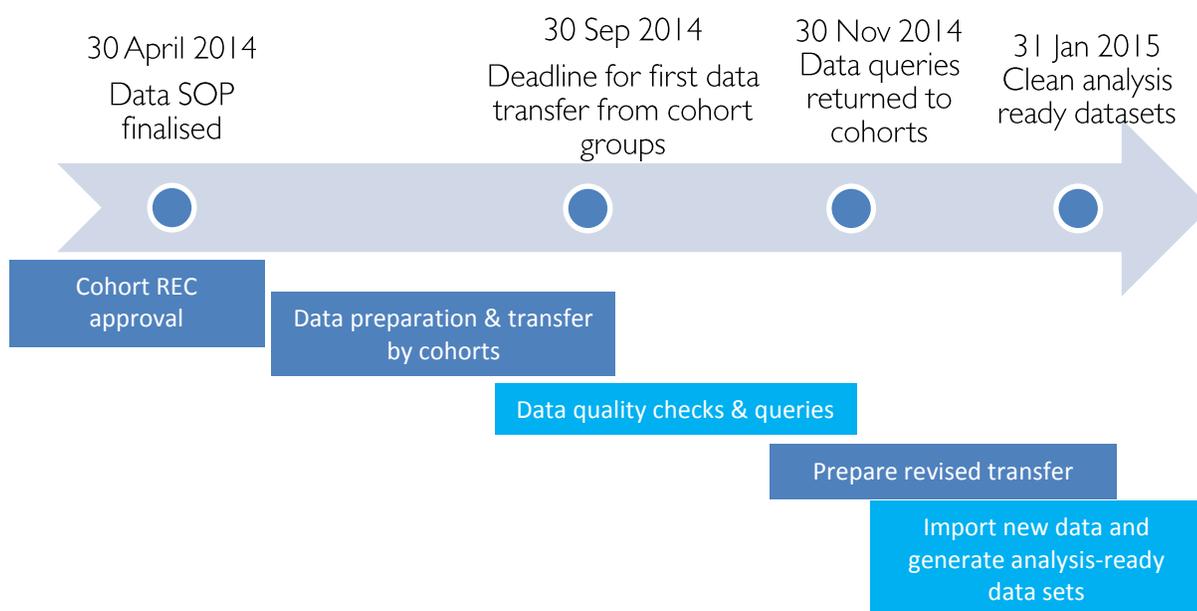
Lynne opened the discussion by outlining the role of the steering committee. She described it as a group aiming at facilitating communication among the various cohorts; it is also responsible for supporting brainstorming on the next steps of the collaborative projects by providing feedback from their cohorts. There is a need for new and young investigators to come up with new and innovative questions. This is an inclusive bottom-up process.

The group discussed the need to circulate information to all contributors to the project, to make sure that all involved can be updated on what CIPHER is doing. Such a mechanism would prevent having to add too many representatives to the steering committee, which should remain a small and efficient group that is easy to reach. It was decided that an email list would be created. Steering committee members were asked to send names for the list to the CIPHER secretariat. The idea is that each cohort, regardless of its size, should have a representative to be included in a list of emails or teleconferences to make sure everyone is regularly updated. Most of the work can be done through the Internet; it is primarily a matter of circulating the information to smaller cohorts within the larger networks.

5.2 Presentation on Data Management

Presented by Mary-Ann Davies, slides available: Data management for the projects will build on existing initiatives and data exchange standards to develop a Standard Operating Procedure (SOP) that can be used and adapted for future projects, using the HIV Cohorts Data Exchange Protocol (HICDEP) and leDEA Data Exchange Standard formats. Mary-Ann invited cohorts to share core and optional variables that they would like to see included in the new SOP. She also mentioned that each cohort group would have the opportunity to request some funding with substantive motivation. Available funds (\$80,000) will be shared among these cohort groups, with a maximum of \$10,000 per cohort group.

It is important to note that some cohorts/cohort groups will need separate ethics approval before their data can be submitted to CIPHER. In terms of the timeline, these processes must start as soon as possible. For the data transfer, each cohort group will have to sign a data-sharing agreement prior to transfer. Finally, all cohort groups should keep in mind the following timeline, with the intention of transferring data throughout the period before the different deadlines to make sure that the data management group does not receive all the datasets at the same time.



