IAS2017 / CONFERENCE REPORT

9TH IAS CONFERENCE ON HIV SCIENCE
PARIS, FRANCE – 23-26 JULY 2017

ORGANIZERS

IAS2017 9TH IAS CONFERENCE ON HIV SCIENCE PARIS, FRANCE • 23-26 JULY 2017

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ACRONYMS AND ABBREVIATIONS

AIDS 2018	22nd International AIDS Conference
ANRS	French National Agency for Researchon AIDS and Viral Hepatitis
ART	Antiretroviral therapy
ARV	Antiretroviral
CAB	Cabotegravir
COBI	Cobicistat
DAA	Direct acting antiviral
DSD	Differentiated service delivery
EFV	Efavirenz
FTC	Emtricitabine
HBV	Hepatitis C virus
HIVST	HIV self-testing
IAS	International AIDS Society
IAS 2017	9th IAS Conference on HIV Science
LGBTI	Lesbian, gay, bisexual, transgender and intersex
MSM	Men who have sex with men
NCD	Non-communicable disease
NGO	Non-governmental organization
PEPFAR	United States President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PrEP	Pre-exposure prophylaxis
PWID	People who inject drugs
RPV	Rilpivirine
STIs	Sexually transmitted infections
TAF	Tenofovir alafenamide
TasP	Treatment as prevention
TB	Tuberculosis
TDF	Tenofovir disoproxil fumarate
Trans	May refer to transgender, transsexual or any other non-Binary identification of sex or gender
UNAIDS	Joint United Nations Programme on HIV and AIDS
WHO	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, people in prisons and other closed settings, people of advanced age, women and girls.

INTRODUCTION

On 23-26 July 2017, 6,277 HIV professionals and community members from around the world gathered in Paris, France, for the 9th IAS Conference on HIV Science (IAS 2017). The meeting was an opportunity to examine the latest scientific developments and key challenges in HIV-related research with a focus on moving science into practice and policy. This four-day conference was organized by the International AIDS Society (IAS) in partnership with the French National Agency for Research on AIDS and Viral Hepatitis (ANRS). The IAS 2017 programme included 1,738 scientific abstracts, 27 invited speakers sessions, nine plenary presentations, 12 workshops and dozens of satellite symposia.

This year, the conference prioritized basic science, a prerequisite step to ending the HIV epidemic, and highlighted a broad and diverse range of HIV research, including HIV cure research and associated co-infections, such as viral hepatitis and tuberculosis. The meeting also featured studies that shine a light on the specific needs of key and priority populations, including transgender people, men who have sex with men (MSM), sex workers, people who inject drugs (PWID), and young people.

Today, more people are on treatment than ever before. AIDS-related deaths have dropped by more than 50% since 2015. Yet the urgent need to scale up HIV prevention and treatment in many countries and populations remains, and the role of science in making this happen underscored the conference. As noted in the IAS 2017 **Paris Statement** and echoed throughout the event, "We cannot achieve ambitious global goals, provide life-long treatment to the 37 million people living with HIV and reduce the epidemic without an unfaltering commitment to research."

"EACH STUDY OPENS NEW DOORS, CLOSES OTHERS AND NARROWS OUR FOCUS."

– Jean-François Delfraissy, IAS 2017 Local Scientific Chair and former Director of ANRS

"SCIENCE IS THE REASON WE'VE MADE SUCH REMARKABLE PROGRESS IN THE FIGHT AGAINST HIV, AND APPLIED SCIENCE IS WHAT WILL BRING THIS EPIDEMIC TO AN END."

– Linda-Gail Bekker, President of the IAS and International Scientific Chair of IAS 2017

THE PARIS STATEMENT: HIV SCIENCE MATTERS

Scientific knowledge is the backbone of the HIV response. Over the past 30 years, scientific research has shaped and influenced our understanding and management of HIV and has pointed continually to better ways to reduce or prevent HIV-related illnesses, improve lives for people living with HIV and prevent new infections. Science drives the HIV response. Yet our extraordinary scientific progress against HIV and our ability to address all of the scientific challenges still before us are threatened by a weakening resolve to fund HIV science.

We cannot achieve ambitious global goals, provide life-long treatment to the 37 million people living with HIV and reduce the epidemic without an unfaltering commitment to research. Progress in HIV science has far-reaching synergistic effects across public health, informing and supporting the response to other disease areas. Political commitment to sustained and predictable investment in a robust HIV science agenda must be strengthened in each of these areas to ensure that scientific progress against the epidemic is maximized and that gains are not lost:

Understanding HIV and its interactions with its host at the most fundamental level requires continuing investment in basic science. Current research priorities include the analysis of the molecular and cellular mechanisms of HIV persistence and viral control. To enhance research efforts towards an HIV cure, animal models and promising new technologies must be funded. Synergistic approaches with cancer and chronic and infectious diseases research must be promoted.

Controlling the global epidemic requires a vaccine and an ongoing and consistent commitment to investigating new approaches to vaccine development for both prophylactic and therapeutic use. Research efforts must include the characterization of different cellular and humoral immune responses to be harnessed in the development of preventive vaccine and immunotherapeutic strategies.

Improving HIV treatment options and outcomes for the millions of people who need it requires research on drug formulations and adherence support. These efforts should prioritize the development of antiretroviral (ARV) formulations that support long-term adherence and reduce the risk of viral resistance. Development efforts must include nano, injectable and other long-acting formulations, as well as optimal formulations with good tissue diffusion and few side effects and adapted to paediatric populations. Cooperation between HIV, TB and cryptococcosis research programmes must be promoted. Implementation science must continue to inform retention approaches across "Test-Treat-Retain", including new modalities for repeat testing in high-incidence settings, routine viral load monitoring, improved client adherence strategies and the adoption of differentiated service delivery models.

Prevention options must be accessible to and useful for the people who need them most. Investment in prevention and overcoming structural barriers should focus on improving access to diversified prevention tools, including pre-exposure prophylaxis (PrEP), for people most vulnerable to HIV infection. Prevention research must continue to support the development and scale up of combination prevention, notably for key populations (men who have sex with men, people who inject drugs, sex workers, transgender people), migrants and the younger generation with a gender-sensitive approach. Research priorities in the humanities and social sciences must address stigma and discrimination and identify tailored approaches to reduce the drivers of the epidemic, including homophobia, sexism and xenophobia.

Beyond the laboratory and clinical trial setting, investments that better explore economics and financing are essential to supporting a sustained response and the creation of innovative financing models. Research must continue to inform thinking on pricing models for HIV diagnostics and medicines, as well as treatments for co-infections, that are modified in particular for low- and middle-income countries and take into consideration the expanded role of generics and bio-equivalents. Political and economic sciences must focus on existing financing gaps and work towards models that expand universal health coverage.

The HIV epidemic is far from over. Expanding the evidence base to guide policy and programme decisions is a key component in addressing critical research gaps. Multi-disciplinary approaches and research programmes adapted to a range of social and cultural contexts must be allowed to flourish; participatory and community-based research must be strengthened; and the meaningful involvement of key populations and people living with HIV in shaping research priorities must remain an unwavering principle.

HIV science matters. Ending the epidemic requires the continued contribution of and investment in science.

Agnès Buzyn, Minister for Solidarity and Health, France at the Opening Session

WHO WAS THERE?

IAS 2017 brought together 7,832 participants, of whom 6,277 were delegates from 141 countries (versus 113 countries in 2015 and 132 countries in 2013). The remainder were holders of day passes, accompanying visitors, volunteers, organizers and group registrations.

Of all delegates, 5% percent were scholarship recipients[i] and 8% were students or post-doctoral researchers. Delegates also included youth, media representatives, exhibitors and satellite organizers[ii].

