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Dr. Ihab Ahmed ABDELRAHMAN

On the occasion of receiving the UNAIDS Award for Leadership in recognition of the outstanding and remarkable contributions he has made to the global response to HIV, the former United Nations Secretary-General Kofi Annan noted that "Today we see tremendous progress, but the fight is not over, we must continue the struggle and wake up each morning ready to fight and fight again, until we win."

As the international community and all Africans join hands in re-committing our efforts to achieving an AIDS-free Africa, the words of Mr. Kofi Annan, combined with our theme for the 19th ICASA of "Africa: Ending AIDS-delivering differently" bring to the fore our determination to continue our fight against disease on our continent. This year's conference comes in the backdrop of the 2016, United Nations (UN) Member States commitment to reducing the number of new adult HIV infections to fewer than 500 000 by 2020, a 75% reduction compared to 2010. Reducing the number of new HIV infections is also an indicator (3.3.1) in the Sustainable Development Goals, among which is the goal of ending the AIDS epidemic by 2030

Despite the availability of a widening array of effective HIV prevention tools and methods and a massive scale-up of HIV treatment in recent years, the number of new HIV infections among adults globally has not decreased sufficiently. There were more than 1.6 million new infections in adults (15+ years) in 2016, while the estimated numbers of new infections among key populations such as sex workers, gay, men who have sex with men and people who inject drugs remained either steady or increased. It is estimated that more than 300 000 adolescent girls and young women were newly infected with HIV in 2016, mostly in sub-Saharan Africa. These statistics require that col-

lectively, we need to redouble our efforts as well as become innovative if we are to protect the gains achieved to date.

As a continent and indeed globally, we need to integrate how we have leveraged on each other's successes through sharing of experiences at different platforms such as that provided by ICASA 2017 and translating the valuable scientific, leadership and community interactions into concrete programmatic actions.

The 19th ICASA to be hosted by Cote d'Ivoire once again provides us a platform to promote innovative partnerships to increase domestic investments to achieving the 90/90/90 targets; integrate approaches for sustainable responses towards ending AIDS, TB, Hepatitis and associated diseases as well as translating science into action to maximize programme impact.

I wish to extend my warm welcome to all delegates to the 19th edition of ICASA, which has been successfully organized by the Society for AIDS in Africa in partnership with the Government of Cote d'Ivoire represented by the able leadership of the Minister of Health & Public Hygiene.

Dr. Ihab Ahmed
ICASA 2017 President
SAA President

Dr. Raymonde GOUDOU COFFIE

Distingués délégués,

Je voudrais vous souhaiter le traditionnel **''Akwaba'' (bienvenue)** dans notre beau pays la Côte d'Ivoire. Le choix de la Côte d'Ivoire comme pays hôte pour abriter ICASA 2017, est un signal fort de la volonté du Gouvernement à éradiquer la pandémie du VIH/SIDA. Le pays fait partie des pays les plus touchés par le VIH et le sida en Afrique de l'Ouest et du
Centre (AOC).

L'engagement du Gouvernement ivoirien, a toutefois permis d'enregistrer des progrès importants vers l'atteinte des objectifs 90-90-90. La Côte d'Ivoire propose désormais un accès immédiat au traitement à toute personne diagnostiquée séropositive au VIH « le tester traiter », ce qui devrait stimuler les progrès vers l'accomplissement des objectifs 90-90-90.

Je voudrais aussi, saisir cette opportunité pour saluer, les efforts consentis par les gouvernements et la communauté internationale. Ces efforts laissent entrevoir un horizon meilleur quant à l'atteinte de l'objectif de l'élimination du VIH/SIDA à l'horizon 2030 fixé par l'ONUSIDA. Objectif auquel la Côte d'Ivoire s'inscrit résolument.

Au-delà des efforts des gouvernants, nos peuples doivent s'investir également pour l'élimination du VIH car, '' la fin du VIH'' passe aussi par une prise de conscience et la mise en pratique des mesures préventives. L'adoption de comportements, habitudes, et gestes simples qui nous maintiennent en bonne santé. J'exhorte donc toutes les populations à travers le concept ''Ma santé, Ma Vie'' à s'approprier les mesures préventives et se faire dépister pour connaitre leur statut sérologique.

Je voudrais enfin, vous réitérer les remerciements du Gouvernement ivoirien qui est heureux et fier de vous recevoir et, vous demander d'accepter d'accompagner le Ministère de la Santé et de l'Hygiène Publique et la Société Africaine Anti-Sida pour une ICASA réussie au soir du 9 décembre 2017 avec pour thème : **« L'Afrique : une approche différente vers la fin du sida ».**

Dr. Raymonde Goudou Coffie
Ministre de la Sante et de l'Hygiene Publique
Cote d'Ivoire

MR. MICHEL SIDIBÉ

DIRECTEUR EXÉCUTIF DE L'ONUSIDA

Longtemps défenseur d'une démarche centrée sur les personnes en matière de santé et de développement et défenseur de la justice sociale, Michel Sidibé, est devenu le deuxième directeur exécutif de l'ONUSIDA le 1er janvier 2009. Il a rang de Secrétaire général adjoint des Nations Unies.

M. Sidibé préside actuellement le H6, un partenariat réunissant et mobilisant six organismes des Nations Unies autour d'un mandat commun consistant à réaliser un programme intégré pour la santé et le bien-être des femmes, des enfants et des adolescents.

La vision zéro nouvelle infection par le VIH, zéro discrimination et zéro décès lié au sida de M. Sidibé a concouru à faire progresser la riposte contre le sida. L'objectif de mettre 15 millions de personnes vivant avec le VIH sous traitement antirétroviral à la fin de 2015 a été atteint neuf mois avant le calendrier prévu. L'accès à ces médicaments pour sauver des vies a continué à s'étendre, avec 18,2 millions de personnes sous traitement vers la mi-2016.

Depuis qu'il dirige l'ONUSIDA, de plus en plus de pays ont adopté une approche accélérée par laquelle l'atteinte d'un ensemble de cibles mesurables d'ici 2020 permettra au monde de mettre fin à l'épidémie du sida d'ici 2030 dans le cadre des Objectifs de développement durable.

Aujourd'hui, un nombre croissant de pays adoptent également les cibles 90-90-90, 90 % des personnes vivant avec le VIH connaissent leur statut, 90

% des personnes qui connaissent leur statut accèdent au traitement et 90 % des personnes sous traitement bénéficient d'une suppression de leur charge virale.

Les efforts de M. Sidibé pour l'élimination des nouvelles infections à VIH chez les enfants ont participé de la réduction de 60 % des nouvelles infections à VIH dans les 21 pays prioritaires du Plan mondial depuis 2009.

Son idée de responsabilité partagée et de solidarité mondiale a été adoptée par la communauté internationale. Cela a encouragé une plus grande appropriation de l'épidémie par les pays les plus touchés, les ressources nationales représentant alors 57 % des dépenses mondiales de lutte contre le sida.

L'engagement de M. Sidibé à promouvoir la santé mondiale a commencé dans son pays natal, le Mali, où il a travaillé pour améliorer la santé et le bien-être des populations touareg nomades. Il a ensuite été nommé directeur de Terre des Hommes. En 1987, M. Sidibé s'est engagé pour le Fonds des Nations Unies pour l'enfance (UNICEF) en République démocratique du Congo et a travaillé pendant 14 ans pour l'UNICEF, supervisant des programmes dans dix pays africains francophones et occupant le poste de représentant national dans plusieurs pays.

Le travail de M. Sidibé lui a valu une forte reconnaissance. Il a reçu des doctorats honorifiques de l'Université Tuskegee, de l'Université Clark, de l'Université de la Colombie-Britannique et de l'Université du KwaZulu-Natal. Depuis 2007, il est professeur honoraire à l'Université Stellenbosch. En 2017, il a reçu la Médaille du Président Emory en reconnaissance de son travail en tant que « défenseur passionné de la santé et de l'humanité ».

En 2012, il a été désigné comme l'un des 50 Africains les plus influents par Africa Report, en 2009, comme l'une des 50 personnalités de l'année par le journal français Le Monde. Il est Chevalier de l'Ordre National de la Légion d'Honneur de France, Officier de l'Ordre National du Mali, Officier De l'Ordre national du Bénin et chancelier de l'Ordre national du Tchad. Il a reçu une distinction de Saint-Charles de Monaco.

M. Sidibé parle couramment l'anglais et le français et parle plusieurs langues africaines. Il est marié et père de quatre enfants.

DR. MATSHIDISO REBECCA MOETI

WHO AFRO REGIONAL DIRECTOR

Dr Matshidiso Moeti from Botswana is the first woman WHO Regional Director for Africa. Having held several senior positions in WHO, she also led WHO's "3 by 5" Initiative in the African Region which resulted in a significant increase in access to antiretroviral drugs by HIV-positive individuals.

Before joining WHO, she was the Africa/Middle East Desk Team Leader at UNAIDS in Geneva. A public health veteran, Dr Moeti qualified at the Royal Free Hospital School of Medicine, University of London in 1978 (M.B., B.S) and the London School of Hygiene and Tropical Medicine in 1987 (MSc in Community Health for Developing Countries).

MR. MABINGUE NGOM

UNFPA REGIONAL DIRECTOR FOR WEST AND CENTRAL AFRICA

Mabingue Ngom has been the UNFPA Regional Director for Western and Central Africa Region (WCARO) since January 2015.

Mr. Ngom joined UNFPA in 2008 as the Director of Programme Division based at UNFPA in New York (USA). He has also been UNFPA's Emergency Director and an active member of the Inter-Agency Standing Committee Emergency Directors Group (IASC) and UNFPA's Representative to the High-level Committee on Programs of the Chief.

Executives Board (CEB) for Coordination. He has occupied several leadership positions at the Global Fund to Fight HIV/AIDS, Tuberculosis

and Malaria (GFATM) in Geneva (Switzerland), at the International Planned Parenthood Federation Regional Office in Nairobi (Kenya) and in his own country (Senegal) where he was instrumental the development, management and monitoring of the country's Public Investment Programs for over a decade.

Mr. Ngom is recognized for his efforts in promoting a culture of results and innovation, and in taking initiatives to address complex development challenges. He is a strong advocate of realizing the demographic dividend to achieve the Sus-

tainable Development Goals (SDGs) in Africa, which is evident by the campaign to #PutYoungPeopleFirst, launched in 2016.

The Regional Director is an economist, a specialist of public policy and a certified change management expert with more than 30 years of experience in social and development policies at national, regional and global levels from government, INGOs and multilateral institutions.

MARIE-PIERRE POIRIER

UNICEF REGIONAL DIRECTOR FOR WEST AND CENTRAL AFRICA REGION (WCARO)

Ms. Marie-Pierre Poirier is UNICEF's Regional Director for West and Central Africa. Based in Dakar, she provides leadership to 24 country offices across the region.

Her career with UNICEF spans more than 30 years across Asia, Africa, Europe and Latin America as an advocate for child rights working on the development and management of rights-based country programmes of cooperation in collaboration with governments, civil society and the private sector.

Previously, Ms. Poirier was Regional Director for Central and Eastern Europe and the Commonwealth of the Independent States, from 2012 to 2016. She has extensive field experience as UNICEF's Representative to Brazil, Mozambique, Namibia and Deputy Representative in Pakistan. From 1989, she led UNICEF's Child Rights Section in Geneva at the time of the final negotiations on the Convention on the Rights of the Child. She started her career with UNICEF in New York as an expert on poverty and exclusion in urban areas.

Ms. Poirier holds a Master's Degree from the National Institute of Oriental Languages and Civilizations at Sorbonne Nouvelle. She graduated in Economics from the University of Paris in 1981, after having studied a year in Harvard. She is mother of 2 children.

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Oladipo	Elijah Kolawole
Mercy	Kamau
Edith	Tapfuma
NALWANGA	RESTY
REMI	AJAYI
Brian	Ssensalire
Carmen	Figueroa
Brian	Mafuso
Denis	Tindyebwa
Mabel Sengendo	Nabaggala
Juan	Gonzalez Perez
Jason	Reed
Betha Tsitsi	Ndabambi
Bassonon	Dieudonne
Raymond	Okechukwu
Naume	Kupe
Martin-Mary	Falana
Lesego	Busang
Victoria	Katawera
Kate	Edozieh
Aristophane	Tanon
Olalekan	Kazeem
Macoura	Oulare
Getnet	Mesfin
Henri Gautier	Ouedraogo
Donald Denis	Tobaiwa
Julian	Hows
Adama	Baguiya
Oumnia	Abaza
Abimbola	Williams
Helene	Badini
Emmanuel	Olashore
Pkesse Koffi	Biova
Tchegoun	Koba
Cristiane	Rapparini
Laban	Habokwesiga
Moses	Mulindwa
Benjamin	Djoudalbaye
Angela	El-Adas
Kodo	Ngabane
Lucie	Gareton
Saheed	Usman
Solome	Nampewo
Eric	Verschueren
Mashudu	Madadzhe
Paul	Janssen
Stanely	Nsubuga
Makokha	Jacqueline
Gabriel	Auka
Stern	Zvavamwe
Matthias	Alagi
Sipho	Khumalo
Patrick	Ronoh
Peter Nguafac	Temate Fongeh
Bernice	Helco
Zeitun	Ahmed
Joyce	Mphaya
Sylvia	Adebajo
Duncan	Moeketse
Emma Kudzai	Chademana Munodawa-fa
MIRIAM	MALUWA
IKBEL	KOOLI
Theophilus	Adiku
David	Patterson

LECTEURS D'ABSTRACTS /ABSTRACT REVIEWERS

Joseph Masci
Christy Comeaux
David Chipanta
Ifeanyichukwu Nte
JOHNSON BIRGEN
Pilot Mathambo
Simbarashe Takuva
Barbra Muruga
Karen Webb
Celso Ferreira Ramos Filho
Smiljka De Lussigny
Ciza Bonne
Sam Phiri
François Berdougo
Emeka Okonji
Evaline Wanjiru kibuchi
H Gardin
Christine Ross
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Sara Page-Mtongwiza
Kalpana Poudel-Tandukar
Krishna Poudel
Carmel Gaillard
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José Carlos Couto-Fernandez
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Nehemiah Nhando
Coumba TOURE KANE
Leroy Valériane
Boboh Kamangira
Prof. Umar Adam Katsayal
Safari Mbewe
Addmore Chadambuka
Nicaise Ndembi
Isaac Kiema
DENNIS KIBEGWA
Regina Ombam
Hugues Loemba
Oluwafolahan Sholeye
Malvern Munjoma
John Chukwudi Bako
Raymond Mhlanga
Dr. Anthony Kebira Nyamache
Bryan Okiya

Azizuyo Brenda Facy
Ayédélé Amour Balogoun
Ajaz Akhtar
Dickson Nsagha
John Idoko
Chamunogwa Nyoni
Paul Chappell
Jean Providence Nzabonimpa
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Chrispin Chomba
FRANCIS KEYA
Donewell Bangure
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Hellen Siril
Charles Olusegun Doherty
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John Ojo
Robert Nkwangu
Nega Kassa
Innocent Abubakar
Christopher Akolo
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Matthew Omaye
Inoussa ZABSONRE
Dan Allman
Emma Sacks
Moussa Sarr
Bram Langen
Nobert Muramira
Tinashe Rufurwadzo
Lydia Tesfa
Paul Yonga
Obrian Nyamucherera
Oliver Gadabu
Connie Osborne
Dumisani Dube
George Onyina
Graeme Jacobs
Enos Omondi
Martin Herbas Ekat
Desmorys Raoul Moh
Margaret Lombe
Dr. Victor Abiola Adepoju

First Name	Last Name
Olayimika	Adebola
Nabirni	Mahamadou
Jacob	Agudze Larbi
Bapougouni Philippe Christian	yonli
Stephen	Okoboi
Brian	Kanyemba
Prénom	Nom
Kakou	Aka
Serge	Eholie
Seni	Kouanda
Faustin	Kitetele
Liévin	Kapend
Eugène	Messou
Madeleine	Folquet Amorissani
koffi sangbana	Ouagbeni
BARE	Clemence
Fatiha	Razik
hervé	Guene
Sondet	Guillaume Sanon
Florent	Fouelifack Ymele
Ives Roland	Koussan
Califa Soares	Cassamá
Kokouvi	Semenou Agbelekpo
Erik	Lamontagne
Yves	Yomb
Andre	Inwoley
Kegnide	Amoussou
Desmorys	Raoul Moh
Lina	Chatula
Alexis	Nzeyimana
Gabrièle	Laborde-Balen
Senemede	Comla
Philippe	Msellati
Bernard	Taverne
N'Gayie Bertin	Ganhoue
Yoann	Madec
Véronique	Doré
Eric	Florence
Roch	Houngnihin
Isabelle	Kouame
Ousseyni	Georges
Thérèse	Kagone
Vincent	Pitche
Yaobla Hortense	Faye-Kette
Fadima Yaya	Bocoum
Papa Alassane	Diaw
Komi Honam	Gbone
Serge	Thierry Amba Enkoame
Boushab	Mohamed Boushab

BOURSES

Tous les deux ans, des bourses et d'autres types d'appui financier sont accordés à un grand nombre de personnes pour leur permettre de participer et de faire des présentations à la conférence. Ceci est crucial pour s'assurer que l'équilibre est maintenu en ce qui concerne la représentation à la conférence et sa pertinence continue en tant que forum mondial.

Pour nous permettre de réaliser cela, nous dépendons de l'appui financier de certaines organisations. Cette année, les bourses de participation à ICASA ont été financées par les organisateurs de la Conférence ICASA.

Les bourses ont été attribuées dans les 5 régions géographiques de l'Afrique. Des bourses ont été accordées à tous les conférenciers et présentateurs d'affiches ayant soumis une demande de bourse

- Résumé oral – 48
  (Inscription, voyage, Hébergement & DSA)
- Résumé affiche – 413 (Hébergement & DSA)
- PV VIH+ – 78 (Inscription, Hébergement & DSA)
- Village Communautaire – 24
  (Inscription, Hébergement &DSA)
- Délégués généraux (VIH -) et en dessous de 26 ans – 24
  (Hébergement uniquement)
- Délégués généraux (sans statut) et âgés de moins de 26 ans – 9
- Total des boursiers – 601

SUPPORTEURS ET VOLONTAIRES

La 19e édition d'ICASA est soutenue par une excellente et dévouée équipe de 150 volontaires.

Les Organisateurs de la Conférence aimeraient remercier particulièrement tous ceux qui ont apporté un appui pour le recrutement des volontaires et le processus de gestion.

RAPPORTEURS

Les Rapporteurs de la Conférence ICASA ont été soutenus par UNICEF et les organisateurs de la conférence.

RAPPORTEURS

Dr. Alain Azondekon
Mr.Tanguy Bognon
Dr. David Ouedraogo
Dr. Roselyne Toby
Ms. Olympia Laswai
Dr Boby Bernadette
M. Diomandé Abdoul
Dr. Thomas D'aquin Toni
Prof. Inwoley André
Dr. Tehe André
Dr. Mama Djima Mariam
Dr. Mossou Chrysostome
Dr. Diallo Zélica
Dr. Kingbo Marie-Huguette
Dr. Moh Raoul
Dr. Ello Frédéric
Prof. N'Guessan Raymond
Dr. Ouantchi Honoré
Dr. Oga Maxime
M. Coulibaly Sibiri
Service juridique
Dr. Hié Carole
Dr. Ahoba Irma
Dr.Konan-Attia Régine
Miss Kesse Kra Sandrine
Miss Sekongo Kadidiatou

SECRÉTARIAT INTERNATIONAL ICASA

Mr. Luc Armand Bodea	–	Directeur de ICASA 2017
Ms. Clemence Assogba	–	Responsable des inscriptions
Mr. Raymond Yekeye	–	Responsable programme sur site
Mrs. Caroline Cardona	–	Responsable des operations sur site
Mr. Samuel Amoako	–	Comptable projet
Mr. Nana Yaw Osam Mensah	–	Assistant Logistique
Mr. Elvis Kasapa	–	Charge de l'IT / Webmaster
Mr. Gordon Tambro	–	Charge du programme
Mr. Chris Kwasi Nuatro	–	Charge du Marketing/Partnership
Miss. Marie - Noëlle ATTA	–	Assistante Marketing/Partnership
	-	En charge du controle & Evaluation
Mr. Martin-Mary Falana	–	Coordinateur du programme des jeunes/communautaire

Madam Medelina Dube	–	En charge Logistique/Bags
Dr. Karim Diop	–	Charge de l'hebergement
Mr. Alphonse Nengoma	–	Comptable Assistant
Mr. Gordwin O. Mensah	–	Assistant IT / Web
Mr. Tapiwa Gumindoga	–	Responsable informatique
Miss. Vicencia Azizet	–	Comptable
Mr. Sylvio Contayon	-	Assistant inscription / Bourse d'etude
Mr. Ziberu abdul Manaf	–	Technical de support
Mr. Derick Ayitey	–	En charge du Transport
Mr. Augustine Nyarko Vasco	–	En charge du Transport

SECRETARIAT LOCAL ICASA

Bedou Sylvestre	–	Responable du bureau local
Christian Tchinah	–	Responable Adjoint du bureau local
Serge Goudou	–	Charge de la Logistique
Bernard Okoua	–	Charge des Finances et de l'Administration
Franck - Arnaud Amani	–	Charge du Programme Communautaire
Fabrice YOBOUE	–	IT
Gbla Delphine	–	Responsable de la Communication
Puvani Kouakou	–	Logistics
Fatogoma Soro	–	En charge du transport

SCHOLARSHIP

Every two years scholarships and other types of financial support are awarded to a large number of individuals to enable them to attend, participate and present at the conference. This is crucial to ensure that a balance is maintained in relation to representation at the conference and its continued relevance as a global forum.

To enable us to do this we rely on financial support from a number of organizations. This year Scholarships for ICASA 2017 was funded by the ICASA Conference.

Allocated scholarships captured all 5 geographical regions of Africa. Scholarship were allocated to all oral and poster presenters that applied for scholarship.

-Oral abstract – 48 (Registration, Travel, accommodation & DSA)

-Poster abstract – 413 (Accommodation & DSA)

-PL HIV+ – 78 (Registration, accommodation & DSA)

-Community Village – 24 (Registration, accommodation &DSA)

-General delegates (HIV -) and below 26years – 24 (Accommodation only)

-General delegates (No Status) and below 26 years - 9

-Total Scholarship Awardees – 601

VOLUNTEERS SUPPORTERS

19th ICASA is supported by excellent and dedicated team of 150 volunteers.

Conference Organizers would like to especially thank all who supported volunteer's recruitment and management process.

RAPPORTEURS

The ICASA Conference Rapporteurs was supported by UNICEF and the Conference organizers.

RAPPORTEURS

Dr. Alain Azondekon
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Dr Boby Bernadette
M. Diomandé Abdoul
Dr. Thomas D'aquin Toni
Prof. Inwoley André
Dr. Tehe André
Dr. Mama Djima Mariam
Dr. Mossou Chrysostome
Dr. Diallo Zélica
Dr. Kingbo Marie-Huguette
Dr. Moh Raoul
Dr. Ello Frédéric
Prof. N'Guessan Raymond
Dr. Ouantchi Honoré
Dr. Oga Maxime
M. Coulibaly Sibiri
Service juridique
Dr. Hié Carole
Dr. Ahoba Irma
Dr.Konan-Attia Régine
Miss Kesse Kra Sandrine
Miss Sekongo Kadidiatou

ICASA INTERNATIONAL SECRETARIAT

Mr.Luc Armand Bodea	–	ICASA 2017 Director
Ms. Clemence Assogba	–	Registration Manager
Mr. Raymond Yekeye	–	Onsite Program Manager
Mrs. Caroline Cardona	–	Onsite Operation Manager
Mr. Samuel Amoako	–	Project accountant
Mr. Nana Yaw Osam Mensah		Registration Officer
Mr. Elvis Kasapa	–	IT / Webmaster Administrator
Mr. Gordon Tambro	–	Program Officer
Mr. Chris Kwasi Nuatro	–	Marketing/Partnership Officer
Miss. Marie - Noëlle ATTA	–	Marketing/Partnership Assistant
	-	Head of Monitoring & Evaluation
Mr. Martin-Mary Falana	–	Community/Youth Programs Coordinator
Madam Medelina Dube	–	Delegate Logistics

Dr. Karim Diop	–	Accommodation Coordinator
Mr. Alphonse Nengoma	–	Onsite Accountant
Mr. Gordwin O. Mensah	–	IT / Web Officer
Mr. Tapiwa Gumindoga	–	IT Officer
Miss. Vicencia Azizet	–	Account Officer
Mr. Sylvio Contayon	-	Registration / Scholarship Assistant
Mr. Ziberu abdul Manaf	–	Help Desk
Mr. Derick Ayitey	–	Transport Officer
Mr. Augustine Nyarko Vasco		Transport Officer

LOCAL ICASA SECRETARIAT

Bedou Sylvestre	–	Head of the Local Office
Christian Tchinah	–	Deputy Head of the Local Office
Serge Goudou	–	Logistics Coordinator
Bernard Okoua	–	Finance and Administration
Franck - Arnaud Amani	–	Community Program
Fabrice YOBOUE	–	IT
Gbla Delphine	–	Head of Communication
Puvani Kouakou	–	Logistics
Fatogoma Soro	–	Driver

Sofitel Abidjan Hôtel Ivoire

La 19e Conférence Internationale sur le SIDA et les IST en Afrique se déroulera à Abidjan en Côte d'Ivoire au Sofitel Abidjan Hôtel Ivoire. L'adresse complète du lieu est la suivante:

Boulevard Hassan II 08 BP 01 Abidjan 08,

Abidjan,

Côte d'Ivoire.

Veuillez vous référez au plan du site dans le programme de poche de la conférence. Nous espérons que cela vous aidera à trouver votre chemin vers le lieu de la conférence.

Si vous avez des difficultés ou si vous avez besoin d'informations complémentaires, demandez à un membre du personnel ou à un bénévole ou visitez notre Bureau d'Information Générale qui se trouve dans la zone d'inscription au rez-de-chaussée.

Certificat de présence

Les certificats seront délivrés sur demande, au Bureau d'Inscription à partir du jeudi 7 décembre 2017 à 10:15.

Village Communautaire

Le Village Communautaire est un élément intégral et dynamique du programme de ICASA. Situé au rez-de-chaussée (voir le plan du site), le Village Communautaire est ouvert aussi bien aux participants inscrits pour la conférence qu'au grand public.

Le Village abritera des discussions communautaires, donnera aux participants la possibilité d'interagir avec des Leaders et lors des activités des ONG et du gouvernement tout au long de la conférence sur la Scène Principale. Les participants et les visiteurs sont incités et invités à visiter les aires d'exposition du Village et les zones de réseautage.

La cérémonie d'ouverture officielle du Village Communautaire débutera le lundi 4 décembre à 14:00 sur la Scène Principale. Veuillez consulter le programme du Village Communautaire dans votre sac de conférence pour avoir le calendrier complet des sessions, des spectacles et des activités.

Heures d'ouverture:

Mardi 5 décembre:	10:45 – 20:30
Mercredi 6 décembre:	10:45– 20:30
Jeudi 7 décembre:	10:45– 20:30
Vendredi 8 décembre:	10:45– 20:30
Samedi 9 décembre:	10:45– 20:30

Inscription à la Conférence

La zone d'inscription se trouve au rez-de-chaussée et est clairement indiquée sur le plan du lieu de la conférence.

Heures d'ouverture:

Lundi 4 décembre:	10:00– 16:00
Mardi 5 décembre:	7:00 – 20:30
Mercredi 6 décembre:	7:00 – 20:30
Jeudi 7 décembre:	7:00 – 20:30
Vendredi 8 décembre:	7:00 – 20:30
Samedi 9 décembre:	7:00-12:15

Les participants à la conférence doivent porter leur badge en permanence afin de pouvoir accéder aux salles de session et à la zone d'exposition. Les bénévoles de la conférence et le service de sécurité du site ne permettront à personne d'entrer sur le site de la conférence sans un badge valide. Si vous perdez votre badge, veuillez contacter le Bureau d'Inscription. Les badges de remplacement seront délivrés au prix de 60 $ par badge (TVA inclus).

Les accompagnateurs d'adultes sont autorisés à accéder aux cérémonies d'ouverture et de clôture. Seuls les enfants (moins de 18 ans) inscrits comme accompagnateurs seront admis à toutes les sessions de la conférence.

Exposition d'affiches

Les stands d'exposition sont situés dans le Hall d'exposition au rez-de-chaussée et ils offrent aux participants une occasion d'interaction dynamique avec les exposants. Les participants sont donc invités à visiter tous les stands pour découvrir les dernières informations sur les organisations qui nous ap-

puient. Certains exposants feront des démonstrations dans le Hall d'exposition ; ce qui permettra d'ajouter un intérêt supplémentaire à la participation à la conférence. Tous les stands sont indiqués sur le plan d'exposition afin de rendre facile l'identification de chaque stand.

Bureaux d'Informations

Un bureau d'informations générales se trouve dans la zone d'inscription. Il y a des guichets pour les informations supplémentaires spécifiques dans les zones d'exposition.

Des bénévoles seront positionnés pendant toute la conférence pour aider les participants à trouver des réponses à leurs questions.

Internet/WiFi

Le Wifi du Sofitel Abidjan Hôtel Ivoire est disponible gratuitement sur tout le site de la conférence. MTN Cote d'Ivoire fournira gracieusement des services Internet sans fil gratuitement. Si vous besoin d'aide pour accéder à l'internet avec votre appareil, veuillez consulter le Bureau d'Informations générales ou celui de MTN.

Interprétation (AN/FR)

Les langues officielles de la conférence sont l'anglais et le français. La traduction simultanée de l'anglais au français et du français vers l'anglais sera offerte dans toutes les salles de session.

Si vous souhaitez utiliser le service d'interprétation simultanée, prenez un casque d'écoute avant la session immédiatement en dehors de la salle de la session concernée. Les participants sont priés de déposer un passeport valide ou 100/80 $US en espèces au moment de prendre un casque. Cette somme sera retournée lors de la remise du casque. Les participants seront facturés à 100 dollars pour les casques perdus, égarés ou endommagés.

Pour éviter une longue attente, vous pouvez vous procurer les casques d'écoute pendant la pause avant la session. Veuillez retourner l'équipement du casque à la fin de chaque session pour vous assurer qu'ils pourront être rechargés et utilisés le lendemain.

Centre de Presse

L'Inscription des médias doit être effectuée au bureau d'inscription consacré aux médias dans la zone d'inscription au rez-de-chaussée. Les médias accrédités auront un accès total au Centre de Presse situé au rez-de-chaussée

Le Centre de Presse sera ouvert tous les jours du mardi 5 décembre au vendredi 8 décembre 2017 de 07:00 à 19:00.

Le Centre de Presse sera équipé d'ordinateurs et d'imprimantes que les journalistes accrédités pourront utiliser. Les informations sur les conférences de presse et les briefings seront affichées dans le Centre de Presse avec des mises à jour sur les dates et les heures.

Les journalistes qui souhaitent obtenir des interviews avec les conférenciers bénéficieront d'une assistance au Centre de Presse.

Des informations supplémentaires sur le Centre de Presse et les lieux des conférences de presse seront disponibles dans le Guide des médias qui sera délivré à tous les journalistes accrédités pour la conférence.

Directives pour la Participation/Code de Conduite

La conférence reconnaît la liberté d'expression aux conférenciers, aux participants et aux exposants. Elle souscrit cependant aux principes largement répandus associés à l'exercice de cette liberté d'expression, c'est-à-dire que ce genre d'expression ne doit pas nuire ou porter préjudice à des personnes ou des dommages sur des biens. Si l'un de ces principes est violé, la loi ivoirienne sera appliquée.

Le Salon Positif

Le Salon Positif est offert seulement aux personnes vivant avec le VIH comme un lieu de repos, de rafraichissement ou pour constituer des réseaux et prendre leurs médicaments. Le Salon Positif est situé au Sofitel Abidjan Hôtel Ivoire et il est ouvert du lundi 4 décembre au samedi 9 décembre 2017 de 08:00 à 18:00.

Présentateurs, Conférenciers, Présidents and Facilitateurs

La Salle des Conférenciers est située au rez-de-chaussée (veuillez consulter le plan du lieu de la conférence).

Tous les conférenciers, présidents, modérateurs, facilitateurs et présentateurs sont priés de se rendre à la Faculté immédiatement après inscription pour signer les formulaires de consentement, confirmer la date, l'heure et le lieu de leur communication et recevoir des informations de sécurité spécifiques concernant leur session.

La Faculté est LE SEUL ENDROIT où des communications sur diapositives peuvent être téléchargées sur le système. Tous les présentateurs sont invités à le faire au moins six heures avant leur session. Les organisateurs ne peuvent pas garantir de projection dans la salle de session si les présentateurs téléchargent leurs diapositives en retard.

Les présentateurs ne pourront pas télécharger leur communication dans la salle de session.

NB: Ne pas se référer à temps à la Faculté peut pousser les organisateurs à nommer des remplaçants.

Heures d'ouverture:

Lundi 4 décembre:	10:00 – 17:00
Mardi 5 décembre:	7:00 – 17:00
Mercredi 6 décembre:	7:00 – 17:00
Jeudi 7 décembre:	7:00 – 17:00
Vendredi 8 décembre:	7:00 – 17:00
Samedi 9 décembre:	7:00 – 17:00

Exposition d'affiches

L'Exposition d'affiches est située au rez-de-chaussée dans la salle d'exposition principale. Veuillez vous référer au plan d'exposition pour un aperçu des couleurs qui servent de code à l'identification des zones. Tous les panneaux d'affichage sont numérotés de façon séquentielle pour aider les présentateurs et les visiteurs à trouver l'affiche qu'ils veulent. Il y a quatre sessions d'affiches du lundi au vendredi:

Heures :

10:15	–	10:45
12:15	–	12:45
14:15	–	14:45
16:15	–	16:45

INSTRUCTIONS POUR LES PRESENTATEURS D'AFFICHES:

Les affiches seront présentées pendant une journée. Pendant les pauses, les présentateurs sont tenus de rester près de leurs affiches pour répondre aux questions et donner des informations supplémentaires sur les résultats de leurs études.

L'exposition des affiches aura lieu dans le Hall d'Exposition au rez-de-chaussee. Votre panneau d'affichage sera indiqué avec votre nouveau numéro d'abstract. Tous les auteurs sont responsables de la fixation et du retrait de leurs propres affiches.

Temps de fixation et de retrait des affiches.

Votre affiche doit être fixée et retirée aux heures suivantes:

- L'affiche doit être fixée de 7:30 – 8:30
- L'affiche doit être retirée à 18:30

Lorsque vous retirez votre affiche, assurez-vous que vous retirez également tout le matériel de fixation du panneau d'affichage. Le personnel de la conférence retirera toutes les affiches qui ne seront pas retirées à temps. La responsabilité des organisateurs du congrès ne sera pas engagée concernant les affiches ou tout autre matériel laissé dans la zone d'exposition des affiches.

Les auteurs qui font une présentation doivent rester près de leur affiche pendant les temps de pause suivants pendant seulement une journée. Veuillez trouver les détails ci-dessous.

Sécurité

Le Bureau de la Sécurité se trouve sur place et peut être contacté sur nos lignes d'urgence:

(+225) 22 48 26 26 / (+225) 89 03 65 14

Pour des raisons de sécurité, l'accès à tous les sites de la conférence sera contrôlé. L'accès aux salles de session et aux Halls d'Exposition de Sofitel Abidjan Hôtel Ivoire sera accessible uniquement pour les participants inscrits portant des badges de conférence. Dans l'intérêt d'une sécurité personnelle, les participants doivent présenter leurs badges de conférence seulement dans les locaux de Sofitel Abidjan Hôtel Ivoire.

Ni le Secrétariat de la Conférence, ni aucun de leurs prestataires contractuels, ne sera responsable de la sécurité des articles introduits sur les lieux de la conférence par les participants à la conférence, qu'ils soient inscrits ou non, ni leurs agents, ni leurs contractants, ni leurs visiteurs et/ou toute (s) autre(s) personne (s) quel qu'elles soient. Les participants à la conférence doivent indemniser et ne doivent tenir ni les organisateurs, ni les associés, ni les sous-traitants responsables en ce qui concerne tous les frais, les réclamations, les demandes et les dépenses suite à des dommages, à des

pertes ou blessures causées à toute personne résultant d'un acte ou d'une défaillance du Secrétariat de la Conférence ou toute personne représentant le Secrétariat de la Conférence, leurs contractants ou invités. En outre, les participants à la conférence prendront toutes les précautions nécessaires pour éviter toute perte ou dommage sur leurs biens avec une attention particulière sur les téléphones portables, les sacs à main et les équipements informatiques.

Politique Non-fumeur

Il est interdit de fumer partout dans le bâtiment. Si vous fumez à l'extérieur, veuillez respecter l'environnement, les collègues participant à la conférence et d'autres invités sur le site en vous débarrassant correctement des mégots et de tout autre déchet dans les poubelles prévues.

Média Sociaux

Connectez-vous à ICASA via nos plateformes des médias sociaux et restez connectés aux événements lors de la conférence. Suivez-nous sur Twitter (@ICASA2017) « likez » notre page Facebook (ICASA2017CoteDIvoire), et telechargez l'application mobile de l'evenement (disponible en version IOS pour les appareils Apple et Playstore pour les appareils Android via https://event.crowdcompass.com/icasa2017 pour acceder au programme de ICASA 2017)

Sofitel Abidjan Hotel Ivoire

The 19th International Conference on AIDS and STIs in Africa is taking place in Abidjan, Côte d'Ivoire at Sofitel Abidjan Hotel Ivoire. The full address of the venue is:

Boulevard Hassan II 08 Bp 01 Abidjan 08,
Abidjan,
Côte d'Ivoire.

Please refer to the venue floor plan in the conference pocket programme. We hope that this will assist you in navigating your way around the venue.

Should you have any problems, or require any additional information, please ask any of the conference staff or volunteers, or visit our General Information Desk, which is located in the Registration Area on the ground floor.

Certificates of attendance

Certificates will be issued upon request at the Registration Desk, starting after 10:15 Thursday, 7 December.

Community Village

The Community Village is an integral and vibrant element of the ICASA programme. Located on the ground floor (see venue map) the Community Village is open to both registered conference participants and the general public.

The Village will host community talks, giving conference participants and the general public the opportunity to interact with leaders, NGOs and government activities throughout the conference on the Main Stage. Delegates and visitors are encouraged and invited to visit the Village exhibition areas and networking zones.

The Official Opening Ceremony of the Community Village will commence at 14:00 pm on Monday, 4 December on the Main Stage. Please see the Community Village programme in your conference bag for the full schedule of sessions, performances and activities.

Opening Hours:

Tuesday, 5 December:	10:45 AM – 20:30 PM
Wednesday, 6 December:	10:45 AM – 20:30 PM

Thursday, 7 December:	10:45 AM – 20:30 PM
Friday, 8 December:	10:45 AM – 20:30 PM
Saturday, 9 December:	10:45 AM – 20:30 PM

Conference Registration

The Registration Area is located on the ground floor and is clearly marked on the venue floor plan.

Opening Hours:

Monday, 4 December:	10:00 AM – 16:00 PM
Tuesday, 5 December:	7:00 AM – 20:30 PM
Wednesday, 6 December:	7:00 AM – 20:30 PM
Thursday, 7 December:	7:00 AM – 20:30 PM
Friday, 8 December:	7:00 AM – 20:30 PM
Saturday, 9 December:	7:00 AM – 12:15 PM

Conference delegates must wear their badges at all times in order to gain access to the session rooms and exhibition area. Conference volunteers and the venue security will not allow anyone to enter the conference venue without a valid badge. If you have lost your badge, please contact the registration desk. Replacement badges will be issued at a cost of $60 each (including VAT).

Accompanying adult participants are permitted access to the opening and closing ceremonies. Only children (under 18) registered as accompanying persons will be admitted to all conference sessions.

Exhibition

The Exhibition booths are located in the Exhibition Hall on the ground level, offering delegates a chance for dynamic interaction with exhibitors. There are plenty of exciting exhibitors at ICASA and delegates are encouraged to visit all stands to discover the latest news from our supporting organizations. Some exhibitors will give demonstrations in the Exhibition Hall which promises to add an extra level of interest to conference participation. All the stands are marked on the dedicated Exhibition Map to make each booth easy to find.

Information Desks

A General information Desk is situated in the Registration Area. There are additional area-specific information counters in the Exhibition areas.

Volunteers will be stationed throughout the conference to assist participants with any queries.

Internet/WiFi

The Sofitel Abidjan Hotel Ivoire Wireless internet is available in all conference venues. MTN Cote d'Ivoire is graciously providing Wireless Internet services free of charge. If you need help to access the internet with your device, please visit the General Information Desk or the MTN help desk.

Interpretation (EN/FR)

The official languages of the conference are English and French. Simultaneous interpretation from English to French and from French to English will be provided in all session rooms.

If you would like to use the simultaneous interpretation service, collect a headset before the session immediately outside the relevant session room. Delegates are required to deposit a valid passport or US$100/80 in cash when collecting a headset. This will be returned when the headset is returned. Delegates will be charged US$100 for lost, misplaced or damaged headsets.

To avoid a long wait, Please obtain headsets during the break before the session. Please return the headset equipment at the end of each session to ensure they can be recharged for use the following day.

Media Centre

Media registration must be carried out at the dedicated Media Registration Desk in the Registration Area on the ground floor. Accredited media will have full access to the Media Centre located on the ground floor

The Media Centre will be open daily from Tuesday, December 5 until Friday, 8 December, from 07:00 AM to 19:00 PM.

The Media Centre will be equipped with computers and printers for use by accredited journalists. Information on press conference and briefings will be posted in Media Centre with updated dates and times.

Journalists wishing to secure interviews with conference speakers will be assisted in the Media Centre.

More information on the Media Centre and press conference facilities will be

available in the Media Guide which will be issued to all journalists accredited for the conference.

Participation Guidelines/ Code of Conduct

The conference acknowledges the freedom of expression of speakers, participants and exhibitors. It does, however, subscribe to the widely-held principles associated with exercising such freedom of expression, i.e. that such expression may not lead to any harm or prejudice to any person or damages to any property. If anyone abuses these principles, Côte d'Ivoire law applies.

Positive Lounge

The Positive Lounge is provided exclusively for people living with HIV as a place where they can rest, refresh themselves, network and take medications. The Positive Lounge is located at the Sofitel Abidjan Hotel Ivoire and it is open from Monday, 4 December to Saturday, 9th December, 08:00AM and 18:00PM.

Presenters, Speakers, Chairs and Facilitators

The Speakers' Room is located on the ground floor (please refer to the venue floor plan).

All speakers, chairpersons, moderators, facilitators and oral presenters are requested to report to the Faculty immediately after registration to sign consent forms, confirm their presentation date, time and venue and receive specific security information relevant to their session.

The Faculty is THE ONLY PLACE where slide presentations can be uploaded onto the system. All presenters are requested to do so at least six hours before their session. The organizers cannot guarantee projection in the session room if presenters upload their slides later.

Presenters will not be able to upload their presentation in the session's room.

Please note: Failure to report to the Faculty on time may result in the conference organizers appointing replacement.

Opening Hours:

Monday, 4 December:	10:00 AM – 17:00 PM
Tuesday, 5 December:	7:00 AM – 17:00 PM
Wednesday, 6 December:	7:00 AM – 17:00 PM

Thursday, 7 December:	7:00 AM – 17:00 PM
Friday, 8 December:	7:00 AM – 17:00 PM
Saturday, 9 December:	7:00 AM – 17:00PM

Poster Exhibition

The Poster Exhibition is located on the ground floor in the main exhibition hall. Please refer to the poster exhibition map for an overview of the colour-coded Track Areas. All boards are sequentially numbered to help presenters and viewers find the poster they want. There are four poster sessions from Monday to Friday:

Times:

10:15 AM	–	10:45 AM
12:15 PM	–	12:45 PM
14:15 PM	–	14:45 PM
16:15 PM	–	16:45 PM

INSTRUCTIONS FOR POSTER PRESENTERS:

The posters will be displayed for one day. During breaks the presenters are required to stand by their posters and answer questions and provide further information on their study results.

The Poster Exhibition will take place within the Exhibition Hall on ground level. Your poster board will be marked with your new abstract number. All authors are responsible for mounting and removing their own posters.

Poster mounting and removal time.

Your paper poster should be mounted and removed at the following times:

- Poster should be mounted 7:30 AM – 8:30 AM
- Poster must be removed 6:30 PM

When removing your poster, please make sure to also remove all poster-mounting material from the board. The Conference staff will remove all posters not taken down on time. The Congress organizers will not take any responsibility for posters or other material left in the Poster Exhibition area.

Presenting authors should stand by their poster during the following break

times on one day only. Please see details below

Security

The Safety and Security Office is located on-site and can be contacted on our emergency lines:

(+225) 22 48 26 26 / (+225) 89 03 65 14

For security reasons, access to all the Congress venues will be controlled. Access to the session rooms and Exhibition Halls of The Sofitel Abidjan Hotel Ivoire will be accessible only to registered delegates displaying conference badges. In the interest of personal safety and security, delegates should only display their conference badges on the Sofitel Abidjan Hotel Ivoire premises.

Neither the Conference Secretariat, nor any of their contracted service providers, will be responsible for the safety of any articles brought into the conference facilities by conference participants, whether registered or not, their agents, contractors, visitors and/ or any other person/s whatsoever. The conference participant shall indemnify and hold neither the organizers not associates and subcontractors liable in respect of all cost, claims, demands and expenses as a result of any damage, loss or injury to any person howsoever caused as a result of any act or default of the Conference Secretariat or a person representing the Conference Secretariat, their contractors or guests. In addition, the conference participant shall take all necessary precautions to prevent any loss or damage to his/her property with special regard to mobile phones, carry/handbags and computing equipment.

Smoking Policy

Smoking is not permitted anywhere in the building. When smoking outside please show respect for the environment,

fellow conference delegates and other venue guests by properly disposing of cigarette buds and other waste in the bins provided.

Social Media

Connect with ICASA through our social media platforms and stay abreast with happenings during the conference. Follow us on Twitter (@ICASA2017), like our Facebook page (ICASA2017CoteDIvoire) and download the ICASA EVENT App (Available on iOS (Apple Devices) and Playstore (Android Devices)

via https://event.crowdcompass.com/icasa2017 to access the ICASA 2017 Conference Programme)

TRACK A

Dr. Abdou PADANE

I was born on 24 April 1982 in Kaolack.

2003-2009: Pharmaceutical studies Cheikh Anta Diop University of Dakar Option: Biology

2011: Doctorate in Pharmacy

2012: University Diploma in Retrovirology

2013: Master in Immunology and Infections Diseases

2009-2016: Research assistant in the immunology unit of CHUN Aristide Le Dantec, in the tuberculosis vaccine trials (projects MVA85A and TBO21), EBOLA (EBOVAC project) and studies of correlates for protection against tuberculosis.

2016-Now: Research Assistant in Vaccinology at the Institute of Health Research of Epidemiological Surveillance and Trainings (IRESSEF).

TRACK B

Nodjikouambaye Zita ALEYO

Nodjikouambaye Zita ALEYO, Born on May 1989 in Moundou, Chadian Nationality.

Basically, Zita holds a Baccalaureate D-Series in 2008, enabling her to graduate and obtain Bachelor's degree in Medical Biology at National Institute of Health Science Training in Bamako, Mali in 2012.

During her first master's degree in 2015, Zita worked on biological monitoring of people living with HIV during four years at University Hospital Center, Yalgado Ouedraogo in Ouagadougou. For her second master's degree in 2017, she worked on High Acceptability of Self-collected Genital Secretions by Intravaginal Veil for HPV Testing and HIV, HBV and HCV Prevalences among Childbearing-aged Women Living in Chad.

TRACK C

Ms. Idah MOKHELE

I am a Researcher with the Health Economics and Epidemiology Research Office (HE2RO), a division of the Wits Health Consortium of the University of the Witwatersrand. I have an MSc in epidemiology and biostatistics from the University of the Witwatersrand, and I am currently pursuing a PhD in public Health from Maastricht University. Before recently focusing on an academic career for my PhD, I managed donor funded HIV programmes including overseeing sub-award grants to partners implementing HIV prevention programmes at community level. My work as a researcher at HE2RO involves research projects evaluating the national HIV program in South Africa.

TRACK D

Ms. Carmélita Sidoine Acakpo

Loi, Droits Humains, Sciences sociales, et Sciences Politiques

TRACK E

Mr. Kennedy GATHU

Kennedy Gathu is a 35 years old Kenyan ICT professional with a strong background in Health Systems & Monitoring and Evaluation

Over the past Nine years he has supported health system strengthening through use of technology to various PEPFAR funded HIV programs doing Care and Treatment .He currently Provide support in Reports ,database design deployment and Use in Amref Kenya supported sites as a Health Information Specialist and has worked as Data Manager with Aidsrelief (Kijabe mission Hospital) during early career years ,

He have written and submitted different papers in different conferences Data Demand& Information Use presented at NASCOP best practice conference 2013

Use of electronic health records systems in data management E-HEALTH CONFERENCE 2015

He holds Degree in Information Technology, Diploma in Information Management Systems (IMIS) and Monitoring &Evaluations He is a certified member of institute of Management Information Systems (IMIS) & Kenya Health Informatics Association – (KeHIA)

Kennedy is father of one daughter Baby Favor

He loves Travelling and doing community work.

The International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) is a major international AIDS conference which takes place in Africa. It is a biennial conference which alternates between Anglophone and Francophone African countries. ICASA has been organized since 1990 to mitigate the impact of HIV/AIDS through an African continent free of HIV, Tuberculosis and Malaria and the debilitating effects which these diseases have on our communities, where there is no stigma and discrimination against PLHIV and their families, and where social justice and equity to accessing treatment prevails. So far ICASA has been hosted in (14) fourteen countries with more than 100,000 direct participants. The last ICASA was hosted in Harare, Zimbabwe in 2015.

The ICASA organizers desirous to get an identity to brand the upcoming 19th ICASA which will be held in Abidjan, Cote d'Ivoire, 4th – 9th December, 2017, launched a contest for a creative logo for the conference. The ICASA organizers, offered $1000 for the best designer of the logo.

The contest was open to all Africa countries. However, artistes mainly PLHIV and key populations were the most encouraged to participate in this contest.

51 logo submissions sent across. The SAA permanent Secretariat/ICASA International secretariat shortlisted 10 best proposals of ICASA logo and presented them at the ICASA 2017 1st International Steering Committee meeting held on 25-26 November, 2016 in Sofitel Abidjan Hotel Ivoire, Côte-d'Ivoire after which the final selection was made. The awardee will receive her prize at the 2nd International Steering Committee meeting.

SESSION CODING

Example 1: MOAA01 = MO (Weekday) - (Session type) AA - (Session order) 01

Example 2: MOAAO105LB = MO (Weekday) - (Session type) AA - (Session order) 01 (Session order) 05 (abstract order)

Example 3: MOPE001 = MO (poster presentation day) - PE (presentation type) - 001 (abstract order)

WEEKDAY	SESSION TYPE	SESSION ORDER	SPEAKER ORDER
MO (Monday) TU (Tuesday) WE (Wednesday) TH (Thursday) FR (Friday) SA (Saturday)	PL, SS, SY	01, 02, 03, 04 etc.	01,02,03,04

PROGRAMME SESSIONS	ABSTRACT-DRIVEN SESSIONS	OTHER SESSIONS

PROGRAMME SESSIONS AND PROGRAMMES ACTIVITIES

MO
TU
WE
TH
FR
SA

Special Session
Satellite Symposia
Non Abstract Driven Session
Workshop

CV (Community Village)
PL (Plenary Session)
SS (Special Session)
SY (Symposia Session)
WS (Workshop)
NAD (Non Abstract Driven Session)
e.g. SAPL0101, WEPL0306

SESSION CODING

ORAL ABSTRACT SESSION	POSTER DISCUSSION OR POSTER EXHIBITION
SA = Weekday	SA = Weekday
A= Abstract A-E = Track (see below)	P = Poster D = Discussion / E = Exhibition A-E = Track (See below)
AA (TRACK A) AB (TRACK B) AC (TRACK C) AD (TRACK D) AE (TRACK E)	PDA (TRACK A) PDB (TRACK B) PDC (TRACK C) PDD (TRACK D) PDE (TRACK E)
01, 02, ... = Session order 01, 02, 03... = Speaker order e.g., SAAA0101, MOAD0205	01, 02, ... = Session order 01, 02, 03... = Speaker order e.g. TUPDA0101, WEPDD0205 *e.g. TUPE0905, SAPE0108*

SESSIONS SANS RÉSUMÉS

Les sessions sans résumé traitent d'une variété de points de vue et de questions actuelles. Le format et le centre d'intérêt de ces sessions varient. Ces sessions sont développées par les comités des programmes avec les contributions des acteurs.

Types de Session:
Les sessions plénières rassemblent les chercheurs, les leaders scientifiques et les spécialistes cliniciens les plus distingués du monde. Les sessions plénières rassemblent tous les participants à la conférence à la première session de chaque matin.

Les sessions spéciales présentent les exposés des principaux leaders mondiaux de la recherche, des ambassadeurs internationaux de haut niveau de lutte contre le SIDA et des spécialistes en politique. Ces sessions de 90 minutes engagent grandement tous les participants.

Les sessions symposia traitent des questions importantes qui défient les simples solutions. Sur la base d'un thème ou d'une question unique, clairement définie, les orateurs et les participants partageront leurs expériences, contribueront aux résultats de recherches pertinentes et émettront des idées pour identifier des pistes de progrès.

ICASA 2017 présente 16 ateliers de perfectionnement professionnel de haute qualité et ciblés qui favorisent et améliorent les opportunités de transfert de connaissances, de développement des compétences et d'apprentissage de collaboration. 9 des ateliers sont proposés par les comités de programme de la Conférence et les 7 restants des ateliers ont ete choisis parmi des propositions faites par le grand public. Les ateliers peuvent durer 90 minutes en Francais ou Anglais.

Une Session de résumé des rapporteurs aura lieu immédiatement avant la session de clôture le 9 décembre de 12:45 à 14:15. La session de résumé fait la synthèse des présentations faites pendant la semaine en mettant l'accent sur les questions importantes traitées, les importants résultats présentés et les recommandations clés présentées. Les équipes de rapporteurs publieront les rapports quotidiens et les résumés des sessions sur le site web de la conférence.

SESSIONS AVEC RESUMES

La composante axée sur les résumés du programme de la conférence propose des recherches de pointe évaluées par les pairs. Les sessions résumé sont soit spécifiques à l'un des cinq tracks (A-E), soit composés résumé de différents tracks centrés sur un seul thème.

Plus de 2 327 soumissions de résumés sont passés par un processus de revue par les pairs conduit par un panel d'environ 230 examinateurs internationaux. Environ 1 388 résumé ont été sélectionnés par les membres du Comité de Programme Scientifique pour le programme de la conférence. Les résumé ayant obtenu les notes les plus élevées ont été choisis pour être présentés aux sessions orales. La plupart des affiches sélectionnées sont présentées dans l'espace exposition d'affiches.

Types de Session:
Sessions orales résumé – Ces sessions sont organisées en thèmes qui traitent des nouveaux développements dans chacun des cinq tracks scientifiques ou mettent l'accent sur un thème couvrant plusieurs tracks. Les sessions orales résumé sont des sessions de 90 minutes qui consistent en cinq présentations orales de dix minutes suivies de questions-réponses de cinq minutes. Une discussion interactive modérée, facilitée par les vice-présidents aura lieu à la fin de la session.

Exposition des affiches – Organisées par track et couvrant une grande variété de thèmes, l'exposition des affiches comprend environ 1 277 affiches. Chaque affiche est présentée pendant un jour et les présentateurs se tiendront à côté de leurs affiches à un moment déterminé pour répondre aux questions et fournir davantage d'informations sur les résultats de leurs études. L'exposition des affiches est ouverte du mardi 05 au vendredi 08 décembre 2017 et est située au-rez-chaussée. Consulter la carte d'exposition des affiches.

ACTIVITES DU PROGRAMME

Les activités du village communautaire comprennent: des discussions du comité et des débats sur des questions pointues en matière de lutte contre le VIH, la projection de films, des expositions d'art, des zones de réseautage axées sur les populations clés et leurs challenges; les ONG et les stands présentant les activites et produits des organisations travaillant dans le domaine de la lutte contre le VIH et une série de performances live d'artistes locaux et internationaux qui se tiendra sur la scène princi-

pale. La zone du village communautaire couvre près 512 m2 et est localisé à l'Hôtel Sofitel Ivoire.

Des informations complémentaires sur le village communautaire et le programme des jeunes peuvent être trouvées sur le site web de la conférence:

www. icasa2017cotedivoire.org
et dans le programme de poche du village communautaire.

Restez informés sur tout ce qui se passe dans le village communautaire sur Twitter @ ICASA2017.

SESSION SATELLITE

Les sessions satellites auront lieu de 7:30 à 16:00 le Lundi 04 Decembre 2017, les matins et les soirs du 05 au 08 Décembre 2017 et seulement dans la matinée du 09 Decembre 2017. Les sessions satellites ont lieu sur le site de la conférence, mais sont entièrement organisées et coordonnées par l'organisation abritant la session satellite. Le comité de programme révisera les contenus et les orateurs des sessions satellites pour s'assurer qu'ils sont conformes aux principes scientifiques et éthiques de la conférence.

TOURS D'ENGAGEMENT

Les tours d'engagement offrent aux participants des expériences d'apprentissage unique par des visites interactives de sites à des organisations travaillant sur les questions liées au VIH et au SIDA à Abidjan en Côte d'Ivoire. L'objectif est d'échanger sur les connaissances, les meilleures pratiques, les succès, les défis et les solutions innovantes à travers le dialogue et les activités pratiques.

Pour s'inscrire, veuillez visiter le bureau d'inscription.

NON-ABSTRACT DRIVEN SESSIONS

The non-abstract driven sessions address a variety of current viewpoints and issue. The format and focus of these sessions varies.
These sessions are developed by the programme committees with stakeholder input.

Session Types:
Plenary Sessions feature some of the world's most distinguished researchers, scientific leaders and clinical specialists. Plenary sessions bring all conference delegates together at the first session of every morning.

Special Sessions feature presentations by some of the world's key research leaders, high-level international AIDS Ambassadors and policy specialists. These 90-minutes session are highly engaging for all delegates.

Symposia session address critical issues that defy simple solutions. Focusing on a single, clearly defined topic or issue, speakers and delegates will share experiences, contribute relevant research findings and brainstorm ideas to identify possible ways forward.

ICASA 2017 features 16 high-quality, targeted professional development workshops that promote and enhance opportunities for knowledge transfer, skills development and collaborative learning. 9 of the workshops are designed by the Conference Programme Committees, and the remaining 7 workshops were selected from proposals submitted by the general public. Workshop can be
90 minutes in length and held in french and English.

A rapporteur summary session will be held immediately before the closing session on December 9th from 12:45 to 14:15. The summary session synthesizes presentations made during the week, focusing on critical issue addressed, important results presented and key recommendations put forward. The rapporteur teams will publish daily reports and session summaries on the conference website.

ABSTRACT-DRIVEN SESSIONS

The abstract driven component of the conference programme offers the highest calibre of state-of-the-art peer-reviewed research.

Abstract driven sessions are either specific to one of the five tracks (A-E), or are composed of abstracts from different tracks that focus on one theme.

Over 2,327 abstract submissions went through a blind peer-review process, carried out by a panel of around 230 international reviewers. Around 1,388 abstracts were selected by members of the Scientific Programme Committee for inclusion in the conference programme.
The highest-scoring accepted abstracts were selected for presentation in oral abstract sessions. The majority of the selected posters are displayed in the Poster Exhibitions.

Session Types:
Oral Abstract Sessions - These sessions are organized into themes which address new developments in each of the five scientific tracks, or focus on a topic which crosses various tracks. Oral abstract sessions are 90-minute sessions that consist of five oral presentations of ten mutinies followed by a five-minute question and answer session. An interactive moderated discussion, facilitated by the co-chairs, is held at the end of the session.

Poster Exhibition - Organized by track and covering a wide variety of topics, the Poster Exhibition includes approximately 1,277 posters. Each poster is displayed for one day and presenters will stand by their posters at scheduled times to answer questions and provide further information on their study results. The Poster Exhibition is open from Tuesday 05 December - Friday 08 December, and is located on the Ground Level. See the Poster Exhibition map.

PROGRAMME ACTIVITIES

Programme activities at ICASA 2017 are hosted by individuals, groups and organizations in the Global village area of the conference venue. Accessible to registered conference participants and free of charge to the general public, they offer a unique platform for diverse activities that bridge all areas of science, leadership and accountability and community.

COMMUNITY VILLAGE

The Community Village activities include: Panel discussions and debates on cutting-edge HIV issues; Film screenings; Art exhibits; Networking zones focusing on key populations and issues; NGO and marketplace booths showcasing the work and products of organizations working within the HIV field; and a range of live performance from local and inter-

national artists which will be held on the Main Stage. The Community Village area covers to 512 m^2 and is located at the Hotel Sofitel Ivoire.

Additional information about the Community Village and Youth Programme can be found on the conference website at:

www. icasa2017cotedivoire.org
and the Community village pocket programme.

Stay up to date with everything happening in the Community Village by following @ ICASA2017 on Twitter.

SATELLITE SESSION

Satellite sessions will take place all day on 4th December, 2017 only in the morning and from Tuesday, 05 December 2017 to Saturday, 09 December 2017. Satellite sessions take place in the conference center, but are fully organized and coordinated by the organization hosting the satellite. The programme committee will review the contents and speakers of the satellite sessions to ensure that they meet the scientific and ethical principles of the conference.

ENGAGEMENT TOURS

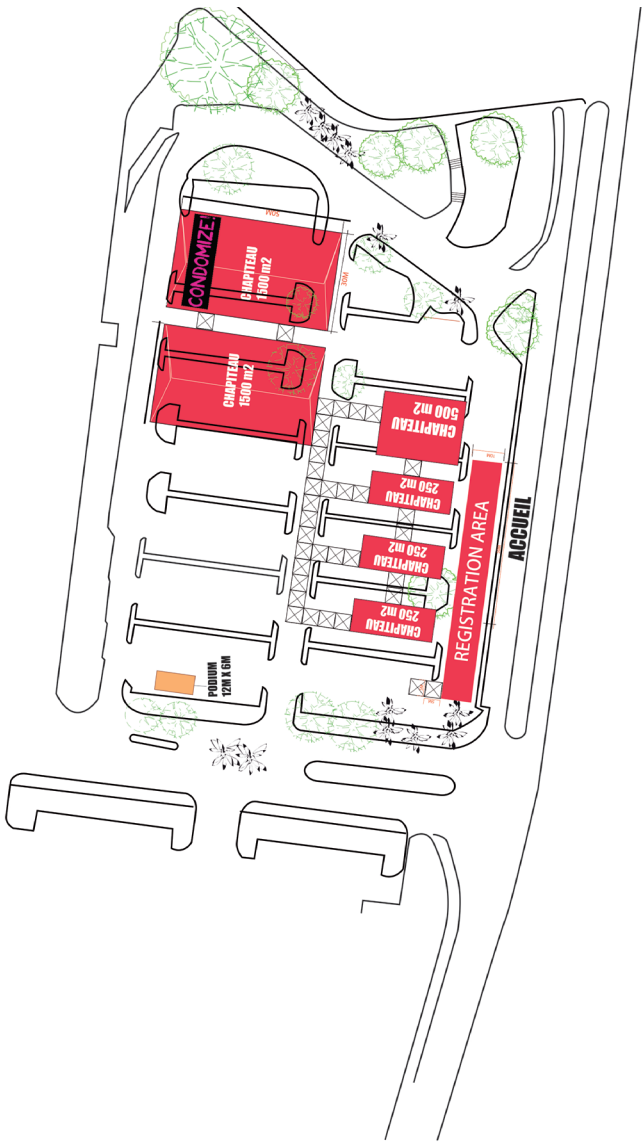
Engagement tours provide delegate with unique learning experiences through interactive site visits to organizations that work on HIV and AIDS issues in Abidjan, Côte d'Ivoire. The goal is to exchange knowledge, best practice, successes, challenges and innovative solutions through dialogue and hands-on activities.

To register visit the registration desk.

STANDS AU VILLAGE COMMUNAUTAIRE

- Initiatives Conseil International - Santé
- ITPC
- World Council of Churches
- Paediatric Adolescent Treatment Africa
- AIDS ACCOUNTABILITY
- MCM SARL
- PLATEFORME DES RESEAUX
- Aids Fonds
- Reseau Eva
- RIP+
- Medecins du monde
- PN-OEV
- AIDS-Free World
- Pan African Positive Women's Coalition
- Save the Children International ESARO
- World YWCA
- Alliance Côte-d'Ivoire
- Africaso
- Coalition Plus
- Fondation Ariel Glaser pour la lutte contre le SIDA Pédiatrique en Côte-d'Ivoire
- RESULTS
- ONG DJANTAN D'ALEPE
- AfriYANESA
- RESEAU IVOIRIEN DES JEUNES CONTRE LE SIDA

COMMUNITY VILLAGE



ORGANIZATION		BOOTH NUMBER
ALERE INTERNATIONAL LTD	-------	46-47-70-71
ANECCA	-------	52
ANRS	-------	88
ASSOCIATION AV-JEUNES	-------	50
PEPFAR	-------	122-123
BD BIOSCIENCES	-------	95-96
BECKMAN COULTER	-------	121
BIOCENTRIC	-------	42
BIOLYTICAL LABORATORIES	-------	73
BIOMÉRIEUX SA	-------	48-49
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DIRECTION DE CÔTE-D'IVOIRE TOURISME		126-127
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GHANA AIDS COMMISSION	-------	89-90
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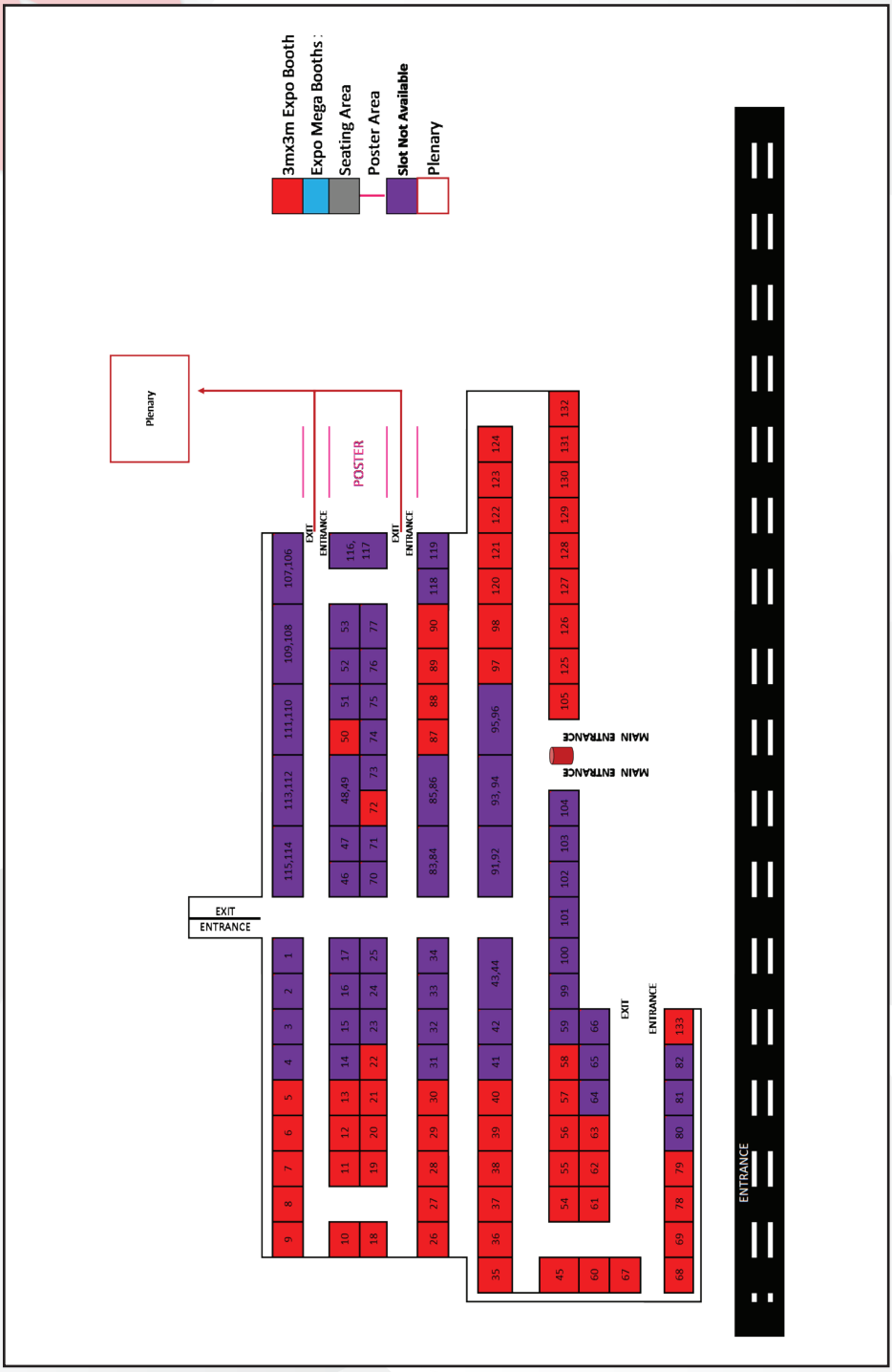
HETERO LABS LTD	-------	83-84
HOLOGIC INC	-------	34
HUMAN GESELLSCHAFT FUER BIOCHEMICA UND DIAGNOSTICA MBH	-------	102
HUMENSIS /BERLIN INTERNATIONAL	-------	31


3mx3m Expo Booth
Expo Mega Booths :
Seating Area
Poster Area
Slot Not Available
Plenary
Plenary
POSTER
EXIT
ENTRANCE
EXIT
ENTRANCE
EXIT
ENTRANCE
MAIN ENTRANCE
MAIN ENTRANCE
EXIT
ENTRANCE
EXIT
ENTRANCE
ENTRANCE

PLENARY SESSION

TUESDAY **05 DECEMBER 2017**

Chairs: Prof. François Dabis,
Dr. Luiz Loures

05.12.2017 08:45 – 09:15 Mr. Michel Sidibe

ADDRESSING STRUCTURAL CHANGES FOR SUSTAINABLE INTEGRATION

Speaker: AMBASSADOR DEBORAH BIRX

Ambassador Birx has dedicated her life to changing the course of HIV/AIDS in the United States and throughout the world. She currently serves as Ambassador at Large and U.S. Global AIDS Coordinator, leading all U.S. Government international HIV/AIDS efforts. Ambassador Birx oversees implementation of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the largest commitment by any nation to combat a single disease in history, as well as all U.S. Government engagement with the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Ambassador Birx is a renowned medical expert in the field of HIV/AIDS. For over three decades, her career has focused on HIV/AIDS immunology, vaccine research, and global health. Since 2005, she has served as Director of the Division of Global HIV/AIDS at the U.S. Centers for Disease Control and Prevention (CDC) leading PEPFAR implementation. Birx was awarded the first Lifetime Achievement Award from the African Society for Laboratory Medicine in 2011, in recognition of decades of impassioned support for development of sustainable country-led health systems.

Prior to her work with CDC, Ambassador Birx, a proud Army Veteran, having risen to the rank of Colonel in the US Army, served at the Department of Defense as Director of the U.S. Military HIV Research Program at the Walter Reed Army Institute of Research. In that role, she led development of the Thai vaccine trial which became the first clinical HIV/AIDS research study to show the potential that a vaccine could protect against HIV. She also served as an Assistant Chief of the Hospital Immunology Service at Walter Reed Army Medical Center.

PLENARY SESSION

05.12.2017 09:15 – 09:45 Mr. Michel Sidibe

HIV CURE & VACCINE: WHERE ARE WE?

Speaker: PROF. STEVEN DEEKS

Steven G. Deeks, MD, is a Professor of Medicine at the University of California, San Francisco. He has been engaged in HIV research and clinical care since 1993. He is a recognized expert on HIV-associated immune dysfunction and its impact on HIV persistence. Dr. Deeks has published over 400 peer-review articles, editorials and invited reviews on these and related topics. He has been the recipient of several NIH grants, and one of the principal investigators of DARE (the Delaney AIDS Research Enterprise), which is an NIH-funded international collaboratory aimed at developing therapeutic interventions to cure HIV infection.

PLENARY SESSION

05.12.2017 09:45 – 10:15 Mr. Michel Sidibe

KEY POPULATIONS: KEY FOR ENDING AIDS

Speaker: MR. BERRY DIDIER NIBOGORA

Berry Didier Nibogora is the Acting Executive Director of African Men for Sexual Health and Rights "AMSHeR". He is a Pan- African human rights lawyer and social justice advocate with a LLM degree in Human Rights and Democratisation in Africa and an outstanding expertise in HIV, law, policy and human rights spanning across Anglophone and Francophone Africa and globally. Based in Dakar-Senegal for over the past 5 years, Berry has been working in West and Central Africa supporting communities of MSM, LGBT and other key populations to advance non-discrimination, social inclusion and access to rights and services for all.

PLENARY SESSION

WEDNESDAY 06 DECEMBER 2017

Chairs: Dr. Pagwesese David Parirenyatwa
Dr. Wafaa El-Sadr

06.12.2017 08:45 – 09:15 Mr. Michel Sidibe

FROM PMTCT/HIV TO PMTCT/HBV: LESSONS LEARNED

Speaker: DR. FRANK LULE

Frank Lule is the Medical Officer for HIV/AIDS treatment and Viral Hepatitis programme at the World Health Organization's Regional Office for Africa based in Brazzaville, Congo. The programme is committed to responding to public health challenges of HIV/AIDS and viral hepatitis in all 47 Member States of the African Region. He coordinates the Organization's response to viral hepatitis in the African Region. Dr Lule holds a Medical Degree from Makerere University, Kampala, Uganda and a Masters Degree in Community Health from Trinity College, Dublin, Ireland.

PLENARY SESSION

06.12.2017 09:15 – 09:45 Mr. Michel Sidibe

KNOWLEDGE IN ACTION FOR FAST TRACKING THE AFRICAN RESPONSE

Speaker: DR. PAKISHE AARON MOTSOALEDI
(Minister of Health, South Africa)

Dr. Pakishe Aaron Motsoaledi was born in Phokwane Village in Limpopo on 7 August 1958 to his school principal father Kgokolo Michael Motsoaledi and mother Sina Sekeku Maile. He was part of a large family of seven boys and two girls. Dr. Motsoaledi is married to Thelma Dikeledi (Mpyane) and has three daughters and two sons. His eldest daughter is honoring the family tradition by studying medicine (his brother is head of dermatology at Medunsa and his sister registrar of microbiology at the same institution). Dr. Motsoaledi`s political awareness was awakened at the age of eight when he witnessed the arrest of a neighbor for not carrying a "dompas".

This awareness evolved during his high school years and was heavily influenced by the 1976 Soweto uprisings. While attending the University of the North at Turfloop he was often involved in student marches, demonstrations and sit-ins on campus and at the Mankweng police station. Dr. Motsoaledi`s deeper political understanding and involvement however developed while attending the University of Natal in the late 1970`s. He whole-heartedly threw himself into the liberation struggle both on and off campus. He was elected to the student representative council (SRC) in 1980, and participated in the formation of the student movement AZASO to which he was elected national correspondence secretary with Joe Phaahla as president.