Discussion

Mary-Ann opened discussion by asking the various cohorts whether they could harmonize their data collected up to and including 2012 by 30 September 2014.

1. BIPAI is looking for additional funding, and if it receives adequate support, it might be able to reach the deadline.
2. The leDEA regions are optimistic about committing to the timeline proposal. Some of their data have already been set up in an electronic format thanks to its first-line analysis. However, as data transfer is region-dependent and happens about once or twice a year, there could be a lapse in the harmonization process. leDEA regions have data managers ready to undertake data extraction and

suggested that frequent communication would help ensure they stay informed of the data exchange standards that will be used in CIPHER.

3. leDEA East Africa stated that its ability to reach the deadline depended on whether the most recent dataset was also expected to be transferred, as this usually takes three months to compile. The most recent and up-to-date dataset is from July 2013.
4. leDEA West Africa can meet the deadline since the next data extraction is planned for September 2014.
5. leDEA Central Africa has no problem collecting the data, but this can vary a little, depending on the site.
6. EPPICC mentioned that its last data extraction was in September 2013.
7. PHACS has up-to-date data and is confident that it will be able to meet the deadline. However, it drew attention to the importance of being educated about the new format and agreed with leDEA on the need for assistance.
8. Optimal Models ICAP has data from five countries and it is confident that with clear guidelines, it can deliver these on time.
9. MSF said that considering its huge number of cohorts and datasets, it might have difficulties in getting the data on time.

Concerns were also raised regarding the availability of technical assistance. Many cohorts have never been through such a data harmonization process and acknowledged that it could be very time consuming. Mary-Ann confirmed that SOPs should be ready by April 2014 and that data managers would be able to provide assistance starting May 2014. A cohort representative should get in touch with the data managers to ensure this collaboration. Also, efforts will be made to find a format that is feasible for all the participating cohorts.

5.3 Presentation on Adolescent Analysis

Presented by Michael Shomaker (slides available): In discussion, the group identified two key concerns with the adolescent analysis: the different definitions of 'adolescent' used by the different cohorts; and the lack of information on disclosure and the transfer to adult care and treatment. Michael addressed these issues, confirming that the discussion on how to define 'adolescent' would continue in order to include relevant data in the final analysis. He also stated that the idea is to look at different cohorts to include as much data as possible. In terms of information about disclosure and transfer to adult care and treatment, such variables are often not available at scale, which is one of the main reasons why they are not included in the analysis.

5.4 Presentation on First-line Analysis

Presented by Jeannie Collins (slides available): The discussion on the first-line analysis identified an issue regarding the definitions of switch to second-line. Concerns were raised on how the different criteria would be documented. Jeannie proposed to first have a closer look at the data in order to know better how to use these definitions more accurately. However, she admitted the importance of expanding the definitions to mark a greater difference between the Southern and Northern regions.

On another note, she mentioned that the primary focus of the analysis is still to identify the durability of first-line treatments since an increasing number of children are failing. Starting with this goal in mind will reduce a lot of assumptions. Later on, the working group will be able to look at the global picture of switch to second-line treatment and try to relate the latter to different factors.

5.5 Brainstorming on Future Directions & Funding Possibilities

5.5.1 Research Gaps

Martina Penazzato opened the session by discussing the importance of joining both CIPHER and WHO research agendas. She explained how the Strategic Use of Antiretrovirals 3 (SUFA3) meeting identified priority paediatric research gaps in clinical and implementation science relative to revision of the 2013 WHO Consolidated Guidelines on the Use of Antiretroviral Drugs for Testing and Preventing HIV Infection. She seeks to collaborate with CIPHER and the cohort collaboration to jointly define different possibilities of contributing data and addressing these gaps within the timeline of the guideline revision schedule.

Lynne Mofenson mentioned the importance of publishing evidence-based ARV recommendations and asked what kind of data the CIPHER collaboration could provide that would then be used to support guideline revision, considering the generally low level of scoring of cohort data under the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system. There was concern that the timeline for guideline revision is quite short. The group briefly discussed ways to more closely collaborate with WHO.

