



**AIDS  
2018** 22<sup>ND</sup> INTERNATIONAL AIDS CONFERENCE  
AMSTERDAM, NETHERLANDS  
23-27 JULY 2018  
BREAKING BARRIERS • BUILDING BRIDGES

**CONFERENCE  
REPORT**



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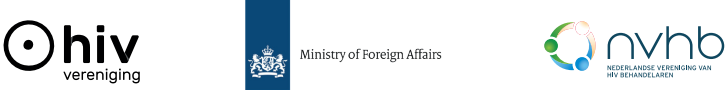
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# ACRONYMS AND ABBREVIATIONS

<b>AIDS 2016</b>	21st International AIDS Conference	<b>PEPFAR</b>	United States President's
<b>AIDS 2018</b>	22nd International AIDS Conference		Emergency Plan for AIDS Relief
<b>ART</b>	Antiretroviral therapy	<b>PLHIV</b>	People living with HIV
<b>ARV</b>	Antiretroviral	<b>PrEP</b>	Pre-exposure prophylaxis
<b>dPrEP</b>	Daily pre-exposure prophylaxis	<b>PWID</b>	People who inject drugs
<b>DSD</b>	Differentiated service delivery	<b>PWUD</b>	People who use drugs
<b>DTG</b>	Dolutegravir	<b>SDGs</b>	Sustainable Development Goals
<b>edPrEP</b>	Event-driven PrEP	<b>STIs</b>	Sexually transmitted infections
<b>GIPA</b>	Greater Involvement of People Living with HIV/AIDS'	<b>TB</b>	Tuberculosis
<b>HCV</b>	Hepatitis C virus	<b>Trans</b>	May refer to transgender, transsexual or any other non- binary identification of sex or gender
<b>HIVST</b>	HIV self-testing		
<b>IAS</b>	International AIDS Society		
<b>INI</b>	Integrase inhibitors	<b>U=U</b>	Undetectable equals
<b>LGBTI</b>	Lesbian, gay, bisexual, transgender and intersex	<b>UTT</b>	Untransmittable
<b>MSM</b>	Men who have sex with men	<b>UNAIDS</b>	Universal test and treat
<b>NGO</b>	Non-governmental organization		Joint United Nations Programme on HIV/AIDS
<b>PEP</b>	Post-exposure prophylaxis	<b>WHO</b>	World Health Organization

# TERMINOLOGY

Key populations refer to men who have sex with men, people who inject drugs, sex workers and transgender people.

Priority populations refer to people living with HIV and groups outside of key populations who may be at increased risk of acquiring HIV, for example, adolescents, indigenous people, migrants, refugees, internally displaced persons, people with disabilities, prisoners and other incarcerated people, people of advanced age and women and girls.

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## INTRODUCTION

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), 21.7 million people living with HIV are accessing antiretroviral therapy, a dramatic increase of 2.3 million people since 2016 [1]. Yet recent progress on preventing new HIV infections and AIDS-related deaths has not been sufficient to achieve ambitious global targets. We are seeing declines in high-level political will and funding and alarming spikes in new HIV cases among key groups, including adolescent girls in sub-Saharan Africa and drug users in Eastern Europe and parts of Asia. Ultimately, while much progress has been made over the past two decades, the fight against HIV is far from over.

In July 2018, more than 14,000 delegates from more than 175 countries gathered at the 22nd International AIDS Conference in Amsterdam (AIDS 2018) to discuss these issues and opportunities to accelerate progress. With the theme Breaking Barriers, Building Bridges, nearly 3,000 abstracts were presented from more than 100 countries. Highlights from the conference included: presentations on rights-based approaches in Eastern Europe to more effectively reach key populations; promising results of potential new vaccines; innovations in diagnostic technologies; and advances in prevention, testing and treatment, featuring a presentation on preliminary findings from the rollout of pre-exposure prophylaxis (PrEP) in key countries. At the conclusion of the conference, approximately 2,400 people signed the Amsterdam Affirmation, confirming their commitment to supporting sustainability, ending exclusion and amplifying the voices of advocates to move the dial on the AIDS epidemic.

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*“The most important barriers we need to continue to break are those which promote and sustain the inequity in the response to the epidemic, and the key bridge we need to build is the one moving us from inequity to equity.”*

**Peter Reiss, AIDS 2018 Local Scientific Chair and Professor of Medicine, Amsterdam University Medical Centers, University of Amsterdam**

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Ultimately, with an estimated 1.8 million new HIV infections in 2017, there was widespread agreement at the conference that the current pace of scale up of evidence-informed initiatives must increase rapidly and immediately to make lasting gains against the epidemic.

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*“Together, we will hold policy makers and donors accountable to the evidence – the end of AIDS will only come from prioritizing science-based policies, ensuring adequate funding and working hard together to be certain that no one is left behind.”*

**Linda-Gail Bekker, President of the International AIDS Society (IAS) and International Scientific Chair of AIDS 2018**

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AIDS 2018 Co-Chairs, Linda-Gail Bekker and Peter Reiss enter the stage for the AIDS 2018 Opening Ceremony



Dinah de Riquet-Bons and Minister Kaag join hands at the AIDS 2018 opening ceremony



# THE AMSTERDAM AFFIRMATION

Much has changed since the global HIV community convened at the previous International AIDS Conference in Durban in 2016. Advances in science have been significant, including widespread acceptance that HIV is untransmittable with an undetectable viral load, increased PrEP rollout, innovative treatment delivery methods and promising developments in cure and vaccine research. But while there have been success stories, prevention efforts continue to lag and new HIV infections are still on the rise among key populations and young women and girls. These groups continue to experience high levels of structural violence and stigma. Coupled with a rising tide of populism, questionable political commitment and leadership and declining financial resources, the HIV response is operating in a fragile environment. People, politics and power lie at the heart of the AIDS epidemic. How these intersect will continue to be critically important in achieving the agreed global targets and universal health coverage.

## SUPPORTING SUSTAINABILITY

**INFORM THE GLOBAL HEALTH AGENDA:** Silos in service delivery for co-infections, including STIs, TB and viral hepatitis, and co-morbidities remain. Breaking these down opens up under-utilized opportunities to improve health outcomes and scale up integrated, people-centred approaches within the framework of universal health coverage that could strengthen health outcomes for millions more. But to end these epidemics, access to quality and affordable essential medicines, diagnostics and vaccines for all will be critical. Non-communicable diseases like diabetes and hypertension will also require synergistic responses.

**SCALE UP EVIDENCE-INFORMED PROGRAMMING:** In the face of a growing “anti-science” agenda, including the expansion of the global gag rule, the role of science continues to be central. Programmes must be pragmatic, responding to individuals’ lived realities and addressing the local epidemic informed by quality data. Prevention programmes that are targeted at the national, regional and community levels will be essential. Common to all must be harm reduction, comprehensive sex education and sexual and reproductive health programmes that include PrEP and PEP.

**INCREASE POLITICAL COMMITMENT:** Strengthening political commitment and securing financial and human resources will be key to accelerating scientific research towards preventative vaccine strategies, long-acting and injectable PrEP and HIV cure research, as well as ensuring that solid pharmacovigilance systems are in place. Moreover, political will and commitment is necessary to scale up domestic resources for prevention and treatment and to change prohibitive drug policies into enabling environments that ensure access to harm reduction.

## ENDING EXCLUSION

**FOCUS ON KEY POPULATIONS:** Gay men and other men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers and transgender people continue to be disproportionately affected by HIV. Enabling environments must be created through affirmative and empowering education, workplace and social protection programmes, including promotion of the GIPA principle and the removal of laws, policies and practices that criminalize and continue to stigmatize, marginalize and discriminate against key populations.

**PROMOTE GENDER JUSTICE AND SEXUAL RIGHTS:** Gender inequalities make young women and girls especially vulnerable to HIV. Efforts to achieve gender justice for women in all their diversity must include gender-transformative approaches that have impact at societal levels, integrating HIV and sexual and reproductive health and rights into programmes, addressing coercion and gender-based violence, and engaging men and boys in innovative ways to advance gender equality.

**ADDRESS NEEDS OF PRIORITY POPULATIONS, INCLUDING MIGRANTS AND INDIGENOUS PEOPLE:** A lack of access to healthcare services, limited social protection and increased social exclusion are just some of the factors that contribute to the heightened vulnerability to HIV experienced by migrants, refugees, indigenous people and racial minorities. Structural barriers to HIV-related services must be addressed, including through effective cross-border health services initiatives, bringing mobile clinics into remote communities and challenging perceptions of “health tourism”, particularly in conservative settings.





## AMPLIFYING ADVOCATES

**INVEST IN FRONT-LINE HEALTHCARE WORKERS:** Increased investments must be made in healthcare workers, including their hiring and pre- and in-service training, to ensure that they can provide quality and client-centred care, especially to adolescents and young people. Front-line and community healthcare workers, in particular, should also be front and centre in advocating for universal health coverage and health systems strengthening to increase access to comprehensive HIV and other health services for all.

**STRENGTHEN COMMUNITY RESPONSES:** Where activists, advocates and service providers are being sidelined, their place in holding political leaders to account must be reaffirmed. The community space in delivering services must be adequately resourced, supported and sustained in all country contexts, particularly where governments are not able or willing to provide services or where civil society is sidelined.