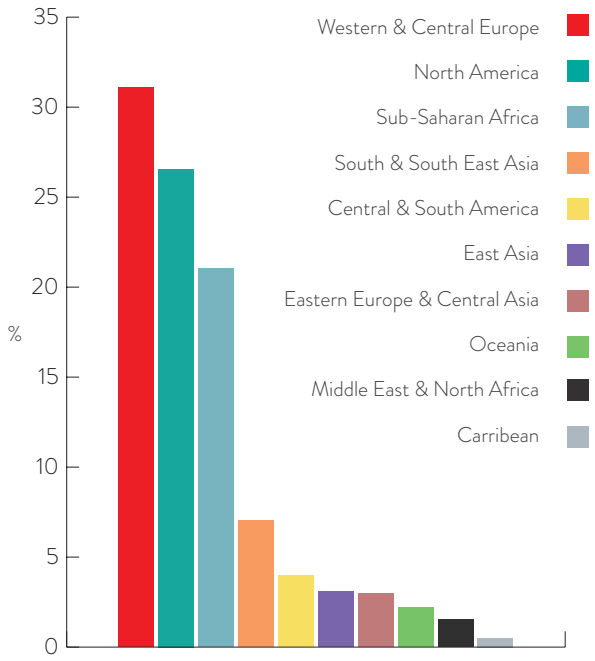
COUNTRY AND REGION

The majority of delegates were from Western and Central Europe, as well as North America (versus North America and sub-Saharan Africa in 2015, and South and South-East Asia and Western and Central Europe in 2013).

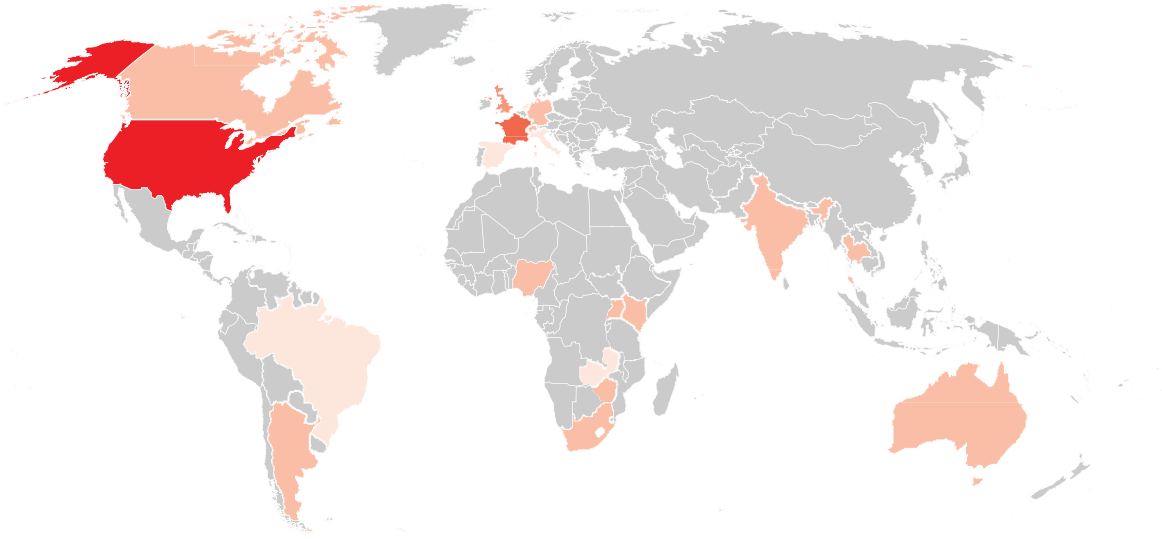
i Includes IAS 2017 and IAS Educational Fund scholarship recipients

ii Data on satellite day passes, accompanying visitors, volunteers, organizers and group registrations are not included in this analysis

Delegates per region



THE TOP 20 COUNTRIES



Top 20 Countries

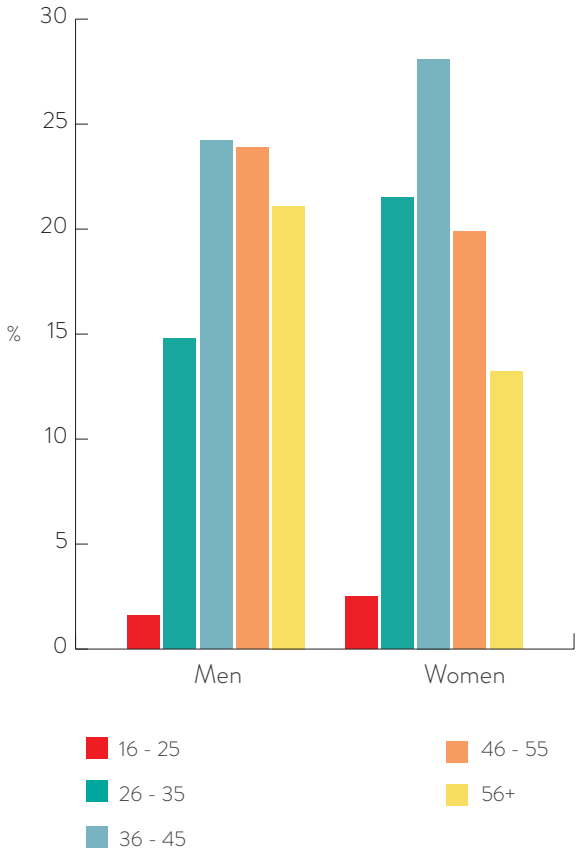
50 – 100 100 - 300 300 – 500 500 - 1000 1000 – 1500

GENDER

There were 3% more men than women at IAS 2017. The gender split was smaller this year compared with 2015 or 2013. The majority of younger delegates were female.

Most delegates were under the age of 45, with a substantial proportion (20%) under the age of 35. Young delegates under 25 years of age made up only 2% of the total, a slight drop from 2015.

Delegates by gender and age group

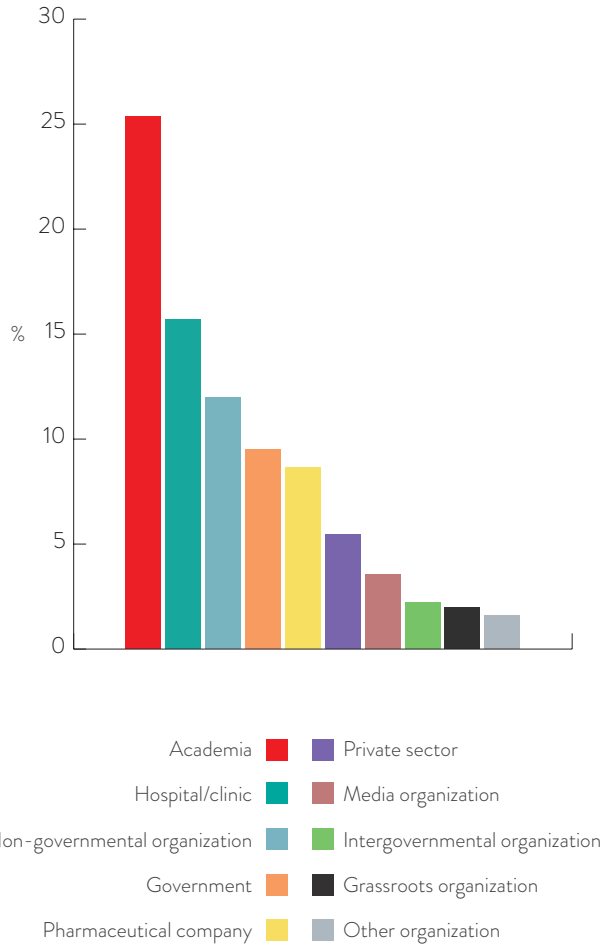


AFFILIATIONS AND INSTITUTIONS

People from academic institutions, followed by people from hospitals and clinics, made up the largest proportion of delegates.

Fifteen percent of delegates were affiliated with community-based organizations, NGOs and networks of people living with HIV.

Delegates by affliation



WHAT WAS SHARED?

This section highlights research presented across the programme, arranged according to key theme.

