The International AIDS Society
in partnership with
APCOM

Educational Fund meeting
Outcome Report
16 November 2017, Bangkok, Thailand

Science and community in the response to HIV, STI
and co-infections in Asia and the Pacific
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This report was developed in collaboration with APCOM. The views expressed in the report do not necessarily reflect the views of the International AIDS Society.
2. Acknowledgements

APCOM and the International AIDS Society wish to acknowledge all stakeholders in the HIV response in Asia and the Pacific and would like to recognize the commitment and participation of the international, regional, national, and local HIV scientists and researchers, policy makers, programme implementers, healthcare workers, and community representatives in attendance during this workshop.

We also thank all the speakers, panelists and representatives of the community-based organizations and government agencies for sharing their knowledge, experiences and programmatic expertise for all to take back to their communities. The support from our community partners was crucial in creating an inclusive event.

We would also like to thank the Regional office of the French Embassy for co-chairing the meeting, and the Australian Society of HIV Medicine (ASHM) for their active support in facilitating the group work session during the workshop.

Lastly, we would like to thank ViiV Healthcare for their financial support for this IAS Educational Fund Meeting.
3. List of abbreviations and acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>ART</td>
<td>Anti-Retroviral Therapy</td>
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<tr>
<td>ASHM</td>
<td>Australian Society of HIV Medicine</td>
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<tr>
<td>CBO</td>
<td>Community-Based Organization</td>
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<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
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<tr>
<td>CDC</td>
<td>Centre for Disease Control</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>HTC</td>
<td>HIV Testing and Counselling</td>
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<td>IAS</td>
<td>International AIDS Society</td>
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<tr>
<td>KP</td>
<td>Key Population</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<td>MSM</td>
<td>Men who have sex with men</td>
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<td>NGO</td>
<td>Non-Governmental Organizations</td>
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<tr>
<td>PEPFAR</td>
<td>Presidential Emergency Plan for AIDS Relief</td>
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<tr>
<td>PrEP</td>
<td>Pre-exposure Prophylaxis</td>
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<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<td>PNG</td>
<td>Papua New Guinea</td>
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<td>PWID</td>
<td>People who inject drugs</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>TG</td>
<td>Transgender</td>
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<td>TLY</td>
<td>The Love Yourself</td>
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<tr>
<td>USAID</td>
<td>U.S. Agency for International Development</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
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<td>WHO</td>
<td>World Health Organization</td>
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4. Executive summary

On 16 November 2017, the International AIDS Society (IAS) in partnership with APCOM, held an IAS Educational Fund workshop during the Rights, Resources and Resilience Asia-Pacific (RRRAP) Summit held in Bangkok, Thailand. The meeting aimed to facilitate discussions on new insights from the 9th IAS conference on HIV Science and to discuss how to effectively translate key scientific and policy content into practices in Asia and the Pacific. The specific theme of this IAS Educational Fund meeting was *Science and community in the response to HIV, STIs and co-infections in Asia and the Pacific*.

Participants explored and discussed the most significant updates in relation to scientific achievements and new strategies in the HIV response. The morning was dedicated to presenting the national contexts of HIV responses in Thailand, Cambodia, the Philippines and Vietnam. Representatives from each country provided a situational analysis of the HIV response, described the status of their prevention programs, the patient care cascade, the environment of intervention and the role of civil society in the response. Following the presentations, participants formed different working groups to define priorities and innovative means for community-based organizations to improve the response to HIV, sexually transmitted infections (STIs) and co-infections in the areas of outreach, and testing and treatment.

Through facilitated group discussions, six key areas of focus were identified. These include increasing: 1) strategic information and the collection and use of epidemiological, health services, and HIV-financing data; 2) linkages to services through fostering key partnerships in both the private and public sector; 3) advocacy for changes in policy and legal frameworks that enables community-based organizations (CBOs) to undertake this work; 4) innovative social media campaigns to foster behavioral changes and improve CBOs in and out-reach efforts; 5) demand creation and uptake of health services for underserved populations; 6) financial and political commitments that ensure CBOs receive the appropriate support to carry out this undertaking.

