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**Key Issues Ahead of the International AIDS Conference in
South Africa
Kaiser Family Foundation
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JENNIFER KATES, PHD: Thanks very much, and hello everyone. Welcome to our webinar today. The Kaiser Family Foundation's really pleased that you could all join us, and that we are able to convene this conversation ahead of the 21st International AIDS Conference, which will take place in Durban, South Africa less than one month from today. The conference starts officially on July 18th. It also marks the return of the International AIDS Conference to Durban, after 16 years, to a new and, in many ways much, much better, reality in terms of HIV, although with challenges remaining. The reality that many of us could barely imagine was possible back in 2000.

To discuss the conference, its significance, the key issues that are likely to be addressed, the latest science we can expect, and the importance of community engagement, are three terrific experts joining me today. You will hear from Dr Chris Beyrer, who's the President of the International AIDS Society, which is the organization that is shepherding the conference and making it happen. He is also a newly anointed Desmond Tutu Professor of Public Health and Human Rights at the Johns Hopkins University of Public Health, among many, many other things.

We also have with us Dr Linda-Gail Bekker, who is the President-elect of the International AIDS Society. She will take over the mantle after the conference. She is also a professor of medicine and Deputy Director of the Desmond Tutu HIV Center at the Institute of Infectious Disease and Molecular

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Medicine at the University of Cape Town, also among many other things.

Finally, we have Chris Collins with us, who is the Chief of the Community Mobilization Division at UNAIDS, and many of us know that Chris has been one of the major global HIV advocates for the past 20 plus years, and has worked to make many of the gains and advancements that have happened in the epidemic possible.

Just a couple quick reminders, this is a listen only format, and at the end, or actually during, you can start chatting, typing in questions, which we'll get to after the presentation. We'll record this, and we'll post and archive the recording with the slides, and we also will have a transcript. We'll let everyone know when that's ready.

Before I turn it over to Chris Beyrer, I just want to show two slides that encapsulate just how much progress has been made, but how much more is needed.

The first one that you should see is, and many of you I know are very familiar with this, the trend in the global estimates on new infections over much of the epidemic. Really, the incredible story of the decline from a peak of 3 and a half million per year to just about 2 million per year now. That's a very dramatic decline. Of course, that's still about 2 million people becoming infected every year. We certainly are not at the end of this story at all, it's still very dramatic.

Going to the next slide, the relationship between unbelievable scale-up in antiretroviral treatment coverage and

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AIDS-related death, showing the decline in death as treatment scale-up has happened, something that very few people, virtually no one I would say, a handful of people that could access it in sub-Saharan Africa in 2000 to now. Still, less than half of all those around the world who need treatment are accessing it. These are just two slides, there are others we can look at, but I think reminds us of the really unbelievable moment we are in. With that, I'll turn it over to Chris Beyrer, who will lead us through what we should expect. Chris.

CHRIS BEYRER, MD, MPH: Thank you so much, Jen. Good morning, or good afternoon, to everyone. We really appreciate all of your interest in AIDS 2016, and in the very important global response to the pandemic. I will go through some of the really, I think, exciting stats around the conference. Where we are in terms of presentations. I'll talk a little bit about the pre-conferences. Also, I'll give you some information on how to connect to the conference.

Before I do that, let me say a few things. First of all, the International AIDS Conferences, for which the International AIDS Society is the steward, are the largest global health event of their kind. It's an every other year event, and many of the conferences looking back on the history of now 3 and a half decades of the AIDS pandemic have really been watershed events, very important moments when the international community, and the researchers, scientists, people affected, living with HIV, communities, and the political leaders, funders, and donors have gathered together,

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and really collaboratively made decisions and changed the course of the response, and I think, arguably, of the epidemic itself.

There's probably no more important watershed in global AIDS from that perspective than AIDS 2000 in Durban. That was the first international AIDS conference in Africa. This one in 2016 is the second. South Africa remains really the only African country at this point that can host a conference of this scale and scope.

In 2000, if you look back, and it was actually captured in those two slides that Jen Kates showed, the treatment access era in low and middle income countries, particularly in sub-Saharan Africa, had just not begun. The government at the time was engaging in AIDS denialism. There were a very small number of people, mostly paying out of pocket, who could afford antiviral therapy. For the rest of the country, and for the rest of the continent, what we saw was the ravages of untreated AIDS, clinical AIDS, and very high mortality and morbidity.

That conference really was where the conversation changed. Justice Edwin Cameron, who gave a famous speech then, and will be again speaking when we open in plenary on Monday morning, really judged us as a community. This is unacceptable. If you look at, for example, the emergence subsequently of the global fund for AIDS, TB, and malaria, the US bilateral PEPFAR, the CDC's global AIDS program, a number of really enormous undertakings, the largest global health commitments still in

history to a single disease. It really can be said that the treatment era began there.