90-90-90 GLOBAL TARGETS

An important focus of IAS 2017 was progress towards the 90-90-90 targets: 90% of people living with HIV know their status; 90% of these people are on antiretroviral therapy (ART); and 90% of these people are virally suppressed by 2020. On the eve of the conference, the Joint United Nations Programme on HIV and AIDS (UNAIDS) released a report[1] announcing that **for the first time, more than half of all people living with HIV worldwide were accessing ART in 2016, and that AIDS-related deaths had dropped by nearly 50% since 2005**. Yet around 30% of people living with HIV (PLHIV) still do not know their HIV status, 17.1 million PLHIV do not have access to ART, and more than half of all PLHIV are not virally suppressed.

Research presented throughout the conference underscored the fact that **while much has been achieved, the HIV epidemic is far from over**. Numerous studies highlighted regions, countries and populations that are still not receiving the benefits of advances in HIV prevention and treatment, and potentially transformative opportunities to close these gaps.

Michel Sidibé, Executive Director, UNAIDS

CO-INFECTIONS AND CO-MORBIDITIES

With advances in direct acting antivirals (DAAs) against the hepatitis C virus (HCV), such as **a shorter and less expensive treatment regimen for HIV/HCV co-infection (glecaprevir/pibrentasvir)**[2], and the World Health Organization's (WHO's) recent commitment to significantly expanding HCV screening and treatment worldwide, **HCV elimination is on the horizon**. While considerable gaps exist in care and access to drugs, new research presented opens up the possibility of more widespread treatment in resource-limited countries for screening and access to treatment for HIV-positive individuals co-infected with HCV[3,4].

"This is very good proof that when treatment is available, patients are adherent and keen on taking treatment – this is the time to advocate for larger access to DAAs in Africa." – Karine Lacombe, Saint-Antoine Hospital, Paris

Findings of new research presented indicate that the antifungal drug **flucytosine**[5] **is superior to any other form of therapy in reducing the risk of death from cryptococcal meningitis in people with very advanced HIV disease.** Findings of this study open up the possibility of more widespread treatment for this disease, which is one of the major causes of death among PLHIV in sub-Saharan Africa.

Diverse areas of research on **tuberculosis (TB)** were presented, including drug-resistant TB in South Africa[6,7] and the rise of TB in Europe, with a focus on the impact of migration in this regional epidemic and on the specific situation in Eastern Europe[8].

New WHO guidelines[9] recommend that people who present with advanced HIV disease should be **provided with a defined package of care, which includes screening, treatment and prevention of major opportunistic infections** (such as TB and cryptococcal meningitis) in order to reduce morbidity and mortality. WHO also recommends that people with advanced disease should start ART immediately unless they have TB or cryptococcal meningitis, in which case they should start treatment as soon as it is safe to do so.

DIAGNOSTICS

With the greatest gap across the HIV treatment cascade occurring at the first 90, the conference highlighted HIV self-testing (HIVST) as a critical tool for helping individuals who do not engage with other testing services learn their HIV status. Emerging research provides critical guidance on introducing and scaling up HIVST programmes where they are needed most – in Africa and among key populations at high risk for HIV. Several studies from sub-Saharan Africa[10] highlighted the **potential for improving uptake of testing, re-testing and rapid linkage to care among female sex workers.** A randomized controlled trial in the US[11] found the **online provision of free HIV self-testing kits to MSM to be an effective way to engage men who had not previously tested** and increased the frequency with which men test for HIV, findings that were echoed with data from the UK[12].

DIFFERENTIATED SERVICE DELIVERY AND CARE

Differentiated service delivery (DSD), or differentiated care, simplifies and adapts HIV services across the cascade to reflect the preferences and expectations of various groups of PLHIV, while reducing unnecessary burdens on the health system[13]. Presentations outlined promising new interventions to improve health outcomes in specific populations, such as **integrating opioid substitution therapy with ART initiation, monitoring and resupply[14,15], integrating non-communicable disease (NCD) services into HIV programmes[16] and multi-month prescribing for paediatric clients[17].** Presentations also highlighted the fact that DSD is applicable to children, adolescents, pregnant and breastfeeding women and key populations, and relevant for managing people with advanced HIV disease[18]. Data presented highlighted the high rates of retention and viral suppression in patients in family ART adherence clubs[19] and the potential cost savings of scaling up DSD in 38 high-burden countries[20]. Further, the role of DSD for adolescents was featured in an interactive workshop[21] and in a press conference.

"We have to evolve our public health approach into a new model, a model of 'precision public health'. Let's stick with what has worked, what's served us well thus far, but let's make it precise and tailored so in the end we're responsive to the people we aim to serve." – Wafaa El-Sadr, Columbia University

ECONOMICS AND FINANCING

With government funding for HIV worldwide at its lowest level since 2010[22] and additional cuts looming on the horizon, studies presented at IAS 2017 examined **the potential impact of donors, particularly the US[23], withdrawing their support of the HIV response.** They highlighted new ideas and models of care that have been shown to be cost effective and have influenced better health outcomes; many of these utilized the model of differentiated care[24]. Further, as high prices to treat HIV, viral hepatitis and TB have been a key barrier to treatment access, scientists argued that negotiating lower prices could facilitate scale up despite funding constraints. New research[25] shows that **US$90 per person per year could be the maximum price for treating HIV, HBV, HCV and TB** with large-volume generic production.

EPIDEMIOLOGY

While the benefits of treatment as prevention (TasP) are relatively well understood at an individual level, less is known about the impact at a population level. Findings of new research from Swaziland[26] showed that **doubling the number of people with HIV who had full viral suppression contributed to a 50% drop in new infections,** representing the most direct correlation between viral suppression and HIV incidence to date. New findings from the Opposites Attract study[27] adds to the evidence that P**LHIV on effective HIV treatment that fully suppress their virus cannot transmit their infection through sex.** This study, which looked at male-male sero-discordant couples, found zero new infections between positive and negative partners despite nearly 17,000 condomless sex acts.

HIV CURE RESEARCH

While an HIV cure is still far from being realized, this year's conference showcased promising progress toward long-lasting remission free of ART[28]. One of the major studies presented at IAS 2017 involves a newly described example of prolonged HIV remission in a **nine-year-old South African child, with no viral rebound for 8.5 years following treatment interruption**[29]. Research is ongoing to understand why viral rebound has not occurred in this case and how the immune system contributes to controlling HIV replication. Further insight is expected from a large study (IMPAACT P1115) that is currently testing the hypothesis that giving ART to HIV-infected newborns beginning within 48 hours of birth may permit long-term control of HIV replication after treatment is stopped, potentially leading to HIV remission.

Another tier of emerging research looks at **synergies with another condition where remission is key: cancer.** In addition to the epidemiological overlap between HIV and cancer, similar cure strategies are being developed in both fields, either by targeting the cells responsible for disease or boosting the immune system. Research was presented on how established or experimental cancer therapeutic approaches, such as gene therapy[30] and immunotherapy[31], may be adaptable to HIV.

HIV VACCINE RESEARCH

An early-stage clinical trial evaluating "mosaic" vaccines has identified a promising vaccine candidate that will be evaluated in a proof-of-concept efficacy study among those at risk for HIV. A phase 2a trial[32] measured the safety and immune responses of various pairings of the vaccine containing the Ad26 mosaic immunogen with other boosts (either Ad26.Mosaic.HIV or MVA-Mosaic and/or two different doses of clade C gp140) administered over 48 weeks. This study found a combination of Ad26 plus a protein boost to have the strongest immunological response in study participants, as well as in earlier non-human primate studies. **These findings pave the way for a human efficacy trial (HVTN 705) – the ninth ever to be conducted – that could begin by the end of 2017.**

KEY POPULATIONS

Globally, key populations account for 45% of all new HIV infections[33]. Yet these groups are often difficult to reach due to stigma, discrimination and criminalization. IAS 2017 showcased a plethora of evidence **on opportunities to better reach these groups with HIV testing, care and treatment,** such as HIVST and PrEP for **MSM** and **female sex workers**, and innovations in the HIV treatment cascade for **people who inject drugs**[34,35]. Studies examining the unique needs of **transgender people** were also presented[36], along with a resounding call for further research and awareness on transgender issues.