Through this IAS Educational Fund meeting, APCOM connected community-based organizations to various regional stakeholders and science institutions and the community’s response to HIV, STIs, and other co-infections. It is now imperative for APCOM to work on providing the technical assistance, knowledge, and capacity building to help community organizations translate these regional priorities into concrete action plans at national and local levels.
5. Background and context

With over 5.1 million people infected with HIV, the Asia and the Pacific region has the second highest number of people living with HIV in the world. Although the HIV epidemic is decreasing in certain areas in the region (South and South-East Asia), it is increasing in others (East Asia).

National prevalence rates often mask much higher prevalence among affected key populations (KP), including men who have sex with men (MSM), sex workers, people who inject drugs (PWID) and transgender people (TG). In most of the Asia and Pacific region, the HIV epidemic is concentrated and growing amongst these key populations.

The HIV epidemic in Asia and the Pacific varies widely from country to country and within certain countries, from context to context. It may be important to tailor responses to the various contexts. UNAIDS has suggested that a ‘location and population’ approach would maximize the impact of scarce resources. To do this, it will be important to forge new partnerships, particularly among government and community-based organizations that work hard to reach key affected populations.

It is within this context that APCOM hosted the Rights, Resources, and Resilience- Asia and the Pacific (RRRAP) summit. The summit aimed to map out the planning and partnerships needed in Asia and the Pacific to reach the UNAIDS Fast Track goals for 2020 and 2030, the 2030 goals of the United Nations Sustainable Development Agenda, and the application of the Yogyakarta Principles. The summit looked to reexamine and revitalize strategies to tackle the HIV epidemic in the Region, particularly amongst men who have sex with men and transgender people.

As part of the RRRAP summit, APCOM collaborated with IAS to hold an IAS Educational Fund meeting, which took place 16 November 2017, in Bangkok, Thailand. This IAS educational Fund meeting provided an opportunity for conference participants to benefit from a debriefing on new advances and recommendations that were presented during the 9th IAS conference on HIV Science, which took place in Paris, France on July 2017. More importantly, the Educational fund meeting provided an opportunity for delegates to share and reflect on self-practices from their respective countries and to work together to define priorities for advancing science and the community’s response to HIV, STIs, and other co-infections in the Asia-Pacific region.
6. Meeting report

Date, time: Thursday, 17 November 2017 11:15-18:00

Theme/title: Science and community in the response to HIV, STI, and co-infections in Asia and the Pacific

Objective: To present key scientific and policy content from the IAS 2017 conference held in Paris, France and to discuss the role of community-based organizations within national health programmes for STIs and Hep-C.

Chair: Eric Fleutelot, (Regional Counsellor in Global Health, Embassy of France in Thailand)

Co-Chair(s): Dr Adeeba Kamarulzaman (IAS Governing Council Member and Regional Representative for Asia and the Pacific Islands on the IAS Executive Committee)

Dr Roy Chan (IAS Regional Representative in Asia, Chairperson, Action for AIDS Singapore)

Attendance: 54 participants - clinicians, health care workers, policy makers, international organizations’ staff, members of civil society and representatives of key populations

Opening remarks: Ryan Figueiredo (APCOM)

Opening presentations: Dr Adeeba Kamarulzaman (IAS, Malaysia)

Key messages from IAS 2017

Dr Roy Chan (IAS, Singapore)

IAS 2017: Key messages relevant to Gay and other MSM

Panel Topic: Country Portraits: Communities’ Roles in Implementing PrEP and handling coinfections and STIs

Panel Presentations: Dr Praphan Phanuphak (TRCR, Thailand)

Expanding the free access to testing and treatment of HIV, STI, Hepatitis C and other co-infections for MSM and other Key Populations

Dr Tia Phalla (National AIDS Authority, Cambodia)

Cambodia HIV Response 2017

Ronnivin Pagtakhan (Love Yourself, Philippines)

PrEP in the Philippines

Dr Nicolas Salvadori (PHPT, Thailand)

Designing and assessing methods for easier access to HIV screening

Doan Anh Tung (Lighthouse Social Enterprise, Vietnam)

PrEP, STI and the community in Vietnam
Group Breakout Session: From awareness to treatment: What is the role of community-based organizations within national health programmes for STIs and Hep-C?