In 1982 he succeeded Zweli Mkhize as SRC president of the Uni-

versity of Natal Medical School and in 1983 was instrumental in mobilizing students in Natal for the formation of the United Democratic Front (UDF). He attended the launch of the UDF at Mitchell`s Plain, Cape Town in this capacity. Whilst serving as a medical intern, working in the public and private medical sectors, Dr. Motsoaledi continued to support the struggle in various ways.

He was involved with the ANC's armed wing, Umkhonto we Siswe (MK) in Sekhukhuneland under the leadership of Commander Mashegoana, and continued working with the unit after its unbanning in 1990. In 1989 when the apartheid regime began releasing the ANC leaders arrested at Rivonia (amongst them his uncle, Elias Motsoaledi) he was elected chairperson of the Northern Transvaal Reception Committee.

He became deputy chairperson of the ANC Northern Transvaal (now Limpopo) region when it was launched in 1990. Dr. Motsoaledi served on the Limpopo Provincial Executive Committee of the ANC for 19 years before being elected to the ANC National Executive Committee where he serves today.

PLENARY SESSION

06.12.2017 09:45 – 10:15 Mr. Michel Sidibe

INSTITUTIONAL COMMUNITY EXPERTISE FOR BETTER ACCESS TO SERVICES

Speaker: DR. MERCEDES TATAY MD, DTM&H

Dr Mercedes Tatay is the International Medical Secretary of Médecins Sans Frontières (MSF) since February 2016.
A specialist in infectious diseases and tropical medicine, Dr Tatay joined MSF in 1998 and has worked in a number of conflict and epidemic settings, including in Tanzania, Sierra Leone, Burundi, Zambia, CAR, Liberia, Afghanistan, Niger, Ivory Coast, Uganda, Sudan and the Democratic Republic of Congo. This allowed her to develop expertise in operational management and medical programme planning in complex humanitarian emergency contexts. Dr Tatay became Head of Emergency Programs with MSF France, and from 2003 to 2007 she oversaw humanitarian interventions in Iraq, Jordan, Sudan, Chad, CAR, Pakistan, Sri Lanka, Indonesia, Lebanon, Haiti, Nigeria, Ivory Coast, Liberia, Angola, DRC, Philippines and Niger among others (conflicts, epidemics and natural disasters).

Later on, Dr Tatay practised as an infectious diseases physician in two university teaching hospitals infectious diseases and tropical medicine departments in France until 2015.

In 2015, she worked as a consultant for WHO in infection prevention and control as well as in field coordination during the Ebola outbreak response in Sierra Leone. She also took coordination responsibilities as part of the UN Country team leadership.
Her teaching experience includes clinical seminars and trainings on infectious diseases, applied epidemiology, operational management emergency response and humanitarian medicine.

PLENARY SESSION

THURSDAY 07 DECEMBER 2017

Chairs: Prof. Kadio Auguste
Dr. Chewe Luo

07.12.2017 08:45 – 09:15 Mr. Michel Sidibe

THE UNFINISHED BUSINESS OF AIDS - WOMEN IN LEADERSHIP

Speaker: HER EXCELLENCY MRS. DOMINIQUE FOLLOROUX – OUATTARA
(First lady of Cote d'Ivoire)

Dominique Claudine Nouvian was born on 16 December 1955 in Constantine, French Algeria.

Her parents were Jewish and she is a French national. She received a high school diploma from Strasbourg Academy in 1973 and graduated from the University of Paris X in 1975.

Her Excellency, Dominique Folloroux-Ouattara moved to the Ivory Coast in 1975 with her first husband, Jean Folloroux, professor at Lycée Technique in Abidjan, with whom she has two children.

Her husband died in 1983.She met Alassane Ouattara, then Deputy Governor of the BCEAO in Dakar the following year, who later became President of Ivory Coast. They married on August 24, 1991, in the Town Hall of the 16th arrondissement of Paris. She is a Catholic despite being born Jewish and her husband being a Muslim.
H.E. Folloroux-Ouattara is a businesswoman, specializing in real estate. From 1979, she was CEO of AICI International Group. In 1993, she established a real estate management company, Malesherbes Gastron.

PLENARY SESSION

In 1996, H.E Folloroux-Ouattara was appointed CEO of French hair care chain EJD Inc. A company that manages Jacques Dessange Institute in Washington, D.C. In 1998, she acquired the Jacques Dessange franchises in the United States and then became CEO of French Beauty Services which manages the U.S. franchise's brand.

Following her husband's election as President of the Republic, and in accordance with campaign pledges he had made, Folloroux-Ouattara ceased her activities as a business leader and resigned from all her professional duties She sold the US Dessange franchises to Dessange Paris Group to devote herself exclusively to her role as First Lady of Côte d'Ivoire and to her foundation, Children of Africa which she created in 1998. The foundations' goal is the welfare of children on the African continent. Princess Ira von Fürstenberg is patron of the foundation, which is active in Côte d'Ivoire, Gabon, Madagascar, Central Africa and Burkina Faso.

In November 2011, H.E. Folloroux-Ouattara was appointed head of the National Oversight Committee of Actions Against Child Trafficking, Exploitation and Labor.

07.12.2017 09:15 – 09:45 Mr. Michel Sidibe

UNLOCKING THE TREATMENT CASCADE FOR CHILDREN

Speaker: DR. FAUSTIN KITETELE

Dr. Faustin KITETELE holds the position of Chief of Infectious Diseases at the Kalembelembe Pediatric Hospital in Kinshasa / DRC. He has been involved in the management of HIV / AIDS, tuberculosis and sexual violence in children and adolescents for more than 15 years.

He was responsible for the SARA (Sustainable AntiRetroviral Access) project of the School of Public Health of Kinshasa and the University of North Carolina for 10 years and expert pediatric HIV consultant at the Antwerp IMT (eSCART course). Author and co-author of numerous scientific articles and investigator and co-investigator in several research projects.

07.12.2017 09:45 – 10:15 Mr. Michel Sidibe

STIGMA AND DISCRIMINATION: A STRUCTURAL BARRIER TO ACCESS TO SERVICES AND RIGHTS

Speaker: DR. OFFIA-COULIBALY MADIARRA

Dr. Coulibaly spouse OFFIA MADIARRA holds a State Doctorate in Medicine and specialized in Public Health. She has a total experience of 16 years in the fight against HIV / AIDS. She worked for this purpose on the first pilot projects of PMTCT (Prevention of Mother to Child Transmission) in Ivory Coast, the first initiatives of access to ARVs and is a pioneer in the prison-based health policy in Côte d'Ivoire. She is currently the Executive Director of the NGO Alliance Côte d'Ivoire, which is the principal recipient of the Community HIV and tuberculosis component of the Global Fund in Ivory Coast. Dr. Coulibaly is author and co-author of several published papers on PMTCT, care for prisoners, sex workers and MSM in Ivory Coast.

PLENARY SESSION

FRIDAY 08 DECEMBER 2017

Chairs: Dr. Raymonde Goudou Coffie,
Mr. Tim Martineau

08.12.2017 08:45 – 09:15 Mr. Michel Sidibe

ENDING TB: IS IT ACHIEVABLE?

Speaker: PROF. DOMOUA KOUAO MEDARD SERGE
(Minister of Health, Burkina Faso)

Professor in Pneumo-phthisiology at the Thorax and Vessel Department of the Training and Research Unit (UFR), Medical Sciences Félix Houphouët-Boigny University, Abidjan (Côte d'Ivoire). Head of Pulmonary-physiology Department, Treichville University Hospital, Abidjan (Côte d'Ivoire) Responsible for the management and capacity building of the Coordination Directorate of the National Program for Tuberculosis Control (PNLT). President of the French Society of Pulmonology of French Language (SAPLF).

Member of the National Technical Committee for the drafting of guidelines for the management of patients with chronic tuberculosis and multidrug-resistant strains of tuberculosis.

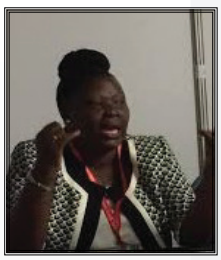
Member of the National Technical Committee for the drafting of tools for the training of health personnel in the management of co-infection Tuberculosis / HIV Members of the pool of national trainers on the management of tuberculosis / HIV co-infection, control of tuberculous infection and management of multidrug-resistant tuberculosis.

PLENARY SESSION

08.12.2017 09:15 – 09:45 Mr. Michel Sidibe

YOUNG ADOLESCENTS, WOMEN AND GIRLS: THE HIDDEN FACE OF THE EPIDEMIC

Speaker: MISS. LILLIAN MWOREKO



Lillian Kyomuhangi Mworeko Executive Director, - the International Community of Women living with HIV Eastern Africa

A female Ugandan, Social Worker by Profession, currently the Regional Coordinator for the International Community of women living with HIV&AIDS Eastern Africa with more than 15 years of experience working in HIV&AIDS. A member of the Conference Coordinating Committee (CCC) of the 21st International AIDS Conference (AIDS 2016) as the International civil society partner and a member of the Community Rights and Gender Advisory Group. A human rights and gender activists. Lillian is the Executive Director for the International Community of Women living with HIV Eastern Africa. She is a gender, human rights and women's rights defender. Lillian is the 2016 Uganda HIV&AIDS Leadership, 2015 Justice Makers Award Winners; 2014 ICW Inaugural Sisterhood Award Winner and 2012 Maryhill High School Old Girls Association (MOGA) Award Winner. She is a member of the ECHO Trial Global CAB member, Global Fund Community Rights and Gender Advisory Group member and a WHO eMTCT Global Validation Advisory Committee member. She seats on the Steering Committee for the Differentiated Models of ART Delivery.

Lillian is the Executive Director for the International Community of Women living with HIV Eastern Africa. She is a gender, human rights and women's rights defender.

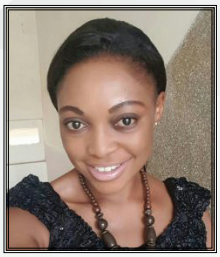
Lillian is the 2016 Uganda HIV&AIDS Leadership, 2015 Justice Makers Award Winners; 2014 ICW Inaugural Sisterhood Award Winner and 2012 Maryhill High School Old Girls Association (MOGA) Award Winner.

She is a member of the ECHO Trial Global CAB member, Global Fund Community Rights and Gender Advisory Group member and a WHO eMTCT Global Validation Advisory Committee member. She seats on the Steering Committee for the Differentiated Models of ART Delivery.

08.12.2017 09:45 – 10:15 Mr. Michel Sidibe

YOUTH INVOLVEMENT IN FAST TRACKING THE END OF AIDS - CHALLENGES, LEADERSHIP, RECOGNIZING THE ROLES OF YOUTH

Speaker: MS. ANITA AKUMIAH



Anita Akumiah holds a Bachelor of Arts Degree in Psychology with First Class Honours and a Post-graduate Degree in International Affairs from the University of Ghana.

As a volunteer with Planned Parenthood Association of Ghana, Anita provided peer education in HIV, Adolescent Sexual and Reproductive Health and Rights, rising to become Chair of the Youth Action Movement at the University and Southern Zonal representative to the National Executive Committee. While working with UNHCR and the International Medical Corp, she has provided support to refugees and other vulnerable persons especially for the prevention and response to Gender Based Violence in Ghana, Mali and South Sudan.

She is a seasoned facilitator; building capacity in HIV, adolescent sexual and reproductive health and rights, as well as gender based violence in emergency settings.

PLENARY SESSION

SATURDAY 09 DECEMBER 2017

Chairs: Dr. Gottfried Hirnschall,
Mr. Pierre Frank Laporte

09.12.2017 08:45 – 09:15 Mr. Michel Sidibe

PROMOTE INNOVATIVE AND SUSTAINABLE INVESTMENT FOR CIVIL SOCIETY ENGAGEMENT

Speaker: DR. MARIJKE WIJNROKS

Marijke Wijnroks joined the Global Fund to fight AIDS, Tuberculosis and Malaria as its Chief of Staff on 15 July 2013. In her position she has a broad responsibility and a particular focus on gender and human rights and on engaging with all partners in the cause of global health. In March 2017, the Board selected her to serve as interim Executive Director beginning 1 June 2017.

Before joining the Global Fund Marijke Wijnroks was Ambassador for HIV/AIDS and Sexual and Reproductive Health and Rights, and also Deputy Director of the Social Development Department, in the Ministry of Foreign Affairs in the Netherlands. In that position she has overseen policy and strategy development in areas related to HIV and AIDS, sexual and reproductive health and rights, gender, education and civil society.

She earned a medical degree from Maastricht University in the Netherlands and a degree in tropical health and medicine from the Institute for Tropical Medicine in Antwerp, Belgium.

09.12.2017 09:15 – 09:45 Mr. Michel Sidibe

ART OPTIMIZATION AND THE THREAT OF RESISTANCE

Speaker: DR. PATRICIA A. AGABA

Patricia A Agaba, BmBch, FWACP, FMCFM is an Associate Professor and Head of the Family Medicine departments at the University of Jos & Jos University teaching Hospital in Nigeria. She was appointed the first full time HIV clinician at the Jos University Teaching Hospital and has coordinated the hospital multidisciplinary HIV care and treatment program since 2004. Dr Agaba is a certified Family Physician involved in HIV and primary care and has participated in NIH and CDC funded research grants. She has published articles on HIV epidemiology, treatment outcomes and health related quality of life. She is currently engaged in research on NCDs in HIV.

PLENARY SESSION

09.12.2017 09:45 – 10:15 Mr. Michel Sidibe

SUSTAINABLE FUNDING, DOMESTIC FINANCING, ENDING AIDS

Speaker: HER EXCELLENCY MRS. AMIRA ELFADIL MOHAMED ELFADIL

Her Excellency Amira Elfadil MohammedElfadil was elected the Commissioner for Social Affairs at the 28th Ordinary Session of the Assembly of the African Union in 2017. Before being elected as Commissioner she served the Government of the Republic of the Sudan as Minister of Welfare and Social Security between 2010 and 2013 and as Minister for Social Affairs for the Khartoum State Government between 2009 and 2010. She served as Member of Parliament and was on the Foreign Relations Committee from 2015 until she assumed her current role. With her passion in addressing children, girls and women's empowerment issues, she has held various senior roles in the Sudanese Women General Union, was Director General of the Society Studies Centre in Khartoum and Secretary General in the Sudan National Council for Child Welfare in addition to chairing various committees and boards on social development.

She brings to the Commission a wealth of experience as a veteran politician, a renowned activist for women's rights and empowerment, an ardent advocate for the rights and welfare of the child, and a well-known campaigner for health, youth empowerment, education and poverty eradication. With a results oriented leadership approach she has contributed to the strengthening of various social institutions in the Sudan. Her vision is to provide sound leadership, to strengthen the prioritisation of national social policies,

to promote human empowerment and development towards a prosperous Africa based on inclusive growth and sustainable development. Her focus is to contribute to the achievement of the social development aspects of Agenda 2063 and the Sustainable Development Goals.

Her Excellency Amira Elfadil Mohammed Elfadil holds a Master of Arts in Diplomatic Studies from the London Diplomatic Academy at the University of the Westminster and a Bachelor of Arts in Sociology from the University of Khartoum. Born in 1967 she is a citizen of the Republic of the Sudan and is married with four children. Arabic is a mother tongue while English is used as a second language.

10:45 – 12:15 | PROF. KADIO AUGUSTE (Salle Des Fêtes) | 05.12.2017

TRACK E Health Systems, Economics and Implementation Science,

Innovation, Monitorig and Evalution

CHAIRS: Peter Glys
Toure Siaka
Alexandre Ekra

10:45 – 12:15 | PROF. KADIO AUGUSTE (Salle Des Fêtes) | 05.12.2017

TUAE0101- TRACK E3

Validation of OraQuick HIV self-testing kit among key populations for use in Namibia

10:45 – 11:00

Hong Steven Y.1, Amaambo Taimi1, Mukoroli Milka1, Kuthedze Agatha1, Chiwara Douglas2, Shivute Edward3, Rijatua Fransina4, Dzinotyiweyi Edington5, Hamunime Ndapewa5

1The Society for Family Health, Windhoek, Namibia, 2Namibia Institute of Pathology, Windhoek, Namibia, 3Walvis Bay Corridor Group, Windhoek, Namibia, 4Namibia Planned Parenthood Association, Windhoek, Namibia, 5Namibia Ministry of Health and Social Services, Windhoek, Namibia

BACKGROUND: Implementation of HIV self-testing (HIVST) may be an important method for countries to achieve the first of the United Nations 90-90-90 targets. Importantly, HIVST has been found to be acceptable among key populations, men, young people, and the general population. The OraQuick HIV Test involves swabbing a client's mouth for an oral fluid sample and using a kit to test it. The OraQuick test is as accurate (99.9% of the time) at identifying HIV-negative results as laboratory-based results. Additionally, OraQuick is 91.7% accurate at identifying HIV-positive test results. Therefore, almost 10% of people who are HIV positive may be incorrectly identified as HIV negative using the OraQuick test. In line with the Namibia Guidelines for HIV Rapid Testing there is need for a laboratory validation to be conducted on the kit before it can be rolled out in a field

demonstration project. We determined to test the performance of the OraQuick HIV Test Kits under field conditions in terms of Sensitivity and Specificity when compared to the National HIV Rapid Test (RT) Algorithm, and Automated HIV ELISA.

METHODS: This evaluation was conducted at Society for Family Health (SFH) sites with Walvis Bay Corridor Group and Namibia Planned Parenthood Association in Windhoek, Katima Mulilo and Walvis Bay. The samples were obtained from the clients that were identified during the routine outreach services conducted by SFH/partners where HTS is provided. Client giving verbal informed consent were tested by OraQuick device, RT Algorithm, and the Fourth Generation HIV Ag/Ab test.

RESULTS: Out of 457 individuals tested, 40 (8.8%) were identified as HIV-positive by the 4th generation laboratory test. The RT Algorithm identified 38 (8.3%) individuals as HIV-positive. The OraQuick test identified 37 (8.1%) individuals as HIV positive (self-tester interpretation & trained tester interpretation). Using the 4th generation laboratory test as a gold standard, the RT Algorithm had a sensitivity of 95% and specificity of 100.0%. The OraQuick had a sensitivity of 92.5% and a specificity of 100.0%.

CONCLUSIONS AND RECOMMENDATIONS: The OraQuick test performed similarily to reported test characteristics in the literature when used in a Namibian context. HIVST may be an important tool for use in Namibia if utilized as a screening tool or test for triage in the community. Further investigations need to be conducted in Namibia as how to roll out the OraQuick test in clinical settings.

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	05.12.2017

TUAE0102 TRACK E3

Démarche innovante de modélisation des approches méthodologiques d'estimation de la taille des populations clés en Afrique de l'Ouest et du Centre

.....11:00 – 11:15

Lougué Marcel Kouadio, Vebamba Lucien, Tiemtoré Ousséni, Lompo Viviane, Kafando Benoit, Guiard-Schmid Jean-Baptiste

ICI-Santé & DAT-AOC, Ouagadougou, Burkina Faso

CONTEXTE: Les études d'estimation de la taille des populations clés aident

les pays à faire une bonne planification et une mise en œvre adéquate des programmes de prévention, de traitement et de soins mais aussi leur suivi et évaluation.

Différentes méthodes sont utilisées par les experts et les résultats donnent lieu à diverses critiques inhérentes à chaque approche. En Afrique de l'Ouest et du Centre, suffisamment d'études disponibles permettent de tirer des leçons et relever les défis ultérieurs.

En novembre 2016, le Dispositif d'Appui Technique pour l'Afrique de l'Ouest et du Centre -ONUSIDA (DAT-AOC) a organisé un atelier de travail d'experts sur le choix des méthodes d'estimation de la taille des populations clés qui seront appliquées par tous les experts.

OBJECTIFS: L'objectif général était d'obtenir un consensus sur les approches méthodologiques d'estimation de la taille des populations clés. Plus spécifiquement, il s'agissait d'identifier les forces et les faiblesses de chacune des méthodes existantes en rapport avec le contexte socio-épidémiologique et culturel et de proposer une démarche algorithmique facilitant le choix des méthodes.

DESCRIPTION DU PROCESSUS: Les différentes méthodes d'estimation de taille existantes ont été présentées aux experts, puis ceux-ci ont partagé leurs expériences de terrain sur la mise en œvre de celles habituellement utilisées en fonction de la catégorie de population clé. Les forces et faiblesses de chacune des méthodes existantes en rapport avec le contexte socio-épidémiologique ont été discutées, et un consensus s'est fait sur un algorithme par population clé et applicable dans chaque pays.

RÉSULTATS: Un algorithme décisionnel pour les choix des méthodes d'estimation de la taille est maintenant disponible pour les professionnels de sexe (PS), les hommes ayant des rapports sexuels avec d'autres hommes (HSH) et les usagers de drogues injectables (UDI) et déjà accessible sur le site web du DAT-AOC (www.tsfwca.org).

LEÇONS TIRÉES: La démarche a permis de réaffirmer qu'il n'existe pas de méthode standard d'estimation de taille. Il est possible d'adopter une approche algorithmique pour les choix des méthodes d'estimation de la taille.

PROCHAINES ÉTAPES: Il s'agira pour le DAT de vulgariser et de recommander cette démarche auprès des experts de la région. Des évaluations périodiques permettront son adaptation continue au contexte socio épidémiologique de la région.

TUAE0103 TRACK E3

Improving retention in care among HIV patients on antiretroviral therapy over Time: Elizabeth Glaser Pediatric AIDS Foundation experience in Côte d'Ivoire

11:15 – 11:30

Kouadio Marc N'Goran1, Kouakou Bernard N'guessan1, Hoba Kouamé1, Brou Charles Joseph Diby1, Joseph Essombo1, N'da N'guessan Jean Paul Kouadio1, Ramachadran Shobana2, Angel Alex2, Katie Wallner2, Delphine Achi3

1Elizabeth Glaser Pediatric AIDS Foundation, Abidjan, Côte d'Ivoire, 2Elizabeth Glaser Pediatric AIDS Foundation, Washington, United States, 3Center for Disease Control and Prevention, Abidjan, Côte d'Ivoire

ISSUES: In October 2011, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) was facing high loss to follow-up (LTFU) rates (36% at 12 months) and low retention rates (54% at 12 months) among patients who initiated antiretroviral treatment (ART) in supported sites in Côte d'Ivoire. In response, EGPAF began addressing in November 2011 factors associated with poor retention at its supported sites, including health systems challenges, poor quality of care and patient perceptions and experiences of ART without much success. From January 2014 to March 2017, a strategy called "Suivi-Actif des Cohort (SAC)" was implemented to improve retention in these same sites. The aim of this analysis is to show the effectiveness of the implementation of that strategy

DESCRIPTIONS: Implementation of SAC began in January 2014 at 27 sites in 16 health districts and was scaled-up progressively to reach 95 care and treatment sites from the same districts by 2016. The strategy required EGPAF staff to collaborate with health care providers at sites to generate electronic lists of patients initiated on ART and follow-up with patients on a weekly basis. Outcomes of each patient were categorized and documented by care providers as active, transferred, dead, stopped ART or LTFU. Patients who had not returned to the clinics to refill their ART prescription received active follow-up via phone calls or home visits by community counselors, trained by EGPAF to persuade them to resume treatment and bring them back to care. We collected data from program quarterly reports (October 2013 to March 2017) and performed Z-test for comparisons before and after intervention.

LESSONS LEARNED: Between October 2013 and March 2017, 27,010 HIV-infected patients newly initiated ART in the EGPAF Côte d'Ivoire program. Retention at 12 months post-ART initiation improved every quarter

from 62% (N=429) in October-December 2013 to 92% (N=2,453) in January-March 2017 (p value=0.0001). This significant increase was observed along with a decrease in LTFU from 28% (N=206) in October-December 2013 to 2% (N=54) in January-March 2017 (p value=0.0001)

NEXT STEPS: Active monitoring and follow-up of ART clients (SAC) increased retention and decreased LTFU in all sites. This strategy will be an important tactic in achieving the 2nd and 3rd 90 of the 90-90-90 UNAIDS targets. Success of this strategy requires human resource commitments, task-shifting, and community participation.

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	05.12.2017

TUAE0104 TRACK E3

Improving identification of children living with HIV in Zimbabwe through use of an HIV screening algorithm

11:30 – 11:45

Bowers Tarryn L.1, Svisva Abaden1, Motsi Wadzanai1, Nyathi Nqabutho1, Mavimba Tarirai1, Mapanga Witness1, Drakes Janeen1, Joseph Jessica1, Ncube Getrude2, Mangwiro Alexio Z.1

1The Clinton Health Access Initiative, Paediatric HIV, Harare, Zimbabwe, 2Ministry of Health and Child Care, HIV Testing Services, Harare, Zimbabwe

BACKGROUND: National guidelines in Zimbabwe state that HIV testing should be offered to all children attending outpatient departments (OPD). However, given large volumes and resource constraints, targeted strategies are needed to better identify children for testing. In response, the Ministry of Health and Child Care piloted an HIV screening algorithm locally-validated among children aged 6-15 (80.4% sensitivity; 66.3% specificity) to improve testing coverage among children most at risk and develop guidance for national implementation.

METHODS: The 4-5 question algorithm was administered by healthcare workers (HCWs) to children aged 5-19 presenting in OPD in 16 facilities over a 3-month time period. An affirmative response to any one question elicited a referral for HIV testing. Data was collected to conduct pre and post comparisons of testing uptake and yield. Interviews with HCWs were conducted regarding implementation progress and challenges.

RESULTS: Among children aged 5-19, numbers tested decreased from 2,280 to 2,084 (p=.92) and uptake from 15.1% to 7.2% (p=.39). Yield

increased from 6.1% to 7.1% (p=.39) and identifications from 135 to 149 (p=.52). In the subset of children aged 5-14, the intervention significantly increased testing and identifications. Numbers tested increased from 415 to 712 (p=.001) and uptake from 3.2% to 4.3% (p=.01). Yield decreased from 9.8% to 8.8% (p=.39) but were 2-times greater among those who screened positive and tested, compared to those tested without screening (13.3% vs. 5.4%, p=.05). Identifications increased from 36 to 61 (p=.01). While 92% of HCWs reported the algorithm easy to use, screening coverage was low at 6% and was only conducted on an average of 9 days per month. Challenges included insufficient numbers of HCWs trained to administer the algorithm and increased workload, partly due to additional data recording.

CONCLUSIONS AND RECOMMENDATIONS: Despite implementation challenges, use of the algorithm was found to be acceptable by 90% of HCWs and among children aged 5-14, resulted in 71% more being tested and 69% more identified. Based on these results, the MOHCC plans to roll-out the algorithm as part of national testing guidance for children and adolescents living with HIV. Recommendations for scale-up include using lay cadres to conduct screening to reduce burden on nurses and revising patient flow to allow for all patients to be screened prior to consultation.

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	05.12.2017

TUAE0105 TRACK E3

EVALUATION DE L'APPRENTISSAGE DU VIH ET DU TRAITEMENT ANTIRETROVIRAL CHEZ LES ENFANTS ET ADOLESCENTS INFECTES PAR LE VIH A L'HOPITAL LAQUINTINIE DE DOUALA, CAMEROUN

11:45 – 12:00

Loic Ardin Boupda1, Calixte Ida Penda1,2, Anne-Cécile Bissek Zoung-Kanyi3, Carole Else Eboumbou2, Paul Koki Ndobo3

1Hôpital Laquintinie de Douala, Douala, Cameroon, 2Université de Douala, Faculté de Médecine et des Sciences Pharmaceutiques, Douala, Cameroon, 3Université de Yaoundé I, Faculté des Sciences Biomédicales, Yaoundé, Cameroon

INTRODUCTION: L'Education Thérapeutique (ETP) fait partie des stratégies qui contribuent à l'atteinte de la suppression virale à travers le contrat d'adhésion thérapeutique et le suivi du patient. Le but de notre étude était d'évaluer les connaissances sur le VIH et son impact sur la compliance au

Traitement antirétroviral chez les enfants/adolescents infectés par le VIH suivis à l'Hôpital Laquintinie de Douala (HLD) participant à l'école thérapeutique.

METHODE: Une étude transversale descriptive s'est déroulée de Février à mai 2017) à l'HLD . Les enfants/adolescents âgés de 8 à 19 ans infectés par le VIH sous TARV, participant à l'école thérapeutique, ayant réalisé au moins deux charges virales ont été inclus. Les patients ont été divisés en trois classes d'âge de 8-10 ans, 11-14 ans et 15-19 ans pour recevoir les informations sur le VIH en utilisant la mallette Thérapeutique (ESTHERAIDS) composé de Vidéos, contes et planning thérapeutique. Les données cliniques, biologiques et des questionnaires par écrit ont été collectées. R

ESULTATS: Au Total, (198/216) patients ont été inclus dans l'étude. L'âge moyen des enfants était de 14,8 ans avec un sexe ratio fille/garçon de 1,08. Sur les 198 enfants/adolescents, 111 enfants avaient bénéficié de la révélation complète (56,1%) et 87 (43,9 %) avaient bénéficié d'une révélation partielle du statut sérologique VIH. Le niveau d'acquisition des connaissances était satisfaisant chez 136 enfants (68,69%). Le retard cognitif était présent chez 18 d'entre eux (9 %). Les participants à l'ETP (entretiens individuels et rencontres collectives) ont enregistré les meilleurs taux de suppression virale du VIH (55,5%) comparé à ceux qui participaient uniquement aux entretiens individuels (50 %). L'ETP a impacté de manière significative ($p < 0,0001$) ceux qui avaient une CV indétectable avant la dite intervention en permettant le maintien de la suppression virale.

CONCLUSION: Le niveau d'acquisition des connaissances est satisfaisant dans notre population. L'éducation thérapeutique participe donc de manière certaine à une meilleure prise en charge des enfants/adolescents VIH.

MOTS CLÉS: VIH, enfants, adolescents, éducation thérapeutique, charge virale, révélation du statut VIH, Cameroun.

12:45 – 14:15	PROF. SOULEYMAN MBOUP (Cinema Majestic)	05.12.2017

TRACK A: Basic Science (Biology & Pathogenesis)

HIV Biology and Co-infections

CHAIRS: Coumba Toure-Kane, Senegal
Christiane Adje-Toure, Côte d'Ivoire
Almoustapha Issiaka Maiga, Bamako, Mali

TUAB0201 - TRACK A1

High virological failure and Acquired HIV drug resistance in Cameroon

12:45 – 13:00

Tchouwa Gaelle F.1, Djiyou Armando D.1, Edoul Ginette1, Boutgam Nadine L.1, Tumamo Brigitte F.1, Mpoudi-Ngole Eitel1, Aghokeng Avelin F.1,2

1CREMER, Virology Laboratory IMPM-IRD, Yaoundé, Cameroon, 2IRD UMI-233, INSERM U1175, Université de Montpellier, Unité TransVIHMI, Montpellier, France

BACKGROUND: The global scale-up of antiretroviral therapy (ART) has led to dramatic reductions of HIV-1 mortality and incidence in the world. However, limited availability of virological monitoring in HIV treatment programs as observed in resource-limited countries may compromise the effectiveness of ART due to the presence of drug resistance mutations (DRM). The objective of this study was thus to evaluate the virological failure (VF) and acquired drug resistance mutation (ADR) at the national level in Cameroon.

METHODS: Methodology used was adapted from the latest WHO published recommendations for ADR study. Patients above 18 years on ART for 12 to 24 months (ADR1) or 48 to 60 months (ADR2) were recruited from 25 randomly selected clinics in urban and rural areas of the country between February and August 2015. At each site, dried blood spots (DBS) and plasma samples were collected and centralized in a WHO-accredited laboratory in Yaounde-Cameroon for viral load testing (VL) and genotyping. Specimens with VL≥1000 copies/ml were considered for HIV drug resistance genotyping (HIVDR) and drug resistance mutations were identified using the Stanford algorithm.

RESULTS: Data from 1452 patients were analyzed for the whole study. In ADR1 group, average recruitment/site was 42 patients with median age of 39 years. In ADR2, we recruited averagely 55 patients per site with median age of 42 years. Females were predominant in both groups with an average frequency of 75.94% for ADR1 and 73.93% for ADR2. 98.50% of ADR1 patients were under first-line treatment, as well as 94.96% of ADR2 patients. The overall VF rate of patients on treatment was 25.29% for ADR1, with frequencies varying from 8.16% to 50%. For ADR2 group, frequency of VF was 31.19% with values ranging from 12.96% to 62.96%. Regarding HIV resistance mutation to ARV in patients undergoing treatment with a viral load ≥ 1000 copies/ml, frequencies ranged from 33.33% to 100% with an average of 68.90% for ARD1 and an average frequency of 88.06 % in ADR2, with values between 57.14% and 100%.

CONCLUSIONS AND RECOMMENDATIONS: High levels of VF and ADR were observed in the whole treated patients groups. Taken together, these observations point/reveal the necessity to improved access to VL monitoring in Cameroon, in order to diagnose as early as possible therapeutic failure and prevent appearance/accumulation of mutations, to maintain as long as possible ART effectiveness.

12:45 – 14:15	PROF. SOULEYMAN MBOUP (Cinema Majestic)	05.12.2017

TUAB0202 - TRACK A1

High incidence of emergent gag mutations during second-line ART failure in Nigeria

13:00 – 13:15

Ndembi Nicaise1, El Bouzidi Kate2, Frampton Dan3, Kwaghe Vivian4, Abimiku Alashle5, Charurat Man E.6, Dakum Patrick5, Gupta Ravi K.2

1Institute of Human Virology, Abuja, Nigeria, 2University College London, Division of Infection & Immunity, London, United Kingdom, 3The Farr Institute of Health Informatics Research, London, United Kingdom, 4University of Abuja Teaching Hospital, Abuja, Nigeria, 5Institute of Human Virology Nigeria, Abuja, Nigeria, 6Institute of Human Virology, Baltimore, United States

BACKGROUND: Second-line (2L) ART is often a last resort in the care of people living with HIV in resource-limited settings. Therefore, it is important to understand the resistance mutations that emerge during 2L virological failure. We hypothesised that whole genome sequencing would identify mutations outside protease that may contribute to failure of a PI-containing regimen.

METHODS: Participants were selected from a cohort in Abuja, Nigeria if they had failed 2L ART and had both a baseline plasma sample prior to commencement of 2L therapy and another sample following 2L virological failure. Full length HIV-1 genomes were generated using next generation sequencing with a target enrichment approach and minority variants were characterised using a threshold of 2%. Baseline and failure samples were compared for each individual to identify emergent mutations only present at over 20% in the failure sample.

RESULTS: 12 participants (67% female) were included, 8 with subtype CRF02_AG infection and 4 with subtype G. The median duration of first-

line (1L) therapy at the time of baseline sampling was 26 months (IQR 19 - 38) and the median viral load was 90,510 copies/mL (IQR 22,435 - 265,930). Following 1L failure, all participants had developed intermediate or high-level resistance to both NRTIs and NNRTIs. They were switched to a 2L PI-containing regimen (10 received lopinavir, 2 atazanavir). Virological failure occurred after a median of 37 months (IQR 25 - 38) on 2L, with a median viral load of 24,098 copies/mL (IQR 4,848 - 70,250). The incidence of emergent gag resistance-associated mutations was 67% (Figure). A total of 20 gag mutations emerged in these 8 participants, including E12K, R76K, T81A, G123E, V128I/del, Y132F, H219Q, G248A, V362I, V370A, S373P, R409K, S451T and T487S. Seven mutations emerged from pre-existing minority variants in the baseline sample and 13 arose de novo. Major protease mutations emerged in 25% of participants (M46I/L, I54V, L76V, V82A, I84V) and 1 participant developed both protease and gag mutations. Additional NRTI mutations emerged in 50% of participants during 2L ART.

CONCLUSIONS: Two thirds of participants developed new resistance-associated mutations in gag during 2L ART failure, primarily in matrix, capsid and the MA/CA cleavage site. These data need to be validated phenotypically and potentially explain PI failure in the absence of major protease mutations.

12:45 – 14:15	PROF. SOULEYMAN MBOUP (Cinema Majestic)	05.12.2017

TUAA0203 - TRACK A1

Next generation sequencing improves detection of HIV-1 drug resistance mutations in pre-treated HIV infected patients

13:15 – 13:30

Nanfack Aubin1,2, Redd Andrew3, Banin Andrew2,4, Colizzi Vittorio1, Quinn Thomas3, Duerr Ralf2

1Centre International de Référence Chantal BIYA pour la Recherche sur la Prévention et la Prise en Charge du VIH/SIDA, Yaoundé, Cameroon, 2New York University, Department of Pathology, New York, United States, 3National Institutes of Health, Baltimore, United States, 4University of Yaounde I, Yaoundé, Cameroon

BACKGROUND: Next Generation Sequencing (NGS) enables analysis of resistant variants below the usual threshold of traditional sequencing techniques with a quantification range from 1% (or less) to 100% compared with a threshold of 20% obtained by population Sanger sequencing. As a successful long-term antiretroviral therapy (ART) depends largely on the

effectiveness of first-line regimen in sustaining viral suppression, it would be important to establish adequacy between HIV drug resistance (HIVDR) mutations and first line ART using NGS.

OBJECTIVE: To assess the prevalence of pre-treated HIV minority resistant variants at baseline and their potential impact on the virological response.

METHODS: ART naïve HIV-1 infected patients from Cameroon were subjected to Standard sequencing (Sanger) and Next-Generation Sequencing (NGS, MiSeq Illumina), to determine their mutation profiles (Stanford HIVdb. v8.3), and the potential added value of NGS in patients' care. HIV-1 Subtyping was performed using phylogenetic methods (MEGA5.2 and FigTree).

RESULTS: We processed 71 ART-naïve HIV-1 infected patients (median age: 34 years old, 67% female, median CD4 count 337 cells/mm3) and generated pol sequences with the prevalent subtypes CRF02_AG (71%), F2 (14%), D (4%), A1G (4%), CRF11_cpx (3%) and CRF37_cpx (3%), confirming the high genetic variability of HIV in Cameroon and the predominance of CRF02_AG. Of note, subtyping using both sequencing methods were similar. Using standard sequencing (Sanger), the overall prevalence of pre-treated HIVDR mutations was 6.8% versus 9.6% using NGS. Drug resistance mutations found using Sanger and NGS were similar for M184V (4.1%), T215F (2.7%) and K103N (2.7%); Contrariwise Sanger and NGS had different results for Y181C with 1.4% and 4.1%, respectively. Our results confirmed the ability of our home made HIVDR mutation testing method as compared to NGS with regards to variants >20%. The presence on minority variants (1-7%) with Y181C mutation that confers intermediate to high level resistance to NNRTIs may in a long run hampered the efficacy of first line NNRTI containing regimens in these patients.

CONCLUSION: Although with NGS we obtained additional HIVDR mutations made up by minority variants (1-7%) that might not be clinically relevant or not associated with treatment failure, it would be important to continuously monitor patients harboring minority variants to sustain the efficacy of NNRTI containing regimens.

12:45 – 14:15	PROF. SOULEYMAN MBOUP (Cinema Majestic)	05.12.2017

TUAA0204 - TRACK A1

Sous-types circulants de EBV et de HHV-6 chez les Pv-VIH au Burkina Faso, impact sur le taux de CD4 et la charge virale du VIH

13:30 – 13:45

Traore Lassina1, Nikiema Moussa1, Ouattara Abdoul Karim1, Compaoré Tegwindé Rebeca1, Soubeiga Serge Théophile1, Diarra Birama1, Obiri-Yeboah Dorcas2, Sorgho Pegdwendé Abel1, Djigma Florencia Wendkuuni1, Bisseye Cyrille3, Yonli Albert Théophane1, Simpore Jacques1

1LABIOGENE UFR/SVT, Université Ouaga I Pr Joseph KI-ZERBO, Ouagadougou, Burkina Faso, 2Deparment of Microbiology and Immunology, School of Medical Sciences, University of Cape Coast, Accra, Ghana, 3Departement de Biologie, Université des Sciences et Techniques de Masuku (Franceville), Franceville, Gabon

L'Epstein Barr Virus (EBV) et l'Herpès Virus Humain 6 (HHV-6) sont des virus ubiquitaires dont la répartition des sous-types est liée à la localisation géographique. Ces virus sont responsables de pathologies graves particulièrement chez les personnes immunodéprimées. La présente étude a pour objectif de caractériser les sous-types de EBV et de HHV-6 et d'évaluer l'impact de leurs infections sur le taux de CD4, la charge virale et le traitement chez les personnes vivant avec le VIH-1.

L'étude a concerné 238 patients VIH positifs chez lesquels les prélèvements de sang veineux ont été utilisés pour l'extraction de l'ADN par la technique salting-out suivi du sous-typage de EBV et HHV-6 par PCR en Temps Réel sur l'appareil 7500 Fast Real-Time PCR (Applied Biosystems). Epi info version 6.0 et SPSS version 21.0 ont été utilisé pour analyser les résultats en fonction des caractéristiques socio-démographiques, le taux de CD4 et la charge virale plasmatique du VIH-1. Le test de chi-deux a été utilisé pour les comparaisons et la valeur de $P \leq 0,05$ a été considérée comme statistiquement significative.

Sur les 238 échantillons testés ; 13,0% (31/238) étaient positifs à au moins un des deux virus recherchés. Les prévalences de EBV, EBV-1 et EBV-2 étaient respectivement de 6,7% (16/238) ; 3,9 % (9/238) et 4,6% (11/238). Une co-infection EBV-1/EBV-2 a été observée chez 2,1% (5/238) des patients de l'étude. L'infection à HHV-6 a été détectée chez 7,1% (17/238) des individus de notre étude avec des prévalences de 6,3% (15/238) et 5,0% (12/238) respectivement pour HHV-6A et HHV-6B. L'infection à EBV-2 était significativement plus élevée chez les patients ayant un nombre de CD4 ≥ 500 par rapport à ceux ayant un nombre de CD4 inférieur à 500 cellules (1,65% contre 8,56%, p = 0,011). Nous avons également trouvé que malgré le fait que le traitement HAART qui contribue à l'augmentation du taux de CD4 et à la baisse de la charge virale ; il n'y avait pas d'incidence sur l'infection à EBV et HHV-6.

La présente étude a permis de déterminer le taux d'infection ainsi que la détection des sous types de EBV et HHV-6 chez les Pv-VIH au Burkina Faso. L'étude suggère également que le traitement HAART n'a pas d'effets sur l'infection due aux virus opportunistes EBV et HHV-6 chez les Pv-VIH-1.

MOTS CLÉS: EBV, HHV-6, sous-type, CD4, charge virale et traitement.

12:45 – 14:15 | PROF. SOULEYMAN MBOUP (Cinema Majestic) | 05.12.2017

TUAA0205 - TRACK A1

Next generation sequencing reveals a high frequency of CXCR4 utilizing viruses in HIV-1 chronically infected drug experienced South African individuals: A retrospective study

13:45 – 14:00

Matume Nontokozo D.1, Bessong Pascal O.2

1University of Venda, Microbiology, Thohoyandou, South Africa, 2University of Venda, HIV/AIDS & Global Health Research Programme, Thohoyandou, South Africa

BACKGROUND: HIV requires a receptor (CD4 molecule) and a co-receptor, either CCR5 or CXCR4, to infect cells. Entry inhibitors, such as Maraviroc, bind to CCR5 inhibiting entry of CCR5 utilizing viruses (R5 viruses). During the course of infection, CXCR4 utilizing viruses (X4 viruses) may emerge and outgrow R5 viruses and potentially limit the effectiveness of Maraviroc. In this study, we examined the frequency of R5 and X4 utilizing viruses in patients under treatment, using Next Generation Sequencing, to draw inferences on the utility of Maraviroc in the South African population.

METHODS: Proviral DNA was isolated from peripheral blood mononuclear cells of 97 chronically HIV infected patients on antiretroviral treatment and the HIV envelope V3 loop was sequenced on an Illumina MiniSeq platform. De novo consensus sequences were derived for the majority and minority populations for each patient using Geneious® software version 8.1.5. HIV-1 tropism was inferred using PSSM, Geno2pheno and Phenoseq web-based tools. Viral subtypes were determined by the jumping profile Hidden Markov Model (jpHMM) genotyping tool.

RESULTS: Quality V3 loop sequences were obtained from 72 out of the 97 patients studied. Fifty four percent (39/72) of patients harboured exclusively R5 viral quasispecies; and 21% (15/72) harboured exclusively X4 quasispecies. Twenty five percent of patients (18/72) harboured a mixture of R5 and X4 quasispecies. Of these 18 patients, X4 viruses were present in about 28% (5/18) and existed as a minority population (threshold < 20%); while X4 for about 72% (13/18) as the majority population (threshold >20%). The proportion of all patients who harboured X4 viruses was 46% (33/72). Only a CD4+ cell count of less than 350 cell/de was associated with the presence of X4 viruses (χ^2=4.99; p=0.008). Subtypes A1, B and C viruses were identified at frequencies of 4% (3/72), 4% (3/72) and 92%

(66/72) respectively. Thirty-five percent (23/66) of the patients who were of HIV-1 subtype C harboured of X4 viruses, and 57% of these (13/23) harboured X4 viruses exclusively.

CONCLUSIONS AND RECOMMENDATIONS: A significant proportion of the study population harboured HIV-1 subtype C CXCR4 utilizing viruses. The effectiveness of Maraviroc as a component in salvage therapy may be compromised for a significant proportion of these chronically infected patients.

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	05.12.2017

TRACK C: Epidemiology and Prevention Science

Diversified Prevention Tools for HIV / AIDS

CHAIRS: Mehdi Karkouri, Morocco
Didier Ekoueri

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	05.12.2017

TUAE0301 - TRACK C6

Consumer demand driven PrEP for adolescent girls and young women

.....12:45 – 13:00

Mwangi Simon Sedaula

Bar Hostess Empowerment and Support Program, Nairobi, Kenya

ISSUES: Kenya has made significant strides in the fight against HIV. Despite this progress, 100,000 Kenyans get newly infected with HIV every year. Half of these are young people aged 15-24 with young women bearing a third of all new infections. It is with this reason that Bar Hostess Empowerment and support program (BHESP) is implementing DREAMs project.

DESCRIPTIONS: This project targets to reduce the vulnerability to HIV

infection among Adolescent Girls and Young Women (AGYWs) aged 15-24 years at substantial risk of HIV exposure for demand driven uptake of Pre-exposure Prophylaxis (PrEP) as an alternative choice for HIV Prevention. BHESP is offering PrEP as an additional prevention choice for adolescent girls and young women at substantial ongoing risk of HIV infection as part of the combination prevention approaches.

LESSONS LEARNED: To achieve this, BHESP developed sustained engagement with Adolescent girls in this project that addresses their needs. This has been through holding focus group discussions. Out of the discussions, AGYW came up with innovative approaches that will yield high impact and enhance their involvement and ownership of the intervention.

AGYW helped BHESP to come up with PrEP messages in their preferred language used on Information Educative Materials. Surprisingly the messages have become so popular amongst this targeted group. It has massively created awareness on PrEP importance and use among AGYW.

BHESP is using celebrities/influencers and radio shows to create awareness and demand for PrEP use. AGYW suggested this celebrities and radio shows that are commonly popular to this age bracket. The show is done in a language that AGYW uses and can easily understand.

AGYW have been identified and trained as PrEP champions. They have been very effective in creating demand and mobilizing for PrEP to their peers. They are using every available opportunity to give information on the importance to their peers.

NEXT STEPS: BHESP focuses on scaling up on creation of demand rather than mobilizing clients for service provision as is the case of existing PrEP projects. The narrative will continue changing from supply driven to demand driven. AGYW have fully owned the intervention and are pushing to see that every young woman at Risk of HIV enrolled on PrEP.

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	05.12.2017

TUAE0302 - TRACK C6

Perspectives on personal utility and potential impact of pre-exposure prophylaxis (PrEP) among Men who Have Sex with Men (MSM) in Nairobi, Kenya

12:45 – 13:00

Perspectives on personal utility and potential impact of pre-exposure pro-

phylaxis (PrEP) among Men who Have Sex with Men (MSM) in Nairobi, Kenya

Wanjiru Rodah1, Kimani Joshua1, Bourne Adam2, Smith Adrian3

1Partners for Health & Development in Africa, Nairobi, Kenya, 2London School, London, United Kingdom, 3Oxford University, Oxford, United Kingdom

ISSUES: In Kenya, integrated bio-behavioral surveys have established a significantly higher prevalence of HIV among men who have sex with men (MSM) compared to men in the general population. Prior studies have documented challenges in accessing HIV prevention, testing and treatment services for MSM. In Africa, Kenya and South Africa are using PrEP for HIV prevention. Opportunity exists to impact the epidemic among MSM. However, for PrEP to work, it needs to be accessible, acceptable and MSM need to recognize if and how they could integrate it into their sexual lives.

DESCRIPTIONS: As part of TRANSFORM (Targeted Research Advancing Sexual Health for MSM), we conducted 30 in-depth interviews with MSM living in Nairobi that examined their understanding and perception of PrEP, their potential willingness to use it and potential barriers to access and effective use. We also explored the acceptability of pipeline PrEP delivery options, including rectal microbicides , long term PrEP and injectables. Interviews were transcribed verbatim and thematically analyzed.

LESSONS LEARNED: Only a minority of participants had heard of PrEP, several confused it with Post Exposure Prophylaxis (PEP), while one thought it was a family planning method. Concerns were raised on the side effects of the daily pill. It was common for participants to present a profile of an 'ideal' PrEP user who had higher number of sexual partners (than them) and or those who engaged in sex work. Among the few participants who expressed an interest in PrEP, first among their motivations was the ability to have sex without the fear of acquiring HIV.

Participants also expressed interest in long term PrEP as compared to the daily pill. Injectable PrEP was highly preferred. Intermittent PrEP though favored by some, posed challenges with most participants expressing not being able to plan their sex acts. Mixed reactions were registered on third party perceptions on PrEP. Some participants felt that their partners and friends would think they are promiscuous while others thought it would attract more sex partners. A few reported "being on PrEP" used as a marketing tool on social media.

NEXT STEPS: As a country that has recently rolled out PrEP, much needs to be done in promoting and demystifying PrEP lest we lose momentum. Given the high HIV burden among MSMs and other key populations, there is need to explore, document and address issues that could influence PrEP uptake and adherence as a priority.

12:45 – 14:15 | PROF. FEMI SOYINKA (Palais Des Congrès) | 05.12.2017

TUAE0303 - TRACK C6

Study Participant Initiated Problem Solving Through Meetings: A Strategy to Enhance Adherence to the vaginal ring in a microbicide trial in South-western Uganda

13:15 – 13:30

Study Participant Initiated Problem Solving Through Meetings: A Strategy to Enhance Adherence to the vaginal ring in a microbicide trial in South-western Uganda

Bayigga Josephine1, Onyango Martin1, Abaasa Andrew1, Nassuuna Irene1, Isaacs Mitchelle2, Kusemererwa Sylvia1

1MRC/UVRI Uganda Research Unit on AIDS, HIV Prevention, Entebbe, Uganda, 2International Partnership for Microbicides, HIV Prevention, Paarl, South Africa

BACKGROUND: Microbicides give women more options and power to negotiate safer sex. The Dapivirine vaginal ring can be an important tool for HIV prevention if used consistently by women. We explored the importance of study participant initiated problem solving through meetings in improving adherence to the ring.

METHODS/DESCRIPTION: The Medical Research Council/ Uganda Virus Research Institute in partnership with the International Partnership for Microbicides conducted a multi-centre phase III Dapivirine vaginal ring microbicide trial among healthy HIV negative women (age 18-45 years). The site enrolled 197 women between September 2013 and November 2014. Participant meetings with 10-15 participants were hosted by trained field study staff every fortnight. The meetings provided participants the opportunity to brainstorm issues they faced in the trial. Agenda topics included: adherence to ring use, retention, study procedures, contraception use, myths like the ring causing cancer, transport reimbursement and male partner concerns. The meeting schedules were designed to spread over the different time points of participant's follow up period to capture varying experiences. Minutes were written by attending study staff and feedback shared with the study team during weekly staff meetings at the research centre.

RESULTS: A total of 36 meetings were conducted between February 2014 and December 2015. Participants shared Solutions like using the participant information sheet to disclose to their male partners and resolve myths about the ring. Subsequently, staff improved participant handling by reducing participant waiting time, being equally hospitable to each participant. Commu-

nity engagement was scaled up to demystify myths as suggested by participants. Participants shared personal experiences which motivated other participants to adhere to ring use, there was enhanced acceptability of study procedures like blood draws and genital exams from participants. More women (N=43, 21.8%) changed contraception to longer acting methods during follow up contributing to minimal pregnancies. Participants expressed their appreciation for smaller group meetings as a better forum to express and address their issues.

CONCLUSION: Meetings during which participant initiated problem solving is facilitated create a unique forum for addressing adherence to ring use and study procedure challenges which may be missed during individual counseling sessions.

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	05.12.2017

TUAE0304 - TRACK C6

"Why Should I use a condom when I have a wife"? Barriers and motivations to PrEP use among HIV-1 serodiscordant couples in the Nigeria PrEP demonstration project: A qualitative perspective

13:30 – 13:45

"Why Should I use a condom when I have a wife"? Barriers and motivations to PrEP use among HIV-1 serodiscordant couples in the Nigeria PrEP demonstration project: A qualitative perspective

Kolawole Grace Oluwatosin1, Dadem Nancin Yusufu1, Folayan Morenike O2, Anenih James3, Ezechi CO4, Aliyu Sani H3, Idoko John A5, the Nigeria PrEP Demonstration Research Team

1Jos University Teaching Hospital, AIDS Prevention Initiative in Nigeria, Jos, Nigeria, 2Institute of Public Health, Obafemi Awolowo University, Ile Ife, Nigeria, 3National Agency for the Control of AIDS, Abuja, Nigeria, 4Nigeria Institute of Medical Research, Lagos, Nigeria, 5University of Jos, Jos, Nigeria

BACKGROUND: Antiretroviral pre-exposure prophylaxis (PrEP) reduces risk of HIV acquisition when taken regularly. Consistent condom use in addition to PrEP is critical for prevention of STI transmission. We qualitatively explored barriers and motivation to PrEP use among serodiscordant couples enrolled in the PrEP demonstration project in Nigeria.

METHODS: Thirty eight (n=38) interviews were conducted across the demonstration sites. Four focus groups were held with joint couples. Interview questions covered

(a) perception of sero discordancy,

(b) barriers and motivation for use of PrEP,

(c) history of condom use, and

(d) changes in sexual activities.

Responses corresponding to each study question were inductively summarized and assigned to descriptive categories using a coding scheme.

RESULTS: Heterosexual sero-discordant couples were reluctant to the use of condoms consistently in addition to PrEP-because of the perception that PrEP alone was enough to protect them from HIV. Major motivations for PrEP use were to stay alive, stay negative, protect unborn children from acquiring HIV, and prevent sexual partners from acquiring HIV. Most couples expressed shock; fear and surprise when they learnt about their sero-discordant status. Negative partners reported a decline and change in sexual activities. Joint couple interviews revealed inconsistent condom use.

CONCLUSION: Most respondents were motivated to use PrEP to stay negative or protect their sex partners from acquiring HIV. Condom use among newly diagnosed serodiscordant couples is motivated by concerns about infection. However, it appears that this declines with time as they become comfortable with the use of PrEP. Counseling on need for consistent condoms use in addition to PrEP should be emphasized for couples who opt for PrEP in resource limited settings.

ACKNOWLEDGMENT: Funding from Bill and Melinda Gates - OPP1104917, Gilead - Co-US-276-1691

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	05.12.2017

TUAE0305 - TRACK C6

improving enrollment on ART and breaking disclosure barrier through household-centered door – to – door HCT campaign

13:45 – 14:00

Ogundipe Loev1, Owoseni Ebenezer1, Dare Emmanuel2

1Environmental Development and Family Health Organization, Programs, Ado Ekiti, Nigeria, 2Environmental Development and Family Health Organization, Programs, Kabba, Nigeria

BACKGROUND: About 3.5million Nigerians are living with HIV with only 24% of the adult prevalence on ART (UNAIDS Gap Report 2016). Status disclosure among women in serodiscordant relationships is 77.3% but only 16.7% know their partners' status (Ujah et al; 2015). The objective of the study was to develop HCT approach that eliminate barrier to status disclosure within households and improve enrollment on ART in Nigeria.

METHODS: Household-centred door-to-door HCT approach was utilized. 800 (287(35.9%) Cohabiting-Couples and 513(64.1%) single-parent) randomly selected households with 3,989 individual (1,844 males and 2,145 females) participated in the study. Consent was secured, group pre/post counseling was done for each households before/after the test and results disclosed. Reactive individuals were escorted to access ART. Data was collected over a period of 15months using various national HCT tools modified for this study. Data analysis was done using a combination of Microsoft Excel 2010veriosn, SPSS20, and NOMIS. Results were compared with previous studies on ART uptake/status disclosure and presented in percentages and tables/charts.

RESULTS: 1.6% of 3,989 tested were reactive to HIV test. 98.4% of reactive cases were enrolled on ART. Treatment adherence rate was 98.4% of all enrolled in care. 6.3% of cohabiting-couples were HIV positive (83.3% were serodiscordant). The result also showed 100% status disclosure rate within households and among cohabiting-couples. Enrollment on ART (98.4%) is significantly higher (P≤0.0005 CI: 95%) compared with 24% current national figure. Status disclosure among cohabiting-couples(100%) is also significantly higher (CI=95%) than 16.7% and 77.3% among men and women respectively. 93.3% of serodiscordant-cohabiting couples in the study did not have unresolved marital issues arising from the test result and partner disclosure.

CONCLUSIONS AND RECOMMENDATIONS: Household-centred door-to-door approach to HCT could significantly improve ART uptake. With household-centred HCT, group counselling and share knowledge of test results ensure status disclosure from the point of test therefore overcoming disclosure barriers.

14:45 – 16:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	05.12.2017

TRACK D: Law, Human Rights Social Science

Stigma, Discrimination and the Legal Environment

CHAIRS: Patrick Eba, Switzerland
Kra Alain, Côte d'Ivoire
Berry Didier Nibogora, Johannesburg, South Africa

14:45 – 16:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	05.12.2017

TUAD0401 - TRACK D2

HIV-related intragroup stigma among Nigerian HIV positive men who have sex with men (MSM): a qualitative study

14:45 – 15:00

Balogun Abisola1, Bissell Paul2, Saddiq Muhammad3

1University of Sheffield, School of Health and Related Research, Sheffield, United Kingdom, 2University of Huddersfield, School of Human and Health Sciences, Huddersfield, United Kingdom, 3University of Sheffield, Sheffield, United Kingdom

BACKGROUND: MSM in Nigeria experience stigma,discrimination and violence due to both the criminalisation of same sex relationships and societal disapproval. These experiences may be compounded when MSM are also HIV positive.There is evidence that HIV-related stigma presents a barrier to appropriate engagement with healthcare services among MSM. This is particularly relevant given the disproportionate burden of HIV in MSM populations and what is known about their high risk sexual behaviours. In this study, we undertook qualitative research with HIV positive MSM living in Nigeria to explore how they managed and negotiated access into the Nigerian healthcare system.

METHODS: Interviews and focus groups were conducted with HIV positive MSM living in Lagos and Abuja. A total of 21 in-depth interviews and 4 FGDs were conducted in 2015 with participants who were purposively sampled from three non-governmental organisations providing MSM friend-

ly services. Interviews were transcribed verbatim, coded and analysed using thematic analysis in NVivo11.

RESULTS: Findings from this study confirmed previously reported studies reporting extreme levels of stigma, discrimination and violence experienced by MSM when their sexual practices and HIV status became known. As a result of these experiences, the majority of the participants in this study concealed their sexual orientation and HIV status. Participants reported experiences of previously conceptualised forms of stigma including HIV and sexual stigma, stigma by association and internalised stigma. In addition, they reported experiencing a form of intragroup stigma, which they referred to as 'Kito'. Kito encompassed stigma, discrimination and blackmail instigated by other MSM within their sexual network when their HIV status became known. In order to avoid 'Kito' participants reported avoiding healthcare facilities where they knew other MSM would be present and refraining from using their antiretroviral treatment in the presence of other MSM.

CONCLUSIONS AND RECOMMENDATIONS: These are novel findings, to the best of our knowledge, not reported elsewhere. 'Kito' has a potential negative impact on how MSM access healthcare services and use their HIV treatment. In light of these findings, it is crucial that HIV policy makers and influencers consider effective public health interventions to reduce and possibly eliminate intragroup stigma, alongside other forms of stigma.

KEYWORDS: HIV positive MSM; Nigeria; Intragroup Stigma

14:45 – 16:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	05.12.2017

TUAD0402 - TRACK D2

Implication des Forces de Maintien de l'ordre dans la lutte contre le VIH chez les LBGTI au Cameroun

15:00 – 15:15

Fopossi Eric

Affirmative Action, Coordination, Douala, Cameroon

CONTEXTE: Les relations sexuelles entre personnes de même sexe sont pénalisées par la loi au Cameroun. Cette réalité législative est mise en exécution par les forces de maintien de l'ordre. Durant l'année 2015, 15 cas d'arrestation de LGBTIQ ont été signalées. Ce climat conduit les personnes LGBTIQ à se cacher et à s'éloigner des services de santé.

DESCRIPTION: Affirmative Action a, grâce au projet "Scale up of HIV prevention to contribute to the reduction of HIV related morbidity and mortality by 2017", développé depuis 2016 des ateliers de plaidoyer avec les forces de maintien de l'ordre pour l'éducation juridique et la protection des droits des populations les plus exposées au VIH. Ces ateliers visent à promouvoir un environnement favorable pour la mise en œuvre des interventions auprès des HSH et des TS.

10 ateliers de plaidoyer ont été organisés au niveau national entre 2016 et 2017 et 100 Agents des Forces de Maintien de l'Ordre y ont pris part. Des personnels de la Police et de la Gendarmerie Nationale identifiés ont été sollicités et impliqués dans les actions communautaires ciblant les LGBTIQ. Affirmative Action sollicite régulièrement les FMO dans la préparation de différentes activités notamment les Activités de Sensibilisation et de dépistage du VIH/SIDA dans les coins chauds.

Enseignements: Il a été observé:

Une appropriation des forces de maintien de l'ordre sur les retombées positives de l'offre de services de prévention et de prise en charge du VIH en direction des PPER sur la population générale;

Une Sensibilisation des forces de maintien de l'ordre sur la nécessité de privilégier l'éducation à la répression dans le traitement des sujets concernant les LGBTI;

Une réduction significative du nombre d'arrestations. Au cours du premier semestre 2017, nous avons enregistré seulement 02 cas d'arrestation qui s'est avéré ne pas avoir de lien avec l'orientation sexuelle du concerné.

Prochaines Etapes: Certaines Forces de Maintien de l'ordre ne sont pas toujours favorables à un traitement constructif des sujets ayant trait à l'orientation sexuelle, d'où la nécessité de développer une stratégie les ciblant spécifiquement.

La mise sur pied d'un comité de gestion de risques au niveau de chaque région regroupant différents acteurs et parties prenantes pour optimiser la réponse aux violences fondées sur l'orientation sexuelle et l'identité de genre.

14:45 – 16:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	05.12.2017

TUAD0403 - TRACK D2

Confronting violence and discrimination against men who have sex with men (MSM) and female sex workers (FSW) in Mali from 2013 to 2017

15:15 – 15:30

Sidibé Garangué1, Trout Clinton2

1ONG Soutoura, Bamako, Mali, 2Heartland Alliance International, Technical Advisors, Los Angeles, United States

Issues While neither homosexuality nor sex work are illegal in Mali, MSM and FSW report stigma, abuse and inability to access justice. However, Mali has adopted the UNAIDS objective of Zero Discrimination and the 2013-2017 National Strategic Plan against AIDS includes reduction of discrimination and violence against key populations as a goal.

Description The non-governmental organization Soutoura piloted a 4-year program funded by USAID to document and respond to violence and discrimination against MSM and FSW. Staff were trained to document cases using a form developed by the National Committee for HIV Prevention for Key Populations.

LESSONS LEARNED: MSM and FSW in Mali experience physical, emotional and sexual violence that contribute to their extreme vulnerability. However, interventions by respected community members with perpetrators can be effective to deescalate these situations and promote tolerance. One hundred and ninety-six (196) cases of violence and discrimination were documented from 2013 to 2017 (121 against MSM and 55 against FSW). The perpetrators included the general population, mainly groups of men (103 cases: 73 against MSM and 30 against FSW), the police (58 cases: 41 against MSM and 17 against FSW), families (33 cases: 20 against MSM and 13 against FSW) and religious leaders (2 cases against MSM).

Cases of violence against MSM included insults (32), physical attacks (27), arbitrary arrests (21), sexual abuse with objects (13), family stigma (11 cases), evictions from the family home (9), gang rape (5), the destruction of a business (1), and blackmail by police (1 case). MSM peer educators reported being insulted by abusers attempting to seize their HIV prevention materials.

Cases of violence against FSW included group rape (17), police raids (17 cases), physical attacks (13), expulsion from the family home (3), the destruction of personal objects (1) and injection of toxic product (1 case).

In addition to medical and psychosocial support to victims, staff (physicians and MSM/FSW peer educators) intervened successfully with perpetrators, including reintegrating the 11 MSM expelled from their homes, calming agitated groups of youth, and advocating with a religious leader and a radio personality who then stopped inciting violence.

Next steps Interventions to address key populations' structural/environmental vulnerability to HIV such as violence and discrimination are feasible and need to be brought to scale.

14:45 – 16:15 | PROF. KADIO AUGUSTE (Salle Des Fêtes) | 05.12.2017

TUAD0404 - TRACK D2

Forte vulnérabilité des HSH au Sénégal due à la violence et à la discrimination. L'expérience de l'association ADAMA

15:30 – 15:45

Diaw Khaly Diaw1, Diagne Ibrahima1, Konare Zaccariah1, Ba Ibrahima2, Ba Diouma2

1Association Adama, Dakar, Senegal, 2RNP+, Dakar, Senegal

CONTEXTE: Le Sénégal pénalise l'homosexualité, avec des peines de 1 à 5 ans de prison.

En 2009, 9 homosexuels ont été arrêtés pour « association de malfaiteurs » et en 2015, 7 homosexuels condamnés à 6 mois de prison. Les HSH font face à la discrimination dans la vie quotidienne. Ils forment pourtant une population vulnérable avec une prévalence pour le VIH de 21,8%, versus 0,7% dans la population générale.

L'association ADAMA crée en 2003, est l'une des plus anciennes associations revendiquant ouvertement l'orientation sexuelle de ses membres. Avec d'autres associations, comme le Réseau national des Personnes Vivant avec le VIH (RNP+), ADAMA intervient dans la prévention et le dépistage du VIH, l'orientation médicale, la défense des droits et dénonce les cas de discriminations.

OBJECTIFS ET MÉTHODES: Recueil des témoignages de violence et discrimination au cours des années 2015 et 2016. L'association se mobilise ensuite pour apporter un appui, orienter vers soins, et dénoncer les violences et les atteintes aux droits humains.

RESULTATS:

Différents types de violences et discrimination en 2015 et 2016 :

- 23 arrestations avec emprisonnement

- 27 cas de violence physique et verbale: intrusion à domicile, agression dans des lieux publics. Peu de plaintes ont été déposées, car elles sont classées sans suite.

- 14 cas de discrimination dans l'accès aux soins: rejet du personnel soignant, conduisant parfois à l'abandon du traitement ARV par les HSH séropositifs.

- 20 cas de discrimination dans l'accès au travail ou au logement.

Les discriminations dans les structures de santé ont eu lieu quand le personnel n'a pas été sensibilisé à l'accueil des HSH.

Certaines structures font exception: Le Centre de Traitement Ambulatoire (CTA) de l'Hôpital de Fann l'Institut d'Hygiène Sociale (IHS), et l'Hôpital Hiacynthe Thiandoum accueillent les HSH séropositifs sans discrimination, avec l'implication de médiateurs HSH.

CONCLUSION: Les HSH sont confrontés quotidiennement à la violence physique, verbale et à la discrimination. Cette situation aggrave leur précarité et renforce leur vulnérabilité, notamment au VIH, car ils sont amenés à se cacher. Quelques structures de santé, soutenues par le CNLS, font exception. Des associations, comme ADAMA et le RNP+ luttent pour la reconnaissance des droits et soutiennent les victimes de violence, mais dans le contexte répressif du Sénégal, leur champ d'action est limité.

HSH; discrimination; VIH; Sénégal; association ADAMA

14:45 – 16:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	05.12.2017

TUAD0405 - TRACK D2

Enhancing the rights based approach to reduce HIV among Kenyan widows using the traditional justice system

15:45 – 16:00

Ondeng Onyango O., Oluoch J., Otieno E.

KELIN, Women Land and Property Rights, Kisumu, Kenya

ISSUES: Homabay and Kisumu counties of Kenya have the highest HIV prevalence rate, with Homabay at 25.7% and Kisumu at 19.3%, as against the national prevalence of 6.04%. The death of a male head of a household due to HIV related complications can mean the widow is at risk of losing their land, house and other assets as other family members 'grab' property. When the widows are forced off the land and their property they are at risk of becoming homeless, acute food insecurity and poverty. In some cases, women engage in high risk sexual behavior in exchange for food or money in order to survive, which increases their vulnerability to further infection. For women and children living with HIV it becomes very difficult to access consistent treatment.

DESCRIPTION: KELIN trained over 80 elders and 100 widows on HIV and the rights based approach. The widows who had been evicted were linked to the trained elders who mediated on over 354 cases. The widows were then resettled on their land. Each case took an average of three months to be resolved.

LESSONS LEARNED: The use of customary justice systems has not only ensured access to justice to over 300 widows living with HIV, but has helped secure land and property rights, enabling them to become economically independent and productive members of the community. Women's access and control over land is a basic necessity for a decent livelihood, especially in rural agricultural areas and critical to ensuring women living with HIV or widowed by HIV can protect themselves from infection, cope with illness, and support their families. By facilitating the widows to access justice it ensures that they enjoy their right to health.

CONCLUSIONS/NEXT STEPS: KELIN has developed a tool for those who want to replicate similar programs. The tool outlines a simple guideline for implementation in any community where harmful cultural practices have a negative impact on HIV exist. KELIN has also developed a simplified brochure on the Succession Steps which guide the widows to secure their land and property rights to prevent violations. KELIN has documented all the cases that have been settled by the widows and is now working with the Judiciary to formalize the process of access to justice by way of mediation as envisioned by Article 159(2) of the Constitution of Kenya.

14:45 – 16:15	PROF. FEMI SOYINKA (Palais Des Congrès)	05.12.2017

TRACK B: Clinical Science, Treatment and Care

Sexually Transmitted Infections

CHAIRS: Philippe van de Leuve, *France*
Fattinata Ly, *Senegal*
Aristophane Tanon, *Côte d'Ivoire*

TUAB0501 - TRACK B7

Gonococcal Antimicrobial Surveillance Programme (GASP) en Côte d'Ivoire

14:45 – 15:00

Yéo Alain1, Kouamé-Blavo Belinda T.2, Sévédé Daouda2, Ouattara Abdoulaye3, Bazan Francis3, Faye-Ketté Hortense3, Dosso Mireille3, Unemo Magnus4

1Institut Pasteur Cote d'Ivoire, Bactériologie-Virologie, Abidjan, Côte d'Ivoire, 2Institut Pasteur de Côte d'Ivoire, Bactériologie-Virologie, Abidjan, Côte d'Ivoire, 3Institut Pasteur de Côte d'Ivoire, Abidjan, Côte d'Ivoire, 4WHO Collaborating Centre for Gonorrhoea and other STIs, Department of Laboratory Medicine, Microbiology, Orebro University Hospital, Orebro, Sweden

BACKGROUND: Periodic etiological surveillance of sexually transmitted infection (STI) syndromes is required to validate treatment algorithms used to control STIs. However, such surveys have not been performed in Côte d'Ivoire over the past decade. Treatment for gonorrhea has been complicated by antimicrobial resistance. The recent emergence and spread of antimicrobial-resistant Neisseria gonorrhoeae has compromised treatment and control of gonorrhea.

This study was undertaken to compare the antimicrobial susceptibilities of gonococcal isolates in Côte d'Ivoire. The goal was to determine the frequency and diversity of antimicrobial resistance, particularly to fluoroquinolones, in gonococcal strains in Côte d'Ivoire.

METHODS: Neisseria gonorrhoeae strains were isolated at the National Reference Center of Sexually Transmitted Infections from January 2014 to March 2017 at Pasteur Institute Côte d'Ivoire, Abidjan. Minimum inhibitory concentrations (MICs) to penicillin G, tetracycline, ceftriaxone, cefixime, gentamycin, ciprofloxacin, spectinomycin, azithromycin were determined by Etest and categorized according to The European Committee on Antimicrobial Susceptibility Testing (EUCAST) alert value breakpoints.œlactamase was detected using a cefinase disk.

RESULTS: 192 treads were positive by culture (185 men and 7 women). MIC of 172 of them has been determined. A significant proportion of non-susceptibility to penicillin (PEN) (83.72 %), tetracycline (TET) (98.83%), ciprofloxacin (CIP)(79.06%), azithromycin (AZN) (09.88%), gentamycin (GEN) (45.93%)was found in these strains. Although all the strains were susceptible extended-spectrum cephalosporins (ESC)(ceftriaxone(CRO) and cefixime (CFM)) and spectinomycin (SC).

CONCLUSIONS AND RECOMMENDATIONS: This investigation provides data on gonorrhea resistance profiles in Côte d'Ivoire. We note significant resistance to fluoroquinolones without the presence of resistance yet to the third generation cephalosporins. The detection of this phenotype indicates a change in the epidemiology of this resistance and high lights the importance of continued surveillance to preserve the last antimicrobial options available. Urgent necessity to revise national STIs guidelines.

Keys word: Gonococcal Antimicrobial Surveillance Programme, MIC, Côte d'Ivoire

14:45 – 16:15	PROF. FEMI SOYINKA (Palais Des Congrès)	05.12.2017

TUAB0502 - TRACK B7

Incidence et facteurs de risque d'infections sexuellement transmissibles (IST) chez les usagers de la prophylaxie pré-exposition (PrEp) à l'hôpital Saint Antoine, Paris

.....15:00 – 15:15

Kouakou Affoué Gisèle1,2, Valin Nadia3, Fonquernie Laurent3, Bottero Julie3, Lacombe Karine3, Eholié Serge Paul1,2, Girard Pierre-Marie3

1Université Felix Houphouet Boigny, UFR Sciences Médicales, Dermatologie – Infectiologie, Abidjan, Côte d'Ivoire, 2Service des Maladies Infectieuses et Tropicales, CHU Treichville, Abidjan, Côte d'Ivoire, 3Service des Maladies Infectieuses, Hôpital Saint Antoine, Paris, France

Indiquer le problème étudié, la question de recherche

Correctement prise la prophylaxie pré-exposition (PrEP) réduit considérablement le risque de transmission du VIH. Cependant, il a été noté une augmentation du risque d'infections sexuellement transmissibles (IST). En France la PrEP est recommandée depuis janvier 2016. Peu de données sont disponibles sur l'incidence des IST chez les patients ayant bénéficié de cette prescription.