"We know that if any one of our populations is left behind, if any one of us is left behind, all of us are left behind and we won't be able to control the pandemic." –Ambassador Deborah Birx, US Global AIDS Coordinator

PRIORITY POPULATIONS

New UNAIDS data suggest that **adolescents and young people are lagging behind on multiple fronts**, including knowledge of HIV, HIV testing, treatment and prevention. The conference highlighted promising interventions for preventing and treating HIV in this vulnerable age group, such as through oral PrEP[37] and the new dapivirine vaginal ring[38], community-based HIV testing[39], and community-based support for adolescents on ART[40].

Gender disparities in retention and engagement in the care continuum were also discussed. **This included intervention strategies to improve male engagement** specifically, such as addressing poor retention and care-related sex disparities among youth living with HIV in rural Mozambique[41], using traditional techniques to increase uptake of male circumcision in Swaziland[42], and gender and age considerations on viral load suppression in Kenya[43]. Studies specific to **women and girls** included an analysis of STI acquisition risk among women using different popular contraceptive methods[44], and several studies examining the prevention of HIV transmission in childbirth[45,46,47].

Migrant communities coming from high-prevalence countries are another priority population in the HIV epidemic, and conference presentations explored issues pertaining to migrants in the context of HIV, and the impact of migration on TB epidemiology in Europe[48].

PRE-EXPOSURE PROPHYLAXIS AND OTHER PREVENTION TOOLS

PrEP was a main focus of research and innovation at IAS 2017, with new data showing impact in key countries where PrEP has been rolled out (for example, in South Africa[49], UK[50], Australia[51] and Kenya[52]) and support for a wider range of PrEP options for target populations, agents and dosing schedules. For example, while PrEP is not yet being offered to young people, new data from the Pills Plus study[53] and other demonstration projects may support **an indication of tenofovir disoproxil fumarate in combination with emtricitabine (TDF/FTC) as PrEP for adolescents**, paving the way for larger trials. MSM were the focus of most PrEP studies presented, including results showing on-demand TDF/FTC PrEP as a suitable option for men having "infrequent" sex[54]. Yet on-demand PrEP may not be a feasible option for all priority populations as studies[55] found that it might not be sufficiently powerful to prevent HIV infection in **women and transgender men via vaginal sex.**

Effective implementation of PrEP also requires a clear understanding of the reasons why people choose one PrEP-dosing regimen over another in real-life settings. Findings of a study on MSM in the Netherlands[56] underscores **the importance of offering a choice of ways to take PrEP**, emphasizing that a tailored approach allowing choices to change as circumstances evolve, is essential.

"Give the power to the people, put the pill in their palms." – Sheena McCormack, University College London

Several new and promising scientific advances were presented on new PrEP agents as alternatives to taking daily pills. Three trials[57,58,59] provide good evidence for the **dapivirine vaginal ring**, including use by adolescents. **Injectable cabotegravir** (CAB) was shown to be well tolerated among low-risk HIV-uninfected men and women, and the 600mg dose delivered every eight weeks consistently met pre-specified pharmacokinetic targets for both sexes[60]. **Long-acting rilpivirine** (RPV) was also found to be safe and well tolerated, with prolonged suppression of viral replication[61]. An early trial has shown **MK-8591**, a new once-weekly oral agent, to be completely protective against rectal infection with an HIV-like virus in macaques, which supports further research into the potential use of MK-8591 for HIV prophylaxis[62].

Looking ahead, a new French study (called "Prévenir") will look at the public health benefit of PrEP, with the aim of showing that having an extra 3,000 people take PrEP will result in a marked fall in HIV diagnoses among MSM in the Paris region over a three-year period.

Ambassador Deborah L. Birx, Global AIDS Coordinator, US presents the Me and My Healthcare Provider Award to Lusia Ang, Indonesia. Ms Ang was nominated by Aries Maulana Setyawan, Indonesia (left)

STIGMA AND DISCRIMINATION

Stigma and discrimination faced by PLHIV and key populations negatively impacts engagement and retention in healthcare settings. Promising strategies to reduce healthcare stigma included i**ntegrated stigma mitigation interventions for MSM and female sex workers** in Senegal[63], providing **stigma-free services to help PWID** remain in HIV care in Indonesia[64], and **ensuring access to PrEP for MSM** in Kenya[65]. While there have clearly been advances in programming, measuring and monitoring stigma, there is a critical need to scale these up[66].

SURVEILLANCE

Rates of pre-treatment HIV drug resistance, detected in people starting ART, have been increasing worldwide, especially in Eastern and Southern Africa. A new WHO report[67] launched at the conference indicates that six countries (Argentina, Guatemala, Namibia, Nicaragua, Uganda and Zimbabwe) show significant drug resistance levels, and provides recommendations for countries on dealing with this. WHO forecasts that if no further action is taken to combat the rise of drug resistance, an additional 135,000 people will die of AIDS-related causes and an additional 105,000 people will contract HIV during the next five years, while treatment costs could increase by $650 million worldwide during this period.

"To end AIDS, we must respond to HIV drug resistance. This urgent work requires the efforts of us all." – Marijke Wijnroks, Global Fund

TREATMENT

New WHO treatment guidelines launched at the conference recommend that everyone diagnosed with HIV should be offered the option to start treatment within seven days of diagnosis, and everyone who feels ready should have the option to start treatment on the day of diagnosis.

Research results in support of several new-fixed dose combinations were announced. Findings were presented on **the first once-daily single-tablet regimen containing a protease inhibitor (darunavir/cobicistat/FTC/tenofovir alafenamide)** that has maintained viral suppression in almost everyone who switched after achieving undetectable HIV RNA on a multi-pill regimen[68]. Another single-tablet regimen, this time containing the experimental integrase inhibitor, **bictegravir**, was as effective as two widely used regimens for first-line therapy in a pair of phase 3 clinical trials[69]. A phase 3 study on **doravirine**[70] found that it reduced HIV viral load as much as an efavirenz-based co-formulation, but had a more favourable side-effect profile.

Long-acting treatment also took another step closer to becoming a real-world option for people living with HIV at IAS 2017. The LATTE-2 study[71] examined the effectiveness of **two long-acting injectable ARVs, CAB and RPV, finding that not only was this combination effective at 96 weeks**, but also that participants were highly satisfied with the long-acting therapy, thereby setting the stage for planned phase 3 trials. The study found that 94% of people on the eight-week injectable combination and 87% on the four-week regimen still had undetectable HIV RNA, compared with 84% on the continued oral regimen.

Françoise Barré-Sinoussi, former IAS President, and Professor, Institut Pasteur, France with the IAS Youth Ambassadors

HOW WAS IT COVERED?

Media and digital coverage of IAS 2017 played a critical role in disseminating new science, highlighting key advances in the fight against HIV, and raising the visibility of HIV more broadly. IAS monitored coverage using Cision and Social Flow, as well as through manual tracking and reporting for media.

The conference was covered extensively in French media (for example, **France 24, Liberation, Le Figaro, Le Monde, Le Parisien** and **RFI**) and by top-tier news outlets (such as **Agence France Presse, Associated Press, BBC, Der Spiegel, El Pais, Le Monde, Liberatíon, Reuters, The New York Times, The Guardian, The Times, New Scientist, Newsweek, CNN, Time** and **The Washington Post**). It was also covered by larger digital natives (such as **Buzzfeed** and **Vox**), medical and scientific outlets (like **MedPage**, **Medscape** and **Science**) and HIV trade media (for example, **Aidsmap** and **Poz**). As of 2 August (one week after the official close of the conference), IAS 2017 had generated 199 original media stories with more than 1.2 billion media impressions in French and international media.