Now, we are very far along in that, spectacular achievement in global health. UNAIDS just announced that 17 million people are on antiviral therapy worldwide. That, of course, has had a huge impact on survival, declines in death. The treatments are better than they have ever been. When we look at where we are, coming back to Durban, that is less than half of the people living with HIV worldwide on treatment. We still have an enormous way to go. That is a logistical challenge, an implementation challenge, it's a political challenge, it's a funding challenge, and it's an implementation science challenge.

We also have some spectacular new tools. Linda-Gail Bekker, my colleague and friend, who's going to speak to you about some of the really exciting scientific advances that are coming to the conference. For example, with pre-exposure prophylaxis, the most potent new biomedical intervention we have to prevent HIV, just six countries are now implementing it. We're actually in a similar situation as we were in 2000, where we have a tool, and it's not available to the vast majority of people who could benefit from it. That is reflected in the fact that incidence actually is stable. In other words, the rate of new infections is not declining, and the epidemic continues to expand.

Go on to the next slide. AIDS 2016, then is back to Africa in a very different context. It is going to open on

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Nelson Mandela Day. Of course, Nelson Mandela was President of South Africa, a past president in 2000, and memorably addressed the conference, spoke to the urgency of getting treatment to his countrymen.

The theme this year is Access Equity Rights Now. That access issue is really all about trying to get the other more than half of people living with HIV on treatment. We're expecting around 18,000 attendees. We're somewhat over where we were for Melbourne in 2014, our last conference. About 800 journalists, representation from 180 countries, and really, an extraordinary program, altogether more than 500 sessions, workshops, and program activities.

We've shortened the conference by a full day. It is going to be jam-packed. It's also the most inclusive and represented conference we've ever had. We doubled the number of scholarships, a little bit more than doubled, which is a huge commitment to bringing additional people on board. That includes support for people living with HIV, for women, and women living with HIV in particular, and for a youth scholarship program recognizing that we really need to invest in the future.

Next, please. This is our most competitive scientific meeting ever, which I'm really delighted, personally, to say. Almost 7,000 abstracts submitted, over 40-percent of those from Africa, more than half from women. In total, about 36-percent or so of abstracts were accepted in some form into the program.

If we combine the oral abstracts and the poster discussions, which are short oral presentations, all together, just a little over 5-percent of submitted abstracts will be presented in oral presentations. That makes this an incredibly competitive scientific meeting.

We got a large number of late breaker abstracts, which are really spectacular, and we were able to accommodate close to 40 of those in oral sessions. I have to say, among those, more than 20 results from current clinical trials that are really going to, I think, have a very big impact on the scientific importance of the conference. Next slide.

In total, there'll be 777 speakers, the majority are women, a little over half. A substantial number of trans speakers. Very happy to say that close to 40-percent are based in sub-Saharan Africa. That's very important because, of course, Africa represents a substantial amount now of the research being done. That, unfortunately, is because of the great burden of disease, but also, because this is where much of the prevention work that can be done is being done because the rates of new infection are so high, particularly in women and girls. About 1 in 5 are South African-based, and that, again, reflects the enormous scientific engagement in South Africa. The collaborations between South Africa and the international research community. Next.

I mentioned that the conference is shorter by a whole day. We're opening now on the Monday night, instead of what has been the tradition, on the Sunday. That allowed us to have a

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full weekend, Saturday, Sunday, and into the Monday morning of pre-conferences. The pre-conferences are really a spectacular feature. We're working very hard to integrate them and have them flow smoothly into the main conference.

We will have again, as we have had in the past, the IAS Toward a Cure Symposium, a big focus on basic science. TB2016 is a two-day meeting on tuberculosis that really looks spectacular, and Linda-Gail may speak to that. There's one on hepatitis, there's HIV Nursing 2016, there's a positive living summit, a global forum on MSM and HIV. There is the first trans meeting, No More Lip Service, there is a UNAIDS workshop on 90-90-90, and there is a large PEPFAR annual meeting, or semi-annual meeting that's going to be focused on implementation science, and bring PEPFAR partners from across the world to Durban. We're very excited about this component of the program, and as I said, we're doing our best to make sure that there is integration of all this great content into the main body of the conference. Next, please.

Lastly, how do you connect? There will be daily email updates to delegates and subscribers with highlights. There is a strong social media platform on YouTube, Twitter, and Instagram. There will be recorded sessions published on YouTube. Much of the content will be live broadcasted, including the opening and closing, through South African Broadcasting. There will be, of course, daily press releases and photos.

The content and all the information on the conference is available on our new and newly reconfigured website, AIDS 2016. The last slide, is just to say thank you so much for your interest and engagement, and I'm looking forward to your questions and comments.

JENNIFER KATES, PHD: Thanks so much, Chris. Linda-Gail.

LINDA-GAIL BEKKER, MBCHB, DTMH, DCH, FCP(SA), PHD:
Good afternoon, everyone, from, I would say Cape Town, but it's a great pleasure to all from South Africa. I certainly am one of the many South Africans that are looking forward to hosting the International AIDS Conference in Durban in just about a month's time. Thanks again, thanks Chris, that was a wonderful introduction.