OBJECTIF: Déterminer l'incidence des IST chez les usagers de PrEp consultant à l'Hôpital Saint Antoine à Paris

MÉTHODES: Pour ce faire, une cohorte prospective observationnelle a été étudiée de février 2016 à juin 2017. Ont été inclus tous les patients ayant bénéficié d'au moins deux « consultations PrEP » et ayant réalisé un bilan comprenant les sérologies VIH, VHC, VHB, VHA, Syphilis et des PCR chlamydia et gonocoque sur urines, gorge et anus. Les caractéristiques so-

cio-démographiques, le nombre, le type d'IST et les facteurs de risque d'IST ont été recueillis

RÉSULTATS: Au total, 208 personnes en 15 mois, générant 678 consultations soit 3.2 consultations moyennes par patient. La majorité étaient des hommes ayant des relations sexuelles avec des hommes (HSH) (n=205, 98.6%), ayant un âge médian de 36 ans, 51 (24.5%) étaient en couple, 108 (52%) consommaient des substances psycho-actives. La moyenne de rapports sexuels non protégés était de 3,2 dans les 4 semaines précédant la consultation et de 15,5 en 6 mois. Un antécédent d'IST dans les 12 derniers mois précédant la mise sous PrEP a été retrouvé chez 68 (34%) patients et une prise antérieure de traitement post exposition (TPE) notifiée chez 52,4% (n=109) des consultants. La PREP a été prescrite à 190 (91.3%) patients dont 112 (59%) selon un schéma intermittent. Une séropositivité VIH et 2 hépatites B ont été diagnostiquées au bilan initial. Globalement 81 IST ont été colligées avec respectivement, 14,2% (27/190) au bilan initial, 4,1% (9/147) à M1 sous PrEP, 9,4% (12/128) à M3, 14,0% (15/107) à M6, 19,7% (14/71) à M9, 7,3% (3/41) à M12, et 6,2% (1 /16) à M15. On notait 36 cas (44.4%) de chlamydiae, 33 cas (40.7%) de gonococcies, 10 cas (12.3) de syphilis. Un cas de VIH a été diagnostiqué à M1 et 1 cas de VHA à M3. La proportion d'IST n'était pas différent avant et un an après la mise sous PrEP (p=0.29).

CONCLUSIONS ET RECOMMANDATIONS: L'incidence des IST ne semble pas augmenter au cours du suivi. Les efforts de sensibilisation méritent d'être poursuivis.

14:45 – 16:15	PROF. FEMI SOYINKA (Palais Des Congrès)	05.12.2017

TUAE0503 - TRACK B7

Improved HIV Services-Best practices from Uganda Network of AIDS Service Organizations (UNASO) Authors: Josephine Kasaija-Capacity Building -CHAU; Robert Mwesigwa -Ag ED-UNASO; Nakasi

.....15:15 – 15:30

Kasaija Josephine Bigabwa, Mwesigwa Robert

Community Health Alliance Uganda, Programs-Capacity Building, Kampala, Uganda

ISSUES: The Uganda AIDS survey (2011) show a reverse in the HIV prevalence, (6.4% in 2004/ 2005/6 to 7.3%; low coverage of services, drug stocks, and a low uptake of HCT. With the guidance from the National HIV Prevention Strategy (NPS), several civil society have invested heavily in par-

ticipatory approaches that engage citizens in negotiating and demanding for better service delivery. Although citizen participation in policy development and service delivery is promoted, its actual impacts are not fully documented.

DESCRIPTIONS: UNASO conducted a study to investigate its own citizen led approaches and actual impacts of its District AIDS Networks on HIV service delivery. Interviewees were; PLHIVs, staff and management of 6 AIDS Services Organization (ASOs) , officials from 14 Local Governments, Uganda AIDS Commission, UNASO, NAFOPHANU and UGANET. Qualitative methods were used to collect and analyze data; key lessons and best practices were documented. Best practices were noted as method(s), innovations and practices that have yielded tangible positive results; ability to contribute to the national HIV AIDS response; to strengthen partnerships among ASOs and other actors.

LESSONS LEARNED: UNASO's District HIV &AIDS Network & Advocacy model (DHNA) strengthened partnership among ASOs and district structures; improved sensitivity of local governments to HIV&AIDS issues reflected in technical and financial contributions to support activities enhanced the community voice which led to better HIV and AIDS services; DHNAs 'expert' clients complemented HIV/AIDS services at health facilities; lobbying and advocacy kept service providers on alert, checked and halted poor service delivery; contributed to reduced HIV prevalence in Amuria from 4.2 in 2013 to 3.02% in 2014; increased demand for HCT and SMC in Amuria. Increased access to prevention and mitigation services in Mbarara ;"increased uptake of HCT and enrolment in care in Masindi; there was no stock outs of ARVS being reported; DHNAs information sharing role capacitated and enabled reactivation of inactive local government HIV & AIDS structures; reported increased leadership and participation of religious and political leaders in HIV and AIDS sensitization activities

NEXT STEPS: Community led advocacy has powerful impacts on HIV/AIDS service delivery systems. Government and other stakeholders should empower communities and beneficiaries to sustain their advocacy interventions and better service delivery.

14:45 – 16:15	PROF. FEMI SOYINKA (Palais Des Congrès)	05.12.2017

TUAB0504 - TRACK B7

Integrating Mobile Outreaches in One-Stop-Shop (OSS) to promote Sexually Transmitted Infections (STIs) service uptake by Most at Risk

Persons (MARPS) in Rivers State, Nigeria

15:30 – 15:45

Etimita Nnanke Oka1, Obilor Oluchi Faith2, Mbaba Ndifreke Uduak2

1Society for Family Health, Monitoring and Evaluation, Port Harcourt, Nigeria, 2Society for Family Health, Port Harcourt, Nigeria

BACKGROUND: Integrated-Biological-and-Behavioural-Surveillance-Survey (IBBSS) 2014 showed that 20.7% Brothel-Based-Female-Sex-Workers-(BBFSWs), 21% Non-Brothel-Based Female-Sex-Workers (NBBFSW), 12.5% Men-who-have-Sex-with-Men (MSM) and 8% People-Who-Inject-Drugs (PWIDs) had genital discharge while 7.2 BBFSWs, 6.8% NBB FSWs, 4.6 MSM and 6.4 PWIDs had genital ulcers within 12 months before the survey. Sexually transmitted infections if left untended to have serious consequences on individuals hence; early diagnosis, quick and effective STI case management plays an important role in HIV prevention and control. The Strengthening-HIV-Prevention-Services-for-MARPs (SHiPS-for-MARPs) OSS's Mobile/outreach is designed to provide counselling, HIV Testing Services-(HTS) and STI's treatment services to MARPS such that treatment services are administered in their comfort zones at no cost.

METHODS: Desk review of 11 months' data (Data from April to December 2016) was conducted in Rivers States OSS to assess number of MARPs that accessed services through the mobile OSS compared to those that assessed services at the OSS facility. Data collation and analysis was carried out using SPSS version 20.

RESULTS: Data showed that 1656 (1508 FSWs, 57 MSM, 67 IDUs and 14 clients) persons accessed services within the period. 1345 (1261 FSWs, 10 MaRM and 50 PWIDs and 14 clients) MARPs accessed mobile OSS while 311 (247 FSWs, 48 MSM and 14 IDUs and 2 clients) visited the OSS facility. Of this number, 1283 (1185 FSWs, 43MSM, 51 IDUs and 4 clients) were treated for STIs. Findings highlighted that 985-(77%)-(934 FSWs: 10 MaRM and 37 PWID and 4 clients) accessed STI services via mobile outreach while only 298-(23%)-(251 FSWs: 33 MaRM and 14 PWID) accessed services at the OSS. Of the population, 94.9% of FSWs treated Cervicitis, 1.8% Herpes-group, 0.5% Genital Ulcers and 4.8% PID. 66.7% MaRM treated scrotal swelling, 23.1% Urethritis, 5.1% Urethral-Trichomoniasis, and 5.1% Syphilis. 10.6% female-PWIDs treated Cervicitis, 2.4% Herpes-group and 9.4% PID. 32.9% Male PWIDs treated urethritis/Trichomoniasis and 5.9% Genital Ulcer respectively.

CONCLUSIONS AND RECOMMENDATIONS: More MARPS would access counselling, HTS and STI services when reached with these services in their comfort zones. MARPs because of stigma prefer to receive services in anonymous locations. Further research is urgently needed on the use of the social networking for service delivery to MARPs.

TUAB0505 - TRACK B7

Voluntary Medical Male Circumcision: An Approach to Screen and Treat Clients for Sexually Transmitted Infections

15:45 – 16:00

Menego Geoffrey K.1, Kapito Martin2, Rambiki Ethel2, Gibson Hannah3

1Jhpiego Malawi, an Affiliate of John Hopkins University, HIV/AIDS and Infectious Diseases, Lilongwe, Malawi, 2Ministry of Health, Malawi, Lilongwe, Malawi, 3Jhpiego Malawi, an Affiliate of John Hopkins University, Lilongwe, Malawi

BACKGROUND: Voluntary Medical Male circumcision (VMMC) provides men life-long partial protection against HIV as well as other sexually transmitted infections (STIs). Due to the association between HIV transmission and STIs, the World Health Organization (WHO) minimum package of VMMC services stresses the importance of screening men for STIs, and recommends those found to have STIs be treated before circumcision. The Malawi Ministry of Health has national guidelines on the management of STIs using a syndromic management algorithm with drug regimens for each syndrome.

OBJECTIVES:

1) To measure prevalence of STIs among VMMC clients through analysis of routine VMMC data;

2) To assess HIV and STI co-infection among VMMC clients.

METHODS: Jhpiego, with funding from the Centers for Disease Control and Prevention, has been implementing a VMMC Improving Quality (IQ) project in Malawi since April 2016. The project is mandated to roll out comprehensive quality VMMC services and is currently implemented in 4 static health facilities and 10 outreach service delivery sites in the Lilongwe district. Project data from April 2016 to March 2017 were retrospectively analyzed for total number of STIs, age distribution, type of STI, co-infection with HIV, and circumcision services received after completion of treatment.

RESULTS: Out of 15,437 clients seeking VMMC services between April 2016 and March 2017, 113 (0.9%) were diagnosed with STIs. Age distribution for all STIs were: 18 (15.9%) 15-19 years, 56 (49.5%) 20-24 years; 17 (15.0%) 25-29 years and 22 (19.5%) >30 years. Of the total diagnosed, 66 (58.4%) had Genital Ulcer Disease (GUD), 43 (38.1%) had Urethral Discharge (UD) and 4 (3.5%) had viral warts. A total of 10 (8.8%) of these cases were co-infected with HIV. Of the 113 clients diagnosed with STIs, 103 (91.2%) were circumcised after completion of treatment, while 10 (8.8%)

did not return for circumcision.

CONCLUSIONS AND RECOMMENDATIONS: Comprehensive VMMC services play a vital role in the management of STIs. Those affected most fall under the ages of 15-29 years, the program's targeted age cohort for VMMC services. Provision of VMMC services to clients completing treatment is beneficial as this provides them protection from HIV and STIs. VMMC programs should incorporate strategies to ensure all clients treated for STI receive VMMC after treatment.

16:45 – 18:15	PROF. NKANDU LUO (Chandelier)	05.12.2017

TRACK C: Epidemiology and Prevention Science

Epidemiology of HIV. Co-morbidity and Co-infections

CHAIRS: Fatiha Razik, *Algeria*
Aka Kakou, *Côte d'Ivoire*

16:45 – 18:15	PROF. NKANDU LUO (Chandelier)	05.12.2017

TUAC0601 - TRACK C5

Prévalence de l'antigène HBs chez le personnel des centres hospitaliers universitaires de Lomé et de Kara (Togo)

.....16:45 – 17:00

Bawè Lidaw Déassoua1, Patassi Akouda Akessiwé1, Kotosso Awèréou1,2, Kamassa Amè Elom3, Abaltou Bawoubadi2, Akondé Essozimna1, Tsatsu Komi1, Watéba Majesté Ihou1, Dagnra Anoumou Yaotsè4, Tidjani Osséni5

1CHU Sylvanus Olympio, Service des Maladies Infectieuses et Tropicales, Lomé, Togo, 2Centre Hospitalier des Armées de Lomé, Lomé, Togo, 3Univerité de Lomé, Faculté des Sciences de la Santé, Lomé, Togo, 4CHU Sylvanus Olympio, Laboratoire National de Référence des Mycobactéries, Lomé, Togo, 5CHU Sylvanus Olympio, Service de Pneumo-Phtysiologie, Lomé, Togo

INTRODUCTION: L'hépatite virale B est un réel problème de santé publique avec un risque de décès par cirrhose ou cancer du foie chez 10 % des

sujets atteints. La prévalence en Afrique subsaharienne varie de 8 à 20 % selon les pays. Le Togo, pays de haute prévalence des études parcellaires estiment la prévalence entre 8 et 15%.

MÉTHODES: Il s'est agi d'une étude descriptive et analytique allant d'Octobre 2012 à Avril 2014 dans le centre hospitalier universitaires Sylvanus Olympio de Lomé et de Kara. La population étudiée était constituée du personnel des deux centres volontaires au dépistage.

RÉSULTATS: Le taux de participation global était de 50,2 % (891/1775) ; les sujets inclus dans l'étude étaient repartis en 667 personnels soignants (74,9%) et 175 personnels non soignants (19,6%). Parmi ces sujets enquêtés, la qualification professionnelle n'était pas précisée pour 49 membres du personnel. On notait une prédominance masculine dans les 2 sites: 52,1% (n=336) pour le CHU Sylvanus Olympio et 58,5% (n=144) pour le CHU Kara. L'âge moyen était de 39 ans avec des extrêmes de 19 - 65 ans.

Les anticorps anti HBc étaient positifs chez 652 personnes (73,2%) et la prévalence de l'antigène HBs au sein de cette population était de 15,3% (n=136).

Une différence statistiquement significative entre la prévalence de l'antigène HBs dans les deux centres hospitalier a été retrouvée (χ^2=10,37 ; p=0,0013). De même, une différence statistiquement significative entre la prévalence des anticorps anti HBc a été également retrouvée dans les deux centres (χ^2=63,16 ; p=0,0000001).

Parmi les soignants, les assistants médicaux (87,5%) et les gardes malades ou aides-soignants (77,5%) avaient les prévalences les plus élevées de l'anticorps anti HBc ; tandis que la prévalence de l'Ag HBs parmi les soignants a montré que les infirmiers et les gardes malades avaient significativement les taux les plus élevés.

CONCLUSION: La prévalence de l'hépatite B en milieu hospitalier est de 15,3%. Cette étude réaffirme l'importance de l'immunisation du personnel de santé contre l'hépatite B par la vaccination.

MOTS CLÉS: Prévalence, Antigène HBs, Hépatite B, Togo

17:00 – 17:15 | PROF. NKANDU LUO (Chandelier) | 05.12.2017

TUAC0602 - TRACK C5

Séroprévalence de l'infection à VIH, à l'hépatite virale B et les facteurs de risque associés en zone communautaire : cas du village ottou Yaoundé Cameroun

17:00 – 17:15

Rodrigue Kamga Wouambo1,2, Gaelle Panka Tchinda2

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INTRODUCTION: La nouvelle stratégie nationale de lutte contre le VIH du MINSANTE Camerounais 'test and treat 90-90-90' prônent le diagnostic/ prise en charge précoce, gratuite indépendamment du TCD4. Au Cameroun, la prévalence du VIH en 2014 connait une nette diminution (4%) tandis que celle de l'HVB une nette recrudescence 12,2%. La prévalence de ces infections varient sur toute l'étendue du territoire et est fonction de l'exposition aux facteurs de risque. Cette étude évaluait l'allure de la séroprévalence et ressortait les déterminants de l'infection à VIH, à l'HVB en zone désenclavée notamment le village Ottou, périphérie de Yaoundé Cameroun.

Méthodologie: Une étude transversale, prospective fut menée de juillet-septembre 2016 au Centre de santé pédiatrique et gynécologique sainte Monique ciblant les populations d'Ottou et ses environs. Les sérologie VIH et HVB étaient effectuées par immunochromatographie suivi d'Oral quick (si VIH+) comme prévu par les nouvelles recommandations MINSANTE 2016. Pour tout $p< 0,05$, la différence était statistiquement significative.

Résultats et **DISCUSSION:** Sur 153 participants enrôlés, la séroprévalence du VIH obtenue était de 11,11% (17/153), celle de HVB était de 14,45% (20/153) et la co-infection VIH+AgHBs 1,3% (2/153). Le sexe féminin pour l'infection à VIH et masculin pour l'hépatite B était les plus affectés. Les patients âgés de [25 ; 35] ans et de [36 ; 46] ans étaient plus touchés tant pour le VIH, l'hépatite B que pour la co-infection VIH+AgHBs. Les célibataires suivis des mariés, des fiancés prédominaient quel que soit le type d'infection de même que les étudiants et les ménagères. De plus, aucun de nos participants positifs n'utilisait régulièrement le préservatif (Difference significative chez les femmes $p< 0.05$). Aussi 88,2% (15/17) des participants HIV positifs, 55% (11/20) des participantes hépatites B positif et la majorité des participants co-infectés VIH+AgHBs 100% (2/2) avaient plusieurs partenaires.

CONCLUSIONS ET RECOMMANDATIONS: Les femmes de même que les hommes sont concernés par les infections à VIH et à HVB. Dans cette étude les prévalences élevées étaient liées à la l'utilisation irrégulière du préservatif, au multi partenariat et au statut matrimoniale notamment le célibat. Il devient donc urgent d'intensifier la stratégie de lutte contre le VIH 'test and treat', de rendre financièrement accessible le test de l'hépatite virale B dans cette zone du Cameroun.

TUAC0603 - TRACK C5

Integrated multi-disciplinary sensitization: an innovative approach for increasing GeneXpert MTB/Rif uptake

17:15 – 17:30

Busari Olusegun, Barnabas David, Okpala Jane, Akeredolu Peter, Oyeledun Bolanle

Centre for Integrated Health Programs, Abuja, Nigeria

BACKGROUND: GeneXpert MTB/Rif has been shown to have higher sensitivity and therefore recommended for the detection and diagnosis of TB especially in HIV positive clients. Despite several effort to ensure accessibility of GeneXpert MTB/Rif through country wide distribution and placement of equipment, uptake has been sub optimal with consequential decrease in case detection (< 20%) and delay in treatment. We piloted an innovative approach targeted at increasing GeneXpert MTB/Rif uptake.

METHODS: The intervention was rolled out across 3 scale up LGA - Gwer West, Logo and Tarka - in Benue state Nigeria. Integrated sensitization meeting was held with all personnel involved across the TB cascade regardless of discipline. The Participatory Learning to Action (PLA) approach was used to engage all participants on TB/HIV, GeneXpert MTB/Rif and Sample Referral Network. Concerns were addressed and teams per LGA developed action plan and strategies in line with local peculiarities to increase uptake. The teams were followed up periodically to ensure implementation of the strategies and work plan developed. Pre and post intervention data were analyzed after 6 months implementation

RESULTS: A comparative analysis showed an increase in GeneXpert MTB/Rif uptake per LGA - Gwer West 216.13% (93/294), Logo 264.67% (167/609) and Tarka 1008.70% (46/510). Total percentage increase of 368.75% (32/150) in MTB detection was observed across all the 3 LGA. The observed increase in GeneXpert uptake was found to be significant (t = 3.711, P= 0.02); while, increase in MTB detection was found not significant (t=2.120, P=0.10). This suggest that an increase in GeneXpert uptake may not necessarily yield an increase in MTB positivity.

CONCLUSIONS AND RECOMMENDATIONS: The outcomes indicate that use of an integrated multi-disciplinary sensitization can effectively increase GeneXpert uptake. This mechanism may be a preferred approach for high

impact than the traditional training method.

KEY WORDS: GeneXpert MTB/Rif, TB/HIV

16:45 – 18:15	PROF. NKANDU LUO (Chandelier)	05.12.2017

TUAC0604 - TRACK C5

Providing HIV testing and counselling to patients with presumptive Tuberculosis in Côte d'Ivoire, 2016

7:30 – 17:45

Boraud Franck Euloge1, M'bea Kouassi Jean-Jacques1, Vandebriel Greet1, Toure Baffetegue1, Akoubia-Attiori Ekloupui Amele1, Brou Hermann Armel1, N'guessan Pita Moise2, Nahoua Gourou Iremine3, Ekra Kunomboa Alexandre3, Koblavi-Deme Stephania1

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BACKGROUND: HIV testing (HTC) for patients with presumptive tuberculosis (TB) has been recommended by WHO since 2012. Although the National TB Control Program (PNLT) in Côte d'Ivoire has adopted this strategy within the TB/HIV policy, health care workers in TB clinics continue to only offer HTC to patients diagnosed with TB. This practice represents a missed opportunity in providing HTC to patients with presumptive and providing early life-saving antiretroviral treatment (ART) to those tested positive. In October 2015, ICAP in collaboration with PNLT and CDC, revised the HTC approach for patients at 33 TB Centers. This analysis describes the potential impact of our HTC approach for presumptive TB patients, in improvement of HIV testing yield.

METHODS: A retrospective study was conducted at 33 TB centers between January and September 2016. Data analyzed was routinely collected aggregated data such as number of presumptive TB patients offered HTC, number found HIV positive, number diagnosed with TB, number enrolled in care and number initiating ART. HIV prevalence among presumptive TB patients diagnosed with TB and among presumptive TB patients not diagnosed with TB were compared using z test.

RESULTS: Between January and September 2016, a total of 3,192 presumptive TB patients attended out-patient consultations. Of them, 91%

(n=2,904) had documented HIV test results. The proportion of presumptive TB patients that was tested HIV positive was 14% (n=406). Of the HIV-infected presumptive TB patients, 31% (n=126) were diagnosed with TB; All of which were enrolled in TB/HIV care and 98% (n=124) were initiated on ART. All HIV-infected presumptive TB patients that were not diagnosed with TB (n=280) were referred to care & treatment site and documentation of enrollment into HIV care and ART initiation was available for 48% (n=134). HIV prevalence was higher among presumptive TB patients not diagnosed with TB (15.8%) than in presumptive TB patients diagnosed with TB (12.5%) (p=0.003).

CONCLUSION AND RECOMMENDATIONS: Routine offering of HIV testing for all presumptive TB patients is an important strategy to identify people living with HIV and enroll them on ART and should be strengthened in-line with national and international guidelines. However, additional efforts are needed to ensure proper documentation of referrals, enrollment in HIV care and ART initiation for the non-TB HIV-infected presumptive TB patients.

KEYWORDS: HIV testing, Presumptive TB patient, TB/HIV

16:45 – 18:15	PROF. NKANDU LUO (Chandelier)	05.12.2017

TUAC0605 - TRACK C5

Infections sexuellement transmissibles chez les couples consultant pour un désir de procréation à Lomé, Togo

17:45 – 18:00

Ekouevi Didier Koumavi1,2,3, Gbeasor-Komlanvi Fifonsi3, Kolani Kanfitine4, Coffie Patrick Ahuatchi5,6, Ata Aduayi4, Awitor Sodjéné4, Sewu Essèboè Koffitsè3, Kpondehou Urlène Ahoefa3, Fiadjoe Moise4

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INTRODUCTION: Les données sur les infections sexuellement transmissibles (IST) au sein des couples sont rares. L'objectif de cette étude était de décrire la prévalence des IST chez les couples consultant pour un désir de procréation à Lomé au Togo.

MÉTHODE: Une étude transversale a été réalisée à la Clinique Biasa de Lomé, Togo. Etaient inclus tous les couples vus en consultation pour un désir de procréation entre janvier 2012 et mars 2017. Une fiche standardisée a été utilisée pour collecter des informations sur les IST dans les dossiers cliniques. La prévalence des IST a été décrite chez les hommes et les femmes ainsi que des cas de séroconcordance definie par la présence de l'IST à la fois chez l'homme et la femme.

RÉSULTATS: La population d'étude était constituée de 857 couples. L'âge médian des femmes était de 39 ans (intervalle interquartile IIQ : [34-42 ans]) et 43 ans [38-48 ans] chez les hommes. La durée de vie commune médiane était de 9 ans [5-13 ans]. Au total 20,2% (n=173) des hommes et 24,9% (n=214) des femmes présentaient au moins une IST. Une IST était diagnostiquée à la fois chez l'homme et la femme dans 7,0% des cas (n=60). L'IST la plus fréquente était l'infection à Chlamydiae (10,0% chez les hommes et 12,8% chez les femmes) suivie de l'infection au virus de l'hépatite B (9,3% chez les hommes et 6,3% chez les femmes), et de l'hépatite C (1,9% chez les hommes et 2,7% chez les femmes). La prévalence du VIH était de 0,8% chez les hommes et de 1,3% chez les femmes. La séroconcordance a été identifiée chez des couples pour les infections à Chlamydiae (2,5%), pour l'hépatite B (1,3%) et pour le VIH (0,4%). Aucun cas de séroconcordance n'a été identifié pour l'hépatite C.

CONCLUSION: Près d'un quart des hommes et femmes consultant dans le cadre d'un bilan d'infertilité avaient des IST. Cependant, les cas de séroconcordance sont relativement faibles. Le dépistage des IST du couple doit être systématique y compris en dehors des couples consultant pour un désir de procréation pour une prise en charge adéquate.

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	06.12.2017

TRACK C: Epidemiology and Prevention Science

New Approaches for Prevention

CHAIRS: Francois Dabis, France
Meg Doherty, Geneva, Switzerland

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	06.12.2017

WEAC0701 - TRACK C2

A review of values and preferences for blood-based versus oral fluid HIV self-tests

.....10:45 – 11:00

Figueroa Carmen, Johnson Cheryl, Verster Annette, Macdonald Virginia, Baggaley Rachel

World Health Organization (WHO), Geneve, Switzerland

BACKGROUND: In 2016, WHO recommended HIV self-testing (HIVST) as an additional approach to HIV testing services. As of June 2017, 40 countries have a supportive policy for HIVST, and 48 countries are planning to introduce HIVST as part of their national strategic plans, testing strategies and policies, and regulatory frameworks.

HIVST product options can generate demand, by giving users a choice of different types of test. Preference for blood versus oral specimen varies depending on factors such as the type of population, setting, behavioral characteristics and availability of products.

This review aims to support expansion of HIVST with information about the values and preferences of users regarding HIVST specimen types (oral or blood).

METHODS: Four electronic databases (Pubmed, Embase, Scopus and Popline) were systematically searched between January 1995 and July 2017.

We included studies comparing oral to blood self tests that reported on preferences for specimen type for HIVST, whether participants self-tested or not. Extracted data was analyzed by type of population (general or key population).

RESULTS: 11 studies met inclusion criteria. The majority found that participants preferred blood-based tests (n=8/11), because they considered blood based tests to be more accurate than oral based tests. In particular, men who have sex with men, people who inject drugs, as well as men in general, had strong preference for blood-based self-tests.

However, three studies (n=3/11) also reported participants preferred oral fluid-based HIVST, in particular men who have sex with men, men in general and female sex workers, primarily because these were considered painless. Young people in Malawi and female sex workers in Kenya in particular appeared to have a preference for oral fluid self-tests. The methodological quality of studies was variable, and some studies were small in scale. No meta-analysis was performed because of the heterogeneity of the studies.

CONCLUSIONS AND RECOMMENDATIONS: Some users expressed preference for blood-based HIVST because of considered higher accuracy than oral tests. However, countries should consider both blood and oral test options for HIVST, to provide choice and to reach a variety of people who may not test otherwise.

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	06.12.2017

WEAC0702 - TRACK C2

Comment améliorer le dépistage du VIH en population générale dans un contexte d'épidémie mixte? Résultats préliminaires de l'étude DOD-CI (ANRS 12323) en Côte d'Ivoire

11:00 – 11:15

Inghels Maxime1, Kouassi Arsène Kra2, Bekelynck Anne1,2, Carillon Séverine1, Sika Lazare3, Danel Christine2, Larmarange Joseph1

1CEPED (Université Paris Descartes-IRD), Paris, France, 2PACCI/site ANRS de Côte d'Ivoire, Abidjan, Côte d'Ivoire, 3ENSEA, Abidjan, Côte d'Ivoire

CONTEXTE: Dans un contexte de financements contraints et une prévalence nationale du VIH estimée à « seulement » 3,7 % en population générale adulte, la réalisation de vastes campagnes de dépistage « tout ve-

nant » est difficilement soutenable en Côte d'Ivoire. Il est dès lors indispensable d'améliorer la couverture du dépistage volontaire ou de la proposition d'un test à certains « moments clés » du parcours sanitaire des individus.

OBJECTIF: Identifier les Opportunités Manquées de proposition de test (OM) et les Démarches de test Inabouties (DI) auprès des personnes n'ayant pas effectué de dépistage au cours des 5 dernières années.

MÉTHODES: Une étude transversale a été réalisée par interviews téléphoniques auprès d'un échantillon représentatif de la population ivoirienne. Une OM était définie par l'absence de proposition de test lors d'une consultation pour des soins prénataux, une Infection Sexuellement Transmissible (IST) ou un bilan de santé pré maritale. Une DI était définie par une démarche de dépistage volontaire n'aboutissant pas sur un dépistage effectif de l'enquêté.

RÉSULTATS: Sur les 2768 personnes interrogées (données préliminaires), 1 233 (51 % des hommes et 34 % des femmes) n'avaient pas réalisé de test au cours des 5 dernières années. Parmi eux, 34 % ont connu une situation où ils auraient pu être dépistés (OM uniquement : 11 % ; DI uniquement : 20 % ; OM et DI : 3 %).

Les OM étaient plus fréquentes en cas de consultation pour une IST (65 %) et chez les hommes accompagnant leur femme à une consultation prénatale (65 %). Les OM concernaient principalement les hommes en zone rurale, sans assurance santé, ayant une richesse perçue faible et déclarant des facteurs de risques sexuels.

Les DI concernaient les populations urbaines, jeunes et instruites, témoignant une précarité professionnelle (recherche d'un premier emploi), maritale (non marié légalement) et économique. Les principales raisons de DI aussi bien chez les femmes que chez les hommes étaient liées à la peur du résultat (35 %) suivi du manque de temps ou une file d'attente trop longue (22 %).

CONCLUSION: Plus d'un tiers des personnes non dépistées aurait pu être testées à l'occasion d'un évènement indicateur ou si elles étaient allées au bout de leur démarche de test. L'atteinte du dépistage universel en Afrique de l'Ouest, prélude indispensable de l'objectif 90-90-90 des Nations Unies, nécessite d'identifier les leviers d'actions qui permettront de réduire ces occasions manquées.

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	06.12.2017

WEAC0703 - TRACK C2

Provision of Isoniazid Preventive Therapy to people living with HIV in Swaziland: A retrospective cohort study

11:15 – 11:30

Pasipamire Munyaradzi1, Simelane Batsabile2, Mndzebele Phumzile1, Lukhele Nomthandazo1, Haumba Samson2

1Swaziland National AIDS Programme, MoH, Mbabane, Swaziland, 2University Research Co.,LLC (URC), Mbabane, Swaziland

BACKGROUND: In 2010, the Swaziland National AIDS Programme (SNAP) scaled up provision of isoniazid preventive therapy (IPT) and targeted to initiate 50% of IPT eligible patients by 2015. However, national data show less than 10% IPT uptake. The low uptake is further coupled with challenges in reliable central reporting of the number of patients initiating isoniazid (INH) and lack of a reliable denominator for eligible patients. To estimate the uptake IPT, we evaluated the TB screening and INH provision cascade along the continuum of TB/HIV collaborative care.

METHODS: A retrospective cohort review of HIV positive patients aged ≥15 years was conducted from July to November 2015 at 11 health facilities. Patients seen between July and November 2014 were included. Patients were assessed TB screening using the WHO recommended 4 symptom screen. Those who screened negative were assessed for IPT provision from time of screen until the date the client record was reviewed. TB diagnostic evaluation and IPT provision were assessed for those who screened positive and those who were evaluated TB negative respectively. IPT initiation among those completing anti-TB treatment was also assessed as recommended by the national guidelines. Cross validation with patient electronic records was also conducted. Proportions and logistic regression were used to describe and infer findings respectively.

RESULTS: There were 1760 clients seen comprising 965 (55%) females, 791 (45%) males and 4 (0%) had undocumented sex. TB screening was documented for 1710 (97%) patients and 1530 (76%) screened negative. Of these 100 (8%) were initiated on INH. Among those who screening positive (n=398), 219 (55%) had documented TB diagnostic evaluation and 61 (28%) evaluated negative for TB and 6 (10%) were initiated on IPT. TB was diagnosed in 152 and all were started anti-TB treatment. Of these 24 (16%) were initiated on IPT on completion of anti-TB treatment. In the adjusted model, those completing anti-TB treatment were 3.8 times more likely to be initiated IPT compared to those who were not treated for TB [OR=3.7 (1.4- 10.4); p=0.01].

CONCLUSIONS AND RECOMMENDATIONS: Initiation of IPT was consistently low regardless of the eligibility points of interest. IPT initiation was is significantly higher among those completing TB treatment. Simplified guid-

ance for IPT is key to successful implementation and TB clinics can provide valuable lessons.

KEYWORDS: Isoniazid preventive therapy, Swaziland, PLHIV

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	06.12.2017

WEAC0704 - TRACK C2

Female HIV status and willingness to support voluntary medical male circumcision (VMMC) in couples in Rakai, Uganda

11:30 – 11:45

Nabukalu Doreen, Murungi Teddy Maria, Nalugoda Fred, Kigozi Godfrey, Lutalo Tom

Rakai Health Sciences Program, Kampala, Uganda

BACKGROUND: VMMC is one of the strategies to reduce HIV infection in men. Women play an important role in influencing their partners to get circumcised and practice other HIV protective measures after VMMC. A number of studies have examined acceptance of VMMC in males and limited knowledge is available on female's willingness to support spouse uptake of VMMC. In this study, we measured the prevalence of female willingness to VMMC and determined the association between female HIV status and willingness to VMMC in a rural community.

METHODS: A cross-sectional design using couple's data collected by Rakai Community Cohort Study from 2006 to 2014. Couples with uncircumcised men 15 to 49 years were included. Main outcome variable was the wife's willingness to VMMC, while main explanatory variable was wife's HIV status. Frequency tables were used to measure prevalence of female willingness to VMMC. We used Chi2 tests to test for significant differences between wife's HIV status and willingness to VMMC. Adjusted multivariable generalized linear model with logit-binomial distribution was used to establish association between wife's HIV status and willingness to VMMC adjusting for wife's age, whether she is in an HIV discordant marital relationship, wife's number of sexual partners in the previous 12 months, willingness of the husband to be circumcised and wife's residence. We also adjusted for clustering effects of the different data collection time points.

RESULTS: A total of 3436 couples were included in the study. Of these,

3317 (96.5%) couples had wives willing to have their spouses circumcised. Close to 99% of the females who were HIV positive were willing to have their spouses circumcised (P< 0.001) compared to 95.9% of the HIV negative females. In the adjusted model, the odds of willingness to VMMC were more than 2 times higher in HIV positive females compared to HIV negative females(adjOR=2.017, 95% CI: 1.779-2.299, p< 0.001). In addition, women whose husbands were willing to be circumcised (adjOR=2.34, 95% CI:1.583-3.454, p< 0.001) had a 2 fold increase in the odds of willingness to VMMC compared to those whose husbands were not willing at all to be circumcised.

CONCLUSIONS AND RECOMMENDATIONS: From these results, it can be deduced that prevalence of female willingness to support VMMC is high thus the need to involve them in VMMC campaigns. It can also be noted that HIV status of the female is key in factors that determine females' support of VMMC.

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	06.12.2017

WEAC0705 - TRACK C2

Rapid Scale-Up of Voluntary Medical Circumcision in Zambezia, Mozambique: Four Years of Program Outcomes

11:45 – 12:00

Castro Rui1, Dane Sarina2, Sutton Roberta2, Mizela Jose1, Di Mattei Pietro1, Vitale Mirriah2, Chilundo Balthazar1, Mussa Antonio1, Decastro Joel3, Soares Linn Juliana2

1ICAP at Columbia University in Mozambique, Maputo, Mozambique, 2ICAP at Columbia University, New York, United States, 3Columbia University Medical Center, Department of Urology, New York, United States

ISSUES: Voluntary medical male circumcision (VMMC) is an important HIV prevention method, reducing a man's risk of acquiring HIV from a female sexual partner by 60%. VMMC programs also serve as avenues for HIV testing and present potentially important opportunities to enroll and engage men newly diagnosed with HIV in care and treatment services.

DESCRIPTION: ICAP at Columbia University has been providing VMMC services for men and boys ages 10 and up in Zambezia Province, Mozambique since 2013, supporting a package of services that includes contribu-

tions to national-level VMMC policies, provision of supplies and commodities, rehabilitation of infrastructure, capacity building for healthcare workers, community sensitization, demand generation, and support of direct services.

LESSONS LEARNED: Between January 2014 and May 2017, ICAP supported 10 healthcare clinics providing facility-based VMMC, as well as two mobile clinics which traveled to rural areas of Zambezia to provide VMMC services. To generate demand for VMMC programs, ICAP conducted age group-specific outreach, including mass media campaigns and education sessions at schools and community events. During this time, 128,750 males underwent initial VMMC counseling, including HIV testing, and 127,509 (99.0%) males were circumcised. In total, 77,124 (60.5%) of those circumcised were adolescents and young men between the ages of 15-24. Among the 45,329 males who reported how they had learned about VMMC, 54.5% had heard about VMMC services through a friend, 23.1% through a mass media campaign on TV or radio, 14.1% from a healthcare worker, 4.8% from a community counselor, and 2.3% through other means. VMMC counseling also served as a vehicle to connect males with HIV care and treatment services. Among the 660 males newly diagnosed as HIV-positive during screening between June 2015 and May 2017, 644 (97.6%) were referred for HIV care, and 616 (95.7%) were enrolled in care and treatment services

NEXT STEPS: Using targeted demand generation strategies, VMMC programs can successfully circumcise large numbers of men and boys. The utilization of mobile clinics can help VMMC programs ensure that they are providing services to communities not in easy reach of healthcare facilities. ICAP programs will continue to provide targeted outreach to adolescents and young men, as recent modelling has shown that medically circumcising the 15-29 year old age group has the most immediate impact on the HIV epidemic.

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	06.12.2017

TRACK E: Health Systems, Economics and Implementation Science

Key Population and HIV

CHAIRS: Douda Diouf
Stephania Koblavi
E Messou, Abidjan, Côte d'Ivoire

12:45 – 14:15 | PROF. FEMI SOYINKA (Palais Des Congrès) | 06.12.2017

WEAE0801 - TRACK E5

Combler les Insuffisances: L'Opérationnalisation du Continuum des Soins VIH Pédiatriques – Cas de la Clinique AED-Kara au Togo

.....12:45 – 13:00

Lopez Andrew C.1, Katin Atomkilasso2,3, Fiori Kevin1,4, Gbeleou Ses-so2,5

1Hope Through Health, Lomé, Togo, 2Hope Through Health, Kara, Togo, 3CHU - Kara, Kara, Togo, 4Children's Hospital at Montefiore, Bronx, United States, 5Association Espoir pour Demain (AED-Lidaw), Kara, Togo

ISSUES: Fournir des soins de qualité à tous les enfants vivant avec le VIH/SIDA reste un défi mondial et nécessite le développement des nouvelles approches de prestation des soins de santé. La chaine de valeur de la prestation des soins (CDVC en anglais) est un outil qui fait la cartographie des activités nécessaires afin de fournir des soins efficaces à un patient ayant une maladie précise à travers le continuum des soins. Elle permet une meilleure allocation des ressources, améliore la communication et coordonne les activités. Nous rapportons sur l'application réussie du CDVC comme une stratégie d'optimisation des soins et d'amélioration de la qualité des soins pour des patients VIH pédiatriques à Kara au Togo.

DESCRIPTIONS: Les objectifs étaitent de:

1) Renseigner un CDVC pour les soins pédiatriques VIH dans la région de la Kara au Togo;

2) Identifier les lacunes dans la prestation des soins selon l'analyse du CDVC; et

3) Piloter un plan d'amélioration de la qualité des soins selon les lacunes identifiées.

Une série de discussions semi structurées a été menée avec des parties prenantes clés pendant deux semaines. Ces séances ont permis la cartographie des services disponibles aux patients VIH pédiatriques. Une analyse des services et l'identification des gaps ont été faites à travers les 6 phases de la gestion du VIH pédiatrique. Ensuite, un plan d'amélioration de la qualité des soins a été établi afin de combler les gaps.

LESSONS LEARNED: Au cours de 12 mois, 13 activités d'amélioration de la qualité des soins ont été suivies, dont 11 ont atteint les objectifs fixés. Par exemple : une augmentation des nouveau-nés exposés au VIH ayant

bénéficié du test PCR à l'âge de 2 mois (39-95%), une augmentation des nouveau-nés exposés au VIH ayant bénéficié du test de sérologie VIH à l'âge de 18 mois (67-100%), et une augmentation des nouveau-nés ayant bénéficié de la numération CD4 dans les premiers 3 mois depuis le dépistage positif du VIH (67-100%).

NEXT STEPS: Le cadre du CDVC a montré son utilité dans l'amélioration de la qualité à travers le continuum des soins VIH pédiatriques, de trois manières spécifiques : (1) la facilitation de la première cartographie compréhensive des services VIH pédiatriques, (2) l'identification des gaps dans les services, et (3) la dynamisation d'un plan d'amélioration de la qualité des soins. Le CDVC est un cadre qui pousse des actions stratégiques et importantes afin d'améliorer les soins VIH pédiatriques.

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	06.12.2017

WEAE0802 - TRACK E5

CONTRIBUTION DES MÉDIATEURS COMMUNAUTAIRES A L'ATTEINTE DES 90 90 90 de l'ONUSIDA CHEZ DES TRAVAILLEUSES DE SEXE VIVANT AVEC LE VIH (TSVVIH) : CAS DU CENTRE MEDICO SOCIAL de l'ONG FAMME AU TOGO

.....13:00 – 13:15

Bou Kossi Komlavi, Sodji Kouamvi Dometo

ONG FAMME, Lomé, Togo

CONTEXTE: Beaucoup de TS dépistées positives au VIH n'acceptent pas leur enrôlement dans le continuum de soins des structures de prise en charge (PEC). Des inégalités et obstacles demeurent en ce qui concerne l'accès aux services de dépistage du VIH, à l'arrimage aux soins, la rétention dans les soins pour une suppression virale durable.

DESCRIPTION: Le Centre Médico Social (CMS) de l'ONG FAMME (Forces en Action pour le Mieux-être de la Mère et de l'Enfant) a adopté en 2014 une nouvelle approche de PEC VIH des TS reposant sur une forte implication des médiateurs gestionnaire de cas individualisé (MGCI). Cette implication commence dès l'offre de conseil dépistage volontaire en stratégie fixe, avancée et mobile. Le MGCI devient la porte d'entrée et de sortie de la TS PVVIH au CMS.

La TSVVIH référée au CMS est orientée vers un MGCI qui la rassure du respect de la confidentialité des prestataires médicaux, de la disponibilité des offres de service, de l'efficacité des soins. Cela contribue à dissiper la peur et l'angoisse de la première prise de contact de la TSVVIH et facilite son enrôlement dans le circuit de soins. Le MGCI la retrouve à la sortie de la consultation et l'aide à construire son réseau primaire et un réseau d'aidants professionnels (médecins, psychologue, agents socio éducatifs...) autour d'elle. Les TSVVIH sous TARV bénéficient d'un suivi individuel, d'un accompagnement psychosocial et thérapeutique. La majorité des TSVVIH est ainsi maintenue dans le continuum de soins et évolue vers une suppression virale durable (SVD).

RÉSULTATS:

- Une augmentation de la file active de PEC VIH :

Sur 239 TS séropositives référées suivies entre 2014 et 2017, 216 (90%) ont initié le TARV

- Le maintien de la majorité des TS dans le continuum de soins :

Sur 216 TS sous ARV 179 (83%) y sont maintenues

- Une SVD chez les TSVVIH sous TARV :

Sur 118 TS maintenues sous TARV et éligibles à la charge virale, 85% ont une SVD

LEÇONS APPRISES: L'utilisation des MGCI a permis de réduire le taux de perdus de vue et d'abandon du TARV.

L'implication des MGCI dans la PEC globale des TSVVIH s'est révélée une bonne approche à répliquer pour réduire les problèmes d'accès des TS aux soins du VIH.

Une amélioration de la cascade de soins et de suivi est possible grâce à l'approche basée sur le MGCI.

Un renforcement de capacités organisationnelles des structures de PEC des TSVVIH est nécessaire pour le maintien des offres de services spécifiques aux TS.

MOTS CLÉS: MGCI, cascade

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	06.12.2017

WEAE0803 - TRACK E5

Engagement des familles affectées par le VIH dans la prise en charge

de leurs membres les plus vulnérables: Expérience de projet « REVE » en Côte d'Ivoire financé par USAID

13:15 – 13:30

Kouakou Eléonore1, Coulibaly N'Djanbilé Kassoum1, Mahan Wemin Louise2, Semde Abla Gisele2

1International Rescue Committee, Abidjan, Côte d'Ivoire, 2Save the Children Cote D'Ivoire, Abidjan, Côte d'Ivoire

ISSUES: La catégorisation des ménages est le socle de l'offre de service approprié de renforcement économique et l'index d'évaluation des ménages (IEM) est un outil décisionnel pour le projet "Ressources pour l'Elimination de la Vulnérabilité des Enfants" (REVE) dans les régions du Gbêké, Bélier, Indénié-Djuablin, Agnéby- Tiassa, N'zi iffou et Abidjan II

DESCRIPTIONS: REVE utilise l'IEM, développé par le Programme National des Orphelins et Enfants Vulnérables (PNOEV) pour évaluer les ménages bénéficiaires enrôlés dans le projet à partir d'un membre nouvellement dépisté VIH positif. Les 336 conseillers communautaires (CC) issus de 21 organisations de la société civile (OSC), formés à l'administration du questionnaire de cet index, conduisent un entretien avec les chefs des ménages. L'analyse des résultats, permet d'affecter des scores de 0 à 57. Les ménages avec un score de 0-19 sont de catégorie 1 et indique les ménages vivant dans « le dénuement total ». La catégorie 2 avec un score de 20-38, correspond aux ménages qui « luttent pour joindre les deux bouts » et, la catégorie 3, avec 39-57, regroupe les ménages « prêts à croître ». L'éducation financière en 3 sessions de 15 minutes chacune lors des visites à domicile est fait aux 3 catégories. En plus, les catégories 1 reçoivent des transferts monétaires pendant 9 mois , les préparant à d'autres interventions. Les plus de 18 ans, des catégories 2 et 3 sont sensibilisés, formés et encadrés pour adhérer à une association villageoise ou urbaine d'épargne et de crédit (AVEC) et bénéficient aussi d'une formation en entrepreneuriat.

LESSONS LEARNED: Dans les 22 districts couverts par REVE, au bout de 28 mois, 10 570 ménages de PVVIH[1] ont été évalués progressivement, 8% sont de catégorie une, 79% de catégorie 2 et13% de catégorie 3. Des 9724 ménages des catégories 2 et trois, 3 043 femmes et 396 hommes sont actifs dans 146 AVEC, ont mobilisés 132 654765 F CFA et ont créé 2385 activités génératrices de revenue offrant à ce jour 1006 emplois aux membres de leurs communautés. De plus, 8 188 OEV[2] sont soutenus directement par leurs parents membres d'AVEC, pour leurs besoins en éducation, en santé et nutrition, depuis 6 mois en moyenne.

[1] Personne vivant avec le VIH

[2] Orphelin et enfant vulnérable du fait du VIH

NEXT STEPS: Une évaluation à 36 mois pour chaque ménage pourra montrer l'évolution. Par ailleurs les fédérations d'AVEC en cours sont le gage de

la durabilité.

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	06.12.2017

WEAE0804 - TRACK E5

Improving the linkage of HIV-infected individuals to clinical care: Lessons learned from the AIDS Healthcare Foundation- Kenya

.....13:30 – 13:45

Shamsudin Abbasali, Biwot Betty, Odoke Wilfred, Nyaguthi Mary, Maranga Wamae

AIDS Healthcare Foundation, Mombasa, Kenya

ISSUES: Identifying HIV infected individuals (PLWH) in the community, linking them to clinical care and initiating them on effective antiretroviral therapy; with the subsequent suppression of their viral load has individual, as well as population-level benefits. Effective linkage of PLWH to clinical care (LTC) remains a challenge globally. In Kenya, only 40% of PLWH are linked to clinical care. The gains as a result of improvements in the HIV diagnosis process can only be realised if LTC is closely monitored and improved. The absence of an electronic system to monitor LTC at the individual, as opposed to population-level, exacerbates the challenge. The AIDS Healthcare Foundation - Kenya (AHF) developed an electronic database in 2016 to address this gap. It is intended to help seal the leaky HIV treatment cascade by improving LTC.

DESCRIPTION: The nation-wide electronic database provides coordinators and managers with real time patient-level data on LTC that forms a basis for targeted mentorship. Service providers offering HIV testing capture all client details in the password-protected database at the point of service delivery. This enables easy follow-up of HIV infected clients until they are effectively linked to clinical care. The database can be accessed on a desktop computer, laptop, tablet or smart phone. The system is designed to flag errors. Sites have access to their own reports and can manage their own data including downloading the reports and using them for decision making.

LESSONS LEARNED: The database has created facility-level ownership and improved service quality by ensuring all linkage processes are documented and the outcome determined. Coordinators and managers from the head office can generate reports and monitor progress on LTC in all the 281 AHF-supported HIV testing sites in the country, without the need to frequently travel to the sites. This has led to improved efficiency and evidence-informed action planning. Consequently, LTC at AHF has improved

from 76.3% in June 2016 to 90.4% in June 2017 (p< 0.005), way above the national average. It has also led to an improvement in the quality of the reports in terms of completeness, accuracy and timeliness.

NEXT STEPS: Strengthening advocacy and data sharing at different levels and scaling up the database to include additional modules that will help in tracking the efforts made in following up the clients.

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	06.12.2017

WEAE0805 - TRACK E5

Stigma among HIV-positive mothers and retention of HIV-exposed infants in Zambia

13:45 – 14:00

Mudhune Sandra1, Phiri Sydney Chauwa1, Prust Margaret L.2, McCarthy Elizabeth1, Chisenga Tina3, Mubiana Mwangelwa4, Maureen Mzumara4, Haimbe Prudence1, Shakwelele Hilda1, Prescott Marta2

1Clinton Health Access Initiative, Lusaka, Zambia, 2Clinton Health Access Initiative, Boston, United States, 3Ministry of Health, Lusaka, Zambia, 4Centre for Infectious Disease Research in Zambia, Lusaka, Zambia

BACKGROUND: More than half the cases of mother to child transmission (MTCT) of HIV occur during breastfeeding. Programs traditionally focus on antepartum prevention, with less emphasis on follow-up and retention during breastfeeding. The limited focus on postpartum HIV care may be compounded by experiences of stigma among HIV-positive mothers resulting in loss to follow-up after birth. This assessment aimed to understand the levels of stigma among HIV-positive mothers receiving care in Zambia as well as the retention level of HIV exposed infants (HEIs) after birth.

METHODS: A baseline assessment was conducted before the launch of a cluster-randomized control trial in Zambia. Using the HIV/AIDS Stigma Instrument-PLWA (HASI-P), mothers were conveniently sampled from clinics to participate in a survey on experiences with stigma from the health care worker (HCW), the community, and the mothers' own negative self-perception (i.e. internalized). Mean caregiver scores are reported for stigma on a scale of 0-3 with higher values indicating higher stigma. To measure retention for HEIs, retrospective data was extracted from facility child registers on HEIs aged 6-10 weeks who were tested for HIV between January and April 2016 to measure whether they were retained at 12-months. Data was analyzed at the facility level and total proportions are reported.

RESULTS: From a total of 223 mothers interviewed, HCW stigma was higher than the average reported for Malawi, Lesotho, Swaziland, Tanzania and South Africa combined (mean score 0.53 vs 0.15) while internalized stigma (0.48 vs 0.95) and community stigma (0.36 vs 0.44) were lower. HCW stigma was 47% higher than community stigma. In the context of these levels of stigma, of the 443 children retrospectively reviewed and across 25 facilities, only 4.3% and 2.7% attended all monthly clinic visits up to 6 months and 12 months respectively. A total of 45% returned at 12 months to obtain an HIV test.

CONCLUSIONS AND RECOMMENDATIONS: These findings provide evidence that HCW stigma is high for HIV-positive caregivers in Zambia and that retention of HEI in care during breastfeeding is low, though quality of data in facility registers was poor. Therefore, programs aimed at reducing stigma may be effective in improving services for this population and increasing postpartum retention in care.

14:45 – 16:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	06.12.2017

TRACK B: Clinical Science, Treatment and Care

Non-Communicable Diseases and HIV Infection

CHAIRS: James Hakim, *Zimbabwe*
Madeleine Amorissani-Folquet, *Abidjan, Côte d'Ivoire*
Aka Kakou, *Côte d'Ivoire*

14:45 – 16:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	06.12.2017

WEAB0901 - TRACK B5

Combler les Insuffisances: L'Opérationnalisation du Continuum des Soins VIH Pédiatriques – Cas de la Clinique AED-Kara au Togo

14:45 – 15:00

Prévalence des manifestations cardiovasculaires chez des Adultes Ouest Africains infectés par le VIH sous trithérapie antirétrovirale à Abidjan

Ello Frédéric Nogbou1,2, Soya Esaie Kossa3, Coffie Patrick Ahuatchi1,2, Kouakou Gisèle Affoué1,2, Kassi Alain N'douba1,2, Adama Doumbia1,2, Mossou Melaine Chrysostome1,2, Iklo Coulibaly3, Ahibo Hugues4, Ehui Eboi1,2, Tanon Aristophane1,2, Aoussi François Eba1,2, Bissagnene Emmanuel1,2, Kakou Aka1,2, Eholie Serge Paul1,2

1Service des Maladies Infectieuses et Tropicales, CHU de Treichville, Abidjan, Côte d'Ivoire, 2Département de Dermatologie et Maladies Infectieuses, Université Felix Houphouët Boigny, Abidjan, Côte d'Ivoire, 3Institut de Cardiologie d'Abidjan, Abidjan, Côte d'Ivoire, 4UFR Sciences Pharmaceutiques et Biologiques, Université Félix Houphouët-Boigny, Abidjan, Côte d'Ivoire

CONTEXTE: Les Maladies Non Transmissibles (MNT) connaissent une incidence croissante tout particulièrement chez les adultes infectés par le VIH. Peu d'études ont été menées dans notre contexte de pays à ressources limités. Nous sommes intéressés à la morbidité sévère des manifestations cardiovasculaires chez les patients infectés par le VIH et sous traitement antirétroviral (ARV) à Abidjan.

OBJECTIF: Estimer la prévalence des manifestations cardiovasculaires chez les patients infectés par le VIH, suivis au Service des Maladies Infectieuses et Tropicales d'Abidjan et identifier les facteurs associés aux formes sévères.

Matériel et **MÉTHODES:** Etude transversale, menée au Service des Maladies infectieuses et Tropicales (SMIT), d'Avril à Juillet 2015 chez des patients âgés de plus de 18 ans, VIH-1 (+), sous TARV depuis au moins 12 mois. Le recueil des données s'est fait à l'aide d'un questionnaire standardisé. Le critère d'évaluation principal était la proportion des patients présentant une manifestation cardiovasculaire (MCV) sévère diagnostiquée par l'Echocardiographie et l'Echodoppler des vaisseaux. L'analyse statistique et la méthode de régression logistique ont permis de déterminer la prévalence des MCV et les facteurs associés aux MCV sévères.

RÉSULTATS: 278 (74,5% de femmes) patients ont été inclus dans l'étude. L'âge médian était de 46 (IIQ:41- 52) ans ,43% était au stade C de la maladie avec une médiane globale de CD4 à l'initiation des ARV de 234 (IIQ:105-349) cells/mL avec une CV médiane à 1.88 (IIQ:3.1-3.63) log10 copies/mL au moment de l'enquête. La durée médiane sous TARV était de 7 ans et 121(44%) patients étaient sous traitement de première ligne, 58(12%) sous seconde ligne. La prévalence des manifestations cardiovasculaires sévères % dont 7,6 % [IC 95%:4,74-11,32] des MCV sévères, dominées par les hypertensions artérielles pulmonaires et les cardiomyopathies dilatées. En analyse univariée et multivariée, les facteurs indépendamment associés à ces MCV sévères étaient l'âge avancé (> 50 ans) et un taux de CD4 Nadir > 200 cell/mm3.

CONCLUSION: Notre étude rapporte une morbidité sévère non négligeable des MCV. Par ailleurs, elle souligne l'intérêt un dépistage standardisé de ces affections chez les sujets VIH positifs âgés et la nécessité de l'instauration des ARV à un stade précoce de la maladie en application des dernières recommandations de l'OMS.

14:45 – 16:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	06.12.2017

WEAB0902 - TRACK B5

Atherogenic Indices and Cardiovascular Disease Risk of Seropositive HIV Patients on Highly Active Antiretrovirals in Western Nigeria

15:00 – 15:15

Usman Saheed Opeyemi, Agboola Ganiyu Babatunde

Equitable Health Access Initiative, Department of Clinical Laboratory Services, Lagos, Nigeria

BACKGROUND: Cardiovascular risk factors place HIV-infected patients at increased risk for cardiovascular diseases (CVDs) due to complex interactions between traditional CVD risk factors, antiretroviral therapy (ART) and HIV infection itself. The report of the 2012 National Reproductive Health Survey Plus indicated that the prevalence of HIV/AIDS in Nigeria is about 3.4% while Ondo State has a prevalence of 4.3%. This study was therefore designed to evaluate the CD4+ T cell count, atherogenic indices & risk score of adult HIV seropositives on antiretrovirals, those yet to be started on HAART and HIV seronegative control subjects.

METHODS: Serum levels of CD4+ cell count of adult HIV seropositive subjects on Highly Active Antiretroviral Therapy (HAART), HAART naïve subjects and seronegative controls were determined using flow cytometry while their atherogenic indices and Framingham risk score were determined from enzymatic spectrophotometrically determined lipids & lipoproteins. All data were expressed as Mean ± Standard Deviation and analyzed with Analysis of Variance while multiple comparisons were done using Post Hoc test.

RESULTS: The mean serum cardiac risk ratio (CRR), atherogenic index of plasma (AIP), atherogenic coefficient (AC) and Framingham Risk Score (FRS) were significantly increased in the HAART group as compared with those of the two other groups but no significant difference in the parameters between the control subject and HAART naïve group.

CONCLUSIONS AND RECOMMENDATIONS: HIV in itself may have an effect on the metabolism of lipids and lipoproteins, with ultimate effect on the atherogenic indices and risk score. This is probably worsened by antiretroviral therapy as the increased levels of these indices were mainly seen in the HAART group, constituting a major risk for cardiovascular diseases.

14:45 – 16:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	06.12.2017

WEAB0903 - TRACK B5

Prévalence et Facteurs Associés aux Pathologies Cardiovasculaires chez les Patients en Succès Virologique Suivis au Centre de Traitement Ambulatoire (CTA) de FANN

15:15 – 15:30

Prévalence et facteurs associés aux pathologies cardiovasculaires chez les patients en succès virologique suivis au Centre de Traitement Ambulatoire (CTA) de FANN

Badiane Aboubakar Sidikh, Ndour Cheikh Tidiane, Ka Daye, Cisse Viviane Marie, Thioub Daouda, Dieye Alassane, Massaly Aminata, Fall Ndeye Maguette, Diop Moustapha, Lakhe Ndeye Aissatou, Diallo Khardiata, Assane Diouf, Seydi Moussa, Fortes Louise

Service des Maladies Infectieuses au CHUN - FANN, Dakar, Senegal

INTRODUCTION: L'efficacité à long terme du traitement antirétroviral a entrainé une réduction accrue de la morbi-mortalité liée aux affections opportunistes, cependant on assiste à une prévalence élevée des comorbidités non liées au SIDA.

OBJECTIFS: Les objectifs étaient de déterminer la prévalence des affections cardio-vasculaires chez les patients suivis au CTA de Fann, et d'identifier les facteurs associés à la survenue de ces affections.

MATÉRIELS ET MÉTHODES: Il s'agissait d'une étude transversale descriptive, et analytique allant du 1er janvier 2009 au 31 Décembre 2014. Les données ont été collectées à partir de dossiers de patients VIH-1 positifs sous traitement antirétroviral et en succès virologique suivis au CTA de Fann à Dakar.

RÉSULTATS: Durant une période d'étude de 5 ans, nous avons colligé 758 dossiers de patients dont 55 cas de pathologies cardiovasculaires soit une prévalence de 7,3%. L'âge moyen était de 44,1 ± 10,6 ans . Le sexe féminin

était prédominant avec un sex ratio H/F de 0,52.

Plus d'un tiers des patients présentaient une comorbidité représentés par l'obésité (10,3%), le diabète (1,7%), et la co-infection avec l'hépatite B (0,8%). La consommation d'alcool et de tabac était retrouvée dans moins de 3% des cas. . Sur le plan paraclinique, le taux moyen de Lymphocytes TCD4+ était de 613 ±291,06 cellules/mm 3. La glycémie moyenne était de 89,68 ±18,44 g/l. Un quart des patients avaient une hypercholestérolémie totale avec une moyenne de 185,74 g/l ±42,4 et un taux HDL cholestérol bas avec une moyenne de 53,84 ±28,2 g/l ; 11% présentaient un taux de LDL cholestérol élevé une moyenne de113,04 ±39,5 g/l et 8% une hypertriglycéridémie une moyenne de 98,97±62,7 g/l.

Comme facteurs significativement associés à la survenue de ces affections, nous avons retrouvé l'âge supérieur à 52 ans (p= 0,035), l'exposition au tabac (p= 0,000) l'hyperglycémie (p = 0,010) et l'hypercholestérolémie à LDL (p =0,000)

CONCLUSION: L'infection à Vih est devenue une maladie chronique dans un contexte de vieillissement prématuré. On assiste de nos jours à l'émergence de pathologies cardiovasculaires chez les patients contrôlés sur le plan virologique, d'où l'intérêt d'un dépistage et suivi rigoureux des affections pour une meilleur qualité de vie des PvVIH.

MOTS CLÉS: évènement non-classant SIDA CTA Fann Dakar Sénégal

14:45 – 16:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	06.12.2017

WEAB0904 - TRACK B5

Comparison of Lipid Profile and Glycosylated Hemoglobin Levels among HIV-infected and Non-HIV-Infected Individuals in Lesotho: A Community-based Cross-sectional Study

15:30 – 15:45

Cerutti Bernard1, Amstutz Alain2,3, Ringera Isaac4, Thin Kyaw5, Glass Tracy3, Labhardt Niklaus D2,3

1University of Geneva, Geneva, Switzerland, 2University of Basel, Basel, Switzerland, 3Swiss Tropical and Public Health Institute, Basel, Switzerland, 4SolidarMed, Swiss Organisation for Health in Africa, Butha-Buthe, Lesotho, 5Ministry of Health, Maseru, Lesotho

BACKGROUND: HIV is known to impact on the lipid and glucose metabolism. However, data comparing lipid status and glycosylated hemoglobin (HbA1c) among HIV-infected and non-HIV-infected adults in Sub Saharan Africa are still scarce. We present data from a community-based survey on lipid profiles and HbA1c levels in rural Lesotho, Southern Africa.

OBJECTIVES: To compare lipid profiles and HbA1c levels among HIV-infected treatment-naïve and non-HIV-infected adults.

METHODS: This survey was conducted during a large home-based HIV testing campaign as part of the CASCADE-trial (NCT02692027). In 2016, 62 rural villages in Northern Lesotho were visited to propose HIV testing to all households. Venous blood was drawn for lipid profile and HbA1c among the individuals tested HIV-positive. The HIV-negative individuals were selected from the same household or nearest household, with a preference for the member most closely matching the HIV-positive individual in terms of gender and age.

RESULTS: 278 individuals were found HIV-positive but ART naïve and could be matched to 132 non-HIV-infected individuals. Among these included 410 individuals 67.6% were women, and the median age was 41 years. Median body mass index was 24.5 kg/m2 in HIV-positive vs 28.1 kg/m2 in HIV-negative individuals (p< .001).

Prevalence of impaired fasting glucose or diabetes (HbA1c ≥5.6%) among men was 30.2% with no difference between HIV status (p=.930). Low HDL (≤1.0 mmol/L) was 57.5% with higher prevalence among HIV-positive (64.8% vs. 41.0%; p=.012). High LDL/HDL ratio (≥3.0) and total cholesterol/HDL ratio were 15.4% and 14.2%, respectively, with no difference between HIV status (p=.990 and .794).

Among women, prevalence of impaired fasting glucose or diabetes was 32.5%, higher for HIV-negative individuals (45.7% vs. 25.6%; p< .001). Low HDL (≤1.3 mmol/L) was 81.7% with higher prevalence among HIV-positive (86.6% vs. 72.5%; p=.005). High LDL/HDL ratio and total cholesterol ratio/HDL were 15.5% and 16.4%, respectively, with no difference between HIV status (p=.587 and .709).

CONCLUSIONS: This survey shows overall high rates of low HDL levels among a rural population in Southern Africa, with higher rates among HIV-positive individuals, but total cholesterol/HDL or LDL/HDL ratios were similar. Prevalence of HbA1c in the diabetic range was higher among non-HIV-infected women.

WEAB0905 - TRACK B5

Predictors of Incident Hypertension amongst Adult Patients on Antiretroviral Therapy (ART) in Western Kenya: A 60-month Retrospective Multi-center Cohort at the Kenya AIDS Response Program

15:45 – 16:00

Kairang'a Samson Kuhora1, Omondi Milton1, Mutwiri Jacob1, Ombuki Evans1, Kabira Daniel1, Rono Daniel2, Ochanda Boniface3, Nyabiage Lennah3, Musingila Paul3

1Kenya Conference of Catholic Bishops, Kenya AIDS Response Program, Nairobi, Kenya, 2Kenya Conference of Catholic Bishops, General Secretariat, Nairobi, Kenya, 3US Centers for Disease Control and Prevention, Division of Global HIV & TB, Nairobi, Kenya

BACKGROUND: While increased access to antiretroviral therapy (ART) has greatly reduced HIV/AIDS-associated morbidity and mortality, long-term use has been associated with increased non-communicable diseases and metabolic complications. Despite this, routine program data on the burden and epidemiology of hypertension (HTN) and its risk factors among HIV patients in resource-constrained settings are scarce. We conducted a 60-month retrospective cohort review of adult patients initiated on ART to understand incidence and predictors of hypertension.

METHODS: We abstracted data from program electronic medical records on patients initiated between 2004 and 2011 at 46 faith-affiliated hospitals in western Kenya. Hypertensive adults at initiation, and pregnant and lactating mothers were excluded from analysis. HTN was defined as systolic blood pressure (SBP) ≥ 140 mmHg and/or diastolic blood pressure (DBP) ≥ 90 mmHg on three consecutive visits. Person-time was defined as either ART initiation to the onset of HTN, loss-to-follow-up, stopped ART, transfer-out, death or completion of the 60 months follow-up (FU) period. We assessed predictors of HTN using univariate and multiple cox proportional hazards regression, accounting for site-level clustering. Stata/MP Version 14.2 and 5% level statistical significance were used for all tests.

RESULTS: Of 37,570 records, 23,609 were included in the analysis contributing 85,093 person-years of follow-up. Females constituted 67.5%, the median age-at-initiation was 36 years (IQR: 30-45) and median baseline CD4, 212 cells/mm3 (IQR: 123-290). At 60 months, 9.5% (2,253) of the patients were hypertensive; incidence rate was 2.65cases/100PY FU. Univariately, aging, male gender, higher baseline CD4 count, baseline obese or overweight patients and baseline advanced WHO-HIV staging were asso-

ciated with significantly increased risk of developing HTN. After accounting for gender, age at ART initiation and baseline BMI, baseline CD4 count and baseline WHO-HIV stage were not associated with a significant increase in risk of HTN. Having advanced HIV (Stage III/IV) or underweight patients had a lower risk of HTN, 11% and 21%, compared to stage I/II or normal weight patients respectively, keeping other predictors constant.

CONCLUSIONS AND RECOMMENDATIONS: Blood pressure and cardiovascular risk factors should be routinely monitored; other factors such as diet, weight control, physical exercise, and early HTN pharmacotherapy should be considered.

14:45 – 16:15	PROF. FEMI SOYINKA (Palais Des Congrès)	06.12.2017

TRACK D: Law, Human Rights Social Science and Political Science

Sex, Sexuality, Gender Relationship and HIV

CHAIRS: Loîs Chigandu, *Zimbabwe*
Kouamé Jean Konan, *Abidjan, Côte d'Ivoire*
Innocent Laison, *Senegal*

14:45 – 16:15	PROF. FEMI SOYINKA (Palais Des Congrès)	06.12.2017

WEAD1001 - TRACK D3

Population Characteristics and HIV Prevention and Treatment Needs of Young Women and Men in Informal Settlements in KwaZulu-Natal, South Africa

Rambally-Greener Letitia1, Pulerwitz Julie2, Psaki Stephanie2, Zieman Brady2, Hewitt Paul2, Greener Ross1, Beksinska Mags1

1Match Research Unit (MRU), Wits University, Obstetrics and Gynaecology, Durban, South

Africa, 2Population Council, Washington, United States

BACKGROUND: Given the wealth of data from national surveys and from HIV related sub-national studies in South Africa (SA), much is known about the HIV epidemic and its associated structural and individual risk factors. Much less is understood about the population of informal settlements and their specific HIV prevention and treatment needs, as representative data at this level have not been readily available.

METHODS: To describe the population, and experiences of young men and women living in informal settlements in two districts of KwaZulu-Natal (KZN), SA, with exploration of characteristics associated with HIV, such as migration, economic insecurity, sexual risk behaviors, intimate partner violence (IPV), and access to HIV health services. Interpretation of data from this study will be informed by comparisons with other data sources for the general population in KZN. Eighteen informal settlements in eThekwini and Ugu districts were selected for a cluster randomized evaluation of a community-based intervention to prevent HIV transmission, reduce IPV and increase HIV service utilization. In early 2017, cohort participants were recruited among women aged 18-24 and men 18-35 years; participants will be followed through 2019.

RESULTS: At baseline, approximately 1500 young men and women in informal settlements were surveyed. Local in-migration during the past year was 18% for both males and females. Economic insecurity was high: 51% of men and 52% of women reported no income in the last month; 63% would have difficulty borrowing ZAR 200 (USD 15) in an emergency. All participants were sexually active; most reported a main partner (men: 66%; women: 77%); few men or women reported being married to or living with their primary partner (12%; 16%), or having a secondary partner (10%; 2%). Among females with a current primary partner, 27% reported physical or sexual IPV in the last 6 months. Self-reported HIV status was comparable to other studies in the region: 13% of men and 30% of women reported being HIV positive. Recent HIV testing rates were high (70%), but for those reporting being HIV positive, only 39% of males and 24% of females were accessing treatment.

CONCLUSIONS AND RECOMMENDATIONS: The baseline data adds to the global evidence base by providing new information regarding socio-economic conditions, sexual behavior, GBV and HIV services in understudied informal settlements. The data highlight critical service gaps in HIV care and treatment.

WEAD1002 - TRACK D3

Prevalence and Associated Factors of Female Child Early Marriage Practice from 2009 - 2013 in Sinane District Northwest, Ethiopia, in 2014

Menegestie Sileshi Workineh

Maxwelstamp.Plc, Programme, Bahir Dar, Ethiopia

BACK GROUND: Early marriage is defined as any marriage carried out below the age of 18 years before the girl is physically, physiologically and psychologically ready to shoulder the responsibilities of marriage and child-bearing. It has a direct effect on realizing at least six of the MDGs; a main causes for poverty; denies access to education; limits gender equality and empowerment: increases child mortality; increases maternal health problems; and is a main risk factor in the spread of HIV and other STIs. It has major consequences for public health, national security, social development and human rights.

METHODS: A community-based cross sectional study design was carried out. The sampling method was done by using single population proportion formula. The total sample size for the study was 836 participants. The data were analyzed using logistic regression and the degree of association between independent and dependent variables was assessed using odds ratio with 95% confidence interval

RESULTS: A total of 802 participants responded for the interviews making the response rate 95.9%. Majority (74.6%) of the respondents were fathers and 151 (18.8%) of household heads were mothers. About 615 (76.7%) respondents wedded their daughters before 18 years of age. Sixty percent of girls married before their 15 years old. The mean marital age was (14.78 of 4.1). More than half 473 (59%) of respondents wedded one daughter each and the remaining 288 (35.9%) and 41 (5.1%) parents wedded two and three daughters respectively.

The odds of early marriage practice was 7 (95%CI: 3.4, 15.6) times higher among rural residents compared to urbanites. Families with monthly income of ranging ETB 451 -650 were 2.5 times more likely to practice those having more than ETB 800 (95% CI: 1.2, 4.97).

CONCLUSIONS: The prevalence of early marriage practice is high in the study area. Variables like residence.

RECOMMENDATIONS: The government of Ethiopia at all levels should

play a vital role to fight against harmful traditional practices especially early/child marriage, in order to bring about social change and influence the community for behavioral change and healthy communities.

14:45 – 16:15	PROF. FEMI SOYINKA (Palais Des Congrès)	06.12.2017

WEAD1003 - TRACK D3

MSM Peer Influencers on PrEP Uptake

Mukoma Charles, MSM

Ishtar MSM, Nairobi, Kenya

ISSUES: MSMs are defined as key populations and identified as priority populations in KAIS IV. Kenya has the 4th largest epidemic in the world with about 1.6 million people living with HIV .MSM HIV prevalence rate is 18.2% compared to 6% in the general population and high incidence rate of 18% .This instance leads to high levels of stigma and discrimination towards MSM deterring many people from seeking the HIV services they need. Many have been harassed by state officials and held in 'remand houses'without being informed of the charges against them.PrEP can provide a high level of protection against HIV, more so when it's taken consistently and combined with condoms and other prevention methods.

DESCRIPTIONS: Awareness creation: Disseminate PrEP I.EC information to hard to reach MSM peers. One on one discussions in their homes, hotspots,(clubs,parks,streets) and in social websites. Referral to friendly site is made to them Clinic for Eligibility Screening (HIV test, STI and hepatitis B). Follow up for retention is done after 2 weeks for 12 months for those who are willing and eligible.PrEP Support groups to support Adherence.

LESSONS LEARNED: In a period of 3 months of community sensitization 240 MSM in Nairobi were willing, screened and enrolled on PrEP, 110 already on daily Oral PrEP.Peer to Peer Approach influence many to take PrEP.Peers on PrEP act as a role model that influence uptake. Increase of HIV/Hepatitis B diagnosis, Knowledge of HIV status. Increased awareness of Hepatitis B and treatment.MSM communities taking PrEP with adherence challenges but continues to consistently have remained HIV negative

NEXT STEPS: Organizations working with key populations should have PrEP to compliment other preventive measures. The peer leaders should be trained about PrEP and should be empowered to cascade this information to their peers and influence them into taking it consistently.

WEAD1004 - TRACK D3

Unmet Need for Limiting Childbirth and Fertility Desires among HIV-positive Women in Togo

Yaya Issifou1,2, Patassi Akouda Akessiwè3, Landoh Dadja Essoya4, Bignandi Essodjèlouna Manani5, Kolani Kanfitine6, Patchali P'Niwè Massoubayo7, Coulaud Pierre-Julien1,2, Carrieri Patrizia1,2, Ekouevi Koumavi Didier8,9,10, Saka Bayaki11

1Aix Marseille Univ, INSERM, IRD, SESSTIM, Sciences Economiques & Sociales de la Santé & Traitement de l'Information Médicale, Marseille, France, 2ORS PACA, Observatoire Régional de la Santé Provence-Alpes-Côte d'Azur, Marseille, France, 3Service de Maladies Infectieuses, CHU Sylvanus Olympio, Université de Lomé, Lomé, Togo, 4World Health Organization, Country Office of Togo, Lomé, Togo, 5Service de Médecine Générale, CHR Tomdè, Kara, Togo, 6Service de Gynécologie-Obstétrique, Clinique Biasa, Lomé, Togo, 7Division de la Santé Communautaire, Ministère de la Santé, Lomé, Togo, 8Programme PACCI, Site de Recherche ANRS, Abidjan, Côte d'Ivoire, 9ISPED, Université de Bordeaux & Centre INSERM U1219 - Bordeaux Population Health, Bordeaux, France, 10Département Santé Publique, Université de Lomé, Lomé, Togo, 11Service de Dermatologie et IST, CHU Sylvanus Olympio, Université de Lomé, Lomé, Togo

BACKGROUND: With the large access to antiretroviral treatment has improved the life expectancy of HIV-positive infected patients has improved, most often associated with a desire to limit childbearing. Eliminating family planning (FP) unmet need among HIV-infected individuals (PLHIV) is critical to elimination of mother-to-child HIV transmission.