Group Session Moderator: Brent Allen (ASHM)
Closing remarks: Scott McGill (ASHM) Inad Rendon (APCOM)

6.1: Key messages from IAS 2017

Dr Adeeba Kamarulzaman (IAS, Malaysia) presented the key scientific findings from the basic and clinical scientific track of the IAS 2017 conference, held in Paris, France. Research presented from the basic sciences track include:

- CD8 studies showing that early treatment preserves immune function and is likely to be beneficial;
- a case study of an individual with spontaneous long-term control of HIV demonstrating that sustained drug-free remission of HIV is possible, and
- in-vitro studies showing preventive vaccines which can generate immune response against HIV in subjects (but therapeutic vaccine trials are still a long way to go).

Research from the clinical sciences track explored ways of simplifying HIV treatment and finding novel regimes and therapy agents that are potent, can be taken once daily, have a long half-time, and do not confer increased rates of primary drug-resistance. Cost effectiveness modeling showed that treating primary cases of HIV with second-line Dolutegravir has lower cost and averts more Disability Adjustment Life Years (DALYs) than resistance testing.

Dr Kamarulzaman emphasized the importance of pre-treatment drug-resistant surveillance of HIV so that we do not find ourselves in the same situation as with drug-resistant Tuberculosis (TB). Other areas of study presented included examining if different health systems have an impact on health outcomes; if the outcomes of studies of hepatitis C treatment in high-income countries are transferrable to resource-limited settings; if new fixed dose combinations are safe and effective; and if other ways to simplify treatment, such as dual therapy, dose reduction and short cycle therapy, which may improve the quality of life for people living with HIV (PLHIV) are feasible.
Dr Roy Chan (IAS, Singapore) focused on key messages from IAS 2017 relevant to gay and other men who have sex with men. Dr Chan presented research from the prevention track, including the feasibility and acceptability of HIV self-testing in a number of African studies; the demonstration of treatment as prevention from theory to practice in Swaziland; financial and non-financial incentives to improve testing in Mexico; and improving client centered approaches to reduce health care stigma for both HIV-infected as well as key populations at risk. Dr Chan discussed on-demand or event-based Pre-Exposure Prophylaxis (PrEP), which has been found to reduce the relative risk of HIV infection among men who have sex with men; and studies from the US and UK showing very high linkages of care from HIV-self testing screenings.

6.2 Panel Discussions - Country Portraits: Communities’ Roles in Implementing PrEP and handling coinfections and STIs

Left to Right: Ronnivin Pagtakhan (The Love Yourself, Philippines), Doan Thanh Tung (The Lighthouse Social Enterprise, Vietnam), Mr. Eric Fleutelot (Regional Health Counsellor, French Embassy Thailand), Dr Tia Phalla (NAA, Cambodia), Dr Nicolas Salvadori (PHPT, Thailand), Dr Praphan Phanuphak (Thai Red Cross AIDS Research Centre, Thailand)

- Panel Topic 1: Cambodia HIV Response 2017 - Dr Tia Phalla, (National AIDS Authority Cambodia)

Dr Tia Phalla, the Vice Chairman of the National AIDS Authority (NAA) of Cambodia, presented first. The NAA is the multi-sectoral body responsible for formulating and overseeing the national response to HIV/AIDS of the government of Cambodia. In Cambodia, HIV prevalence is about 2%, with the epidemic being driven by key populations. Civil society organizations work to improve case detection of HIV among key populations through branded programs, social marketing, and peer-driven initiatives aimed at better reaching hidden, hard to reach men who have sex with men populations. Men who have sex with men reached through the social media app GRINDR had a 10% HIV prevalence rate, compared to 1.6% for traditional outreach methods. Dr Phalla presented the HIV cascade among men who have sex
with men from 2013 and 2017 and acknowledged the need to scale up efforts to reach the first and third targets of the 90-90-90 HIV test and treat cascade.