As Chris mentioned, of course, a key part of the conference is the science. It is my pleasure this afternoon in the next five to seven minutes to just give you a taste of the kind of science that we can expect in Durban.

As Chris said, and that's just as a preamble, we are now hosting the conference there for four full days, and that is AIDS 2016, but very important, the pre-conferences that will be coming before.

I think I will just mention two of them besides the Cure Conference, that being TB2016. This is the first time that we are actually dedicating time to tuberculosis, and we really have lined up an extraordinary full two days of tuberculosis.

It's a TB monitoring section, as well as coinfection with HIV.

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We have got truly some of the best speakers in tuberculosis coming to that conference. I think it really is well worth it, and it will be with a strong focus on the science, on the RNB, as well as on implementation.

Previously, we focused a lot on hepatitis C. Of course. In the southern African region we thought that the focus should be more on hepatitis B, and so, there will also be some focus on hepatitis B in a one-day pre-conference leading up to Durban 2016. If I can have the first slide of my presentation.

Just to remind you again, we tend to do this thematically, and of course, the plenaries are very much the tethering to the meeting. What the scientific committee has done this year, as they do in many years, but I think have really achieved it this year, is to have a theme that runs all the way through the conference. If, indeed, you are very interested in prevention and pre-exposure prophylaxis, you would start with your plenary on the Wednesday morning, Innovation, Prevention, Reducing Incidence. You would be able to track an adventure all the way through the whole conference, really picking up great highlights all the way through.

The conference program cuts in a multidimensional way. We are hoping that we'll be able to actually lead people through that pathway all the way through so that they're not lost when they arrive at this very full conference. You see that the plenaries have been divided up into Where are we now on Tuesday, What is our goal on Wednesday, What are the key

barriers on Thursday, and then finally, How do we get there on Friday.

Really, I think, state of the art overview-type topics being covered as usual in our plenaries, and really top-notch speakers from across the globe. You can access the program already on the International AIDS website, and you see it there. Already, the abstracts are listed for your inspection. Next slide, please.

What I thought I would do this afternoon is just pick up on a few topics to whet your appetites, and help you to see the depth and the breadth of the science. Coming to southern Africa does mean that there will be a focus, of course, on the heterosexual transmission of HIV, and particularly, the vulnerability of women, young women, and adolescent girls. There will be a strong thematic push throughout the conference looking at the challenges in both treatment and prevention of HIV for adolescent girls and young women.

There will be topics covered such as the biological factors that could undermine the effectiveness of PrEP. There's work around STIs, the vaginal biome, looking at the insights into vulnerabilities and risks in this population, in particular, the HIV phylogenetic analysis to understand the transmission linkages in young women is a very exciting new piece of work coming out of South Africa. There's new data from a large study called PROMISE looking at the challenges among women post partum to their uptake and their continued persistence on treatment. We're also, obviously, focusing on

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adolescents across the board, with the treatment bulge expected in Africa, and increasing treatments as well as improving outcomes for adolescents on antiretrovirals. Then, of course, behavioral economics, the role of cash, care, and HIV community, social protection, and so on, will all be covered within that sphere. Next slide.

Being more specific about prevention, I think as Chris has already mentioned, the very exciting new tool biomedical tool is that of pre-exposure prophylaxis. We'll be seeing new data coming out from a large LGBT center, for example, in New York City, looking at implementation of PrEP there. Also, some implementation in New South Wales, in Australia.

Very exciting, we'll start to see more of the data from adolescent MSM. There's a very important study called ATN 110 and 113. We'll be seeing the data for the first time on 113, and also some very fresh adolescent PrEP data from South Africa.

The PartnersPrEP study has been so important, and I'm very pleased that they will be presenting some of their final results on that demonstration project, looking at the combination of treatment and PrEP to completely eliminate transmission. There will be updates and symposium satellites on the new long-acting injectables and other alternative agents that are coming down the pike.

The teams that ran the vaginal dapivirine ring studies will also be back, giving us a little more detail about the outcomes in women who were high adherence to using the vaginal

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dapivirine ring, as well as more clearly articulating what some of the challenges were that women encountered.

I know we will also be getting fresh data on IPERGAY, that being the coitally-dependent PrEP that was conducted in France and Canada a couple of years ago, and we'll be getting updates on that study. Next slide. Could I have the next slide, please?

JENNIFER KATES, PHD: One second, we're moving along.

LINDA-GAIL BEKKER, MBCHB, DTMH, DCH, FCP(SA), PHD:

Okay, well let me, there we are, there we've got it. The next topic, very important to bear in mind, and certainly there will be as much focus as we saw in Melbourne here in Durban on key populations. I'm thrilled to tell you that we will see the first data from a very large PrEP and early treatment study in Zimbabwe among sex workers called SAPPH-Ire. You'll see the first data from that study. It's a large multi-center study.