OBJECTIVE: The aim of this study was to assess unmet need for limiting childbirth and its associated factors among HIV-infected women in Togo.

METHODS: A cross-sectional study was conducted between June and August 2016, including HIV-positive women of reproductive age (15 - 49 years), sexually active and followed-up in HIV-care settings in Centrale and Kara regions, in Togo. Data were collected on a face-to-face basis by using a structured questionnaire. The main outcome was unmet need of birth limitations, define as desire to limit childbirth but not using contraception. Univariate and multivariate Poisson regression models were performed to identify associated factors with unmet needs. A multi-model averaging approach was used to estimate the degree of the association between these factors and the outcome.

RESULTS: A total of 461 HIV-positive women were enrolled, with mean

age of 34.3 years (standard deviation (SD)of 7.1). Among them 252 (54.7%) were in a relationship and 209 (45.3%) had at least the secondary level of education. Overall, 40.2% had children since HIV diagnosis. Eighty (3.9%) women were pregnant at the time of enrolment Two-thirds of the women (60.3%) desire childbearing but only 9.1% (95%Confidence Interval (CI) [6.8-12.1]) of them expressed unmet needs for limiting childbirth. In multivariable analysis, associated factors with unmet needs of birth limitations were: being aged 35 to 49 years (prevalence ratio (PR): 2.85, 95%CI [1.52-5.36]), living in a relationship (PR: 1.92, 95%CI [1.01-3.62]), living in Kara region (PR: 0.09, 95%CI [0.01-0.74]), being followed in a private healthcare facility (PR: 0.07, 95%CI [0.009-0.57]), being followed in a healthcare facility with the presence of psychologist (PR: 9.84, 95%CI [1.07-90.84]).

CONCLUSION: Even though the unmet need for births limitation was relatively low among HIV-positive women in Togo, interventions to improve more access to contraceptive methods, and targeting 35 to 49 years old women, those in relationship or followed in the public healthcare facilities would contribute to the eradication of mother-to-child transmission of HIV.

14:45 – 16:15 | PROF. FEMI SOYINKA (Palais Des Congrès) | 06.12.2017

WEAD1005 - TRACK D3

Engaging Men and Boys to Address HIV Infection and GBV Against Women and Girls

Mavudze Jabulani, Chingandu Lois, Eghtessadi Rouzeh

SAfAIDS, Harare, Zimbabwe

ISSUES: Male involvement in preventing GBV and HIV infection among women and girls has been lagging behind for a longtime. Statistics show that GBV against females is mostly perpetuated by male sexual partners or close male relative. In addition, evidence shows that health seeking behaviour by males is poor implying that the majority of males how are HIV positive do not know their HIV status. Against this background, working with men and boys to address these challenges is key.

DESCRIPTIONS: In the past 2 years, SAfAIDS escalated interventions targeting males to protect females against HIV and GBV. Over this period,392,789 men and boys were reached with HIV and GBV prevention information through Fatherhood and Boys Clubs (11,826), Community Dia-

logues (24,025), Men Wellness (6,920), Men as Partners (62,528) and youth clubs (299,317). More males accessed HTS during these events; 58% of males who attended community dialogues tested for HIV, 38% of males who attended Men wellness events tested for HIV and only 19% of their counterparts who attended events which targeted general community members tested for HIV. According to the baseline surveys conducted, there was a decline in the percentage of males embracing negative gender norms baseline (39%) and end-line (17%). Same surveys showed a decline in the percentage of men who abused their spouses in the past 12 months; baseline -26% and endline-11% . Women who experienced GBV in the past 12 months (38% at baseline to 17% at endline).

LESSONS LEARNED: Men and boys are influenced by community leaders to access HTS. The same group can be effectively mobilised of HTS through mobile outreach events that provide integrated services and edutainment. Women embrace negative gender norms than men probably to keep their marriages. GBV against women drastically dropped especially among men who participated in SAfAIDS programmes. Men can have positive and healthy relationships with their spouses if appropriately engaged.

NEXT STEPS: Based on lessons learnt, it is recommended that male engagement should be intensified for improved health seeking behaviours, better health outcomes among women, and GBV prevention against women. Working with community leaders and male champions to influence other men and boys is recommended. If men are engaged and change their attitudes towards negative gender norms, it is anticipated that this will translate into women realizing that harmful gender norms are not good for them.

10:45 – 12:15 | PROF. SOULEYMAN MBOUP (Cinema Majestic) | 07.12.2017

TRACK D: Epidemiology and Prevention Science

Elimination of Mother-to-Child Transmission of HIV

CHAIRS: Abo Kouame, *Côte d'Ivoire*
Landry Tsague, *Dakar, Senegal*

10:45 – 12:15 | PROF. FEMI SOYINKA (Palais Des Congrès) | 07.12.2017

THAC1101 - TRACK C1

Effectiveness of Prevention of Mother-to-Child Transmission in Reducing HIV Incidence in Western Kenya

10:45 – 11:00

Oyawa Ibrahim Matete1, Ageng'o Joshua2, Mwende Joy3, Syeunda Catherine3, Bwana Prisca3, Mwau Matilu3

1KEMRI-CIPDCR, HIV Research Laboratory, Busia, Kenya, 2Kenya Medical Research Institute/Center for Disease Control Research and Public Health Collaboration, HIV Lab, Busia, Kenya, 3KEMRI-CIPDCR, Busia, Kenya

BACKGROUND: HIV transmission from the infected mother to her child during pregnancy, childbirth and breastfeeding accounts for over 90% of new HIV infections among children. Without treatment, the likelihood of transmission is 15%-45%. However, PMTCT interventions such as universal testing of antenatal mothers, antiretroviral therapy, safe childbirth practicesand safe breastfeeding practices, can reduce this risk to below 5%. We sought to periodically evaluate effectiveness of PMTCT interventions in reducing HIV incidence in children through Early Infant Diagnosis Testing and linkage to care and treatment.

METHODOLOGY: This was a cross-sectional study involving infants of age< 18months born of HIV positive mothers. Between 2014 and 2016, dried blood spots were collected from infants as part of routine Early Infant

Diagnosis test from various health centers in three counties of western Kenya and couriered to testing laboratories in the region. DNA-PCR was done using the Cobas® AmpliPrep/ Cobas® TaqMan® Roche platform. Positive samples were retested for confirmation before dispatch. Results were sent back to the facilities by email. Infants who tested positive were put on care and treatment.

RESULTS: A total of 8,914 infants were tested in the year 2014.Out of these, 616 (6.9%) tested positive; 23.1% (142/616) of the positive infants were aged below 2 months. In all, 54.5% (336/616) of positive infants were put on care and treatment. In 2015, 8237 infants were tested; 6.1% (449/8237) were found to be positive of which 32.1 %(160/449) were aged less than 2 months old. In that group, 64.9% (324/449) were put on treatment. Amongst the 14,279 infants tested in the year 2016, 473 (3.3%) were found to be positive with 83% (391/473) of them initiated on treatment. In that year, 32% (151/473) of positives were of age less than 2 months.

CONCLUSION AND RECOMMENDATION: The increasing number of infants tested for HIV could suggests that more women are enrolling into antenatal services. The declining number of those who tested positive could be as a result of effectiveness of interventions to prevent mother-to-child transmission. Testing of infants at early age and subsequent linkage to care and treatment for positive infants are equally improving with time.PMTCT still remains a key intervention strategy for reducing HIV incidence in children and early infant testing is the best diagnostic way to monitor this event.

10:45 – 12:15	PROF. FEMI SOYINKA (Palais Des Congrès)	07.12.2017

THAC1101 - TRACK C1

Evaluation du Passage du Lopinavir/r dans le Lait Maternel et Prédiction des Quantités Ingérées par le Nourrisson Allaité: Étude chez la Femme au Mali

11:00 – 11:15

Oumar Aboubacar Alassane1,2,3, Bagayoko Kadiadiatou4, Darin Kristin M5, Bahachimi Aliou1, CERE Marie Christine3, Chatelut Etienne2, Sylla Mariam4, Murphy Robert Leo5, Dao Sounkalo1, Gandia Peggy3

1Université des Sciences et Technonologies de Bamako, HIV/TB training and Research Center, Bamako, Mali, 2Institut universitaire du Cancer de Toulouse, Pharmacologie- Pharmacogénétique, TOULOUSE, France, 3CHU Purpan Toulouse, Institut fédératif de Biologie, Laboratoire de Pharmacocinétique et de Toxicologie, Toulouse, France, 4CHU gabriel Toure, Pédiatrie, Bamako, Mali, 5Northwestern University, Division of Infectious Diseases, Chicago, United States

INTRODUCTION: Actuellement, les données disponibles sont limitées sur la pharmacocinétique antirétrovirale dans le lait maternel, ainsi que dans le plasma des nourrissons allaités. Dans ce travail, nous avons mesuré les concentrations plasmatiques et lactées des ARV des mères infectés par le VIH et leurs nourrissons pendant l'allaitement.

MATÉRIELS ET MÉTHODES: Les patients inclus étaient des femmes allaitantes et leurs nourrissons allaités au sein. Des échantillons de sang ont été prélevés à l'accouchement et au mois 1, 3 et 6 post-partum. Les concentrations de lopinavir ont été mesurées par LC-MS/MS. La limite de détection de quantification était de 0,264 mg / L pour le lopinavir. La charge virale plasmatique a été mesurée sur M2000rt (Abbott) (40 copies / ml). La charge virale a été déterminée à l'accouchement et à 6 mois post-partum pour les mères et à 3 et 6 mois post-partum pour les enfants. Tous les enfants ont reçu la névirapine pendant 6 semaines après la naissance.

RÉSULTATS: Un total de 9 couples (mères et nouveau-nés allaités) ont été inclus. Les mères étaient toutes sous zidovudine (AZT), 3TC et lopinavir / ritonavir (LPV / r). L'âge médian mère était de 29 ans (19-40) ans. La Concentration médiane (IQR) LPV plasmatique maternel était 1870 ng / mL (586, 4190) au mois 1; 10900 ng / mL (5495, 15750) à 3 mois; 5790 ng / mL (1230, 10600) au mois 6. La Concentration médiane (IQR) LPV lactée était de 530 ng/mL (150-890ng/mL) au mois 1 ; 650ng/mL(160-940ng/mL) au mois 3 et 590ng/mL (200-770ng/mL) au mois 6. Les concentrations plasmatiques des nourrissons LPV étaient indétectables. Deux mères ont présenté une charge virale > 50 copies / mL à 6 mois, présentaient des concentrations plasmatiques du LPV indétectables à la même période.Aucune réaction indésirable ou une toxicité liée aux ARV pris par leur mère n'a été observée chez les enfants.

CONCLUSIONS: LPV était indétectable chez les nourrissons allaités au lait maternel dans cette étude au Mali. Une étude propective avec un grand échantillon pourra confirmer ces données.

Elimination of Mother-to-Child Transmission of HIV (eMTCT) in Western Nigeria: How Far Have We Gone?

11:15 – 11:30

Agboola Ganiyu Babatunde1, Usman Saheed Opeyemi1, Olubayo Gbemiga Peter2

1Equitable Health Access Initiative, Department of Clinical Laboratory Services, Lagos, Nigeria, 2Equitable Health Access Initiative, Department of Community Medicine, Lagos, Nigeria

BACKGROUND: HIV pandemic has continued to be a huge challenge in Nigeria, with the problem of stigmatization reducing the chances of early determination of the HIV status of pregnant women, which may increase the chances of transmission to the child from the mother. Hypotheses tested were the influence of maternal antiretroviral therapy (ART) use and infant's feeding option on baby's final early infant diagnosis (EID) outcome. The study was aimed at determining the trend as well as diagnosis of HIV infection in exposed infants. It will also determine among infants the factors associated with the transmission of the infection from their mothers.

METHODS: This study was a prospective cohort study of HIV-exposed infants conducted in Ekiti State, South Western Nigeria, between June 2015 and June 2017. Dried Blood Spots (DBS) were analyzed using polymerase chain reaction technique. All data were statistically analyzed, using statistical package for the social sciences (SPSS) and statistical test of significance was performed with Chi-Square test.

RESULTS: A total of 200 infants were included in the study, 91 (45.5%) female and 109 (54.5%) male. Three (1.5%) babies were confirmed positive after cessation of all exposures. Maternal antiretroviral therapy (ART) use has significant effect on baby early infant diagnosis (EID) outcome (χ^2 = 65.40, df = 2, P = 0.001). Infant feeding option has significant effect on baby early infant diagnosis (EID) outcome (χ^2= 132.67, df = 2, P = 0.001). Baby's mode of delivery have higher association with the final EID outcome of the baby (OR: 1.018, 95% CI: 0.998 - 1.038).

CONCLUSIONS AND RECOMMENDATIONS: ART administration to both HIV-infected mothers and their babies has demonstrated an effective mechanism in the elimination of mother-to-child transmission (eMTCT), as this is evident in the very low positivity outcome. However, the degree to which Cuba, Armenia, Belarus, and Thailand have eliminated HIV transmission from mother-to-baby is achievable in Nigeria through provision of universal access to health care.

THAC1104 - TRACK C1

Prise en Charge Psychologique des PS Suivies en PTME dans le Cadre de la Dispensation Communautaire des ARV au Sein du District de Santé de Nkoldongo (Yaoundé): Expérience de l'OBC EVICAM

11:30 – 11:45

Mboudjieka Mboupda Bebelyne Michele

Evicam, Yaoundé, Cameroon

Objet de l'étude: Evaluer la contribution de l'OBC EVICAM en matière de soutien psychologique sur l'observance, et les attitudes de prévention chez les PS enceintes PVVIH issues des quartiers NKOLNDONGO à travers les groupes de parole et CIP couplées aux (VAD) organisé dans le cadre du projet FM.

MÉTHODES: L'étude était réalisée du 24/10/16 au 25/02/17. L'évaluation de l'observance a été faite à travers les données collectées par des fiches des CE et CIP réalisés dans le cadre du projet FM. S'appuyant sur la stratégie de cohorte utilisée dans les activités lié à la dispensation communautaire des ARV, chaque volontaire de l'OBC EVICAM devait suivre au moins 03 PS à travers des groupes de paroles et des (CIP), pour l'accompagnement des PS guidé par le désir d'enfant, dans la PTME avec pour méthode l'échelle de Paterson (évaluation de la probabilité de risque d'échec virologique par rapport au nombre de comprimés non pris). Des entretiens approfondis ont été enregistré dans le cadre des CIP, pour l'exploitation des données, l'analyse de contenu des différents outils de collecte. L'échelle de Likerfort ont été utilisées pour évaluer leurs attitudes face à la prévention.

Résultats obtenus: 27 femmes enceintes issues des PS ont participé à cette étude et sont orientés à l'hôpital du jour. Elles ont accouché d'un enfant vivant et plus de la moitié ont pratiqué l'allaitement exclusif. Tous les bébés étaient dépistés négatifs à la PCR à 6 semaines de vie conformément aux protocoles en vigueur au sein de cette structure de prise en charge. L'observance était supérieure à 95% chez 56,2% des femmes qui ont participé à tous les groupes de parole organisés par les volontaires de l'OBC d'EVICAM. Elle était évaluée à 100% auprès de 60% parmi celles qui ont partagé leur statut sérologique aux partenaires. Par conséquent, elle était faible chez 40% des femmes n'ayant pas participé aux groupes de parole, et toujours médiocre chez les PS sous protocole ARV option B+ n'ayant pas partagé leur statut sérologique aux partenaires. Quant à la prévention, toutes les femmes

ayant participé aux groupes de parole et aux CIP ont développé des life skillen faveur de la prévention parmi les femmes ayant partagé leur statut sérologique aux partenaires.

CONCLUSION: La prise en charge psychologique à travers les groupes de parole et les CIP couplées aux VAD chez les PS PVVIH suivies en PTME améliore l'observance, et les attitudes de prévention.

10:45 – 12:15 | PROF. FEMI SOYINKA (Palais Des Congrès) | 07.12.2017

THAC1105 - TRACK C1

Garantir le Succès de la PTME chez les Femmes Enceintes par l'Implication de leurs Conjoints: Exemple des Visites des Ménages Initiées par les Sages Femmes du Centre SAS

11:45 – 12:00

Koffi Hyacinthe

Centre Solidarite Action Sociale, Bouaké, Côte d'Ivoire

INTRODUCTION: Le Centre Solidarité Action Sociale (CSAS) a démarré La PTME depuis 2007. A travers son Centre Materno Infantile, il initie des activités visant à encourager les conjoints à s'associer au suivi de leurs épouses. Les facteurs favorisant la participation des hommes sont la connaissance du statut sérologique VIH de leur femme, le dialogue dans le couple autour de la PTME et la capacité de la femme à convaincre son partenaire d'aller se faire dépister. Pour aider ses femmes dans ce combat, les sages femmes ont pris l'initiative d'organiser des visites dans la communauté et dans les ménages pour sensibiliser les conjoints sur leur rôle.

OBJECTIFS: Le CSAS veut éradiquer la transmission verticale du VIH/sida et favoriser une participation plus active des conjoints dans le suivi des femmes enceintes.

Méthodologie: Pour atteindre cet objectif, les sages femmes(02) initient une fois par semaine des visites dans les domiciles des femmes enceintes qu'elles suivent. Au cours de ces visites, elles sensibilisent la communauté en générale et les conjoints en particulier sur leur responsabilité vis-à-vis de leurs épouses. Elles insistent sur l'importance des Consultations prénatales et sur la réalisation des examens. Ces visites sont l'occasion d'inviter les conjoints à venir au Centre pour recevoir de plus amples informations sur le

suivi de la grossesse.

RÉSULTATS: Le Centre SAS a commencé la collecte des données sur la question de l'implication des hommes dans le suivi pré et postnatal de leurs femmes qu'en 2015. Ainsi au premier semestre 2016, les sages femmes ont effectuées 50 sorties sur le terrains, Ces visites menée auprès 70 femmes enceintes et nous ont permis d'en savoir un peu plus sur les déterminants de l'implication des pères et l'impact de cette implication sur la transmission verticale du VIH. 35 hommes ont été sensibilisés. 11 ont accepté le dépistage. . L'implication des hommes (dépistage et participation aux activités) apparaît comme un facteur protecteur pour la transmission verticale, puisqu'il améliore de 90% l'observance au traitement chez les femmes enceintes.

PROCHAINES ÉTAPES: Fort de cette expérience, le CSAS a décidé d'instituer un prix annuel pour récompenser et honorer les conjoints modèles (ceux qui s'impliquent dans le suivi de leurs femmes enceintes suivis.

10:45 – 12:15 | PROF. KADIO AUGUSTE (Salle Des Fêtes) | 07.12.2017

TRACK E: Health Systems, Economics and Implementation Science

Health System Strengthening and Management of Care Delivery

CHAIRS: Vincent Pitche, *Togo*
Abokon Kanon
Aoussi Eba, *Côte d'Ivoire*

10:45 – 12:15 | PROF. KADIO AUGUSTE (Salle Des Fêtes) | 07.12.2017

THAE1201 - TRACK E1

Active Patient Tracking Can Improve Patient Retention under

PMTCT Test and Treat: Results from a National Intervention Project in Côte d'Ivoire

10:45 – 11:00

Gloyd Stephen1,2, Granato S. Adam1,2, Robinson Julia1,2, Claire Konan2, Kouraï Valerie2, Billy Doroux Aristide1,2, Kouyaté Seydou1,2, Djety Vincent3, Abo Kouamé3, Kalibala Samuel4, Koné Ahoua1,2

1University of Washington, Seattle, United States, 2Health Alliance International, Seattle, United States, 3Programme National de Lutte contre le Sida (PNLS), Abidjan, Côte d'Ivoire, 4Population Council, Washington, United States

BACKGROUND: Test and treat models of antiretroviral treatment delivery (including Option B/B+ for the prevention of mother-to-child transmission of HIV (PMTCT)) greatly increase the numbers of HIV-positive women in lifelong antiretroviral therapy. Côte d'Ivoire has faced challenges to retention in care among HIV-positive mothers, including effective measurement of retention.

METHODS: This study used a nationally representative sample of 30 health facilities providing PMTCT services in Côte d'Ivoire. An active patient tracking (APT) intervention was rolled out monthly to six-site clusters following a stepped-wedge study design. The APT included a training workshop and an APT data toolkit to be used by an inter-professional APT team made up of site-based health workers. Quantitative data were collected from HIS reports and patient charts to measure changes in on-site chart availability and to estimate changes in patient retention among available charts. Interviews were conducted monthly to record strategies identified as a result of the intervention.

RESULTS: On-site patient chart availability increased significantly (p=0.001) from 57% pre-intervention to 76% during the intervention. The proportion of patients actively in treatment among available charts did not change significantly. Sites experienced varied fidelity to the intervention with staff enthusiasm and heavy patient load cited as key barriers to implementation and doctor and community counsellor engagement cited as key facilitators. Sites with higher fidelity to the intervention identified new strategies for improving maternal retention, including new tasks/duties, improved information sharing, increased service offerings, and strengthening data systems and sharing.

CONCLUSIONS AND RECOMMENDATIONS: The APT intervention increased the number of patient charts available to health workers for management of retention. Since the proportion retained in the additional was similar to the smaller number of charts available before the intervention, the overall proportion of patients who were considered actively in treatment increased significantly. The intervention, focusing on collaboration and use

of patient chart data, encouraged staff at health facilities to work together to identify strategies to improve patient retention.

10:45 – 12:15 | PROF. KADIO AUGUSTE (Salle Des Fêtes) | 07.12.2017

THAE1202 - TRACK E1

Delays of Early Infant Diagnosis for HIV in Northern Côte d'Ivoire

11:00 – 11:15

Myrtil Martine1, Doumbia Yacouba2, Kouadio Niamien2, Kouyaté Seydou2,3, Billy Aristide2,3, Granato S Adam1,3, Robinson Julia1,3, Gloyd Stephen1,3, Koné Ahoua1,3

1Health Alliance International, Seattle, United States, 2Health Alliance International, Bouaké, Côte d'Ivoire, 3University of Washington, Department of Global Health, Seattle, United States

BACKGROUND: Early infant diagnosis (EID) of HIV infection is critical to reduce HIV-related morbidity/mortality among newborns of HIV+ women by facilitating early initiation of antiretroviral therapy when indicated. Côte d'Ivoire has recently expanded its national EID program to improve access to PCR testing. According to the World Health Organization, PCR test results should return to the care provider within 4 weeks of specimen collection. In this review, we sought to understand the variability of time between dried blood spot (DBS) collection at site level and testing at referral laboratories.

METHODS: We conducted a retrospective analysis of blood sample test results of 1908 newborns of HIV+ women from 109 health facilities in the northern region of Côte d'Ivoire, between 2015 and 2017. The samples were sent to the referral labs by vehicles for PCR testing. Data were available for dates of birth, dates of blood draw, dates of arrival at referral lab and dates of PCR tests and results. Median times were calculated for several steps from blood draw to completed PCR test results.

RESULTS: Overall, 1908 DBS samples were collected during the evaluation period, with 60% (n=1,135) collected by the time the children reached 2 months of age. The proportion of samples that arrived at the laboratory within 2 weeks of blood draw was 84% (n=817) in Gbeke region, 56% (n=411) in Poro-Tchologo-Bagoué (PTB) region, and 66% (n=122) in Hambol region. The median time between sample collection and arrival at the lab was 10 days

(IQR: 0 -58). The median time between arrival at the laboratory and the realization of the test was 12 days (IQR: 0 - 48). The proportion of positive PCR results was 5.9% (n= 112): 5.0% Gbeke, 7.0% PTB, and 5.9% Hambol. The proportion of infants at < 2 months of age, 2-6 months, and > 6 months who were found to be HIV positive was 3.1%, 7.1%, and 19.4%, respectively.

CONCLUSION AND RECOMMENDATIONS: While over half of newborns had their blood drawn within their first 2 months of life, an additional (median) time of three weeks passed between blood draw and performing the PCR test in the referral laboratory. A more efficient process reducing all time delays would provide earlier infant diagnosis and earlier initiation of treatment among those HIV positive infants. Further analysis is needed to evaluate the complete turnaround time and identify bottlenecks for EID.

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	07.12.2017

THAE1203 - TRACK E1

Analysis of Health Workforce Requirements for HIV Service Delivery towards Attaining the UNAIDS 90-90-90 Goals in Two High HIV-yield Counties in Kenya

11:15 – 11:30

Thuku Mathew, Ochieng Michael, Muriuki Dr. Janet

IntraHealth International, Nairobi, Kenya

ISSUES: Amidst critical health worker (HW) shortages and maldistribution, IntraHealth International, through USAID-funding, supported Kenya's Ministry of Health (MOH) to conduct a human resources for health (HRH) gap analysis of 18 high HIV-yield PEPFAR-supported facilities to determine HIV service delivery needs and establish HW availability, adequacy, skills mix and competencies.

DESCRIPTION: A cross-sectional study employed quantitative and qualitative approaches with purposive sampling on 269 HWs providing HIV services in Mombasa and Homa Bay counties. A work-time factor (WTF) was estimated based on proportion of time a HW should be spending on HIV-related services. HIV testing counselors and HWs in county referral hospitals (CRH) were assigned full-time status (WTF=1); sub-county hospitals (SCH) 0.65; health centers (HC) 0.5; and dispensaries (D) 0.25.

LESSONS LEARNED: The more counselors that were assigned to facil-

ities using MOH targets, the more people were tested for HIV, highlighting the need for periodic analysis of client-base and adjustment of targets to achieve high HIV testing numbers. Discrepancy exists between antiretroviral therapy (ART) client-base and optimal HW numbers for set targets, especially at dispensaries and CRH. Dispensaries have higher HIV client potential per HW: 36/month compared to 7 at CRH and 14 at SCH and HC.

ART initiation targets won't be achieved without additional HWs. Average number of new clients initiated on ART was 8 patients/HW/month. Understaffing is pronounced in dispensaries and HC with 49 and 16 additional HWs required, respectively, to achieve treatment targets. Huge variations exist in ratio of available full-time HW to ART client (CRH 1:605; SCH 1:242; HC 1:196; D 1:148). Average number of ART clients/HW was 225.

HWs reported being inadequately trained (CRH: 57%, SCH: 51%, HC: 62%, D: 47%). Training needs include ART initiation, treatment and adherence, elimination of mother-to-child transmission, HIV testing, and laboratory quality assurance.

Disparities in client loads per HW across facility levels indicate HRH management gaps for HIV service delivery.

NEXT STEPS: Adequate workforce, better HW selection for trainings, and strengthening county HRH systems including performance management are critical to achieve UNAIDS 90-90-90 goals. An HRH model for optimal, integrated HIV services needs to be developed, prescribing required HWs in terms of numbers, skills mix, cadre and facility distribution.

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	07.12.2017

THAE1204 - TRACK E1

Project ECHO Start-up in Kenya

11:30 – 11:45

Odera Doris Naitore1, Tsiouris Fatima2, Senyana-Ouattara Brenda2, Masamaro Kenneth3, Tison Laura4, Hawken Mark1, Barker Joseph3, Okado Duncan1, Mwangi Peter1, Mambo Barbara5

1ICAP - Columbia University in Kenya, Nairobi, Kenya, 2ICAP- Columbia University, New York, United States, 3CDC Kenya, Nairobi, Kenya, 4CDC Atlanta, Atlanta, United States, 5Ministry of Health, National AIDS Control Program, Nairobi, Kenya

ISSUES: Project ECHO (Extension for Community Healthcare Outcomes) is an evidence-based model of clinical mentorship which was developed to improve access to care for complex and chronic health conditions in underserved communities by linking less-experienced providers in rural settings with subject matter experts.

DESCRIPTIONS: The model comprises of four components: 1) technology (multipoint videoconferencing and internet) 2) a disease management model 3) case-based learning using a guided-practice 4) "Hub and Spoke" model whereby rural facilities (spokes) access experts at hub. To ensure a seamless start-up, ICAP facilitated sensitization meetings with key national stakeholders and supported stakeholders from Kenya Ministry of Health (MOH), Jaromogi Oginga Odinga Referral and Teaching Hospital (JOORTH) Regional Hub and National AIDS and STI Control Program (NASCOP) National Hub and ICAP staff to attend ECHO immersion trainings at University of New Mexico. A site assessment tool was developed to assess internet and basic conferencing infrastructure needs for the national and regional hub as well as selected spokes in Kisumu and Siaya Counties. A HIV based curriculum for weekly sessions aligned with the Kenya HIV guidelines was developed and subject matter experts for each topic were identified to facilitate didactic lecture for each tele-mentoring session

LESSONS LEARNED: 12 health facilities were assessed to support implementation of HIV ECHO telementoring sessions. The 12 facilities required minor renovations to designated conference/meeting room and upgrading of internet infrastructure using VSAT or 3G/4G to adequately support online tele-mentoring sessions. A short pilot was conducted before official launch by NASCOP in November 2016. A total of twelve (12) tele-mentoring sessions have been facilitated over three months with participation from an average of twelve (12) health care workers per site; on average over 100 participants per telementoring session. A multidisplinary team of health care workers have attended the weekly ECHO HIV telementoring sessions.

NEXT STEPS: Project ECHO has been successfully established in Kenya with a national hub, regional hub and 10 peripheral spoke sites. The learning and CPD accreditation has ensured 100% attendance from the health providers working in rural health facilities . While there is great attendance and enthusiasm, additional evaluation to look at patient outcomes as a result will be critical.

THAE1205 - TRACK E1

Increasing Access and Utilization of HIV and AIDS Services among Men in Urban Areas Uganda

11:45 – 12:00

Owekmeno Charles1,2, Twesige Titus James3,4

1AMICAALL Uganda Chapter, Program, Kampala, Uganda, 2Uganda AIDS Commission, HIV Prevention Committee, Kampala, Uganda, 3AMICAALL Uganda Chapter, Management, Kampala, Uganda, 4Uganda AIDS Commission, National HIV Prevention Committee, Kampala, Uganda

ISSUES: Uganda subscribes to the global commitments such as the Cairo Conference on Population and Development (1994) on involvement in HIV/AIDS programming. However due to the patriarchal social norms and nature of the income generating activities men are engaged in such as office work, trade and commerce, transport (taxis, trucks and boda boda), most men especially those in urban areas have low uptake of HIV/AIDS services.

Reports in Uganda shows that 51% of the 28,000 deaths as result of HIV occurred among men, 45% of men infected with HIV have not yet been diagnosed and 48% of men diagnosed with HIV have not yet been put on treatment (UNAIDS 2016). Hence it is likely affect the attainment of the 90, 90, 90 targets by 2020 if effective interventions are not implemented. AMICAALL Uganda prioritized and designed tailored interventions to increase service uptake among urban men by reaching them from their "comfort zone".

PROGRAM DESCRIPTION: AMICAALL with support from Irish Aid is currently implementing an HIV prevention project targeting the urban communities in Karamoja region. Through this project, AMICAALL rolled out program that is aimed at increasing utilization of HIV services among men. Key interventions include; mapping of the men's hot spots, orienting male urban leaders as positive role models and peer educators, integrated outreaches to provide HIV and SRHR services such as HCT, free condoms and HIV education to men at the hot spots and at peak hours as well as establishment of the referral system for men to access HIV care services.

LESSON LEARNED: There was significant increase in the number of men

using HIV and AIDS services. For instance during the period of January to June 2017, the ratio of women to men testing for HIV during the normal outreaches was 53% to 48% (749:678). However, using the "reaching men in their comfort zone approach", more men were tested for HIV as the ratio of women to men reached was 29% to 71% (248: 586).

Through the "reaching men in their comfort zone approach", more the proportion of first time testers increased significantly from 34% to 62% of the total number people who tested for HIV.

The men were also able to receive information on HIV prevention, condom use and other health related issues.

RECOMMENDATION: Given that the "reaching men in their comfort zone approach" has led to increase in HIV/AIDS service utilization, it should be scaled up to address the global challenge of low male involvement.

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	07.12.2017

TRACK B: Clinical Science, Treatment and Care

Antiretroviral Therapy I

CHAIRS: Henry N. Nagai, *Ghana*
Catherine Marie Barouan, *Côte d'Ivoire*
Sergie Ekohli

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	07.12.2017

THAB1301 - TRACK B1

A Fixed Dose Combination of Elvitegravir, Cobicistat, Emtricitabine, Tenofovir Disoproxil Fumarate for the Initial Treatment of HIV-2 Infection: 48 Week Results from Senegal, West Africa

12:45 – 13:00

Ba Selly1, Raugi Dana N2, Smith Robert A2, Sall Fatima1, Faye Khadim1, Hawes Steve E3, Sow Papa S1, Seydi Moussa1, Gottlieb Geoffrey S4, for the University of Washington -Dakar- HIV-2 Study Group

1CHUN de Fann, Service des Maladies Infectieuses et Tropicales, Dakar, Senegal, 2University of Washington, Departement of Medecine, Seattle, United States, 3University of Washington, Departement of Epidemiology, Dakar, United States, 4University of Washington, Departement of Medecine and Department of Global Health, Seattle, United States

BACKGROUND: There is an urgent need for safe and effective ART for HIV-2 infection. HIV-2 treatment is complicated by intrinsic resistance to many FDA-approved HIV-1 drugs, and multidrug-resistance is common in individuals failing ART. There are limited options for 1st- and 2nd-line ART for HIV-2 in resource-limited settings. An increasing body of data suggests that integrase inhibitor-based regimens may be of utility for the treatment of HIV-2. We have undertaken the first clinical trial of a once-daily fixed-dose combination pill containing elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate (E/C/F/TDF) to assess the effectiveness of this regimen in HIV-2-infected individuals in Senegal, West Africa.

METHODS: HIV-2-infected, ART-naïve adults with WHO stage 3/4 disease or CD4 counts below 750 cells/mm3 were eligible for this open-label trial (NCT02180438), with planned enrollment of 30 subjects and follow-up for 48 weeks. We analyzed, HIV-2 viral load, CD4 counts, adverse events, mortality and loss to follow-up.

RESULTS: We screened 35 subjects and 30 subjects started ART with E/C/F/TDF. 26 subjects have achieved at least 48 weeks of follow-up. The majority were female (80%), with a median age of 49 years at enrollment. There were no deaths, 1 loss to follow up/withdrawal and no new AIDS-associated clinical events. Median baseline CD4 count was 422 cells/mm3 (IQR: 317-530) and increased to 507 cells/mm3 (IQR: 413-604) at week 48. 25 subjects had baseline HIV-2 viral loads (VL) of fewer than 50 copies/ml of plasma, including 15 subjects who had viral loads below the limit of detection (10 copies/ml). In those with detectable HIV-2 VL, the median was 41 copies/ml (IQR: 22-57). Using a mITT analysis (FDA snapshot method), 24 of 25 (96%) had viral suppression at 48 weeks. E/C/F/TDF was generally well tolerated; there were three grade 3-4 adverse events, none were deemed study related. Adherence was good by self-report and pill count.

CONCLUSIONS: Long-term outcomes of HIV-2 infected patients on ART in West Africa are suboptimal and new therapeutic options are needed. Initial data suggest that E/C/F/TDF, a once-daily single-tablet regimen, is safe, effective, and well-tolerated in this population. Our findings support the use of integrase inhibitor-based regimens for HIV-2 treatment.

THAB1302 - TRACK B1

Suivi Virologique des Patients Adultes Infectés par le VIH à l'Hôpital Général de Référence de N'Djaména

13:00 – 13:15

Mad-Toïngué Joseph1, Ahmadaye Abgrene Khadidja1, Mbaidoum Narassem1, Aguid Mahamat Nour2

1Hôpital Général de Référence Nationale, N'Djaména, Chad, 2Centre Al Nadjma, N'Djaména, Chad

CONTEXTE: Au Tchad la réalisation de la charge virale n'est possible que dans la capitale. L'accès à la mesure de la charge virale a été interrompu pendant plus d'une année. Depuis 3 mois l'appareil est à nouveau fonctionnel et il nous a paru utile de faire le point sur la situation de nos patients.

OBJECTIFS: L'objectif est de mesurer la charge virale des patients infectés par le VIH et recevant le traitement antirétroviral afin d'identifier les cas d'échec thérapeutique et de réajuster les schémas thérapeutiques.

MÉTHODES: Il s'agit d'une étude prospective. La mesure de la charge virale est systématiquement proposée à tout patient infecté par le VIH et recevant le traitement antirétroviral depuis au moins une année reçu à la consultation à partir du 1er mai 2017 jusqu'au 10 juillet 20017. La demande est adressée au laboratoire sur une fiche spécialement conçue à cet effet. Les données ont été saisies et analysées à l'aide du logiciel Epidata.

RÉSULTATS: Au total 418 patients ont réalisé la mesure de la charge virale VIH dont 17% de sexe masculin et 73% de sexe féminin. Ces patients sont âgés de 17 à 68 ans. La durée du traitement antirétroviral le plus long est de 24 ans. 83% des patients ont initié le traitement ARV depuis moins de 10 ans. Le taux de lymphocytes CD4 était inférieur à 350 cellules/mm^3 à la dernière mesure pour le tiers des patients (33,3%). 143 patients avaient une charge virale indétectable soit 34,2 de l'ensemble des patients. Le pourcentage de charge virale indétectable est de 30,7% pour les hommes et 35,5% pour les femmes. 68 patients soit 16,3% avaient une charge virale inférieure à 40 copies/ml. 93,2% des patients qui ont une charge virale indétectable ou inférieure à 100 copies/ml avaient un taux de lymphocytes

CD4 supérieur ou égal à 350 cellules/ mm³. Parmi les patients ayant plus de 100 copies/ml 13,9% recevaient déjà des ARV de 2ème ligne.

CONCLUSIONS ET RECOMMANDATIONS: La mesure de la charge virale plasmatique du VIH est un élément essentiel pour évaluer l'efficacité du traitement antirétroviral et choisir l'option thérapeutique appropriée. Afin de parvenir à l'atteinte des objectifs de l'élimination du sida, les pays doivent développer des stratégies et mobiliser des ressources pour rendre disponibles et accessibles les moyens diagnostiques et thérapeutiques adéquats à l'ensemble des patients.

MOTS CLÉS: charge virale - traitement antirétroviral - Echec thérapeutique.

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	07.12.2017

THAB1303 - TRACK B1

25-Month Longitudinal Analysis of Viral Load Response, Adherence, and Drug Resistance Mutation Patterns in West-African Children Initiated on ART before the Age of Two: the MONOD ANRS 12206 Cohort

13:15 – 13:30

Dahourou Désiré L.1,2,3, Benghezal Mamoun O.4, Amorissani-Folquet Madeleine5, Yonaba Caroline6, Malateste Karen2, Toni Thomas7, Ouedraogo Rasmata8, Desmonde Sophie4, Amani-Bossé Clarisse9, Chaix Marie-Laure10, Devaux Carole11, Leroy Valériane4, for the MONOD ANRS 12206 Study Group

1Centre Muraz, Département de Recherche Clinique, Bobo Dioulasso, Burkina Faso, 2Inserm U1219, Bordeaux School of Public Health, Université de Bordeaux, Bordeaux, France, 3MONOD Project, ANRS 12206, Centre de Recherche Internationale pour la Santé, Ouagadougou, Burkina Faso, 4Inserm UMR1027, Université Paul Sabatier Toulouse 3, Toulouse, France, 5CHU de Cocody, Service de Pédiatrie, Abidjan, Côte d'Ivoire, 6CHU Charles de Gaulle, Service de Pédiatrie, Ouagadougou, Burkina Faso, 7Laboratoire du CeDReS, Abidjan, Côte d'Ivoire, 8Laboratoire du CHU Charles de Gaulle, Ouagadougou, Burkina Faso, 9Programme PACCI, Site ANRS, Projet Monod ANRS 12206, Abidjan, Côte d'Ivoire, 10Laboratoire de Virologie, Hôpital Saint Louis, Paris, France, 11Laboratoire de Rétrovirologie, Luxembourg Institute of Health, Luxembourg, Luxembourg

BACKGROUND: Good adherence is crucial for achieving viral load suppression (VS) on antiretroviral therapy (ART). The long term VS on ART is specifically challenging in children. We described the dynamic of the viro-

logical response over 25 months among children ART-treated before the age of two in West-Africa, investigated its association with adherence and describe drug resistance mutations (DRM) patterns.

METHODS: Between 5/2011 and 2/2013, all HIV-1-infected children, < 2 years were initiated on an initial LPV/r based-ART cohort for 13 months before being enrolled for those in VS in a randomized trial, assessing an 12-month LPV/r vs EFV-based ART, in Ouagadougou, Burkina Faso, and Abidjan, Côte d'Ivoire. Adherence to ART was assessed using a 4-day recall of missed doses questionnaire to the caregiver and respect of medical appointments. Viral load (VL) were measured three-monthly. Virological success was defined as VL < 500 copies/mL. For children with at least one virological failure (VL>1000 copies/ml six months after follow up), HIV-1 genotyping was performed at baseline and at the time of failure. We used a clusterwise linear regression (R package kmlcov) to cluster our study population. We run linear mixed models to assess the correlates of VL evolution.

RESULTS: Among the 156 children enrolled, 63% were from Abidjan; 53% were females. After 25 months on ART, 13 (8%) children had died, six were lost-to-follow-up or withdrew (4%). Virological success was achieved in 71%, 78%, 77% and 74% of children followed-up at six, 12, 19 and 25 months respectively. We identified four different longitudinal profiles of viral load response over 25 months: 66% had a good profile, with consistent virological success; 9% had a consistent longitudinal virological failure profile; 16% had an initial virological failure profile, then were virologically suppressed beyond 19 months; 9% had a "boom and bust" profile ending with virological failure. Throughout the first 6 months, adjusted on country and sex, one missed dose and one day of visit appointment delay increase significantly the mean VL respectively by 0.30 and 0.12 log10. During follow-up, 83% (61/73) with at least one VL failure had HIV genotyping; 73.4% (45/61) had ≥1 DRM. DRM were significantly more frequent in virological failure profile.

CONCLUSIONS: Interventions targeting children at risk for treatment failure to support sustained adherence will be helpful in achieving VS in infants.

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	07.12.2017

THAB1304 - TRACK B1

Efficacy of Protease Inhibitor + Integrase Inhibitors Dual Regimen Used in Maintenance Strategies in HIV Infected Patients

13:30 – 13:45

Maiga Almoustapha Issiaka1,2, Togo Josue1, Traore Fatoumata Tata1, Dolo Oumar1, Marcelin Anne-Genevieve3, Calvez Vincent4

1University of Sciences, Techniques and Technologies of Bamako (USTTB), Bamako, Mali, UCRC/SEREFO, Bamako, Mali, 2CHU Gabriel Toure, Laboratoire de Biologie Medicale, Bamako, Mali, 3Universite Pierre et Marie-Curie, Hopital Pitie-Salpetriere, Laboratoire de Virologie, Paris, France, 4Universite Pierre et Marie-Curie, Hopital Pitie-Salpetriere, Département de Virologie, Paris, France

OBJECTIVE: Guidelines recommend 2 NRTIs + a third agent (NNRTI, boosted-PI or integrase inhibitor) combinations for initial treatment of HIV-infected patients based on potency and low rate of resistance selection at failure. In some cases, patients are treated by regimens containing two drugs (dual regimens-DR), mainly in maintenance strategies. Previous works have suggested that INI + r/PI can be used in such situations.

The aim of our study was to evaluate the efficacy of dual regimen using INI + boosted PI up to 24 weeks of use.

METHODS: Virologic failure was defined by the occurrence of two consecutive HIV plasma viral loads > 50 cp/ml and blip only when one plasma viral loads > 50 cp/ml occurred. Genotypic resistance testing was performed on the second positive plasma viral load. Plasma drug measurement were performed using mass spectrometry.

132 patients that received in maintenance a PI + INI dual therapy were retrospectively analyzed. All these patients were analyzed up to week 24. They were followed for virology testing every 2 months.

- 76 patients received Ataza + Dolu (300mgATV QD + 50 mg DTG QD)
- 30 patients received Daru + Ral (100/800 QD + 400 mg BID)
- 26 patients received Daru + Dolu (100/800 QD + 50 mg DTG)

RESULTS: Only one patient harbored a virologic failure in the Daru + Ral group. Resistance testing performed on the second positive sample of the failure showed a RAL resistance mutation in integrase gene (155H) and no resistance mutation in protease gene. This patient was then treated by a Ataza (100/300 QD) + Dolu (50mg QD) subsequent regimen and the viral load became fully suppressed after 2 weeks.

8 out of the 132 patients (6 in the Daru+ DTG group and 2 in the Ataza + DTG group) harbored one blip during the follow-up (53 to 123 copies/ml). Ultrasensitive plasmatique viral load measurement showed no significant variation between D0 (91/132 < 1 Cp/ml) and W24 (101/132 < 1 cp/ml).

Adequate plasma drug levels were showed in all cases (DTG + ATV: C24h ATV = 121 ng/mL and C24h DTG = 3134 ng/mL; DTG + DRV/r: C24h DRV = 1589 ng/mL and C24h DTG = 767 ng/mL; RAL + DRV/r: C24h DRV = 2210 ng/mL and C24h RAL = 82 ng/mL.

CONCLUSIONS: the dual therapies containing a PI + an INI were highly efficient to maintain fully suppressed viral load in maintenance strategies even when used once daily as ATV + DTG combination.

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	07.12.2017

THAB1305 - TRACK B1

12 Mois d'Efficacité d'un Traitement Antiretroviral de 3è Ligne à Base de Darunavir/Ritonavir et Raltegravir chez des Adultes VIH+ en Échec de 2è Ligne en Afrique Subsaharienne, ANRS 12269, THILAO

13:45 – 14:00

Moh Raoul1,2, Benalycherif Aida3, Gabillard Delphine4, Lecarrou Jerome4, N'guessan Larissa5, Ello Frédéric6, Eboumou Fulgence6, Anzian Amani7, Baila Mouhamadou8, Gaye Nogaye8, Zoungrana Jacques9, Soré Ibrahim9, Diallo Ismael10, Fomba Mohamadou11, Minta Daouda11, Maiga Almoustapha12, Cissé Mamadou13, Sawadogo Adrien9, Bado Guillaume9, Michon Christophe14, Seydi Moussa8, Slama Laurence15, Drabo Joseph16, Chaix Marie-Laure17, Girard Pieere-Marie18, Danel Christine19,20, Anglaret Xavier4,5, Eholié Serge19,21, Landman Roland3,22

1Département de Dermatologie et Maladies Infectieuses, Université Felix Houphouët Boigny, Abidjan, Côte d'Ivoire, 2Programme PACCI, site ANRS, Abidjan, Côte d'Ivoire, 3Institut de Médecine et d'Épidémiologie Appliquée (IMEA), Paris, France, 4INSERM U1219 Bordeaux Population Health Research, ISPED, Université de Bordeaux, Bordeaux, France, 5Programme PAC-CI Site ANRS de Côte d'Ivoire, Abidjan, Côte d'Ivoire, 6Service des Maladies Infectieuses et Tropicale, CHU de Treichville, Abidjan, Côte d'Ivoire, 7CePReF-Aconda (Centre de Prise en Charge et de Formation), Abidjan, Côte d'Ivoire, 8SMIT/CRCF, Dakar, Senegal, 9Hopital de Jour CHU de Bbobo-Dioulasso, Bobo Dioulasso, Burkina Faso, 10Hopital Yalgado, Ouagadougou, Burkina Faso, 11Service des Maladies Infectieuses et Tropicales, CHU du Point G, Bamako, Mali, 12Laboratoire d'Analyses Médicales, Centre de Recherche et de Formation sur le VIH/TB « SEREFO », Université de Bamako, Bamako, Mali, 13Centre d'Ecoute, de Soins, d'Animation et de Conseils « CESAC » de Bamako, Bamako, Mali, 14Expertise France, Paris, France, 15Hôpital Tenon, Paris, France, 16Service des Maladies Infectieuses et Tropicales, Hopital Yalgado, Ouagadougou, Burkina Faso, 17Service de Virologie, Hopital St Louis, Paris, France, 18Serviice des Maladies Infectieuses et Tropicales, Hopital St

Antoine, Paris, France, 19Programme PACCI, Site ANRS, Abidjan, Côte d'Ivoire, 20INSERM U1219 Bordeaux Population Health Research, ISPED, Université de Bordeaux, Paris, France, 21Departement de Dermatologie et d'Infectiologie, UFR Sciences Medicales, Université Félix Houphouet Boigny, Abidjan, Côte d'Ivoire, 22INSERM, IAME, UMR 1137, Paris, France

CONTEXTE: Les données d'efficacité et de tolérance des traitements de 3è ligne (encore d'accès limité) sont rares dans notre contexte d'accès croissant aux charges virales mais moins aux génotypes de résistance.

OBJECTIF: Décrire les résultats virologiques 12 mois après l'initiation (M12) d'un traitement antiretroviral (TARV) de 3è ligne.

MÉTHODES: Thilao: étude de cohortes d'adultes, VIH1, en échec virologique de seconde ligne d'inhibiteur de protéase après une 1ère ligne d'INNRT. Des mesures de renforcement de l'observance leur ont été proposées à l'inclusion pour toute la durée de l'étude (16 mois), en Côte d'Ivoire, Burkina Faso, Mali, Sénégal. Après 3 mois de renforcement de l'observance, la décision de maintien ou non en 2è ligne de traitement a été prise si la charge virale était < à 400 copies/ml ou avait baissé de plus de 2 log. Dans le cas contraire, un traitement de 3è ligne était initié à base de Raltégravir et Darunavir/ritonavir. Chaque patient a été suivi 16 mois (M16) dont 12 pour ceux ayant initié la 3è ligne. Les résultats des génotypes de résistance réalisés sur les échantillons conservés de M0 et M16 n'ont été mis à la disposition des praticiens qu'à la fin de l'étude. Ceux-ci, couplés au score de sensibilité génotypique ont permis d'évaluer la pertinence de la méthode de changement de traitement "en aveugle" des génotypes.

RÉSULTATS: 198 patients inclus. La médiane depuis l'initiation du TARV était de 8 ans incluant 3 ans sous régime de 2è ligne. Après 3 mois de renforcement de l'observance, 130 patients (66%) ont été maintenus en 2è ligne et 63 (32%) ont initié un TARV de 3è ligne. Parmi ces 63 patients, à l'inclusion dans l'étude (M0): 69% de femmes, âge médian 39 ans, médiane de la charge virale 4,2 log/ml. 85% d'entre eux présentaient une résistance à au moins un antiretroviral à M0. A M12 sous 3è ligne: 70% avaient une charge virale < 400 copies/ml dont 59%, < 50 copies/ml. 71% présentaient une résistance à au moins un antiretroviral (dont aucun au TARV de 3è ligne). L'initiation du TARV de 3è ligne a été jugée pertinente chez 73% des patients.

Aucun évènement sévère clinique ou biologique lié au TARV de 3è ligne n'a été notifié.

CONCLUSION ET RECOMMANDATIONS: Le TARV de 3è ligne est efficace et bien toléré. Les praticiens devraient bénéficier d'un accès plus important à ce régime et d'une aide à la décision thérapeutique afin d'éviter des changements tardifs (avec risque d'accumulation de résistances) ou trop précoces.

14:45 – 16:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	07.12.2017

TRACK D: Law, Human Rights Social Science and Political Science

Socio-Cultural and Determinants of HIV

CHAIRS: Abdelkader Bacha, *Tunisia*
Sandra Moulod-Sampah, Abidjan, *Côte d'Ivoire*
Jacqueline Mokokha, *Kenya*

14:45 – 16:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	07.12.2017

THAD1401 - TRACK D6

Community Action Teams: Tacit Knowledge and Embeddedness as Drivers of Successful Community Mobilization for HIV & Aids Prevention

14:45 – 15:00

Ngoma Tebogo

Sonke Gender Justice, Research, Monitoring and Evaluation, Johannesburg, South Africa

ISSUES: Sonke is a development and advocacy organization that promotes gender equality and the prevention of HIV & Aids. Through a range of strategies Sonke implements projects that target individuals, organizations and collectives throughout Africa. Impact evaluations of Sonke's community mobilization model using RCTs have found its gender transformative approach effective in reducing HIV risk as well as GBV. This article builds on this knowledge by closely examining Community Action Teams (CATs); the cornerstone of Sonke's model. Using project monitoring data, insights from routine reflection sessions, in-depth interviews & most significant change stories we demonstrate how project performance is linked to effectively leveraging the tacit knowledge and intellectual assets of embedded CAT

members.

DESCRIPTIONS: In 2016 Sonke started implementing a project in Hillbrow, South Africa, that aims to increase men's support for women taking responsibility for their own sexual health and to increase men's responsibility for their HIV prevention and treatment. Following the recruitment and training of 8 community members, a Hillbrow CAT was formed to lead community mobilization activities such as local stakeholder meetings, tavern dialogues, workshops & community media outreach.

LESSONS LEARNED: In this high-rise inner-city suburb, 3 female & 5 male CAT members have reached over 4000 inhabitants with more than 71 activities. Additionally, CAT members' in depth knowledge and emdeddedness within the community through informal networks has been critical in ensuring innovative responses to the challenge of personal safety as well as galvanizing support for community activities. Activities are conducted mainly in traditionally male spaces. An analysis of most significant change stories as well as insights from routine project reflection sessions indicate that CAT members' experiences continue to be highly gendered with female CAT members having to continuously carry the burden of challenging destructive gender norms and attitudes within and outside of the team.

NEXT STEPS: Sonke must continue to invest in processes that harness the tacit knowledge of embedded CAT members. In time the project's process of routine verbalization/articulation of daily experiences, collective reflection, application and adaptation by the CAT will result in a good practice model for adoption by the broader organization.

14:45 – 16:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	07.12.2017

THAD1402 - TRACK D6

Contribution des Plates Formes de Lutte contre les Violences Basées sur le Genre à la Prévention de la Transmission du VIH/Sida et IST chez les Personnes Survivantes de Viol

15:00 – 15:15

Ouattara Abiba1, Moulod-Sampah Sandra1, Yao Konan Jules1, Talibo Almouner2

1UNFPA, Abidjan, Côte d'Ivoire, 2UNFPA, Guiglo, Côte d'Ivoire

ISSUES: Environ 10% des femmes subissent chaque année au moins une forme de violence sexuelle qui les exposent aux VIH/Sida contre 5% pour les

hommes. L'Etat de Côte d'Ivoire avec l'appui technique de l' UNFPA a mis en place en 2009 les premières plates formes (PF) de lutte contre les violences basées sur le genre (VBG) pour une meilleure réponse. Elles sont le pilier de la Stratégie Nationale de Lutte contre les VBG. La PF est un cadre de collaboration, d'échanges, de référence et de contre référence des acteurs intervenant dans la réponse aux VBG. Elle est composée des structures étatiques et privées, les organisations de la société civile, confessionnelles ou à base communautaires. Il existe aujourd'hui 52 PF VBG en Côte d'Ivoire.

DESCRIPTIONS: Les plates formes VBG visent à : Renforcer la coordination des interventions, le cadre de prévention et de prise en charge des survivant(e)s des VBG,

les mécanismes de collecte de données sur les VBG.•

Les activités:

- Ecoute, Counseling et orientations des survivants
- Accompagnement des survivants à toutes les étapes de la PEC
- Réunion de gestion des cas complexes
- Réunions mensuelles de coordination
- Elaboration de rapports trimestriels et annuels sur les VBG

LESSONS LEARNED: Quelques résultats

les 2 PF VBG (guiglo et DueKoué) de 2011 et 2013 à 2017 ont permis à 223 survivants de viol d'accéder aux services de santé, d'être dépistés et de recevoir une prophylaxie post exposition aux VIH dans les 72 heures et les autres traitements indiqués.

Succès:

- Référencement et accompagnement systématique des survivants de viol par le point focal VBG du centre social à l'hôpital
- engagement des médecins à la PEC médicale des survivants de viol dans le délai requis et de certains à la délivrance gratuite du certificat médical pour les poursuites pénales ;
- l'information continue des communautés sur les risques de VIH suite aux viols permet la référence à temps des personnes vers les structures de prise en charge.

Difficultés: Insuffisance de ressources pour étendre les activités dans les villages ; les pesanteurs socio culturelles.

NEXT STEPS:

- Etendre les activités des PF VBG dans les sous-préfectures, les villages
- Elaborer, diffuser des supports de sensibilisation sur

l'importance de la PEC médicale dans les 72 heures

MOTS CLÉS: VBG- Plateforme VBG- PEC-Viol- VIH/Sida-Survivants

14:45 – 16:15 | PROF. KADIO AUGUSTE (Salle Des Fêtes) | 07.12.2017

THAD1403 - TRACK D6

Household Economic Strengthening Interventions to Address HIV Prevention, Care, and Treatment Outcomes: A Comprehensive Evidence Review

15:15 – 15:30

Swann Mandy

FHI 360, Washington, United States

BACKGROUND: Household economic strengthening (HES) is increasingly implemented alongside HIV programming to address economic drivers of the epidemic. The evidence base linking HES with HIV outcomes is growing, but had not been systematically consolidated. To address this, FHI 360 undertook a comprehensive evidence review to synthesize the availability and strength of evidence linking 15 types of HES interventions with a range of HIV prevention and treatment outcomes, to inform future programming, policy, and research.

METHODS: The review was conducted between November 2015 and October 2016 and consisted of an academic database search, citation tracking of relevant articles, examination of secondary references, expert consultation, and a gray literature search. Studies were included if they evaluated HES interventions, reported on an HIV outcome(s), and were available in English. All evidence was assessed for quality.

RESULTS: 108 documents were included in the review and a matrix framework was used to map the evidence linking each HES intervention with each HIV outcome, providing a precise visual depiction of the evidence base. We found evidence that conditional and unconditional cash transfers, financial incentives, and educational support were associated with a reduction in HIV-related risk behavior. Financial incentives were linked with increased uptake and yield of HIV testing, and food assistance was associated with better ART adherence. Collectively, provisioning interventions (cash transfers, financial incentives, transport assistance, and food assistance) had positive effects on ongoing care and treatment outcomes, particularly care-seeking but also improved CD4 counts and viral suppression. Few studies assessed biomarkers for prevention such as HIV incidence or prevalence; the majority relied on self-reported data.

CONCLUSIONS AND RECOMMENDATIONS: The strongest, most conclusive evidence comes from provisioning interventions that support asset recovery and stabilization, and demonstrate benefits for HIV prevention and treatment. Further rigorous research is needed on HIV outcomes resulting from widely-used interventions that protect and build household assets and income - such as group savings, income generating activities and entrepreneurial training - as these are more cost-effective and their benefits more sustainable. Additional research is also recommended to assess outcomes other than risk reduction and ART adherence, which are well studied.

14:45 – 16:15 | PROF. KADIO AUGUSTE (Salle Des Fêtes) | 07.12.2017

THAD1404 - TRACK D6

Cracks in Teen Programming; Results from a Baseline Survey on Adolescent Sexual and Reproductive Health and Rights in Uganda

15:30 – 15:45

Bitira David William1, Caswell Georgina2, Dyke Elizabeth3, Pabani Hanif3, Gagne Natalie3, Adolescents selling sex, living with HIV, using drugs

1Community Health Alliance Uganda, Programs, Kampala, Uganda, 2International HIV/AIDS Alliance, Programs, Cape Town, South Africa, 3ADVISEM, Edmonton, Canada

BACKGROUND: Fewer (40.2%) adolescents 15-19 years old than young people (45-46%) in Uganda have comprehensive knowledge about HIV prevention. Additionally, 46% of adolescents (15-19 years) are sexually active and engage in high risk sexual behaviours. New HIV infections, lifelong ill-health and AIDS-related deaths continue to rise among adolescents.

Limited information is available to inform design and implementation of effective adolescent-friendly integrated HIV/SHRH programs.This Abstract presents quantitative findings drawn from a baseline study conducted in Uganda by CHAU and ADVISEM to inform and shape relevant and responsive adolescent HIV and sexual and reproductive health and rights programming in Uganda.

METHOD: Baseline survey conducted in two rural project districts during January-May 2017 among adolescents selling sex, using drugs and living with HIV (10-19 years) used quantitative and qualitative research methods including purposive, cluster, systematic and random sampling. Survey comprised of 190 adolescents drawn across gender,age and risk categories.

Key informant interviews and focus group discussions collected qualitative information. Used Stata and Nvivo for analysis.

RESULTS: Only 54.7% of adolescents are aware of ways of preventing sexual transmission of HIV and reject major misconceptions about its transmission; fewer (43.4%) 10-14 than (59.1%) 15-19 year old adolescents; and almost as many girls (54.5%) as boys (54.9%). 53.4% of adolescents used condoms during last sexual intercourse; more (61%) boys than (45.8%) girls. Adolescents obtain HIV and SRHR information mainly from friends (48%) and schools (43.8%); least from health facilities (33.5%), youth support groups (30.9%), parents (28.2%); with two-thirds (59.8%) satisfied; more boys (66.7%) than girls (54.2), 10-14 (64%) than 15-19 year (58.9%). Adolescents living with HIV (57.4-67.4%) and using drugs (54.2-58.5%) are most and least empowered respectively.

CONCLUSIONS AND RECOMMENDATIONS: Survey findings will strengthen the READY Teens project to provide tailored, responsive HIV and SRHR information and services to 10-19 year old adolescents to promote their health and life chances. More specifically, the findings will guide Uganda Ministry of Health and community based organizations to support health facilities, youth support groups and parents/caretakers to ensure an enabling and secure environment for most at risk adolescents to adopt healthier choices, practices and behaviors

14:45 – 16:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	07.12.2017

THAD1405 - TRACK D6

Réduction des Violences et des Violations des Droits des Travailleuses du Sexe par l'Impulsion d'une Dynamique d'Èducation par les Paires

15:45 – 16:00

Ndikubwayo Bernard1, Ntanyungu Fabien2

1ANSS, Droits Humains, Bujumbura, Burundi, 2ANSS, Bujumbura, Burundi

QUESTIONS: Au Burundi, les taux de prévalence au VIH sont particulièrement élevés au sein des populations clés, en particulier des travailleuses du sexe (TS). Les politiques répressives et les pratiques discriminatoires condamnent les TS à la clandestinité, ce qui ne leur permet pas d'accéder à une information préventive de qualité et favorise les violations de leurs droits. Pour combattre ces obstacles rencontrées par les TS dans l'accès aux soins

et aux droits, l'Association Nationale de Soutien aux séropositifs et malades du Sida (ANSS) a développé une stratégie visant à renforcer les connaissances des TS sur leur environnement juridique.

DESCRIPTION: Dans un premier temps, les paires éducatrices TS ont été formées sur leurs droits et sur les liens entre les droits humains et le VIH. Deux réunions et trois ateliers d'information des paires éducatrices TS ont été organisés pour renforcer ces dernières et identifier celles qui pourront sensibiliser leurs paires. Par la suite, ces dernières ont elles même sensibilisé leurs paires en animant des ateliers, des séances de parole ou des permanences directement sur les lieux de vie ou de travail des TS ou au sein des associations identitaires.

LEÇONS APPRISES: Parmi les 70 paires éducatrices formées par l'ANSS, 15 ont été identifiées pour servir de relais et sensibiliser leurs pairs. 250 TS ont été sensibilisées et informées sur leurs droits par une ou plusieurs des 15 paires éducatrices TS identifiées comme relais.

Une réduction significative du nombre d'arrestations arbitraires des TS a été observée depuis la mise en œuvre de ces activités. Contre une dizaine de cas d'arrestations arbitraires les weekends, les associations identitaires n'en constatent plus que 2 à 3 par weekend.

PROCHAINES ÉTAPES: En marge des actions de plaidoyer menées par l'ANSS auprès des autorités burundaises en vue d'un environnement légal plus favorable, cette stratégie a fait la preuve de son efficacité à améliorer rapidement les conditions de vie des TS. Pour pérenniser ces actions et les développer sur le reste du territoire burundais, l'ANSS travaille actuellement à développer des partenariats et collaborations avec certains acteurs institutionnels, notamment le Programme Nationale de Lutte contre le VIH (PNLS).

14:45 – 16:15	PROF. FEMI SOYINKA (Palais Des Congrès)	07.12.2017

TRACK B: Clinical Science, Treatment and Care

Antiretroviral Therapy II

CHAIRS: Oche Agbaji, *Nigeria*
Mohammed Chackroun, *Tunisia*
Aoussi Eba, *Côte d'Ivoire*

14:45 – 16:15	PROF. FEMI SOYINKA (Palais Des Congrès)	07.12.2017

THAB1501 - TRACK B2

Superior Efficacy of Dolutegravir (DTG) Plus 2 NRTIs Compared with Lopinavir/ritonavir (LPV/r) Plus 2 NRTIs in Second-Line Treatment: 24 Week Interim and Sub Group Analyses from the DAWNING Study

14:45 – 15:00

Brown Dannae1, Aboud Michael2, Kaplan Richard3, Lombaard Johannes4, Zhang Fujie5, Hidalgo José6, Mamedova Elmira7, Losso Marcelo8, Chetchotisakd Ploenchan9, Sievers Jörg2, Hopking Judy10, Underwood Mark11, Nascimento Maria Claudia2, Gartland Martin11, Smith Kimberly11

1ViiV Healthcare, Abbotsford, Australia, 2ViiV Healthcare, Brentford, United Kingdom, 3Desmond Tutu HIV Foundation, Cape Town, South Africa, 4Josha Research, Bloemfontein, South Africa, 5Beijing Ditan Hospital, Capital Medical University, Beijing, China, 6VIA LIBRE, Lima, Peru, 7Kiev AIDS Centre, Kiev, Ukraine, 8Hospital J M Ramos Meija, Buenos Aires, Argentina, 9Srinagarind Hospital, Khon Kaen University, Khon Kaen, Thailand, 10GlaxoSmithKline, Stockley Park, United Kingdom, 11ViiV Healthcare, Research Triangle Park, United States

BACKGROUND: DAWNING is an open-label, non-inferiority study comparing DTG+2NRTIs with a current WHO-recommended regimen of LPV/r+2NRTIs in HIV-1 infected subjects failing first-line therapy of a NNRTI+2NRTIs (ClinicalTrials.gov: NCT02227238). An interim analysis was conducted at 24 weeks.

METHODS: Adult subjects failing first-line therapy, with HIV-1 RNA ≥400

copies(c)/mL, were randomised to 52 weeks of treatment with DTG or LPV/r combined with an investigator-selected dual NRTI background (BR), including at least one fully active NRTI based on resistance testing. Randomisation was stratified according to viral load (VL) ≤100,000 or >100,000 c/mL and whether 2 or < 2 active NRTIs were used in the BR regimen. Responses were analysed by randomisation strata and also based on patient demographics and baseline characteristics, such as CD4 count, gender, and race.

RESULTS: At Week 24, 82% (257/312) of subjects on DTG vs 69% (215/312) on LPV/r achieved HIV-1 RNA < 50 c/mL (adjusted diff 13.8%, 95% CI: 7.3% to 20.3%, p< 0.001 for superiority). The difference was primarily driven by lower rates of Snapshot virologic non-response (VL≥50 c/mL) in the DTG group. Higher responses were seen for DTG regardless of baseline VL (≤100,000 c/mL: 86% vs 73% for DTG vs LPV/r respectively; >100,000 c/mL: 70% vs 54%) or number of active NRTIs in the BR regimen (2 active: 74% vs 55%; < 2 active: 84% vs 73%). Results were generally consistent regardless of gender (female: DTG 87% vs LPV/r 67; male: DTG 80% vs LPV/r 70%), race (African/African American heritage: 85% vs 71%; non-African/African American: 80% vs 68%) and CD4 count (< 200 cells/mm3: DTG 83% vs LPV/r 66%; ≥200 cells/mm3: 82% vs 72%). Protocol-defined virologic failure occurred less frequently in the DTG arm, and there was no emergent genotypic resistance to either NRTIs or INI in this arm. The safety profile of DTG+2NRTIs was favourable compared to LPV/r+2NRTIs with more drug-related adverse events reported in the LPV/r group, mainly due to higher rates of gastrointestinal disorders.

CONCLUSIONS: DTG+2NRTIs demonstrated superior efficacy compared with LPV/r+2NRTIs at week 24, primarily driven by lower rates of Snapshot virologic non-response in the DTG arm. Results across subgroups including baseline VL, active NRTIs (2 vs < 2) and gender, race and CD4 cell count were generally consistent with the overall study findings. DAWNING provides important information to help guide treatment decisions for second-line therapy.

14:45 – 16:15	PROF. FEMI SOYINKA (Palais Des Congrès)	07.12.2017

THAB1502 - TRACK B2

Prevalence of HIV Drug Resistance at 12 Months after ART Initiation among ART Patients in Swaziland

15:00 – 15:15

Pasipamire Munyaradzi1, Maphalala Gugu2, Lukhele Nomthandazo1, Sibandze Dumile2, Dlamini-Nqeketo Sithembile3, Mazibuko Sikhathele1

1Swaziland National AIDS Programme, MoH, Mbabane, Swaziland, 2Swaziland Health Laboratory Services, Mbabane, Swaziland, 3World Health Organization, Mbabane, Swaziland

BACKGROUND: Since 2003, Swaziland has been rapidly scaling up antiretroviral therapy (ART) through decentralization of ART services and relaxing the eligibility criteria inline with the World Health Organization (WHO) recommendations. Expansion of ART has been feared to potentiate emergence of HIV drug resistance (HIVDR) especially in settings where viral load (VL) access is limited with potential continuation of a failing first line ART regimen. Swaziland conducted a study to estimate the prevalence of HIVDR in patients who were been on ART for 1 year after being enrolled as ART-naïve.

METHODS: A prospective cohort study was conducted in 2012/13 at three hospitals. Patients aged 18 years or above reporting to be ART naïve and initiating ART were eligible for the study. Patients were eligible for blood collection if they were still at their original facility of enrolment at 12 months. Blood samples taken at 12 months after ART initiation and plasma was prepared for VL and genotyping testing. The samples were processed through two HIVDR protocols in parallel (DRT-S and DRT-AF). Successful amplicons were Sanger sequenced using 8 primers. If both PCR sets were positive, only the DRT-S product was used for sequencing. Sequencing data was processed using RECall, an automated sequence analysis tool. All results were reported as frequencies and proportions.

RESULTS: There were 362 samples collected from patients. HIV was undetectable in 319 (88%) and detected in 45 (12%) samples. The DRT-S amplified 37 (10%) and sequenced 36 (10%). The DRT-AF PCR amplified 26 (7%) and sequenced 7 (2%), excluding samples that were positive DRT-S PCR. Therefore 43 (12%) unique samples were successfully sequenced and 19 were susceptible to all antiretroviral agents (ARVs). There were 19 (5%) samples with mutations conferring resistance to all non-nucleoside reverse transcriptase inhibitors (NNRTIs), 12 (3%) were resistant to all NRTIs excluding AZT. One (0.3%) had mutations conferring reduced response to AZT and 17 (5%) were resistant to at least 8 ARVs.

CONCLUSIONS AND RECOMMENDATIONS: Resistance to NNRTIs were the most prevalent HIVDR mutations. NRTI mutations were fairly common. Propagation of mutation was evident with the accumulation of resistance to 8 or more ARVs. The occurrence of HIVDR is a real threat to success of the ART program. Regular surveys and scale up of routine VL monitoring is necessary to achieve epidemic control.

KEYWORDS: Swaziland, HIVDR, mutation

14:45 – 16:15 | PROF. FEMI SOYINKA (Palais Des Congrès) | 07.12.2017

THAB1503 - TRACK B2

Efficacité du Renforcement de l'Observance chez les Patients en Echec Virologique de Traitement de 2è Ligne à Base d'Inhibiteur de Protease, ANRS 12269, Etude THILAO

15:15 – 15:30

Moh Raoul1,2, Benalycherif Aida3, Gabillard Delphine4, Lecarrou Jerome4, N'guessan Larissa2, Ello Frédéric5, Eboumou Fulgence5, Anzian Amani6, Goli Jeannot6, Baila Mouhamadou7, Koita Mame Basty7, Zoungrana Jacques8, Traoré Richard8, Diallo Ismael9, Fomba Mohamadou10, Minta Daouda10, Kadidiatou Kasogué11, Michon Christophe12, Seydi Moussa13, Gaye Nogaye13, Slama Laurence14, Drabo Joseph9, Girard Pierre-Marie15, Danel Christine2,4, Anglaret Xavier2,16, Landman Roland17,18, Eholié Serge1,2

1Departement de Dermatologie et d'Infectiologie, UFR Sciences Medicales, Université Félix Houphouet Boigny, Abidjan, Côte d'Ivoire, 2Programme PACCI, Site ANRS, Abidjan, Côte d'Ivoire, 3Institut de Médecine et d'Epidémiologie Appliquée (IMEA), Paris, Côte d'Ivoire, 4INSERM U1219 Bordeaux Population Health Research, ISPED, Université de Bordeaux, Bordeaux, France, 5Service des Maladies Infectieuses et Tropicales, CHU de Treichville, Abidjan, Côte d'Ivoire, 6CePReF-Aconda (Centre de Prise en Charge et de Formation), Abidjan, Côte d'Ivoire, 7SMIT/CRCF, Dakar, Côte d'Ivoire, 8Hopital de Jour CHU de Bbobo-Dioulasso, Bobo Dioulasso, Burkina Faso, 9Service des Maladies Infectieuses et Tropicales, Hopital Yalgado, Ouagadougou, Burkina Faso, 10Service des Maladies Infectieuses et Tropicales, CHU du Point G, Bamako, Mali, 11Centre d'Ecoute, de Soins, d'Animation et de Conseils « CESAC » de Bamako, Bamako, Mali, 12Expertise France, Paris, France, 13SMIT/CRCF, Dakar, Senegal, 14Hopital Tenon, Paris, France, 15Service des Maladies Infectieuses et Tropicales, Hôpital St Antoine, Paris, France, 16INSERM U1219 Bordeaux Population Health Research, ISPED, Université de Bordeaux, Abidjan, Côte d'Ivoire, 17Institut de Médecine et d'Epidémiologie Appliquée (IMEA), Paris, France, 18INSERM, IAME, UMR 1137, Paris, France

CONTEXTE: Le nombre croissant de patients sous traitement antiretroviral a pour corrolaire un nombre croissant d'échecs au traitement. Dans un contexte encore limité d'accès aux 3è lignes, maintenir les patients en 2è ligne par le biais de mesures de renforcement de l'observance efficaces, est un véritable challenge.

OBJECTIF: Décrire l'efficacité d'une méthode de renforcement de l'observance à 16 mois chez des patients en échec de 2è ligne de traitement.

MÉTHODES: Thilao: cohortes d'adultes, VIH-1, en échec virologique de

seconde ligne d'inhibiteur de protéase après une 1ère ligne d'INNRT. 10 mesures de renforcement de l'observance leur ont été proposées à l'inclusion et pour toute la durée de l'étude (16 mois), en Côte d'Ivoire, Burkina Faso, Mali, Sénégal : implication d'un membre de l'entourage, pilulier, appels téléphoniques hebdomadaires, alarmes de rappel sur téléphones, SMS, visite à domicile, visites fréquentes au centre de suivi, groupe de parole, adaptation de prises ARV et non ARV et des séances d'éducation thérapeutique (ETP). Après 3 mois de renforcement de l'observance, la décision de maintien ou non en 2è ligne de traitement a été prise si la charge virale était < à 400 copies/ml ou avait baissé de plus de 2 log.

