

MOSA01 4th Annual Workshop on Global HIV Clinical Pharmacology Capacity Building and Implementation Research
 Non-Commercial Satellite
Venue: Mini Room 1
Date: Monday 1 July
Time: 07:00-08:30
Organizer: AIDS International Training and Research Program; University at Buffalo, State University of New York

The Annual Workshop on Global HIV Clinical Pharmacology Capacity Building and Implementation Research is sponsored by the University at Buffalo (UB)- University of Zimbabwe (UZ) AIDS International Training and Research Program (AITRP). The workshop will feature researchers who are leading these efforts in Italy, India, Thailand, Nigeria, South Africa and Zimbabwe. The UB AITRP is a component of the International Pharmacotherapy Education and Research Initiative (IPERI) that is based at UZ and facilitates postgraduate and post-doctoral training to accomplish the goal of developing strong HIV Clinical and Translational Pharmacology and Implementation Research programs that are integrated with global efforts to diagnoses and treat HIV, TB, HBV, HCV and malaria. Topics will include: approaches to establishing clinical pharmacology laboratories; development of pediatric pharmacology programs; integrating clinical pharmacokinetics and pharmacogenomics in HIV research; nanomedicine and clinical pharmacology, and traditional medicines and HIV implementation research.

Pediatric HIV Clinical Pharmacology Program Development in Thailand
T.Cressey, Thailand

Traditional Medicines and HIV Clinical Pharmacology: Implementation Research
T.Monera-Penduka, Zimbabwe

Nanomedicine Development for HIV and TB
A.Dube, Zimbabwe

HIV Clinical Pharmacology and Implementation Research in India
S.Saravanan, India

Integrating HIV Pharmacogenomics and Pharmacology in Implementation Research
S.Bonora, Italy

Panel Discussion
T.Monera-Penduka, Zimbabwe

MOSA05 Beyond Option B+
 Non-Commercial Satellite

Venue: Mini Room 3
Date: Monday 1 July
Time: 07:00-08:30
Organizer: UNICEF & International AIDS Society - Industry Liaison Forum

As progress continues in the global plan to eliminate new HIV infections in children by 2015, revised WHO guidelines recommending Option B+ for prevention of vertical transmission (PVT) will create new challenges.

Although PVT is highly effective, there is a high rate of loss to follow up of mother-infant pairs, compromising quality and effectiveness. In 2011, 57% of pregnant women received antiretrovirals to reduce transmission and improve maternal outcomes. However, 330,000 children were still infected, calling for improved PVT service access, quality and retention, including testing of HIV-exposed children and linkage into effective treatment and care.

The session will describe Option B+ implementation: from pregnancy through breastfeeding, including paediatric diagnosis, care, treatment and retention. Panel discussions will provide the opportunity to discuss the challenges and opportunities of Option B+ and paediatric diagnosis and care, aiming to identify novel methods to improve the health of infants and children, as well as their mothers.

Welcome and introduction
C.McClure, United States; E.Katabira, Uganda

Overview presentation: Towards an AIDS-free generation
E.Abrams, United States

Moderated panel discussion I. Option B+: Is it really simpler?
C.Luo, United States; M.Lallemant, Switzerland; M.Nyambe, Zambia; N.Shaffer, Switzerland; A.Tiam, Lesotho

Moderated panel discussion II. So what about the children?
R.Simonds, United States; A.Mushavi, Zimbabwe; D.Tindyebwa, Uganda; M.Doherty, WHO; B.Renjifo, United States

Conclusion
E.Katabira, Uganda; C.McClure, United States

MOSA02 Viral Load Monitoring of ART: Feasibility & Affordability of Scale-Up.

Non-Commercial Satellite
Venue: Mini Room 1
Date: Monday 1 July
Time: 18:30-20:30

Organizer: Médecins Sans Frontières (MSF)

Although the benefits of virological treatment monitoring are well established and routine viral load testing is the standard of care in high-resource settings, access to viral load testing in resource-limited settings remains limited or non-existent. To prevent drug resistance and preserve the efficacy of first-line ART, cost-reducing strategies and implementation challenges must now be addressed so that virological monitoring can become the norm for all patients on ART.

This session presents the challenges and promise of scale-up of virological monitoring from a patient and a health system perspective. The session will be of interest to donors, policy makers, civil society representatives, and implementing organizations.