We will also see papers around testing among MSM, both from Africa and other parts of the world, improved preventions for transgendered people, looking at the coinfection of hepatitis C and HIV, particularly amongst IDU. There are papers looking at costs and policies around harm reduction, and of course, better treatment for intravenous drug users. There is, additionally, an outcomes paper in 10 countries to really investigate the legal and policy barriers to services for vulnerable populations, leading to the next slide.

In this part of the world, and at this stage of the epidemic, treatment is a part of our science that cannot be

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overlooked. There are some excellent treatment strategy trials being brought to Durban, including ARIA, which is a study looking at the dolutegravir fixed-state single dose, compared with the boosted PI ART. We're looking at developing treatment doses in newborns, outcomes with a variety of different dolutegravir-based antiretrovirals, as well as viral suppression in some of the integrase antiretroviral combinations.

There is a nice study out of South Africa looking at a perinatal HIV adolescent cohort, and examining growth, viral load suppression, and other biomarkers, as well as morbidities in that large cohort. We will see data from the wonderful SEARCH study, run by Diane Havlir and her team in Uganda, really exploring how to get to the 90-90-90, and showing that it is feasible in Africa.

Then this important study, REALITY, will also be coming to Durban. It is really looking at a decrease of early mortality in HIV infected adults and children who come to treatment with advanced HIV. It's a combination of intensive four-drug ART, as well as some additives and a variety, a combination approach to try to reduce mortality. Important to see that study.

Then, there are different abstracts and orals around the impact of universal test and treat on HIV transmission. We will also see a paper about the long-term outcomes of the South African treatment program, and lots more inputs around

differentiated models of care, adherence plots, and so on. Next slide.

We will have been primed, if you like, with the pre-conference on cure, transmission, and remission, so important to keep that in mind. There are two very excellent plenaries, one given by Larry Corey on the Wednesday, and the second by Deborah Persaud on Thursday about Cure, Larry giving vaccine on Wednesday. Of course, both leaders in the field, and so I think we really are looking forward to those two plenaries.

We will also see exciting orals and posters on gene editing, on understanding reservoirs data. There's more information on the Berlin patient. There's more understanding of novel treatments around cure and treat approach to remission.

I'm very pleased to say, because I will actually be presenting this first data from the pox/protein vaccine strategy, which is the first step of the P5 vaccine program coming to South Africa. It's called HVTN 100, and we'll be presenting those go, no-go criteria that are going to lead into the efficacy trial starting later this year. I'll be happy to show those later.

I'm pleased, also, to see that there's a presentation, really, probably some of the first cure research beginning to happen here in the southern region. It's a paper on the first steps of cure research in hyperacute individuals in South Africa. I certainly will be attending that one to understand

more about that, because I think it opens a whole new field here in the southern region as well.

My final slide really just touches on policy and economics. The emphasis is on science across the board, all the way from basic science, all the way through to policy, economics, health systems, and so on. There will be a variety of papers, symposia satellites, looking at funding trends, the PEPFAR funding and how PEPFAR funding has increased, happily, in key populations where the deficits are.

We'll be looking across the globe in terms of 90-90-90 targets and how we are progressing in reaching those targets. Then there will be a variety of case studies and best practices, with lessons learned in terms of the treatment cascade and how well we're doing in reaching each aspect of the treatment cascade, all the way through from testing to linkage, and finally, to viral suppression.

I think if you do go to the program and have a look, you'll see that there is an extraordinary array of science that will be presented, and I look forward to sharing that science with you in a month's time. I'll stop there and hand that the Jen, thank you.

JENNIFER KATES, PHD: Thank you so much, Linda-Gail. Last but not least, Chris Collins talking about the importance of community and civil society to help make this all happen, Chris.

CHRIS COLLINS, MPP: Thanks, everybody, for joining the call. With every International AIDS Conference, what community

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does at those conferences, what the activism is, is a major part of what impression that conference makes and what you remember. That's, of course, no truer than with the last Durban conference where the community mobilization, the march in the street, the demand for treatment access, is one of the most globally mobilizing events that we've had in the response in the epidemic overall.

I think a lot of people are wondering what will, where will community be focusing and marching for at the conference. I think one way to start thinking about sort of the civil society activism side of Durban is to look at what we heard, and what reactions were, out of the high-level meeting on AIDS, which was earlier this month, in reaction to the political declaration. I'm sure everybody on the phone knows that there was a lot of distress and disappointment that the political declaration had many variable targets around treatment, prevention, and other areas did not do a lot to address the need to do much better among key populations.

The community really was sending a clear message that we're past the point where it's acceptable to issue proclamations and plans around the AIDS response, and not fully address the equity issues, and the key populations issues. That may be a major mobilizing focus, I think, at Durban. I think one of the messages you are saying is it's not just more treatment or more prevention. It's addressing this epidemic in a fundamentally different way, a more equitable way, and a call

for a change agenda, I think, in a response to AIDS. That is one thing I'm certainly hearing very clearly.