The topics receiving the most coverage in the media were: the study featuring a South African child born with HIV who is in long-term remission without further treatment; treatment as prevention (particularly the Opposites Attract study and the declines in new HIV infections in Swaziland); new PrEP agents; the LATTE-2 trial results on long-acting HIV treatment; the APPROACH vaccine trials; and linkages between HIV cure and cancer. This year's conference took place in an uncertain time for global HIV funding, and this issue received significant coverage in the press.

Social media was used to extend the conversation to those who could not take part in the conference in person, driving global participation. Social media approaches included livestreaming press conferences and sessions (free of charge) on the conference website and making plenary sessions available on the IAS YouTube channels, as well as live tweeting and Instagram posts showcasing conference highlights.

Additionally, this year, the conference's social media featured the first-ever Facebook Live interview series, which had a combined viewership of nearly 400,000 direct video views.

KEY FACTS

Official IAS 2017 social media channels reached more than 120,000 people.

The #IAS2017 hashtag appeared in 35,900+ tweets with 251.5 million impressions from 10,792 participants.

Viewers watched IAS channel YouTube videos 2,662 times, totalling 188 hours of viewing time, an average of four minutes and 13 seconds per video.

Live streaming of press conferences on YouTube garnered 1,510 views, with a maximum concurrent viewership of 20 for the opening press conference.

SNAPSHOT MEDIA HEADLINES FROM IAS 2017

"VIH et cancer, des problématiques communes" – Le Monde

"Trump Administration's 'Devastating' Cuts To HIV Research Will Cost Lives, AIDS Society Warns" – Newsweek Online

"La Conférence Mondiale Sur Le Sida Sous La Menace Des Coupes Budgétaires" – AFP

"Scientists Report A Rare Case of H.I.V. Remission" – The New York Times

"Injections 'Next Revolution' In HIV – Study" – BBC

"Swaziland Makes Major Strides Against Its AIDS Epidemic" – Science

"Ipergay Trial: PrEP Still Protected People Who Had Less Sex And Used It Less Often" – Aidsmap.com


AYA THERESE
N'DRI NEE YOMAN
Côte d'Ivoire
DELEGATE

HOW DID IT GO?

KEY INFORMANT INTERVIEWS

Fifteen stakeholders (including co-chairs, track leads, sponsors and partners, donors, community members and speakers) provided in-depth feedback on the scientific content of the conference, expected impact and recommendations for maximizing impact.

ONLINE DELEGATE SURVEY

Of the 6,277 total delegates, 928 (15%) responded to a 21-question survey. The data and quotations presented here are all drawn from the survey, unless otherwise stated. The quotations used have been minimally edited, for clarity and brevity where needed.

Responses were received from 97 of the 141 countries represented at the conference. Respondents were mostly from the US, France, United Kingdom, Zambia and South Africa. Of the top 20 countries represented at the conference Kenya and Italy gave the lowest response rates for the survey; Zambia and Germany gave the highest.

Twenty-nine percent of respondents work in sub-Saharan Africa, and nearly half (44%) work in North America or Western and Central Europe. Only 3% work in Eastern Europe and Central Asia; 8% work in Central and South America.

Survey response rate		
Country	Number of delegates	% of delegates per country
United States	172	12%
France	80	10%
United Kingdom	50	18%
Zambia	40	34%
South Africa	40	11%
Germany	34	32%
Brazil	31	26%
Argentina	30	18%
Thailand	23	21%
Switzerland	22	26%
Spain	22	26%
Australia	21	19%
Zimbabwe	20	18%
Canada	20	17%
Nigeria	20	17%
Uganda	20	15%
Kenya	14	9%
The Netherlands	10	12%
India	10	11%
Italy	6	7%

Of survey respondents who shared their gender, 47% identified as male and 50% identified as female; these included one trans female and five trans males (2.5% declined to answer the question).

Very few young people (3%) completed the delegate survey (most were between 26 and 55 years of age, with the highest percentage, 34%, in the 36-45 year age range).

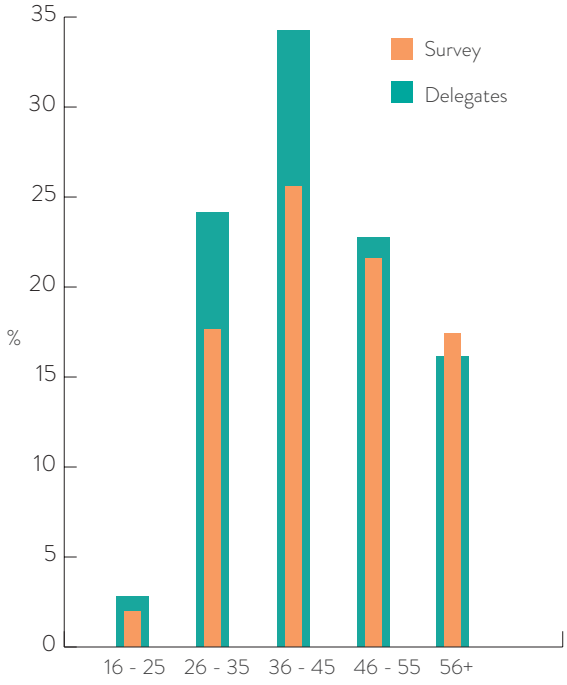
The majority of respondents work in academia (34%), hospitals/clinics (19%) or NGOs (15%). Few were from charitable foundations, funding agencies, development partner organizations (2%) or PLHIV groups/networks (1%).

Survey respondents were representative of all delegates with respect to region, age, gender and organizational affiliation.

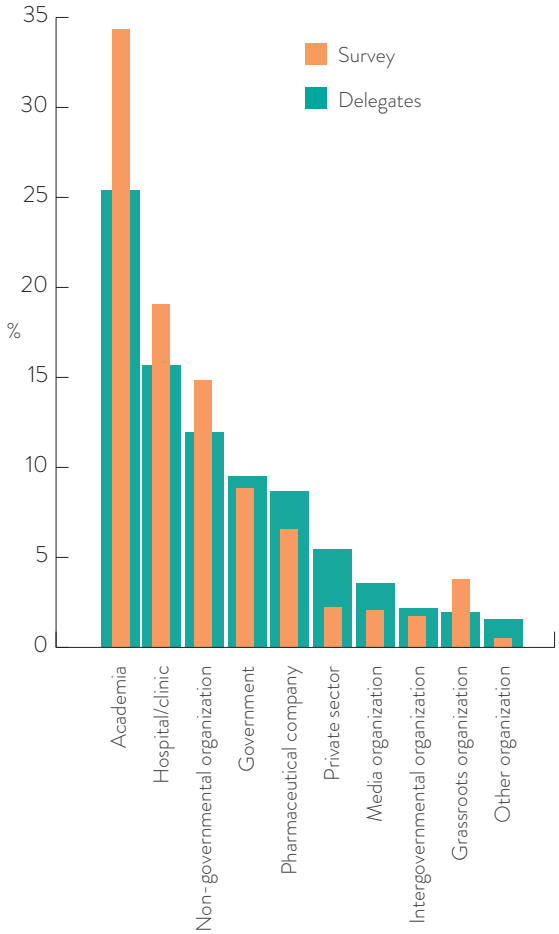
Most respondents (77%) have been working in the field for more than 10 years; only 6% were newcomers (0-2 years in the field).

About half of the survey respondents (55%) said this was the first time they had participated in an IAS Conference on HIV Science.

Delegates and survey respondents by age



Delegates and survey respondents by affiliation

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FINDINGS

WHAT DID PEOPLE GET OUT OF IT?

1) New knowledge on meaningful scientific advances

Survey respondents and key informants emphasized the strength of the IAS 2017 programme in its focus on **the presentation of quality, meaningful science on the fight to control and eradicate HIV**, pointing out **basic science as a particular forte** of this year's conference.

"The exchange of knowledge is very important to fill the gap between basic science and clinical science, and IAS is the best platform for this." – Key informant

"IAS offers the best platform for researchers and policy makers to boost their knowledge and provide insight into the future."

Several key informants emphasized the **high calibre of organizations and individuals planning the event** – the IAS, French civil society groups and track leads and committees – as being an essential component of the conference's success.