- **Panel Topic 2: PrEP in the Philippines - Ronnivin Pagtakhan (Love Yourself)**

  Ronnivin G. Pagtakhan, the executive director and founder of The Love Yourself (TLY), an advocacy group based in the Philippines, presented on PrEP Pilipinas, a community-based, peer-driven HIV pre-exposure prophylaxis pilot project. The goal of this pilot project was to deliver, document, and evaluate the feasibility and acceptability of community-based preventative PrEP services for populations at high risk of HIV infections. The project stemmed from the need of alternative models of HIV prevention and treatment service delivery models, as there was limited access and uptake of publically funded primary care services by men who have sex with men and transgender women. Specifically, the project assessed the eligibility and uptake of PrEP among men who have sex with men and transgender women; measured PrEP adherence and HIV risk behavior; and collected self-reports of project related stigma and discrimination. Pagtakhan discussed issues that came up during the project's implementation, such as whether the government should fund PrEP and who would be the PrEP service providers in this pilot project. This was due to concerns from policy makers and the PLHIV community that PrEP implementation could affect the budget for Anti-Retroviral Therapy (ART) for PLHIV.

- **Panel Topic 3: Designing and assessing methods for easier access to HIV screening - Dr Nicolas Salvadori, (PHPT)**

  Dr Nicolas Salvadori presented his work on Napneung, an ongoing research project looking at Thailand's concentrated HIV epidemic, where 450,000 people are living with HIV, of which 69% are on ART. The overall goal of the Napneung project was to design and assess methods that facilitated access to HIV screenings. It addressed traditional obstacles to testing by studying services that make HIV-testing simple, friendly, convenient, affordable, and whenever possible, attractive. In one analysis, researchers compared through a randomized control trial, three methods of counselling (face-to-face, computer assisted, and on-demand counselling); in another, researchers examined the effectiveness of appointment reminders to get people to come back for testing. Thus far, services are well accepted and participation in the study is robust. Data is still being collected and analyses are ongoing.
Panel Topic 4: Expanding the free access to testing and treatment of HIV, STI, Hepatitis C and other co-infections for men who have sex with men and other key populations - Dr Praphan Phanuphak, (Thai Red Cross AIDS Research Centre)

Dr Praphan Phanuphak presented on some of the health services targeting key populations done by the Thai Red Cross AIDS Research Society, an organization aimed at improving access to HIV/AIDS prevention and care in Thailand and the Southeast Asia region through quality research and services. Dr Phanuphak noted that providing access to HIV prevention, testing, and treatment in a resource-limited setting will sometimes require weighing out the ideal versus practical options. For example, in an ideal setting, one would expand free access to testing, treatment, and prevention services to the entire population as this would ensure everyone has access to care and minimize stigma and discrimination associated with HIV services. However, when resources are limited, it is much more cost-effective, and therefore critical, to have money and efforts directed towards the drivers of the HIV epidemic, such as key populations.

Panel Topic 5: PrEP, STI and the community in Vietnam - Doan Thanh Tung (Lighthouse Social Enterprise)

Doan Anh Tung from the Lighthouse (social) enterprise, an organization working for and with men who have sex with men and transgender groups in Vietnam, presented on the level of knowledge and attitude of men who have sex with men towards HIV, STI and co-infections, and about the knowledge gaps that need to be addressed in relation to STI and co-infections. In Vietnam, HIV is rapidly increasing among men who have sex with men and transgender communities. Although PrEP is available as an additional part of a comprehensive HIV prevention package, there has been concerns about the increase of other STIs after the introduction of PrEP in other countries. In Vietnam, community-based organizations (CBOs) can mitigate the anticipated rise of STI rates by organizing events, such as community meetings and sexual health seminars, to raise awareness on STI, encourage more frequent STI testing, and change the narrative around STI and sexual health.