Welcome
J.Lujan, Switzerland

WHO Guidelines Regarding Viral Load Monitoring
N.Ford, Switzerland

The Need for Viral Load Monitoring and Second-line ART in India
N.Rajkumar, India

MSF Experience in Myanmar
D.Nyein Chan, Myanmar

Costs of Treatment and Treatment Monitoring
A.Hill, United Kingdom

Market Dynamics and Feedback from ASLM Meeting on Viral Load Implementation
J.Lehe, Kenya

Modelling the Impact on Cost and Patient Outcomes
D.Keebler, United Kingdom

Simplification, Cost-reduction Strategies and Examples from the Field
T.Roberts, Switzerland

Questions and Comments

MOSA03 Closing the Treatment Gap for Children Living with HIV
 Non-Commercial Satellite

Venue: Mini Room 3
Date: Monday 1 July
Time: 18:30-20:30

Organizer: UNITAID, Drugs for Neglected Diseases Initiative (DNDi) and the Medicines Patent Pool (MPP)

In 2011, an estimated 3.4 million children below the age of 15 were living with HIV globally. In 2011 alone, 230,000 children were estimated to have died from AIDS-related causes. While antiretroviral treatment for children with HIV has come a long way, treatment coverage in children remains at 28% and lags far behind that of adult coverage at 57%.

Recently, there has been a shift in attention from treatment to prevention, as the international community has called to end paediatric HIV by 2015. This commitment was long-awaited and well-received, but a gap remains in the already very low treatment coverage for children currently living with HIV and for those who will continue to be infected before elimination strategies kick in.

This satellite session aims to look at the bottlenecks in getting treatment to children, such as availability of point-of-care early infant diagnosis, availability of most efficacious and adapted paediatric formulations for use in resource-poor settings, healthcare workers' perceptions of challenges in treating children, intellectual property rights and trends in paediatric formulation markets. The session will focus on what is required for closing the treatment gap.

Introduction

G. Perry, Switzerland; M. Cotton, South Africa

The burden of paediatric HIV and the impact of the new 2013 WHO Guidelines on the treatment of children with HIV

M. Penazzato, WHO

A clinician's perspective: Why is treatment coverage in children so low?

T. Puthanakit, Thailand

How to increase testing in children?

J. Cohn, United States

Q&A

A new and improved first-line formulation for infants and young children

M. Lallemand, Switzerland

D. Video, Switzerland

Licensing technology and intellectual property for the development of paediatric formulations

S. Juneja, Switzerland

Examining the paediatric antiretroviral market landscape and factors relating to product adoption

E. Hannay, Switzerland

Q&A

Panel discussion: how do we implement the right 'tools' to close the treatment gap in children with HIV?

P. Clayden, United Kingdom; G. Ross Quiroga, Bolivia; T. Mutasa-Apollo, Zimbabwe; R. Simonds, United States; S. Essajee, United States

Summary and closing remarks

Struggling with LPV/r liquid formulation

M. Lallemand, Switzerland

In the context of equivalent efficacy of therapeutic strategies and of chronic evolution of HIV infection, HRQoL becomes an important endpoint. Despite increase of the patient perception assessment in studies, its measurement in HIV often lacks rigor, and investigators may lack experience in interpreting and publishing HRQoL data. This session will introduce methods for measuring HRQoL, health status and Patient-Reported Outcomes (PRO) by presenting methodological and practical aspects in clinical studies, cohorts and community research programmes e.g. critical review of instruments in HIV/AIDS; properties of HRQoL instruments in terms of reliability, validity and responsiveness; formulation of an HRQoL hypothesis; choice of the relevant questionnaire; methods of cultural adaptation and linguistic validation; analysis/interpretation of scores; role of PRO and their relation to other clinical and biological endpoints.

Target audience: physicians, epidemiologists and community researchers.

Welcome and Introduction

Health related Quality of Life and Patient Reported Outcomes

O. Chassany, France

Why and how to measure Quality of Life in HIV/AIDS field?

M. Duracinsky, France

Comments and discussion. The point of view of People living with HIV/AIDS.

R. Kafle, Nepal

Comments and discussion. The clinical point of view.

E. Wright, Australia

Comments and discussion. The epidemiological/demographic point of view

S. Le Coeur, France

Discussion

MOSA04 **Assessment of Health-Related Quality of Life (HRQoL) in HIV/AIDS - Why and How?**

Non-Commercial Satellite

Venue: **Mini Room 4**

Date: **Monday 1 July**

Time: **18:30-20:30**

Organizer: **Sidaction - ANRS**