Out of the high-level meeting, I would say that around those issues we saw a remobilization, a kind of rekindling of the anger people feel. That's coming out more clearly. We'll see how that plays out at Durban. If we're looking at a reenergized community response, I think, there's a lot that can be extremely powerful about that.

Two documents worth looking at in thinking about this issue are the community declaration that came out of the high-level meeting, it's called *Civil Society and Communities Declarations to end HIV: Human Rights Must Come First*. Then, a document called *AIDS Response at Code Red*, which is a global call to action and announces the march in Durban on the 18th of July. The Code Red document says that there's a real concern that the AIDS response is waning, that we're off course, that we're not in line to end AIDS by 2030, as UNAIDS has called for. They called for the necessity to really change the trajectory of the response in several different ways. I think those documents help inform what we may see in Durban.

Now, what specifically are the issues? I think one of the things is just, as Chris and Linda-Gail said, the science has been terrific. Since we last met at the last International AIDS Conference, we've had the START results showing the benefits of early treatment initiation, the call in the political declaration from the high-level meeting for 30 million people on treatment, a doubling of treatment by 2020.

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Results on PrEP, which have just been incredible, and of course, a call for a massively scaled up PrEP access over the coming five years in the political declaration.

Part of this, I think, that people will be calling for is for reasserting the moral imperative of everybody in the world having access to the benefits of science, because the science has been so profound and has such great potential to reduce mortality, but also incidence. Related to that is a funding goal, which the UNAIDS estimate, which made it into the political declaration, is that we need to get about 20 billion a year in funding, the AIDS response is about 26 billion a year, by 2020.

Where does that 6 billion come from at a time when we're really seeing donor aid flat line? Of course, we have the Global Fund Replenishment Conference coming up in the fall. That will probably be a major part of what people articulate in terms of the need for dedication around new funding. Then, I think part of this, too, will be an issue that's becoming stronger and stronger all the time, which is the need to invest funding in community for a variety of things that communities do. The *Lancet* UNAIDS commission on ending AIDS came out with their *Lancet* article last year. They said that community-based advocacy in AIDS is "a global public good" that deserves to be financed commensurate with its tremendous contribution.

I think we're hearing increasingly that advocacy needs to be funded, that community services need to be considered along with whole systems for health planning. I think part of

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the planning fixture in Durban, in terms of the activism, will be around funding civil society. Then, I think they're initiating agenda, and I think we're going to hear a lot about us not being close to ending AIDS, that we're not getting there by 2030, unless some particular things are done.

Absolutely, the need to do much better among key populations, I think, will be front and center. That will include things on key populations that were missing from the political declaration, namely, a real commitment around going to scale with services, and then also making legal changes to criminalizing behavior, and these other kinds of changes that will make people safer. It'll protect themselves, it'll also be able to access services.

In addition, for sure, we'll be hearing about intellectual property, and the need to make sure that trade deals don't get in the way of access to medicines, including second and third-line. Health systems, strengthening and investment in healthcare workers is a major issue for South African organizations, including TAC and SECTION27. That is part of the Code Red declaration. I think investment in healthcare workers and health infrastructure may be very important there as well. I think it's going to be an exciting time. I think we're seeing activism reenergized. I think that's a very exciting thing.

JENNIFER KATES, PHD: Thank you so much, Chris, and thanks to all, Chris and Linda-Gail. Now I'm going to open this up for questions that have started to come in. Actually, I'm

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going to start with one, to anyone who want to respond to it. Then we have a few that are coming in right now. Just generally, if any of you, maybe Chris Beyrer, want to talk about the theme a little bit more, and sort of the purpose of choosing a theme this year. I know themes are not everything, but they're important.

Access Equity Rights Now, what were some of the discussion about making that the big overarching umbrella?

CHRIS BEYRER, MD, MPH: Thanks. A lot of discussion there. I think I would say, in terms of access, this is really about the other half of people living with HIV who are not on treatment, and the fact that we have to do a much better job of expanding access. Now, getting to some of the more challenging populations. Just to give you a feel for that, roughly 30-percent of all babies born with HIV last year were born in Nigeria. That is about really expanding access to prevention of mother-child transmission services in Nigeria. We know how to stop perinatal transmission. We're not doing it everywhere we need to.

The equity issue I think has really emerged a strong sense of the current failures of prevention, the uses around key populations, and I think also, the challenges for adolescents. We are really, in too many countries, failing to provide them information that they need to protect themselves, services that are relevant. We have to say also, and this is part of what Chris Collins was referring to in the advocacy around the high-level meeting, real issues with equity for

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criminalized and stigmatized populations, like people who inject drugs, sex workers, gay, and other men who have sex with men in so many countries.