6.3 Group breakout session: From Awareness to treatment: What is the role of community-based organizations within National Health programs for STIs and other co-infections, such as Hep-C?

Participants broke off in various groups to discuss the role of community-based organizations in preventing the transmission of STIs and hepatitis C. The following is a summary of the points discussed.
**Group A: What is the role of community-based organizations within the national health programs in terms of awareness, testing, and treatment of STI and co-infections such as Hep-C?**

- Demand Creation: CBOs can create demand for STI screening and testing through education and outreach.
  - CBOs can work directly with their communities to identify or refer high-risk persons.
  - CBOs could develop poster material to broadcast STI symptoms; use various approaches and channels to raise awareness (e.g. screening tools to evaluate sexual behavior, STI symptoms, etc.)
- Data Generation: CBOs can play a meaningful part in generating epidemiological and health utilization and services delivery data.
- Providing care: CBOs could provide testing and treatment services related to STI and reach the hard to reach communities.
- Advocacy and supporting an enabling environment: CBOs can collaborate and cooperate with health care providers, both in the public and private sector, to ensure that STI services delivered to key populations are friendly and appropriate.
  - Based on reports from the community, not many service providers are aware or sensitive to men who have sex with men or transgender specific issues. Thus, CBOs could play an important role in providing training and sensitization to health care providers about men who have sex with men and transgender issues to improve the quality and care of STI treatment among men who have sex with men and transgender populations.

**Group B: What cases of STIs and Co-infections can community-based organizations manage?**

The type of cases of STIs and co-infections that CBOs can manage depends on the capacity and skills of CBOs. Participants suggested categorizing CBOs using a 3-tiered system, depending on CBO ability to manage STI and other co-infection cases.

**Assessing CSO Capacity Tiers**

<table>
<thead>
<tr>
<th>Tier 1 (Basic)</th>
<th>Tier 2 (Intermediate)</th>
<th>Tier 3 (Advance)</th>
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<tbody>
<tr>
<td>• Knowledge &amp; Awareness</td>
<td>• Knowledge &amp; Awareness</td>
<td>• Knowledge &amp; Awareness</td>
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<tr>
<td>• Linkages to Care</td>
<td>• Linkages to Care</td>
<td>• Linkages to Care</td>
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<tr>
<td>• Partner Notification</td>
<td>• Partner Notification</td>
<td>• Partner Notification</td>
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<td>• Testing</td>
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<td></td>
<td></td>
<td>• Treatment</td>
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<td></td>
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<td>• Follow-up</td>
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Group C: What are the technical support gaps needed by community-based organizations CBOs to test, treat, and care for STIs and Co-infections?

CBOs specifically need technical support in the following areas:

- **Awareness**: how to best use social media to reach out high risk groups (e.g. targeted campaign efforts, new social media platforms).
- **Testing**: how to provide peer and community led testing, how to raise the capacity to collect and use data to monitor and evaluate peer and community led testing.
- **Sensitization**: how to ensure health care providers are able to provide appropriate care that is sensitive to the needs of key populations.
- **Partner notification**: How to train counselors on providing partner notification services.
- **Following-up cases**: How to develop strong case management systems to ensure improved follow-up and linkages to care.

Group D: What resources do community-based organizations need from the country to scale up testing for STIs?

- CBOs need to establish partnerships with local governments. The utility of both community-based organizations and the local government can be considerably enhanced when these agencies work in partnership with one another. This is especially the case when CBOs need an enabling legal environment to test, treat, and care for STIs and other co-infections.
- CBOs needs more comprehensive knowledge about STIs; what they are; their effects, signs, symptoms, and treatment; the cycle of HIV & STIs; the types of STI related services, local and national STI policies or national programs on STI, including financial commitment for STIs in the country.
- CBOs need increased financial and human resources to test, treat, and care for STIs and other co-infections. Currently this comes in the form of international aid – from USAID, the Global Fund, PEPFAR, FHI360, and other funders but as countries transition to middle-income status and become ineligible for foreign aid, it will be important for domestic governments to continue and sustain funding for these CBO programs targeting key populations affected.