Most survey respondents (85%) identified PrEP and other prevention tools as the key area where they had gained new knowledge. Many expressed excitement about new PrEP advances and their potential at the population level; however, some said that they would have liked to seen more on prevention beyond PrEP.

"I am going home with the happiness that PrEP will be scaled up to developing countries. This will reduce infection rates significantly especially among key populations … PrEP is the future!"

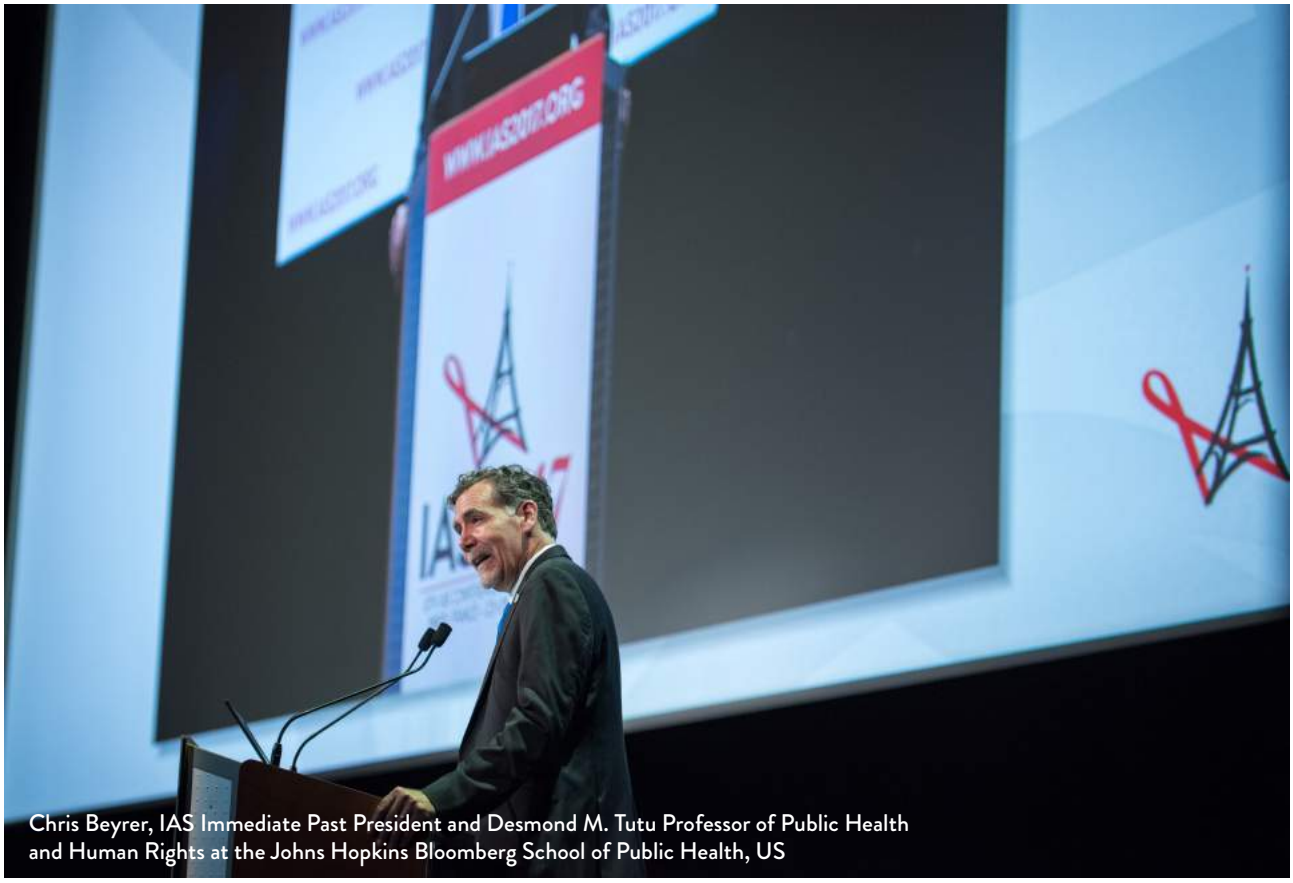
Other top-ranked areas that respondents gained new knowledge on were: global targets; HIV cure research; epidemiology and surveillance; co-infections and co-morbidities; and priority populations. On the other hand, respondents noted that they received very little or no new information on: economics and financing; vaccine testing; and stigma and discrimination.

2) A comprehensive picture of the current epidemic

IAS 2017 was seen to have presented a **snapshot of the most important and current science from around the world**, providing the context for moving toward the 90-90-90 targets. As the fight against HIV is multidimensional, the comprehensiveness of the programme and **mixture of sessions across the four scientific disciplines** (basic, clinical, prevention and implementation science) was seen as a key strength of this conference.

"This was the most diverse conference I have been to. No matter how many different backgrounds are present, everyone is united in fighting HIV. We have to work from many angles to make progress." – Key informant

Many respondents said they thought that the **multiple layers of the programme** – from the scientific programme to the plenaries, workshops and satellite symposia – facilitated the robustness of content; others said that there was too much happening, many times in parallel, and it was hard to attend all sessions on topics they were interested in.



Chris Beyrer, IAS Immediate Past President and Desmond M. Tutu Professor of Public Health and Human Rights at the Johns Hopkins Bloomberg School of Public Health, US

3) Research by young scientists

Conference organizers noted the emphasis this year on attracting young researchers, and many respondents mentioned the **opportunities presented by the conference for young people and students**, such as absorbing new knowledge, showcasing the results of their work, engaging with other new or more experienced researchers, and expanding their networks.

"IAS is a quality conference, always inspiring young researchers like me to do more and think differently to provide solutions to HIV pandemic. I am going back to Nigeria inspired to do more research that will benefit the most at-risk groups and marginalized populations."

Despite these opportunities, only 2% of delegates were under 25 years, and 20% were under 35, indicating that a continued or expanded focus on reaching this population would be valuable going forward. In this way, respondents and key informants encouraged the IAS to make its support for young scientists (for example, the scholarship programme and mentoring) more visible so that they can more effectively benefit from it, expand networking opportunities at the conference, and create more space to effectively highlight the work of strong young scientists.

IAS 2017 scholarships and sponsorship

The International AIDS Society awarded 105 scholarships to attend the conference. Scholarship recipients came from 37 countries across six regions.

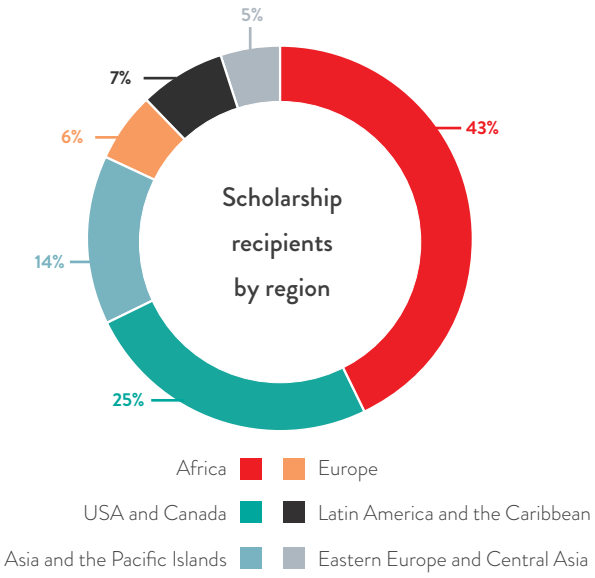
The majority of recipients were between 27 and 40 years of age. Only 7% were under 26 years of age and an equal percentage were 50 years and over.

