Cambodia, Young Adults and Legal Landscape Focus of Monday Plenary

The first plenary session will examine Cambodia’s success in reversing the course of its HIV epidemic, the challenges facing adolescents living with HIV transitioning to adult care, and the fundamental disconnect between the current legal and regulatory terrain and HIV-related public health goals.

Achieving Universal Access and Moving towards Elimination of New HIV Infections in Cambodia

Mean Chhi Vun (Cambodia), Director of the National Center for HIV, Dermatology and STI and Advisor to the Ministry of Health, will review Cambodia’s response to HIV over the past two decades and the way towards elimination of new HIV infections in Cambodia. In the mid-1990s, Cambodia faced one Asia’s fastest growing HIV epidemics, fuelled by unprotected sex work, but within five years became one of the few countries to have reversed its trend.

From 1998 to 2001, early interventions focused on HIV and STI prevention in sex work settings began to slow transmission, and HIV prevalence among direct brothel-based sex workers decreased from 42% in 1996 to 14% by 2006. Rapid scale-up of HIV counseling, testing, care and treatment took place from 2001 to 2011. The expansion of the HIV Continuum of Care established community linkages to encourage HIV testing and counseling and early care and treatment at district-level hospitals. These efforts resulted in a decline of HIV prevalence from an estimated 1.7% in 1998 to a projected 0.7% in 2011, while the estimated number of annual new HIV infections plummeted from 20,000 in the early 1990s to around 1,300 in 2012. Building on the progress to date, a new initiative, “Cambodia 3.0”, aims to achieve the elimination of new HIV infections by 2020.

Teens to Grown-ups: Falling through the Cracks, Lost in the Crowd or Thriving Adult?

Linda-Gail Bekker (South Africa), Deputy Director of the Desmond Tutu HIV Centre and Associate Professor of Medicine, University of Cape Town, will review challenges facing young people living with HIV as they transition from complete dependence on care givers and paediatric health services to adult HIV care systems that emphasize self reliance and individual accountability for adherence. With adult services perceived as intimidating and

Continued overleaf >>

HIV/AIDS in Malaysia

In 2012, there were 82,591 people living with HIV in Malaysia, a prevalence rate of 0.5%, with 3,438 new cases of HIV – down from 6,976 in 2002. Since 1986, there have been 98,279 reported cases of HIV infection with 15,688 reported HIV/AIDS-related deaths.

The HIV epidemic in Malaysia is concentrated among key affected populations, especially injecting drug users (IDUs), female sex workers, transgender women, and men who has sex with men. In the earlier phase of the epidemic, IDU was the key driving factor with 70-80% of all new reported cases attributed to injecting drug use in the 1990s. The implementation of harm reduction programmes since 2005 has reduced the number of HIV infections through needle sharing with infections attributed to injecting drug use dropping by 50% between 2009 and 2012. In 2010, sexual transmission superseded injecting drug use as the main driving factor of new infections.

Males continue to represent the majority (90%) of cumulative HIV cases. While new infections among males began to decline significantly in 2003, the rate among women is showing the opposite trend. Women and girls constituted around 27% of newly infected persons nationwide in 2012 compared to barely 5% ten years ago. The extent of the epidemic among the transgender population has long been unknown, but a 2012 survey of the transgender community found an HIV prevalence rate of 5.7%. Men who have sex with men account for 2.5% of the cumulative cases with an HIV prevalence rate as high as 13%. Female sex workers account for 0.6% of all reported HIV cases, but this is taken as a gross underreporting, and prevalence is as high as 4.2%.

Malaysia provides affordable access to clinical care through the public health system. Two significant achievements included the availability and provision of first line ARV treatment at no cost for those who need it and the availability of ARV treatment for incarcerated populations, specifically for prisoners with HIV as well as inmates in drug rehabilitation centres. From 1990 to 2011, the number of HIV/TB co-infections reported nationwide has increased from six to 1,630 cases and the government started isoniazid prophylaxis in 2011.

Harm reduction, including needle and syringe exchange programmes and methadone maintenance therapy, remains the cornerstone of the Malaysian Government’s HIV prevention strategy. The Prevention of Mother to Child Transmission (PMTCT) programme was implemented nationwide in 1998 in all government health facilities. Approximately more than 75% of all pregnant women have access to antenatal care in public healthcare facilities and in 2011 a total of 443,453 pregnant women attending antenatal care had HIV screening.