RÉSULTATS: 198 patients ont été inclus. Femmes: 69%, âge median 41 ans. La médiane de la charge virale était de 4,5 log [3,6-5,1] et celle sous traitement depuis l'initiation des ARV de 8 ans [6-10] incluant 3 ans sous regime de 2è ligne. Les principaux choix de mesures de renforcement étaient pilulier (94%), alarmes sur telephone portable (86%), appels téléphoniques hebdomadaires (74%). 24% des patients ont choisi 6 des 10 mesures proposées. Après 3 mois de renforcement de l'observance, 130 patients (66%) ont été maintenus en 2è ligne. A la fin du suivi: 6 sont décédés, 4 perdus de vue, 120 patients sont restés en 2è ligne. 79% avaient une charge virale < à 400 copies/ml dont 49% < 50 copies/ml. La médiane du ratio de mise à disposition des medicaments (RMD) entre M0 et M16 était de 95.8 [90.7-100.2].Tout au long du suivi, le choix des patients concernant les mesures d'observance est resté globalement stable.

CONCLUSION ET RECOMMMENDATIONS: Le renforcement de l'observance a permis à 61% des patients en échec de 2è ligne de demeurer sous ce régime dont près de la moitié a eu une charge virale indétectable à la fin du suivi. Des outils simples de renforcement de l'observance devraient être mis à la disposition des praticiens.

14:45 – 16:15	PROF. FEMI SOYINKA (Palais Des Congrès)	07.12.2017

THAB1504 - TRACK B2

Preliminary Results of Evaluation of the Use of GeneXpert HIV-1 Qual Assay for Decentralized Early Infant Diagnosis

14:45 – 15:00

Kapumba Blessings1, Mtilatila Andrew2, Bitilinyu-Bangoh Joseph3, Pangani Harry2, Mazuru Patricia2, Ndlovu Zibusiso4, Chijuwa Alexander5, Ortuño Reinaldo6

1Mèdecins Sans Frontières, Blantyre, Malawi, 2Medecins Sans Frontieres, Nsanje, Malawi, 3Queen Elizabeth Hospital, Blantyre, Malawi, 4Southern Africa Medical Unit (SAMU), MSF, Cape Town, South Africa, 5District Health Office, Ministry of Health, Nsanje, Malawi, 6Medecins Sans Frontieres, Blantyre, Malawi

BACKGROUND: Delays in EID results among HIV exposed infants result in high morbidity and mortality. In Malawi, EID is conventionally performed in central laboratories using Abbott RealTime HIV-1 Qualitative assay resulting in delayed diagnosis and ART initiation. As part of larger feasibility study, we assessed diagnostic accuracy and outcomes of implementing Cepheid GeneXpert HIV-1 assay (GeneXpert) for EID in decentralized settings in southern Malawi.

METHODS: The study was conducted at six facilities in Nsanje District. Enhanced identification of infants, from birth to 18 months, was implemented in three facilities and participant's dried blood spots samples were tested with GeneXpert in parallel with Abbott, a reference test. Conventional EID Abbott only testing was implemented in other three facilities. These results are based on participant's samples taken between May 2016 and May 2017.

RESULTS: 506 exposed infants were identified using enhanced approach and had paired tests results; 43.8% were VEID (infants < 6 weeks) and 56.1% were EID (6 weeks-18 months). 6/222 (2.7%) VEID and 9/284 (3.2%) EID were positive on paired test. 194 exposed infants from conventional sites had Abbott result available, 14 (7.2%) were positive.

The sensitivity and specificity of GeneXpert was 100% (95%CI; 78.2%œ 100%) and 99.8% (95%CI; 98.9% - 100%) respectively. TAT from sample collection to availability of results was 5 days (IQR: 3 - 9) for GeneXpert; 70 days (IQR: 55-88) and 71 days (IQR: 52 - 93.5) for Abbott at enhanced and conventional sites respectively.

23.5% (96/408) of mothers with exposed infants had high VL result (>1000copies/ml). 6.3% (6/96) of infants whose mothers had high VL result were HIV positive, vs. 1.9% (6/312) of HIV-positive infants whose mothers had suppressed VL (p-value 0.038).

13/15 infants at enhanced, and 8/14 infants at conventional sites were initiated on ART. Median time from availability of Abbott results to ART initiation was 37.5 days (IQR: 25 - 93). 2/15 and 1/14 HIV positive infants from enhanced and convensional sites died before Abbott results were ready.

CONCLUSIONS AND RECOMMENDATIONS: The study results indicate that GeneXpert is a promising test for decentralised EID testing. Considerably short TAT for GeneXpert would potentially reduce delays in ART initiation among infants.

14:45 – 16:15 | PROF. FEMI SOYINKA (Palais Des Congrès) | 07.12.2017

THAB1505 - TRACK B2

HAART Adherence and Virological Outcomes amongst 10-year Prospective Cohort of HIV-infected Patients in an Urban Clinic in Uganda: Challenges of Achieving the Third 90

15:45 – 16:00

Okoboi Stephen, Musaazi Joseph, Kambugu Andrew, Musomba Racheal, Kiragga Agnes, Castelnuovo Barbra

Infectious Diseases Institute, Research, Kampala, Uganda

BACKGROUND: Sub-optimal HAART adherence jeopardizes the benefits of HAART and is likely to result in unsuppressed viral loads, negative clinical outcomes and the development of drug resistant mutations hindering the achievement of the UNAIDS third 90 target. We compared three HAART adherence measurement methods of self-report, pill count and viral load amongst patients of the Infectious Diseases Institute with the aim of understanding the relationship between these adherence methods particularly for long-term HAART patients.

METHODS: This was a prospective cohort study of patients that commenced on ART from 2004-2005 and followed up for 10 years. We performed descriptive statistics and assessed adherence level of the 3 monitoring **METHODS:**

1) Self-reported adherence measured using 3 day recall.

2) Pill-counts measured as a difference between returned and expected number of pills;

3) viral load every 6 months with virological failure defined as having 2 consecutive viral loads ≥1000. We also assessed reasons for ART poor adherence among patients self-reporting missing doses. Data was analyzed using STATA version 12.0.

RESULTS: We followed up 559 patients with a total of 3,295 person follow up -in years 69% were female, median age (IQR) was 38 (33-44) years. 67 patients died, 17 were lost to follow up or transferred out, and 84.8% had at least one viral load done. The adherence level using pill count and self-report for all patients was above 98%; however, 17.7% of the patients had

viral load ≥1000 on two consecutive times of measurements. The commonest reason for missing doses were forgetfulness (39.1%), being away from home (29.5%), missing clinic appointments' (17%), gave them self-drug holidays during weekends (14.5%) and feeling sick or depressed (5.5%).

CONCLUSIONS AND RECOMMENDATIONS: We observed a discrepancy between the overwhelming high reported adherence and the number of patients with virological failure. This supports the growing evidence that pill counting and self-reports overestimate adherence, including highly treatment experienced patients. More reliable adherence measures are needed in order to monitor patients on ART and achieve the UNAIDS 90 targets.

10:45 – 12:15	PROF. NKANDU LUO (Chandelier)	08.12.2017

TRACK D: Law, Human Rights Social Science and Political Science

Social Knowledge, Mass Communication and Knowledge Development

CHAIRS: Steave Nemande, *Dakar, Senegal*
Issouf Bamba, *Côte d'Ivoire*
Marsha A. Martin, *United States*

10:45 – 12:15	PROF. NKANDU LUO (Chandelier)	08.12.2017

FRAD1601 - TRACK D5

How Useful Is Public Impact Litigation as an Advocacy Tool to Address the Structural Drivers of HIV in Prisons: A Case Study of Extreme Overcrowding in Pollsmoor Remand Detention Facility

10:45 – 11:00

Nevin Ariane, Mia Nabeelah

Sonke Gender Justice, Cape Town, South Africa

ISSUES: Fully realised human rights are key to the success of public health strategies for HIV prevention. South Africa has the benefit of a legislative framework aimed at protecting the rights of prisoners However, prevailing inhumane conditions in many prisons, including extreme overcrowding, demonstrate that an enabling legal framework is insufficient to ensure good public health. Such conditions impede implementation of policies necessary to ensure prisoners' rights are realised, and consequently to prevent and treat HIV in prison settings. For example, it is impossible to prevent sexual abuse, a driver of the spread of HIV in prisons, if it is so overcrowded that the separation of vulnerable and predatory detainees is impractical.

DESCRIPTIONS: Evidence shows that to successfully carry out public health practices designed to halt the spread of HIV in prisons, we must ad-

dress the structural obstacles that prevent their effective implementation. Extensive engagement with government officials often yields the response that until upstream challenges within the criminal justice system are addressed, inhumane conditions in prisons will persist as barriers to HIV prevention. Following years of unsuccessful engagement with the South African Department Correctional Services (DCS), Sonke Gender Justice (Sonke) and Lawyers for Human Rights (LHR) launched court case in 2015 challenging the unconstitutional conditions in Pollsmoor Remand Detention Facility (Pollsmoor RDF), and seeking an order against the South African government to address these conditions. They argued that the conditions in Pollsmoor RDF were preventing inmates' access to health care, including HIV prevention, and infringing inmates' rights. In 2016, the court ordered the government to immediately reduce overcrowding and address the inhumane conditions in Pollsmoor RDF. Consequently, overcrowding levels at Pollsmoor RDF were reduced from 252% to 147% over 6 months.

LESSONS LEARNED: Litigation can be a tool for realising human rights of inmates and ensuring effective implementation of public health strategies to prevent transmission and progression of HIV. However, it must be used with other advocacy strategies, including mobilisation of the vulnerable population, in this case inmates, and the media. Moreover, litigation can damage relationships between rights advocates and government. In this case, it resulted in interruption to Sonke's peer-led HIV prevention programmes inside prisons.

10:45 – 12:15	PROF. NKANDU LUO (Chandelier)	08.12.2017

FRAD1602 - TRACK D5

Implication des Médias dans la Lutte contre le VIH chez les LBGTI au Cameroun

11:00 – 11:15

Fotso Gilles Herbert

Alternatives-Cameroun, Littoral, Douala, Cameroon

QUESTIONS: Au Cameroun les relations sexuelles entre personnes de même sexe sont pénalisées par la loi. Cette réalité législative est amplifiée par les médias. En 2016, à travers une veille médiatique effectuée par Alternatives Cameroun et ses partenaires, 164 cas d'incitation à la haine ont été proférés dans les médias camerounais. Ce climat d'homophobie généralisée conduit les personnes LGBTI à s'éloigner des services de santé.

DESCRIPTION: Alternatives Cameroun a développé en 2016 des activités visant à réduire l'homophobie médiatique, en ciblant les médias qui en sont souvent le relais.

Quatre ateliers de formation ont été organisés au niveau national et régional entre 2016 et 2017 et 40 journalistes y ont pris part. Des journalistes identifiés ont été invités et impliqués dans les actions ciblant les LGBTI. Il en résulte des couvertures médiatiques ayant vocation à sensibiliser l'opinion, comme celle de la célébration de la IDAHOT 2017. Alternatives Cameroun assiste régulièrement les journalistes dans la préparation de différentes productions notamment homophobie, Famille et Unité diffusée sur une chaine de télévision nationale en mai 2017 ; et Family Talk Show diffusée depuis mai 2017 sur la radio nationale.

Une plateforme de dialogue regroupant 8 journalistes et 5 les organisations LGBTI, 3 avocats, 2 travailleurs sociaux, 4 agents de la police, 8 professionnels de santé et 1 représentant du ministère de la femme et de la famille a été créée en 2016 et un réseau de référencement a été mis sur pieds pour optimiser la réponse aux violences fondées sur l'orientation sexuelle et l'identité de genre.

LEÇONS APPRISES: Il a été observé : Une Implication de plusieurs médias dans la thématique LGBTI : animation par des journalistes alliés de panels de discussion sur l'homosexualité, débats plus équilibrés dans la sphère médiatique. Une réduction significative du nombre productions homophobes dans la presse. Au cours de ce premier semestre 2017, nous avons enregistré seulement 34 cas d'incitation à la haine dans les médias.

PROCHAINES ÉTAPES: Ces actions limitées à deux villes du pays méritent d'être étendues au reste du territoire, avec l'appui du gouvernement à travers le CNLS qui pourrait renforcer la légitimité institutionnelle de cette approche. Certains responsables de médias ne sont pas toujours favorables à un traitement constructif des sujet sur l'homosexualité, d'où la nécessité de développer une stratégie les ciblant spécifiquement.

10:45 – 12:15	PROF. NKANDU LUO (Chandelier)	08.12.2017

FRAD1603 - TRACK D5

Evaluating the Effect of Financial Literacy and Leadership Training on Outcomes and Sustainability of Skills Acquisition Program for Female Sex Workers - A Cohort Study

11:15 – 11:30

Ogundipe Love1, Adeyanju Mary2, Ogunrotimi Olu3, Adeyanju Tosin4

1Environmental Development and Family Health Organization, Programs, Ado Ekiti, Nigeria, 2Society for Women and AIDS in Nigeria, Ekiti State, Administration, Ado Ekiti, Nigeria, 3Environmental Development and Family Health Organization {EDFHO}, Administration, Ado Ekiti, Nigeria, 4{SWAAN} Society for Women and AIDS in Africa Nigeria, Ekiti State Chapter, Programs, Omuo Ekiti, Nigeria

BACKGROUND: Economic indices such as income level of FSW is a factor in negotiating condom use. Various programmes targeting FSWs incorporated skills acquisition component but the effectiveness of the strategy remains a concern. Though FSWs seems to embrace added skill opportunity and economic empowerment, such enthusiasm gradually fades off with the closing of the project due to lack of personal and collective leadership. This study was to evaluate the effect of financial literacy and leadership training on outcomes and sustainability of skills acquisition program for FSWs.

METHODS: The study employed a cohort approach using two FSW cohorts in two local government areas (LGA). 100FSW from Ado LGA formed test cohort while 100FSW from Ekiti East LGA formed control cohort. Both cohorts undergo skill acquisition training & were all empowered (by provision of equipment & startup grants) to start new businesses. Only the test cohort were exposed to financial literacy and leadership training as a complementary training while the control cohort participated only in the vocational training. Both cohorts were followed up for six months using a predetermined/tested data gathering template. Data analysis was done using Microsoft Excel2010, SPSS20, & DHIS. Results were compared & presented in percentages & tables/charts.

RESULTS: Out of the 200 FSWs trained & empowered, 88% started a business within the first two months of training [90% of the test cohort and 86% of the control cohort]. By 3months 90% of the test cohort remain in business and were making an average income of N2,367.30 per week compared with 80% of the control cohort with an average income of N2,354.10 per week. By the end of 6months only 50% of the control cohort remains in business which is significantly lower (P≤0.0005 CI: 95%) than the 86% for the test cohort. Correct &consistent condom use among the cohorts improved from 53.2% & 67.3% to 87.8% & 86.5% for test and control cohorts respectively, a sign of improved negotiation power among FSW. 3% of the test cohort left sex work completely within 6months compared with 0% for the control cohort.

CONCLUSION/RECOMMENDATIONS: It is recommended that future skill acquisition program for FSW should integrate financial literacy and leadership training for sustainable outcomes as result shows a significant level of success in building, sustaining FSW business & improving negotiation power for condom use.

10:45 – 12:15 | PROF. NKANDU LUO (Chandelier) | 08.12.2017

FRAD1604 - TRACK D5

Pregnancy Incidence and Outcomes among Female Sex Workers Enrolled in a Cohort Study in a Kenya Urban Setting

11:30 – 11:45

Kipyego Jairus, Kaguiri Eunice, Komen Alicen, Kutwa Godfrey, Were Edwin

Partners in Prevention - Moi University, Eldoret, Kenya

BACKGROUND: Globally, it is estimated that about 290 Million pregnancies occur annually, two-thirds intended and the rest unintended. Among the unintended pregnancies, more than half results in termination, (induced and spontaneous) and the rest in unintended births. Female sex workers (FSWs) have limited access to reproductive health services due to stigmatization and marginalization and therefore more vulnerable to unintended pregnancies, abortions, HIV exposure and the risk of vertical transmission. Although FSW are at above risk, data on their reproductive health outcomes are missing.

OBJECTIVES: This study sought to find out the incidence, outcomes and predictors of pregnancy among FSWs in Eldoret Kenya.

METHODS: This was a prospective cohort study. FSW were screened between June 2012 and Dec 2013 and followed up for 18months. Recruitment was done through peer referral strategy. Urine B- human gonadotropin pregnancy test was performed at enrolment and follow up. Pregnancy outcomes were recorded and included abortions, perinatal deaths and live birth. Pregnancy incidence and outcomes were determined using descriptive statistics and predictors evaluated using logistic regression.

RESULTS: We enrolled 535 participants. 118 pregnancies among 102 participants occurred, out of this, 64(54.2%) were unintended. 120 (22.4%) reported atleast one abortion prior to enrolment. Majority 427(79.8%) reported no intention of a pregnancy. The total follow up period was approximately 802.5 follow up years resulting in an overall pregnancy incidence rate of 12 per 100 person-years. Of the 68(57.6%) pregnancy outcomes reported, 54(79.4%) were abortions [19(35.1%) induced, 35(64.9%) spontaneous], 4(5.9%) perinatal deaths and 10(14.7%) live births. Age above 35yrs was associated with pregnancy [OR 1.08; 95% CI 0.03-0.4; p value 0.003]. Those not using family planning (FP) were almost two times more

likely to get pregnant compared to those using FP [OR 1.73; 95% CI 1.12-2.71; p value 0.017].There was no association between pregnancy and age, marital status, educational level, type of partner or alcohol use.

CONCLUSION AND RECOMMENDATION: FSWs in Eldoret have an unplanned pregnancy rate one and half the national average. Increasing age above 35 years was associated with increased risk of pregnancy and therefore Effort should also target scale up of FP use in this age bracket. Efforts towards reduction of unintended pregnancies and abortions are needed.

10:45 – 12:15	PROF. NKANDU LUO (Chandelier)	08.12.2017

FRAD1605 - TRACK D5

Utilising Social Media as a Tool for Increased Access to Health Services for MSM/LGBT Individuals in Sub-Saharan Africa

11:45 – 12:00

Mphande Juliet

African Men for Sexual Health and Rights (AMSHeR), Communications and Media Advocacy, Johannesburg, South Africa

ISSUES: Access to HIV/Health Services remains a challenge for Men who have sex with Men and Lesbian, Gay, Bisexual and Transgender Persons MSM/LGBT individuals in Africa. Existing laws that criminalise individuals based on sexual orientation and gender identity act as barriers to access to Health care services for MSM/LGBT individuals.

Research has shown that access to information remains a critical to improving access to HIV/Health services for MSM individuals - the advent of new media like Facebook has created new opportunities for MSM/LGBT organisations to engage with audiences in hard to reach environments.

Twitter, LinkedIn, YouTube, Facebook and other social media sites have introduced new convenings platforms for peer to peer engagement amongst MSM/LGBT individuals and created opportunities for MSM/LGBT organisations to disseminate critical information that encourages access to Health Services to MSM/LGBT individuals.

By reviewing and analysing existing online footprints of 10 out of AMSHeR's 20 member organisations' adoption of popular social media tools on Google, Twitter, Facebook, YouTube and LinkedIn search interface, we

were able to determine how social media influences access to information amongst MSM/LGBT persons. Our initial pilot was done in Zambia where current ICT laws make it almost impossible for MSM/LGBT individual to access relevant health information.

Our analysis proved that organisations that effectively utilise social media platforms like Facebook are able to reach more MSM/LGBT individuals with specific information on HIV/Health services and therefore, able to mobilise more ambassadors to use in future advocacy initiatives that targeted policy implementation and review.

LESSONS LEARNED: While our findings reported an increase in the number of MSM/LGBT individuals who were able to access information on HIV/Health Services in the 10 countries reported, it was difficult to determine how this trend impacted on real and meaningful access to quality health services for MSM individuals in the member organisations under study.

NEXT STEPS: Our findings also raise issues regarding the need for a follow up study to determine how access to information on social media impacts behavioural change amongst MSM/LGBT individuals and how this translates into real and meaningful access to quality health care services amongst MSM/LGBT individuals.

10:45 – 12:15	PROF. SOULEYMAN MBOUP (Cinema Majestic)	08.12.2017

TRACK B: Clinical Science, Treatment and Care

Co-infections (TB, Hepatitis, etc.)

CHAIRS: Elizabeth Aka-Dangury, *Côte d'Ivoire*
Frank Lule, *Uganda*
Serge Domorea Kauqo, *Côte d'Ivoire*

10:45 – 12:15	PROF. SOULEYMAN MBOUP (Cinema Majestic)	08.12.2017

FRAB1701 - TRACK B3

Comparative Evaluation of Diagnostic Performance of Dip Stick GenoQuick MTB and Xpert MTB/RIF Tests for Detection of Mycobacterium tuberculosis in Sputum

10:45 – 11:00

Kasabuli Sylvia1, Freddie Bwanga2, Nanteza Ann3, Musisi Emmanuel4, Andama Alfred5, Sessolo Abdulwahab6, Sanyu Ingivar6, Luke Davis7, Byanyima Patrick6, Huang Laurence8

1IDRC, Mind Study, Kampala, Uganda, 2Makerere University Business School College of Health Sciences, Kampala, Uganda, 3Makerere University, College of Veterinary Medicine, Animal Resources and Bio Security, Kampala, Uganda, 4Infectious Disease Research Collaboration, Lab, Kampala, Uganda, 5Makerere University, Makerere College of Health Sciences, Kampala, Uganda, 6Infectious Disease Research Collaboration, Kampala, Uganda, 7Yale University, New Haven, United States, 8University of California, San Francisco, United States

BACKGROUND: Uganda is among the 30 WHO's high TB/HIV burden countries. Reliable conventional MTB diagnostic tests are still time consuming, expensive and need high level technical expertise. Innovation of fast, flexible, inexpensive and reliable TB diagnostic technologies is key to treating 90% of all TB infected patient by 2020 a target set by WHO. Genoquick MTB (Hain LifeScience), a dip stick test for MTB based on PCR method is potentially highly sensitive test but with paucity of data on its performance. We therefore evaluated the diagnostic performance of GenoQuick MTB compared to Xpert MTB/RIF and Fluorescence Microscopy tests for direct detection of Mycobacterium tuberculosis using sputum in high burden country.

METHODS: A retrospective cross-sectional study involving 192 sputum samples of TB presumptive adults was done. 110 of the samples were NALC-processed and 89 unprocessed but frozen at-200C. MTB was tested using Sputum on GenoQuick kit (HAIN LIFESCIENCE), Fluorescence Microscopy (FM), Xpert MTB/RIF and LJ culture as a gold standard. Specific and sensitivity, of GenoQuick MTB, Xpert MTB/RIF and concentrated FM tests were compared using IBM SPSS version 24.

RESULTS: A total of 192 samples (Female, 93:Male, 99) with Median age of 32yrs, (IQR 18-77) were analyzed. 123(Male, 57: Female, 66) were HIV+ with Mean CD4 count of 173cells/dℓ (IQR 2-1456). All samples had valid LJ culture results and 52(27%) of these had confirmed MTB detected. Overall, sensitivity and specificity of Genoquick MTB were 77% (40/52) and 88%(123/140) respectively as compared to that of Smear microscopy 39% (20/52) and 99% (139/140) and Xpert MTB/RIF 42% (14/33) and 92%(127/138) respectively. The sensitivity(73% Vs 85%) and specificity(81% Vs 92%) of GenoQuick were lower on NALC-NaOH processed frozen samples as compared to on fresh sputum samples. Among HIV+ patients the GenoQuick had a higher sensitivity of (77% Vs 50%) almost same specificity of (86% Vs 88)

compared to Xpert MTB in the same group.

CONCLUSIONS AND RECOMMENDATIONS: GenoQuick MTB test using fresh sputum samples may improve TB diagnosis especially in smear negative MTB among HIV+ patients. Studies with bigger samples are recommended.

10:45 – 12:15	PROF. SOULEYMAN MBOUP (Cinema Majestic)	08.12.2017

FRAB1702 - TRACK B3

Effect of Isoniazid Preventive Therapy on Tuberculosis Incidence and Associated Risk Factors among HIV Infected Adults in Tanzania: A Retrospective Cohort Study

11:00 – 11:15

Mushi Jeremia1, Sabasaba Amon2, Somi Geoffrey3, Ramadhani Angella3, Mahande Michael4

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BACKGROUND: Tuberculosis (TB) continues to be the leading cause of morbidity and mortality among human immunodeficiency virus (HIV) infected individuals in Sub Saharan Africa including Tanzania. Provision of isoniazid preventive therapy (IPT) is one of the public health interventions to reduce the burden of TB among HIV infected persons. However there is limited information about the effect of IPT on TB incidence in Tanzania. This study aimed at ascertaining the effect of IPT on TB incidence and to determine risk factors for TB among HIV positive adults in Dar es Salaam region.

METHODS: A retrospective cohort study was conducted using secondary data of HIV positive adults receiving care and treatment services in Dar es Salaam region from 2011-2014. TB incidence rate among HIV positive adults on IPT was compared to those who were not on IPT during the follow up period. Risk factors for incident TB were estimated using multivariate Cox proportional hazards regression model.

RESULTS: A total of 68,378 HIV positive adults were studied. The median follow up time was 3.4 (IQR=1.9-3.8) years for clients who ever received IPT and 1.3 (IQR=0.3-1.3) years among those who never received IPT. A total of 3124 TB cases occurred during 115,000 total person-years of follow up. The overall TB incidence rate was 2.7/100 person-years (95%CI; 2.6-2.8). Patients on IPT had 48% lower TB incidence rate compared to patients who were not on IPT (IRR=0.52, 95%CI; 0.46-0.59). Factors associated with higher risk for incident TB included; being male (aHR= 1.8, 95% CI; 1.6-2.0), WHO stage III (aHR= 2.7, 95% CI; 2.3-3.3) and IV (aHR= 2.4, 95% CI; 1.9-3.1),being underweight (aHR= 1.7, 95% CI; 1.5-1.9) while overweight (aHR= 0.7, 95% CI; 0.6-0.8), obese (aHR= 0.5, 95% CI; 0.4-0.7), having baseline CD4 cell count between 200-350 cells/de(aHR= 0.7, 95% CI; 0.6-0.8) and CD4 count above 350 cells/de(aHR= 0.5, 95% CI; 0.4-0.6) had relatively lower risk of developing TB.

CONCLUSION: Isoniazid preventive therapy (IPT) has shown to be effective in reducing TB incidence among HIV infected adults in Dar es Salaam. More efforts are needed to increase the provision and coverage of IPT.

10:45 – 12:15	PROF. SOULEYMAN MBOUP (Cinema Majestic)	08.12.2017

FRAA1703 - TRACK B3

Tolerability of Isoniazid Preventive Therapy among HIV Infected Cohort in Nigeria

11:15 – 11:30

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1AIDS Healthcare Foundation, Public Health, Abuja, Nigeria, 2University of Ibadan, Public Health, Ibadan, Nigeria, 3National AIDS & STIs Control Programme, Federal Ministry Of Health, HIV/AIDS and STI, Abuja, Nigeria, 4AIDS Healthcare Foundation, Monitoring and Evaluation, Kampala, Uganda, 5AIDS Healthcare Foundation, Programs, Kampala, Uganda, 6AIDS Healthcare Foundation, Monitoring and Evaluation, Nairobi, Kenya

BACKGROUND: Treatment of latent tuberculosis infection with isoniazid is an inexpensive, effective method. Its' effectiveness in preventing the development of active disease is an essential strategy for eliminating tuberculosis (TB) among people living with HIV. HIV infection is the strongest risk factor for a person to develop tuberculosis (TB), and TB is responsible for over a

quarter of all AIDS-related deaths worldwide. However, there are concerns regarding the application of isoniazid (INH) due to the potential for hepatotoxicity. This study was conducted to determine the incidence of adverse hepatic events after IPT commencement in a cohort of HIV infected patients. Adverse hepatic events were defined as elevations in liver enzymes which required IPT discontinuation.

METHODS: A retrospective cohort study using existing data captured during routine clinical visit at HIV clinics in Nigeria. Laboratory test investigations conducted are recorded in the OpenMRS database. The inclusion criteria for the analysis were patients who were commenced on Isoniazid Prevention Therapy between April 2012 and April 2017.

RESULTS: Data from 942 patients commenced on Isoniazid Prevention Therapy was analysed with 509 (54%) were females while 433 (45.9%) were males. The median age of the participants at the time IPT was started was 16 (range 1 - 69) years of age. The mean age of the patients was 19 (SD = 16) years. The mean duration of IPT use was 148 (SD = 43, range = 1 - 349) days. Sixty two patients (6.6%) developed adverse hepatic events which required discontinuation of IPT after a median duration of 84 (range 1 - 149) days. Incidence of adverse events while on IPT was 20.5 per 100 person-years (CI: 15.0-27.3). The median and mean age for patients who developed adverse hepatic events to IPT was 10 (range = 1 - 65) years and 19 (SD = 18) years of age respectively. Forty three (69.3%) of the participants who had adverse hepatic events were female.

CONCLUSIONS AND RECOMMENDATIONS: Evidence that giving IPT as a surrogate for lifelong treatment for PLHIV is beneficial in setting with a high prevalence of TB and a high likelihood of transmission. However, Incidence of IPT related adverse hepatic complication were high among younger patients. We recommend vigilant monitoring of liver enzymes for patients receiving IPT.

10:45 – 12:15	PROF. SOULEYMAN MBOUP (Cinema Majestic)	08.12.2017

FRAB1704 - TRACK B3

Pharmacocinétique du Lopinavir et du Ritonavir chez les Patients Adultes Co-infectés VIH/Tuberculose sous Traitement à Base de Rifabutine à Ouagadougou, Burkina Faso

11:30 – 11:45

Ouedraogo Henri Gautier1,2, Tarnagda Grissoum1, Cisse Kadari1, Baguiya Adama1,3, Millogo Tieba1,2, Meda Bertrand1, Diagbouga Serge1, Kouanda Seni1,2,3

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OBJECTIF: Décrire le profil pharmacocinétique du Lopinavir (400mg) et du Ritonavir (100mg) co-administrés avec 150mg de Rifabutin (RBT) ou 300mg de RBT trois fois par semaine chez des patients co-infectés par le VIH et la tuberculose (TB) à Ouagadougou.

MÉTHODE: Il s'agit d'une étude pharmacocinétique effectuée sur 16 patients adultes co-infectés VIH/TB sous Lopinavir/Ritonavir (LPV/r) 400/100 mg et anti-TB à base de RBT 150 mg trois fois par semaine ou RBT 300 mg trois fois par semaine à Ouagadougou. Après deux semaines de traitement combiné anti-TB et ARV, des prélèvements sanguins ont été réalisés le matin 5 minutes avant la prise des medicaments, puis à 1, 2, 3, 4, 6, 8 et 12 heures après celle-ci chez 9 patients traités avec la RBT 150mg, et chez 7 patients traités avec la RBT 300mg. Le dosage des concentrations plasmatiques du LPV et du Ritonavir a été effectué en utilisant la Chromatographie Liquide Haute Performance couplée à la Spectrométrie de Masse.

RESULTATS: La Cmax et la Tmax du LPV sont respectivement de 17,3±6,13µg/mL et 3,7±2,48 heures pour les patients sous RBT 150mg, et de 11,8±3,65µg/mL et 4.0±2.23heures pour les patients sous RBT 300 mg. L'AUC0-12 du LPV est de 115,2±49,03µg.h/mL chez les patients traités avec RBT 150 mg contre 69,9±35,28 µg/mL chez ceux traités avec RBT 300mg. La Ctrough moyenne du LPV était plus élevée chez les patients sous RBT 150 mg que chez ceux sous RBT 300 mg. Elle était inférieure à la concentration plasmatique minimale (Cmin=4µg/mL) pour prévenir les mutations et la résistance du VIH chez trois patients du groupe traités avec RBT 300 mg et deux patients du même groupe avaient une C12 inférieure à 1µg/mL. Comparativement aux patients sous RBT 150mg, les concentrations plasmatiques et l'AUC0-12 du ritonavir sont respectivement réduites de près de 50% et 75% dans le groupe sous RBT 300mg.

CONCLUSION: La dose de LPV/r 400/100mg pourrait être inadéquate pour les patients sous RBT 300mg. En revanche avec la RBT 150 mg, les concentrations plasmatiques du LPV sont maintenues au-dessus du seuil thérapeutique. Ces résultats soulignent la nécessité d'un ajustement de la posologie du ritonavir pour atteindre les concentrations plasmatiques suffisantes du LPV lorsqu'il est co-administré avec la RBT à la posologie de 300mg trois fois par semaine.

MOTS CLÉS: TB/VIH, pharmacocinétique, lopinavir, ritonavir, Burkina Faso.

REMERCIEMENTS: Cette étude a été possible grâce au financement de EDCTP/Senior fellowship.

10:45 – 12:15	PROF. SOULEYMAN MBOUP (Cinema Majestic)	08.12.2017

FRAB1705 - TRACK B3

Is the Detection of the Hepatitis B virus Surface Antigen Sufficient in North African Patient Living with HIV?

11:45 – 12:00

Marrakchi Wafa1, Kooli Ikbel1, Ajroudi Mariem1, Mhalla Salma2, Argoubi Aida2, Mastouri Maha2, Chakroun Mohamed1

1Fattouma Bourguiba Univeresity Hospital, Infectious Disease Department, Monastir, Tunisia, 2Fattouma Bourguiba Univeresity Hospital, Laboratory of Virology, Monastir, Tunisia

BACKGROUND: Occult hepatitis B infection (OBI) is frequent in patients living with HIV. However, its prevalence varies considerably in different geographic regions. The prevalence of OBI is unknown in North African countries. The purpose of our study is to determine the prevalence of OBI in PLHIV in order to improve the screening of hepatitis B virus (HBV).

METHODS: This was a prospective study including all PLHIV and conducted between 1stJanuary 2017 and 30thJune 2017 in the Infectious Diseases Department of Fattouma Bourguiba University Hospital in Monastir, Tunisia. All PLHIV were initially screened for HBsAg. Samples that were HBsAg negative were further screened for anti-HBc and anti-HBs. Subsequently, DNA was extracted from samples that were anti-HBc positive. Patients having OBI with positive Hepatitis B virus (HBV) viral load were followed and appropriate treatment was initiated. Patients taking antiretroviral therapy based on Tenofovir/Emtricitabine and having positive anti-HBc were excluded.

RESULTS: One hundred and nine patients were screened for HBV with a male to female sex ratio estimated to be 1.9. No patient had received prior HBV vaccination. Thirty patients (27.5%) were antiretroviral treatment naïve. Ninety four patients (86.2%) were Tunisian while 11 patients (10%) were from Sub-Saharan regions and 4 patients (3.6%) were Libyan. Eight

patients were HBsAg positive (7.3%). Among them, five patients (62.5%) were Tunisian. HBsAg prevalence in Tunisian PLHIV was 5.3%. HBsAg was negative in 101 cases (92.6%). Seventy one patients (70.2%) had negative anti-HBc, anti-HBe and anti-HBs and17 patients (15.6%) had protective immunity (positive anti-HBs). Nine patients (9%) had positive anti-HBc. They were six Tunisian (66.6%), two Malian (22.2%) and one Libyan patient (11.2%). Eight patients (88.8%) had negative HBV-viral load while one Malian patient (11.2%) had a positive HBV-viral load. Prevalence of OBI was estimated to be 1% in general and it was negative in Tunisian patients.

CONCLUSIONS AND RECOMMENDATIONS: Even though screening of OBI is rare in our region, the preliminary results of our study show a very low rate of occult infection among PLHIV. Screening for HBV should be continued in order to determine the prevalence of OBI.

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	08.12.2017

TRACK C: Epidemiology and Prevention Science

Basic HIV Epidemiology

CHAIRS: Kouanda Seni
Raoul Moh, Abidjan, *Côte d'Ivoire*

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	08.12.2017

FRAC1801 - TRACK C8

CoDISEN ANRS 12334: Etude de Cohorte de Consommateurs de Drogues Injectables (CDI) a Dakar, Premiers Resultats

10:45 – 11:00

Diop El Hadji bara1,2, Leprêtre Annie3, Lacombe Karine3, Ba Idrissa2,4,

Ndiaye Ibrahima2,4, Lakhe Ndèye Aissatou4,5, Cissé Viviane Marie Pierre4,5, Laborde-Balen Gabrièle1,6, Tamégnon Séphora1, Ndoye Tidiane4, Diop Mouhamet4, Faye Rose-Andrée4, Diop Karime1,6,7, Thiam Mamadou Habib2,4, Desclaux Alice8, Seydi Moussa1,4,5

1Centre Régional de Recherche et de Formation à la Prise en Charge Clinique de Fann (CRCF), Dakar, Senegal, 2Centre de Prise en Charge Intégrée des Addictions de Dakar (CEPIAD), Psychiatrie, CHNU de Fann, Dakar, Senegal, 3Institut de Médecine et d'Épidémiologie Appliquée (IMEA), Paris, France, 4Université Cheikh Anta Diop, Dakar, Senegal, 5Service des Maladies Infectieuses et Tropicales, CHNU de Fann (SMIT), Dakar, Senegal, 6Expertise France, Dakar, Senegal, 7Division de Lutte contre le Sida et IST (DLSI), Ministère de la Santé Publique et de l'Action Sociale (MSAS), Dakar, Senegal, 8Institut de Recherche pour le Développement (IRD), UMI 233/1175, Montpellier, France

CONTEXTE: Les consommateurs de drogues injectables (CDI) sont une population à haut risque d'hépatite C (VHC) et d'infection à VIH dans le monde entier. L'accès au traitement de substitution par opiacés (TSO) est un défi majeur pour lutter contre la propagation des deux maladies. Au Sénégal, l'étude ANRS 12243 UDSEN (2011 - 2013) a estimé le nombre de CDI à Dakar à 1324, avec une prévalence du VIH et du VHC atteignant respectivement 5,2% et 23,3%. Dans ce contexte, le CEPIAD (Centre de prise en charge intégrée des addictions de Dakar) a ouvert ses portes en 2014 et 211 CDI bénéficient actuellement d'un TSO combiné avec un suivi médical et psychosocial. Dans ce centre, la cohorte CoDISEN évalue l'efficacité d'une approche intégrée des soins pour CDI.

MÉTHODES: CoDISEN est une cohorte, prospective, monocentrique. Les principaux critères d'inclusion sont l'âge supérieur à 18 ans, l'utilisation active de drogues injectables ou de TSO et la résidence à Dakar depuis plus de 3 mois. À l'inclusion, tous les patients bénéficient d'un bilan médical et biologique complet avec une évaluation psychosociale et addictologique. Une étude socio-anthropologique associée, sur la perception des pathologies, des traitements, du suivi au CEPIAD, des facteurs liés au genre, des outils de prévention, du vécu et des déterminants de la « guérison » est également en cours. Les personnes incluses dans l'étude sont suivies pendant trois ans, avec un rythme semestriel. Le nombre prévu de participants est de 500.

RÉSULTATS: A la date du 30 juin 2017, 112 participants ont été inclus, dont 109 sont sous TSO. L'âge moyen est de 48 ans et seulement 5,6% sont des femmes. Les proportions de personnes présentant des antigènes HBs positifs, des anticorps contre le VHC ou le VIH sont respectivement de 10,6%, 9,6% et 4,8%. La vaccination contre le VHB a été proposée à 27 patients sans marqueurs VHB.

CONCLUSION: CoDISEN fournira un ensemble unique de données sur l'impact d'une approche intégrée pour la gestion des CDI. Ce programme de recherche innovant devrait contribuer à l'élaboration des futures politiques de santé publique concernant la prévention du VIH et du VHC dans ce groupe à haut risque vivant en Afrique subsaharienne.

FRAC1802 - TRACK C8

Risk Factors for HIV Infection among Female Commercial Sex Workers in Bangui, Central African Republic

11:00 – 11:15

Longo Jean De Dieu1, Mbéko Simaléko Marcel1, Grésenguet Gérard1, Belec Laurent2

1Université de Bangui, Santé Publique, Bangui, Central African Republic, 2Hôpital Européen Georges Pompidou, Service de Virologie Clinique, Paris, France

OBJECTIVE: In the context of the extreme poverty of the Central African Republic (CAR), the population of female sex workers (FSW) constitutes a priori an important core group of HIV heterosexual transmission. Before designing sexually transmitted infections (STIs)/HIV intervention targeting FSW in Bangui, the capital city of the CAR.

METHODS: A cross-sectional questionnaire survey was conducted in 2013 to describe the spectrum of commercial sex work in Bangui. Each woman received a physical examination and a blood sample was taken for biological analyses, including HIV testing.

RESULTS: In multivariate logistical regression analysis, HIV infection in study FSW population was strongly associated with anal sex practice with last clients (adjusted OR, 4.3), irregular condom use in last 3 months (adjusted OR, 24.9), alcohol consumption before sex (adjusted OR, 2.8) and past history of STIs (adjusted OR, 4.2). Networks of commercial sex work comprised six different FSW categories, including two groups of "official" professional FSW primarily classified according to their site of work [i) "kata" (18.6%) representing women working in poor neighborhoods of Bangui; ii) "pupulenge" (13.9%) working in hotels and night clubs to seek White men] and four groups of "clandestine" nonprofessional FSW classified according to their reported main activity [i) "market and street vendors" (20.8%); ii) "schoolgirls or students" (19.1%) involved in occasional transactional sex (during holydays); iii) "housewives or unemployed women" (15.7%); "civil servants" (11.9%) working as soldiers or in public sector]. HIV varied according to FSW categories. Thus, HIV prevalence was 6-fold higher among "kata" than "pupulenge" (39.1% versus 6.3%). Among nonprofessional FSW, "students", "civil servants" and "housewives" were the less HIV-infected (6.1%, 9.8%, 13.0%, respectively), whereas "sellers" constituted the category of highest HIV prevalence (31.9%). Age of first sexual intercourse,

past history of STIs, anal sex with last clients, irregular condoms use in last 3 months and regular alcohol consumption were strongly associated with HIV infection, and showed differential prevalences among categories.

CONCLUSION: Our observations highlight the high level of vulnerability of both poor professional "kata" and nonprofessional "street vendors" FSW categories which should be particularly taken in account when designing prevention programs for STIs/HIV control purposes.

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	08.12.2017

FRAC1803 - TRACK C8

Intensification du Dépistage des Enfants VIH Positif de Moins de 15 Ans à Partir du Sujet Index: Expérience du Dépistage en Approche Famille - Côte d'Ivoire, 2015-2016

11:15 – 11:30

Krou Danho Nathalie1, Diokouri Djohn Annie1, Kingbo Marie-Huguette K. A.1, Adou Brou Denise1, Lorougnon Marius1, Diby N'Zue Pauline1, Ebah Gnima Laurence1, Abokon K Armand1, Prao Hervé2

1Fondation Ariel Glaser Côte d'Ivoire, Abidjan, Côte d'Ivoire, 2Centers for Disease Control and Prevention (CDC), Abidjan, Côte d'Ivoire

Indiquer le problème étudié, la question de recherche : La connaissance du statut sérologique de l'enfant permet d'amplifier les efforts qui permettront à ces enfants d'avoir accès aux services de soins et traitement du VIH/sida. D'octobre 2013 à septembre 2014, le Conseil Dépistage Initié par le Prestataire a permis à 13 894 clients dont 7% d'enfants de moins de 15 ans de connaître leur statut VIH positif dans la zone d'intervention de la Fondation Ariel Glaser. Ainsi, depuis juin 2015, la Fondation a mis en œvre un programme qui offre le dépistage clinique aux familles des patients index et permet aux enfants et adolescents positifs d'être sous traitement, les aidant à mener une vie normale avec le virus. Cette étude évaluera l'efficacité de la mise en œvre de ce programme dans 36 sites à Abidjan.

MÉTHODES: Une analyse rétrospective a été menée de juin 2015 à décembre 2016 dans 36 sites de dépistage du VIH d'Abidjan. Tous patients diagnostiqués avec le VIH (sujets index) sur les sites de notre étude ont été sélectionnés. Les données de la fiche de l'arbre familial et du dossier individuel du sujet index ont été recueillies et analysées. Des statistiques descriptives ont été réalisées.

RÉSULTATS: Au total 1762 sujets index ont été étudiés dont 1354 (78%) sujets index ivoiriens à majorité de sexe masculin (80%, n= 1401) et 5% (n= 95) d'enfants de moins de 15 ans ont adhéré au programme. Les sujets index ont permis de recenser 4350 membres de leur famille dont 61% (n= 2638) d'enfants < 15 ans et 18% (n= 795) de conjoint(e)s (29 % femmes et 71% hommes). 79% (n= 3434) des membres des familles ont été dépistés dont 10% (n= 327) VIH positif. Les enfants et conjoint(e)s représentaient respectivement 31% (n= 103 dont 102 ont un lien biologique avec le sujet index) et 69% (n= 224) du total des testés VIH positif. Parmi les dépistés VIH positif, 88% ont initié le traitement antirétroviral (TARV).

CONCLUSIONS ET RECOMMANDATIONS: Le programme de Dépistage en Approche Famille a amélioré le dépistage des enfants des sujets index. Un sujet index ivoirien, de niveau primaire et connaissant son statut VIH depuis moins d'un an a plus de risque d'avoir un enfant de moins de 15 ans infecté par le VIH. D'où l'intérêt de renforcer la sensibilisation des sujets index et d'étendre ce programme à tous les sites.

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	08.12.2017

FRAC1804 - TRACK C8

HIV Risk among Orphaned and Vulnerable Children in Tanzania: Does it Matter if the Caregiver Is Male or Female?

11:30 – 11:45

Exavery Amon, Barankena Asheri, Charles John

Pact/Tanzania, Dar es Salaam, Tanzania, United Republic of

BACKGROUND: As the battle against the HIV/AIDS epidemic continues worldwide, context-specific strategies are necessary to warrant victory. Some people are at higher risk than others largely because contexts are different. This analysis assesses whether orphaned and vulnerable children (OVC)'s likelihood of HIV acquisition is affected by the sex of their caregivers.

METHODS: Data originate from a community-based, USAID-funded Kizazi Kipya Project that seeks to increase uptake of HIV/AIDS services by OVC and their caregivers in Tanzania. OVC, age 0-17 years, who were served by the project during January-March 2017 in 18 regions of Tanzania, and voluntarily reported their HIV status were included. Multilevel logistic regression was performed, with HIV status being the outcome and caregiver's sex the

main independent variable.

RESULTS: This analysis included 40,471 OVC, three-quarters of which had female caregivers and the rest male caregivers. The overall HIV prevalence among OVC was 7.1%. The prevalence was significantly higher among OVC with male caregivers than those with female caregivers (7.9% against 6.8%). Multivariate analysis showed that OVC with male caregivers were 22% more likely than those with female caregivers to be HIV positive (OR=1.22, 95% CI 1.01-1.48). Additionally, OVC with HIV positive caregivers were 16 times more likely to be HIV positive than those with HIV negative caregivers. OVC living in households with less than 4 people or more than 13 people were more likely than those living in households with 4-13 people to be HIV positive. OVC who were moderately malnourished (OR=8.92, 95% CI 6.42-12.39) as well severely malnourished (OR=8.75, 95% CI 3.49-21.96) were more likely to be HIV positive than those who were not. Lack of health insurance was associated with less risk (OR=0.46, 95% CI 0.37-0.58). Significant variations in the HIV risk by geographical location were observed. These findings were adjusted for household coresidence, wealth quintiles, OVC sex, caregivers' education, and other demographic factors.

CONCLUSIONS AND RECOMMENDATIONS: OVC with male caregivers may be at higher risk of HIV, thus a need for further elucidations around this relationship. HIV testing services (HTS) should target OVC who are malnourished, living in too small or too big families, or have HIV positive caregivers. These factors should be integrated in HIV programing priorities to enhance OVC health outcomes in Tanzania.

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	08.12.2017

FRAC1805 - TRACK C8

Évaluation des Déterminants et Prévalence du VIH chez les Utilisateurs de Drogues par Voie Intraveineuse au Bénin

11:45 – 12:00

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nin, 2Centre National de Référence de Recherche et de Prix en Charge du Sida (CNRRPEC-CNHU / Bénin), Abomey-Calavi, Benin, 3Institut Régional de Santé Publique (IRSP)/Université d'Abomey-Calavi (UAC), Ouidah, Benin, 4Laboratoire de Biologie Moléculaire et de Typage Moléculaire en Microbiologie (LBMTMM)/Université d'Abomey-Calavi (UAC), Abomey-Calavi, Benin, 5Programme National de Lutte contre le Sida au Bénin (PNLS), Cotonou, Benin, 6Consultant Indépendant, Cotonou, Benin

CONTEXTE: En Afrique subsaharienne, le VIH/Sida reste un grave problème de santé publique avec une prévalence fluctuant autour de 2% au Bénin depuis plus d'une décennie mais variante selon les groupes socio-économiques. Ainsi au sein de certains groupes, la prévalence du VIH est plus élevée que celle observée dans la population générale.Cette étude vise alors à estimer la prévalence du VIH au sein des utilisateurs de drogues par voie intraveineuse au Bénin et à identifier les potentiels facteurs de risque.

MÉTHODES: Les participants ont été recrutés à Cotonou, Ouidah et Grand-Popo après obtention de leur consentement écrit. Dans un premier temps, des informations ont été recueillies sur leur profil socio-démographique, les indicateurs spécifiques aux toxicomanes, les connaissances liées au VIH et aux MST, les attitudes et les comportements sexuels. En second lieu, des prélèvements sanguins ont été effectués.

RÉSULTATS: 386 utilisateurs de drogues par voie intraveineuse ont participé à l'étude, dont 3,1% étaient des femmes. L'âge moyen des participants était de 35 (œ10,7). La majorité de ceux-ci consommaient la drogue depuis 10ans environ avec la cocaïne étant la plus consommée (56,0%). Au cours de leur dernière injection, 90,9% des répondants utilisaient des équipements d'injection stérile. En outre, 41,7% ont consommé d'autres substances lorsqu'elles ne pouvaient pas acquérir les drogues par voie intraveineuse ou les équipements d'injection. Au cours de leur rencontre sexuelle la plus récente, 30,8% ont utilisé le préservatif. 31,1% des participants ont une bonne connaissance du VIH/Sida car ils ont correctement identifié les moyens de prévention et ont rejeté les fausses idées sur la transmission du VIH. De plus, 66,0% des répondants ont été exposés à des messages sur les MST et le VIH/Sida pendant les 6 mois précédant le sondage. La prévalence du VIH chez les utilisateurs de drogues par voie intraveineuse était de 4,7% comparativement à 1,2% dans la population générale.

CONCLUSIONS ET RECOMMANDATIONS: De cette étude, il en ressort qu'au Bénin les utilisateurs de drogue en intraveineuse constituent un groupe au sein duquel on enregistre un risque élevé de contamination au VIH. Il est donc nécessaire de mettre en place des systèmes continus de surveillance du VIH et de développer des outils de prévention qui répondent spécifiquement aux besoins des utilisateurs de drogues par voie intraveineuse.

MOTS CLÉS: HIV, Drogue intraveineuse, Bénin.

12:45 – 14:15	PROF. NKANDU LUO (Chandelier)	08.12.2017

TRACK C: Epidemiology and Prevention Science

Social Epidemiology of HIV

CHAIRS: Simplice Dagnan, *Côte d'Ivoire*
Abdramane Berthe, *Burkina Faso*

12:45 – 14:15	PROF. NKANDU LUO (Chandelier)	08.12.2017

FRAC1901 - TRACK C4

Evaluation des Connaissances, Attitudes, Pratiques et Perception du VIH chez les Etudiants en Côte d'Ivoire

12:45 – 13:00

Soumahoro-Agbo Man-Koumba1, Attoh-Touré Harvey2,3, N'Dri Kouamé Mathias1, Koné Constant Joseph1, Diomandé Mariam1, Touré Assata1, Ouattara Abdoulaye1, Ouattara Amadou1, Akoua-Koffi Chantal4,5, Dosso Mireille6

1Institut Pasteur de Côte d'Ivoire, Département Epidémiologie - Recherche Clinique, Abidjan, Côte d'Ivoire, 2Université Felix Houphouet Boigny, UFR Sciences Médicales, Abidjan, Côte d'Ivoire, 3Institut National d'Hygiène Publique, Abidjan, Côte d'Ivoire, 4Université Alassane Ouattara, UFR Sciences Médicales, Bouaké, Côte d'Ivoire, 5Centre Hospilier Universitaire de Bouaké, Laboratoire d'analyses biomédicales, Bouaké, Côte d'Ivoire, 6Institut Pasteur de Côte d'Ivoire, Département Bactériologie Virologie, Abidjan, Côte d'Ivoire

BACKGROUND: En Côte d'Ivoire, la prévalence du VIH a connu une réduction importante ces 10 dernières années du fait des actions de santé publique menées. Une évaluation des connaissances, attitudes, pratiques et perception a été réalisée pour apprécier le résultat des stratégies de sensibilisation et communication des étudiants à l'égard du VIH.

METHODS: Une étude transversale a été réalisée en 2014 auprès d'étudi-

ants inscrits en Licence 3 en universités ivoiriennes. Un auto-questionnaire anonyme leur a été proposé. Des scores moyens ont été calculés à partir des items du questionnaire. Le test du chi² a été utilisé pour comparer les variables qualitatives et celui de Student pour la comparaison des variables quantitatives.

RESULTS: Parmi les 561 étudiants qui ont participé à l'étude, 41,7%, 26,7% et 31,6% étaient respectivement inscrits dans les filières de Sciences Humaines et Sociales (SHS), de Biosciences et de Sciences de la Santé. La moyenne d'âge était de 25,9±3,4 ans avec un sex ratio homme/femme de 1,3. Le score moyen de connaissance des modes de transmission certains était de 4,9±1,36 sur 5 tandis que celui de la perception positive du préservatif était de 6,4±2,2 sur 12. Ce score de perception était significativement plus élevé chez les femmes que chez les hommes (6,1 vs. 6,9; p =0,0001). Le score d'acceptation moyen était de 7,3±2,2 sur 8 montrant une attitude à l'égard des PVVIH assez favorable. Seulement 29% (152/523) des étudiants ont déclaré avoir entendu parler de la prévention d'urgence post-exposition.

Par rapport aux étudiants des autres filières, ceux des SHS ont le plus souvent déclaré accepter d'avoir des rapports sexuels avec une personne séropositive (p=0,004); faire régulièrement le test de dépistage (p=0,0001). Concernant le risque de contamination, 48,5% (194/400) ont déclaré percevoir un risque de contamination supérieur ou égal à la moyenne. Seulement 44% (237/525) ont déclaré avoir effectué le test VIH une fois au cours des 12 mois précédant l'étude quand seulement 69,8% (358/513) ont affirmé avoir fait le test de dépistage au moins une fois durant leur vie.

CONCLUSIONS AND RECOMMENDATIONS: La persistance des préjugés et des représentations sociales favorise la stigmatisation. La méconnaissance des mesures de prévention post-exposition du VIH et les pratiques à risque restent encore élevées en milieu estudiantin. Il serait important de réviser les stratégies de communication.

VIH;Côte d'Ivoire;étudiants;connaissance;perception

12:45 – 14:15	PROF. NKANDU LUO (Chandelier)	08.12.2017

FRAC1902 - TRACK C4

Motivators and Harms of Alcohol and Drug Use among Female Sex Workers in Kisumu County

13:00 – 13:15

Rota Grace Anyango1, Syvertsen Jennifer Leigh2, Bazzi Angela Robert-

son3, Agot Kawango A.4, Ohaga Spala A.4, Otticha Sophie A.4, Nyanza Health Study II

1KEMRI-FACES, Research, Kisumu, Kenya, 2University of Califonia Riverside, Anthropology, Riverside, United States, 3Boston University, Public Health, Boston, United States, 4Impact Research and Development Organization, Research, Kisumu, Kenya

BACKGROUND: Worldwide, Female Sex Workers (FSWs) have 13 times the odds of being HIV+ compared to the general population of women. HIV prevalence in Kisumu County is second highest in Kenya and HIV reaches >50% among FSWs. Research in Kenya has suggested links between alcohol, drug use and violence which could heighten women's vulnerability to HIV and other health and social harms. We drew from a syndemic theory to examine substance use, violence and HIV risk among FSWs in Kisumu and inform prevention intervention programming.

METHODS: We conducted qualitative interviews with 45 FSWs. We used targeted sampling where we reached out in various hotspots and organized field activities to screen and enroll qualified FSWs who reported recent alcohol or drug use and experiencing violence. We analyzed transcripts using an inductive approach to identify emergent themes surrounding substance use and its health and social harms.

RESULTS: All 45 women alcohol use. Drug use was also common: 80% currently used bhang, followed by heroin (47%), miraa (27%) , prescription drugs (18%), and cocaine 4%. In addition, 49% reported ever injecting drugs and 13% were currently injecting heroin Women reported multiple reasons for engaging in alcohol and drug use. Motivators of substance use included: using it for confidence and courage to approach and negotiate prices with clients, morale to have sex with men they were not attracted to, preventing pain during sex, peer pressure from other sex workers and clients, extra energy to fight and defend oneself from violent clients and stress relief. With increased use women reported escalating addiction, withdrawal symptoms from heroin use and abscesses from injecting heroin. Women reported experiencing multiple forms of violence in the context of substance use and sex work, including physical (fighting or being beaten up), being taken advantage of through sexual violence (rape or forced sex), getting arrested for illegal drug and alcohol use, incorrect or no condom use, and forgetting to take payment or stealing from clients.

CONCLUSIONS AND RECOMMENDATIONS: Using a syndemic perspective to understand motivators and harms of alcohol and drug use among FSWs can help inform the development of inclusive intervention programs to reduce substance use and mitigate its harms.

12:45 – 14:15	PROF. NKANDU LUO (Chandelier)	08.12.2017

FRAC1903 - TRACK C4

HIV Knowledge, Behavior and Prevalence among MSM: Results from the Integrated Bio-behavioral Survey, Côte d'Ivoire - 2016

13:15 – 13:30

Clint Trout1, Kouakou Venance2, Diarrassouba Mamadou3, Kettë F4, Kouadio Attouman2, Passarelli Michael5, Esso Yedmel2

1Heartland Alliance International, Los Angeles, United States, 2Heartland Alliance International- Côte d'Ivoire, Abidjan, Côte d'Ivoire, 3Centers for Disease Control and Prevention, Côte d'Ivoire, Abidjan, Côte d'Ivoire, 4Insitut Pasteur Côte d'Ivoire, Abidjan, Côte d'Ivoire, 5Heartland Alliance International, New York, United States

BACKGROUND: Estimated HIV prevalence among men who have sex (MSM) was 18% in Abidjan, Côte d'Ivoire in 2012, four times that of men in the general population in that city (4.1%, 2012). Studies characterizing the epidemic among MSM are crucial for prevention and control efforts. In 2016, Heartland Alliance International (HAI), in partnership with the US Centers for Disease Control and Prevention, conducted an STI/HIV integrated bio-behavioral survey among MSM in seven districts in Côte d'Ivoire.

METHODS: MSM were recruited by community/network leaders and invited to social events at which all consenting MSM present ≥18 years old completed an interview, a medical exam and HIV/STI testing. We collected socio-demographic, behavioral and biological data.

RESULTS: A total of 1,450 MSM were interviewed of whom 1,231 were tested for HIV. The median age was 24 years and literacy was high: 79% [95% CI 77.3-81.5] (n=1,150) could easily read a short phrase. The median age at first sex with a man was 16 years. Sixty-one percent [CI: 58.5 - 63.6] considered themselves bisexual and 35% [CI: 3.20 - 36.9] (n=875) gay. Also, 79% [CI: 76.8 - 81.1] (n=1140) had ever had sexual intercourse with women. About 57% reported an income of < U.S$2/day. Comprehensive knowledge of HIV prevention was low: only 41% [CI: 38.3-43.8] (n=595) answered all five UNAIDS questions on this topic correctly. For example, 20% [CI 19.3-22.5] were unaware that HIV is not transmitted by mosquitos.

Sixty percent (60%) [CI: 55.5 - 64.1] (n=300) always used condoms during sexual intercourse with occasional partners in the last 12 months and 71% [CI: 68.3 - 73.5] (n=844) did so with their stable partners. Also, 31% [CI: 30.6 - 35.5] had received and/or provided payment for sex and 35% [CI: 32.2 - 37.2] (n=476) reported sex under the influence of drugs and/or alcohol. Many (44%) [CI 41.5-46.6] used the internet to find sexual part-

ners. The majority (60%) [CI 57.4 - 63.4] (n=619) and 28% [CI 24.8-30.4] reported quarterly and annual HIV testing, respectively. HIV prevalence among MSM was 19.6% [CI: 17.5 - 21.8] (n=249).

CONCLUSIONS: MSM remain highly impacted by HIV/AIDS in Côte d'Ivoire but continue to engage in high-risk behavior. HIV programs will need to design and scale up targeted HIV interventions for MSM taking into account their high literacy and internet use as well as their low income and young age while addressing alcohol/drug use, sex work and low levels of HIV knowledge and condom use.

12:45 – 14:15	PROF. NKANDU LUO (Chandelier)	08.12.2017

FRAC1904 - TRACK C4

Examining Determinants of Consistent Condom Use among Female Sex Workers in Rwanda to Guide Program Implementation

13:30 – 13:45

Twahirwa Rwema Jean Olivier1, Tuyishime Elysée2, Remera Eric2, Kayitesi Catherine2, Mutagoma Mwumvaneza2, Karita Etienne3, Baral Stefan1, Nsanzimana Sabin2

1Johns Hopkins Bloomberg School of Public Health, Epidemiology, Baltimore, United States, 2Rwanda Biomedical Center, HIV/AIDS, STIs and OBBI, Kigali, Rwanda, 3Projet San Francisco, Kigali, Rwanda

BACKGROUND: A recent published study found that 51% of Female Sex Workers (FSW) in Rwanda were living with HIV. Given the high burden of HIV, consistent condom use with clients remains a primary HIV prevention modality especially in the context of no access to pre-exposure prophylaxis (PrEP). Thus, this study examined the level of CCU among and the determinants of CCU among FSW in Rwanda.

METHODS: We used data from the same recently published study on HIV prevalence among FSW in Rwanda. This was a cross sectional study of FSW aged 15 and above using time-location sampling conducted in February 2010 in Rwanda. Structured face-to-face interviews was used to collect information and HIV testing was done. A multivariable logistic regression was used to analyze the determinants of CCU.

RESULTS: The study enrolled 1338 FSWs. CCU with clients in the 30 days preceding the survey was 33.6% (448/1332) [95%CI:31-36.2]. Re-

fusal from the client 41% (108/263) and not having a condom readily available at the time of sex 19.3%(51/263) were the commonest reasons for non-condom use. Of them, 45%(564/1255) reported to have ever experienced condom breakage during sex and 92.3%(1170/1297) had never used a lubricant during sex.

In the multivariable analysis, province: southern province OR=1.7[95%-CI:1.1-2.4] and higher income - second quartile OR=1.4[95%-CI:1.0-1.8], Third quartile OR=1.4[95% CI:1.0-2.0] and highest quartile OR=1.6[95%CI:1.1-2.2] were positively associated with CCU. Difficult access to condom i.e more than 10 min to walk to a condom outlet OR= 0.5[95%CI:0.4-0.8]; drug use OR= 0.5[95%CI:0.4-0.8], HIV comprehensive knowledge: OR= 0.7[95% CI:0.5-0.9] and STI infection OR= 0.7[95%CI:0.5-0.9] were negatively associated with CCU. HIV infection OR= 1.3[95%CI:0.9-1.7] and age were not significantly associated.

CONCLUSIONS AND RECOMMENDATIONS: CCU remains limited among FSW in Rwanda reinforcing the need for programs to not only distribute condoms, but also consider determinants of use. The data presented can inform implementation of condom programs including distribution and specific attention to FSW with challenges in accessing condom use. Given the high prevalence of HIV and the lack of relationship between CCU and HIV, it highlights significant risks of onward HIV transmission reinforcing the need for community ownership and empowerment programs but also consideration of PrEP where condom use remains low.

12:45 – 14:15	PROF. NKANDU LUO (Chandelier)	08.12.2017

FRAC1905 - TRACK C4

Perceived Community Cohesion and the Association with Sexual Violence and HIV-related Risk Behavior among Vulnerable Kampala Youth

13:45 – 14:00

Waajid Malikah1, Swahn Monica1, Salazar Laura2, Kasiyre Rogers3

1Georgia State University, School of Public Health, Department of Epidemiology, Atlanta, United States, 2Georgia State University, School of Public Health, Department of Social Behavior and Health Promotion, Atlanta, United States, 3Uganda Youth Development Link, Kampala, Uganda

BACKGROUND: Community characteristics have been shown to significantly impact health outcomes and behaviors. However, little remains known about how perceptions about the community impact risk behaviors among vulnerable youth. The aim of this study was to examine the role of perceived community cohesion on HIV-related risk behavior and violence involvement among high-risk youth living in Kampala.

METHODS: Data for this cross-sectional study was based on the 2014 Kampala Youth Survey. A convenience sample of youth, age 12 to 18 (N=1,134, Male= 43.8%, Female= 56.1%) living in six slum communities in Kampala, Uganda were recruited by trained community health workers. Perceived community cohesion was assessed using 4-items and a composite measure. HIV-related risk behavior including condoms use, number of partners, engagement in commercial sex, and involvement in sexual violence were also examined. Analyses was limited to participants that responded to the community cohesion questions, the outcome variables of interest. Chi-square and odds ratios were conducted.

RESULTS: The mean age of the sample was 16.14, with girls comprising 56.1% and boys 43.8%. Participants that reported more positive perceptions about the cohesiveness of their community were more likely to report using condoms during both their first (OR 2.09 95% CI 1.36-3.20, p=.001) and last sexual encounters (OR 1.97 95% CI 1.31- 2.98, p=.001). They also reported having fewer sex partners (2 or less) in their lifetime compared to their counterparts, 57.2% and 41.6% respectively. However, there was no significant difference between the number of recent partners (past 3 months) between groups. Conversely, negative perceptions about community were significantly associated with high risk behaviors, including drinking alcohol prior to sex (33.9% v 23.1%, p =.011), heavy episodic drinking (70.9% v 57.1%, p=.001), and involvement in intimate partner violence (46.8% v 33.1%, p=.001), commercial sex work (22.3% v 11.5%, p=.002) and sexual violence (23% v. 17.2, p=.016). There were no significant associations found between perceptions of community cohesion and having received a positive diagnosis of HIV or other STIs.

CONCLUSIONS AND RECOMMENDATIONS: Perceived community cohesion was significantly associated with HIV- related risk behaviors and sexual violence. Structural HIV prevention intervention efforts should integrate strategies to build community cohesion and engagement among high-risk populations.

TRACK D: Law, Human Rights Social Science and Political Science

Human Rights, Law and Ethics

CHAIRS: Allan Maleche, *Kenya*
Namizata Sangaré, *Côte d'Ivoire*
Paul Sagna, *Senegal*

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	08.12.2017

FRAD2001 - TRACK D1

Promotion et Défense des Droits Humains des Populations Clés dans la Riposte contre le VIH, un Terrain Encore Inexploité par les Organisations de Défense des Droits de l'Homme en Guinée

12:45 – 13:00

Diané Oumar1, Traoré Hugues1, Keita Louis1, Diallo Mamadou Kendela1, Diallo Cellou Dongho1, Johnson Cary Alan2

1Population Services International, Conakry, Guinea, 2Consultant Indépendant, New York, United States

QUESTIONS: En Guinée les Populations clés du VIH (Virus Immuno- Humaine) et les PVVIH (Personnes Vivant avec le VIH) font face à un ensemble de restriction sociales, juridiques et économiques qui les vulnérabilisent et les exposent à des traumatismes constants. Chaque groupe a ses propres difficultés, leurs situations sont liées à un type de « sexualité jugé hors loi », perçue comme libertine et dangereuse. La stratégie de Plaidoyer Droit Humain-VIH développée et mis en œvre par le pays a pour but la création d'un environnement sociojuridique favorable à l'utilisation des services VIH par ces cibles.

DESCRIPTION: Sur financement du Fond Mondial, l'approche utilisée entend promouvoir l'appropriation des actions entreprises par les organisations de défense des Droits de l'Homme pour un plaidoyer pérenne. Elle est focalisée sur 4 axes : 1) le renforcement de capacité des organisations des populations clés et des PVVIH; 2) La collecte des données sur la stigmatisation et discrimination relative à l'accès aux services de santé à travers l'Obser-

vatoire Communautaire sur l'Accès aux Services de Santé; 3) «Le plaidoyer en action» auprès des membres du gouvernement des parlementaires, des élus locaux, de la presse, des communicateurs traditionnels, des Hommes en uniforme, des Magistrats et juges et les jeunes ; 4) la formation d'un groupe de champions et l'implication des organisations de défense des Droits de l'homme.

LEÇONS APPRISES: A l'amorce du processus 8 organisations de défense des droits de l'Homme seules : 2 (25%) avaient des actions ciblant les professionnelles du sexe, 1 (12.5%) ciblant les transgenres et aucun touchant les Hommes ayant des rapports sexuels avec les Hommes. A la suite des actions de plaidoyer sur les 6 premiers mois du projet, ces organisations animent une clinique juridique au niveau du centre communautaire pour populations clés et PVVIH à Conakry. En outre 2 parlementaires sont membres engagés du groupe de champions, 03 membres du gouvernement, 200 représentants des forces de l'ordre et 80 élus locaux sensibilisés sur les questions relatives aux populations clés

PROCHAINES ÉTAPES: Réunir les organisations de défense des Droits de l'Homme pour la revue des textes de loi jugés obstacles à l'accès aux soins de santé pour les PC et les PVVIH afin qu'ils soient portés à l'assemblée nationale pour la prochaine session des lois 2018.

MOTS CLÉS: Populations clés, Défenses, Droits humains, Plaidoyer

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	08.12.2017

FRAD2002 - TRACK D1

Lessons Learned for Key Populations Human Rights Advocacy: The Campaign to End Forced Anal Examinations

13:00 – 13:15

Ghoshal Neela

Human Rights Watch, Nairobi, Kenya

ISSUES: In the last five years, at least nine countries, mostly in Africa, have carried out forced anal examinations on men and transgender women accused of consensual homosexual conduct. These exams, which have the purported objective of finding "proof" of homosexual conduct, often involve medical personnel forcibly inserting fingers or other objects into the anus

of the accused. The African Commission on Human and Peoples' Rights and the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment have described forced anal examinations as a form of torture or ill-treatment, prohibited under African and international law.

DESCRIPTIONS: In July 2016, Human Rights Watch launched the report Dignity Debased: Forced Anal Examinations in Homosexuality Prosecutions. Following the report launch, we have worked with partner organizations in campaigning to ban forced anal exams in Kenya, Uganda, and Tunisia. We have also advocated for an end to these humiliating tests with officials in Cameroon, Egypt, and Zambia.

LESSONS LEARNED: This presentation will critically examine what advocacy approaches have been effective in ending forced anal exams, looking at the example of Lebanon - where anal exams were banned in 2012—and at the progress thus far in various African countries. This progress includes Tunisia's national medical council's recent prohibition on doctors carrying out nonconsensual anal exams, followed by Tunisia's acceptance at the Human Rights Council of a recommendation to ban forced anal testing. In Kenya, activists have filed a constitutional petition challenging the constitutionality of the exams; after losing at the High Court, they have filed an appeal, but are also examining parallel avenues to convince the authorities to oppose the exams. In Uganda, activists are preparing a constitutional petition while simultaneously seeking results through the Uganda Human Rights Commission and the Uganda Medical Association.

The presentation will assess the role of the international medical establishment, including UNAIDS, the World Health Organization, and the World Medical Association, in building a global medical norm opposing forced anal examinations. .

NEXT STEPS: While we continue this advocacy, we are also examining what lessons have been learned that could guide advocacy on other abuses faced by key population groups, particularly when the medical establishment may be either complicit in abuses, or an ally in seeking change.

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	08.12.2017

FRAD2003 - TRACK D1

Promotion d'un Environnement Favorable aux Personnes Vivant avec le VIH (PvVIH) et aux Populations Clés les plus Exposées: l'Exemple du Programme de Plaidoyer du RNP+ avec

l'Appui de FHI360/USAID

13:15 – 13:30

Sylla N'Déné1, Ndour Pr Cheikh Tidiane El Hadji2

1Division de lutte contre le Sida et les IST, Bureau PEC, Dakar, Senegal, 2DLSI/CRCF, Dakar, Senegal

QUESTIONS: Au Sénégal, les problèmes liés à la stigmatisation de certaines populations (les hommes ayant des rapports sexuels avec les hommes, les PvVIH, les consommateurs de drogues injectables, les professionnelles du sexe) restent une réalité. La lutte contre toutes les formes de stigmatisation en direction de ces populations et d'améliorer leur environnement global pour respect plus important de leurs droits, RNP+ et les populations clés ont décidé de mettre en œvre un programme de plaidoyer contre la stigmatisation.

DESCRIPTION: Le programme développé a consisté en l'organisation de vingt - une (21) journées d'échanges sur la stigmatisation, à l'installation de 21 comités de veille et d'alerte départementaux. La réalisation de vingt - un (21) ateliers de renforcement des capacités sur le développement organisationnel. La réalisation de cent - vingt (120) recherches de perdues de vues et de quarante (40) séances sur la santé positive dignité et prévention. Mais aussi à faciliter les cas de stigmatisation notés par les membres du comité de veille et d'alerte

A l'inscription des PVVIH, pop. clés et familles à bénéficier d'une couverture maladie pour améliorer leur PEC

LEÇONS APPRISES: • Journées d'échanges avec la participation effective des plus hautes autorités départementales • Visites de proximité et des échanges entres prestataires, PvVIH et leaders religieux dans le domaine de la prise en charge et surtout à l'endroit des prestataires de soins

• Méconnaissance des acteurs locaux des formes de stigmatisation

• Meilleure visibilité des actions du RNP+ au niveau national et régional et des associations régionales à l'endroit des services décentralisés de l'état.

• Des plans de suivis de facilitations sont élaborés et l'instauration de comité de veille et d'alerte au niveau chaque département

• Les boutiques de droits sont impliquées avec la collaboration de l'association des femmes juristes sénégalaises

• Les femmes mariées sont le plus victime de stigmatisation dans la famille en particulier par leur mari

• L'acceptation de certains prestataires de soins à tendance à stigmatiser ou discriminer les PVVIH en particulier : médecins de PEC, services d'accueil,

PROCHAINES ÉTAPES: Élargir les comités au niveau des autres départements du pays L'intégration du genre dans le plaidoyer contre la stigmatisation et la discrimination

Augmenter le nombre d'adhésion à la CMV+ /CMU

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	08.12.2017

FRAD2004 - TRACK D1

Preserving Human Rights through Involvement of the Judicial System and Law Makers

13:30 – 13:45

Karisa Alfred A.

Reachout Centre Trust, Harm Reduction, Mombasa, Kenya

ISSUE: Most People Who Use Drugs (PWUDs) in Kenya have been stigmatized hence have been living in an isolated e.g. Streets, drug dens and parks and involve criminality and sex work is the primary means for survival. Hence have been the targets of arrests, harassment and mob justice by the community and neglect.

DESCRIPTIONS: Mombasa is a drug trafficking route, making heroin readily available. It estimated that Kenya has 18,327 People Who Inject Drugs (PWID) who have 18.3% HIV prevalence. Over 1560 Cases reported since in the county courts are related to drug use,115 cases of violence, 6 cases of mob justices were reported at Reachout since 2016 to mid July 2017.