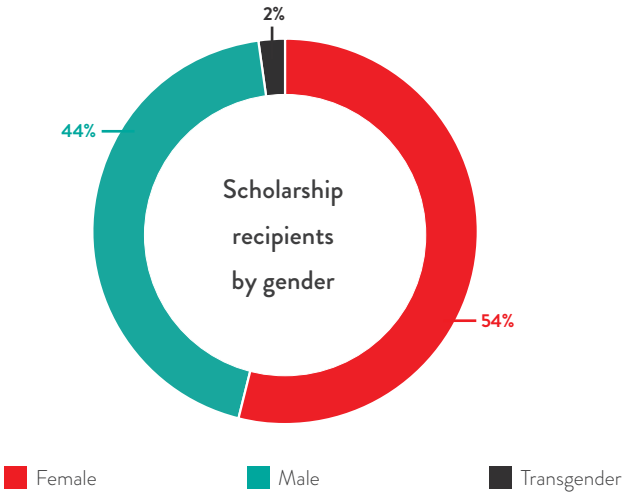
MEDIA SCHOLARSHIP PROGRAMME

Six journalists attended the conference through the scholarship programme. Of the six selected, five came from resource-limited countries representing outlets with strong national reach.

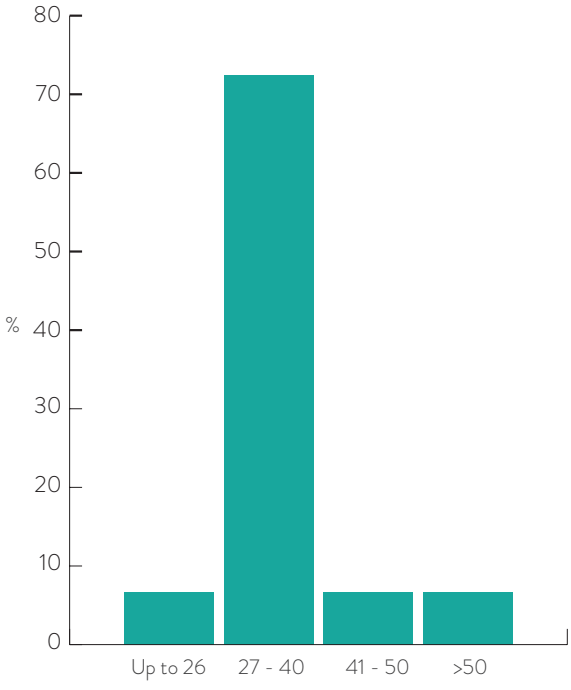
THE IAS EDUCATIONAL FUND

In addition to those benefitting from the scholarship programme, 192 clinicians and other HIV service providers from resource-limited settings were selected to receive support to attend IAS 2017. Most recipients were 27-40 years of age (61%), with 7% going to recipients up to 26 years of age.





Scholarship recipients by age group



4) Expanded partnerships, collaborations and new professional connections

Respondents said the conference was important for network building; **87% of respondents said that they successfully networked and enhanced their professional circles by attending IAS 2017.**

"The [conference] provided a good opportunity for networking with like-minded organizations, including other IAS members."

"It's only when we are together that we can work on a global response … the conference is an ideal setting to establish networks and initiate new research, and to try to liaise with people working in the same field or same research areas." – Key informant

5) Meaningful involvement of the community

Key informants felt that IAS 2017 represented an improvement in the **meaningful participation of the community**, for example, the involvement of community researchers. However, they emphasized the need for continued efforts in this area to ensure that the community, particularly key populations, is well represented both as speakers and as participants. A similar call for meaningful involvement of key populations in the HIV response more broadly was documented in the Paris Community Declaration, signed by PLHIV, key populations and community-based organizations.

"Involve and engage the community to define and analyze future research actions."

6) Renewed energy and enthusiasm on the fight against HIV

Survey respondents noted that they left the conference **feeling inspired by the emerging new science and its potential for impact**, and invigorated by their role in making a difference as part of a global community of people fighting against HIV.

"For us to achieve UNAIDS 90-90-90 targets, we all need to challenge the way we are diagnosing, linking to care, doing patient follow up, preventing HIV and co-morbidities, related or not to HIV, approaches to treatment and quality of care."

"With a positive attitude, innovativeness, and proactive approaches, HIV can be eliminated from the universe. Great strides have so far been made towards the achievement of this goal and, through constant research and sharing of ideas, it shall be realized."

Respondents were cautiously optimistic about the progress on HIV, but clearly expressed how much there is left to be done. **Drug resistance, funding and vaccine development were identified as key challenges to continued progress.**

"We have made huge strides in the treatment of HIV, but remarkable gaps remain in programme implementation, and the development of potent and safe vaccines for HIV."

7) Visiting and enjoying Paris

IAS 2017 attracted a significant number of new participants, which is comparable to the 2015 conference. Fifty-five percent of survey respondents noted that this was the first time that they participated in an IAS Conference on HIV Science. Key informants noted that hosting it in Paris likely generated extra participants as it is centrally located and an attractive and entertaining city.

Anne Hidalgo, Mayor of Paris and Bruno Spire, IAS Governing Council Member and Senior Scientist at the French National Institute for Medical Research

WILL IT MAKE A DIFFERENCE?

IMPACT ON PARTICIPANTS' WORK

While it is too early to tell exactly what difference the conference will make in the lives and work of participants, a common opinion held among respondents was that the conference was **energizing and informative. They anticipated that this would translate into their daily work**, for example, into their clinical practices, programmes and research.

"The conference allowed me to amass a wealth of invaluable information that will help me strengthen my skills. It will contribute to the improvement of our daily medical practices for the benefit of patients. New innovative intervention programmes could thus be developed according to the needs of the field."

This aligns with the impact on survey respondents' work following IAS 2015: most indicated that they had shared new information with their colleagues (97%), strengthened existing collaborations (83%), refined/improved their existing work/research practice or methodology (75%), and built capacity within their organizations (66%).