**SUPPORT HUMAN RIGHTS DEFENDERS:** Increasingly, the HIV community, including researchers and the next generation of young leaders and advocates, needs to find common ground with, and mobilize in support of, other coalitions that inspire broader societal change, such as campaigns calling for an end to sexual violence. Standing together with other movements will be a way to change and challenge cultural norms, perceptions and practices to overcome the pervasive stigmatization and discrimination that people living with and affected by HIV face.

We, the undersigned, reaffirm our commitment to supporting sustainable and synergistic programming, promoting inclusion and amplifying the voices of a wide range of advocates, including scientists, researchers and civil society, to ensure that the most vulnerable and marginalized are not left behind in the HIV response. Despite prevailing conservative ideologies that bring significant funding and implementation challenges, we must seize the opportunity in Amsterdam to build bridges towards a more dynamic, inclusive and multi-sectoral response. HIV has taught us fundamental lessons about humanity, and we must not forget these lessons at this critical crossroads in the HIV epidemic where we have the opportunity to build on progress to date or risk losing the gains we have made.

We must not be gagged. Now, more than ever, we need people, politics and power to come together to deliver a more just and inclusive response.

**Signed: 2,491 stakeholders**



# WHO WAS THERE?

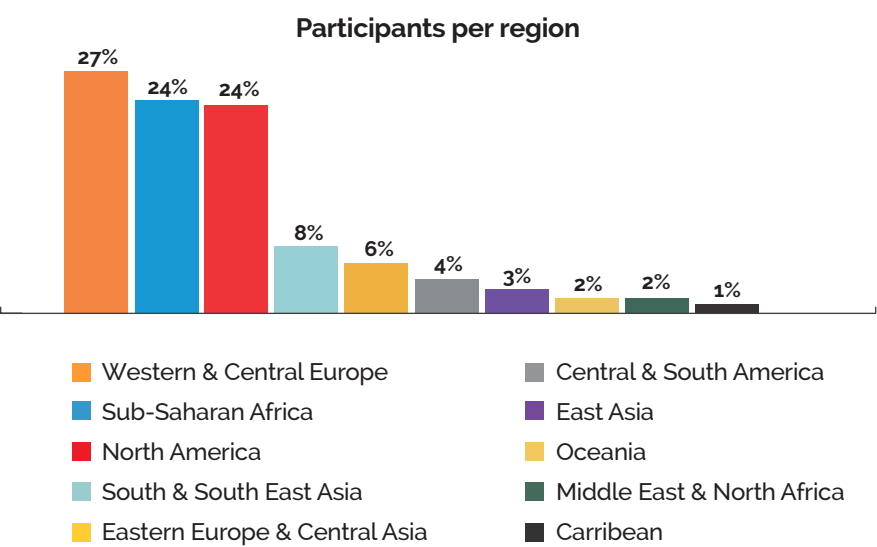


Delegates outside a session at AIDS 2018

## COUNTRY AND REGION

AIDS 2018 brought together 15,625 attendees, of whom 14,203 were participants from 175 countries. The remainder were accompanying visitors, organizers, staff, suppliers and volunteers.

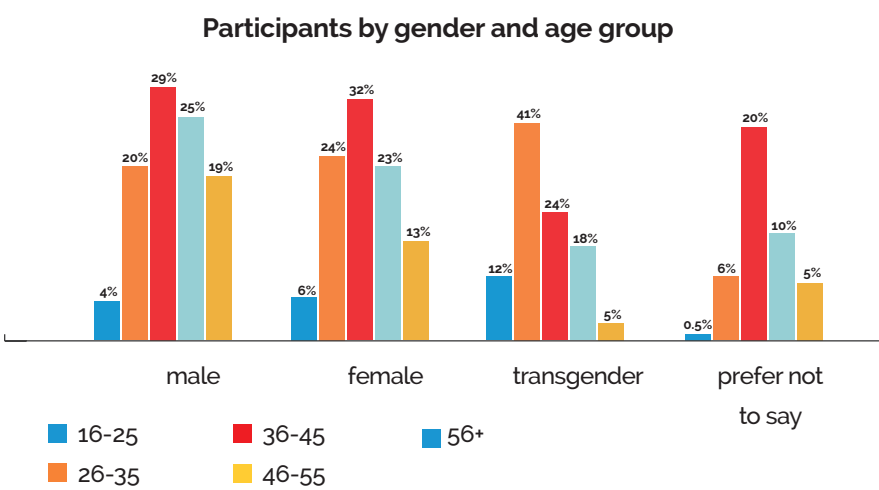
Overall, 8.3% of the participants were scholarship recipients and 6.1% were students, youth or postdoctoral researchers. Participants also included media representatives (4.8%) and exhibitors (4%).



The majority of participants were from sub-Saharan Africa, Western and Central Europe and North America. The top 20 countries represented were the United States, the Netherlands, United Kingdom, South Africa, France, Kenya, Switzerland, Canada, Uganda, India, Zimbabwe, Germany, Nigeria, Australia, Ukraine, Brazil, China, Thailand, Argentina and the Russian Federation.

## GENDER AND AGE GROUP

There was an even split among men and women at AIDS 2018 with less than 1% difference. One percent of participants identified as transgender and more than 7% preferred not to provide this information. The majority of younger delegates were female.



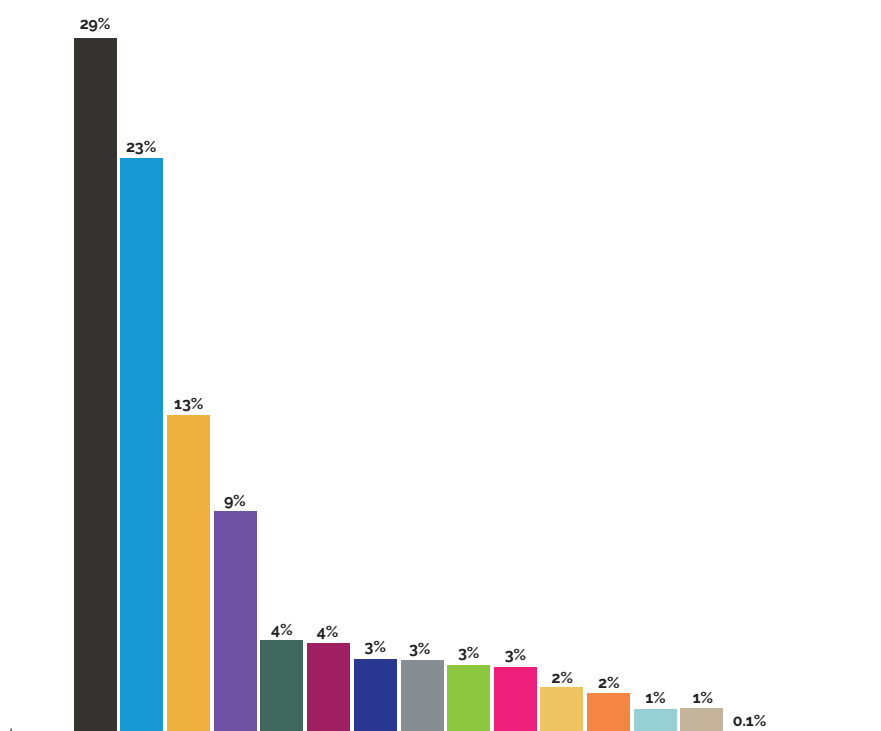
The majority of participants – nearly one-third (30%) – were between the ages of 36 and 45. Young people under the age of 25 made up 5% of participants.





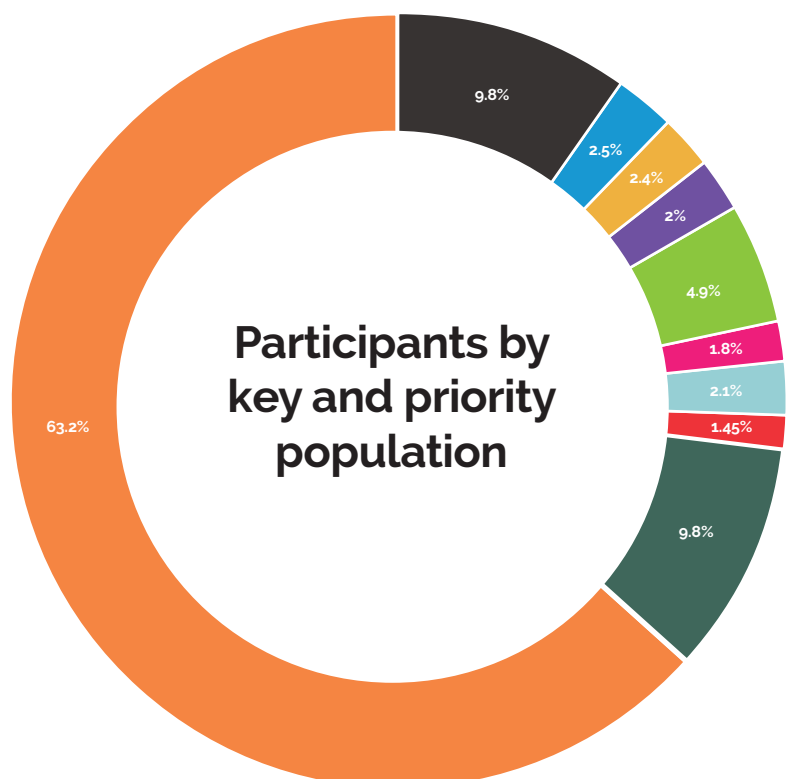
Charlize Theron listens to activists as she walks around the Global Village

## AFFILIATIONS AND INSTITUTIONS



- Non-governmental organization
- Academia
- Government
- Hospital/clinic
- Media organization
- Pharmaceutical company
- Private sector
- Grassroots community-based organization
- People living with HIV/AIDS group/network
- Other organization/affiliation
- Intergovernmental organization
- Charitable foundation
- Self-employed/consultant
- Faith-based organization
- Cooperative

## KEY AND PRIORITY GROUPS



- Men who have sex with men
- People who inject drugs
- Sex workers
- Transgender people
- Adolescents (10-19) and young people (15-24)
- Migrants and displaced people
- Indigenous persons
- People with disabilities
- People living with HIV
- None given

## WHAT WAS SHARED?

This section provides a snapshot of research presented in each of the five conference tracks.