The rights issue follows straight from there in the sense that we are not making headway on the human rights issues that enable an effective response. We're not removing those human rights barriers that really inhibit an effective response. I think that now it's an urgency issue.

There is a very strong sense out there that we have a window, the scientific evidence is pretty good on this. Ambassador Birx has spoken to it, Mark Dybul, head of the Global Fund, which is that we really need to make significant headway in the next five years on controlling HIV, or we could be facing a recrudescing epidemic. There is an urgency around getting this right now and using the tools we have.

JENNIFER KATES, PHD: Thank you. Linda-Gail and Chris Collins, if you want to jump in, you don't have to, you can move on the question. I'm going to start with one of these questions. I'm taking one to start.

The question is about the attention to sex workers as a key population. The person writing the question says severe attention to sex workers, was severely problematic at the conference in 2012, and still insufficient in 2014, given that sex worker's rights as a component has been more explicitly addressed in South Africa than many other countries. What can you tell us about conference attention to sex workers' rights

as a critical requirement to ending AIDS going forward? Who wants to take that one?

CHRIS COLLINS, MPP: Linda-Gail, do you want to speak to the South African element first, and then maybe I'll follow up?

LINDA-GAIL BEKKER, MBCHB, DTMH, DCH, FCP(SA), PHD:
Yes, thanks, Chris Bekker. That was exactly where my mind went. I think the first thing to say that I think there will be science around certainly prevention as well as treatment, but of course, the Durban conference is now happening just after South Africa has launched its comprehensive sex worker program.

I'm hearing the question is particularly around the issues of criminalization and laws pertaining to sex workers. Of course, that hasn't yet been fully addressed by the South African story, but I would imagine that that was going to be a hot topic that will be raised regularly throughout the conference.

In terms of specifically addressing that issue, I think there are a number of symposia satellites where I think this is going to come up either formally or informally. I guess after the conference, we need to judge whether we have done better than 2012 and 2014. I think this really is coming much to a head. I'm hopeful that this will be tackled in ways that we haven't seen before. I don't know if Chris Collins has anything more to add to that.

CHRIS COLLINS, MPP: That's right. Again, I do think the growing emphasis on key populations in a sense that we

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really just must now start focusing on reaching all key populations, I think is going to open space for more work with addressing sex workers' needs.

CHRIS BEYRER, MD, MPH: I will just add maybe one or two points. One is to say that, particularly in this region, you're going to see, and there will be quite a bit of data presented on this, the extraordinarily high burdens of HIV among women sex workers in a number of these countries. That, of course, really also drags the treatment access agenda. Their exclusion from services because of their sex worker status, and their inclusion in some cases from national data, I think is going to be a major topic that's discussed.

On the decriminalization issue, I will just say, of course, that we did a special theme issue of the *Lancet* study in sex workers for the Melbourne AIDS conference. That really looked at an array of interventions that might improve infections among sex workers and clients. It turned out the single most potent intervention was decriminalization.

Scientific evidence that was presented there, and I think it's fair to say that we have not made a lot of headway. Another drug could be the subject of intense debate and discussion, as well it should be in Durban.

JENNIFER KATES, PHD: Thanks, I'm going to go on to combine a couple questions that came in that have a similar effect to them talking about the importance of addressing TB and HIV at the conference. One is asking how it will be ensured to be discussed at the conference? I think Dr Bekker covered

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that. The questioners actually go on to say are you hopeful that South Africa's leadership on TB-HIV will inspire other countries to address TB-HIV? Somebody else asked pretty much a similar question, make sure it's not the same old talk, but also ensuring that the conference highlights the work that South Africa has done to develop a joint TB and HIV strategy. I think the question is about TB and HIV, but really the leadership that South Africa can provide in this regard. Maybe Dr Bekker, start with you, then others can jump in if they want.

LINDA-GAIL BEKKER, MBCHB, DTMH, DCH, FCP(SA), PHD:

Thanks, Jen. I will start by saying that actually our very own health minister will be opening the pre-conference at TB2016. He's clearly passionate about this problem, this challenge. He has done formidable work in terms of points of care, diagnostics, etc. I know that he will be bringing the passion to the pre-conference.

There is excellent science as well as an implementation component to the pre-conference. I think we'll see every aspect of TB being covered in huge depths in the pre-conference. The idea, then, is to take that science into the main conference as well. We are definitely looking at ways to take the thread into AIDS 2016. I would urge people who are particularly interested in TB, to make the pre-conference part of their journey to AIDS 2016, because that's where they really are going to get the meat.

There will be the usual TB sessions. I think, again, because the southern Africans have really put forward a lot of abstracts. I think just by the very nature of it, we are going to see some of those excellent relations coming through, handling multi-drug resistant TB, approaches to point of care testing and diagnostics. Those will all be coming through the conference.

JENNIFER KATES, PHD: Great, thanks. Anyone else want to jump in? We have a lot of great questions. We can just move on.