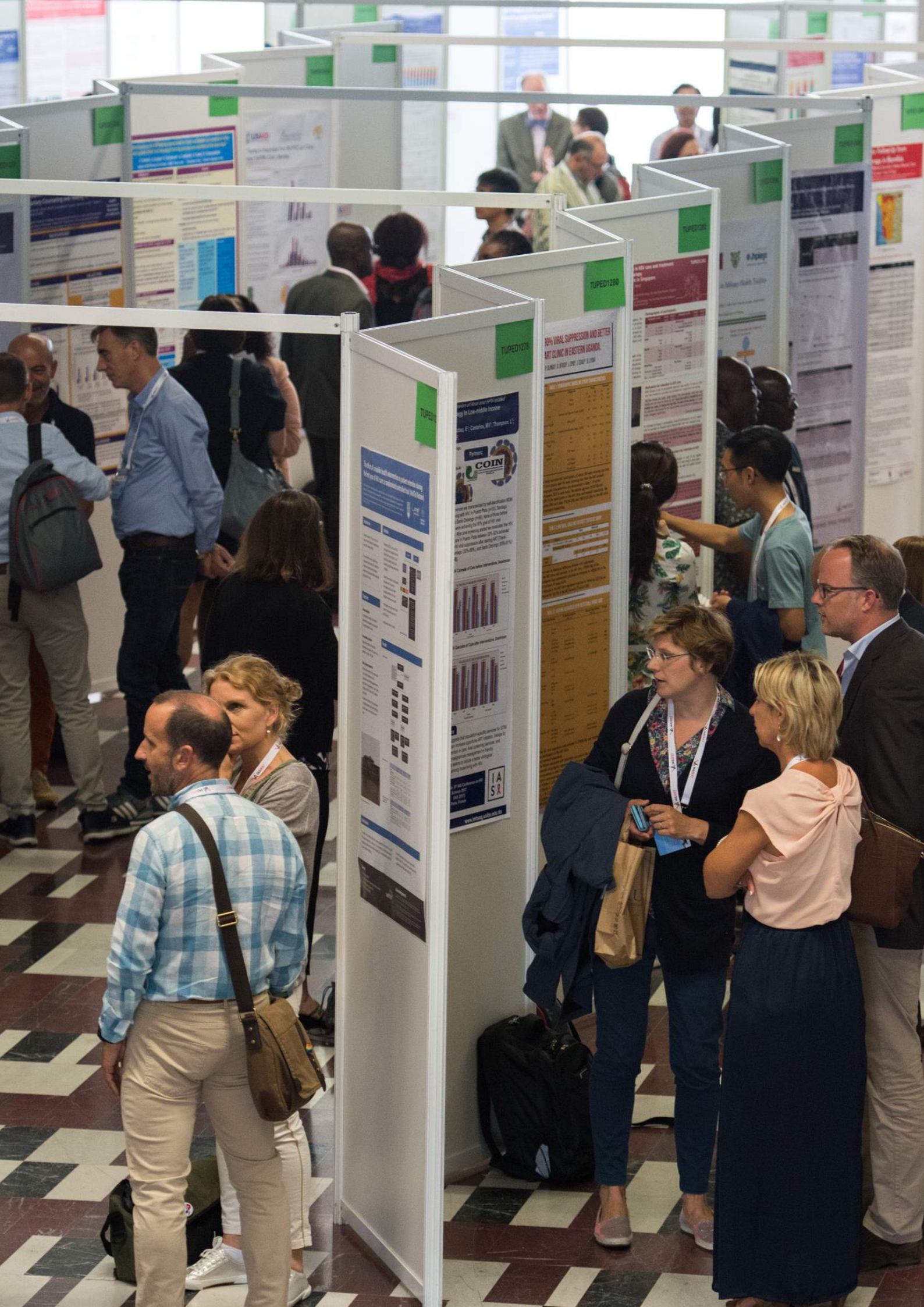
IMPACT ON POLICY AND PROGRAMMING

Key informants noted that evidence presented in the conference would likely **fuel changes in policy, access and practice in key areas, such as on-demand PrEP and HIVST for specific population groups, and drug pricing.**

Ultimately, it will be difficult to attribute specific policy or funding decisions to IAS 2017, but as one key informant noted:

"I would argue that all of the contributions of various partners come together to make sure that the response continues, that we see the money continue, that PEPFAR is refunded and the Global Fund replenished … All of these pieces need to converge. If any one is missing, it's a gap, that gap could well play out as another country pulling out of the Global Fund or something like that happening."

Anthony S. Fauci, Director, National Institute of Allergy and Infectious Diseases, US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DID WE ACHIEVE OUR OBJECTIVES? –

More than 90% of survey respondents agreed that IAS 2017 was successful in fulfilling its stated objectives.

OBJECTIVE 1: ACCELERATE BASIC SCIENCE AND CLINICAL INNOVATION FOR THE DEVELOPMENT AND APPLICATION OF NEW HIV PREVENTION, TREATMENT AND CARE TECHNOLOGIES TO ADVANCE PRECISION MEDICINE.

Survey respondents overwhelmingly indicated that the conference achieved this objective, with 97% stating that they agreed or strongly agreed with this statement. Both respondents and key informants said they thought that basic science (Track A) was a particularly strong component of this year's conference. Respondents were enthusiastic about the new scientific advances highlighted, particularly on treatment as prevention, and the opportunity to advance learning gained at the conference.

"Science is the backbone of the global HIV response. The IAS and partners are committed to recognizing, fostering and promoting that excellence in HIV research."

Giovanna Rincon Murillo, ACCEPTESS-T, France at the opening session

OBJECTIVE 2: STRENGTHEN THE IMPLEMENTATION SCIENCE RESEARCH AGENDA TO ADDRESS KEY BARRIERS AND CHALLENGES (STRUCTURAL, SERVICE DELIVERY AND POLICY) ACROSS THE HIV CASCADE IN A VARIETY OF EPIDEMIC SCENARIOS.

Ninety-three percent of survey respondents agreed or strongly agreed that this objective had been met. Respondents noted that they appreciated learning not only about the new scientific advances, but also about how to address the challenges faced in their countries and in their work. Qualitative survey responses indicated the view that this should be further scaled up in the future.

"I felt like there remains too much focus on developing more new drugs and still not enough focus on the systems barriers that keep people from achieving viral suppression. We have so many drugs available now that work for decades at a time if the person adheres, but we still haven't figured out how to better support people to adhere."

Respondents and key informants both expressed the view that they would have liked to have focused more on opportunities within the current funding environment. One key informant noted:

"I was disappointed that there was not a lot of discussion on the need for priorities and the need to set priorities, however difficult it is."

OBJECTIVE 3: AMPLIFY THE SYNERGIES BETWEEN HIV AND CO-INFECTIONS, AS WELL AS EMERGING CO-MORBIDITIES AND OTHER NON-COMMUNICABLE DISEASES.

Ninety-two percent of survey respondents agreed or strongly agreed that this objective had been met; respondents and key informants were particularly interested in research around HIV cure and cancer. As a key informant said:

"There are obvious parallels to draw, and each community can learn a lot from one another."

Key informants suggested that exploring synergies with other diseases, including cancer, should be a priority area for the IAS to expand into going forward.

"I think linkages were central to the programme, for example, making good links between virology and immunology with cancer/HPV. This was one of the highlights of the meeting for Track A."

OBJECTIVE 4: DEMONSTRATE THE LINKS BETWEEN HIV AND OTHER PUBLIC HEALTH AND HUMAN RIGHTS EMERGENCIES AND IDENTIFY STRATEGIES FOR INTEGRATED RESPONSES.

Ninety-two percent of survey respondents agreed or strongly agreed that this objective had been met. Yet little additional qualitative context on this issue was provided in survey responses aside from requests to know more on these topics in the future.

"For many years, the HIV community has been growing but in isolation. Now it's important that we expand."

Key informants noted that the emphasis on integration had improved and was worth expanding further, but cautioned the importance of balancing integration with remaining focused on HIV.

"There are tools today, if correctly applied, that enable us to control and eventually to end the epidemic – but you have to keep the focus on HIV. Now is not the moment to stop."

OBJECTIVE 5: STRENGTHEN RESEARCH TOWARDS CURE/TREATMENT REMISSION AND VACCINE.

Ninety-three percent of respondents agreed or strongly agreed that this objective was met. Further, 75% identified HIV cure research as a major area where they had gained new learning. Many respondents noted that they left the conference feeling hopeful about progress made toward a cure.

"We are progressing well towards a cure and even if we don't have a cure, things are not so grim."

Anton Pozniak, IAS President-Elect and Executive Director of HIV Research, Chelsea and Westminster Hospital, UK

Christian Hui, Co-founder, Canadian Positive People Network at the Community Forum on Key Populations

HOW CAN WE DO BETTER NEXT TIME?

Expand the geographical diversity of participants and speakers. Respondents and key informants noted an over-representation of speakers from high-income countries, suggesting that a wider range of countries should be represented in the future, particularly scientists from low- and middle-income countries. Cost was seen to be a key barrier to participation from low-resource settings that would have to be addressed.

Continue and scale up efforts to reach young scientists. While the IAS has made important efforts to attract and support the involvement of young people, information on these efforts is not always accessible. Respondents and key informants suggested promoting available scholarships, sponsorships and mentoring broadly and well in advance of the conference to ensure that these can be maximized.

Expand opportunities to highlight new science. Many key informants saw the poster exhibition as a missed opportunity to highlight new science, as the physical space was not conducive to learning and the time allocated in the programme was not ideal. Improvements to the poster exhibition space were suggested, along with exploring new opportunities to highlight more emerging science within the conference programme.

Make sure "unusual suspects" are present. Broaden the pool of experts on panels and in conference planning to offer fresh perspectives and attract researchers from other fields to become interested in HIV.

Continue to scale up efforts to use technology and social media to expand the reach of the conference. This will be particularly important as funding for HIV grows even more restricted.

In the lead up to the 22nd International AIDS Conference (AIDS 2018) in Amsterdam, be proactive and strategic in the planning and delivery of AIDS 2018, for example, ensuring that countries with poor HIV policies participate in the conference, and facilitating the participation of advocates by reducing the registration fee and/or providing more scholarships.

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