### 90-90-90 AND SUSTAINABLE DEVELOPMENT GOALS

Several global goals and targets frame the current HIV response. UNAIDS has set a target of "90-90-90" that calls for 90% of people living with HIV to be diagnosed and 90% of those identified people with HIV to start on treatment, which should suppress the disease to the point that it is undetectable in 90% of cases by 2020 [2]. The Sustainable Development Goals (SDGs) call on countries to end the epidemic by 2030 and also highlight intersections between vulnerability to HIV, poverty, inequalities and social exclusion, providing opportunities to integrate HIV responses within broader health and development efforts [3]. An additional fast-track target agreed upon by the United Nations General Assembly in 2016 is to reduce the number of new infections per year to 500,000 by 2020.

Yet according to UNAIDS, **the world is off track to meet these targets** and, without drastic change, projects a possible resurgence of the epidemic – a message that was strongly emphasized throughout the conference. **Reaching the final "10-10-10" is proving to be problematic.** Speakers warned that the targets themselves could leave key populations, who currently account for 47% of people with new infections, even further behind. Risks and opportunities for the integration of the AIDS response into broader health and development agendas were recognized and debated [4]. Speakers agreed that this needs to be carefully done in order to ensure strong civil society engagement and continued focus on HIV.

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*"The 90-90-90 targets are actually 90-81-73 – this is not my mobile number – and the 10-10-10 is not Tintin but the populations that are being left behind."*

**Peter Piot, Director of the London School of Hygiene and Tropical Medicine**

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### ADOLESCENTS AND YOUNG PEOPLE

The programme featured a plethora of youth-focused sessions and events, reflecting the growing recognition that **adolescents, notably young women and girls, continue to face a disproportionately high risk of becoming HIV positive**, especially in sub-Saharan Africa where the population is set to rapidly increase and where new infection rates are on the rise among young people [5,6]. Research presented showed that while some progress has been made, reducing the HIV burden among young people in the region will require **better access to HIV prevention, sexual and reproductive health [7] and HIV testing services [8]** – all of which should reflect and respond to the unique needs of this age group [9].

### CO-INFECTIONS AND CO-MORBIDITIES

The need for better **integration of HIV programming across broader healthcare** was also emphasized in the IAS-Lancet Commission report, "*Advancing global health and strengthening the HIV response in the era of the Sustainable Development Goals*" (IAS-Lancet report) [10], and was echoed throughout the conference. Research on integrating services showed that these initiatives deliver more effective and efficient care than programmes that look at a single health issue. Findings from one promising approach **combining HIV testing and treatment with services for other diseases, such as TB, diabetes and hypertension** [11], found that communities receiving these combined services experienced higher viral suppression and lower HIV mortality, TB incidence and uncontrolled hypertension after three years. Notably, effective **interventions linking HIV and sexual and reproductive health services** were also emphasized as an important need, especially in the PrEP era.





HRH Mabel van Oranje-Nassau and Gunilla Carlsson (UNAIDS) on stage with an award winner



The Duke of Sussex attends the AIDS2018 conference with Sentebale Let Youth Lead Advocates from Lesotho and Botswana.



## COMMUNITY ENGAGEMENT AND RESPONSES TO HIV

Researchers shared promising approaches to the **active engagement of communities in research**, such as adolescent community advisory boards in Zambia [12] and a participatory process for developing a PLHIV quality of life scale [13]. Sessions also highlighted **current struggles and challenges of key and vulnerable populations in advancing human rights and legal reform agendas** [14] and initiatives that address some of these barriers, for example, Russian “street lawyers” who support people who use drugs (PWUD) and people living with HIV (PLHIV) [15]. In this context of vulnerability, scaling up funding and resources for efforts that promote the resilience of community systems is critical. Evidence presented from India, Russia, Tanzania, Ukraine and several countries in the Caribbean showed that strengthening community systems is most effective when those affected are involved in the design, implementation and monitoring of human rights programming [16].

## DIAGNOSTICS

An estimated 75% of people living with HIV are aware of their status, according to latest statistics from UNAIDS [17]. Since such improvements are not being seen across all populations, initial evidence indicates that **HIV self-testing (HIVST) is a promising alternative to help close this gap**. A study in Malawi [18] demonstrated the **increased likelihood of testing uptake with community-based HIVST** compared with clinic-based testing. Importantly, evidence presented from Zambia showed **no difference in time linked to care using this approach** [19]. The distribution of HIVST kits to young women was also shown to be an effective way to promote HIV testing among male partners and couples in western Kenya [20].

## DIFFERENTIATED SERVICE DELIVERY

New global guidelines have markedly increased the number of people living with HIV who are eligible for treatment, straining the capacity of health systems in low-resource settings to meet their needs. **Differentiated service delivery (DSD)**, a framework for tailoring HIV services to diverse groups of people living with HIV while maintaining a public health and human rights-based approach, is an opportunity to deliver services that are both lower cost and more effective in the long run. Early results from Ethiopia, South Africa and Zambia presented at AIDS 2018 showed that **less frequent appointments and easy drug collection were indeed improving clinical outcomes**. Studies of DSD also showed broad acceptability among key populations and improved outcomes. Countries are scaling up DSD for stable patients, and yet coverage is still limited. Additionally, measuring coverage and quality is a key challenge, and access to viral load testing services remains a barrier to broader scale up [21].

## DRUG RESISTANCE AND PHARMACOVIGILANCE

Drug-drug interactions remain a vital consideration for people living with HIV and the healthcare professionals who treat them. Presenters spoke about the challenges posed by the **lack of formal interaction studies for many drugs** [22] and about the common clinical challenges encountered, including **clinical pharmacology in pregnancy** [23], **therapeutic challenges related to transgender HIV-positive patients** (for example, interaction between hormones and antiretrovirals) [24] and **ageing** [25]. In the context of PrEP, findings presented showed that adding PrEP alongside other drugs (specifically methamphetamine and Viagra) while engaging in chemsex could mitigate HIV risk [26].

In terms of drug resistance, new insights were presented on acquired HIV integrase mutations [27], which compromise the efficacy of available first- and second-generation integrase inhibitors (INIs), the cornerstone of current recommended antiretroviral treatment strategies. Researchers pointed out that clinical resistance rates appear low, but likely remain of importance, especially with the further rollout of INIs in more resource-constrained settings where there is limited monitoring capacity.



## ECONOMICS, FINANCING AND SUSTAINABILITY

After several years of flat funding, in 2017, more than half of major donor governments decreased their HIV commitments [28]. While national governments are scaling up domestic spending on HIV, studies presented at the conference reported that **the majority of spending** on critical HIV prevention and treatment programmes was still coming from development assistance in high-prevalence countries [29]. Researchers called for **increases in domestic spending to ensure that the current declines in external financing do not threaten the nearly two decades of progress towards an AIDS-free generation**. This call was echoed in the IAS-Lancet report [30], which recommended **ending the siloed and vertical response to AIDS**, including reassessing the missions of existing institutions addressing the AIDS epidemic (for example, UNAIDS and the Global Fund) to move towards a broader global health purpose while also sharpening their commitments to HIV/AIDS.

## EPIDEMIOLOGY AND SURVEILLANCE

Several population-level studies from sub-Saharan Africa showed promising progress toward testing and treatment goals in the region. Namibia was celebrated for being the **first African country to reach the UNAIDS target for HIV viral suppression** of 73% of all people living with HIV by 2020 (77% of people living with HIV in Namibia are virally suppressed) and has seen a resulting 50% reduction of new HIV infections over the past three years [31]. eSwatini (formerly Swaziland), **the country with the highest HIV prevalence, has also reduced its rate of new HIV infections by 44% since 2011** through universal test and treat (UTT), a process where all people with HIV are offered immediate access to antiretrovirals (ARVs) regardless of their CD4 count. The MaxART study reported that the likelihood of achieving viral suppression improved dramatically using this strategy, with 79% of patients achieving viral suppression under UTT compared with just 4% under the current standard of care [32]. Further, Botswana reported that a package of interventions, including expanded HIV testing, earlier treatment and male circumcision, led to a 30% cut in new HIV infections over 30 months [33].