CHRIS BEYRER, MD, MPH: There's also a plenary on coinfections by Anton Pozniak, from Chelsea Westminster, who is one of the great treatments leaders in this field.

JENNIFER KATES, PHD: Great. Here's another great question asking about, remember that in 2000, one of the biggest challenges that we all faced in combination with AIDS denialism, and myths and other big claims that we know are not based in science, do you think that we face different myths today that divert our energy, or otherwise interfere with implementation, or have we passed that? That goes to any of you.

LINDA-GAIL BEKKER, MBCHB, DTMH, DCH, FCP(SA), PHD: I think there are some missteps from my point of view that been kind of retained. We haven't been able to get over, for example, comprehensive sexuality education in schools somehow increases sex, offering PrEP to people who are at risk for HIV

acquisition will increase the amount of sex people are having, and will increase promiscuity.

I think there are new myths that come along. We've just been discussing that we should not decriminalize sex work because then somehow sex work will increase across the globe. I think there are still some very specific myths as part of the access and the rights now component of Durban 2016, we will again have to really bring good evidence and science, as well as lots of activism and advocacy, to counter. That would be my response.

JENNIFER KATES, PHD: Thanks.

CHRIS BEYRER, MD, MPH: I would just add that a challenge that we are facing in many countries is that now that we have the guidance and we have the science to suggest that people should be started on antiviral therapy as soon as they're diagnosed, we have for many years been telling people you need a CD4 test, and then based on the result of that test, sending a large proportion of people away, telling them essentially, you're not sick yet, you don't need treatment.

We lost many of those people. We also developed a belief system that you need antiviral therapy when you're sick, and not when you are well. That is now a real challenge in a number of settings, and particularly for men. We're now struggling with that, and a very different message about how important it is, and the benefit to individuals, but also the public health benefits of early initiation of therapy. That is a myth that we created, and now we have to deal with it.

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CHRIS COLLINS, MPP: I would add that for me, an ongoing myth is the myth of scarcity, that it's not possible, or it's unlikely, that we can get funding necessary to really make dramatic progress, both on incidence and mortality, and deliver the great tools we have. I don't think that's true by any stretch of the imagination. It's a mindset. I'm hoping Durban is part of saying we need to get away from the scarcity understanding of this, and realize anyone in the world who needs it should have access to the benefits of science.

I think a myth that has been with us for a long time is prevention versus treatment myth. I think we do absolutely need to get over that. We need to be talking about going to scale with both treatment and prevention interventions that work.

I also think it's a myth that it's going to be easy to do transitions in aid out of middle income countries, and still see key populations served. I think we have a very serious issue in terms of looking at aid transitions, and the absolute need for the public community to take responsibility, to be thinking about continuing to make progress in AIDS, even as there's an appetite to transition the way aid is done.

JENNIFER KATES, PHD: Thanks to all of you. Actually, Chris Collins, I want to pick up on that, if you want to add anything, because one of the questions is someone writing from the Latin America region, and saying, coming from a middle income region, I want to ask for your thoughts on how to guarantee that we achieve 90-90-90 when key populations tend to get lost in either bureaucracy, lip service, corruption, and I

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would add from what you just said, Chris Collins, also transition. Any more to say about how to make sure that key populations don't get lost in that process?

CHRIS COLLINS, MPP: I think it's so many things. I think we have to look at it holistically. 90-90-90, to be clear, that's a treatment target, but I think when we're talking about any group, we also need to be thinking about going to scale with prevention interventions, including PrEP and condoms, and other things, along with the treatment goal.

I think when you're talking about populations that are marginalized, it isn't one thing or the other. We just need to get serious and business-like about the fact that we need a real effort to change social and legal climates. We need to be understanding what's worked to get services to people, even in difficult social and legal climates.

We need the investment. We need the accountability to ensure that everybody, and that's including donors, but also increasingly, national governments, feel the pressure to be responding to their epidemic, so that we really can scale services for those most affected, which we really need.

I think we're seeing this build out of a high-level meeting, but I think we need to really shine the light on the need for accountability around serving those most affected.

JENNIFER KATES, PHD: Thanks. Anybody else want to add on to that, or go on to another question? Here are two practical questions about things related to the conference. One person is wanting to know, will there be an HIV testing events

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associated with the conference? Another wanting to know how best to follow it and receive updates and presentations if you can't go in person. Two practical questions, testing events, and then following the conference.

CHRIS BEYRER, MD, MPH: Let me just say that my slide, I see it's up on the screen, of connecting to the conference lays out many of the ways which to connect. There are going to be testing events. There's a, of course as always, a very large component of the conference, which is the global village, is open to the public. That's where those kind of events will be. It's a vibrant space, and we think South African civil society is really very engaged there.

LINDA-GAIL BEKKER, MBCHB, DTMH, DCH, FCP(SA), PHD:

With that, if people know the Durban conference center, that actual whole area, the roads around the conference center are being closed off. Be aware when you're coming to the conference center. There are particular doors where there will be access, but there will be huge tracts of area where people can be walking, enjoying the global village. I think there is going to be a terrific array of South African food, different kinds of African music, and a real sense of Africa there. Of course, testing will be available, as usual in that vicinity.