5.5.2 Possibility of an IAS-ILF Thematic Roundtable on Paediatric HIV

The recently launched IAS-ILF Thematic Roundtable Series aims to convene scientific and technical experts from industrial and non-industrial organizations to discuss topics relevant to HIV where a multi-stakeholder approach can lead to solutions. The first of this series, on paediatric ARVs, was held in Geneva on 27 November 2013 and gathered representatives from 13 ARV manufacturers and 12 international organizations to identify challenges specific to paediatric ARVs and discuss multi-stakeholder approaches to addressing those challenges (meeting report available [online](#)).

Shaffiq Essajee presented the outcomes of this meeting, which highlighted key challenges and potential solutions to paediatric ARV development. One challenge identified, for example, is the difficulty of recruiting children younger than 12 years in clinical trials, which lengthens the time it takes to develop child-friendly formulations. Another challenge, related to regulatory approval and commercial production, is the disconnect between the specifications of some stringent regulatory authorities (e.g., the US Food and Drug Administration) and those of WHO. For example, age groups and weight bands are often defined differently by regulators and WHO. In post-marketing and surveillance, the need to better inform countries and policy makers about real-life advantages and issues with different formulations was also raised.

The group briefly discussed ways in which the CIPHER Cohort Collaboration could potentially collaborate with industry to address some of the issues raised at the paediatric ARV roundtable. Some of the investigators present were interested in joining the discussion through another roundtable to include strong industry participation.

At the time of writing this report, the IAS-ILF/CIPHER Thematic Roundtable on Paediatric HIV is planned to take place on Saturday 19 July 2014, in Melbourne, Australia, as a pre-meeting to AIDS 2014. The objective of the meeting will be to follow up from the roundtable on paediatric ARVs, starting from the outcomes of that meeting, bringing paediatric HIV cohorts into the discussion to share perspectives and identify potential synergies and opportunities for collaboration. This follow-up roundtable on paediatric HIV will widen the scope of the discussion from including mainly ARV manufacturers and international organizations to also including investigators from the largest HIV paediatric cohorts worldwide and other stakeholders as judged necessary.

6 Draft Agenda for IWHOD Meeting

A technical meeting reuniting the project teams will take place in Sitges, Spain, on 27 March 2014 to discuss the two SOPs.

7 Conclusions & Next Steps

CIPHER cohorts brainstormed other important questions that could be answered once the two projects are completed. They also discussed how to increase the collaboration with WHO and potentially with industry. Finally, they agreed on nominating a data manager and a representative for each project by 10 March 2014.

Annex 1: CIPHER Cohort Collaboration Meeting Participants

Last Name	First Name	Email
Abrams	Elaine	ejal@mail.cumc.columbia.edu
Amzel	Anouk	aamzel@usaid.gov
Anastos	Kathryn	kathryn.anastos@gmail.com
Arrive	Elise	Elise.Arrive@isped.u-bordeaux2.fr
Bekker	Linda-Gail	Linda-Gail.Bekker@hiv-research.org.za
Ben-Farhat	Jihane	Jihane.BEN-FARHAT@epicentre.msf.org
Chevalier	Anouk	Anouk.chevalier@iasociety.org
Childs	Tristan	t.childs@ucl.ac.uk
Ciannello	Andrea	ACIARANELLO@mgh.harvard.edu
Clarke	Kevin	kvc6@cdc.gov
Collins	Jeannie	jeannie.collins@ucl.ac.uk
Cotton	Mark	mcot@sun.ac.za
Dabis	Francois	Francois.Dabis@isped.u-bordeaux2.fr
Davies	Mary-Ann	mary-ann.davies@uct.ac.za
Dollfus	Catherine	catherine.dollfus@trs.aphp.fr
Edmonds	Andrew	aedmonds@email.unc.edu
Egger	Matthias	egger@ispm.unibe.ch
Ene	Lumi	lumiene@yahoo.com
Essajee	Shaffiq	sessajee@clintonhealthaccess.org
Giaquinto	Carlo	carlog@pediatria.unipd.it
Gibb	Diana	diana.gibb@ucl.ac.uk
Goodall	Ruth	r.goodall@ucl.ac.uk
Hazra	Rohan	hazrar@mail.nih.gov
Jourdain	Gonzague	gonzague.jourdain@phpt.org
Judd	Ali	a.judd@ucl.ac.uk
Kadasia	Bernard	Bernard.kadasia@iasociety.org
Keiser	Olivia	okeiser@ispm.unibe.ch
Lallemant	Marc	mlallemant@dndi.org
Latysheva	Inga	inga-latysheva@rambler.ru