Yet despite these important successes, research showed that progress remains uneven. **Younger people and men are still less likely to be diagnosed and receiving treatment** and there are **large differences in epidemiology between and within Western, Central and Eastern Europe** [34]. Further, as AIDS mortality has decreased and individuals on antiretroviral therapy (ART) age, evidence from Canada, London and South Africa [35] showed that causes of death are now increasingly non-communicable diseases, malignancies and hepatitis C (HCV), highlighting the need for a more holistic approach to treating patients.



## HARM REDUCTION

Of the estimated 250 million people worldwide who use drugs, 12 to 13 million inject drugs and have roughly 24 times the risk of HIV infection [36]. Yet **only one out of six people globally receive services** and just four countries have managed to bring harm reduction to scale – this is one of the reasons the global community has fallen behind on its targets [37]. Speakers argued that a combination of factors contributed to this failure, but that ultimately **an immediate increase in resources is critical**. For example, redirecting just over 7% of funding currently spent on drug enforcement and control to harm reduction programmes by 2020 would lead to a 94% drop in new infections among people who inject drugs by 2030 [38].

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*“It is not people who use drugs who are broken, but the systems that fail to address their needs.”*

**Judy Chang, International Network of People Who Use Drugs**

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## HIV CURE

Studies presented at AIDS 2018 reflected the challenges in the HIV cure research field. The **RIVER study** was the first randomized controlled trial of a “kick and kill” strategy to reduce the HIV reservoir. Findings of RIVER showed that the study did not produce the result hoped for as it did not reduce viral DNA in human participants [39]. A second piece of unwelcome HIV cure news related to **vedolizumab**, an antibody that inhibits CD4 cells’ vascular adhesion and migration into the gastrointestinal tract where HIV focuses much of its attack on the immune system through 47 integrin blockade. Unfortunately, initial results from the human trial [40] on vedolizumab did not mirror a previous macaque study in which vedolizumab infusions facilitated durable virologic control following ARV treatment interruption [41]. Though the results of these two studies showed a long road to a cure, a number of presentations described promising novel approaches for targeting the HIV reservoir, including the use of chemotherapeutic drugs [for example, 42].

## HIV VACCINES

The conference featured the first long-term results from the **APPROACH** study, which is evaluating the safety of several different HIV vaccines currently undergoing clinical trials in East Africa, South Africa, Thailand and the US. Results from this trial included promising data on durability of immune responses among participants receiving seven different HIV vaccine regimens in an ongoing Phase 1/2a study [43]. A larger study called Imbokodo is already taking place with 2,600 HIV-negative women in southern Africa [44]. Another type of vaccine research featured at the conference was the use of bNAbs to halt transmission. One study found that the bNAb PGDM1400 could protect against high-dose viral challenges, but was unable to reduce viral loads when given during chronic infection [45].





Mark Dybul, Elton John and Erika Castellanos on-stage at AIDS 2018

## HIV IN EASTERN EUROPE

Eastern Europe is one of only two regions in the world where the HIV epidemic continues to rise rapidly. It is concentrated predominantly among key populations, people who inject drugs in particular, but there is low coverage of harm reduction and other HIV prevention programmes in countries in the region. A high level of stigma and discrimination of people affected by the epidemic remains the main barrier to people accessing HIV-related services. Researchers called for the scale up of treatment and prevention and, equally, highlighted the urgent need to prioritize tackling deep-rooted human rights barriers to accessing health services. In this context, the conference highlighted innovative and evidence-informed HIV responses [46], including the introduction of integrated, people-centred models of HIV services and innovative and inclusive HIV prevention, testing, treatment and care, with a view to adapting and scaling them up across the region.

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*“We cannot stay silent, we all must step out of our comfort zones and draw attention to communities and regions like MSM in Central and Southeast Europe, which are left behind in the HIV response. The East of the EU is far from the 90-90-90.”*

**Ferenc Bagyinsky, NGO Delegation to the UNAIDS Programme Coordinating Board**

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## KEY POPULATIONS

An important emphasis of the conference programme was on key populations – people who inject drugs, men who have sex with men, sex workers and transgender people – all of whom are less likely to access HIV services due to social stigma, discrimination, criminalization and other structural barriers. As a result of these barriers, these **key populations currently account for 47% of people with new infections**. Evidence presented highlighted the need to ensure that efforts targeting these groups adequately address their unique needs. For example, in contexts **where same-sex behaviour remains stigmatized, digital connections are increasingly important**. Several innovative health promotion interventions engaging men who have sex with men in South-East Asia using social media, apps, online marketing, video tools and phone services to promote HIV testing [47] were highlighted at AIDS 2018. Integrating HIV into the broader health agenda was seen as posing an opportunity, a challenge and a risk for those most marginalized populations, and would need to be done in a way that does not exacerbate the vulnerability of these groups. Overall, progress will require representatives and ambassadors from within these key populations to sensitize and mobilize civil society and political allies to appropriately serve their needs [48].



## POLITICAL COMMITMENT

Key underlying themes of the conference were the generally shrinking civil society space, reduced funding for human rights and increasingly challenging political and social contexts. Looming large over the conference was **the shadow of the US Government's reinstated and expanded Mexico City Policy**, which bans US funding to non-US organizations that offer services and information related to abortion and, as of 2017, applies to non-governmental organizations (NGOs) receiving US President's Emergency Plan for AIDS Relief (PEPFAR) funding [49]. A number of sessions discussed how this policy has negatively affected HIV programmes. Presenters predicted that the consequences of this policy, including **discontinued programmes and services and the siloing of sexual and reproductive health and rights and HIV services**, would lead to reduced access to HIV prevention, testing and treatment services and would jeopardize the health of key and vulnerable populations by restricting the package of services they can receive [50].

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*"The reach of the global gag rule has been greatly expanded, and has the potential to roll back progress on HIV ... The evidence is clear: we need better integration of sexual and reproductive health and HIV services, not policies that make it harder for people to access healthcare."*

**Anton Pozniak, President-Elect of the IAS**

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## PRE-EXPOSURE PROPHYLAXIS AND OTHER PREVENTION TOOLS

The conference highlighted important findings of studies showing that **daily pre-exposure prophylaxis (dPrEP) or event-driven PrEP (edPrEP) could be offered at the choice of the user** to meet individual HIV prevention needs for at-risk people. New results from Prevenir [51] showed that both options (dPrEP or edPrEP) were highly effective for men who have sex with men, thereby strengthening the case for the safety and effectiveness of on-demand PrEP, an approach that has been included in guidelines for some countries and has the potential to boost the uptake of PrEP. A study from Amsterdam [52] provided data on people switching between dosing regimens, suggesting the value of a client-centred approach in providing PrEP. New research showing that **the use of Truvada for HIV prevention did not lower levels of feminizing hormones** offered reassurance for transgender women who are concerned about drug interactions [53]. Progress was also highlighted in the development of **"digital PrEP"** as a mechanism for monitoring PrEP adherence precisely and in real time [54]. Ultimately though, questions remained about the feasibility of rolling PrEP out in low-income countries.

Studies looking at other prevention methodologies examined the impact of syndemics, including co-occurring psychosocial conditions (such as substance abuse), that impact risks for transmission and disease progression [55]. Additionally, prevention interventions that are showing promise in being acceptable to hard-to-reach populations include technological innovations, such as online resources and apps, key population-led services [56] and the integration of PrEP delivery at family planning clinics [57].



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2018

INTERNATIONAL AIDS CONFERENCE  
AMSTERDAM, NETHERLANDS  
27 JULY 2018

TEARING DOWN BARRIERS  
BUILDING BRIDGES





## PRIORITY POPULATIONS: WOMEN, MEN AND MIGRANTS

Issues affecting **women and pregnancy** were a key focus at the conference. It featured **research and discussions on dolutegravir (DTG)**, with a particular focus on use by women of reproductive age and during pregnancy (detailed below under Treatment). Other notable research included a South African study on tailored safer conception care provided by nurses to serodiscordant and concordant couples [58] and a Cameroonian study that examined paediatric HIV positivity by different entry points besides prevention of mother-to-child transmission and key risk factors [59].

The biggest gap in the treatment cascade is heterosexual men's uptake of HIV testing, particularly men aged 25-34 [60]. The conference highlighted **emerging approaches to reaching men**, such as through HIV self-testing and community-based HIV testing services, geomapping to provide holistic packages of services in appropriate locations and reaching men where they gather [61].

The unique vulnerabilities of migrants were also spotlighted. Recently, the World Health Organization (WHO) concluded that while conflict and emergencies can disrupt HIV care, there is little risk that HIV is transmitted by people who are on the move. However, their vulnerability to HIV infection increases upon arrival in a new country. Studies presented at the conference showed that **laws criminalizing migrant status were associated with sexual risk** (for example, in Kazakhstan [62]) **and had a negative impact on health-seeking behaviours** [63]. Ultimately, the collection of high-quality evidence (time of arrival in country, time of diagnosis, CD4 cell count) was critical in building a counter argument to the claim that migrants are "health tourists" [64].

## STRUCTURAL BARRIERS

Socio-cultural issues that perpetuate HIV were a key focus of this conference. For example, studies showed that **"end demand" laws** (under which sex workers themselves commit no crime, but clients and any third parties are criminalized) **exacerbate vulnerabilities and barriers to healthcare for sex workers**, and ultimately reduce demand for HIV services [65]. Similarly, evidence showed that **HIV criminalization laws drive people living with and at risk of HIV away from treatment services**. Concerned that HIV criminalization laws are partly driven by a poor appreciation of the science around HIV, 20 of the world's leading HIV scientists launched the **Expert Consensus Statement on the Science of HIV in the Context of Criminal Law**, describing the best medical and scientific evidence around HIV transmission to inform the justice system [66].