JENNIFER KATES, PHD: Great, thanks. We have a few more questions and not that much more time. I'm actually going to go to a broad question that came in early, but I wanted to save it for each of you to comment on and probably close us out, which is your goals for this conference. What would you hope happens,

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and what would be a win from your perspective coming out of AIDS 2016? Let's start with Chris Beyrer.

CHRIS BEYRER, MD, MPH: I would say a few things. One certainly is I would hope that this is a conference where the PrEP access and equity really begins the way that the treatment era really began in Durban. Secondly, I would say this is more than a conference, of course. This is a global convening of the AIDS movement. I think the AIDS movement is threatened by the flat funding that Chris Collins mentioned, by some complacency that the AIDS pandemic is solved, that we basically have the tools and it's just a matter of steady as we go.

I really don't think that's the case. We need to stay on the global agenda. This is still a pandemic affecting 37 million human beings, with over 2 million new infections a year. We are not done. That is a message that I think really needs to come out of Durban, that the AIDS crisis is not over. There's a long way to go, and we need to invest in the research agenda and continue the research effort around a vaccine and a cure.

Those are the take homes that I would really hope to see, and I hope that this, again, is something of a sea change. Regalvanize the world's response to the pandemic so that we can get ourselves on a winning trajectory against AIDS and related infections.

JENNIFER KATES, PHD: Okay thanks, Linda-Gail?

LINDA-GAIL BEKKER, MBCHB, DTMH, DCH, FCP(SA), PHD:

Jen, mine aligns almost perfectly with Chris. I think that the
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way I'm seeing this is we have read the story halfway. The first 30 years, I guess, but in particular, the last 16 years, we've kind of got halfway through the story. We had a treatment revolution, if you like, in 2000. I'm hoping now this is going to be the treatment and prevention revolution that really does ignite now in 2016.

As Chris said, as we go over that hump and start moving towards closing down epidemics in different parts around the world, but that is going to need huge passion, and energy, and commitment, and resources. This is not the time to be leaving the field.

This is the time when you really have to engage. I'm hoping to reenergize, it's great excitement. It's about bringing people from other fields, where they're thinking, okay, it's time for me to move into different areas. They can know this is the time when we have tools, we have ways that we can actually bring new innovation into the field. We understand how innovation can be used. We now need to take it to scale, take it to the places where it needs to get to, and we can actually start to see the closing down, almost sort of snuffing out, of fires burning around the world. That's gradual.

My other piece to this is we've taken 30 years to get to this point. We don't have as much time to kind of shut things down. Actually, it really does need huge energy and excitement. I'm hoping that the passion will be reignited in ways that we have not seen before. I believe Africa can be that, so I'm very excited about it.

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JENNIFER KATES, PHD: Thank you, and then Chris Collins?

CHRIS COLLINS, MPP: I agree with those comments. I think a strong message that AIDS is not over, that it is a serious challenge, but that there are great tools there, I think. I'd love to see in the headlines that people are demanding universal access to treatment and to prevention interventions. I think the notion that civil society community is demanding those things that work be delivered to people, I think would be great.

I think, really, the change agenda. Saying, yes, we need a bigger response, but it needs to be a changed response that is much more attentive to the needs of all those folks that are most affected, and that includes women and girls in Africa for sure. It includes key populations, prisoners, and others.

JENNIFER KATES, PHD: Great, thank you. I think a couple other questions might have come in. if you didn't get your question answered, and want an answer, please just email us. We will make sure to get back to you.

I am going to take the opportunity to close this out. Obviously, the discussion will continue. Hopefully a lot of us who are listening are participating or will be able to go or follow the conference. I want to remind everyone that the recording from today, the slides, and eventually, transcript, will all be posted.

I want to thank Chris, and Chris, and Linda-Gail for taking the time from different parts of the world to be with us today. For everyone else, I wanted to give just a couple other reminders. We'll also have more information on the conference on our website. We talked about donor funding and funding for the epidemic. We'll be releasing our annual report on the status of donor funding right before the conference.

Lastly, I just want to also let folks know that after the conference, we are going to have a post-AIDS 2016 debrief in DC, with Chris Beyrer, with Ambassador Deborah Birx, with Steve Morrison and myself. We're going to be organizing it with KFF and CSIS to really reflect on what actually happened, and did the goals that we just heard about happen? Did we reach those goals, and what more can be done. For those of you who are in the area, we hope you can be here in person on August 3rd. For those who aren't able to join us in person, we'll have that webcast after as well.

Thanks so much to everyone. Thank you to AIDS 2016 and the International AIDS Society. Have a great rest of your day.

CHRIS COLLINS, MPP: Thank you, Jen.

[END RECORDING]