Project: From January 2016 to July 2017, Reach out Centre Trust (RCT) engaged the justice system through a Justice Actors conference where 70 Judge, magistrates, lawyers, law enforcers, probation and civil society organizations were brought together under the theme clemency for social justice for people who use drugs. 140 Law enforces and 20 members of the county Assembly on Health were sensitized on Harm Reduction and social inclusion Health rights. RCT raised awareness through: 96 radio talk shows, 15 religious leaders Muslim,Christian, Hindu) and 230 family members of MAT client on Human rights for PWIDs.

Outcome: Through the training and sensitization of law enforcers, judicial system many petty crimes related cases to the PWUDs have been given alternative sentence through the community services from the probation.

Law enforces have been engaging with the RCT paralegals officers hence

MAT clients are released without being taken to court.

RCT has been included in the sitting in court users committee where it gives its views and suggestion. All sentenced MAT clients are able to access treatment without hinderance.

12:45 – 14:15	PROF. FEMI SOYINKA (Palais Des Congrès)	08.12.2017

FRAD2005 - TRACK D1

Understanding the Peculiarities of the LGBT Communities in Nigeria Enhances their Access to HIV Interventions and Addresses their Human Rights Challenges

13:45 – 14:00

Okey-Uchendu Ezinne1, Daniel Uduak2, Wakdok Sabastine Stephen2, Ajaja Olaleye2, Ndubuisi Onyinye3

1National Agency for the Control of AIDS (NACA), Programme Coordination Department, Abuja, Nigeria, 2National Agency for the Control of AIDS (NACA), Abuja, Nigeria, 3United Nations Development Programme, Abuja, Nigeria

ISSUES: The National Agency for the Control of AIDS (NACA) has the sole mandate of coordinating all HIV/AIDS responses in Nigeria. NACA works to address the Issues of human rights abuses &its link to accessing HIV services .one of the efforts at addressing the issues of the LGBTI community in Nigeria is the SOGIR project. The Sexual Orientation and Gender Identity Rights (SOGIR) is a UNDP project aimed at reducing inequalities and exclusion of individuals based on their gender&sexual orientation. This project also focuses on strengthening data/evidence base and enhancing the capacity of governments, institutions and Civil Society Organizations to address and reduce discrimination on the basis of sexual orientation,

DESCRIPTION: In June 2017,NACA supported UNDP is facilitating 3 LGBT consultative meetings under the SOGIR Project for LGBT communities in Nigeria. This meeting focused on determining the situation of the (LGBTI) community . The issues harnessed from the meeting in these 3 regions are quite different as each region have their specific peculiarities and human right issues affecting them from accessing HIV services. A format covering 12 different contexts was developed. Group discussions were used to identify issues and propose advocacy strategies and identify relevant stakeholders to engage. The contexts areas include: Family, media,

Religious institutions, Judiciary, Law Enforcement Agencies, Educational Institutions, Political Institutions, Internally displaced members of the LGBTI community, Cultural/ traditional Institution, LGBT community (intra-community), Health institutions, and donor organizations.The community members identified how each of these 12 context areas affect their human rights and access to HIV services.

LESSONS LEARNED: To effectively work with the LGBTI community members, there is need to understand their peculiarities and how to reach them. These consultative meetings have shown that the LGBTI community in Nigeria is huge and it also identified how best to reach them with effective programming. Capacity building of community members is needed to reach their peers to demand for HIV services& improve adherence to treatment.

NEXT STEPS: studies on risk assessment distinguishing the LGBTI vulnerability factors and exposure to risk factors of HIV is needed. HIV Testing Services (HTS) and other HIV services including PreP should be in place. An effective online programme can be used to reach more LGBTI.

14:45 – 16:15	PROF. SOULEYMAN MBOUP (Cinema Majestic)	08.12.2017

TRACK E: Health Systems, Economics and Implementation Science

Health Economics

CHAIRS: David Wilson
Nestor Tiehi Toto, Abidijan, Côte d'Ivoire
Eboi Ehui, Côte d'Ivoire

14:45 – 16:15	PROF. SOULEYMAN MBOUP (Cinema Majestic)	08.12.2017

FRAE2101 - TRACK E4

Elaboration of HIV-1 Viral Load Costing Tool: Application in One Laboratory in Burundi, within the OPP-ERA Project

14:45 – 15:00

Yakhelef Nadia1, Jousset Aurélie1, Sylla Olivia2, Nimbona Pélagie3, Ndayikengurukiye Callixte3, Rouzioux Christine4,5, Benjamin Coriat6

1Solthis, Bagnolet, France, 2SIDACTION, Paris, France, 3Association de soutien aux personnes séropositives, Bujumbura, Burundi, 4AP-HP Hôpitalm Necker enfants malades, Paris, France, 5Université Paris Descartes, Paris, France, 6Université Paris 13, Sorbonne Cité, Paris, France

BACKGROUND: Cost evaluation of conventional VL are scarce. To support policy decision makers on most relevant strategies to achieve the UNAIDS third 90, there is a need to evaluate the costs of VL in resource-limited settings with simple costing tools.

OBJECTIVE: To determine the unit cost of conventional VL performed on anOpen Polyvalent Platfom (OPP) using a user friendly costing tool in the Molecular Biology Laboratory of the Association Nationale de Soutien aux patients Séropositifs in Bujumbura (Burundi) within the OPP-ERA project.

METHOD: Ten cost categories were defined: human resources, training, consumables, reagents, material and furniture, laboratory and non-laboratory equipment, maintenance, overheads and infrastructure costs. Direct costs (used for VL laboratory) and shared (used among the facility services), included both variable and fixed costs (equipment and building depreciation). A micro-costing analysis was conducted from the payer perspective and covered the period from March 2013 to July 2016. Each value of the resources was estimated from the relevant quantities and corresponding unit price. A posteriori variable costs estimates were based on expenditures from quantities actually used and on local Burundi currency based on Burundi official conversion rate. We disaggregated results between operational costs and implementation costs.

RESULTS: A total of 11,986 VL were performed. The total cost of VL was €397,931. The mean cost per test was €33.20. Overall, the main costs were reagents (67.58%), followed by human resources (16.14%) and consumables (10.35%). Laboratory and non-laboratory equipment represented 2.86% of the total cost. With operational cost, reagents cost represented 71.8% of the total cost, of which 30% for extraction reagents (6.59€ per test) and 70% for HIV-1 amplification reagents kit (15.84€ per test). When considering the implementation costs, the cost of laboratory and non-laboratory equipment represented the most important components (43% and 30%) of total cost. The staff training cost increased from less than 1% to 25% of the total cost.

CONCLUSIONS AND RECOMMENDATION: Results show that a simple costing tool can be used in resources-limited settings to provide better estimates on HIV VL cost. Our findings on the breakdown of cost category are aligned with evidence from the literature on other technologies. In the context of global VL scale up efforts more evidence-based are necessary to better guide decision making.

FRAE2102 - TRACK E4

HIV Prevention and Treatment Investments, Programmatic Progress and Regional Priorities in West & Central Africa during the New Funding Model (2016-2017), and Implications for 2018-2020

15:00 – 15:15

Papo Jacqueline1, Yersin Isabelle1, Dzokoto Agnes1, Gasasira Antoine1, Draser Tina1, Fall Caty2, Mwase Cynthia1, Reinisch Annette3, West and Central Africa HIV Working Group

1The Global Fund to Fight HIV, TB and Malaria, Grant Management Division, Geneva, Switzerland, 2The Global Fund to Fight HIV, TB and Malaria, Risk Management Department, Geneva, Switzerland, 3The Global Fund to Fight HIV, TB and Malaria, Technical Advice and Partnerships Department, Geneva, Switzerland

ISSUES: Countries of the West and Central (WCA) region are implementing prevention and treatment interventions during 2016-2017, in the context of the Global Fund (GF) "New Funding Model" (NFM). Investments are in alignment with the countries' epidemiological profiles and National Strategic Plans (NSPs), and complement government and partners' contributions.

DESCRIPTIONS: The analysis includes 18 countries in WCA, excluding Nigeria, DRC and Ivory Coast. Data were obtained from NSPs, NFM applications, performance frameworks (PF) for 2016-2017, Spectrum projections, financial landscape tables, grant budgets, and countries' progress update reports.

LESSONS LEARNED:

- GF NFM investments for 2016-2017 include: Treatment, care and support (55%), Program management costs (16%), Prevention programs (11%: 6% general population, 5% key populations) and PMTCT (8%).

- GF NFM investments represent 49% of the funding landscape for HIV, and contribute to approx. 3/4 of ARV drug procurement and supply chain costs.

- ART scale-up, funded by government/partners/GF was planned to reach 905,000 people (49% coverage) by end 2017 (82% increase), from a baseline of 498,000 people (27% coverage) in 2014.

- As of Dec. 2016, 650,000 people were on ART (36% coverage, out of 2016 target of 41%), with pediatric coverage lagging. Acceleration plans are underway to support countries to reach the 2017 funded targets.

- As of Dec. 2016: 53% of pregnant women tested for HIV, ARV coverage for PMTCT was 60% among HIV-positive pregnant women, and 21% infants born to HIV-positive women received virological testing within 2 months of birth. Among Key Populations, prevention efforts reached 37% of sex workers, and 20% of MSM. Few countries (4) had PF targets for interventions among people who inject drugs (PWID).

NEXT STEPS: Based on 2016-2017 implementation, regional priority areas identified for support include: the development of differentiated HIV testing strategies; early infant diagnosis, including strengthening of lab systems; and differentiated models of care, including task-shifting.

With tight financial landscapes expected during the 2018-2020 implementation period, efficiencies through innovative approaches and differentiated service delivery models will be key, in addition to increased domestic political and financial commitment to the HIV response.

14:45 – 16:15	PROF. SOULEYMAN MBOUP (Cinema Majestic)	08.12.2017

FRAE2103 - TRACK E4

Is Traditional Approach of Financing Health System a way to go? Performance-based Financing a potential approach of strengthening HIV/health systems, a Success Story from Chikwawa Malawi 2015-2016

15:15 – 15:30

Kayimba Emily Chibweya

CatholicHealth Commission Malawi, Health, Blantyre, Malawi

ISSUES: Lack of cost effective approach is stunting Health interventions despite spending millions of dollars as evidenced by increased new HIV infections and deaths worldwide. Malawi spends $9 per capita per year, registers 31,000 new infections and 38,000 AIDS related deaths annually. As such, a 3 year Performance Based Financing (PBF) approach was piloted in HIV/HBC project pegged at $ 3 per capita per year, through four CBOs in Chikwawa District, with an aim of increasing access and improving quality of services.

DESCRIPTIONS: PBF is an approach with an orientation on results defined as quantity and quality of service outputs. It involves task segrega-

tion, contracting, reinforcing supervision, increasing managerial autonomy and incentivizing payments. Provider (CBOs), Purchaser (Diocese) and Fund holder (KFM) signed a tripartite contract. Quarterly, independent verifiers verified quantity and quality of care based on agreed HIV/HBC indicators. Then invoices were written by purchaser and sent to fund holder for payment to the CBOs based on agreed price list.

LESSONS LEARNT: There was high community empowerment in the PBF areas unlike Non PBF areas, 25.7% (F 7,842, M 3,853) of the PBF population tested for HIV as compared to 8. 1% (F 2,219, M 918) in non PBF areas, 840(F576 , M270) people joined support groups unlike 104 (F81,M 23) j in non PBF areas, there was improved reciprocal patient referral system, default rate for ART and TB reduced from 10% and 8% to 3.4% and 0% respectively, quality of care improved by an average of 41.6% unlike 15% in non PBF areas and 5 AIDS related deaths in PBF areas and 11 deaths in non PBF areas were registered.

NEXT STEPS: PBF approach proved to improve quality and quantity of services in HIV/HBC in Chikwawa district Malawi hence need to be piloted at a larger scale as it is showing that it might contribute to strengthening the health system.

14:45 – 16:15	PROF. SOULEYMAN MBOUP (Cinema Majestic)	08.12.2017

FRAE2104 - TRACK E4

Costs of HIV Counselling and Testing (HTC) Services - Tanzania, 2015

15:30 – 15:45

Mnzava Thomas1, Berruti Andrés2, Mbilinyi Deogratius1, Kazaura Koku1, Ramadhani Angela3, Lija Gisenge3, Juma James3, Kisendi Renatus3

1U.S. Center for Diseases Control and Prevention, Dar es Salaam, Tanzania, United Republic of, 2U.S. Centers for Disease Control and Prevention, Atlanta, United States, 3National AIDS Control Program, Dar es Salaam, Tanzania, United Republic of

BACKGROUND: Currently, Tanzania faces a generalized HIV/AIDS epidemic, with a national HIV prevalence among adults (15-49 years) of 5.1%. HIV testing and counseling (HTC) coverage remains low, with only 47% and 62% of men and women ever tested for HIV and received results, respectively.

To increase testing coverage in order to reach the UNAIDS first 90 goal, it is important to understand service costs to inform program planning given

available scarce resources. This study assessed four HTC modalities: voluntary counselling and testing (VCT), facility-based provider-initiated testing and counseling (PITC), mobile HTC (mobile) and home-based testing and counseling (HBTC).

METHODS: A programmatic perspective was adopted using an ingredient costing approach to analyze the costs of HTC services.from 10 purposefully selected HTC health facilities from seven regions with low and high HIV prevalence in Tanzania. Disaggregated costs were collected on all resources used in the provision of HTC services by the four HTC modalities. In all facilities, clients testing volume was collected to allow cost per test calculation. Total program cost was derived from investment and recurrent major cost inputs. Investment inputs included training, equipment and new infrastructure. Recurrent had cost inputs of personnel, test kits, condoms, supplies, travel and transport, building use, contacted services and utilities. Local currency was converted to 2015 USD to present the study findings.

RESULTS: Overall cost per HIV test was $12.60. Median economic costs per test were $14.41, $ 13.40, $11.86 and $7.88 for PITC, Mobile, VCT and HBTC respectively. Overall, across all HTC modalities it cost almost $130 to identify a single HIV positive individual. Costs per positive identified client were $90.64, $119.83, $170.18 and $ $247.54 using PITC, VCT, HBTC and Mobile respectively. In all modalities, the largest input type was personnel with $3.51 for HBTC, $5.72 for Mobile, $6.02 for PITC, and $8.69 for VCT. Test kits was second largest inputs with $1.45, $1.43, $1.26 and $2.33 for HBTC, Mobile, VCT and PITC; respectively.

CONCLUSIONS AND RECOMMENDATIONS: Although the economic cost per client tested was higher using PITC and lowest using HBTC, it was less expensive to use PITC to identify HIV positive individuals than the other modalities. Personnel and test kits were the major cost inputs of HTC services in Tanzania.

KEYWORDS: HIV/AIDS, per test costs, HTC modalities

14:45 – 16:15	PROF. SOULEYMAN MBOUP (Cinema Majestic)	08.12.2017

FRAE2105 - TRACK E4

High HCT Yield with Minimal Resources and Effort in a Resource Limited Setting

15:45 – 16:00

Patta Emmanuel

The AIDS Support Organisation (TASO), Health Systems Strengthening, Tororo, Uganda

ISSUES: The clock is steadily ticking towards 2020 when the UNAIDS 90-90-90 global target in the fight against HIV/AIDS is hoped to be achieved. The traditional modes of HIV Testing and Counselling (HCT) that include community outreaches and voluntary facility walk-ins are no longer high yields for HIV positivity. The challenge with these traditional modes of HCT is that it ends up testing many people in the general population; often the few positives identified are repeat testers with known HIV positive sero-status and may be already in care. Consequently leading to wastage of resources yet Tororo and Uganda in general is categorised as a resource limited setting.

In January 2017 The AIDS Support Organisation (TASO) Uganda under its District Health System Strengthening (DHSS) program in Tororo district sub-contracted Generation Focus, a Community Based Organisation (CBO) to support Nagongera and Petta health centres in community mobilisation for HCT and community-facility linkage.

DESCRIPTIONS: Community volunteers were purposively selected and trained. These volunteers with support of Village Health Teams (VHTs) mobilise target community members for HCT strategically and circumspectly based on assessed risks and exposure such as spouses and children of index clients, those with multiple sexual partners, the ailing, bar maids, youths, widows and men who inherit widows. Convenient appointments are scheduled in liaison with the respective health facility for those who consent. They are then transported on unlabelled motorcycles to and fro the health facility for HIV testing. Those who turn HIV positive are easily linked to the facility for care.

LESSONS LEARNED: Between February and April 2017, 158 (Male 94, Female 64) were tested, 29 (Male 20, Female 9) of them turned HIV positive and 4 of these were already in care elsewhere. Thus 25 (Male 17, Female 8) were new positives and all of them were linked to care. This translates to a yield of about 15% and linkage of 100%.

NEXT STEPS: This mode of HCT has proved to reach the unreached, yielding a lot more using few test kits in a short period of time with 100% linkage. In addition, the strategy employed here can be easily replicated in other communities especially those in resource limited settings.

TRACK C: Epidemiology and Prevention Science

HIV Prevention Programmes among Key Populatiions

CHAIRS: Stefan Baral, *United States*
Camille Anoma, *Côte d'Ivoire*

14:45 – 16:15	KADIO AUGUSTE (Salle Des Fêtes)	08.12.2017

FRAC2201 - TRACK C7

Intégration des Hommes Ayant des Rapports Sexuels avec des Hommes (HSH) au Sein d´une Association des Femmes de Lutte contre le VIH/SIDA au Cameroun: Cas de l'AFASO

14:45 – 15:00

Delphine Ngwenyi Teforlack1, Serge Thierry Amba Enkoame2

1Association des Femmes Actives et Solidaires (AFASO), Yaoundé, Cameroon, 2Affirmative Action, Programmes, Yaoundé, Cameroon

ISSUES: L'Association des Femmes Active et Solidaires (AFASO) est une organisation des femmes infectées et affectées par le VIH/SIDA. Créée en 1999 et légalisée en 2000, elle admet en son sein des femmes d'horizons divers sans distinction de religion, d'âge ou de race. AFASO est vouée à contribuer pour l'accès aux soins de qualité des PVVIH et à encourager leur autonomie.

Le Cameroun est bénéficiaire du Nouveau Modèle de Financement du Fonds Mondial. Dans le cadre de la mise en œvre des activités y afférentes, la CAMNAFAW a été retenue par l'Instance de Coordination Nationale comme Récipiendaire Principal (PR) de la société civile en charge des interventions de prévention en direction des jeunes, des hommes ayant les relations sexuelles avec les hommes (HSH), des professionnels de sexe et leur clients. La mise en œvre des activités du Grant se fait à travers diverses parties prenantes à savoir les Sous-récipiendaires (SR) et les Sous-Sous-Récipiendaires (SSR). AFASO a été retenue comme SSR en charge des activités de prévention en direction des HSH dans le district de santé de BIYEM-ASSI afin d'assurer qu'aux moins 90% des HSH de cette localité adoptent un

comportement à risque réduit.

DESCRIPTIONS: AFASO avec son appui médical, soutien les HSH en achetant les médicaments ainsi qu'à faire leurs Bilans de suivi de santé.

AFASO, expert dans la prise en charge psychosocial aide les clients HSH pendant l'éducation thérapeutique, les groupes de paroles, les causeries éducatives et les counseling pré et post test à travers les témoignages de ses membres.

Une infirmière formée consulte 2 fois par semaine au siège de l'association.

LESSONS LEARNED: D'octobre 2016 à Mars 2017, nous avons:

- pu toucher 682 HSH à travers les causeries éducatives et interpersonnelles.

- 653 ont bénéficié du Conseil et du Dépistage Volontaire de VIH.

- Les 67 cas positif au VIH/SIDA ont bénéficié du conseil et la référence vers les CTA/UPEC. Leurs premiers Bilans de santé ont été payés par l'AFASO. Ils ont intégré les groupes de paroles et bénéficient de l'éducation thérapeutique pour une bonne observance ;

- 145 HSH ont bénéficié de traitement des IST par l'approche syndromique.

NEXT STEPS: La mise en œvre de ce projet a permis à l'AFASO de briser les barrières et à intégrer les HSH en son sein. Il est temps que les autres associations de lutte contre le VIH s'ouvre aux populations clés pour une meilleure riposte au VIH d'ici 2020.

14:45 – 16:15	KADIO AUGUSTE (Salle Des Fêtes)	08.12.2017

FRAC2202 - TRACK C7

Male Sex Buyers, a Neglected Group in HIV Programming: Using Innovative, Integrated Strategies to Foster an Enabling Environment for Them to Access HIV Services in Masaka, Uganda

15:00 – 15:15

Jjuuko Godfrey

TASO Uganda Limited, Psychosocial, Kampala, Uganda

ISSUE: Despite the 18% alarming HIV prevalence rate among male sex buyers of female sex workers(FSWs) which is far above the national average of 7.3%, and whereas there is a high HIV prevalence rate among FSWs (37%) who with their partners accounted for 16% of new infections in Uganda (UNAIDS, 2014), male sex buyers have been often neglected in HIV programming.

DESCRIPTION: Between March and December 2016, with permission from owners of selected brothels, bars and discotheques, The AIDS Support Organization (TASO) promoted moonlight HIV testing services targeting male sex buyers. These were strategically identified through FSWs. HIV testing, STI screening and treatment, distribution of condoms, contraceptives, lubricants and counseling on sexual reproductive health was conducted by trained counselors and clinicians. Information on social demographic characteristics, STI experiences, condom use, sexual behavior and substance abuse was collected using semi structured questionnaires. Data were analyzed using descriptive statistics.

LESSONS LEARNT: In total, 12 bars, 4 discotheques, and 16 brothels were reached. 224 respondents aged 19 to 51 were interviewed, majority 139 (62.1%) had attained tertiary education and above, 65(29%) had no formal education, while 20(8.9%) were still in school. 95(42%) were married /cohabiting,102(45.5%) were single, 27(12.1)were separated. Of the total respondents 34(15.2%) were tested HIV positive, 29(85.3%) were linked to care, 5 (14.7%) declined. 105 (46.8%) had STIs signs and symptoms,71(31.7%) had been treated for an STI at least once in the last six months. 17(7.6%) had never used condoms before, 52(23.4%) used condoms occasionally, 155(69.2%) reported consistent use of condoms. 3(1.34%) had involved in Anal sex with the FSWs, 179 (79.9%) had ever engaged in sex while drunk, while 21(9.3%) were involved in use of other illicit drugs.

RECOMMENDATIONS: Fostering an enabling environment for male sex buyers to access HIV services may curb down the escalating rate of HIV transmission.

There is need to engage FSWs in designing interventions that reach out to their male clients.

14:45 – 16:15	KADIO AUGUSTE (Salle Des Fêtes)	08.12.2017

FRAC2203 - TRACK C7

Renforcer les Capacités des Acteurs de la Prévention Combinée et de la Prise en Charge Globale du VIH, des Hépatites et des IST dans les Populations Clés

15:15 – 15:30

Vébamba Lucien1, Kafando Benoit1, Lougué Marcel2, Tiemtoré Ousseni2, Guiard-Schmid Jean-Baptiste1

1ICI-Santé & DAT-AOC, Santé, Ouagadougou, Burkina Faso, 2ICI-Santé & DAT-AOC, Ouagadougou, Burkina Faso

QUESTIONS: Le VIH continue d'avoir un impact disproportionné sur les populations clés (TS, HSH, UD, prisonniers), avec une prévalence du VIH 2 à 35 fois plus élevée qu'en population générale en Afrique de l'Ouest et du Centre. Des interventions spécifiques de prévention et de prise en charge doivent être mieux ciblées sur ces populations et passées à l'échelle de façon urgente pour réduire les nouvelles infections en leur sein. C'est pourquoi ICI-Santé et le DAT-AOC développent un programme innovant de formation continue pour renforcer les capacités des acteurs de mise en œuvre de ces programmes auprès des populations clés, avec la participation active des bénéficiaires.

DESCRIPTION DU PROCESSUS:

- Phase de conception collaborative et participative (à distance puis en présentiel) de 5 à 10 jours avec un panel d'experts et personnes ressources professionnels de santé, acteurs communautaires, organisations identitaires et autres acteurs impliqués pour développer le contenu et le format du module ;
- session test du module, administrée à 30 apprenants de plusieurs pays et origines lors d'un atelier de formation de 5 jours (présentiel) ;
- élaboration d'un manuel référentiel de formation du module (versions imprimée et électronique, diffusion) à l'usage des apprenants et des facilitateurs/formateurs ;
- sessions de formation à visée régionale, nationale ou locale, au profit d'un mélange de différents types d'intervenants (professionnels de santé, acteurs communautaires et identitaires, autres) pour développer des synergies entre les différents acteurs.

RÉSULTATS: 4 modules de formation d'une durée de 5 jours chacun, portant sur la prévention combinée et la prise en charge globale du VIH et des IST (HSH, TS, milieu carcéral, usagers de drogues) ont été élaborés depuis 2011, véritables outils pédagogiques mais aussi de mobilisation des communautés.

Le manuel HSH a été produit en 1000 exemplaires et diffusé largement.

167 formateurs formés en AOC provenant de 15 pays.

Prochaines étapes et recommandations: Développer une plateforme de e-learning, diffusion des modules et formation.

Pour mettre fin à l'épidémie VIH en 2030, il faut optimiser les interventions auprès des populations clés. Et la clé de voûte pour des interventions de qualité reste la formation des intervenants. Les principales organisations dans les pays devraient créer une synergie pour des formations en cascade dans la Région.

14:45 – 16:15	KADIO AUGUSTE (Salle Des Fêtes)	08.12.2017

FRAC2204 - TRACK C7

Role of Gatekeepers as Influencers of Consistent Condom Use in Brothels: A Pilot Study from Abuja, Nigeria

15:30 – 15:45

Okafor Uchenna1,2, Crutzen Rik3, Borne Bart V.D.1

1Maastricht University, Maastricht, Netherlands, 2Steps Research, HIV/AIDs Research Unit, Abuja, Nigeria, 3University of Maastricht, Health Promotion, Maastricht, Netherlands

BACKGROUND: Support by gatekeepers and the enabling of a conducive environment for HIV prevention programs to promote consistent condom use within sex work establishments are key environmental factors that promote a safe working environment for FSWs. Addressing their vulnerability to sexually transmitted infections including HIV/AIDs and the social factors within their high-risk environment remains strategic in curbing the HIV epidemic. This study assesses the feasibility and condom use outcomes of a cluster randomized pilot trial focusing on the use of brothel leaders/gatekeepers to provide conducive social environment and improve consistent condom use by FSWs residing in brothels.

METHODS: Twelve brothels in Abuja, Nigeria were randomized into either an experimental (n=5) or a control (n=5) condition. The feasibility of the intervention and consistent condom use outcomes by FSWs with different partner types as well as condom negotiation self-efficacy were measured. Condom use outcomes were assessed using multi-level logistic regression and linear regression mixed models analysis was carried out for condom negotiation self-efficacy outcomes.

RESULTS: A total of 243 FSWs were recruited for the study (control

n=66 and experiment n=177) and at follow-up, 107 participants (44%) were available. The intervention demonstrated feasibility and positive outcomes for consistent condom use with different FSW partner types were obtained. The intervention group showed significant increase in consistent condom use with boyfriends (p=0.022) while for casual partners and clients, the increase was insignificant (p=0.454 and 0.681 respectively). Adherence to the intervention by the FSWs was moderate with the attrition rate at 55.6%.

CONCLUSION AND RECOMMENDATIONS: The intervention showed feasibility and effect outcomes demonstrated the possible positive influence brothel leaders provide in enhancing condom use with partners of BB FSWs including their boyfriends and steady partners. Future HIV Prevention interventions should consider the inclusion of gatekeepers to improve condom use by FSWs and include this approach to existing peer led activities within the FSW workplace.

14:45 – 16:15	KADIO AUGUSTE (Salle Des Fêtes)	08.12.2017

FRAC2205 - TRACK C7

Amélioration de l´Accès aux Services Offerts par le Programme de Prévention Auprès des Travailleuses de Sexe au Maroc : Leçons Apprises du Terrain

15:45 – 16:00

Azza Ez Zouhra1, Ahmar Morgane1, Kadouari Laila2, Rguig Soumia3, Ben moussa Amal1, Ouarsas Lahoucine2, Karkouri Mehdi1, Himmich Hakima1

1Association de Lutte contre Sida - ALCS, Casablanca, Morocco, 2Association de Lutte contre Sida - ALCS, Agadir, Morocco, 3Association de Lutte contre Sida - ALCS, Marrakech, Morocco

PROBLÉMATIQUE: Au Maroc, l'Association de Lutte Contre le Sida (ALCS) offre un programme de prévention auprès des femmes travailleuses du sexe (TS) dans 19 villes. Seulement 30% des bénéficiaires sensibilisées sur le terrain arrivent aux structures de l'association pour bénéficier d'un package de prévention combinée comprenant le dépistage VIH, le diagnostic et traitement des IST et la prise en charge psychosociale des personnes vivant avec le VIH.

POPULATION DE L'ÉTUDE ET MÉTHODES: Afin d'identifier les contraintes à l'accès aux services offerts et les adapter aux besoins des bénéficiaires, une consultation a été réalisée, avec une dizaine de focus groupes réunissant une centaine de TS et l'administration de fiches individuelles de

satisfaction. Les participantes étaient âgées de 20 à 50 ans, il y avait des anciennes et des nouvelles bénéficiaires des services de l'ALCS, des analphabètes et des scolarisées du niveau secondaire et universitaire.

RÉSULTATS: Les principales barrières à l'accès aux services sont la peur de la stigmatisation et d'un résultat positif du test VIH ; la stigmatisation par les professionnels de santé ; les barrières géographiques et économiques (manque de centres dans les zones périurbaines et rurales, coût du transport).

Près de 90% des femmes ont exprimé leur entière satisfaction vis-à-vis des actions de prévention sur le terrain et au niveau des structures de l'ALCS, elles ont rapporté qu'elles sont impliquées dans la programmation des séances de groupe et des thèmes choisis, alors qu'elles sont peu impliquées dans la programmation des permanences locales. Elles estiment que les services offerts restent insuffisants, ne couvrant pas les bilans biologiques, les consultations spécialisées, la prise en charge de maladies chroniques, uniquement disponibles dans les structures de soins publiques mais dont elles sont exclues car ne disposant pas d'une assurance maladie. Cette situation les pousse vers l'automédication notamment traditionnelle ce qui peut engendrer des complications graves.

CONCLUSIONS: La stigmatisation et l'absence d'assurance maladie sont des barrières majeures à l'accès des TS aux programmes de prévention. L'ALCS a inscrit l'accès à l'assurance maladie dans son programme de plaidoyer auprès du gouvernement. Elle a développé un programme de conseil et dépistage VIH démédicalisé à base communautaire et est, actuellement, en train de monter, dans ses locaux, des cliniques de santé sexuelle destinées aux TS.

14:45 – 16:15	PROF. FEMI SOYINKA (Palais Des Congrès)	08.12.2017

TRACK C: Epidemiology and Prevention Science

Epidemiology of HIV co-morbidity and Emerging Diseases: Non-communicable Diseases

CHAIRS: Serge Domoua Koauo, *Burkina Faso*

14:45 – 16:15	PROF. FEMI SOYINKA (Palais Des Congrès)	08.12.2017

FRAC2301 - TRACK C9

Prevalence and Predictors of Depressive Symptoms among Postpartum Women by HIV Status and Timing of HIV Diagnosis in Gauteng, South Africa

14:45 – 15:00

Onoya Dorina1, Mokhele Idah1, Nattey Cornelius1, Mongwenyana Constance1, Jinga Nelly1, Mohomi Given1, Fox Matthew2,3

1Health Economics and Epidemiology Research Office, Department of Internal Medicine, School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, 2Boston University, Global Health, Boston, United States, 3Boston University, Epidemiology, Boston, United States

BACKGROUND: Postnatal depression is a common, under-diagnosed and untreated mental health condition that can adversely affect health outcomes of mothers, and cause health and development problems for the children born to the affected mothers. HIV positive women of childbearing age are the largest HIV population group and are at higher risk of mental health disorders. There is a need to assess postnatal depression prevalence overall and determine needs for service and if the need differs by HIV status. We set out to determine the prevalence and predictors of postnatal depression by HIV status and timing of HIV diagnosis among postpartum women.

METHODS: We performed a cross-sectional analysis of baseline questionnaire data from adult (aged ≥18 years), postpartum women enrolled in an

ongoing mixed method, postpartum mobility study at Midwife Obstetrics Units (MOUs) in Gauteng, South Africa. Postnatal depression was analysed as a dichotomous variable, "low depression" or "medium to high depression", based on depressive symptoms experienced seven days prior. Logistic regression was used to identify associated factors at study enrollment. Adjusted odds ratio (aOR) with 95% confidence intervals (CI) are reported.

RESULTS: Of the 872 postpartum mothers enrolled 411 (47.1%) were HIV positive, of these 221 (54.0%) and 85 (20.8%) were diagnosed during the latest and previous pregnancy respectively. A total of 526 (60.3%) mothers had medium to high depression, of which 213 (40.5%) were HIV positives. Taking care of 1-2 other children than their own children (aOR 1.8 95% CI: 1.0-3.4), the baby's father being somewhat involved in the pregnancy (aOR 2.8 95% CI: 1.3-6.0), and medium perceived social support (aOR 1.4 95% CI: 1.0-2.0) were important positive predictors of medium to high depression. Remarkably, HIV positive mothers were less likely to have medium to high depression (aOR 0.5 95% CI: 0.4-0.8), and timing of HIV diagnosis was not found to be associated with postnatal depression among HIV positive mothers.

CONCLUSIONS AND RECOMMENDATIONS: Considerably high prevalence of depressions was found in our study population, which supports the need for integration of routine mental health screening maternal care, and for the availability of appropriate therapeutic interventions. HIV and pregnancy presents increased healthcare contact and multiple opportunities for screening, and therapeutic counselling which HIV positive mothers may already be benefiting from.

14:45 – 16:15	PROF. FEMI SOYINKA (Palais Des Congrès)	08.12.2017

FRAC2302 - TRACK C9

The Burden of Diabetes Mellitus in the HIV-infected Population: A Cross-sectional Analysis of Selected High Volume HIV Clinics in Coastal Kenya

15:00 – 15:15

Shamsudin Abbasali, Maranga Wamae

AIDS Healthcare Foundation, Mombasa, Kenya

BACKGROUND: HIV and diabetes mellitus (DM) are a major public health

concern in developing countries. Kenya has the fourth largest HIV epidemic globally. People living with HIV (PLWH) are at an increased risk of developing DM. The risk factors include the HIV infection itself, antiretroviral therapy (ART) and the risk associated with increasing age. If the double burden of HIV and DM is ignored, the socioeconomic gains made by the HIV programmes in terms of the disability-adjusted life years averted could be offset by a higher prevalence of DM. The aim of this study was to establish the prevalence and risk factors of DM in PLWH in coastal Kenya.

METHOD: A cross-sectional analysis of 1,895 randomly selected adult HIV-infected clients on active follow-up in five high-volume public HIV clinics in coastal Kenya was conducted in June 2017. Records of all the study subjects were reviewed to establish how many had DM, defined as a fasting blood sugar >7.0mmol/l or a random blood sugar of >11.1mmol/l. Data on the perceived risk factors (the predictor variables) were also extracted from the available records. Logistic regression was used to test the relationship between DM and the perceived risk factors. Strict ethical measures were taken to safeguard the confidentiality of the subjects.

RESULTS: Of the 1,895 study subjects, 68% were female, mean age was 35.6 years and 74% had a minimum of 8 years of primary education. The age-adjusted prevalence of DM was 11.9% (95% confidence interval [CI] 9.6-13.5). Having a body mass index > 25kg/m2, baseline CD4+ count < 250 cells/mm3 at ART initiation, lopinavir/ritonavir- and zidovudine-based ART regimen, male gender, history of smoking and a family history of DM had a statistically significant positive association with having DM. Of these, being on a lopinavir/ritonavir based ART regimen had the strongest association with DM (adjusted odds ratio 0.77; 95% CI 0.61-0.98; p< 0.001). WHO clinical stage at ART initiation and the subjects' socioeconomic status were not associated with having DM. The predictive power of the model was 86.4%.

CONCLUSION: This study found that DM is an important co-morbidity in PLWH. Urgent measures need to be taken to grapple with the double burden of HIV and DM in this population. Prevention interventions should continue to focus on routine screening of DM in PLWH as well as weight reduction, smoking cessation and where feasible, avoidance of lopinavir/ritonavir based ART regimens.

14:45 – 16:15 | PROF. FEMI SOYINKA (Palais Des Congrès) | 08.12.2017

FRAC2303 - TRACK C9

Cardiovascular Risk Prediction in a Cohort of HIV ART Experienced Patients in Uganda: A Comparison of the DAD and WHO/ISH CVD Risk Score Models

15:15 – 15:30

Mubiru Frank1, Agnes Kiragga1, Castelnuovo Barbara1, Reynolds Steven J.2, Rosalind Parkes Ratanshi3

1Infectious Diseases Institute, Research, Kampala, Uganda, 2National Institutes of Health, National Institute of Allergy and Infectious Diseases, Division of Intramural Research, Bethesda, United States, 3University of Cambridge, Institute of Public Health, Cambridge, United Kingdom

BACKGROUND: Successfully treated HIV-positive patients are at an increased risk of cardiovascular diseases (CVD). However, screening for CVD is rarely undertaken in sub Saharan Africa. The DAD (Data collection on Adverse Effects of Anti-HIV Drugs) equation was developed specifically to estimate CVD risk for an HIV-infected population in Europe and requires lipid laboratory tests. The WHO/ISH (International Society for Hypertension) prediction charts for Africa Region (AFRE) are simplified and do not need lipid results. We screened a population of Ugandan patients on long term ART to determine their risk of CVD and also the agreement between the WHO/ISH and DAD equation

METHODS: The study included data collected from 1000 patients enrolled in a prospective cohort in their 10th year of ART at the Infectious Diseases Institute (IDI), Kampala. Lipid tests were performed at cohort enrolment. We used WHO/ISH risk assessment charts and the DAD equation to classify absolute CVD risk prediction. We used Cohen's kappa statistic to assess the level of agreement between WHO/ISH and DAD in prediction of CVD risk in 10 years. 4 patients above 75 years and 12 missing lipid information were excluded.

RESULTS: Of enrolled patients, 619(61.9%) were female; median age 45-years(IQR:40-51); ART duration 10.4-years(IQR:10.1-10.7); 261(26.1%) had history of hypertension; 49(4.9%) family history of CVD; 33(3.3%) history of diabetes; 229(23.4%) present or past smokers, and 736(75.5%) alcohol users; Median systolic BP was 120 mmHg(IQR:110-130); total HDL 1.2mmol/L(0.98-1.48); cholesterol 4.7mmol/L(IQR:4.1-5.4); median duration in years and proportion on lopinavir were 6.0(IQR:4.2-7.3) ,143(14.5%); abacavir 1.4(IQR:0.7-2.9), 10(1.0%)

respectively. Using WHO/ISH 10-year CVD risk charts, 953(96.9%) were at low risk(< 10%); 20(2.0%), moderate risk (10-< 20%); 6(0.6%) high risk(20-< 30%), and 5(0.5%) very high risk(≥30%). The DAD 5-year risk algorithm showed that 469(47.7%) were at low risk(< 1%), 466(47.4%) moderate risk(1-5%), 37(3.8%) high risk(>5-10%) and 12(1.2%) very high risk(>10%). There was a good agreement between the two methods (81.1%), kappa=0.052

CONCLUSIONS AND RECOMMENDATIONS: In both scores, most patients on long term ART in our clinic have between low and moderate risk of CVD. Based on the level agreement, the two methods can be used in our settings in the routine monitoring of patient's care. Cohort follow-up will undertake full validation of these tools in our setting.

14:45 – 16:15	PROF. FEMI SOYINKA (Palais Des Congrès)	08.12.2017

FRAC2304 - TRACK C9

Prevalence of Anemia in Newly Diagnosed Adults Infected with HIV in Kogi State, Nigeria

15:30 – 15:45

Efifie Uchechukwu Emmanuel1, Ogirima Francis2, Bamidele OSIBO3, Usman Zakari1, Bola Oyeledun2

1Center for Integrated Health Programs (CIHP), Clinical Services Unit, Lokoja, Nigeria, 2Center for Integrated Health Programs (CIHP), Clinical Services Unit, Abuja, Nigeria, 3Center for Integrated Health Programs (CIHP), Strategic Information, Abuja, Nigeria

BACKGROUND: Anemia has been shown to have a deleterious effect on the functional capacity and quality of life of adults infected with HIV. It is the commonest haematological abnormality in people living with HIV (PLHIV) and has effect on the choice of anti-retroviral drugs for PLHIV.

METHODS: We conducted a descriptive cross-sectional study to determine and characterise anemia, and its prevalence among newly diagnosed adults PLHIV. A simple random sampling method was used to select charts of 1,150 adult PLHIV who were more than 15 years of age and enrolled in care between January 2009 and December 2013 in 4 Secondary health facilities in Kogi state, Nigeria. Anemia was classified using the WHO 2001 recommendations. Multiple logistic regression was used to assess potential

determinants of anemia among the study population.

RESULTS: Out of the 1,150 patients, 31.5% were males while 68.5% were females. The median age was 33 years with median CD4 value of 280 cells/mm3 and median Hb value of 11.0 g/dl. The prevalence of anemia among the study population was 73.1% with a mean abnormal Hb of 9.9 g/dl. 77.7% (696/ 896) of the study population with baseline CD4 count ≤ 500 cells/mm3 were anemic while 57.1% (145/ 254) of the study population with baseline CD4 count ≥ 500 cells/ mm3 were anemic (p< 0.0001). The proportion of the adult PLHIV with anemia increases with an increase in WHO stage (59.6%, 76.1%, 80.5% and 84.1% for WHO stages 1, 2, 3 and 4 respectively; P< 0.0001). 77.8% (35/ 45) of the study population with reported history of previous blood transfusion were anemic against 54.8% (106/194) of the those who indicated no history of previous blood transfusion (p< 0.0001). 79.2% (911/1,150) of the study population had no documentation on history of blood transfusion. From the multiple regresion analysis, WHO stage 2, 3 and 4 as well as CD4 count of ≤ 500 cells/mm3 were identified as being associated with inceased odds of being anemic among the adult PLHIV.

CONCLUSIONS AND RECOMMENDATIONS: The study suggests that anemia is highly prevalent among newly diagnosed adult PLHIV in Kogi State, Nigeria. Early diagnosis and management of HIV among adults may reduce the risk of anemia and associated morbidity.

14:45 – 16:15	PROF. FEMI SOYINKA (Palais Des Congrès)	08.12.2017

FRAC2305 - TRACK C9

Cancer du col de l'utérus chez la femme séropositive: perception et recours au dépistage au Centre de Traitement Ambulatoire de Brazzaville

15:45 – 16:00

Makela Norcely Herlya1, Mahambou Nsonde Dominique2, Kitoko Nsona Trhycia2, Diafouka Merlin2, Nsonde Malanda Judith3

1Centre de Traitement Ambulatoire de Brazzaville, BRAZZAVILLE, Brazzaville, Congo, 2Centre de Traitement Ambulatoire de Brazzaville, Brazzaville, Congo, 3Centre hospitalier Universitaire de Brazzaville, Brazzaville, Congo

CONTEXTE: Les femmes vivant avec le VIH(FVVIH) sont particulièrement

à risque de développer le cancer du col de l'utérus(CCU) du fait d'une susceptibilité plus accrue de voir persister l'infection à Human Papilloma Virus(HPV) au niveau du tractus génital. Il est donc nécessaire d'assurer la prévention de cette maladie au niveau des structures assurant la prise en charge des personnes vivant avec le VIH (PVVIH). C'est ainsi qu'il a été mis en place un service de dépistage du CCU au Centre de Traitement Ambulatoire de Brazzaville (CTABZV) au Congo.

OBJECTIFS: Déterminer la perception et l'adhésion des FVVIH au dépistage du CCU.

MÉTHODES: Il s'agit d'une étude transversale descriptive et analytique qui s'est déroulée du 01 Décembre 2016 au 31 Mai 2017 au CTABZV. Un questionnaire était administré aux FVVIH venues en consultation de routine et une proposition à venir faire le dépistage dans les 15 jours suivant l'entretien leur était faite. Le dépistage était basé sur l'inspection visuelle à l'acide acétique et au Lugol sous colposcope. Le niveau de connaissance et les facteurs associés au recours au dépistage étaient ainsi évalués.

RÉSULTATS: Au total 330 FVVIH ont participé à l'étude avec un âge médian de 44ans (extrêmes 19 et 73 ans). Elles avaient entendu parler du CCU dans 72% des cas, toutefois seul 13% avaient déjà fait le dépistage. Elles étaient 26% à connaitre au moins une ancienne malade du CCU. Seules 25% d'entre elles estimaient que le VIH augmentait leur risque de développer le CCU. Les causes, les symptômes, et les modes de prévention étaient souvent ignorés ; seules 10% des femmes citaient le dépistage comme moyen de prévention. Finalement, 166 femmes enquêtées ont réalisé le dépistage dans les quinze jours qui suivaient l'enquête soit 50,6% IC95%(42,6%-56%). La disponibilité, la sous-estimation du risque perçu constituent les principales causes de refus. Après ajustement sur d'autres facteurs, Les femmes plus âgées, la durée de séropositivité inferieure à 7ans et le fait d'avoir une notion de dépistage antérieur étaient significativement associés au recours au dépistage.

CONCLUSION ET RECOMMANDATIONS: les FVVIH ont souvent peu de connaissances sur le CCU, toutefois leur adhésion au dépistage est forte au CTABZV ; ce qui devrait encourager d'autres structures de prise en charge à intégrer les services de dépistage de cette maladie. Les femmes plus jeunes devraient aussi être encouragées à faire le dépistage.

18:30 – 20:00	PROF. FEMI SOYINKA (Palais Des Congrès)	08.12.2017

TRACK A: Basic Science (Biology & Pathogenesis)

Immunology of HIV

CHAIRS: Tandakha Dieye, *Senegal*
Patrice Debre, *France*
Andre Inwoley, *Côte d'Ivoire*

18:30 – 20:00	PROF. FEMI SOYINKA (Palais Des Congrès)	08.12.2017

FRAA2401 - TRACK A2

Regulatory T Cells Modulate Monocyte Functions in Immunocompetent Antiretroviral Naïve HIV-1 Infected People

18:30 – 18:45

Ambada Georgia1,2, Essomba Claudine2, Sake Stephanie2,3, Ngu Lovelyne2,3, Lissom Abel2,4, Tchadji Jules2,4, Tchouangeu Thibau2,4, Nji Nadesh4, Sosso Martin4, Etoa Francois Xavier2, Nchinda Godwin4

1Centre International de Référence Chantal BIYA pour la Recherche sur la Prévention et la Prise en Charge du VIH/SIDA, Immunology and Microbiology, Yaoundé, Cameroon, 2University of Yaounde I, Yaoundé, Cameroon, 3Centre International de Reference Chantal BIYA, Yaoundé, Cameroon, 4Centre International de Référence Chantal BIYA pour la Recherche sur la Prévention et la Prise en Charge du VIH/SIDA, Yaoundé, Cameroon

BACKGROUND: Regulatory T (Treg) cells are a subpopulation of CD4+ T cells, that play a critical role in dampening excessive immune responses thereby ensuring homeostasis following immune activation. However, in the context of a challenging persistent infection such as HIV, it is not known whether Treg cells conserve their functional properties. Here, we assessed the ability of Treg cells to inhibit the production of pro-inflammatory cytokines by activated monocytes.

METHODOLOGY: Treg cells and monocytes were purified by magnetic

sorting from PBMCs obtained from adults aged 21 to 65 years using microbeads according to the manufacturer's protocol (Miltenyi Biotec). Monocytes were analyzed for cytokine production following coculture with autologous Treg cells for 6 hours at a 1:1 ratio in the presence of poly-ICLC (a TLR 3 agonist). Samples were acquired on BD Fortessa X-20 cytometer using BDFACS Diva Software and data analyzed with FlowJo version 9.8.5. Graph Pad Prism 5 was used for statistical analysis.

RESULTS: In the presence of autologous Treg cells, monocytes from ARV naïve HIV-1 infected participants with CD4 count > 500 cells/mm3 showed a significant reduction in both IL-6 ($p< 0.0001$) and TNF-α ($p< 0.001$) production as well as in activation markers HLA-DR /CD38 ($p< 0.001$) compared to those with CD4 count < 500 cells/mm3. Interestingly, the suppression of activation was better illustrated with CD38 expression than HLA-DR. The inhibitory activity of Treg cells was associated with increased CD4 count (>500 cells/mm3), increased expression of IL-10 ($p< 0.001$) and TGF-α ($p< 0.05$).

CONCLUSION: Treg cells likely play a role in the control of inflammation and activation in immunocompetent antiretroviral naïve HIV-infected people. In contrast, this activity is impaired with advanced immune system degradation.

18:30 – 20:00	PROF. FEMI SOYINKA (Palais Des Congrès)	08.12.2017

FRAA2402 - TRACK A2

Association between Inflammatory/coagulation Biomarkers and Mortality in HIV-Infected Adults with High CD4 Counts in Côte d'Ivoire, West Africa (TEMPRANO ANRS 12136)

18:45 – 19:00

Affi-Aboli Mihesse Roseline1,2, Gabillard Delphine3,4, Moh Raoul4,5,6, Ntakpe Jean-Baptiste5, Badje Anani2,7, Kouamé Gérard M2,7, Danel Christine2,4, Ahiboh Hugues1,2, Inwoley André2,8, Sibli Joelle1,2, Eholie Serges2,6, Anglaret Xavier2,4, Weiss Laurence9

1CeDReS (Centre de Diagnostic et de Recherche sur le Sida), Abidjan, Côte d'Ivoire, 2PACCI/site ANRS de Côte d'Ivoire, Abidjan, Côte d'Ivoire, 3PACCI/site ANRS de Côte d'Ivoire, Abidjan, France, 4Inserm 1219, Université de Bordeaux, Bordeaux, France, 5PACCI/site ANRS de Côte d'Ivoire, Abidjan, Côte d'Ivoire, 6Département de Dermatologie et Maladies Infectieuses, Université Felix Houphouët Boigny, Abidjan, Côte d'Ivoire, 7Inserm 1219, Université

de Bordeaux, Bordeaux, Côte d'Ivoire, 8CEDRES, Abidjan, Côte d'Ivoire, 9AP/HP, Hôpital Européen Georges Pompidou; Université Paris-Descartes, Sorbonne Paris Cité and Institut Pasteur, Unité Cytokines & Inflammation, Paris, France

BACKGROUND: Several inflammatory and coagulation biomarkers have been previously associated with clinical outcomes in untreated or treated HIV-infected patients in high-income countries. We analyzed the association between ten biomarkers and mortality in HIV-infected adults who participated in a trial of early antiretroviral therapy (ART) and 6-month IPT in Côte d'Ivoire, West Africa.

METHODS: In the Temprano trial (ANRS 12136), HIV-infected adults were randomly assigned to immediate ART or deferred ART. The trial follow-up (TFU) was 30 months. Participants who completed the TFU were invited to participate in a post-trial phase (PTP). The PTP endpoint was all-cause death. Serum and plasma samples were collected and frozen at baseline. We used these samples to measure IL-6, IL-1RA, sVCAM-1, sCD14, sCD163, IP-10, D-dimer, hsCRP, fibrinogen, and albumin in patients randomized in patients assigned to deferred-ART. We used Cox proportional models to analyse the association between all-cause mortality and each marker from inclusion in Temprano (March 2008) to the end of the PTP phase (January 2015). Markers significantly associated with death in univariate analysis were included in a step-by-step ascending multivariate analysis. Analyses were adjusted for sex, HIV-RNA, total HIV-DNA, CD4 count, and IPT.

RESULTS: 1,023 patients (mean baseline CD4 count 459/mm3 (IQR:362-567) were followed for 4,657 patient-years (median 4.8, IQR 3.3-5.8 years). A total of 49 deaths were observed. In univariate analysis, the hazard ratio of death was 2.16 (95%CI, 1.21-3.85) for IL-6, 1.09 (0.56-2.15) for IL-1RA, 2.83 (1.58-5.05) for sVCAM-1, 3.96 (2.16-7.27) for sCD14, 2.02 (1.13-3.60) for sCD163, 2.70 (1.49-4.87) for IP-10, 1.84 (1.01-3.34) for D-dimer, 1.50 (0.79-2.83) for hsCRP, 1.15 (0.62-2.14) for fibrinogen, and 0.74 (0.33-1.66) for albumin. In multivariate analysis, sVCAM-1 and sCD14 remained strongly and independently associated with mortality (adjusted HR 2.07, 95% CI 1.06-4.03, p=0.03 for sVCAM-1; 3.26, 95% CI 1.74-6.13, p< 0.001 for sCD14).

CONCLUSION: In these West African adults with high CD4 counts, sVCAM-1, an endothelial activation marker, and sCD14, a marker of monocyte activation, were independent predictors of all-cause mortality. While the former association was previously reported, to our knowledge this is the first report of the association between sVCAM-1 and mortality.

FRAA2403 - TRACK A2

La Résistance à l'Infection VIH des Partenaires Séronégatifs chez les Couples Sérodiscordants Serait Associée à une Forte Expression des Protéines CD107a et CD107b par les LT CD8+

19:00 – 19:15

Padane Abdou1, Camara Makhtar1,2, Seydi Moussa3, Jener Wym4, Santos Ndeye Salimata Sall1, Sow Pape Salif3, Kestens Luc4, Mboup Souleymane1, Dieye Tandakha Ndiaye1,2

1IRESSEF, Dakar, Senegal, 2Université Cheikh Anta Diop, Laboratoire d'Immunologie, CHU Le Dantec, Dakar, Senegal, 3Université Cheikh Anta Diop, Clinique des Maladies Infectieuses, CHU Fann, Dakar, Senegal, 4Institut de Médicine Tropicale, Laboratoire d'Immunologie, Département de Microbiologie, Antwerpen, Belgium

Indiquer le problème étudié, la question de recherche : Certains individus, malgré le fait d'être exposés à multiple reprise aux virus de leurs partenaires infectés par le VIH-1 demeurent VIH-séronégatifs de façon persistante. Différents mécanismes peuvent influencer la résistance des partenaires exposés séronégatifs (ESN) des couples VIH-1 sérodiscordants. Les réponses CTL spécifiques du VIH joueraient un rôle primordial dans la protection contre l'infection à VIH.

MÉTHODES: Dix partenaires ESN des couples VIH-1 sérodiscordants ont été enrôlés à la Clinique des maladies infectieuses du CHU de Fann, Dakar, Sénégal. Trente patients VIH -1 séropositifs (10 partenaires index non-transmetteurs des couples sérodiscordants et 20 partenaires constituant les 10 couples concordants) et 10 témoins non exposés VIH séronégatifs ont été inclus comme contrôles. Les niveaux d'expression des protéines CD107a et b, et de production d'IFN-œdans les sous classes de cellules T CD8+CD107a/b+ ont été mesurés par cytométrie de flux en l'absence ou en présence de stimulation avec le SEB.

RÉSULTATS: Les sujets VIH-séronégatifs (10 sujets ESN et 10 témoins VIH séronégatifs) ont montré des pourcentages significativement plus faible de cellules T CD8+ exprimant les marqueurs CD107a /b+ comparés aux patients infectés par le VIH-1 (2,9% vs. 11,6% ; P = 0,016). Fait intéressent, nous avons observé des fréquences plus élevées de cellules T CD8+ exprimant les marqueurs CD107a et b chez les partenaires exposés séronégatifs des couples VIH sérodiscordants en comparaison avec les témoins négatifs non exposés au VIH (11,6% vs. 1,3% ; P = 0,018). Des conclusions similaires ont été retrouvées avec les cellules T CD8+CD107a /b+IFN-œ.

CONCLUSIONS ET RECOMMANDATIONS: Globalement, nos résultats suggèrent que l'activation des CTL chez les sujets ESN, mesurée par l'expression des protéines CD107a/b+IFN-g+ pourrait être considérée comme un

facteur de protection antivirale.

MOTS CLÉS: VIH, exposés séronégatifs, CD107a et b, corrélat de protection.

18:30 – 20:00 | PROF. FEMI SOYINKA (Palais Des Congrès) | 08.12.2017

FRAA2405 - TRACK A2

Evaluation de 25 Trousses Commerciales de Dépistage/Diagnostic Sérologique du VIH/SIDA au Burkina Faso

19:30 – 19:45

Congo-Ouédraogo Malika1, Somlaré Hermann1, Ouédraogo Casimir1, Bambara-Kankouan Agnès1, Dembélé Yolande1, Ouédraogo Abdoulrasmané1, Guira Christophe1, Rouamba Jean Yves1, Somda Serge2, Meda Nicolas2, Nikiema Abdoulaye3, Sawadogo Mamadou4, Sangaré Lassana1

1CHU - Yalgado Ouédraogo, Service de Bactériologie-Virologie, Ouagadougou, Burkina Faso, 2Centre Muraz, Bobo Dioulasso, Burkina Faso, 3Direction Générale de la Phamacie, du Médicament et des Laboratoires, Direction des Laboratoires, Ouagadougou, Burkina Faso, 4CHU - Yalgado Ouédraogo, Département des Laboratoires, Ouagadougou, Burkina Faso

CONTEXTE: Les tests de diagnostic du VIH/SIDA permettent d'évaluer l'efficacité des programmes de lutte contre l'infection. Compte tenu de la forte diversité génétique et géographique du VIH, l'Organisation Mondiale de la Santé (OMS) recommande que ces tests soient régulièrement évalués dans chaque pays.

OBJECTIFS: Evaluer les performances de 25 trousses de dépistage du VIH en comparaison à la technique de référence western blot et proposer des algorithmes de dépistage de l'infection au Burkina Faso.

MÉTHODES: 718 échantillons de sérums ont collectés chez des personnes infectées et non infectées par le VIH à travers 4 régions sanitaires du Burkina Faso. Ils ont été caractérisés ensuite au LNR/VIH SIDA-IST en 2012 par western blot en vue de constituer un panel national de sérums d'évaluation constitué d'échantillons négatifs, VIH-1, VIH-2 et VIH-1+2-positifs. Les panels commerciaux Agp24 Mixed titre panel, PRA204 et de séroconversion PRB970 Mixed titre panel ont aussi servi pour l'évaluation. 25 trousses de dépistage du VIH ont été évaluées sur la base de leur réactivité pour ces panels comparativement au western blot. La méthode de confirmation de

l'Agp24 du panel commercial était la technique Roche HIV RNA CAP/CTM v1.0. Les performances des trousses ont été mesurées à l'aide des logiciels STATA, version 12 (STATACorp 2009) et R 3.0.0 (R Core Team 2012).

RÉSULTATS: Un panel national de 332 sérums a été retenu pour l'évaluation des trousses : 133 étaient VIH-négatifs (40%) et 199 (60%) étaient VIH-positifs. Sur les 25 trousses évaluées seules 11 présentaient des performances suffisantes selon les critères de l'OMS dont 4 trousses mixtes de 3ème génération (Double check Gold Ultra HIV1&2, Determine HIV1/2, VIKIA HIV1/2, Onsite HIV1+2 Ab Plus Combo rapid test, HIV Tri-Dot), 4 trousses discriminantes de 3ème génération (ImmunoFlow HIV1-HIV2, SD Bioline HIV 1/2 3.0, Onsite HIV1/2 Ab plus rapid test et 3 trousses de 4ème génération (Vironostika HIV Ag/Ab, OneSite HIV Ab/Ag 4th Gen rapid test, Determine HIV1/2 Ag/Ab Combo). Les performances des tests de dépistage rapide (TDR) de 4ème génération étaient très faibles pour la détection de l'Agp24.

CONCLUSION ET RECOMMANDATIONS: Les trousses sélectionnées ont permis d'établir des algorithmes avec des sensibilités et des spécificités de 100%. Elles peuvent être utilisées pour le diagnostic de l'infection à VIH au Burkina Faso. Cependant les TDR de 4ème génération devraient être améliorés pour la détection de l'Agp24.

10:45 – 12:15 | DR.PETER PIOT (Balafon) | 09.12.2017

TRACK B: Clinical Science, Treatment and Care

Children and Adolescents

CHAIRS: Mariam Sylla, *Mali*
Denis Tindyebwa, *Kampala, Uganda*
Madeleine Amorissani-Folquet, *Abidjan, Côte d'Ivoire*

10:45 – 12:15 | DR.PETER PIOT (Balafon) | 09.12.2017

SAAB2501 - TRACK B4

HIV Status and Contextual Factors Contribute Both to Poor Developmental Outcomes in Cameroonian HIV-Affected Children from the ANRS Pediacam Cohort: Results from the PediacamDev Study (ANRS 12322)

10:45 – 11:0

De Beaudrap Pierre1, Tejiokem Mathurin2, Koecher Diavolana3, Pasquier Estelle4, Germanaud David5, Leroy Valériane6, Bodeau-Livinec Florence7, Warszawski Josiane8, Faye Albert5

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BACKGROUND: Despite improved access to antiretroviral therapy (ART), studies have shown significant cognitive impairments in perinatally HIV-infected (HI) children. However, neurodevelopmental outcomes are poorly explored in those starting ART early or in HIV-exposed uninfected (HEU) children. The PediacamDev study performed a comprehensive evaluation of the development of 4 to 9 years old HI, HEU and HIV-unexposed (HUU) children included in a prospective cohort in Cameroon (Pediacam).

METHODS: 127 HI, 101 HEU and 110 HUU children participated in this study. Cognitive development was assessed using the Kaufman Assessment Battery (KABC2), behavioral difficulties using the Strength and Difficulties Questionnaire (SDQ). All analyses were adjusted for children age, sex and primary language. In a second step, household income, mother's education level and vital status, and caregiver's anxiety level were considered to assess the effect of contextual factors on differences between groups.

RESULTS: All HI children received ART (median age at initiation: 4.4 months). The proportion of children living in unfavorable environment (lower income and maternal education level, higher level of caregiver's anxiety) increased from HUU to HEU and to HI children (all p< 0.001). There was a linear gradient in KABC2 scores with HUU children performing better than HEU children, themselves performing better than HI children (-6.0 [-7.7;-4.3] for non-verbal index, NVI, and -8.8 [-10.7;-6.8] for mental processing index, MPI). However, after adjusting for contextual factors, HEU children scores were not significantly different from those of HUU children (all p-values>0.1) and differences between HI and HUU children declined (from -11.9 [-15.3;-8.5] to -3.0 [-7.4;1.3] for NVI and from -17.6 [-21.3;-13.8] to -7.4 [-12.1;-2.6] for MPI). Althought HI children had higher SDQ scores indicating more behavioral difficulties compared to HUU children (p=.002), the difference was no more significant after adjusting for contextual factors (p=0.2).

CONCLUSIONS: Despite early ART initiation, perinatal HIV infection is associated with poor neurocognitive scores, increased behavioral and social difficulties in childhood. Yet, a large part of this association is mediated through environmental factors. Our results emphasize the need for providing early developmental interventions to HIV-affected infants that includes their relatives.

10:45 – 12:15	DR.PETER PIOT (Balafon)	09.12.2017

SAAB2502 - TRACK B4

Prospective Study of Lopinavir Based ART for HIV-infected Children Globally (LIVING Study): Interim 48-week Effectiveness and Safety Results

11:00 – 11:15

Salami Olawale1, Kekitiinwa Adeodata2, Wamalwa Dalton3, Obimbo Elizabeth3, Musiime Victor4, Waweru Moses5, Ouattara Gina5, Odhiambo

Seth5, Kyomuhendo Flavia5, Simon Francois6, Lee Janice6, Omollo Raymond5, Egondi Thaddeus5, Stallaert Jean Francois6, Oyaro Patrick7, Bukusi Elizabeth8, Mwanga Juliet9, Wasunna Monique5, Andrieux-Meyer Isabelle6, Lallemant Marc6

1Drugs for Neglected Diseases Initiative, Research and Development, Nairobi, Kenya, 2Baylor College of Medicine Children's Foundation, Kampala, Uganda, 3University of Nairobi, Department of Paediatrics, Nairobi, Kenya, 4Makerere University, Department of Paediatrics, Kampala, Uganda, 5Drugs for Neglected Diseases Initiative, Nairobi, Kenya, 6Drugs for Neglected Diseases Initiative, Geneva, Switzerland, 7Family AIDS Care and Education Services (FACES), Kisumu, Kenya, 8Kenya Medical Research Institute, Nairobi, Kenya, 9Epicentre, Mbarara, Ukraine

BACKGROUND: A palatable, heat-stable and easy-to-administer formulation of ritonavir-boosted lopinavir (LPV/r) in pellet form has been tentatively approved by the USFDA for infants and young children. However, there is little clinical data on its effectiveness and safety in routine care.

The LIVING study is evaluating the effectiveness, safety, pharmacokinetics and acceptability of LPV/r pellets associated with ABC/3TC (or AZT/3TC) dispersible tablets in Kenya and Uganda, in HIV infected infants and young children who cannot swallow tablets.

METHODS: An open-label, single-arm, prospective, multi-centre, multi-country, phase-IIIb study. Inclusion criteria: ARV naïve, on liquid LPV/r-based or failing NNRTI based ART; Weight ≥3 and < 25kg; inability to swallow tablets. Treatment was based on WHO weight bands dosing. Children were assessed at baseline, 1 month and 3-monthly thereafter. Viral load and CD4 cell percentages were evaluated at baseline, week 24 and 48.

RESULTS: As of 31/05/17, 559 children had been screened and 521 enrolled. Of 96 who reached week 48 (cohort retention 87.5%), 50% were female, 5 (5%) ART naïve, 86 (90%) switched from LPV/r and 5 (5%) from NNRTI based regimens. Among ARV-exposed, the median (IQR) pre-enrolment ART duration was 23 months (10.4-44.6). Median age and weight were 24 (14-44) months and 9 (7-11) kg among ARV naïve, 43 (26-60) months, 14 (12-16) kg among LPV/r exposed and 46 (41-68) months, 13.8 (11.2-15) kg among NNRTI exposed. None of the naïve children, 76.7% of the LPV/r exposed and 20% of the NVP exposed had a viral load (VL) < 1000 cp/mL at baseline. At WK 24 those percentages were 60%, 81.4% and 80% respectively, and at WK 48, 60%, 88.4%, 80%, respectively. The percentage of children with a baseline CD4 cells % > age-specific immunodeficiency cut-offs were 20% among naïve, 58.1% among LPV/r and 60% among NNRTI exposed; Those percentages were respectively 20%, 62.8% and 40% at WK 24 and 40%, 64% and 40% at WK 48. Overall, median weight-for-age Z-scores were -0.8 (-1.4 to-0.4) at baseline, -0.2 (-0.7 to 0.4) at WK 24 and 0.2 (-0.43 to 0.94) at WK 48. Six SAEs were reported, 2 related to study drugs and 1 leading to treatment discontinuation.

CONCLUSIONS: in the LIVING study, the LPV/r pellets based therapy has

been effective and well tolerated with satisfactory levels of viral suppression observed at WK 24? And WK 48, CD4 reconstitution, and anthropometric improvement, with minimal safety concerns.

10:45 – 12:15 | DR.PETER PIOT (Balafon) | 09.12.2017

SAAB2503 - TRACK B4

Assessing the Feasibility of Administering Lopinavir Ritonavir (LPV/r) Oral Pellets to HIV-infected Children in Zimbabwe

11:15 – 11:30

Pasipanodya Briony1, Apollo Tsitsi2, Prust Margaret3, Kuwengwa Rudo2, Mangwendeza Phibeon1, Stewart Bethany3, Salami Olawale4, Murimwa T.5, Chakanyuka C.6, Mushavi A.7

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BACKGROUND: The LPV/r oral pellets have been developed in response to the storage and administration challenges faced with the existing formulations of LPV/r prescribed to pediatric HIV patients. Efficacy studies have informed the adoption of the oral pellets and there is need to develop recommendations on administration of the drug to support scale up. This pilot aims to establish the proportion of caregivers that report challenges within six months of using the oral pellets as a means of assessing the administration practices and acceptability of LPV/r oral pellets under routine treatment conditions in HIV-infected children.

METHODS: This is an open-label, observational research pilot which enrolled children between three months and three years of age in fourteen rural, urban & peri-urban facilities. Eligible patients prescribed on a LPV/r-based regimen were offered the oral pellets and caregivers were provided with administration guides. Caregiver experiences were collected through a survey administered by health workers after 3 to 4 months of using the pellets. Data from the survey was analyzed using STATA.

RESULTS: Data from the caregivers of 146 patients (73 male, 73 female; mean age 9 months) was included for analysis. Fifty five percent did not report any challenges and of the remaining 45%, the following proportions reported at least one of the priority challenges: child disliking the taste (36%),

difficulty swallowing (16%), difficulty opening capsules (9%) and difficulty finishing all the pellets (13%). Administration method (n = 74; p = 0.67), age of child (n = 73; p = 0.54), and education level of caregiver (n = 71; p = 0.76) were not associated with having a challenge with administering the pellets. 97% of respondents perceived the pellets to be better than (66.6%) or the same as (13.8%) the LPV/r syrup, whilst the remainder preferred the syrup.

CONCLUSIONS AND RECOMMENDATIONS: Preliminary data from this pilot shows that a majority of caregivers accept LPV/r oral pellets and can administer the drug with minimal challenges. However, the proportion of caregivers experiencing challenges with ensuring that pellets are ingested comfortably is high enough to warrant more careful consideration of the educational messaging and training on the use of the oral pellets. There is a need to refine the techniques that can be used to administer the oral pellets and further highlight the implications of adopting incorrect administration practices.

10:45 – 12:15 | DR.PETER PIOT (Balafon) | 09.12.2017

SAAB2504 - TRACK B4

School-based, Directly-Observed Therapy Significantly Increases the Rates of Virologic Suppression among Adolescents in a Rural Health Facility in Kenya

11:30 – 11:45

Oduong' Samuel O1, Akuno Job O1, K'Odero Edmond O1, Ndede Tabitha A1, Masaba Rose O1, Otieno David O2, HIV Prevention Care and Treatment Professionals

1Elizabeth Glaser Pediatric AIDS Foundation, Kenya, Programs, Nairobi, Kenya, 2Ministry of Health of Kenya, Kisumu County, County Department of Health, Kisumu, Kenya

BACKGROUND: Adolescence is a challenging cohort in HIV care and treatment, with disclosure and adherence being particularly problematic. The majority of teachers are not conversant with HIV in a child or adolescent's life and are therefore not aware of the level of support needed. Through funding from the Elton John AIDS Foundation (EJAF), EGPAF and Ober Kamoth Hospital implemented a school-based, directly-observed therapy (DOT) program for adolescents 10-19 years at Point of Grace Academy, a mixed day/boarding school, from November 2015 to June 2017. This assessment aimed to determine if DOT, in which a school matron/principal observed the HIV-positive adolescents take every dose of their medication, would lead to enhanced adherence and improved suppression.

METHODS: To implement the program, the facility identified and sensitized the school matron as the focal person within the school. The school matron was mentored by the facility clinician and her responsibility was to support the HIV-positive adolescent students, ensuring they take medication on time and accompanying them to clinic appointments. The facility established a drug cabinet in matron's office, with drugs labelled the adolescents' name for ease of use. Treatment buddies were also identified and sensitized on when and where HIV-positive adolescent should take medication, ensuring nobody missed a dose even in the absence of the matron, and offered peer support. A hospital clinician visited the school to offer clinical and disclosure support by use of adolescent checklist and viral load monitoring of HIV-positive adolescents. Ober Kamoth Hospital, which has 39 HIV-positive adolescents aged 10-19 enrolled in treatment, including 18 at Point of Grace Academy, between November 2015 and June 2017 did baseline and repeat viral load tests for 34 of the 39 adolescents after being on ART for at least six months.

RESULTS: Thirty four adolescents (100%) virally suppressed, a 41% and 61% increase in viral suppression from a baseline of 59% for all and 39% for the academy respectively. Despite high suppression rates, disclosure still remained a challenge, posing the problem of keeping appointment times in case of a visitor in the office.

CONCLUSIONS AND RECOMMENDATIONS: School-based DOT improved viral suppression among adolescents living with HIV. A good working relationship between the health facility and schools is key to benefit the school going adolescents.

10:45 – 12:15 | DR.PETER PIOT (Balafon) | 09.12.2017

SAAB2505 - TRACK B4

Psycho-Social Challenges Associated with Pre-ART Patient Care in Adolescents and Young Adults B2. Challenges Associated with Pre-ART Patient Care

11:45 – 12:00

Njue Kevin Munene

Gertrude's Children's Hospital, Psycho-Social Department of CCC (Sunshine Smiles Clinic), Nairobi, Kenya

ISSUES: In a setup of about 424 adolescents, 227 female and 197 male,

there raised an issue over the past few years of when to begin a client on ART treatment if they tested positive. While minors would be overruled by the parents, they would always be given a say in their treatment matters.

DESCRIPTIONS: Beforehand, when a client tested HIV positive, they were to begin treatment if their cd4 count tested lower than 350, but as long as it was higher than that number, the client was placed on prophylaxis, either Septrin or Dapsone, as required, to guard against opportunistic infections. However, at least 90% of all clients on this treatment would later have their cd4 drop and begin treatment, while others would refuse to begin treatment.

LESSONS LEARNED: Of the 424 clients at the clinic, at least 50.5% (representing 214 clients) have begun ART treatment. Those who received immediate support from family and friends and were not treated unequally for their status begun treatment earlier and fared on better. Those without a solid support system representing about 40% (172 clients who were orphaned, living with relatives or in children's homes or financially unstable) were skeptical and would demand retesting and the remainder 9.5% literally asked for time to seek out religious answers or herbal cures. Of the total, over half the clients were in denial and many shared fears of taking drugs for life, adverse side effects, belief that they have been cursed and no matter what would die, fears for relationships and marriage, depression and withdrawal, anger and hatred, and a small percentage were not surprised at all by the test results, these were children born positive who had spent years on ART but not yet disclosed to.

NEXT STEPS: Clients should be offered a window period before beginning ART but not a long one. Treatment should be begun as soon as possible. Extensive counselling should be done as one helps establish support systems. Psychological assessment should be done to ascertain the wellness of a client; are they depressed, angry and follow-up done intensively for at least the first three months. Psycho-social intervention would be offered in terms of counselling and with the help of support groups with the aim of creating a 'new normal' that would be life-long treatment on ART, helping clients understand that this may never go away and accept responsibility for their lives and actions. This will give hope and undo the negative psycho-social issues.

TRACK C: Epidemiology and Prevention Science

HIV / AIDS Surveillance and Monitoring and Evaluation

CHAIRS: Angela El-Adas, *Ghana*
Alexandre Ekra, *Abidjan, Côte d'Ivoire*

10:45 – 12:15	PROF. NKANDU LUO (Chandelier)	09.12.2017

SAAC2601 - TRACK C3

Motifs de Non-Retour aux Visites Planifiées et Impact des Appels Téléphoniques sur la Rétention dans une Cohorte d'Enfants Suivis au Cameroun : Etude ANRS-PEDIACAM

10:45 – 11:0

Yuya Septoh Francis1, Sofeu Casimir Ledoux1, Ateba Ndongo Francis2, Penda Ida Calixte3,4, Guemkam Georgette2, Tetang Ndiang Suzie5, Gweha Derboise5, Bense Angèle2, Eboumbou Jeannine3, Kenne Angeladine1, Tchatchueng Mbougua Jules Brice1, Warszawski Josiane6,7,8, Faye Albert9,10,11, Tejiokem Mathurin Cyrille1, Groupe ANRS 12140/12225 Pediacam

1Service d'Epidémiologie et de Santé Publique, Centre Pasteur du Cameroun, Membre du Réseau International des Instituts Pasteur, Yaoundé, Cameroon, 2Centre Mère et Enfant de la Fondation Chantal Biya, Yaoundé, Cameroon, 3Hôpital de Jour, Hôpital Laquintinie, Douala, Cameroon, 4Faculté de Médecine et de Sciences Pharmaceutiques, Université de Douala, Douala, Cameroon, 5Centre Hospitalier d'Essos, Douala, Cameroon, 6Equipe 4 (VIH et IST) - INSERM U1018 (CESP), Le Kremlin Bicêtre, France, 7Assistance Publique des Hôpitaux de Paris, Service d'Epidémiologie et de Santé Publique, Hôpital de Bicêtre, Le Kremlin Bicêtre, France, 8Université de Paris Sud 11, Paris, France, 9Assistance Publique des Hôpitaux de Paris, Pédiatrie Générale, Hôpital Robert Debré, Paris, France, 10Université Paris 7 Denis Diderot, Paris Sorbonne Cité, Paris, France, 11INSERM UMR 1123, Paris, France

CONTEXTE: Comme dans de nombreuses études longitudinales, le suivi dans l'étude ANRS-PEDIACAM est perturbé par des absences répétées de certains participants aux visites planifiées. Ceci entraine des données

manquantes influençant la qualité des résultats.