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*"Simply put, HIV criminalization laws are ineffective, unwarranted and discriminatory. In many cases, these misconceived laws exacerbate the spread of HIV by driving people living with and at risk of infection into hiding and away from treatment services."*

**Expert Consensus Statement co-author and IAS President Linda-Gail Bekker**

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Activists march under the banner of 'Towards Zero Together'



President Bill Clinton addresses AIDS 2018 delegates





Conchita Wurst speaks at the opening ceremony of AIDS 2018



Activists at AIDS 2018



## TREATMENT

Treatment as prevention was a highlight of the conference, including the first results from PARTNER 2, **a follow-up to the landmark PARTNER study that indicated that “Undetectable equals Untransmittable” (U=U)**. The new study focused only on gay men and quantified the potential for HIV transmission during anal sex. The results indicated that **the risk of HIV transmission among serodifferent gay couples when HIV viral load is suppressed and undetectable is effectively zero** [67]. While there are still questions around how U=U applies to breastfeeding, the findings of PARTNER 2 provided the evidence for programming of rapid or same-day ART initiation and the shortening of the detectable viral load period [68]. More broadly, they also have the potential to raise public awareness of HIV, reduce stigma towards people living with HIV, decrease self-stigma, increase HIV testing, motivate early initiation of treatment and improve treatment adherence.

Dolutegravir (DTG) was another major focus within treatment, with two major studies presented at the conference highlighting its benefits. While the evidence showed that DTG monotherapy is not recommended [69], GEMINI-1 and GEMINI-2 demonstrated the **safety and efficacy of an experimental two-drug regimen of DTG plus lamivudine (3TC)** [70]. Additionally, real-world data from Brazil showed the effectiveness of three-drug regimens [71].

Yet some ministries of health have decided to withhold dolutegravir from women of childbearing potential due to recent safety concerns over the use of the drug in the early stages of pregnancy, as highlighted in the Tsepamo study, from which new preliminary data was presented at the conference [72]. While this issue requires further research, a modelling study featured at AIDS 2018 showed that avoiding the use of DTG in women of childbearing age carries risks for women, children and their partners that might outweigh the risk of neural tube defects [73]. In bringing forward this evidence, the conference provided a platform for women living with HIV in sub-Saharan Africa to demand that they, not ministries of health, should decide whether they receive DTG.

In its updated guidelines released at the conference, WHO recommends DTG-based treatment as the preferred option for adults, adolescents and children initiating ART, including women and adolescent girls of childbearing potential who have access to consistent and reliable contraception [74]. This highlights the **huge gap in access to reliable contraception and its lack of integration into HIV programmes**, especially in sub-Saharan Africa, where access to sexual and reproductive health services is emerging as a major challenge facing HIV treatment programmes.

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*“In some ways [it’s] very frustrating that it’s taken this particular issue to catalyze interest in this important area. Unmet need for effective contraceptive care for women, and particularly women living with HIV, is something we have been aware of for a very long time. The silver lining is now that there is interest, and there is an excellent opportunity to upscale the provision of the most highly effective methods of contraception to those who need them ... We need to operationalize this with urgency.”*

**Chelsea Moroni, Botswana UPenn Partnership and the Liverpool School of Tropical Medicine**

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## GLOBAL VILLAGE

The Global Village is a diverse and vibrant space within the conference venue that is open to the general public and conference delegates, with free admission to all. It intersects with the main conference programme, blending scientific sessions with cultural activities, live performances, networking zones, NGO booths, marketplace booths and art exhibits, with the aim of providing a platform for communities from all over the world to meet, interact and learn from each other.

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*"We need intersectionality. We need to work together. And we need to speak each other's message in order to be properly heard as a person, as a community, as a whole!"*

**Reina Foppen in her Global Village opening speech**

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Within this 8,000 square metre space, communities demonstrated the application of science and good leadership, and conference participants saw how science translates into community action and intervention. Global Village discussions focused on marginalized populations, leadership, meaningful youth participation in HIV programmes and creativity in solving challenges within the HIV response, and promoted synergies with other health and development priorities.

Session attendance and engagement of key and priority populations – including transgender people, sex workers, migrants and young women and girls – within workshops and discussion sessions showed the commitment, creativity and critical contributions of marginalized groups to the development of successful interventions and advocacy strategies.

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*"The Global Village is the best area as it is perfect for learning, networking and sharing stories, especially as an HIV-positive advocate."*

**Survey respondent**

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Throughout the conference, the Global Village held 37 panel discussions, workshops, presentations with question and answer sessions, and debates on current and emerging

HIV-related topics. Session topics ranged from quality of life with HIV, through building skills on fighting discriminatory laws, to the urgent need for funding and resources for issues affecting the transgender community. The main stage featured live performances of music, dance and theatre, including storytelling, the sex worker opera and a U=U dance party. Youth and adolescents were front and centre in the Global Village, with a Youth Pavilion hosting youth-led and youth-related meetings and forums.

In addition to structured sessions, the Global Village was host to a diverse exhibition space, including:

- **Networking zones** (32) that provided spaces for different communities, including transgender people and lesbian, gay, bisexual, transgender and intersex (LGBTI) groups, indigenous people, adolescents and children, sex workers, faith-based organizations, women and girls and regional civil society groups to meet and discuss. Issues of focus included treatment access, harm reduction, human rights and HIV, sexual and reproductive health rights and civil society's interface with the Global Fund.
- **NGO booths** (73), which showcased the work, programming, resources and strategies of HIV organizations from a broad range of countries
- **Marketplace booths** (21), which provided HIV-related NGOs and projects with an opportunity to sell their products to generate income for reinvestment into HIV programming
- **Art exhibitions**, which featured, among many others, voices and messages from Eastern Europe, activism by key populations, new ways of storytelling through drag graphic novels, transgender sex worker voices from China, a youth pop-up museum and condom couture
- **The film screening room**, which screened 40 films about HIV-related issues.

Out of survey respondents (see "How did it go" below), 94% visited the Global Village at least once, and 36% spent time there often throughout the conference.





Undetectable = Untransmittable dance party in the Global Village



Sex workers in the Global Village





Cameraman captures an AIDS 2018 plenary session



Journalists ask questions at a press conference on Eastern Europe and Central Asia



## MEDIA COVERAGE

Through interactive digital activities and large-scale media engagement, the science and major advances of AIDS 2018 reached millions of people, extending well beyond the conference halls.

Coverage of AIDS 2018 was predominantly driven by international consumer media. Of the consumer coverage in 2018, **more than half (112 stories) came from top-tier media outlets**, including **Agence France Presse, BBC, CNN, El Pais, Le Figaro, Le Monde, NBC, RFI, Sueddeutsche Zeitung** and **The Washington Post**. The conference was also covered by larger digital natives (such as **STAT** and **The Conversation**). The majority of Dutch media coverage was generated by several outlets (for example, **AT5, De Telegraaf, Het Parool** and **NOS**). Widely read medical and scientific outlets (for example, **MedPage, Monthly Prescribing Reference** and **Science**) also comprehensively covered the science presented at the conference, as did HIV trade media (for example, **AIDSmap.com, TheBody.com** and **POZ**). As of 3 August, one week after the official closing of the conference, AIDS 2018 had generated 345 original media stories, excluding pick up by newswires.

The topics receiving the most coverage in the media were the launch of the IAS-Lancet report, results from the Prevenir and PARTNER 2 studies, studies related to dolutegravir, Prince Harry and Sir Elton John's announcement of the MenStar initiative and the effects of the US Government's Mexico City Policy.

Innovative social media approaches were used to extend the conversation to those who could not take part in the conference in person, driving global participation. Digital activities featured a full week of interactive Facebook Live programming on the key topics of the conference and included discussions with Prince Harry, Charlize Theron and MTV Shuga. Other activities included freely available live streaming of press conferences and conference sessions, live tweeting and Instagram coverage and a Daily Delegate email with conference highlights and summaries. Overall social media engagement, defined as any mention, comment, "like" or retweet of AIDS 2018 content, more than tripled compared with 2016.



### SNAPSHOT MEDIA HEADLINES FROM AIDS 2018

- "'Dangerous complacency' looms over world AIDS meeting" from AFP
- "Sida: La PrEP, Ça Marche!" in Libération
- "Zero Transmissions Mean Zero Risk – PARTNER 2 Study Results Announced" in AIDSmap.com
- "Troubling Questions Remain About Whether A Popular HIV Drug Causes Birth Defects" in Science
- "Prince Harry, Elton John Honor Princess Diana's Legacy With AIDS Conference" on FOX News
- "How Trump's Abortion Gag Rule Policy Impacts The Global AIDS Crisis" on CNN



# HOW DID IT GO?

## KEY INFORMANT INTERVIEWS

Eleven stakeholders, including co-chairs, track leads, sponsors and partners, community members and speakers, provided in-depth feedback about the content of the conference, expected impact and recommendations for maximizing impact going forward.

## FOCUS GROUP DISCUSSION

Twelve conference delegates, including activists, community members, civil society networks, representatives of key populations and clinicians, participated in a one-hour focus group discussion at the conference venue and provided input on the content of the conference, its expected impact and recommendations for improvement.