Group Breakout Session Summary: Main areas of focus -Scott McGill (ASHM)

Six key areas of focus for advancing community-based organizations response to HIV, STI and other co-infections were established. These include increasing:

1. **Strategic information and the collection** and use of epidemiological, health services, and HIV-financing data;
2. **Linkages to services** through fostering key partnerships in both the private and public sector;
3. **Advocacy for changes in policy and legal frameworks** that enables CBOs to undertake this work;
4. **Innovative social media campaigns** to foster behavioral changes and improve CBOs in and out-reach efforts;
5. **Demand creation and uptake of health services** for underserved populations;
6) **Financial and political commitments** that ensure CBOs receive the appropriate support to carry out this undertaking.
7. Conclusion

The IAS Educational Fund Meeting provided an opportunity for participants from the Asia and Pacific region to benefit from a debriefing and update on the IAS conference on HIV Science, which took place in Paris, France on July 2017. It allowed participants to update their knowledge on the latest scientific advances and recommendations in the prevention, testing, treatment, and care of HIV and other STIs and co-infections. The meeting also offered a safe space to share and reflect on self-practices and to define CBOs roles and priorities for the countries in the region.

Participants took advantage of the regional character of this meeting to identify the priorities for advancing science and the community’s response to HIV, STIs, and other co-infections in Asia and the Pacific. Through facilitated group discussions: six key areas of focus were identified. These include increasing:

1) **Strategic information** and the collection and use of epidemiological, health services, and HIV-financing data;
2) **Linkages to services** through fostering key partnerships in both the private and public sector;
3) **Advocacy for changes in policy and legal frameworks** that enables CBOs to undertake this work;
4) **Innovative social media campaigns** to foster behavioral changes and improve CBOs in and out-reach efforts;
5) **Demand creation and uptake of health services** for underserved populations;
6) **Financial and political commitments** that ensure CBOs receive the appropriate support to carry out this undertaking.

CBOs play a pertinent role in collaborating with the scientific community by: partaking in data collection; helping generate the questions that need to be addressed through research; providing health services, or referrals, for testing and treatment of STI and hepatitis C; using social marketing to reach hard-to-reach key populations; and ensuring that services are friendly and appropriate.

CBOs however still need to strengthen capacity of case management and referral systems (linkages to care), the
monitoring and evaluation of their programs, management of data, and capacity to test and treat in communities. CBOs also expressed the need for more counselor training on how to provide partner notification services.

CBOs need STI epidemiological, service utilization, and financing data from country partners to help scale up their testing and treatment services. They currently get this type of data indirectly through google, their Ministries of Health (MOH), experts, WHO, and conferences/meetings.

Through this IAS meeting, APCOM connected community-based organizations to various regional stakeholders and institutions science and the community's response to HIV, STIs, and other co-infections. It is now imperative for APCOM to work on providing the technical assistance, knowledge, and capacity building to help community organizations translate these regional priorities into concrete action plans at national and local levels.
8. Appendix
Appendix 1: PROGRAMME

SCIENCE AND COMMUNITY IN THE RESPONSE TO HIV, STIs AND CO-INFECTIONS IN ASIA AND THE PACIFIC
IAS 2017 POST-CONFERENCE WORKSHOP:
16 November 2017

PROGRAMME

11:15 - 11:30  Overview of the day

11:30 - 12:15  Opening remarks and key messages from IAS 2017

12:15 - 13:15  Lunch break

13:15 - 14:35  Panel discussion on PrEP & STIs

14:35 - 15:30  Group work: “From awareness to treatment: What is the role of community-based organizations within national health programmes for STIs and HepC?”

15:30 - 15:45  Coffee break

15:45 - 16:30  Group work: “From awareness to treatment: What is the role of community-based organizations within national health programmes for STIs and HepC?” – continued

16:30 - 17:00  Presentation of group work

17:00 - 17:30  Discussions on next steps

17:30 - 18:00  Rapporteur summary and closing remarks