CERiA: Local Co-Organizer

The Centre of Excellence for Research in AIDS (CERiA), University of Malaya, was established in 2007 to respond to the need to better understand the Malaysian HIV epidemic and to build local capacity in conducting HIV related research. Since its establishment it has become the leading centre in Malaysia conducting HIV-related research in various fields, including epidemiology, social behavioural, clinical and laboratory-based research.

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WHO released new guidelines on the use of antiretrovirals on Sunday. Peter Godfrey-Faussett (UNAIDS) speaks at a related symposium. Photo©International AIDS Society/Steve Forrest/Workers' Photos
**Programme Highlights**

**Symposia Session: Treatment 2013 – Current Issues and Future Directions (MOSY01)**
11:00, Session Room 2
Updates on recent developments in HIV treatment will include new scientific evidence, country responses and progress towards achieving global treatment targets. Presentations of the new WHO clinical recommendations for ARV will include the recommendations’ rationale along with major research gaps and operational and programmatic implications.

**Special Session: Evidence-Based Drug Policies for an Effective HIV Response (MOSS01)**
13:00, Session Room 4
An interactive panel of leading physicians, global health advocates and human rights defenders will discuss, among other topics, why HIV physicians, researchers, service users, advocates and policy makers should act for evidence-based narcotic drug policies.

**Social and Structural Determinants of the HIV Epidemic in Central Asia and Eastern Europe (MOSY013)**
14:30, Session Room 3
Recognizing the inadequacy of public health responses focused solely on individual behaviour change to improve population health outcomes, the session will examine social and structural factors related to the HIV epidemic in Eastern Europe and Central Asia.

**Oral Abstract Session: Treatment as Prevention: A Work in Progress (MOAC02)**
14:30, Session Room 1
Abstracts examining various epidemiological, cost-effectiveness, and behavioral aspects of treatment as prevention in a wide variety of settings.

**Satellite Session: Closing the Treatment Gap for Children Living with HIV (MOSA03)**
16:30, Mini Room 3
ART coverage in children lags far behind that of adults and the session will examine bottlenecks in getting treatment to children and what is needed to close the treatment gap.

**Monday Programme Update**

Abstract Session **MOAD02 PMTCT: Advancing the Cascade of Care**: Abstract MOAD0203 will be presented by Zengani Chirwa, Malawi.

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**Women, Girls and HIV Investigator’s Prize**

*Definate Nhando* (Zimbabwe) is the winner of the Women, Girls and HIV Investigator Prize for her abstract *Factors associated with gender-based violence and unintended pregnancy among adolescent women living with HIV in Zimbabwe*. The US$2,000 prize is awarded to an investigator from a low-income or middle-income country whose abstract demonstrates excellence in research and/or practice that addresses women, girls and gender issues related to HIV. The prize is offered jointly by the IAS-Industry Liaison Forum and UNAIDS, and supported by the International Centre for Research on Women and the International Community of Women Living with HIV/AIDS.

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In Cambodia, young adults are at risk of becoming HIV-infected, with 15-24 year olds representing 8% of the population but accounting for 22% of all new HIV diagnoses. Despite this, preventive programmes and services are underfunded and underutilized.

**HIV, Law and Stigma**

Rather than helping forward the goals set by the international community in slowing the spread of HIV, the current legal and regulatory terrain is actually working actively to undermine HIV prevention and treatment projects, according to Aziza Ahmed (United States), Assistant Professor of Law, Northeastern University School of Law. Indeed, scientists, public health practitioners, and community members are often working in legal and policy environments that are structured to make good public health interventions fail, that stigmatize, and that marginalize the very populations programmes seek to aid.

Ahmed will call upon delegates to not only produce knowledge about the HIV epidemic, but to accept the responsibility of creating a legal and policy landscape that enables the implementation of effective and high quality HIV care, treatment, and service programmes -- a legal and policy environment that does not discriminate, that does not stigmatize, and does not marginalize the very people who need support and care.

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**Be Part of the IAS 2013 Evaluation**

The Conference Evaluation Team invites delegates to take part in the conference evaluation. Key findings and recommendations from the evaluation will be documented in the IAS 2013 Evaluation Report, which will be posted on the conference website in December 2013 and shared with key stakeholders to improve planning of the next IAS conference. There are three ways to participate in the evaluation:

**Focus Group Discussions**
If you accepted an invitation to participate in a focus group discussion, please do so at the time and location provided to you.

**Interviews**
Take part in a short interview if you are approached during the conference by one of the evaluation team members.

**Post-Conference Survey**
Complete the post-conference online survey that will be emailed to you after the conference.