Leroy	Valériane	Valeriane.Leroy@isped.u-bordeaux2.fr
Modi	Surbhi	smodi@cdc.gov
Mofenson	Lynne	mofensol@exchange.nih.gov
Morin	Sébastien	Sebastien.morin@iasociety.org
Myer	Landon	landon.myer@uct.ac.za
Naver	Lars	Lars.Naver@ki.se
Nuwagaba-Biribonwoha	Harriet	hn2158@columbia.edu
Patel	Kunjai	kpatel@hsph.harvard.edu
Paul	Mary	mepaul@texaschildrens.org
Penazzato	Martina	martina.penazzato@gmail.com
Pinto	Jorge	jorgeandradepinto@gmail.com
Rojo Conejo	Pablo	pablorojoconejo@aim.com
Scherpbier	Henriette	h.j.scherpbier@amc.uva.nl
Schomaker	Michael	michael.schomaker@uct.ac.za
Seage	George	gseage@hsph.harvard.edu
Siberry	George	siberryg@mail.nih.gov
Sibiude	Jeanne	jeannesibiude@yahoo.fr
Sohn	Annette	annette.sohn@treatasia.org
Teasedale	Chloe	ct116@cumc.columbia.edu
Thorne	Claire	claire.thorne@ucl.ac.uk
Tookey	Pat	P.Tooney@ucl.ac.uk
Turkova	Anna	a.turkova@ucl.ac.uk
Van Dyke	Russel	vandyke@tulane.edu
VanGulik	Clara	Clara.VanGulik@sydney.msf.org
Vicari	Marissa	marissa.vicari@iasociety.org
Vreeman	Rachel	rvreeman@iu.edu
Wanless	Sebastian	sebastien.wanless@yahoo.com
Warszawski	Josiane	josiane.warszawski@inserm.fr
Williams	Paige	paige@sdac.harvard.edu
Wools-Kaloustian	Kara	kwools@iupui.edu
Yotebieng	Marcel	yotebieng@unc.edu

Annex 2: CIPHER Cohort Collaboration Meeting Agenda

<ul style="list-style-type: none"> • Welcome and introductions 	Linda-Gail Bekker, Lynne Mofenson	8:30-8:50
<ul style="list-style-type: none"> • Review of progress to date 	Linda-Gail Bekker, Marissa Vicari	8:50-9:00
<ul style="list-style-type: none"> • CIPHER database 	Marissa Vicari	9:00-9:10
<ul style="list-style-type: none"> • Project oversight and management <ul style="list-style-type: none"> ○ Review of steering committee ○ Project oversight group ○ Project team ○ Writing group • Discussion 	Linda-Gail Bekker, Lynne Mofenson	9:10-9:50
<ul style="list-style-type: none"> • Presentation on data management processes, etc. • Discussion 	Mary-Ann Davies	9:50-10:40
<ul style="list-style-type: none"> • Coffee break 		10:40-11:00
<ul style="list-style-type: none"> • Presentation on adolescent analysis • Discussion 	Michael Schomaker	11:00-11:50
<ul style="list-style-type: none"> • Presentation on first-line analysis • Discussion 	Ruth Goodall, Jeannie Collins	11:50-12:40
<ul style="list-style-type: none"> • Lunch 		12:40-14:00
<ul style="list-style-type: none"> • Brainstorming on future directions and funding possibilities <ul style="list-style-type: none"> ○ Research gaps ○ Possibility of an IAS-ILF Thematic Roundtable on Paediatric HIV ○ Would a paediatric cohort investigator meeting in 2015 be useful? 	Linda-Gail Bekker, Shaffiq Essajee Martina Penazzato	14:00-15:20
<ul style="list-style-type: none"> • Draft agenda for IWHOD meeting, date of next year's meeting 	Linda-Gail Bekker, Marissa Vicari	15:20-15:40
<ul style="list-style-type: none"> • Conclusions and next steps 	Linda-Gail Bekker	15:40-16:00