OBJECTIFS: Décrire les motifs de non-retour aux visites dans la cohorte ANRS-PEDIACAM et apprécier l'impact des appels sur le retour au suivi.

MÉTHODES: De 2007 à 2011, deux groupes d'enfants infectés (VIH+) suivis dès la naissance (groupe 1i, n=69) ou pas mais diagnostiqués avant l'âge de 7 mois (groupe 3i, n=141); et deux groupes d'enfants non infectés (VIH-) exposés (n=205) ou pas (n=196) ont été constitués. Ces derniers sont suivis au Centre Mère et Enfant et au Centre Hospitalier d'Essos à Yaoundé, et l'Hôpital Laquintinie à Douala avec des proportions élevées de non compliants (NC : enfants non vus à l'hôpital depuis plus de 12 mois) surtout dans les groupes VIH-. Pour y faire face, la conduite des appels téléphoniques a été réorganisée à partir de 2014 pour recueillir les motifs de non-retour, et négocier les rendez-vous prévus tous les 6 mois.

RÉSULTATS: Jusqu'en avril 2014, 10,6% (65/611) d'enfants étaient décédés. Entre avril 2014 à avril 2017, 42,1% (230/546) d'enfants ont été au moins une fois NC, dont 14,3% (8/56), 10,3% (10/97), 56% (112/200), 51,8% (100/193) respectivement dans les groupes 1i, 3i, 1ni et 2ni. Parmi ces NC, 47% (108/230) l'ont été pendant toute la période de cette étude (1i:7/56; 3i:5/97; 1ni:56/200; 2ni:40/193). Au total, 1386 appels ont été effectués, en médiane 6 par enfant (Ecart interquartile (EIQ):4-8). Environ 55,4% (768/1386) des concernés ont été joints. Après un délai médian de 19 mois (EIQ:15-24), 41,3% (95/230) sont rentrés dans le suivi (1i:5/56; 3i:0/97; 1ni:44/200; 2ni:46/193). Par ailleurs, 68,3% (157/230) des NC ont rapporté 444 motifs de non-retour dont le changement du lieu de résidence (23,4%), le manque de temps (21,8%), les voyages (12,6%), l'oubli (11,3%), la scolarisation (10,4%), le souhait d'arrêter le suivi (7,4%), maladie/décès d'un proche (4,7%) et 8,3% d'autres motifs incluant la longue attente et le manque de motivation.

CONCLUSIONS: Ces résultats montrent l'intérêt des appels téléphoniques dans la rétention. Mais, cette stratégie est fragilisée à long terme par une proportion élevée des appels qui n'aboutissent pas. Les motifs de non-retour relèvent essentiellement des mouvements de la famille, de l'indisponibilité et de l'oubli.

10:45 – 12:15	PROF. NKANDU LUO (Chandelier)	09.12.2017

SAAC2602 - TRACK C3

Tracking ART Clients Lost at Follow up: A Case of Buhera District Manicaland Province in Zimbabwe

11:00 – 11:15

Uzande Charles1, Kwiri Shelton2, Nyawo Josephine2, Mashizha Simba1, Senjanze Beula3, Murimwa Tonderai3, Pierotti Chiara4, Mutia Jane4, Mafaune Patron Titsha1

1MOHCC PMD Manicaland, TB/HIV, Mutare, Zimbabwe, 2Buhera District MOHCC, District Medical Office, Mutare, Zimbabwe, 3UNICEF Country Office, HIV Program, Harare, Zimbabwe, 4Unicef Regional Office, HIV Program, Harare, Zimbabwe

BACKGROUND: In view of UNAIDS goal that 90% of ART clients should achieve viral suppression, Buhera district,with support of UNICEF and approval from Manicaland Province, conducted a data verification and tracking exercise of ART clients reported as Lost to Follow Up (LTFU).The study objectives were to track the clients, return them to care and to define determinants of LTFU to inform programme strategies.

METHODS: Nine health facilities (HF) with high rates of LTFU were included. Local Village Health Workers (VHW) and Primary Counselors (PC) from HF were trained on client tracking and data collection. Demographic information on LTFU from January 2013 to November 2016 was collected from patient records and registers.LTFU clients or household members were interviewed on reasons for missed appointments. Epi Info was used to analyze data. LTFU was defined as absence from clinic, without known death or transfer to another facility, for at least 3 months since last scheduled visit.

RESULTS: Of 471 clients recorded as LTFU, 88% were adults, 67% female and 77% unemployed. Only 2% of clients had no contact details; all others were tracked. Of 460 clients tracked,only 4%returned to care, 6% refused to return, 10% relocated abroad, and 30% could not be located. Half (50%) of the clients were incorrectly reported as LTFU: 10% were in care,25% transferred to another HF and 15% died.The main reasons for the 27 clients who refused to return to care were: 37% sought care from a traditional healer/Prophet, 30% thought that they did not need more ART, 18% were seriously or mentally ill, and 15% gave other reasons.

CONCLUSIONS AND RECOMMENDATIONS: This study showed that outcomes for LTFU clients can be determined throughcoordinated tracking by HF staff and VHWs. Half of the LTFU clients were not lost, but were in care, had transferred or died.About one third of clients could not be traced due incorrect or missing contact details. This is mainly due to poor HF documentation and followup. Electronic data systems could significantly improve tracking, including transfers. Continuous quality ART counseling could help to address knowledge and belief gaps identified for at least two

thirds of LTFU clients in this study. In conclusion, timely and active tracking of LTFU can improve ART retention and should be combined with strategies to improve accuracy in filling patient records, verification of contact details and quality ART counseling.

10:45 – 12:15	PROF. NKANDU LUO (Chandelier)	09.12.2017

SAAC2603 - TRACK C3

Amélioration du Taux de Survie à 12 Mois des PVVIH au Niveau Périphérique par une Approche Qualité: Expérience de l'UTA de Kolda

11:15 – 11:30

Sy Thierno Chérif

District Sanitaire de Kolda, Kolda, Senegal

CONTEXTE: Le site de l'Unité de Traitement Ambulatoire de Kolda était caractérisé par un fort taux de décès et de perdus de vue qui avaient impacté négativement sur le taux de survie. Une méthode qualité était nécessaire pour améliorer les processus de soins administrés aux clients afin d'agir sur les causes réelles de cette mauvaise performance.

Méthodologie: Après une analyse situationnelle initiale permettant de retrouver les causes sur lesquelles les équipes pourront agir, la démarche suivante était observée

1. Un monitorage de l'amélioration basé sur la collecte fréquente de quelques indicateurs et leur interprétation
2. Une Équipe d'Amélioration de la Qualité (EAQ) était mise en place
3. Un paquet de changement était testé, il s'agissait de mettre en place de nouvelles stratégies pour améliorer le temps d'attente des clients, ou bien de pouvoir alerter précocement les irréguliers
4. Un coaching pour soutenir les EAQ
5. Un modèle d'amélioration centré sur l'identification et le test de changement et leur impact durant des périodes d'action

6. Des sessions d'apprentissage durant lesquelles les résultats du paquet de changement étaient mesurés

RÉSULTATS: La mise en œuvre de l'AmQ au sein de l'UTA de Kolda débuté en Juin 2012 à Décembre 2015 avait pour résultats

- Le taux de PDV était passé de 19,8% en 2012 à 9,14 % en 2014 en passant par 14,7% en 2013
- Pour la même période le taux de survie à 12 mois passait de 74% à 89,05% en passant par 80,5%.

L'utilisation de l'approche qualité par la méthode AmQ dans la lutte contre le VIH/SIDA a ainsi permis à l'UTA de Kolda d' acquérir une expérience riche d'enseignements à plusieurs égards:

- Elle a contribué à renforcer la prise en charge précoce des PVVIH
- La recherche de la tuberculose chez les PVVIH est désormais systématique, renforçant ainsi la prise en charge de la co-infection TB/VIH. Les nouveaux processus de recherche des patients perdus de vue et des irréguliers ont démontré leur efficacité, influençant positivement la survie à 12 mois
- Elle a renforcé la culture du travail d'équipe, indispensable pour un suivi régulier d'indicateurs de performance, le partage et l'analyse in-situ des données pour la prise de décision
- Elle offre au MSAS (Ministère de la Santé et de l'Action Sociale) une méthodologie pour la réussite de la stratégie TATARSEN qui vise à réaliser la vision des " UN 90 ".

Ce travail a été effectué avec l'appui technique et financier de FHI360.

10:45 – 12:15	PROF. NKANDU LUO (Chandelier)	09.12.2017

SAAC2604 - TRACK C3

Generating Key Populations Size Estimation Data to Facilitate Program Implementation and Target Setting Where Data Do Not Exist

11:30 – 11:45

Rukabu Kamali Didier1, Tiffany Lillie2, Hibist Astatke3, Kumaramparambil Isac Shajy4, Dje-Bi Irie Justin1

1Family Health International (FHI360), GHPN, Abidjan, Côte d'Ivoire, 2Family Health International (FHI360), GHPN, Washington, United States, 3Family Health International (FHI360), Washington, United States, 4University of Manitoba, Mumbai, India

BACKGROUND: Key population (KP) programs need accurate population size estimates to establish denominators and measure progress towards the 90-90-90 goals. These data are not readily available due to financial and human constraints. The USAID- and PEPFAR-supported LINKAGES project in Cote d'Ivoire utilized the progression approach (PA) to acquire these data in a cost-effective manner.

METHODS: The PA utilized existing program outreach teams to identify hot spots where KPs gather and determine the estimated number of KP members present at each spot in order to establish denominators (total number of KPs) within districts. Using about 30 program outreach teams consisting of four people per team, we implemented the PA to estimate the population size of men who have sex with men (MSM) and female sex workers (FSWs) in 26 communes where LINKAGES implements programs. The teams employed a three-pronged approach by developing a crude list of hotspots, validating the identified hotspots, and identifying new hotspots. For each hot spot, the teams identified the name and address, typology (e.g. bar, home), days and times of operation, and estimated number of KPs on usual and peak days.

RESULTS: The first stage generated a list of 2,078 hot spots, and 1,763 were validated as active during the second stage. An additional 249 hot spots were identified and validated during the second stage for a total of 2,012 [1,778 for FSW; 234 for MSM]. Within the 26 LINKAGES sites, we found that the estimated number of FSWs was 18,095 and MSM was 6,633. The project was utilizing a population estimate of 25,000 for FSWs and 7,097 for MSM, which is about 72% accurate for FSWs and 93% accurate for MSM. Based on PA results, 240 Peer Educators (PEs) were recruited using a ratio of 1 PE to 40-60 KP. From October 1, 2016 to June 30,2017, the program used the hot spots data to reach and test 23,382 KPs (17,516 FSWs and 5,866 MSM); initiate 893 KPs on ART (486 FSWs and 407 MSM); and re-engage on ART 98 KPs (52 FSWs and 46 MSM) who had been lost to follow-up. Other programmatic decisions such as estimating the number of condoms and lubricants and placement of community-based HIV testing services were also informed by the data.

CONCLUSIONS AND RECOMMENDATIONS: Hot spot listing and size estimation based on the PA is a cost-effective and successful method for generating the necessary information for effective KP program planning at the field level.

10:45 – 12:15 | PROF. NKANDU LUO (Chandelier) | 09.12.2017

SAAC2605 - TRACK C3

Augmentation de l'Adoption du Dépistage Régulier du VIH chez les Femmes Travailleuses du Sexe (TS) au Bénin : Effet d'une Intervention Basée sur des Données Probantes et des Cadres Théoriques

11:45 – 12:00

Batona Georges1, Gagnon Marie-Pierre2, Simonyan David A.3, Guedou Fernand A.4, Kintin Fréderic D.4, Baoubadi Atozou5, Aza-Gnandi Marlène6, Behanzin Luc6, Alary Michel3

1OPSDC-Université Laval, Cotonou, Benin, 2Centre de Recherche du Centre Hospitalier Universitaire (CHU) de Québec-Université Laval, Faculté des Sciences Infirmières, Québec, Canada, 3Centre de Recherche du Centre Hospitalier Universitaire (CHU) de Québec-Université Laval, Québec, Canada, 4OPSDC- Centre de Santé Cotonou 1- POCAO, Cotonou, Benin, 5Université Laval, Département d'Agro-Économie, Québec, Canada, 6OPSDC- Centre de Santé Cotonou 1, Cotonou, Benin

BACKGROUND: Malgré une disponibilité accrue des services dépistage du VIH, l'adoption du dépistage régulier par les travailleuses du sexe (TS) demeure insuffisante. Une intervention encourageant le dépistage volontaire et trimestriel du VIH chez les travailleuses du sexe (TS) été développée et implantée au Bénin, en s'appuyant sur le modèle de planification d'intervention mapping (IM) de Bartholomew. Cette étude présente les résultats de l'évaluation des effets de l'intervention.

MÉTHODE: Un devis quasi-expérimental pré et per-intervention, comprenant des mesures trimestrielles de l'adoption du dépistage et de l'exposition aux activités promotionnel du comportement a été appliqué. Des données objectives sur l'adoption du dépistage du VIH ont été collectées à partir du registre de suivi des TS. Le test de McNemar a été utilisé pour comparer les proportions de l'adoption du dépistage du VIH avant et pendant l'intervention. Un modèle de régression logistique utilisant les équations d'estimation généralisées (GEE) a été utilisé pour vérifier l'association entre l'adoption du dépistage régulier du VIH et l'exposition aux activités spécifiques de l'intervention.

RÉSULTATS: Les proportions respectives des TS ayant adopté le dépistage régulier du VIH pendant les deux trimestres suivant l'intervention et les trois trimestres de l'intervention étaient de 12,3% et 12,5%. Elles étaient significativement supérieures à la proportion des TS ayant adopté le dépistage régulier du VIH pendant les deux trimestres précédant l'intervention

(9,1 %) =; P = 0.015; P = 0.010). Il existe une association positive et significative entre l'intensité d'exposition aux activités spécifiques de l'intervention et l'adoption du dépistage du VIH. Lorsque l'exposition aux activités de l'intervention augmentait d'une unité, la cote d'adoption du dépistage chez les femmes TS augmentait de 13%, (OR : 1,13 ; IC : [1,10 ; 1,14]) ; valeur de P < 0,001). Une relation dose-réponse a été mise en évidence, indiquant que plus les femmes TS sont exposées aux activités de promotion plus elles adoptent le dépistage du VIH.

CONCLUSION: L'intervention a permis d'augmenter l'adoption du dépistage du VIH chez les TS. Les résultats de l'étude renforcent l'utilité d'une démarche de planification rigoureuse et structurée combinant l'utilisation des données probantes issues du terrain et de la littérature et les cadres théoriques pour optimiser le potentiel de succès d'une intervention.

10:45 – 12:15	PROF. SOULEYMAN MBOUP (Cinema Majestic)	09.12.2017

TRACK E: Health Systems, Economics and Implementation Science

Shared Responsibility and Partnership in HIV

CHAIRS: Yamina Chakkar, *Algeria*
Joseph Essombo, *Côte d'Ivoire*
Aboh Kouame, *Côte d'Ivoire*

10:45 – 12:15	PROF. SOULEYMAN MBOUP (Cinema Majestic)	09.12.2017

SAAE2701 - TRACK E2

Increasing Coverage to HIV/AIDS Services through Government led District Mentorship Teams: A case of Livingstone District in Southern Province, Zambia

10:45 – 11:00

Bwalya Charity1, Bwale Christopher1, Aladesanmi Lola1, Musole Hillary2, Mwaba Mando2

1Jhpiego- an affiliate of Johns Hopkins University, Lusaka, Zambia, 2Ministry of Health of Zambia, Livingstone, Zambia

ISSUES: Since 2011, the Zambia HIV and AIDS strategic framework has prioritized accelerating universal access to comprehensive treatment, care and support for PLWHA. There are however still significant health system deficits that continue to deter progress especially geographical access to health facilities that provide ART services with average travel distances of up to 25km from rural areas as well as a deficit of appropriately skilled health care providers.

DESCRIPTIONS: In June 2016, Jhpiego in conjunction with MoH established district-based clinical mentorship teams which comprise a team of 20 mentors per district in 5 districts including Livingstone. Mentors are district office staff and secondary health facility personnel; trained in generic mentorship skills, teaching skills and updated on current ART, eMTCT and TB guidelines. Mentors support providers across all health facilities in the district monthly, providing onsite support with a focused approach to problem identification and solving using live client cases, in order to improve health care providers' competence.

LESSONS LEARNED: Mentorship activities have improved skills of providers in facilities where ART services are being provided, they have also inadvertently increased the coverage of ART services in conjunction with other partners by building the capacity of providers in facilities that previously didn't provide ART services especially newly established health posts. Mentorship creates a supportive environment and an ongoing relationship with a key government counterpart- a mentor resident in the mentees district, this reinforces the consistent application of new skills. In Livingstone district, as a result of newly acquired skills, 16 new ART sites have been activated since November 2016 (by January 2017 all the health facilities had become test and treat) increasing the number of ART sites in the district to 22. A new TB treatment center was also activated. The new ART sites have enrolled 416 new clients in care. The Mentor-Mentee relationship has led to several other site improvements related to consistent commodity supplies and improved communication between province, district and health facilities.

NEXT STEPS: Replication of this district led mentorship approach at provincial level and advocacy to MOH to adopt this approach as the national approach for nation-wide facility supervision and support using evidence from successful districts so far.

SAAE2702 - TRACK E2

Effect of Lack of Prevention Commodities Supply Chain Mechanism: A Case of Lubricants and Condoms Stock out in Nigeria

11:00 – 11:15

Role Oluwafemi

Kids & Teens Resource Centre, Programs, Akure, Nigeria

ISSUES: Nigeria has mixed HIV epidemics that vary in prevalence and transmission dynamics across different regions and populations, and there are indications that some states have mostly concentrated epidemics. In 2012, the average state HIV prevalence among the general population was 3.4percent but was over 15percent in certain geographic areas in addition, there is evidence of a high HIV prevalence among key populations at greater risk of HIV, particularly among FSWs (up to 46percent in certain locations) and MSM (up to 37percent). Thus, condom programming with lubricants became necessary for all prevention interventions.

DESCRIPTION: The World Bank supported HIV Project Development Programm II in Nigeria gave room for improved service delivery for MARPs. There were combined prevention interventions which covered condom programming and lubricants supply. The interventions reached 237 MSM in Ondo State of Nigeria with minimum prevention package intervention. Due to lack of supply chain mechanism for ensuring regular provision of these commodities, there were catastrophe among the partners. Some resulted into unprotected sex while many cases of STIs were noted and recorded in the clinics.

LESSONS LEARNED: When programming for sex workers and particularly the men who have sex with men, implementers should design a mechanism that will ensure behaviour maintenance that will be in place even when the project cycle has ended. Prevention commodities should not suffer stock-out at any point.

NEXT STEPS: Government should complement implementer's by putting in place prevention commodities that can be used to sustain interventions most importantly among MSM and other Key popuations. These will help contribute towards the reduction of the impct of unprotected sexual activities and halt the monstrous spread of HIV infetions.

10:45 – 12:15 | PROF. SOULEYMAN MBOUP (Cinema Majestic) | 09.12.2017

SAAE2703 - TRACK E2

Resource Mobilization for HIV and AIDS during Economic Recession: Ekiti State Experience

11:15 – 11:30

Osunleye Samuel Ojo1, Ajayi Remi Oluwabamigbe2, Ajumobi Yemi Stephanie3

1Ekiti State AIDS Control Agency, Ado-Ekiti, Finance and Account, Ado-Ekiti, Nigeria, 2Ekiti State AIDS Control Agency, Ado-Ekiti, Community Mobilization Office, Ado-Ekiti, Nigeria, 3Ekiti State AIDS Control Agency, Ado-Ekiti, Monitoring and Evaluation, Ado-Ekiti, Nigeria

ISSUES: Ekiti State, Nigeria is a developing country with resource limitations. HIV response in the state has been majorly funded by donors most especially the World Bank. At the close of HIV Programme Development Project II, the financial crisis experienced by most states of the federation (Ekiti State inclusive) and the potential for donors to redirect their attention and resources to other priorities continued to create a huge gap, it became imperative to count the gains of efforts from the utilization of donor funds while creating a fertile setting for a broader community dialogue for responsive ownership and sustainability even if growth in resources does not continue. Though the inconsistencies recorded in the data used in this activity entirely overlooked, the information provided the estimate and the programme direction is veryinstructive.

DESCRIPTIONS: State HIV response reviewof HPDP II 2011 - 2016 shows the priority thematic areas of intervention including the specific target populations of focus and gives a better understanding of the epidemic. Using this information and the estimated population size, a 5-year State Strategic Plan 2017 -2022 (SSP) was developed and costed using evidence based tools i.e the Resource Needs model and Goals model for resource allocation by research funding administrators and community representative for preventing new infections, providing care and treatment, and mitigating impact respectively. The SSP document served as a resource mobilization tool for the State.

LESSONS LEARNED: Linking priorities to resources elicits the interest of Governments, community partners, HIV researchers, politicians,Advocates and other high level leaders to commit funds and other resources to sustain HIV response in the State. It also guards against poor planning, inefficiency and lack of control over resources as it helps to bridge a gap between re-

sources required and those available hence, resource mobilization activities become effective.

NEXT STEPS: Plans developed using the appropriate information and tools are strategic for mobilization of adequate resources from reliable sources, pooling of resources to foster efficiency and spread costs and allocation of resources to promote efficiency, equity and health impact.

10:45 – 12:15	PROF. SOULEYMAN MBOUP (Cinema Majestic)	09.12.2017

SAAE2704 - TRACK E2

Diagnostic Tool on Public Financing of CSOs for Health Service Delivery (PFC): Development and Results of Pilot Studies

11:30 – 11:45

Burrows Dave1, Parsons Danielle2, Gonzalez Carmen3

1APMG Health, Marrickville, Australia, 2APMG Health, Washington, United States, 3Global Fund to Fight TB, AIDS and Malaria, Geneva, Switzerland

BACKGROUND: Stable, meaningful partnership between governments and civil society organizations (CSOs) can greatly enhance the goals of a country's overall response to HIV. The provision of funding resources by government to NGO initiatives improves the reach and quality of services while enhancing linkages with government services, achieving greater results with fewer financial resources, and leading to a sustainable, long-term response to HIV.

METHODS: The Global Fund to fight AIDS, TB and Malaria commissioned APMG Health to develop a Diagnostic Tool on Public Financing of CSOs for Health Service Delivery to better understand the barriers to and opportunities for the continuation of evidence-based and cost-effective interventions for key and other populations implemented by CSOs through public sector financing. The diagnostic tool was piloted in Panama, Paraguay, Dominican Republic, Guyana and Namibia in late 2016 and 2017, supported by several donor agencies (GFATM, UNAIDS, USAID).

RESULTS: In Paraguay, Panama and Dominican Republic, the tool was used as part of a process to develop Transition Readiness Assessments (TRAs) which focused in part on the sustainability of CSO activities related to HIV

and TB among key populations as these countries transition from Global Fund support. Findings from the tool were used to inform those sections of the TRA dealing with key populations and the enabling environment, including recommendations for key activities in transition plans. In Guyana, the tool was used to determine potential ways that public sector funding of HIV services carried out by CSOs could be strengthened.

In Namibia, the tool was adapted for a generalized epidemic and used to develop a Draft Civil Society Sustainability Strategy. Implementing the tool led to the formulation of suggested methods of starting public sector funding of HIV services carried out by CSOs.

One feature that all reports had in common was an attempt to identify people and agencies who were variously described as "champions", "promoters" and key agencies to take the next steps in developing an effective system.

CONCLUSIONS AND RECOMMENDATIONS: The results to date and interest expressed in the tool and its results by stakeholders suggest that the PFC Diagnostic Tool should be applied in a wide range of country contexts, particularly where international donor funding is reducing or increased domestic financing is required to reach national coverage targets.

10:45 – 12:15	PROF. SOULEYMAN MBOUP (Cinema Majestic)	09.12.2017

SAAE2705 - TRACK E2

Expanding Space for CSO Influence in Global Health Governance and Financing to End the Three Epidemics - The Case for Equitable Financing for HIV, TB and Malaria

11:45 – 12:00

McKenzie Jomain G.1, Maleche Allan1,2

1The Global Fund to fight AIDS TB and Malaria, Developing Country NGO Delegation, May Pen, Jamaica, 2KELIN, Nairobi, Kenya

ISSUES: The Developing Country NGO Delegation has called the Global Fund Board and Secretariat to acknowledge its inadequate attention on the HIV-TB and TB response in recent time - particularly in comparison to the other diseases.

DISCUSSION: The Delegation continues to call for increased attention

to issues related to HIV-TB and TB issues. In contribute to the addressing this, the Delegation has called for more structured reporting on each disease area. A thematic update on TB is asked to be provided in each report of the Executive Director.

The opportunity in this session seeks to present the advocacy points of the delegation in this regard, while also consulting with and providing space for constituents to input in the Global fund and its agendas for TB through the [perspective of The Developing Country NGO Constituency.

The information will be targeted for an audience of the African region, in particular civil society representatives, advocates and community members of at-risk populations. Engagement will come through power point presentations, Interactive Q & A session & discussions, best practice examples and pamphlets.

NEXT STEPS:

1. Participants will have an increased understanding of the promising initiatives for TB financing with the context of sustainability and transitioning funding and multi-country grants - both within and outside of Africa.

2. Participants will leave with an understanding of how CSO can better engage and feed into policy issues at the Global Fund Board level through this Delegation and other channels.

3. Participants will be provided the opportunity to expand their involvement in and knowledge of Global Fund work through the networking with and support of members of the Developing Country NGO Delegation who will lead and facilitate this networking and sharing and learning opportunity.

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	09.12.2017

TRACK D: Law, Human Rights, Social Science and Political Science

Policies, Programs and HIV Response

CHAIRS: Safietou Thiam, *Senegal*
Alain Manouan, *Côte d'Ivoire*
Aliou Sylla, *Mali*

10:45 – 12:15 | PROF. KADIO AUGUSTE (Salle Des Fêtes) | 09.12.2017

SAAD2801 - TRACK D4

A Quarter for Prevention? Global Fund Investments in HIV Prevention Interventions in Generalized African Epidemics

10:45 – 11:00

Oberth Gemma1,2, Mumba Olive3, Torres Mary Ann2

1Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO), Cape Town, South Africa, 2International Council of AIDS Service Organizations (ICASO), Toronto, Canada, 3Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO), Arusha, Tanzania, United Republic of

BACKGROUND: In July 2016, the Joint United Nations Programme on HIV/AIDS (UNAIDS) announced that global efforts to reach fewer than 500,000 new HIV infections by 2020 are off track. UNAIDS estimates that ending AIDS by 2030 will cost $25 billion a year. About a quarter (26%) of this amount is required for prevention. The Global Fund to Fight AIDS, Tuberculosis and Malaria is a major financier of African HIV responses and a vital source of prevention investments. Is the Global Fund investing "a quarter for prevention" in Africa?

METHODS: A search was performed for Global Fund funding requests and signed grants from a sample of 25 African countries over the 2014-2016 funding cycle. Funding requests were accessed for 23 countries and signed grant agreements were accessed for 15 countries. Some documents were not publicly available. The budgets of the available funding requests and grant agreements were examined to see if "a quarter for prevention" was included. To give depth to the results, several epidemiological and structural variables were explored.

RESULTS: Of the 23 funding requests examined, 11 countries requested at least "a quarter for prevention", dedicating 26% or more of their funding requests to HIV prevention. Mauritius' prevention request was the largest (proportionally), at 67%, and Mozambique's was the smallest, at 3%. Overall, countries requested an average of 19% for HIV prevention. There is a significant correlation between the number of new HIV infections in a country and the amount of prevention funding requested (r=.747, p=< .01), sug-

gesting that funding requests are aligned to disease burden. There is also a significant correlation between GDP per capita and the proportion of prevention funding requested (r=.676, p=< .01), suggesting that poorer countries are more dependent on the Global Fund to pay for treatment, at the expense of prevention. Of the 15 grant agreements examined, only Botswana, Ghana and Liberia had budgets with at least 26% for HIV prevention. Overall, the Global Fund invested an average of 20% in HIV prevention in the sample countries.

CONCLUSIONS AND RECOMMENDATIONS: There is a need to increase Global Fund investments in HIV prevention in Africa from current levels (20%) towards the recommended 26%. Part of the solution is to stimulate greater HIV prevention requests from countries. Advocacy from civil society is vital, particularly on urging countries to request greater HIV prevention funding for key populations.

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	09.12.2017

SAAD2802 - TRACK D4

Allier Plaidoyer et Recherche pour Lutter contre le VIH/Sida

11:00 – 11:15

Ahmar Morgane, Benmoussa Amal, Himmich Hakima, Karkouri Mehdi, Hajouji Fatima Zahra, Ouarsas Lahoucine

Association de Lutte Contre le Sida (ALCS), Casablanca, Morocco

PROBLÉMATIQUE: Enrayer l'épidémie chez les populations clés n'est possible que par le déploiement de méthodes de prévention complémentaires aux outils classiques comme la prophylaxie pré-exposition (PrEP) ou le dépistage démédicalisé communautaire, deux stratégies recommandées par l'OMS pour lesquelles l'Association de lutte contre le sida au Maroc (ALCS) a mené des projets de recherche et des actions de plaidoyer.

DESCRIPTION: L'ALCS a mené de mars à octobre 2015 une expérience pilote sur le dépistage démédicalisé opéré par des agents communautaires à Casablanca, Marrakech, Agadir et Rabat. Ses résultats ont été extrêmement probants : 68% des personnes dépistées l'étaient pour la première fois et 95% des bénéficiaires se sont dit satisfaits, citant notamment la facilité accrue de communication et le respect de la confidentialité. A son issue, un plaidoyer de l'ALCS auprès du ministère de la Santé (MS) a permis la con-

tinuation de la stratégie dans les villes du projet, puis sa mise à l'échelle à l'ensemble du territoire en juin 2017.

Concernant la PrEP, le plaidoyer a permis la recherche. Après un travail de recensement des barrières, l'ALCS a développé des argumentaires fondés sur des preuves scientifiques et recommandations institutionnelles qu'elle a diffusées auprès du MS. Celui-ci a alors autorisé l'ALCS à conduire une étude pilote d'acceptabilité sur la PrEP, élaborée conjointement par les pôles recherche et plaidoyer. L'étude, ciblant 400 HSH et PS, a débuté en mai 2017. Ses résultats sont attendus par le MS pour décider des modalités d'une mise en place future.

LEÇONS APPRISES: Ces deux exemples montrent l'interdépendance de la recherche et du plaidoyer : le plaidoyer rend possible la mise en œuvre de projets de recherche, dont les résultats légitiment et nourrissent le plaidoyer. La mise en place par l'ALCS en partenariat avec la Coalition Internationale Sida de ressources dédiées à la recherche et au plaidoyer a permis le développement d'une expertise technique et la création de pôles structurés et en capacité de travailler en coordination.

PROCHAINES ÉTAPES: L'expérience commune de recherche et plaidoyer a déjà montré ses impacts et il est crucial qu'elle puisse se poursuivre. Aujourd'hui l'ALCS tente d'obtenir du soutien pour renforcer ses pôles dont les effectifs sont encore trop restreints pour réaliser de nouveaux objectifs tels que la mise en place de l'autotest ou l'exploration de modèles différentiés de distribution des antirétroviraux.

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	09.12.2017

SAAD2803 - TRACK D4

Differential Impact of Inequity on Elimination of HIV in Nigeria: Evidence for Policy Action and Programme Redesigning

11:15 – 11:30

Adeyinka Daniel A.1,2, Morka Mercy1, Ozigbu Chamberline E.1,3, Agogo Emmanuel4,5, Odoh Deborah1, Olakunle Babayemi4, Sambo-Donga Fintù1, Onifade Olufunke1, Davies Abiola6, Amamilo Ikechukwu7, Mbori-Ngacha Dorothy6

1National AIDS & STIs Control Programme, Department of Public Health, Federal Ministry of Health, Abuja, Nigeria, 2University of Saskatchewan, Saskatoon, Canada, 3University of

South Carolina, Columbia, United States, 4National Agency for Control of AIDS (NACA), Abuja, Nigeria, 5Nigeria Centre for Disease Control, Abuja, Nigeria, 6United Nations Children's Fund (UNICEF), Abuja, Nigeria, 7Clinton Health Access Initiative (CHAI), Abuja, Nigeria

BACKGROUND: In resource-limited and high HIV burdened country like Nigeria, women are a key target population for HIV prevention, treatment and support because they are disproportionately burdened by HIV. However, health needs of their male counterparts are often neglected based on the assumption that their societal status should facilitate timely access to health care. Extant studies have shown that men are less likely to receive HIV testing, access and adhere to treatment. Despite the worsening health outcomes among men, this has received little global attention. Also, more efforts are concentrated on adults while children are often left behind. This age-gender bias continues to impede HIV control as countries strive to achieve the global Sustainable Development Goal target to end the HIV epidemic. This study measured the impact of age-gender disparity on HIV control in resource-limited setting by using Nigeria as a case study.

METHODS: We conducted trend analysis from 2010-2015 on HIV tipping point ratios (TPR) by using the validated National HIV programmatic data and spectrum estimates for the 36 states and Federal Capital Territory. A cut ratio of < 1 was used to depict effective control of HIV infections by showing that the HIV incidence falls below rate of ART initiation. Differences in ratios across the years were assessed with Mann-Kendall test for trend. Mann Whitney U test was used to explore age and gender differences. The significant level was set at œ5%.

RESULTS: From 2010-2015, the national TPR has significantly declined from 2.2 to 1.1; [S= -11, p=0.03]. In 2015, Nigeria significantly achieved safe TPR of 0.9 for adults but not for children (3.6); [U= 288.5, p=0.0001]. Despite the yearly variations, the TPR for 2015 was marginally significantly lower for female than male, 0.9 and 1.5 respectively, (U=506, p=0.045). It was observed that 4(10.8%) of the states have reached a safe TPR for children, compared to 16(43.2%) observed for adults. More (43.2%) states have attained safe TPR for females compared to males (24.3%).

CONCLUSIONS AND RECOMMENDATIONS: As is the case in Nigeria, age-gender bias has led to an undesirably slow decline in new HIV infections among men and children. This signals an urgent need to ensure that strategies for the attainment of the 90-90-90 global targets by 2020 adequately capture HIV prevention and treatment for these population-groups.

SAAD2804 - TRACK D4

Le Suivi de l'Adolescent Né Infecté au VIH: Cahier d'un Retour sur Parcours

11:30 – 11:45

Acakpo Carmélita Sidoine1,2, Akpoli Rock Jesunukon1,2, Bognon Tanguy1,2, Badou Jennifer2, Tchébéssi Amandine2, Azondékon Alain1,2

1ONG Optima Bénin, Littoral, Cotonou, Benin, 2Hôpital d'Instruction des Armées, Littoral, Cotonou, Benin

QUESTIONS: La survie d'un enfant infecté au VIH est un défi et exige des interventions idoines. C'est dans ce cadre que Optima Bénin et l'Unité de prise en charge de l'enfant Exposé ou Infecté au VIH (UPEIV) de l'Hôpital d'Instruction des Armées de Cotonou ont mis en œuvre un modèle d'excellence dont la vision se décline en quatre points : survivre, vivre, grandir et vieillir dont nous décrivons ici les leçons apprises.

DESCRIPTION: Une étude qualitative en triangulation menée de 2012 à 2016 selon les principes de recherche de phénoménologie descriptive et interprétive au travers d'entretiens approfondis et de focus group combinés à l'analyse de données médicales, a abouti à l'évaluation du parcours des adolescents nés avec le VIH suivis depuis leur enfance à travers ce modèle dont la mission est d'assurer l'encadrement holistique de l'enfant infecté au VIH et de son entourage. Ce modèle est un environnement qui engage l'enfant dans un processus de développement intégral qui préserve l'accomplissement de ses aspirations et restaure la confiance en soi. Chaque adolescent a été soumis à un test de personnalité. Les informateurs clés ont été approchés.

LEÇONS APPRISES: Sur 65 adolescents suivis depuis en moyenne 10 ans, on a 47 filles. Age médian: 17ans (12 à 24).

Les interventions médicale, éducative, sociale, psychologique et communautaire sont accompagnées de stratégies spécifiques : Maison d'Observance et d'Education Parentale, Unité de Soins Mobile, VAD, distribution de vivres, scolarisation et AGR.

Les adolescents ont internalisé leur état sérologique (acceptation et appropriation), avec une forte estime de soi et une adhérence accrue aux traitements. Ils se sentent privilégiés, capables de finir leurs études, d'accomplir leurs rêves, fonder une famille heureuse et avoir des enfants sains. Ils sont résilients et certains ont une personnalité obsessionnelle-compulsive et dépendante. Ils ont une sexualité responsable et développent un leadership

accru selon les soignants.

PROCHAINES ÉTAPES: Ce modèle d'excellence est une nouvelle définition de la performance du VIH pédiatrique qui permet non seulement de sauver la vie mais d'assurer un devenir certain à l'enfant infecté au VIH et mérite d'être mis à échelle pour l'amélioration de la qualité de vie des adolescents infectés au VIH.

10:45 – 12:15	PROF. KADIO AUGUSTE (Salle Des Fêtes)	09.12.2017

SAAD2805 - TRACK D4

READY to Listen. What Works in Programming for Adolescents? Findings from a Baseline Study in Three Countries in East and Central Africa

11:45 – 12:00

Caswell Georgina1, Dziwa Chengetai2, Kihara Cecilia3, Dyke Elizabeth4, Pabani Hanif4, Gagne Natalie4

1International HIV/AIDS Alliance, Cape Town, South Africa, 2International HIV/AIDS Alliance, Harare, Zimbabwe, 3International HIV/AIDS Alliance, Brighton, United Kingdom, 4ADVISEM, Ottawa, Canada

BACKGROUND: The Resilient, Empowered Adolescents and Young People programme (READY) is an emerging movement of youth-led and youth-serving organisations implementing tailor-made integrated SRHR and HIV services to ensure adolescents and young people are healthy, empowered and feel safe to express themselves. READY Teens is a specific project implemented under this programme in Uganda, Burundi and Ethiopia. A baseline study was conducted to better understand the needs and gaps in programming.

METHODS: A mixed-methods study was conducted in the three countries between May 2016 and July 2017. A questionnaire was administered to 496 adolescents and 35 FGDs were conducted to capture the views of adolescents, parents/guardians, health care providers and community leaders. Quantitative data was imported into Excel and Stata for analysis while qualitative data was entered into Nvivo (Mac).

RESULTS: Of all the survey respondents, half (54.6%) were aware of ways

of preventing the sexual transmission of HIV. In contrast, a very high proportion (95.4%) were aware of at least one contraceptive method, with older adolescents (15-19) accounting for the greater proportion.

In terms of community engagement, respondents cited various negative perceptions towards adolescents, often stating that adolescents are sexually promiscuous and linking it to adolescents' desire for money. Although parents felt that adolescents should receive information about HIV and SRHR, further probing unveiled prevailing beliefs which showed a lack of knowledge about SRHR and HIV.

On talking about HIV and sex, parents were more comfortable talking to their children about HIV than about sex or SRHR. Some cited feeling more comfortable talking about sex to an adolescent of the same sex. On equitable gender norms, community leaders, parents/caregivers mostly disagreed that 'changing diapers, giving a bath, and feeding kids is the mother's responsibility'. Some respondents felt that a woman can say no to sex, in some cases with caveats, with the exception of participants in Bahir Dar in Ethiopia who disagreed with this view.

CONCLUSIONS AND RECOMMENDATIONS: The findings highlight the critical need of engaging the wider community in understanding their perceptions around adolescents' SRHR. The results are informing the design of interventions that will improve access to SRHR and HIV services and information for adolescents in Ethiopia, Burundi and Uganda.

TUPDA001 - Serosurvey of Leishmaniasis and Associated Cellular Immune Response in HIV Infected Persons with Clinical Skin Lesions at Abuja: A Hospital-based Study

Idris Nasir Abdullahi, Kwara, Nigeria

TUPDB002 - Drug Resistance among Women Attending Antenatal Clinics in Northern Part of Ghana

Philip Enyan, Accra, Ghana

TUPDA003 - Détection de Papillomavirus Humains (HPV) dans Différentes Populations en Côte d'Ivoire

Ouattara Abdoulaye, Abidjan, Côte d'Ivoire

TUPDA004 - Apobec3g Expression and HIV-1 Infection in Burkina Faso

Tegwinde Rebeca Compaore, Ouagadougou, Burkina Faso

TUPDB005 - Résistance du VIH-1 aux Antirétroviraux: Etat des Lieux en Guinée

Djiba Kaba, Conakry, Guinea

TUPDA006 - Targeting Conserved Broadly Neutralizing Epitopes within HIV-1 Envelope Gp41 MPER as Vaccine Immunogens for Seronegative Partners of HIV-1 Discordant Couples

Godwin Nchinda, Yaoundé, Cameroon

TUPDA007 - Cytomegalovirus Viremia in Human Immunodeficiency Virus-1 (HIV-1) Positive Pregnant Women in Botswana: Role in Pregnancy and Infant Health Outcomes

Onalenna N. Moraka, Gaborone, Botswana

TUPDA008 - Phylogenetic Analysis Pol gene of HIV- 2 in Some West Africa Countries

E. K. Oladipo, Ede, Nigeria

TUPDA009 - Performance du Test Genexpert dans le Diagnostic de la Tuberculose Pulmonaire chez les Sujets Âgés à Ziguinchor

Kalilou Diallo, Ziguinchor, Senegal

TUPDA010 - Apport du Test GeneXpert dans le Diagnostic de la Tuberculose chez les Patients Infectés par le VIH à l'Hôpital de la Paix de Ziguinchor (Sénégal)

Kalilou Diallo, Ziguinchor, Senegal

TUPDB011 - Workflow and Performance Evaluation of a New Clinical Flow Cytometer

Yang Zeng, San Jose, United States

TUPDA012 - Management of hepatitis B virus co-infection in people living with HIV/AIDS in Yaoundé Central Hospital, Cameroon: biochemical and immunological analysis

Axel Cyriaque Ambassa, Yaoundé, Cameroon

TUPDA013 - Bilan Biologique des Charges Virales VIH à l'Institut Pasteur de Côte d'Ivoire de 2011 à 2016

Elise Solange Kakou-Ngazoa, Abidjan, Côte d'Ivoire

TUPDA014 - Emergence of Occult Hepatitis B Infection (OBI) among HIV Individuals on Anti-retroviral Treatment (ART) in Nigeria Is Threat to their Survival

Adeolu S. Oluremi, Osogbo, Nigeria

TUPDB015 - HIV Drug Resistance among Adolescents and Young People Failing HIV Therapy at Parirenyatwa Hospital

Vinie Kouamou, Harare, Zimbabwe

TUPDA016 - Discovery of Novel 2beta-hydroxybetulinic Acid 3beta-oliate as a Persuasive Restrainer against HIV-1 CCR5 Co-receptor via V3 Loop Fragment

Danish Ahmd, Allahbabad, India

TUPDB017 - Prevalence and Predictors of Significant Liver Fibrosis in Patients with HIV Mono-infection or Hepatitis C Co-infection as Assessed by FIB4 Score: An Egyptian Cross-sectional Study

Ahmed Cordie, Cairo, Egypt

TUPDB018 - Behavioral Determinants of Poor Adherence of HAART among MSM Living with HIV/AIDS at Hoymas, Kenya

Peter K. Njogu, Nairobi, Kenya

TUPDB019 - Impact of In-reach Home Visits on Adherence to Antiretroviral Therapy (ART) and Virologic Outcomes for Paediatric Patients in Botswana at High-risk of Treatment Failure

Shimane Shakes Lekalake, Gaborone, Botswana

TUPDB020 - ART-induced Nephrotoxicity and Chronic Kidney Diseases among Ambulatory HIV-infected Patients with Low Body Mass Index in Brazzaville, Congo: Incidence and Associated Risk Factors

Martin Herbas Ekat, Brazzaville, Congo

TUPDB021 - Performance of a Clinical Prediction Score for Targeted Creatinine Testing in Africa

Martin Herbas Ekat, Brazzaville, Congo

TUPDB022 - Expert Shadow Concept: A Proven-to-work Approach towards Improved Client's Retention in Anti-retroviral Treatment in Rivers State, Nigeria

Nnanke Oka Etimita, Port Harcourt, Nigeria

TUPDB023 - Virological Monitoring of Response to Antiretroviral Therapy and Diagnosis of Treatment Failure in Children in Conakry, Guinea

Cavin Epie Bekolo, Brussels, Belgium

TUPDB024 - Improving the Performance of Nurses and Midwives in the Provision of Early Infant Diagnosis and Pediatric ART and Option B+ Services in Three Health High Volume Health Facilities Lilongwe-Malawi

Thokozire Lipato, Lilongwe, Malawi

TUPDB025 - Understanding Mental Health Difficulties and Associated Psychosocial Outcomes in HIV Positive Adolescents Visiting the HIV Clinic in Kenyatta National Hospital, Kenya

Douglas Kinuthia Gaitho, Nairobi, Kenya

TUPDB026 - La Prise en Charge des Femmes Enceintes Séropositives dans un Contexte d'Élimination de la Transmission du VIH de la Mère à l'Enfant à Guédiawaye

Maty Diouf, Dakar, Senegal

TUPDB028 - Anti-mycobacterial Activity and Immunological Responses of Antimicrobial Peptides

Hope C. Nkamba, Lusaka, Zambia

TUPDB029 - Viral Load Testing in Zimbabwe (2013-2015): An Extended Analysis

Hamufare D. Mugauri, Bulawayo, Zimbabwe

TUPDB030 - Enhancing ART Adherence and Raising HIV Awareness Using Recycled ARV Tins. A Case Study of Pill Power Uganda and its Impact

Barbara Kemigisa, Kampala, Uganda

TUPDB031 - Expérience du Service de Maladies Infectieuses de l'HGRN de N'Djaména dans la Recherche de Perdu de Vue dans la File Active des Patients sous Traitement ARV

Bertin Tchombou Hig-Zounet, N'Djaména, Chad

TUPDB032 - Observance aux Traitements Antirétroviraux (TARV) des Patients à très Faible Nombre de Lymphocytes T-CD4 à N'Djaména

Bertin Tchombou Hig-Zounet, N'Djaména, Chad

TUPDB033 - Harm Reduction through Medically Assisted Therapy (MAT); a New Paradigm to Curb Human Immunodeficiency Virus (HIV) Transmission among People who Use Drugs in Malindi, Kenya

Paul Ochieng', Malindi, Kenya

TUPDB034 - An Assessment of the HIV/TB Knowledge and Skills of Home-based Carers Working in the North West Province in South Africa: Across-sectional Study

Mabjala Rosemary Letsoalo, Cape Town, South Africa

TUPDB035 - One HIV Clinic's Experience: Mortality and Associations with Mortality in People Living with HIV Initiated on ART in Limpopo, South Africa

George Gachara, Charlottesville, United States

TUPDB036 - The Level of Viral Suppression of HIV Patients Whose Viral Load Done at Ethiopian Public Health Institute

Kidist Z. Shita, Addis Ababa, Ethiopia

TUPDB037 - L'Échec Thérapeutique: Un Puissant Révélateur des Limites des Capacités Actuelles du Système de Soin au Cameroun

Gabrièle Laborde-Balen, Dakar, Senegal

TUPDB038 - Reaching the Last 90: A Systematic Review of Viral Load Suppression Rates among Children on Antiretroviral Therapy in Sub-Saharan Africa

Daniel A. Adeyinka, Abuja, Nigeria

TUPDB039 - Am Adhering for my Future

Nalwanga Resty, Kampala, Uganda

TUPDB040 - Determinants of Retention in Care among Patients on Anti-retroviral Treatment in Ghana: An Analysis of National Programme Data

Stephen Ayisi Addo, Accra, Ghana

TUPDB041 - Availability of HIV Services Along the Continuum of HIV Testing, Care and Treatment in Ghana

Marijanatu Abdulai, Accra, Ghana

TUPDB042 - Feasibility and Performance of SD BIOLINE Dual HIV/Syphilis Point-of-Care Test-based Screening Strategy in Ethiopia

Yimam Getaneh Misganie, Addis Ababa, Ethiopia

TUPDB043 - Trend Analysis of HIV/TB Integrated Services Utilization and Coverage in Uganda Harm Reduction Referral Points in Kampala, Gulu, Mbarara and Mbale

Christopher Baguma, Kampala, Uganda

TUPDB044 - Trends of Early Infant HIV Diagnosis at the National HIV Reference Laboratory, Ethiopia, in the Past Five Years (2012 - 2016)

Agajie Likie Bogale, Addis Ababa, Ethiopia

TUPDB045 - A Systematic Review and Meta-analysis of Studies Evaluating the Performance and Operational Characteristics of Dual Point-of-Care Tests for HIV and Syphilis

Harriet Gliddon, London, United Kingdom

TUPDB046 - HIV and Malaria Co-Infection and Pattern of Hematological Profiles among Patients Attending Two Selected Public ART Clinics in Kano, Nigeria

Feyisayo Ebenezer Jegede, Kano, Nigeria

TUPDB047 - Involving Quality Improvement Teams Is Key to Scale Up Viral Load Bleeding among Clients. TASO Rukungiri Experience

Joseph Byarugaba, Kampala, Uganda

TUPDB048 - Predictors of Mortality among Clients on Anti-retroviral Treatment in Ghana

Stephen Ayisi Addo, Accra, Ghana

TUPDB049 - The Association between Proportion of Staff Present at Health Facilities and Quality of HIV Care

Jesca Basiima, Kampala, Uganda

TUPDB050 - Contribution de la Plateforme des Réseaux de Lutte contre le Sida au Renforcement de l'Accès au Traitement Antirétroviral en Côte d'Ivoire à Travers le Système d'Alerte Précoce (Avril 2016 - Mars 2017)

Amenan Irène Yao, Abidjan, Côte d'Ivoire

TUPDB051 - Predictors of Poor Adherence and Factors Associated with Antiretroviral Treatment Failure among HIV/AIDS Patients in Western Nigeria

Saheed Opeyemi Usman, Lagos, Nigeria

TUPDB052 - Incidence, Risk Factors and Outcome of Immune Reconstitution Inflammatory Syndrome (IRIS) among HIV Patients on Highly Active Anti-retroviral Therapy (HAART) in the South West Region of Cameroon

Mekolle Enongene Julius, Kumba, Cameroon

TUPDB053 - HIV Drug Resistance Associated with Second Line Antiretroviral Regimens Failure and Virological Outcomes of Third Line Regimens in Arua Regional Referral Hospital, Uganda

Fabien Fily, Paris, France

TUPDB054 - Post HIV Status Disclosure Assessment of Behavioural Health Patterns among Adolescents Living with HIV: A Nigerian Study

Ikenna Nwakamma, Abuja, Nigeria

TUPDB055 - Patients´ Reported Medications Use and Quality of Life Outcomes during Antiretroviral Therapy in a Nigerian Teaching Hospital

Raymond C. Okechukwu, Neni, Nigeria

TUPDB056 - Prévalence de la Souffrance Fetale Aigue chez les Femmes Infectées par le VIH

Florent Fouelifack Ymele, Yaoundé, Cameroon

TUPDB057 - Pediatric Nutrition Status and Retention among HIV Infected Children at Kapkatet County Hospital, Kericho County Kenya

Cheruiyot Sambu, Nairobi, Kenya

TUPDB058 - Detection and Diagnostic Evaluation of Urine Lipoarabinomannan for Identification of Suspected Tuberculosis in Adult Patients in Nigeria

Joseph Anejo-Okopi, Jos, Nigeria

TUPDB059 - Observance au Traitement Antirétroviral de Troisième Ligne chez les PVVIH en Multi-échec Suivis au Service des Maladies Infectieuses et Tropicales du CHU de Treichville-Abidjan

Aristophane Tanon, Côte d'Ivoire

TUPDB060 - Cryptococcose Neuroméningée (CNM): Mortalité et Facteurs Associés au Décès

Khardiata Diallo Mbaye, Dakar, Senegal

TUPDB061 - Nutrition Status and Associated Factors among PLHIV Receiving Care and Treatment Services at Kapkatet County Hospital Kenya

Cheruiyot Sambu, Nairobi, Kenya

TUPDB062 - Impact of Antiretroviral Therapy among HIV Positive Pregnant Women at Kapkatet County Hospital, Kericho County

Lucy Chepkirui Rono, Kapkatet, Kenya

TUPDB063 - Mise en œuvre d'un Plan d'Extension de l'Accès à la Charge Virale dans les Pays à Ressources Limitées: Cas du Projet OPP-ERA en Côte d'Ivoire

Hervé Menan, Abidjan, Côte d'Ivoire

TUPDB064 - Efficacy and Tolerance of Three First-line ART Regimens among HIV-2 Infected Adults in West Africa: Progress Report of the ANRS 12294 FIT-2 Trial

Boris Kévin Tchounga, Abidjan, Côte d'Ivoire

TUPDB065 - Increased Liver Enzymes in HIV Infected and HIV-TB Infected Patients on Truvada Based Combination Antiretroviral Therapy and First Line Anti-TB Therapy

Bonolo Bonita Phinius, Gaborone, Botswana

TUPDB066 - Rupture des Antirétroviraux (ARV) et Pauvreté: Triple Peine chez les Personnes Vivant avec le VIH (PVVIH) les Plus Démunis Suivis au Centre de Traitement Ambulatoire (CTA) de Pointe Noire

Delphine Mounguele, Pointe Noire, Congo

TUPDB067 - Knowledge and Practices of Women (18-49 years) Living with HIV and on Antiretroviral Therapy (ART) about Cervical Cancer and Cervical Cancer Screening in Swaziland

Mduduzi C. Shongwe, Mbabane, Swaziland

TUPDB068 - Impact de l'Education Thérapeutique de Groupe sur l'Ob-

servance chez les Adolescents Vivant avec le VIH Ayant l'Annonce: 3 Ans d'Expérience de Espoir Vie-Togo avec le Soutien de Expertise France

Yatimpou Tchedre, Lomé, Togo

TUPDB069 - Capitalisation des Impacts de la Prise en Charge du VIH Pédiatrique sur le Vécu des Parents/Tuteurs d'Enfants et Adolescents Vivant avec le VIH: Interactions et Enjeux

Yatimpou Tchedre, Lomé, Togo

TUPDB070 - Integrating Traditional Healers (Tradipraticians) into the HIV Care Cascade in Senegal: A Cross-sectional Mixed Methods Analysis

Papa Djibril Ndoye, Mbour, Senegal

TUPDB071 - Hepatitis C Seroprevalence among People Living with HIV and its Impact on CD4+ T-cell Counts during Antiretroviral Therapy: An Egyptian Experience

Ahmed Cordie, Cairo, Egypt

TUPDB072 - Medicine Dispensing Pattern in the Management of HIV/AIDS Patients at Public Hospitals in a North-Central State, Nigeria

Felicia Esemekiphoraro Williams,

Ilorin, Nigeria

TUPDB073 - Processus d'Amélioration de la Rétention dans les Soins des Homosexuels et des Travailleuses du Sexe sous Traitement ARV: Expérience de la Clinique de Confiance, Abidjan-Côte d'Ivoire

Juliette Opokou Epse Danho, Abidjan,

Côte d'Ivoire

TUPDB074 - Implementing Viral Load Testing Scale up for HIV Infected Patients through Strategic Policy Implementation and Laboratory Infrastructural Upgrade at the Primary Health Care Level in Lagos, Nigeria

Anthony A. Ani, Surulere, Nigeria

TUPDB075 - Panoramique des Patients Nouvellement Mis sous Traitement Antirétroviral de 3ème Ligne à l'Hôpital de Jour de Ouagadougou Burkina Faso

René Bognounou, Ouagadougou, Burkina Faso

TUPDB076 - Informer 90 % des Enfants du Diagnostic du VIH: L'Expérience de l'Association Action Contre le Sida (ACS) à Lomé (Togo)

Comlan Yehouenou, Lomé, Togo

TUPDB077 - Promouvoir l'Adhérence au Traitement et la Rétention dans les Soins par la Dispensation Communautaire des ARV par des OBC: Expérience de l'Association des Femmes Actives et Solidaires du Cameroun

Pauline Angeline Loumgam Mouliom Epse Mounton, Yaoundé, Cameroon

TUPDB078 - Better ART Care Outcome through Quality Improvement. The Experience of AIDS Information Centre Uganda

Denis Bakomeza, Kampala, Uganda

TUPDB079 - Snow Balling to Increase Access to ART among Refugees: The Experience of AIDS Information Centre Uganda

Denis Bakomeza, Kampala, Uganda

TUPDB080 - Prévalence des Infections Opportunistes chez les Enfants Infectés par le VIH de 0 à 12 Ans à Kinshasa: Cas de l'Hôpital Pédiatrique de Kalembelembe

Bongenia Berry, Kinshasa, Congo, the Democratic Republic of the

TUPDB081 - 90-90-90 Ambitious Targets: Achieving the Last 90 of the UNAIDS Targets among Adult HIV Seropositives in Western Nigeria; A Prospective Cohort Study

Saheed Opeyemi Usman, Lagos, Nigeria

TUPDB082 - Traditional Herbal Medicine Use among People Living with HIV/AIDS in Gondar, Ethiopia: Do their Health Care Providers Know?

Begashaw Melaku Gebresillassie, Gondar, Ethiopia

TUPDB083 - Association Lymphomes et VIH: Étude Prospective à Partir d'un Échantillon Colligé au Service d'Hématologie Clinique du Chu de Yopougon (Abidjan)

Diakité Mamady, Conakry, Guinea

TUPDB084 - To Strengthen the Grass Roots People in Epe Rural Community Lagos Nigeria: Strategy to Increase Sustainability in HIV Prevention and Psycho Social Support

Chikaodili Nnoluka, Lagos, Nigeria

TUPDB085 - Predictors of Second Non-suppressed Viral Load after Intensified Adherence Counseling among People Living with HIV on ART in Military Facilities in Uganda

Denis Bwayo, Kampala, Uganda

TUPDB086 - Viral Load Testing and Results for Children on Non-nucleoside Reverse Transcriptase Inhibitor-based First Line Antiretroviral Treatment at Selected Health Facilities in Western Kenya

Lennah Nyabiage Omoto, Kisumu, Kenya

TUPDB087 - Profils Evolutifs de l'Infection à VIH des Patients Inclus au Centre de Traitement Ambulatoire (CTA) de Pointe Noire (PNR) selon le Genre

Adolphe Mafoua, Pointe Noire, Congo

TUPDB088 - Le Dépistage Communautaire, un Outil de Plaidoyer pour l'Accès au Traitement de l'Hépatite C l'Expérience Tunisienne

Fouad Boutemak, Ariana, Tunisia

TUPDB089 - Implication des Médiateurs HSH et TS dans la Rétention des Pairs au Continuum de Soins: Expérience du Centre Oasis

Pascal Tiendrebeogo, Ouagadougou, Burkina Faso

TUPDB090 - Asserting of Sexual Reproductive Health Rights of Young People Living with HIV in the Framework of HIV Response in Kenya through Meaningful Youth Participation

Vincent L. Musalia, Nairobi, Kenya

TUPDB091 - Vue Bidirectionnelle du Soutien Nutritionnel aux Tuberculeux sous Traitement Antituberculeux en République Démocratique du Congo

Patrice Ntumba Badibanga, Kinshasa, The Democratic Republic of Congo

TUPDB092 - Thrombopénie en Fonction du Traitement Antirétroviral, de la Virémie et du Taux des Lymphocytes CD4 Chez les Patients VIH Positifs Vivant à Yaoundé, Cameroun

Alex Durand Nka, Yaoundé, Cameroon

TUPDB093 - Intensified Pediatric HIV Case Identification at 419 Public Health Facilities in Kenya

Caroline Cherotich Ng'eno, Nairobi, Kenya

TUPDB094 - Diagnosis and Presenting Features of HIV-infected Children and Adolescents

Uchenna Suzzanne Aroh, Owerri, Nigeria

TUPDB095 - Fort Taux de Résistance aux Antirétroviraux dans une Cohorte Pédiatrique à l'Ouest du Burkina Faso

Makoura Barro, Bobo Dioulasso, Burkina Faso

TUPDB096 - Améliorer le Lien et le Maintien aux Soins des MSM Positifs à Travers la Mise sur Pied d'une Stratégie Impliquant les Conseillers Relais: le Cas d'Alternatives- Cameroun

Zacharie Makong, Douala, Cameroon

TUPDB097 - A Combination Strategy to Improve 12-month Retention Rates of Patients on Antiretroviral Treatment in Côte d'Ivoire

Kouassi Jean-Jacques M'bea, Abidjan, Côte d'Ivoire

TUPDB098 - Relationship between Religious Coping and Depression in People Living with HIV/AIDS in Cape Coast

Felix Yirdong, Cape Coast, Ghana

TUPDB099 - A Lens through Causes of Child and Adolescent Viral Load Non-Suppression. Strategies that Improve Suppression Rates, TASO Jinja Experience

David Kagimu, Kampala, Uganda

TUPDB100 - TB/ HIV Service Reduce Resistance of Drugs among Co-Infected Patients at Kapkatet County Hospital

Kirui Collins, Kericho, Kenya

TUPDB101 - Nutrition Status among TB/HIV Co-Infected Patients Attending Kapkatet County Hospital, Kericho County Kenya

Collins Kirui, Kericho, Kenya

TUPDB102 - Evaluation du Risque Cardiovasculaire Global des Patients après Initiation du Traitement Antirétroviral par les Scores de Framingham et de l'OMS/ISH à Brazzaville

Franck Ekoba, Brazzaville, Congo

TUPDB103 - Effectiveness of Cohort Monitoring in Improving Viral Load Coverage among Taso Mbarara HIV Positive Patients under Differentiated Service Delivery Models

Faith Tumuhairwe, Mbarara, Uganda

TUPDB104 - Evaluation of Chitosan Activity Derived From Cockroach (Periplanata Americana) and Grasshopper (Melanoplus Differentialis) on Selected Antibiotic Resistant Gram Negative Bacteria in Kano, Nigeria

Adeola Foluso Adeleye, Kano, Nigeria

TUPDB105 - Prévalence de la Maladie Rénale à l'Initiation du Traitement ARV chez les PVVIH au CHU SO au Togo

Badomta Dolaama, Lomé, Togo

TUPDC106 - HIV Co-infected TB Patients Are More Likely to Get Lost to Follow-up during Treatment in Kampala City

Derrick Kimuli, Kampala, Uganda

TUPDC107 - High Risk Sexual Behaviours among HIV Positive Adolescents Accessing HIV and AIDS Care Services in the Central Region of Uganda

Cephas Kyesswa Ntulume, Kampala, Uganda

TUPDC108 - Psychosocial Predictors of Sexual Abstinence among Senior Secondary School Students in an Urban Setting in the Southwest Region of Cameroon

Elvis E. Tarkang, Kumba, Cameroon

TUPDC109 - Abstinence Sexuelle comme Incitation à la Prévention de Nouvelles Infections au VIH chez les Jeunes et Adolescents au Togo: Cas des Trophées Vierges

Kafui Koffi Akolly, Togo

TUPDC110 - Tendances de l'Infection à VIH dans les Sites Sentinelles de 2007 à 2016 au Burkina Faso

Bapougouni Philippe Christian Yonli, Ouagadougou, Burkina Faso

TUPDC111 - Comprehensive Knowledge and Preventive Practice of HIV/AIDS among Female Sex Workers in Bahir Dar City, North West Ethiopia, 2016

Dessie Kassa Simegn, Bahir Dar, Ethiopia

TUPDC112 - Family Planning Services Utilization and its Associated Factors among Women with Disabilities, Bahir Dar, North West Ethiopia

Solomon A. Gete, Bahir Dar, Ethiopia

TUPDC113 - Community-based HIV Testing and Counseling (HTC) Is an Essential T to Facility-based Testing

Rukia Ahmed Farah, Nairobi, Kenya

TUPDC114 - Factors Associated with Poor STI Partner Notification in Chimanimani District, Zimbabwe, 2016

Samuel Sithole, Chimanimani, Zimbabwe

TUPDC115 - Evaluation of HIV Prevention Programme among Out of School Youths: Achievements and Implications of HIV/AIDS Funded Project in Osun State, Nigeria

Adebola A. Adejimi, Osogbo, Nigeria

TUPDC116 - Describing the Development of Pre-exposure Prophylaxis (PrEP) Guidelines and Responses from Key Populations in Uganda

Charles Brown, Kampala, Uganda

TUPDC117 - Les Relations Sexuelles Anales dans les Prisons: Pratique et Causes

Ayité Sitou J.P. Amavi, Lomé, Togo

TUPDC118 - Profils Épidémiologique, Clinique et Immunologique Actuels des Nouvelles Infections à VIH chez les Adultes au Nord-Bénin en 2016

Cossi Angelo Attinsounon, Parakou, Benin

TUPDC119 - Utilisation des Réseaux Sociaux pour la Promotion des Services de Santé Sexuelle auprès des HSH au Cameroun: Cas de Humanity First Cameroon

Olongo Ekani Antoine Silvère, Yaoundé, Cameroon

TUPDC120 - Facteurs Associés à la Non Observance du Traitement ARV chez les Personnes Vivant avec le VIH (Cas de la Zone de Santé de Bunia, d'Aout à Décembre 2015)

Lisa Ntumba Tshisau, Kinshasa, The Democratic Republic of Congo

TUPDC121 - High HIV Prevalence among Female Presumptive Tuberculosis Patients in Kampala City, Uganda

Nicholas Sebuliba Kirirabwa, Kampala, Uganda

TUPDC122 - Etude des Facteurs Limitant l'Implication des Conjoints aux Activités de la PTME dans la Commune Urbaine de Mamou

Ibrahima Sory Barry, Conakry, Guinea

TUPDC123 - Perinatally HIV-infected Children's Sero-status Disclosure and Associated Factors in Dire Dawa and Harar, Eastern Ethiopia: A Health Facility-based Cross Sectional Study

Melkamu Merid, Harar, Ethiopia

TUPDC124 - The Problem of Lost to Follow-up of Mother-child Pairs Enrolled in the PMTCT Program in Dschand District Hospital: Cameroon

Armand Tsapi Tiotsia, Dschang, Cameroon

TUPDC125 - HIV, Sexual Reproductive Health and Key Populations in Kenya: A Systematic Review of Studies

Davy Allan Orago, Nairobi, Kenya

TUPDC126 - Survey of Malaria and Anti-Dengue Virus IgG among Febrile HIV-infected Patients Attending a Tertiary Hospital in Abuja, Nigeria

Anthony Uchenna Emeribe, Calabar, Nigeria

TUPDC127 - C 16: Le Programmes de Prévention des Travailleurs de Sexe, et les Populations Mobiles

Lucien Dimanche Dimanche, Bangui, Central African Republic

TUPDC128 - Are Adolescents and Youth Programs Missing the Real Targets? Analysis of Socio-cultural Factors Influencing Use of Sexual Reproductive Health Services by Young People in Swaziland

Bongani Robert Dlamini, Mbabane, Swaziland

TUPDC129 - Optimizing PMTCT Outcomes in Resource-constrained Settings: Approaches Used in Mombasa, Kenya

Nancy Wanjiru Githogori, Mombasa, Kenya

TUPDC130 - Scaling Up VMMC Services among Males Aged 25+ Years in Kenya through Referral and Linkage by HIV Testing Services Counselors

Charles Waga, Kisumu, Kenya

TUPDC131 - Augmenter la Proportion de MSM qui Connaissent leur Statut dans la Ville de Douala au Cameroun à Travers la Mise en Place des Campagnes en Stratégie Avancée

Gaetan Megaptche, Douala, Cameroon

TUPDC132 - Do Not Overlook Us: Sex Workers who Use Drugs Program

Simon Sedaula, Nairobi, Kenya

TUPDC133 - Leveraging on Sports to Fast Track Ending HIV and AIDS among Adolescents and Young People in Kenya

Joab Khasewa, Nairobi, Kenya

TUPDC134 - C30: Expérience du Conseil de Dépistage du VIH chez les Patients sous Antituberculeux au CNRISTTAR

Karto Anne-Marie, Bangui, Central African Republic

TUPDC135 - False-negative HIV Rapid Results Using Serial and Parallel Algorithms among HIV Patients on ART with Viral Suppression in the Rakai Cohort, Uganda

Anthony Ndyanabo, Kampala, Uganda

TUPDC136 - High Prevalence of HIV P 24 Antigen and HTLV 1/11 among HIV Seronegative Children and Pregnant Women in Nigeria

Adeolu S. Oluremi, Osogbo, Nigeria

TUPDC137 - Analyse Épidémiologique de l'Intégration des Réfugiés HSH et Transgenre à la Promotion Croisée de la Prévention du VIH/SIDA, Camps de Réfugié Burundais et Rwandais dans l'Est de la R.D.Congo

Modeste Amisi Mambo, Bukavu, The Democratic Republic of Congo

TUPDC138 - Unité Mobile de Réduction des Risques auprès des Usagers de Drogues: Une Intervention Unique au Mali

Cheick Abou Laïco Traoré, Sikasso, Mali

TUPDC139 - L'Impact de l'Approche de Dépistage Centre sur la Paire Education dans les Activités Communautaire Parmi les Populations Clés

Henriette Manishimwe Manishimwe, Bujumbura, Burundi

TUPDC140 - Early Infant Diagnosis Sample Management in Mashonaland West Province, Zimbabwe, 2017

Hamufare D. Mugauri, Bulawayo, Zimbabwe

TUPDC141 - A Documentary Changing the Attitude and Perception of Law Enforcement Officers, Policy Makers and Community Leaders on Issues of Drug Users in Uganda

Christopher Baguma, Kampala, Uganda

TUPDC142 - Trends in the HIV Epidemic among Adolescents and Young People in Nigeria: Progress Made, But Disparity Exists

Daniel A. Adeyinka, Abuja, Nigeria

TUPDC143 - Adolescent Girls and Young Women Achieving their DREAMS against All "Odds" - Lessons Learnt from the DREAMS Initiative Safe Space Group Model in Kamukunji Sub-county, Nairobi City County

Betty Adera, Nairobi, Kenya

TUPDC144 - Recruitment of "Off-track" Girls in Kamukunji Sub-county, Nairobi City County

Betty Adera, Nairobi, Kenya

TUPDC145 - Létalité des Patients à très Faible Nombre Absolu de Lymphocytes T-CD4 à l'Initiation du TARV à N'Djaména

Bertin Tchombou Hig-Zounet, N'Djaména, Chad

TUPDC146 - Profil Épidémiologique, Clinique et Évolutif de la Co-infection VIH/TB à l'Hôpital Général de Référence Nationale (HGRN) de N'Djaména, Tchad

Bertin Tchombou Hig-Zounet, N'Djaména, Chad

TUPDC147 - High Prevalence of Sexually Transmitted Infections among Women Screened for Contraceptive Intravaginal Ring Study, Kisumu Kenya, 2014

Vincent O. Oliver, Kisumu, Kenya

TUPDC148 - Role of Confounders in the Association between HIV Treatment Optimism and Fertility Intention of HIV-infected Persons in Oyo State, Nigeria

Victoria Oluwabunmi Oladoyin, Ibadan, Nigeria

TUPDC149 - Optimizing HIV Treatment as Prevention: A Critical Step to Maximize Efficiency of HIV Response in Nigeria

Daniel A. Adeyinka, Abuja, Nigeria

TUPDC150 - HIV Doubles Risk of Death for Tuberculosis Patients with Other Comorbidities: Findings from Mulago National Referral Hospital, Uganda

Derrick Kimuli, Kampala, Uganda

TUPDC151 - Strengthening Community Support for Prevention of Mother to Child Transmission (PMTCT) Services in Primary Health Care Facilities in Edo State, Nigeria

Flora Edemode-Oyakhilome, Benin, Nigeria

TUPDC152 - Dépistage du VIH «Hors les Murs» les Prestataires de Santé Face aux Directives des Partenaires Financiers en Côte d'Ivoire

Brou Alexis Kouadio, Abidjan, Côte d'Ivoire

TUPDC153 - Nutritional Status and HIV Risk among Orphaned and Vulnerable Children in Tanzania

Amon Exavery, Dar es Salaam, Tanzania, United Republic of

TUPDC154 - Involving Men as a Sustainable Approach to Community Prevention. Straight Foundations Uganda's Male Action Groups (MAGS)

Isaac Kato, Kampala, Uganda

TUPDC155 - Community-based HIV Testing and Counselling and "Test for Triage" in Ekiti State, Nigeria

Stephanie A.S. Ajumobi, Ado Ekiti, Nigeria

TUPDC156 - Factors that Determine Preference of Birth Places among Women of Reproductive Age in Ekiti State, Nigeria

Stephanie A.S. Ajumobi, Ado Ekiti, Nigeria

TUPDC157 - Using the Short Messaging Service (SMS) Platform to Sustain Communication for Prevention. Straight Talk Foundations Youth Enterprise Model (YEM)

Isaac Kato, Kampala, Uganda

TUPDC158 - Sustaining the Scale Up HIV Prevention Strategies. Straight Talk Foundations Star Club Model

Isaac Kato, Kampala, Uganda

TUPDC159 - Early Warning Indicators for HIV Drug Resistance in Ethiopia

Yimam Getaneh Misganie, Addis Ababa, Ethiopia

TUPDC160 - Improving Access to Post Exposure Prophylaxis for MSM and SWs through Patient Centered Accountability Approaches in Uganda

Susan Atuhura, Kampala, Uganda

TUPDC161 - Correlates of HIV Infection among Kenyan Women Screened for a Intra Vaginal Contraceptive Ring Study in Kisumu Kenya, 2015

Mumbi E. Makanga, Kisumu, Kenya

TUPDC162 - Capacity Building of Early Career Researchers Using the Gilead Infectious Diseases Training Program at Infectious Diseases Institute: Achievements and Challenges

Angella Sandra Namwase, Kampala, Uganda

TUPDC163 - Evaluating Progress and Outcomes of Community Network for Pregnancy Prevention Initiative in Nakawa Division, Kampala District in Uganda

Kadokech Sebs, Kampala, Uganda

TUPDC164 - Determinants and Uptake of LARC by Adolescents and Young Women Attending Family Planning Clinic at NTIHC in Kampala Uganda

Sebs Kadokech, Kampala, Uganda

TUPDC165 - Influence of ABO Blood Group and Other Risk Factors in Diversity of HIV and Malaria Co-Infection among Patients Attending Two ART Public Hospitals in Kano, Nigeria

Feyisayo Ebenezer Jegede, Kano, Nigeria

TUPDC166 - A Qualitative Explanation of Social Network Influence on Men's HIV Testing Behavior in Dar Es Salaam, Tanzania: Implications for Increasing HIV Testing and Promoting HIV Self-testing among Men

Donaldson F. Conserve, Columbia,

United States

TUPDC167 - Les Facteurs Predictifs des Accidents Vasculaires Cerebraux au Cours de l'Infection a VIH au Service des Maladies Infectieuses et Tropicales a Propos de 313 Cas

Rahmatoulahi Ndiaye, Dakar, Senegal

TUPDC168 - Validation of Self-reported Condom Use with Biomarkers of Semen Exposure among Female Sex Workers in Cotonou, Benin

Katia Giguère, Québec, Canada

TUPDC169 - Trends in Condom Use among Female Sex Workers Participating in a Demonstration Study on HIV Treatment as Prevention and Pre-exposure Prophylaxis in Cotonou, Benin

Katia Giguère, Québec, Canada

TUPDC170 - Projet de Promotion et d'Education en Matière de Santé chez 108 Scouts Face aux IST-VIH/SIDA et à la Consommation des Substances Psychoactives de 03 Paroisses Catholiques d'Abidjan

Kouadio Bertin N'guessan, Abidjan, Côte d'Ivoire

TUPDC171 - Positive Health Dignity and Prevention: The Case of Women and Girls Living with HIV in Reducing Stigma and Discrimination in their Communities through Sport

Seb Chinhaire, Harare, Zimbabwe

TUPDC172 - Mise en Place d'une Cohorte de Couples Sérodifferents VIH à l'Hôpital de Jour du CHU de DONKA, Conakry: Retours d'Expérience de la Fondation Espoir de Guinée et Perspectives

Aissatou Bah, Conakry, Guinea

TUPDC173 - Résultats d'une Offre de Dépistage Systématique de l'Infection par le VIH chez les Conjoint(e)s de Patients Infectés par le VIH Admis pour un Suivi à l'Hôpital de Jour du CHU de DONKA en Guinée

Aïssatou Lamarana Bailo Diallo,

Conakry, Guinea

TUPDC174 - Epidemiology and Genetic Variability of HHV-8 in HIV-1 Infected Patients of Cameroon

Doyinmola P. Alayande, Thohoyandou, South Africa

TUPDB175 - Analysis of Internal Quality Control Failures Observed during Early Implementation of Routine Point-of-Care Early Infant Diagnosis Testing: Lessons from Lesotho

Anafi Mataka, Maseru, Lesotho

TUPDC176 - Prise en Charge des Nourrissons de 0 à 18 Mois Nés de Mères Infectées par le VIH Suivis dans le Service de Pédiatrie de l'Hôpital National Ignace Deen à Conakry en Guinée

Yalikha Souare, Conakry, Guinea

TUPDC177 - Consolidated Overview of Notifiable Adverse Events in the PEPFAR Voluntary Medical Male Circumcision Program (January 2015 - March 2017)

Caroline Cooney, Washington, United States

TUPDC178 - Renforcer la Mobilisation pour le Dépistage des MSM de la Ville de Douala Grâce à l'Utilisation des Nouvelles Technologies de l'Information et de la Communication

Gaetan Megaptche, Douala, Cameroon

TUPDC179 - Infection à VIH en Milieu Carcéral: Prévalence et Facteurs Associés

Selly Ba, Dakar, Senegal

TUPDC180 - Itinéraire Thérapeutique et Facteurs Associés à la Prise en Charge Tardive des Patients Tuberculeux à Bacilloscopie Positive à Ziguinchor

Kalilou Diallo, Ziguinchor, Senegal

TUPDC181 - Revue Systématique des Opportunités Manquées pour Améliorer le Contrôle de la Tuberculose et le VIH/SIDA en Afrique Sub-saharienne Qu'est-ce Qui Est Encore Manque par les Experts?