## ONLINE DELEGATE SURVEY

Of the total 14,203 participants, 1,943 (13.7%) responded to a 20-question survey. The data and quotations that follow are all drawn from the survey, unless otherwise stated. The quotations used have been minimally edited for clarity and brevity where needed.

Survey respondents were largely representative of all delegates with respect to age, gender, region and organizational affiliation. All priority groups were represented by survey respondents, but the majority (62%) did not identify with any one group in particular. People living with HIV or self-identified as men who have sex with men and/or LGBTI each made up 18% of the total survey respondents. An equal proportion of conference delegates reported not identifying with any key or priority population.

Nearly half of respondents (45%) said this was the first time they had participated in an International AIDS Conference. Most respondents (82%) plan to attend the IAS Conference on HIV Science in 2019 or the International AIDS Conference in 2020.



AIDS 2018 volunteer



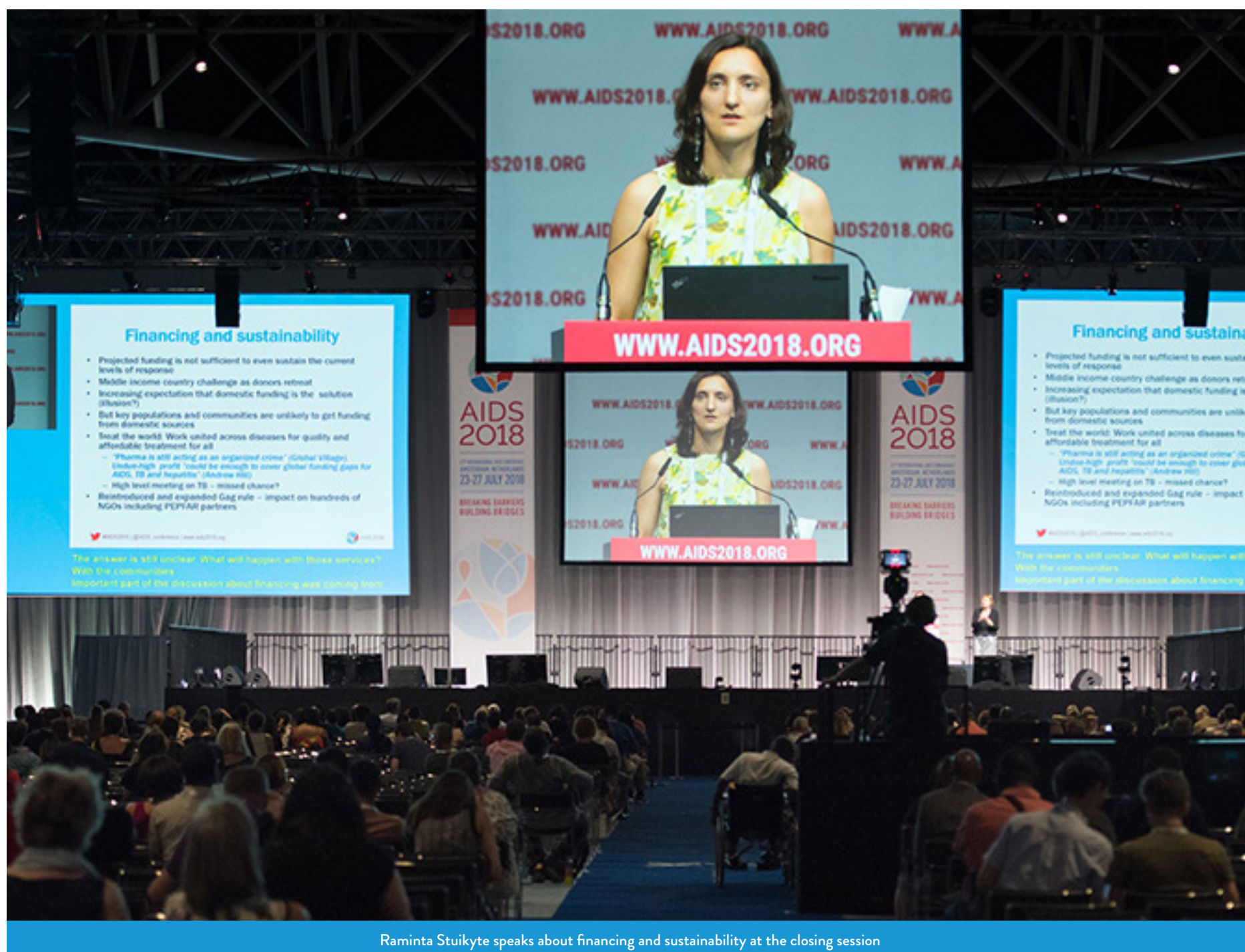


Mobile STI/HIV clinic at AIDS 2018



Mother and child outside a session





Raminta Stuiyte speaks about financing and sustainability at the closing session

## WHAT DID PEOPLE GET OUT OF IT?

### New knowledge on important incremental scientific advances

While it was widely recognized that the conference did not launch any groundbreaking research, key informants, survey respondents and focus group discussion participants emphasized the importance of the incremental new knowledge presented in the featured studies this year, particularly in the areas of treatment, treatment as prevention (U=U) and vaccine development. Survey respondents highlighted different areas of new learning, including on: adolescents and young people; community engagement in responses to HIV; global targets, including 90-90-90; key populations; and structural barriers. All groups mentioned that they appreciated the breadth and depth of the conference programme, with a clear overarching sentiment that the conference continues to highlight excellent research.

On the other hand, just over a third of people (36-40%) reported gaining very little or no new information on drug resistance and pharmacovigilance, vaccine, economics, financing and sustainability, diagnostics or cure.

Importantly, respondents emphasized that the conference not only successfully elevated important research findings in an understandable and accessible way, but “rounded out the science” by facilitating multi-faceted discussions on the implications of this research and by providing a platform for the community to engage on the issues, highlighting coverage of dolutegravir as an example. The linkages or cross-fertilization of issues between Tracks A and B were seen as being particularly valuable and it was suggested that the programme incorporate more of this across the other tracks in future.





Youth outreach session at AIDS 2018

### The recognition that the “end of AIDS” is nowhere in sight

The message that the world has fallen behind on its HIV goals and that continued “end of AIDS” messaging will only make things worse was loud and clear at AIDS 2018. Many interviewees were pleased that this “false and misleading rhetoric” was finally addressed and disproven at the conference and that the need for more urgent action was a primary theme that was echoed widely in the media.

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*“With progress on preventing new infections stagnant and the knowledge that tens of millions of people will need sustained access to antiretroviral therapy over the next few decades, we need to be vigilant to ensure that the pandemic doesn’t rebound. Officials, experts and activists agreed that this was a critical issue that needs to be addressed, and the message was heard loud and clear.”*

**Key informant**

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Importantly, despite this “reality check”, interviewees and survey respondents said that the atmosphere remained positive because the conference also highlighted a pathway for moving ahead. The sobering message that there is still more to do ran parallel to promising evidence of country-level progress and effective interventions, leaving participants with the feeling of “we can do it!”. Interviewees emphasized the need to capitalize on that energy following the conference and translate it into tangible impact.

### Drawing on the next generation

Participants recognized the stepped-up participation of young people and adolescents this year as a critical element of the conference, emphasizing that youth were prominently engaged both as participants and speakers. Conference organizers felt that they had come a long way in achieving this dynamic, and a broad range of respondents agreed, with one interviewee calling the 2018 conference a “turning point on youth”. That said, many emphasized that while AIDS 2018 was a good start, engagement of youth in the conference still needs work in order to ensure their maximum meaningful participation.

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*“The AIDS movement needs a rejuvenation of thinking – we’re a bit stuck. We can of course do better on treatment and many indicators, but in order to make a breakthrough, we need new technology and new approaches. We need the new generation to lead the way.”*

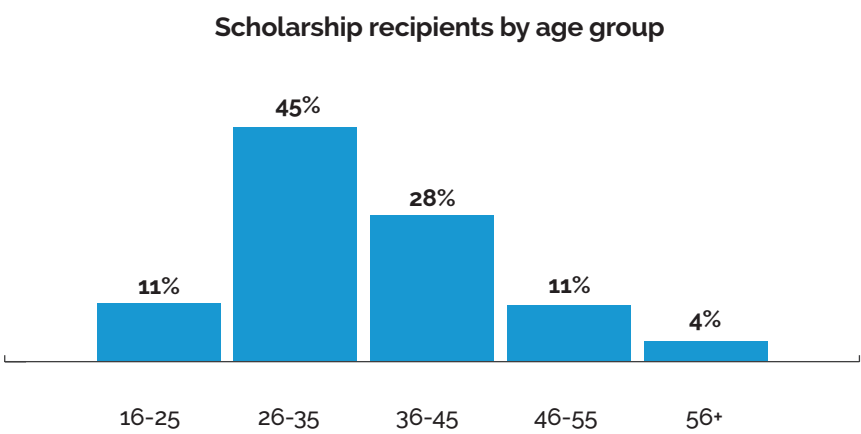
**Key informant**

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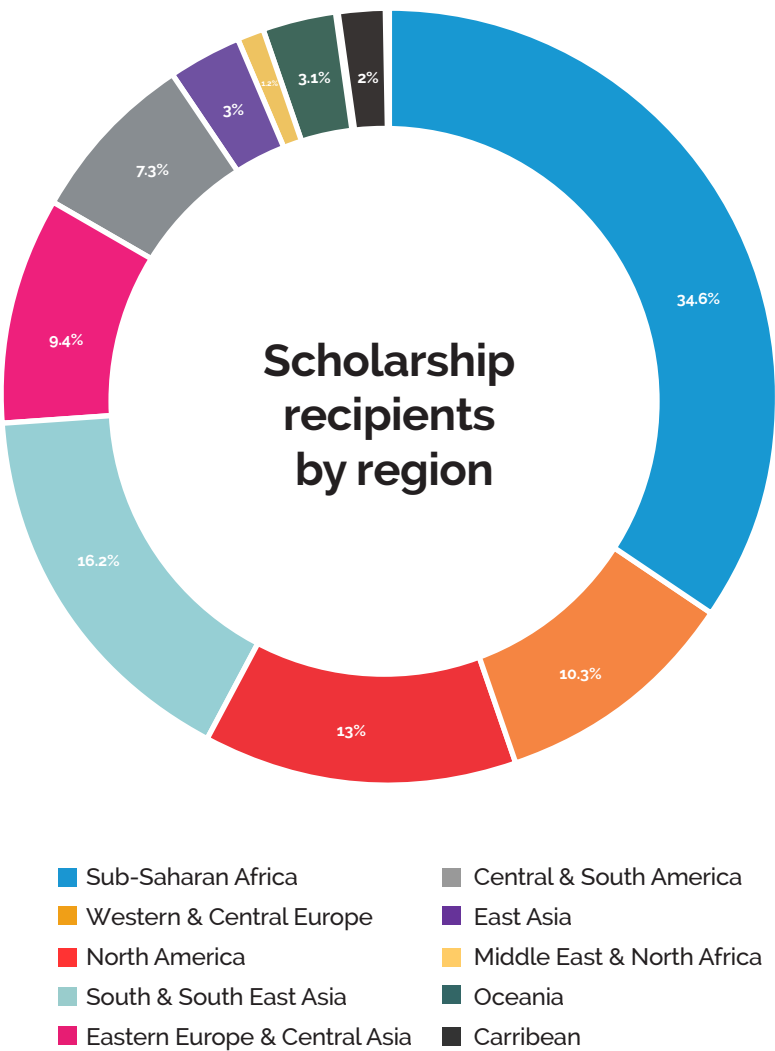
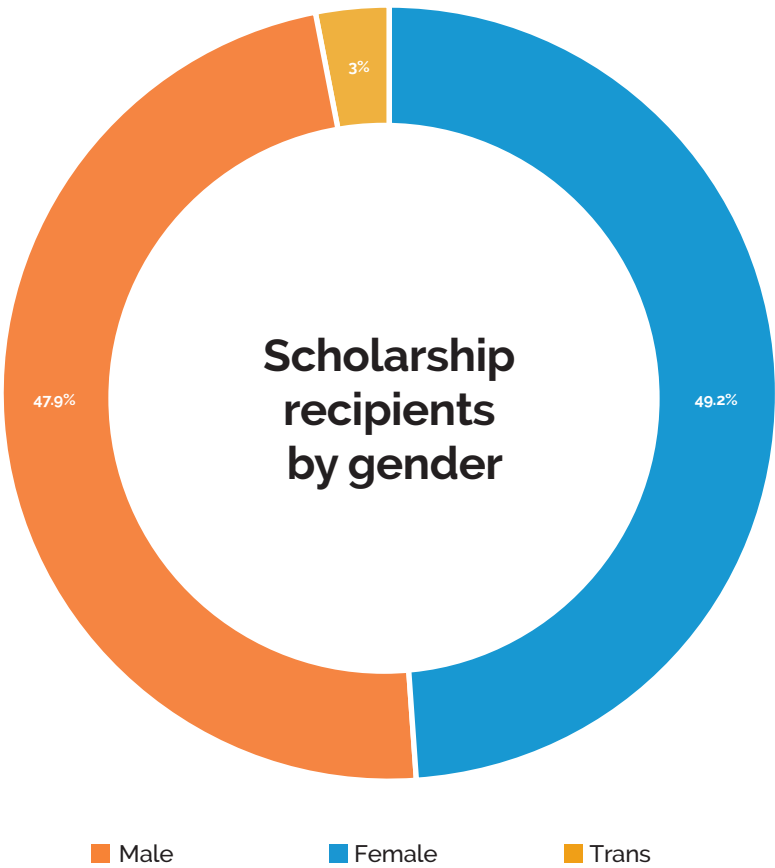
Scholarships

The IAS awarded one of three types of scholarships to a total of 1,267 people. The majority of scholarships (1,080) were awarded through the International Scholarship Programme to people from 124 countries. Priority was given to those whose participation would help enhance work in their own communities, those whose abstracts, workshops or activities were selected, and those the review committee thought would contribute to the transfer of skills or knowledge acquired at the conference. The majority of recipients were between the ages of 26 and 35 years. Eleven percent were under 26 years of age and an equal percentage were over the age of 50.



Additional scholarships were available to clinicians and HIV service providers through the IAS Educational Fund. These were awarded to 146 recipients, 20 of whom were people living with HIV.

Forty-one journalists from 27 countries were selected for the media scholarship programme. The majority were 26-45 years old and were from sub-Saharan Africa.









WILL IT MAKE A DIFFERENCE?

Impact on participants' work

Many respondents and interviewees emphasized that the conference is an important platform for networking and meeting people, and anticipated that this would benefit their work in the form of new partnerships and research opportunities. Nearly 80% of survey respondents said that they successfully networked and enhanced their professional circles by attending AIDS 2018, and many noted that they felt rejuvenated and excited to take away what they had learned and the connections they had built and apply them in their home countries.

*“This is a great conference that provides a wonderful overall experience to know/meet first hand all sectors of society affected by HIV/AIDS. It not only provides an enriching experience to enhance your knowledge, but also provides a great platform to network with other like-minded people working in the field of HIV across all borders.”*

Survey respondent

This aligns with the impact on survey respondents' work following the 21st International AIDS Conference (AIDS 2016) in Durban. Of those who attended AIDS 2016, 97% said that attending the conference had influenced their work in some way. Most indicated that they had shared new information with colleagues, communities, clients and leaders (83%), enhanced their professional networks (59%) and initiated at least one new project, programme or research piece inspired by AIDS 2016 (70%).

*“I learned a lot of very useful information from the educational programme to improve my research skills. Moreover, I met key researchers for scientific collaboration in my country. I would like to mention there [has been] a gap between doctors and scientist from Ukraine, but during our meeting, we found each other to build a network.”*

Survey respondent



Importantly, respondents noted the importance of the conference in building a sense of community, fostering the feeling that individuals are part of something bigger. For example, doctors noted that the conference identified the need and ignited their desire to act as activists for their patients. One respondent even said that they felt they had gained the tools to become an activist. While some respondents complained that the amount of protesting was a distraction, there was an overarching positive sense that the conference had created space for participants to speak out and would as a result likely continue to take action with a renewed sense of empowerment in their own communities.





Duduzile Dlamini, Prudence Mabele Prize winner

## Impact on policy and programming

While recognizing that putting HIV/AIDS at the top of the political agenda does not happen during the week of the conference, interviewees and survey respondents thought that Eastern European countries made some important advances in terms of sharing of good practices relevant to the region and that engagement at the conference would set the stage for peer pressure among countries to promote future progress. That said, some interviewees and survey respondents felt that there was not enough material or language translation relevant to Eastern European participants or to the epidemic specific to that region. Overall, respondents thought that it would be critical to “maintain the drumbeat going forward” in order to move the attention generated toward tangible progress.

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*“We all know that there's still a big problem in Eastern Europe. We worked to get it on the map [at this conference] and we now need to keep it there ... The focus needs to continue when the conference is on another continent.”*

**Key informant**

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Interviewees and survey respondents emphasized that only time would tell whether the conference would lead to any broader policy or funding change, but they did identify two main areas of progress in this regard. First, the conference messages on the need for renewed political commitment and funding were seen as a critical precursor to political action.

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*“We know that we remain far short of achieving our goals on the way to ending the AIDS epidemic. Without significant political will, including a renewed commitment and funding, we risk a full return of the AIDS epidemic. Looking to AIDS 2020, I hope to see that the United States and its allies recommit fully to addressing the epidemic. I also hope that we can work to change the discourse around the epidemic that has resulted in a complacency to address it.”*

**Key informant**

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Second, it was noted that several major funding commitments were made at the conference. The largest was a \$1.2 billion investment by donors, NGOs and pharmaceutical companies to expand the diagnosis and treatment of HIV among men. The Dutch Minister for Foreign Trade and Development Cooperation, Sigrid Kaag, also pledged an investment of 10 million Euros in the work of the Robert Carr Fund on HIV prevention for key populations for the next five years. Along with announcing more resources for LGBTI needs, Gilead committed itself to donating 5,000 courses of hepatitis C treatment over a three-year period in Russia, where it is estimated that more than 90% of people living with HIV are also infected with HCV.



## CONCLUSIONS

More than 90% of respondents agreed that AIDS 2018 was successful in reaching the conference objectives. Overall, people who were younger and who had not previously attended the conference were more likely to strongly agree that the objectives had been met.

**Objective 1:** Convene the world's experts to advance knowledge about HIV, present new research findings and promote and enhance global scientific and community collaborations in synergy with other health and development sectors.

Survey respondents overwhelmingly agreed (91%) that the conference provided new knowledge on integrating HIV services with co-infections and co-morbidities. They also agreed (89%) that it provided new insight into building new partnership and cooperation across sectors. Key informants noted that this year's conference featured more synergies with other health issues and was strengthened with the IAS-Lancet report, but noted that synergies could have been stronger. Respondents encouraged the IAS to continue prioritizing leveraged learning from other sectors.

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*"At the end of the IAS-Lancet Commission report, it says that the Commission is thinking about how they can give this advice practical hands and feet, how to translate it into practice. This won't be easy and it has to go step by step, but you need to ensure those steps continue."*

**Key informant**

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*"We need to watch and learn what other sectors are doing, and be careful or we will be left behind."*

**Key informant**

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**Objective 2:** Promote human rights-based and evidence-informed HIV responses that are tailored to the needs of particularly vulnerable communities, including people living with HIV, displaced populations, men who have sex with men, people in closed settings, people who use drugs, sex workers, transgender people, women and girls and young people.

About 95% of survey respondents thought that the conference enhanced global leadership and strengthened human rights-based and evidence-informed approaches to HIV.

In terms of enhancing global leadership and promoting a human rights-based response, one interviewee noted:

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*"The AIDS Conference has always been a space where science and activism meet. Whether it is a presentation of new research or a lively protest, the conference is consistently a platform for differing ideas, discussion and strategizing."*

**Key informant**

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Delegates watch a session at AIDS 2018

**Objective 3: Activate and galvanize political commitment and accountability among governments, donors, private sector and civil society for an inclusive, sustainable and adequately financed, multi-sectoral, integrated response to HIV and associated co-infections and co-morbidities.**

While 70% of survey respondents said that the conference successfully led to policy announcements and commitments made towards the HIV response, this was the lowest rated objective in terms of success. In explaining why they thought that the conference was less successful in this area, some respondents noted that not only did they think that there were few policy announcements, but that the commitments themselves were not strong enough. It was suggested that the conference play a role in holding those making commitments accountable for their promises. Others felt the IAS should bring more decision makers to the conference to drive their interest in bringing emerging science and evidence forward.

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*"[The IAS] should invite more government/policy makers for moving forward on policy and scaling up the research."*

**Survey respondent**

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**Objective 4: Address gaps in and highlight the critical role of HIV prevention, in particular among young people in all their diversity, and its integration in a range of healthcare settings.**

Nearly all survey respondents thought that this was a key feature of AIDS 2018, agreeing or strongly agreeing that the conference provided new knowledge on the latest research findings in HIV prevention, treatment and care (96%), as well as on the need to integrate HIV prevention services in a range of healthcare settings, including primary, private and community healthcare (93%).

Respondents recognized youth and adolescents as a major focus of the conference, and 93% felt that the conference successfully provided new knowledge to address gaps in HIV prevention among this group.

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*"AIDS is not over, [we] need to improve focus on prevention, key populations [are] still very important, multi-sectoral and comprehensive integrated approaches [are] the way forward."*

**Survey respondent**

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Delegates participate in the Positive Flame march

**Objective 5: Spotlight the state of the epidemic and the HIV response in Eastern Europe and Central Asia with a focus on investments, structural determinants and services.**

Respondents highlighted the presentation of new evidence relevant to these regions, as well as the urgent need to do more and "maintain the drumbeat" so that this initial momentum translates into impact. About one in five respondents (19%) said that they learned a lot about HIV in Eastern Europe and 45% reported significant learnings on structural determinants (including barriers to access).

*"Achieving an AIDS-free world is within [reach], which requires greater commitment from government, donors and key population members. The structural environment, where access to services is unhindered, is what is required to end AIDS."*

**Survey respondent**

*"Structural drivers, such as gender inequality, gender-based violence and stigma and discrimination, need greater investment also. There is no place for ideology in the HIV response."*

**Survey respondent**

*"[We need] to increase the visibility of Eastern Europe and Central Asia in the global context."*

**Survey respondent**



## HOW CAN WE DO BETTER NEXT TIME?

- **Improve the diversity of conference participants.** An overarching theme for many respondents was the need to make the conference more inclusive. They noted that, in the future, a wider range of countries and representatives of key populations should be present as delegates and included in the conference programme.
- **Continue to cultivate the meaningful participation of youth and adolescents.** It was recognized that the IAS has made important efforts to attract and support the involvement of young people and that they were engaged in sessions and in plenaries in 2018 more than ever before. Yet respondents suggested that there is still room to improve the meaningfulness of their engagement. It was suggested that this be done strategically, starting at the conference planning stage, and in a way that values the unique needs and contributions of youth. For example, because youth are often unsalaried, it will be critical for the IAS to compensate youth for their participation.
- **Expand the scholarship programme.** All levels of respondents noted that the cost of the conference is prohibitive for many. Suggestions included increasing the number of scholarships, particularly for young people and representatives of key populations, as well as increasing the transparency of these awards processes.
- **Bridge the gap between the main conference and the Global Village.** The Global Village is overwhelmingly seen as a critical component of the conference. Yet many noted that it largely operates in parallel to or in isolation of the main conference programme and events. Its physical location in 2018 was identified by many as an important factor in this. Interviewees noted the opportunity to improve the interconnectedness of these different but essential elements of the conference and to guide more productive interaction. As one key informant noted, this would reinforce the message that "community and science can become one".
- **Ensure the quality and value add of each session.** Many noted that the quality of sessions was variable in 2018. Views on how the IAS could, in the future, ensure a high standard of quality included ensuring a more critical selection of moderators and their involvement in selecting speakers and topics. Importantly, interviewees suggested reviewing the abstract scoring system to prevent missing the inclusion of strong studies and also paring back the number of sessions so that they are fewer but better. The IAS should further ensure that there is adequate seating space in sessions where it expects high demand.
- **Selection of the conference venue.** Some conference participants expressed concern about the selection of San Francisco and Oakland as the location of the next International AIDS Conference in 2020, mentioning the current political climate in the US, the country's travel restrictions limiting entry of sex workers and people who use drugs, and the cost of living in the Bay Area.
- **Take steps to ensure that the conference remains relevant.** Overall, the conference is seen as a valuable platform for bringing diverse stakeholders together to share, learn and network. However, some respondents encouraged the IAS to carefully monitor the evolving global environment and landscape of conferences touching on or relevant to HIV in order to potentially step back, prune and refocus its own conferences where needed.



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  13. Lesch A. Diverging perspectives on the role of a community advisory board at a biomedical HIV prevention research centre in South Africa. Poster discussion abstract Track D: TUPDD02. AIDS 2018
  14. "Nothing about us without us": Advancing human rights for key populations. Symposia session: WESY08. AIDS 2018
  15. Malyshev M. Street lawyers from the harm reduction project at the ARF and their contribution to the fight for the right to health of PWUD and people living with HIV. Oral abstract Track D: WEAD0103. AIDS 2018
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19. Floyd S. Linkage to HIV care following HIV self-testing: A cluster randomized trial of community-based distribution of oral HIV self-test kits nested in four HPTN 071 communities in Zambia. Poster discussion abstract Track C: THPDC0102. AIDS 2018
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22. Back D. Basic principles of drug-drug interactions with antiretrovirals. Science workshop: WEWS0902. AIDS 2018
23. Colbers A. Antiretrovirals and drug-drug interactions in pregnancy. Science workshop: WEWS0903. AIDS 2018
24. Boffito M. Drug-drug interactions and transgender women living with HIV. Science workshop: WEWS0904. AIDS 2018
25. Marzolini C. Polypharmacy and drug-drug interactions in an aging population. Science workshop: WEWS0905. AIDS 2018
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33. Makhema M. Impact of prevention and treatment interventions on population HIV incidence: Primary results of the community-randomized Ya Tsie Botswana prevention project. Oral abstract Cross-Track: WEAX0105LB
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50. Orza L. A model of dis-integration: Unpacking the impact of the global gag rule on HIV-SRHR linkages. Oral abstract Track D: FRAD0103. AIDS 2018
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53. Hiransuthikul A et al. Drug-drug interactions between the use of feminizing hormone therapy and pre-exposure prophylaxis among transgender women: the iFACT study. Poster discussion abstract Cross-Track: TUPDX0107LB. AIDS 2018
54. Browne S. Digital Pre-Exposure Prophylaxis (PrEP): near real-time remote capture of medication ingestion for clinical use in trials and adherence support. Poster exhibition: LBPEC031



55. Sex and drugs: Ongoing syndemics in the PrEP and treatment era. Poster discussion abstract Track C: WEPDC02
56. Key population-led health services: Optimizing prevention and care. Symposia session: WESY05
57. Gombe M. Integrating oral HIV pre-exposure prophylaxis (PrEP) in a public family planning facility and youth center to inform national roll out in Zimbabwe. Oral abstract Track C: TUAC0307LB  
  
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62. McBride B. Harms of workplace inspections for im/migrant sex workers in indoor establishments: Enhanced barriers to health access in a Canadian setting. Oral abstract Track D: THAD0202
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