Florent Ymele Fouelifack, Yaounde, Cameroon

TUPDC182 - Devenir d'une Cohorte de Nourrissons Exposés à l'Infection au VIH: Cas du Département de Pédiatrie du Centre Hospitalier Universitaire Sourô Sanou de Bobo-Dioulasso (Burkina Faso)

Adama Coulibaly, Bobo Dioulasso, Burkina Faso

TUPDC183 - 'Sharpening the Pencil': Association of Male Circumcision with Sexual Virility in Traditional Circumcising and Non-circumcising Communities in Western Kenya

Margaret Kabare, Perth, Australia

TUPDC184 - An Assessment of the Association between HIV Education and Awareness and Condom Acceptability and Usage among Female Sex Workers in the Two Border Towns of Ekiti State

Remi Oluwabamigbe Ajayi, Ado - Ekiti, Nigeria

TUPDC185 - Condom Use Patterns among FSWs: Women in Transactional Sex and Casual Sex in High HIV Risk Venues in Abuja FCT, Nigeria

Francis Agbo, Abuja, Nigeria

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TUPDC187 - A Tailor Made HIV Service Delivery Model for Most at Risk Populations along Uganda Kenya Boarder Area: A Case of the Aids Support Organisation (TASO) Tororo Centre

Lynette Opendi, Tororo, Uganda

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Jules V. Kouassi, Cotonou, Benin

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Alphonsus Kityo, Kampala, Uganda

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Catherine Wanjiku Mwangi, Nairobi, Kenya

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Margaret Kabare, Perth, Australia

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Raphael Mahambou, Brazzaville, Congo

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Modibo Coulibaly, Mopti, Mali

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Peter Akeredolu, Abuja, Nigeria

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Charity Anonyuo, Awka, Nigeria

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Frank Kamya, Kampala, Uganda

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Lola Aladesanmi, Lusaka, Zambia

TUPDE308 - Implementation of a Knowledge-management Platform for HIV, Sexual Reproductive Health (SRH) and Co-morbidities in Kenya

Fridah N. Muinde, Nairobi, Kenya

TUPDE309 - Sexual Violence against Female Sex Workers in Mombasa, Kenya: A Cross-sectional Examination of the Associations between Victimization and Reproductive, Sexual and Mental Health

Betty Kitili, Mombasa, Kenya

TUPDE310 - Patient Enrollment in Community HIV Care Groups in Western Kenya

Suzanne Goodrich, Indianapolis, United States

TUPDE311 - Implementing HIV Testing Services Using Result Based Financing: Lessons Learnt as a Central Coordinating Office.

Tolulope Tokunyori Oladele, Abuja, Nigeria

TUPDE312 - Determinants of Uptake and Use of HIV Self-testing (HIVST) in Zambia

Namuunda Mutombo, Lusaka, Zambia

TUPDE313 - Assessment of the Implementation of 2013 Zambian Consolidated ART Guidelines and Lessons Learnt

Nakululombe Kwendeni, Lusaka, Zambia

TUPDE314 - Declining HIV Treatment Costs in Tanzania

Thomas Mnzava, Dar es Salaam, Tanzania, United Republic of

TUPDE315 - Missed Opportunities for Isoniazid Preventive Therapy Cascade among Patient on Antiretroviral Treatment in Northeast Nigeria

Ibrahim Murtala Kuku, Abuja, Nigeria

TUPDE316 - Improvement of Key Population Tracking and Linkages to HIV Services Using Unique Identification Codes (UIC) in Mali

Djibril Bore, Bamako, Mali

TUPDE317 - Assessing Uptake of Early Infant Diagnosis Services at Health Facilities in Northern Nigeria: The Role of Quality Monitoring Tools

Oluwakemi Akagwu, Abuja, Nigeria

TUPDE318 - Are Health Providers Ready to Deliver Integrated Human Immuno-deficiency Virus Care during Antenatal Clinic Visits in Kogi and Ebonyi States of Nigeria? Findings from an Observational Study

Emmanuel Ugwa, Abuja, Nigeria

TUPDC319 - HIV Risk among a Representative Sample of Young Women who Sell Sex from Zimbabwe

Chabata Sungai Tafadzwa1, Hensen Bernadette2, Chiyaka Tarisai1, Musemburi Sithembile1, Hanisch Dagmar3, Napierala Mavedzenge Sue4, Busza Joanna2, Hargreaves James2, Cowan Frances Mary1,5

1Centre for Sexual Health and HIV/AIDS Research (CeSHHAR), Harare, Zimbabwe, 2London School of Hygiene and Tropical Medicine, London, United Kingdom, 3United Nations Population Fund, Harare, Zimbabwe, 4RTI International, San Francisco, United States, 5Liverpool School of Tropical Medicine, Liverpool, United Kingdom

TUPDC320 - Post 2015- Y A-t-il Encore un Rôle pour les Préservatifs?

Deperthes Bidia1,2, Derose Franck2, UNFPA CONDOMIZE! Dont Compromise

1UNFPA, New York, United States, 2The Condom Project, New York, United States

TUPDE321 - No Visas Required: HIV and Migration Journey with ABDGN-African and Black Diaspora Global Network on HIV/AIDS

Kwaku Adomako, Toronto, Canada

WEPDB001 - Performance Evaluation of the Cobas® HIV-1/HIV-2 Qualitative Nucleic Acid Test for Adult HIV and Early Infant Diagnosis in Europe and South Africa

Robert Luo, Pleasanton, United States

WEPDA002 - Filaria Specific Antibody Response Profiling in Plasma from Anti-retroviral Naïve Loa loa Microfilaraemic HIV-1 Infected People

Ghislain Donald Njambe Priso, Yaoundé, Cameroon

WEPDB003 - Pretreatment Drug Resistance and HIV-1 Genetic Diversity in Rural and Urban Settings of Northwest Cameroon

Joseph Fokam, Yaoundé, Cameroon

WEPDB004 - Implementing Routine HIV Viral Load Monitoring to Achieve UNAIDS 'Third 90' in Ethiopia

Million Tesema, Addis Ababa, Ethiopia

WEPDB005 - Evaluation of the Aptima® HIV-1 Quant Dx Assay for HIV-1 RNA Quantification in Plasma of Infected Individuals in Western Kenya: a Comparison with Abbott Real Time HIV-1 Assay

Fredrick Ogumbo, Busia, Kenya

WEPDA006 - Intérêt de l'Xpert MTB/Rif pour l'Amélioration du Diagnostic de la Tuberculose Extrapulmonaire dans un Contexte de Prévalence Élevée du VIH

Timothée Dieudonné Ouassa, Abidjan, Côte d'Ivoire

WEPDA007 - Association entre le Profil du Statut Martial et du Phénotype de l'Haptoglobine chez une Population Noire Africaine VIH Positif

Joelle Akissi Sibli-Koffi, Abidjan, Côte d'Ivoire

WEPDA008 - Couverture Médicosociale des PVVIH de Kaolack •Faible Capacité des PVVIH Subvenir à Leur Besoins Essentiel (Santé, Alimentation, Éducation des enfants, Transport ... • Impact Compliances Thérapeutique

Médoune Koné, Kaolack, Senegal

WEPDA009 - Serum Proteins Electrophoretic as Potential Biochemical Markers (Added Value) in the Control of the Disease Progression in People Living with HIV/AIDS in Cameroon

Justin Wotchoko Siakam, Yaoundé, Cameroon

WEPDA010 - Contribution of Expanded Biochemical Analysis to the Control of Hepatitis C Virus Co-infection and Management of Disease Progression in People Living with HIV/AIDS in Yaoundé, Cameroon

Ida Marlene Guiateu Tamo, Yaoundé, Cameroon

WEPDA011 - Cryptosporidiose et Microsporidie Intestinales: Etude Retrospective sur Cinq Annees au Centre de Diagnostic et de Recherche sur le Sida et Les Autres Maladies Infectieuses a Abidjan

Estelle Koné, Abidjan, Côte d'Ivoire

WEPDA012 - Plasma Concentration of Soluble FASR (CD95) and FASL (CD95L) among a Cohort of Vertically Infected and Exposed Uninfected Children in Cameroon

Béatrice Dambaya, Yaoundé, Cameroon

WEPDA013 - Accès au Diagnostic Précoce de l'Infection à VIH-1 au Togo en 2016

Amivi Ehlan Amenyah, Lomé, Togo

WEPDA014 - Natural Killer Cells KIR Genes Profile Implicated in HIV-1 Disease Progression in the Context of Anti-Retroviral Naïve HIV-1 Infection

Carole Stéphanie Sake, Yaoundé, Cameroon

WEPDA015 - Glucose-1 Transporter Protein is a Key Gene in Glucose Metabolism among HIV Highly Exposed Yet Seronegative Female Commercial Sex Workers, Nairobi, Kenya

Winnie Apidi, Winnipeg, Canada

WEPDA016 - Manifestations Neurologiques Sévères chez 2 Enfants Séropositifs pour le VIH au CHU de Yopougon à Abidjan

Marie-Hélène Ake Assi, Abidjan, Côte d'Ivoire

WEPDB017 - Diagnostic Performance of Sodium Hypochlorite Concentration Method versus Direct ZIEHL-Nelseen among Pulmonary Tuberculosis Presumptive Patients Attending Mulago Hospital, Kampala

Laban Habokwesiga, Mbarara, Uganda

WEPDB018 - Improve the Quality of and Access to HIV Prevention, Treatment, Care and Support Services for PWIDs by Muslim Education and Welfare Association (MEWA) a Community Based NGO in Mombasa

Abdalla A. Badhrus, Mombasa, Kenya

WEPDB019 - Impact de la Décentralisation de la Prise en Charge du Couple Mère Enfant (PTME) au Niveau des Postes de Santé dans le District de Sédhiou (Sénégal) pour l'Atteinte des 3 « 90 »

Khadidia Fall -Traore, Dakar, Senegal

WEPDB020 - Barriers to TB/HIV Treatment Guidelines Adherence among Nurses Initiating and Managing ART

Lufuno Makhado, Mmabatho, South Africa

WEPDB021 - Scaling up Pediatric HTS for 2-14 Year Olds in ZDF (Zambia Defense Force) Health Facilities Using the Index Testing Model

Saul Banda, Lusaka, Zambia

WEPDB022 - Enhancing Pediatric HIV Services Delivery through Engaging Less Technical Health Providers at Baylor College of Medicine Children's Foundation Malawi (BCM-CFM) Clinic

Kingsley Ablaham Uganja, Lilongwe, Malawi

WEPDB023 - Impact of Xpert MTB/RIF screening pre-ART initiation in HIV-infected Ugandans Background

Richard Muwanika, Kalisizo, Uganda

WEPDB024 - Impact of Serious Adverse Drug Reactions on the Quality of Life of Patients on Haart, in Umth Maiduguri, North-East Nigeria

Peter U. Bassi, Abuja, Nigeria

WEPDB025 - Effects of a Safe Space Intervention on the Treatment Outcome in HIV Infected Adolescent Girls in Kenya: A Randomised Trial

Abbasali Shamsudin, Mombasa, Kenya

WEPDB026 - Improving HIV Treatment Outcomes in Ethiopia by Integrating HIV Services and Mental Health Care

Yoseph Dembel, Addis Ababa, Ethiopia

WEPDB027 - Incidence and Predictors of Tenofovir Disoproxil Fumarate-Induced Renal Impairment in HIV Infected Nigerian Patients

Bazim Victor Ojeh, Jos, Nigeria

WEPDB028 - Insulin Resistance in HIV-Infected Patients

Abir Aouam, Monastir, Tunisia

WEPDB029 - Prevalence of Metabolic Syndrome Assessed by IDF and NCEP ATP III Criteria and its Associated Factors during Antiretroviral Therapy in Tunisia

Abir Aouam, Monastir, Tunisia

WEPDB030 - Hemophagocytic Lymphohistiocytosis Associated with a Visceral Leishmaniasis in a Patient Living with HIV

Ikbel Kooli, Monastir, Tunisia

WEPDB031 - Unusual Aspect of Gastric Kaposi's Sarcoma in a Patient Living with HIV

Wafa Marrakchi, Monastir, Tunisia

WEPDB032 - Crohn's Disease in a Patient Living with HIV

Ikbel Kooli, Monastir, Tunisia

WEPDB033 - Early Infant Diagnosis and Initiation of Cotrimoxazole among HIV Exposed Infants in Northern Nigeria: Experience from Lafia Jikin Mata Study

Oluwafemi D. Alo, Abuja, Nigeria

WEPDB034 - Evaluation of Adherence to Antiretroviral Pick-up Appointments: a Case Study of Two PEPFAR Supported Facilities in Benue State, Nigeria

Emmanuel O. Udeh, Abuja, Nigeria

WEPDB035 - Une Mise en œuvre Fructueuse de la Dispensation Communautaire des ARV: Impact sur le Lien et le Maintien au Traitement des Minorités Sexuelles au Cameroun. Le Cas d'Alternatives Cameroun, Douala

Hermine Carine Dolores Ngo Ndaptie, Douala, Cameroon

WEPDB036 - Retention into ART Care of Children Identified through PICT in Maputo Province, Mozambique

Maria Lain, Maputo, Mozambique

WEPDB037 - Evaluation of the BD FACSPresto Point-of-Care CD4 Analyzer in Comparison with Representative Conventional CD4 Instruments in Cameroon

Bertrand Sagnia, Yaoundé, Cameroon

WEPDB038 - Viral Suppression Rates among Clients Receiving ART at MACRO Clinic in Lilongwe

Stella Tambala, Lilongwe, Malawi

WEPDB039 - Dual Energy X-ray Absorptiometry (DEXA) Services in Uganda: Available Resources and their Relevance to Chronic Management of HIV

John Mark Bwanika, Kampala, Uganda

WEPDB040 - Effect of Adherence to ART Drug Pick-ups on Clinical and Immunologic Outcomes among Kenyan Adults Aged ≥ 15 Years Living with HIV, 2003 – 2013

Agnes Natukunda, Nairobi, Kenya

WEPDB041 - Leçons apprises de l'Intégration des soins Palliatifs dans le Paquet de Service Offert au CTA de Dakar

Mamadou Gueye, Dakar, Senegal

WEPDB042 - Expérience du RNP+: Parrainage par les Pairs pour Prévenir les Difficultés d'Observance au ARV et Retenir les Perdus de Vues Retrouvés

N'Déné Sylla, Dakar, Senegal

WEPDB043 - Experience de L'Intégration des Hommes Ayant des Relations Sexuelles avec D'Autres Hommes dans les Centres de Prise en Charge: Apports des Médiateurs HSH

Folly Aristide Akouete, Lomé, Togo

WEPDB044 - Expérience de la Division de Lutte contre le Sida et les IST: Initiation d'un Programme de Tutorat Selon une Approche Répondant aux Besoins de Protection et de Soutien des Enfants

N'Déné Sylla, Dakar, Senegal

WEPDB045 - Prise en Charge de la Co-infection VIH/VHC dans un Contexte de Moyens Limités: Les Personnes Vivant avec le VIH Suivies à l'ANSS Burundi

Célestin Ncutinamagara, Bujumbura, Burundi

WEPDB046 - Prévalence de la Co-infection VIH-VHB dans Trois Sites au Togo

Ounoo Elom Takassi, Lomé, Togo

WEPDB047 - Costs and Quality of ART Services in Nigeria

Ogbonna O. Amanze, Abuja, Nigeria

WEPDB048 - Profil de Résistance chez Les Enfants et Adolescents Infectés par le VIH1 Sous Traitement antirétroviral au CHU Sylvanus Olympio de Lomé (Togo)

Ounoo Elom Takassi, Lomé, Togo

WEPDB049 - Improving Viral Load Testing and Uptake in a Rural High Patient Volume Health Facility in Rakai, Uganda

James Batte, Entebbe, Uganda

WEPDB050 - Validation of Sputum Microscopy against Real-time PCR Using GeneXpert for Diagnosis of Tuberculosis in Rakai, Uganda

James Batte, Entebbe, Uganda

WEPDB051 - Predictors of Survival in Adult HIV Patients on Antiretroviral Therapy in a Health Facility in Southern Nigeria: A Retrospective Study

Olukunle Daramola, Abuja, Nigeria

WEPDB052 - Addressing a Major Barrier to the Test and Treat Policy in Ghana: Providing Support for FSW and MSM Laboratory and other Medical Services

Emmanuel Dzidzorm Adiku, Accra, Ghana

WEPDB053 - Improving Adherence to Drug Pickup in HIV Care: Using a Cluster Group Strategy in Two CIHP Supported Sites in Gombe State Nigeria

Mary Dennis Ashie, Abuja, Nigeria

WEPDB054 - Case: A 9 Year Old Female Ethiopian Patient with Stage IV Retroviral Infection and Right Side Hemiparesis

Minyahil Woldu, Addis Ababa, Ethiopia

WEPDB055 - Higher Level of Primary Drug Resistance in Blood than in Cervico-vaginal Fluid of Newly-diagnosed HIV-infected Women in Bamako, Mali

Bruno Pozzetto, Saint Etienne, France

WEPDB056 - Prévalence et Caractéristiques de la Co-infection VIH/Hépatite B chez Les Enfants et Adolescents Suivis au Centre de Traitement Ambulatoire Pédiatrique Timité-Konan du CHU de Yopougon en 2016

Tanoh Eboua, Abidjan, Côte d'Ivoire

WEPDB057 - The Effect of On-Site HIV Testing and Counselling on Knowledge of HIV and Uptake of HTC Services among Residents in Military Cantonment in South-Eastern Nigeria

Ifeyinwa Okafor, Abakaliki, Nigeria

WEPDB058 - Identification/Dépistage des Enfants à partir de Cas Index: Cas de la République Centrafricaine (RCA)

Genevieve Tanoh Ehounou, Bangui, Central African Republic

WEPDB059 - Differentiated HIV Counseling and Testing Model for Sex Workers, a Break Even in Achieving 90, 90, 90 UNAIDS Targets in Western Uganda. Taso Mbarara Experience;

Tusiimire Wilber, Mbarara, Uganda

WEPDB060 - Factors Associated with Low Uptake of Antiretroviral Therapy among Adolescent Attending Kapkatet County Hospital

Cherotich Janet, Kapkatet, Kenya

WEPDB061 - Multi-Stakeholders Participatory Approach of Addressing the HIV Related Stigma and Discrimination among People Who Use and Inject Drugs (PWUIDs)

Medina Gift, Kampala, Uganda

WEPDB062 - Effets Secondaires Lies aux Antirétroviraux chez les Patients Séropositifs au VIH Reçus au CHU-T, Abidjan

Marcelle Sandrine N'Guessan, Abidjan, Côte d'Ivoire

WEPDB063 - Abstract for Point-Of-Care (POC) Implementation Pilot Findings in Ethiopia, a New CD4 Testing Platform

Biruhtesfa Abere, Addis Ababa, Ethiopia

WEPDB064 - Uptake of HIV treatment services: Results from Community antiretroviral therapy (ART) outreach in rural communities in Akwa Ibom State, Nigeria

Ogundare Yemisi, Abuja, Nigeria

WEPDB065 - Apport d'un Dispositif d'Appui Communautaire dans l'Adhésion des Enfants VIH+ à un Protocole de Traitement de la Malnutrition Aigüe: l'Étude SNAC'S au District Sanitaire de Nioro au Sénégal

Christoph Kanfom, Kaolack, Senegal

WEPDB066 - Performance of Screen Chlamydia Point Care Test for Genital Chlamydia Detection Women

Priska Bwana, Nairobi, Kenya

WEPDB067 - Adolescents and the 3rd 90: Viral Suppression Patterns among Adolescents on Treatment in Aphia Rift Project, Kenya

Everline M. Ashiono, Nakuru, Kenya

WEPDB068 - Implementing 'Adolescent-Friendly' Services to Achieve the 90-90-90 Targets for HIV. Lessons Learned from Rift Valley, Kenya

Everline M. Ashiono, Nakuru, Kenya

WEPDB069 - A Comparative Review of Child and Adolescent HIV Guidelines and Policies in 7 Sub-Saharan Countries

Denis Tindyebwa, Kampala, Uganda

WEPDB070 - Xpert HIV-1 Qual Assay Implementation Pilot in Selected Health Facilities in Ethiopia

Zelalem Abate, Addis Ababa, Ethiopia

WEPDB071 - Sexually Transmitted Infection (STI) Pattern among Female Sex Workers Accessing One Stop Shop Services in Benue state, Nigeria

Omeche T. Enemaku, Makurdi, Nigeria

WEPDB072 - Barrier to Access and Uptake of Antiritroviral Treatment among HIV Positive Men Who Have Sex With Men in Abuja Nigeria

Uchenna Ononaku, Abuja, Nigeria

WEPDB073 - Focus sur le Suivi Virologique des Sujets Infectés par le VIH-2 au Togo

Amivi Ehlan Amenyah, Lomé, Togo

WEPDB074 - Croissance Post-Natale des Nourrissons Exposés au Tenofovir in Utero et/ou au Cours de l'allaitement Maternel

Anne Esther Njom Nlend, Yaoundé, Cameroon

WEPDB075 - High Risk of Sexually Transmitted Infections (STIs) among Female Partners in HIV-1 Concordant Couples

Makhtar Camara, Dakar, Senegal

WEPDB076 - Impact de la Communication sur l'Observance Thérapeutique des Adolescents Infectés par le VIH Suivis au Centre de Traitement Ambulatoire (CTA) de Brazzaville

Merlin Diafouka, Brazzaville, Congo

WEPDB077 - Infection à VIH et Diabète chez les Patients Atteints de Tuberculose Pulmonaire Confirmée Bacteriologiquement

Ismaël Diallo, Ouagadougou, Burkina Faso

WEPDB078 - Proportion Élevée d'Échecs Thérapeutiques Non Documentés chez des Enfants Infectés par le VIH-1 et Suivis selon les Anciennes Directives de l'Organisation Mondiale de la Santé au Burkina Faso

Abdoul-Salam Ouedraogo, Bobo Dioulasso, Burkina Faso

WEPDB079 - Profil et Suivi des Patients Infectés par le VIH-1 en Seconde de Ligne de Traitement Antirétroviral à Dakar (Sénégal)

Louise Déguénonvo Fortes, Dakar, Senegal

WEPDB080 - Impacts of Outreach Data on Programing

Kenneth Masereka, Kampala, Uganda

WEPDB081 - Exploring the Characteristics of Patients and the Reasons for Missed Appointments among Patients on Antiretroviral Therapy in Narok County – Kenya

Peter Katsutsu Wanje, Nakuru, Kenya

WEPDB082 - Incidence and Risk Factors for Oropharygeal Sexually Transmitted Infections among Men who Have Sex with Men in Abuja and Lagos, Nigeria

Wuese Dauda, Abuja, Nigeria

WEPDB083 - Viral Suppression Rate among HIV Patients Receiving Antiretroviral Therapy in North Central Nigeria

Olachi Anuforom, Abuja, Nigeria

WEPDB084 - Birth Cohort Monitoring, an Effective Strategy in Tracking Care Outcomes of Exposed Infants at TASO Mbarara

Jacob Bibohere, Mbarara, Uganda

WEPDB085 - Ischemic Stroke in Adolescents with HIV

Sheillah K. Njuki, Kampala, Uganda

WEPDB086 - Aspects Thérapeutiques et Évolutifs de la Cryptococcose chez les
Personnes Vivant avec le VIH au Togo: À Propos de 84 Cas Colligés

Lidaw Déassoua Bawè, Lomé, Togo

WEPDB087 - Exploring Attitudes and Perceptions of Patients and Staff towards "Call For Life" System for HIV Antiretroviral Therapy in Uganda: A Qualitative Study

Adelline Twimukye, Kampala, Uganda

WEPDB088 - Syphilis Remains a Concern in Zimbabwe: Results from the 2015-2016 Zimbabwe Population-based HIV Impact Assessment (ZIMPHIA)

Leala Ruangtragool, Harare, Zimbabwe

WEPDB089 - The Effectiveness of the m2m Mentor Mother Model in Supporting ART Adherence: Evidence from a Retrospective Cohort in five sub-Saharan African Countries

Clare Hofmeyr, Cape Town, South Africa

WEPDB090 - Attaining the 90% ART Initiation in Ghana: Using Referral Chain Managers and Targeted Financial Assistance for Female Sex Workers

Geoffrey Kwesi Swatson, Sekondi, Ghana

WEPDB091 - Loss to Follow-up in a Clinical Cohort of HIV-negative and Positive Men who Have Sex with Men (MSM) in Nigeria

Blessing Ojochide Kayode, Abuja, Nigeria

WEPDB092 - The Impact of Telephone Calls in Tracking Highly Mobile HIV+ Patients who Miss Clinic Appointment at Military ART Clinics in Uganda

Michael K. Ssemmanda, Kampala, Uganda

WEPDB093 - Cervical Cancer Prevention (CECAP) Hinges on Voluntary Medical Male Circumcision (VMMC) and Increases Uptake of Both Services in Zambia

Hildah Chipumbu Shasulwe, Lusaka, Zambia

WEPDB094 - Successes and Challenges with 3rd line Antiretroviral Therapy (ART) Implementation for Children and Adolescents at Mildmay Uganda

Jane Senyondo Nakawesi, Kampala, Uganda

WEPDB095 - Retention, Virological Success and Shift to Second Line in the DREAM Study, Cameroon

Anna Maria Doro Altan, Roma, Italy

WEPDB096 - Prise en Charge des Addictions au CHNU Fann. Expérience du CEPIAD au Bout de 30 Mois d'Activités (27 Janvier 2015 - 30 Juin 2017)

Idrissa Ba, Dakar, Senegal

WEPDB097 - Evaluating the Effectiveness Of Community Health Workers (CHWS) in reducing the number of missed appointments at Baylor College of Medicine Childrens Clinical Centre Of Excellence Malawi (BCM-COE)

Andrew K. Chapani, Lilongwe, Malawi

WEPDB098 - Pretreatment HIV Drug Resistance in Adults Initiating First-Line Antiretroviral Therapy in Cameroon

Armando Blondel Djiyou Djeuda, Yaoundé, Cameroon

WEPDB099 - Community Empowerment in Implementing Care Continuum among Female Sex Workers (FSW) in Ghana

Cecilia A. Oduro, Takoradi, Ghana

WEPDB100 - High VMMC Post-Op Follow-Up Rates Achieved and Maintained through Cohort Management of Client Forms and Immediate Telephonic Contact in Erongo and Ohangwena Regions Namibia

Abubakari Mwinyi, Swakopmund, Namibia

WEPDB101 - Caractéristiques des Malades sous Traitement Antirétroviral (TARV) Ayant Présenté des Effets Indésirables dans la Zone de Santé (ZS) de Lemba en 2016

Feliciane Kamarukya, Kinshasa, the Democratic Republic of Congo

WEPDB102 - Utilization of Provider-Initiated HIV Testing and Counseling and Associated Factors among Adult Outpatient Department Patients in Wenchi Woreda, South West Shewa Zone, Central Ethiopia

Mulugeta Shegaze Shimbre, Arba Minch, Ethiopia

WEPDB103 - Adolescents' Antiretroviral Therapy Adherence Outcomes in the Post-Disclosure Period: Emerging Insights from Care Practices in Central Kenya

Sarah Karanja, Nairobi, Kenya

WEPDB104 - Virologic Response to Treatment among Women Exposed to Antiretrovirals for Prevention of Mother to Child HIV Transmission, Kisumu, Kenya

Francis Angira, Kisumu, Kenya

WEPDB105 - Initial Uptake of Viral Load Testing and Rates of Viral Suppression after Roll-Out of Routine Viral Monitoring in Lesotho

David Holtzman, Maseru, Lesotho

WEPDB106 - Heterogeneity of Covariates for HIV Associated Neurocognitive Disorders (HAND) by Age and Sex

George A. Mugendi, Nairobi, Kenya

WEPDC107 - Profil Nutritionnel et Alimentaire des Tuberculeux de Quelques Agglomérations de la République Démocratique du Congo

Patrice Ntumba Badibanga, Kinshasa, the Democratic Republic of Congo,

WEPDC108 - Circumcision Intentions and Actual Circumcision Status of Men from a Traditionally Non-circumcising Kenyan Community: Results from Three Rounds of a Longitudinal Bio-behavioural Survey in, 2012 – 2016

Barbara Burmen, Kisumu, Kenya

WEPDC109 - Willingness to Take or Allow a Partner to Take HIV Pre-exposure Prophylaxis (PrEP) among Residents of Siaya County, Western Kenya, 2012 – 2014

Barbara Burmen, Kisumu, Kenya

WEPDC110 - «Tout Commence par Nous et Finit par Nous»: Rôle des Pairs-educateurs dans l'Accompagnement d'HSH Suivis dans 4 Cliniques Communautaires d'Afrique de l'Ouest (CohMSM ANRS 12324 - Expertise France)

Niamkey Thomas Aka, Abidjan, Côte d'Ivoire

WEPDC111 - Using Peer Educators Recruited from Populations at High Risk for HIVAcquisition to Improve HIV Testing and Counseling Uptake Kumba Cameroon

Alemju Fontu, Kumba, Cameroon

WEPDC112 - 14.00 C 35: Expériences de la Jeunesse Centrafricaine dans la Nouvelle Approche de Prévention contre le VIH/sida

Paul Bernard Nguerefara, Bangui, Central African Republic

WEPDC113 - Engagement with Trial Communities before and During a Study Is Important for Success: A Case Study of Kenya AIDS Vaccine Initiative (KAVI) and Sex Workers Outreach Program (SWOP) Simulated Study

Hellen W. Babu, Nairobi, Kenya

WEPDC114 - The Influence of Mobility and Associated Risk Factors on the Prevalence of HIV and Syphilis among Pregnant Women in Rakai District, Uganda

Darix Ssebaggala Kigozi, Entebbe, Ukraine

WEPDC115 - Size Estimation and Rapid Assessment Studies and its Impact on Increasing Uptake of HIV Services among People Who Inject Drugs in Uganda

Dan Katende, Kampala, Uganda

WEPDC116 - Relation d'Aide à Distance (RAD) au Cœur de la Prévention et de l'Accompagnement en Santé

Dela Nanan Cole, Lomé, Togo

WEPDC117 - Using Mobile Health (mHealth) to Improve Uptake and Post-Operative Outcomes of Voluntary Medical Male Circumcision (VMMC) for HIV Prevention in Uganda

Louis Henry Kamulegeya, Kampala, Uganda

WEPDC118 - Closing the Gap of Mother to Child Transmission of HIV through Traditional Birth Attendants In Ekiti State, Nigeria

Charles Olusegun Doherty, Ado Ekiti, Nigeria

WEPDC119 - Overcoming the Barriers of TT Integration and Achieving above 80% TT2 Return rates in VMMC Programs in Resource Limited Settings, TASO Uganda Experience

David Kagimu, Kampala, Uganda

WEPDC120 - Évaluation des Interventions sur la Situation du VIH et des IST chez les Hommes Ayant des Rapports Sexuels avec des Hommes au Sénégal de 2004 à 2014

Abdou Khoudia Diop, Dakar, Senegal

WEPDC121 - Addressing Psycho-social Needs and Care/Treatment Delivery Gaps for Adolescents Living with HIV (ALHIV) Using Technology: The Case of Teen Support Line (TSL) in Malawi

Patrick Barnett Magalasi, Lilongwe, Malawi

WEPDC122 - La Prévention via les Applications de Rencontre: Une Approche Innovante pour Renforcer la Relation d´Aide à Distance

Younes Yatine, Marrakech, Morocco

WEPDC123 - Expérience de la SWAA dans la Mise en Place des Tableaux Lumières dans les Postes de Santé comme Outil d'Amélioration du Suivi des Femmes Enceintes dans les Services de SMNI Intégrant la PTME

Rokhaya Nguer, Dakar, Senegal

WEPDC124 - Les Enjeux et Défis du Test and Treat dans le District de Matam en 2016

Mame Late Mbengue, Podor, Senegal

WEPDC125 - "Everything These Pills Brought Me, Were Good Things": Factors Associated with Use of Short-term Pre-exposure Prophylaxis for HIV among Female Partners of Migrant Miners in Mozambique

Joana Falcao, Maputo, Mozambique

WEPDC126 - Assessment of Trends in the Prevention of Mother to Child Transmission of HIV and Early Infant Diagnosis Following Implementation of Lifelong Antiretroviral Treatment (Option B+) in Lesotho

Mafusi (Marethabile) Jemina Mokone (Mothibi), Maseru, Lesotho

WEPDC127 - Et Elles alors ? : L'Offre de Services en Santé Sexuelles aux FSF au Cameroun, dans un Contexte de Réponse au VIH et IST Domine par les Services aux HSH. Le Cas d'Alternatives Cameroun

Joachim Ntetmen, Douala, Cameroon

WEPDC128 - Community Leaders Are the Game Changers for 90-90-90 Fast Track Targets in their Communities

Jabulani Mavudze, Harare, Zimbabwe

WEPDC129 - Building Self-Determination of Adolescent Girls and Young Women for an AIDS-free Generation

Jabulani Mavudze, Harare, Zimbabwe

WEPDC130 - La Stratégie des Médiateurs: Une Contribution de l'ANCS à l'Atteinte des «90/90/90»

Serigne Cheikh Ndiaye, Dakar, Senegal

WEPDC131 - Retention among Older Adults Living with HIV in Western Kenya: a Retrospective Observational Cohort Study

Kiplagat Jepchirchir, Eldoret, Kenya

WEPDC132 - Implication d'une Association de Femmes Vivant avec le VIH dans l'Identification des Besoins en Santé des Enfants Exposés au VIH

Astou Diop, Dakar, Senegal

WEPDC133 - L'Équipe OUTREACH du CEPIAD: une Composante Essentielle du Programme CDI au Sénégal

Fatou Fall Dia, Dakar, Senegal

WEPDB134 - Early Initiation of Nevirapine Prophylaxis among HIV Exposed Infants in Northern Nigeria: Experience from Lafia Jikin Mata Study

Oluwafemi D. Alo, Abuja, Nigeria

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Rahab Njeri Mbugua, Nairobi, Kenya

WEPDC136 - Targeted Interventions to Avert Vertical Transmission of HIV in Eastern and Central Kenya

Rosemary Njura Njogu, Nairobi, Kenya

WEPDC137 - Prospective Cohort Study of the Safety and Efficacy of PrePex Circumcision Performed by Non physicians on an Early Infant Male Population

Fredrick O. Otieno, Kisumu, Kenya

WEPDC138 - La Cartographie des Sites de Fréquentation, Outil d'Orientation des Stratégies et Interventions de Prévention du VIH/Sida et des IST en Direction des Populations Clés en Guinée

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Lydie Audrey Amboua-Schouame, Yaoundé, Cameroon

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John Mark Bwanika, Kampala, Uganda

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Jean De Dieu Longo, Bangui, Central African Republic

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Blandine Lutunu, Kinshasa, the Democratic Republic of Congo

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Issifou Yaya, Marseille, France

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Marièma Soupmaré, Dakar, Senegal

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Ounoo Elom Takassi, Lomé, Togo

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Eugene G. Martin, Somerset, United States

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Abdoulaye Mamadou Traore, Bamako, Mali

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Cornelius C.N. Nattey, Johannesburg, South Africa

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Teddy Maria Murungi, Kalisizo, Uganda

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Charles Uzande, Mutare, Zimbabwe

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George Ekem-Ferguson, Takoradi, Ghana

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Luc Béhanzin, Cotonou, Benin

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Albert Komba, Dar es Salaam, Tanzania, United Republic of

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Valentine Becquet, Paris, France

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John Bosco Mayanja Ddamulira, Kampala, Uganda

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Luc Béhanzin, Cotonou, Benin

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Abdoulaye Mamadou Traore, Bamako, Mali

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Rahab Njeri Mbugua, Nairobi, Kenya

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Rahab Njeri Mbugua, Nairobi, Kenya

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Leo G. Munyonho, Harare, Zimbabwe

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Henry Kizito, Kampala, Uganda

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David William Bitira, Kampala, Uganda

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Florette Mangwangu, Kinshasa, The Democratic Republic of Congo

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Joseph K. B. Matovu, Kampala, Uganda

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Ali Mahamat Moussa, N'Djaména, Chad

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Erick V.A. Gbodossou, Dakar, Senegal

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Silvia Wabomba, Windhoek, Namibia

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Hafsatu Aboki, Abuja, Nigeria

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Shabbir I. Abbas, Washington, United States

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Yawo Tufa Nyasenu, Lomé, Togo

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Frédéric Dénagnon Kintin, Cotonou, Benin

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Daniel K. Kimani, Nairobi, Kenya

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Eline Korenromp, Geneva, Switzerland

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Abwok Matilda, Kisumu, Kenya

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Anita Kabarambi, Entebbe, Uganda

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Patricia Vangu Matondo Lelo, Kinshasa, The Democratic Republic of Congo

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Patrick A. Coffie, Abidjan, Côte d'Ivoire

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WEPDC192 - Congenital Syphilis: An Estimation Tool

Katherine Heath, Oxford, United Kingdom

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Solome Lukwago Nampewo, Kampala, Uganda

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Chisimdi Ogbodo, Abuja, Nigeria

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David P. Ngilangwa, Dar es Salaam, Tanzania, United Republic of

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Nancin Yusufu Dadem, Jos, Nigeria

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Anatory Didi, Dar es Salaam, Tanzania, United Republic of

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Hajjarah Nagadya, Kampala, Uganda

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Steve Kegoli, Nairobi, Kenya

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Ajani Ousmane Taofiki, Bobo Dioulasso, Burkina Faso

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Ange Carlin Ama, Abidjan, Côte d'Ivoire

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Shegaze Shimbre, Arba Minch, Ethiopia

WEPDC203 - Evaluation fe L'impact Clinique rt Paraclinique Entre Orphelins fe Plein Statut Versus non Orphelins Infectes par le VIH en Republique Democratique du Congo

Lydia Kuseyila, Kinshasa, The Democratic Republic of Congo

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Thierry Manga Aberi, Kinshasa, The Democratic Republic of Congo

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Mame Mor Fall, Dakar, Senegal

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Eline Korenromp, Geneva, Switzerland

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Michael Machaku, Dar es Salaam, Tanzania, United Republic of

WEPDC208 - Obstacles et Défis de la Structuration de la PÜrise en Charge du VIH/SIDA, des IST et de la Tuberculose en Milieux Carcéral en Guinée

Jean Kongo Ouamouno, Conakry, Guinea

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Djiba Kaba, Conakry, Guinea

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Priscilla Mokoena, Maseru, Lesotho

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Mamadou Gack, Conakry, Guinea

WEPDC212 - Longitudinal Assessment of Factors Associated with Men´s Engagement in Couples HIV Testing and Counseling (CHTC) in Tanzania: Implications for Moving Beyond Antenatal Care Strategies for CHTC

Donaldson F. Conserve, Columbia, United States

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Hugues Asken Traore, Conakry, Guinea

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Zouhaira Ismail Yasmine, Yaoundé, Cameroon

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Djiba Kaba, Conakry, Guinea

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Cellou Donghol Diallo, Conakry, Guinea

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Barry Mamadou Bailo, Conakry, Guinea

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Holly Burke, Durham, United States

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Adebayo Yohanna Oluwatobi, Abuja, Nigeria

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Joseph Ssemanda, Masaka, Uganda

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Richard Imakit, Kampala, Uganda

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Semi Lou Bly Bertine, Abidjan, Côte d'Ivoire

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Emilie Efronson, Lusaka, Zambia

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Yinka Falola-Anoemuah, Abuja, Nigeria

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Mireille Le Guen, Paris, France

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Miriam Groenhof, Amsterdam, Netherlands

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Adil Freidji, Casablanca, Morocco

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Abdoulazziz Soundiata Traore, Ouagadougou, Burkina Faso

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Ousseynou Badio, Dakar, Senegal

WEPDD235 - Impact du Compagnon Imaginaire (CI) sur l'Annonce Précoce de la Séropositivité à l'Enfant Infecté par le VIH Suivi au Centre de Traitement Ambulatoire (CTA) de Brazzaville

Parfait Richard Bitsindou, Brazzaville, Congo

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Kokou Amen Hlomewoo, Lomé, Togo

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Stephanie M. Topp, Townsville, Australia

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Pacos Bray Gandaho, Cotonou, Benin

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Boubacar Diouf, Ziguinchor, Senegal

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Rose André Yandé Faye, Dakar, Senegal

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Wanjiru Rodah, Nairobi, Kenya

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Albert Gautier Ndione, Dakar, Senegal

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Dele Meiji Fatunla, Lago, Nigeria

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Uduak Daniel, Abuja, Nigeria

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Abdoulaye Konaté, Dakar, Senegal

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Roubanatou Abdoulaye-Mamadou, Niamey, Niger

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Idrissa Ba, Dakar, Senegal

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Abisola Balogun, Sheffield, United Kingdom

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Eric Abala, Nairobi, Kenya

WEPDD250 - Accompagnement et Défense des Droits des Usagers de Drogues à Abidjan (Côte d'Ivoire) chez les HSH et TS Séropositifs en Milieu Carcéral : Une Vulnérabilité Décuplée mais Inconsidéré

Djely Arthur Attea, Abidjan, Côte d'Ivoire

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Peter W. Young, Nairobi, Kenya

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Elie Ballan, Beirut, Lebanon

WEPDD253 - Improving Access to Legal Services for Key Populations in HIV Programming in Nigeria: A Case Study from the Integrated Most at Risk HIV Prevention Project (IMHIPP)

Toluwanimi O. Jaiyebo, Abuja, Nigeria

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Agnim Valéry Bitchatou, Lomé, Togo

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Rose Michèle Bonkoun Nzie, Yaoundé, Cameroon

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Thomas Alex, Mara, Tanzania, United Republic of

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Adolf Ikome Njonjo, Douala, Cameroon

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Ralf Jurgens, Geneva, Switzerland

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Mercy Mutonyi, Nairobi, Kenya

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Jean Olivier Twahirwa Rwema, Baltimore, United States

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Irene Mrembe, Kampala, Uganda

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Monday Tola, Central Business District, Nigeria

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Sally Hendriks, Amsterdam, Netherlands

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John Chukwudi Bako, Port Harcourt, Nigeria

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Pacos Bray Gandaho, Cotonou, Benin

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Jones Martin Blantari, Accra, Ghana

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Sara Davis, New York, United States

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Martin Jones Blantari, Accra, Ghana

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Onyango Ouma, Nairobi, Kenya

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Belice Odamna, Nairobi, Kenya

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Ngoni Chibukire, Harare, Zimbabwe

WEPDE275 - Garantir la Crédibilité auprès des Partenaires Techniques et Financiers, un Partage d´Expériences de l´ONG Espoir Vie-Togo après 22 Ans d´Existence dans la Rposte au VIH

Folly Aristide Akouete, Lomé, Togo

WEPDE276 - Community Mobilisation Approach; A Method for Linking Drug Users to HIV, STI and Harm Reduction Services

Agatha Winifred Mukanza, Kampala, Uganda

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Kaboubié Réjane Zio, Paris, France

WEPDE278 - Barriers to Community Level Implementation of PMTCT in Nigeria

Ogbonna O. Amanze, Abuja, Nigeria

WEPDE279 - Estimation des Flux de Ressources et de Dépenses Nationales de Lutte contre le VIH/SIDA et les IST (EF-REDES): Etude de Cas de la Région des Hauts Bassins

Suzanne Larou Suzanne, Bobo Dioulasso, Burkina Faso

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Fikreslassie Alemu, Addis Ababa, Ethiopia

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Boureima Kaboré, Ouagadougou, Burkina Faso

WEPDE282 - Economic Insecurity and its Effect on HIV Risk among Female Sex Workers in India

Ruchira Bhattacharya, New Delhi, India

WEPDE283 - Lassané Simporé, Diallo Ramata, Arnaud Konseimbo, Yacouba Belem, Saving Groups a Promising Approach to Overcome HIV Stigma among Children and their Caregivers: Experiences from the Towards an AIDS Free Generation Programme in Uganda

Christine Asilo, Kampala, Uganda

WEPDE284 - Increasing the Number HIV Positive Children on ART Treatment in Uganda

Elizabeth Katusiime, Kampala, Uganda

WEPDE285 - Abstract for Data Management Systems for Informed Decision Making: Ethiopia's Experience

Kalechrisos Abebe Negussie, Addis Ababa, Ethiopia

WEPDE286 - Extent and Determinants of Re-engagement among HIV Patients Lost to Care in Zambia

Kombatende Sikombe, Lusaka, Zambia

WEPDE287 - Adolescents Knowledge and Awareness Concerning HIV/AIDS and Factors Affecting Them in Ndonyo Sabuk, Kenya

Jacquiline Nyambura Njeru, Thika, Kenya

WEPDE288 - Evaluation of Client Satisfaction with HIV Service Delivery Models at the Kenyatta National Hospital Voluntary Counseling and Testing Center (VCT), Kenya

Beatrice Wamuti, Nairobi, Kenya

WEPDE289 - Strengthening National HIV Programs for Key Populations: How Joint Global Fund/PEPFAR Stock-Taking Exercises Can Help

Tiffany Lillie, District of Columbia, United States

WEPDE291 - Sensitivity and Specificity of Point-of-Care Cryptococcal Antigen Testing on Fingerprick and Urine specimens among Asymptomatic HIV-infected Individuals with CD4≤100 cells/de

Kathryn F. Boyd, Harare, Zimbabwe

WEPDE292 - Linkage to Care: What Role does Community Referral Coordination Platforms Play?

Okezie Onyedinachi, Abuja, Nigeria

WEPDE293 - Reaching out to Men Who Have Sex with Men (MSM) with integrated HIV/STI Services in 12 Public Health Facilities. A Case of Mombasa County, Kenya

Zaituni Ahmed, Mombasa, Kenya

WEPDE294 - Methadone Dispensing Systems in Medically Assisted Therapy for Drug Use Harm Reduction and Linkage to HIV Treatment and Counselling: A Case for Secure, Accurate and Automated Methadone Dispensing

Alex C. Kang'ethe, Mombasa, Kenya

WEPDE295 - Engaging Leaders of Muslim Women for Improved Uptake of HIV Services by Pregnant Women in their Faith Communities: A Case Study of Shugaban-mata Support Project in Kaduna Nigeria

Ikenna Nwakamma, Abuja, Nigeria

WEPDE296 - Utilité des Données dans l'Analyse de la Performance des Services Offerts en Matière du VIH/SIDA et IST: Problématique du Contrôle Qualité des Données

Adzouwavi Obidon Yawu, Lomé, Togo

WEPDE297 - Decreasing Attrition along the HIV Care Continuum to Achieve the 90-90-90 Targets: Role of Community Linkage Officers in the City of Johannesburg, South Africa

Patrick Ngassa Piotie, Johannesburg, South Africa

WEPDE298 - Declaring a Pediatric AIDS Free Generation in Uganda through Creation of a Child Rights - Violation - Free – Zone

Ignatius Ally Nuwoha, Kampala, Uganda

WEPDE299 - Increased Domestic Funding: The Sure Path for HIV/AIDS Response Sustainability and Meeting of 90.90.90 Targets in Nigeria

Ogbonna O. Amanze, Abuja, Nigeria

WEPDE300 - Innovative Approaches to Reach Most at Risk Populations (MARPs). A Case of Kampala Capital City Authority (KCCA) Entebbe Municipal Council

Restituta Nabwire, Kampala, Uganda

WEPDE301 - Reaching the Positives from the General Population: Experience of Integrated Health Project in Burundi

Leonard Ntirampeba, Bujumbura, Burundi

WEPDE302 - Utilisation des Smartphones comme Outil de Collecte des Données et d'Aide à la Prise de Décision dans le Cadre de la Prévention contre le VIH/SIDA en Guinée

Ibrahima Sory Traore, Guinée, Guinea

WEPDE303 - Returning Adults and Children on ART and HIV-exposed Infants to Care within the National HIV Program in Lilongwe, Malawi: Results from an Expert Client-led Intervention

Joseph Njala, Lilongwe, Malawi

WEPDE304 - My Contraceptive My Choice: Improving Family Planning Commodities Availability through Reporting in APHIA Rift Project,

KenyaJonah Kibet Kiprop, Nakuru, Kenya

WEPDE305 - Offre de Soins Adaptés aux Hommes Ayant des Rapports Sexuels avec d'Autres Hommes (HSH) et aux Travailleuses de Sexe (TS) dans les Structures de Sante Publiques en Côte d'Ivoire

Madiarra Offia Coulibaly, Abidjan, Côte d'Ivoire

WEPDE306 - Using a Micro- Loan Scheme and Mobile Money to Overcome Barriers to ART Initiation among Female Sex Workers in the Eastern Region of Ghana

Ofosu Asamoah, Koforidua, Ghana

WEPDE307 - Impact of Electronic Information Systems on HIV Service Delivery in Zambia

Wendy Bomett, Harare, Zambia

WEPDE308 - Strengthening Community and Health Care Systems for Paediatric HIV Prevention and Care: Experiences from the 'Towards an AIDS Free Generation Program' Implemented in Five Ugandan Districts

Joseph Rujumba, Kampala, Uganda

WEPDE309 - Taking the "Lab" to the Distant and Hard to Reach Areas: Outcomes and Lessons Learned from a Motorized Integrated Sample Referral Network in Benue State Nigeria

Chinyere Emenogu, Abuja, Nigeria

WEPDE310 - Community Health Insurance Scheme (CHIS): A Window of Access for PMTCT in Obio Cottage Hospital & Rumuokwurusi Primary Health Centre, in Rivers State, Nigeria

Akinwumi Fajola, Portharcourt, Nigeria

WEPDE311 - Atteindre les Conducteurs de Mototaxi, Groupe Passerelle pour la Transmission du VIH: Un Echantillonnage Espace-temps et Participation Communautaire au Cameroun (Etude MOVIHCAM-ANRS 12350)

Hidayatou Hidayatou, Yaoundé, Cameroon

WEPDE312 - Cost-effectiveness of Accelerated HIV Response Scenarios in Côte d'Ivoire

Mathieu Maheu-Giroux, Montreal, Canada

WEPDE313 - Impact de la Mise en Place d'un Circuit Multidisciplinaire pour le Suivi des Femmes Enceintes et des Nourrices Séropositives Suivies à ACS (Action Contre le Sida)

Akouvi Dzodjina Degbe, Lomé, Togo

WEPDE314 - Improved Linkage of HIV Positive Key Populations (KPs) to Anti-Retroviral Therapy by KP led Community Based Organizations (CBOs) in Nigeria

Abass Yusuf, Abuja, Nigeria

WEPDE315 - Strengthened Organizational Capacity of Key Population (KPs) led Community-based Organizations (CBOs) for improved HIV Service Delivery

Abass Yusuf, Abuja, Nigeria

WEPDE316 - La Recherche Opérationnelle: Un Moyen de Renforcement de la Prise en Charge du VIH en Milieu Décentralisé. L´Expérience du Projet Nutritionnel SNAC´S au Sénégal

Sidy Mokhtar Ndiaye, Dakar, Senegal

WEPDE317 - "I Did Not Know How to Help a Man Put on a Condom, But Now I Do": Improving Young People's Self-Efficacy in Adoption of Responsible Sexual Behavior for HIV Prevention

Sam Mugalura Asiimwe, Kampala, Uganda

WEPDE318 - Integration of PreExposure Prophylaxis (PrEP) in HIV Prevention Services for Key Populations: A Qualitative Exploration of Health Service Providers Perceptions in a Kenyan PrEP Demonstration Project

Robinson Njoroge Karuga, Nairobi, Kenya

WEPDE319 - ART Refills in Community Pharmacies - Perspectives of Clients, Hospital Staff and Community Pharmacists in Nigeria

Dorothy A. Oqua, Abuja, Nigeria

WEPDE320 - Addressing Impacts of the El Nino Phenomenon on PLHIV on ART/TB in Lesotho, Zimbabwe & Swaziland

Rose Kimeu Craigue, Johannesburg, South Africa

06.12.2017, 09:00 – 18:00

POSTER SESSION III

07.12.2017, 09:00 – 18:00

THPDA001 - Niveau Considérable d'Échec Virologique Associé à des Mutations Majeures de Résistance chez les Enfants Infectés par le VIH-1 en République Centrafricaine, Pays de Crises éopolitiques Récurrentes

Christian Diamant Mossoro-Kpinde, Bangui, Central African Republic

THPDA002 - HIV Multi-class Resistance in Patients Failing to First and Second-line ART in Resources Limited Setting, Mali

Almoustapha Issiaka Maiga, Bamako, Mali

THPDA003 - Prévalence de l'Infection à VIH chez les Patients Atteints de Cancer au Service de Chirurgie Générale du CHU Sourô Sanou de Bobo-Dioulasso

Armel Poda, Bobo Dioulasso, Burkina Faso

THPDA004 - Paradoxical Progressive Selection of Dissociated Immuno-viroloical Response in HIV-1-infected Antiretroviral Treated Children with High Level of Therapeutic Failure in Bangui, Central African Republic

Christian Diamant Mossoro-Kpinde, Bangui, Central African Republic

THPDB005 - High Levels of HIV-1 Drug Resistance Mutations in Infected Patients under Treatment Using WHO-recommended Antiretroviral Regimens in Mozambique

Adolfo Vubil, Maputo, Mozambique

THPDA006 - Caractérisation du Réservoir VIH-1 chez les Enfants et Adolescents en Contrôle Virologique Sous Traitement antiretroviral

Fatoumata Tiguem Telly, Bamako, Mali

THPDB007 - Convoyage de Prélèvements Sanguins: Une Approche pour Améliorer la Rétention des Patients et Assurer le Suivi

Bongoua Jean Claude Assoumou, Abidjan, Côte d'Ivoire

THPDA008 - Prevalence of Trichomoniasis among Patients of Reproductive Age Group Attending Kalisizo Hospital, Rakai District

George William Kalibbala, Kampala, Uganda

THPDA009 - Évaluation des Tests Rapides Determine AgHBs et Oraquick HCV pour le Dépistage des Hépatites Virales B et C (Abidjan, Côte d'Ivoire) en 2015

Mathieu Kabran, Abidjan, Côte d'Ivoire

THPDA010 - Etude du Rôle Protecteur des Lymphocytes NK contre le VIH chez des Partenaires Exposés Séronégatifs de Couples Sérodiscordants

Moustapha Mbow, Dakar, Senegal

THPDB011 - Faisabilité de l'Accès à la Charge Virale en Routine dans les Pays à Ressources Limitées: Cas du CePReF de Yopougon Attié à Travers le Projet OPP-ERA en Côte d'Ivoire

E Messou, Abidjan, Côte d'Ivoire

THPDA012 - Lack of Sex Bias in Newly Co-infected TB and HIV Patients in Bamako, Mali

Gagni Coulibaly, Bamako, Mali

THPDA013 - Détection des Antigènes de Cryptocoque chez les Personnes Vivant avec le VIH Ayant un Nombre de Lymphocytes T CD4 Inférieur à 100 par mm3 à Lomé

Malewe Kolou, Lomé, Togo

THPDA014 - Evaluation of HIV Rapid Diagnostic Tests in a Context of Strains' Genetic Diversity in Mali

Josue Togo, Bamako, Mali

THPDB015 - Résistance du VIH-1 aux Antirétroviraux chez des Patients sous Traitement Depuis au Moins 12 Mois à Abidjan (côte d'ivoire)

Jean-Jacques Renaud Dechi, Abidjan, Côte d'Ivoire

THPDA016 - Problématique du Diagnostic et Séroprévalence de l'Infection à VIH chez les Recrues Militaires en 2016 au Togo

Malewe Kolou, Lomé, Togo

POSTER SESSION III

07.12.2017, 09:00 – 18:00

THPDB017 - Referral Chain Managers: The Road to HIV Treatment Initiation among Men who Have Sex with Men (MSM) in Ghana

Matilda Darko Mensah, Accra, Ghana

THPDB018 - L'éducation Thérapeutique du Patient, un Moyen pour Palier aux Difficultés d'Observances des Personnes Sous Traitement ARV au Centre OASIS de Association African Solidarité (AAS)

Marcelline Ouedraogo, Ouagadougou, Burkina Faso

THPDB019 - How to Improve Diagnosis and Treatment of Neurological Manifestations in HIV-infected Inpatients in Guinea after Ebola Virus Outbreak?

Aurélie Martin, Conakry, Guinea

THPDB020 - Profil Epidémiologique de la Coinfection du Virus de l'Immunodéficience Humaine et la Tuberculose dans la Région Centrale au Togo, 2005 à 2015

Agballa Mébiny - Essoh Tchalla Abalo, Sotouboua, Togo

THPDB021 - Le «Test and Start» chez les Minorités Sexuelles et Autre Populations Vulnérables: Mise en œvre et Impact sur la Cascade de la Prise en Charge. Le Cas d'Alternatives Cameroun, Douala

Antoinette Simone Ebenye, Douala, Cameroon

THPDB022 - Predictors of Loss to Follow-up (LTFU) among Adults Living with HIV/AIDS after Initiation of Antiretroviral Therapy in Southern Nigeria

Olukunle Daramola, Abuja, Nigeria

THPDB023 - Viral Load Sample Collection, Packaging, Transportation and Online Result Dissemination to Improve Quality of Services at TASO Mbarara

Laban Habokwesiga, Mbarara, Uganda

THPDB024 - Recurrence of Cervical Lesions after Treatment for Cervical Intraepithelial Neoplasia Grade 2/3 in HIV-infected Women: A Systematic Review with Application for Limited-resource Countries

Pierre De Beaudrap, Paris, France

THPDB025 - Etude Initiale sur la Prise en Charge des Adolescents Infectés par le VIH dans les Régions de Niamey et Maradi au Niger

Emmanuel Ouedraogo, Niamey, Niger

THPDB026 - Utilisation des Services de Soins de Santé par les Personnes Vivant avec l'Infection à VIH en Côte d'Ivoire: Étude Transversale

Mariam Mama Djima, Abidjan, Côte d'Ivoire

THPDB027 - Simplified Dynabeads method using Light microscopy for Enumerating TCD4+ -Lymphocytes in resource-limited Settings

Serge Diagbouga, Ouagadougou, Burkina Faso

THPDB028 - Soutien Psychologique à Travers les Groupes de Parole des Hommes Ayant des Rapports Sexuels avec les Hommes (HSH) Dépistés et Suivis en Ambulatoire à Brazzaville

Merlin Diafouka, Brazzaville, Congo

THPDB029 - Perception et Attitudes des Soignants de la Region du Centre (Cameroun) de la Strategie «Test and Treat» dans la Prise en Charge du VIH

Roselyne M. E. Toby, Yaoundé, Cameroon

THPDB030 - Reponses Immuno-Virologiques au Traitement Antiretroviral chez des Patients Vivants avec le VIH en Cote d'Ivoire dans un Contexte de Decentralisation de l'Acces de la Charge Virale; Projet OPP-ERA

Fatoumata Koné, Abidjan, Côte d'Ivoire

THPDB031 - Hépatite B et C chez les Enfants Infectés par le VIH, Niamey, Niger

Emmanuel Ouedraogo, Niamey, Niger

THPDB032 - Survie des Enfants Infectés par le VIH Traités par une Trithérapie Antirétrovirale à Ouagadougou, Burkina Faso

Caroline Yonaba, Ouagadougou, Burkina Faso

THPDB033 - Implementation of Differentiated Approaches to HIV Care in Nigeria: Program Analysis

Ozioma Blessing Onokala, Abuja, Nigeria

THPDB034 - Cohort Analysis for Retention on ART for Less Focussed Groups - Elderly and Adolescents

Manish Bamrotiya, New Delhi, India

THPDB035 - Detection of ESde and Mde Production in Gram-negative Bacteria Recovered from Patients with HIV in Southwestern Nigeria

Folasade Muibat Adeyemi, Osogbo, Nigeria

THPDB036 - Dispositif Intrauterin du Post Partum (DIUPP) chez les Femmes Infectées par le VIH au Centre Hospitalier et Universitaire de Treichville – Abidjan

Flora Nicaise Makwet Tankou, Abidjan, Côte d'Ivoire

THPDB037 - Description des Pratiques de Prise en Charge des Adolescents Infectés par le VIH en Afrique de l'Ouest: Cohorte COHADO

Tchaa Abalo Bakai, Tokoin-Gbossimé, Togo

THPDB038 - Cohort Analysis of 15692 PLHIV from India-baseline Characteristic, Retention at 12 Months

Suman Singh, New Delhi, India

THPDB039 - Antibiotic Use in Ugandan Outpatients Taking Current Antiretrovirals

Kay Seden, Liverpool, United Kingdom

THPDB040 - Community Mobile Outreach Services, a Viable Model for Reaching Key Populations with STI Syndromic Management and ART Services in Benue State, Nigeria

Peter Entonu, Abuja, Nigeria

THPDB041 - Enhance Peer Out Reach Appproach (EPOA), Strategie Novatrice Visant L'Offre des Services VIH aux Travailleuses de Sexes

Audrine Kaneza, Bujumbura, Burundi

THPDB042 - Low Immunization Coverage of the Expanded Immunization Program in HIV-infected Children Initiated on ART < 2 Years of Age and its Determinants in Abidjan and Ouagadougou, MONOD ANRS 12206, 2011 - 2013

Evelyne Dainguy, Abidjan, Côte d'Ivoire

THPDB043 - Anomalies du Frottis Cervico-Vaginal (FCV) chez les Patientes Infectées par le VIH/Sida Suivies dans un Centre de Prise en Charge du VIH à Dakar: Prévalence et Facteurs Associés

Makhtar Ndiaga Diop, Dakar, Senegal

THPDB044 - L'Épuisement Professionnel au Sein des Équipes de Soins Associatives Impliquées dans l'Accompagnement des Enfants Infectés par le VIH au Cameroun, Congo et Togo

Guy Bertrand Wabette Tengpe, Douala, Cameroon

THPDB045 - Effect of Routine Viral Load Monitoring on the Speed to Detect Antiretroviral Treatment Failure in Guinea

Ousseni W. Tiemtore, Cape Town, South Africa

THPDB046 - Early Infant Diagnosis Testing in the Context of 2016 WHO Guidelines

Catherine Syeunda, Busia, Kenya

THPDB047 - Reasons for Late Antiretroviral Therapy Pill Pick-up in Namibia

Anna Winston, Boston, United States

THPDB048 - Objectifs 90/90/90 pour les Orphelins Porteurs du VIH à Porto Novo au Bénin

Fifamé Chantal Catherine Houssou, Porto Novo, Benin

POSTER SESSION III

07.12.2017, 09:00 – 18:00

THPDB049 - Quality of Service Delivery at Facility Level in the Early Infant Diagnosis of HIV Program in Western Kenya

Fredrick Omondi Ohidi, Busia, Kenya

THPDB050 - Accès des PVVIH aux Examens du Suivi Biologique: Apport du FSMOS dans 13 CHR du Burkina Faso

Moussa De bambinkèta Ouédraogo, Ouagadougou, Burkina Faso

THPDB051 - Outcomes of HIV-Infected Persons Receiving Treatment for Kaposi Sarcoma in Conakry, Guinea

Mohamed Maciré Soumah, Conakry, Guinea

THPDB052 - Use of HIV Risk Assessment Tool in HIV Case Detection: Pathway to Resource Optimization

Emmanuel Olashore, Abuja, Nigeria

THPDB053 - Successful Approaches to Linking Mobile Female Sex Workers (M-FSWs)

Sule Zakari, Tema, Ghana

THPDB054 - Incidence et Facteurs Associés au Diabète Sucré chez des Personnes Vivant avec le VIH à Bobo-Dioulasso au Burkina Faso

Armel Poda, Bobo Dioulasso, Burkina Faso

THPDB055 - 'Gaps in Care' Audit of Advanced Stage HIV In-Patients at CHK Hospital in Kinshasa, DRC

Freddy Mangana, Kinshasa, the Democratic Republic of Congo

THPDB056 - Point of Care (POC) Testing: Pilot to Quantify Benefits of POC CD4 Testing in India

Smita Mishra, New Delhi, India

THPDB057 - Assessing Adherence to the who HIV Viral Load Testing Algorithm and Implication to HIV Testing and Prevention

Maureen Adhiambo, Busia, Kenya

THPDB058 - Atteindre les Objectifs 90-90-90 chez les Enfants et Adolescents Sénégalais Infectés par le VIH : l'Apport de la Recherche Pluridisciplinaire à la Prise en Charge du VIH Pédiatrique à Dakar

Aminata Diack, Dakar, Senegal

THPDB059 - Implementation and Assessment of Nutritional Support for HIV-infected Children in West Africa, the WADANUT Study

Elom Takassi, Lomé, Togo

THPDB060 - Using "Youth Bashes" to Provide Integrated Sexual Reproductive Health (SRH) Information and Services in Uganda

Daniel Kasansula, Kampala, Uganda

THPDB061 - New Evidence Suggest Low HIV Positivity Rates in General Population of Africa: Is this the End of HIV?

Chrispin Chomba, Lusaka, Zambia

THPDB062 - Achieving Viral Suppression among Adolescents Living with HIV and AIDS (ALHIV) in Nigeria: Efforts of the APYIN/IHVN ACTION! Plus up (adolescents Psychosocial Support) Project so Far

Isah Mohammed Takuma, Abuja, Nigeria

THPDB063 - HIV Viral Suppression among the Elderly in Western Kenya

Marylyn N. Kangwana, Busia, Kenya

THPDB064 - TB Diagnosis and Treatment Outcomes among Kenyan PLHIV in Care - 2003-2013

Isaac S. Zulu, Atlanta, United States

THPDB065 - Efficacité et Acceptabilité de la Récupération Nutritionnelle Ambulatoire chez les Enfants et Adolescents Infectés par le VIH au Sénégal : La Recherche Opérationnelle Multicentrique SNAC'S

Cecile Cames, Montpellier, France

THPDB066 - Populations Clés Suivies au Centre de Traitement Ambulatoire (CTA) de Dakar : Caractéristiques à l'Inclusion et Résultats du Traitement Antirétroviral

Fatimata Wone, Dakar, Senegal

THPDB067 - Le Pronostic Materno-fœtale à l'Ère de l'Option B+ chez les Parturientes Infectées par le VIH à la Maternité de l'Hôpital National Ignace Deen (Guinée)

Fodé Bangaly Sako, Conakry, Guinea

THPDB068 - Recherche Active des Cas de VIH Pediatrique dans le District Sanitaire de Daloa

Kossonou Cinthia, Daloa, Côte d'Ivoire

THPDB069 - Aspects Épidémiologiques, Cliniques et Évolutifs de la Coinfection VIH/VHB au CNRRPEC de Cotonou

Laurelle Bokossa, Cotonou, Benin

THPDB070 - Comment Surmonter les Difficultes D'annonnce de la Seropositivite aux Enfants de Moins de 10 Ans? Expérience du Centre de Jabe

Donavine Uwimana, Bujumbura, Burundi

THPDB071 - Improving GeneXpert Test among HIV Positive Presumptive TB Cases in TIRIR HCIV, Soroti District, Uganda

Jackline Angwec Aporo, Kampala, Uganda

THPDB072 - Rapid Assessment of Training Needs and Mentor-ship Approaches for Children and Adolescent HIV Services in Malawi

Treza Chunda, Lilongwe, Malawi

THPDB073 - Comparison of Retention among HIV Positive Key Populations: Men who have Sex with Men (MSM), Female Sex Workers (FSW) and People who Inject Drugs (PWID) in Nigeria

Blessing Onote Adebo, Abuja, Nigeria

THPDB074 - Retention Outcomes at 3 and 6 Months after Initiation of Antiretroviral Treatment Following Roll-out of 'Treatment for All' in Lesotho

David Holtzman, Maseru, Lesotho

THPDB075 - Clinic-Community Collaboration (C3) Programme: Linking Health Facilities and Communities for Improved PMTCT and Paediatric HIV Outcomes

Daniella Mark, Cape Town, South Africa

THPDB076 - Evaluation of KEMRI-ALUPE HIV Laboratory Performance with Quality Indicators in Western Kenya

Joshua Odhiambo Ageng'o, Busia, Kenya

THPDB077 - Optimization of Viral Load Testing in APHIAplus Nuru ya Bonde Project, South Rift Kenya

Everline M. Ashiono, Nakuru, Kenya

THPDB078 - Medicines for All Institute: Increasing Global Access to HIV Drugs through Process Intensification & Enabling Concept of In-Country Manufacturing

Frank Gupton, Richmond, United States

THPDB079 - Réponse Virologique à 24 Mois de Traitement ARV avec un Régime à Base de LP/r dans un Site de Prise en Charge de l'Enfant Infecté par le VIH

Dorette Dossou, Cotonou, Benin

THPDB080 - Contribution of FAST Strategy to the Identification of Presumptive TB Patients in Primary Health Facilities of Nampula Province, Mozambique

Baltazar G. M. Chilundo, Maputo, Mozambique

THPDB081 - Viral Load Monitoring as a Means of Optimizing Clinical Care for PLHIVs: The Experience in 14 High HIV Burdened LGAs in Nigeria

Philip Imohi, Calabar, Nigeria

THPDB082 - Assessment of HIV Drug Resistance in Faith Based Health Facilities in Nigeria Using HIV Drug Resistance Early Warning Indicators

Olanrewaju Olayiwola, Abuja, Nigeria

THPDB083 - Prevalence of Anaemia and Impact on 6-month Mortality among Antiretroviral Therapy - Naïve Patients Enrolling in Care with Advanced HIV Infection in Vietnam

Vu Quoc Dat, Hanoi, Vietnam

THPDB084 - Importance du Traitement ARV dans la Lutte contre la Co-infection Tuberculose et VIH: Réalités des Pays à Ressources Limitées

Tanguy Bognon, Cotonou, Benin

THPDB085 - Prévalence des Toxicités Rénales, Parmi les Personnes Vivant avec le VIH (PVVIH) sous ARV Suivis à l'ONG CRIPS-TOGO au Togo: Étude Transversale Descriptive et Analytique

Komivi Mawusi Aho, Lomé, Togo

THPDB086 - Performances of Simultaneous Detection of HIV-1, HIV-2 and Hepatitis C- Specific Antibodies and Hepatitis B Surface Antigen (HBsAg) by Multiplex Immunochromatographic Rapid Test

Ralph Sydney Mboumba Bouassa, Franceville, Gabon

THPDB087 - Suboptimal Clinical Outcomes among Vietnamese Adults with Advanced HIV Disease during the First 12 Months of Antiretroviral Therapy

Vu Quoc Dat, Hanoi, Viet Nam

THPDB088 - Treatment Outcomes of Patients on Second-line Antiretroviral Therapy: A Retrospective Study at Kibera Community Health Center, Nairobi

Florence Gitau, Nairobi, Kenya

THPDB089 - Influence de la Co-infection VHB sur l'Efficacité Virologique à 30 Mois du Traitement Antirétroviral chez des Adultes Infectés par le VIH-1 en Afrique Subsaharienne

Gerard Menan Kouame, Abidjan, Côte d'Ivoire

THPDB090 - Evolution des Lymphocytes T CD4 chez les Enfants Infectés par le VIH Mis sous Traitement ARV Avant l' Âge de 7 Mois au Cameroun: Résultats de la Cohorte ANRS-PEDIACAM

Jules Brice Tchatchueng-Mbougua, Yaoundé, Cameroon

THPDB091 - Hitting the 3 90's with Female Sex Workers in a Large-scale Prevention, testing and Treatment Program in Nigeria

Godwin Emmanuel, Abuja, Nigeria

THPDB092 - Diagnostic du Pneumocystis Jirovecii chez les Patients Infectées par le VIH-1 par la Technique Real-Time PCR à l'Hôpital Saint Camille de Ouagadougou

Abdoul Rahamani Nikiema, Ouagadougou, Burkina Faso

THPDB093 - Community System Strengthening: Building partnerships with Health and Community Actors in Improving HIV and TB health Care delivery

Jonathan Tetteh-Kwao Teye, Accra, Ghana

THPDB094 - Application du Screening Verbal aux PVVIH et Leurs Familles Suivis par les SSR du Volet VIH du Centre SAS

Diagola Penda, Bouaké, Côte d'Ivoire

THPDB095 - Increasing Men's and Boys' Access to HIV Prevention and Treatment Services through Test and Start Community "Insakas"

Raymond Havwala, Lusaka, Zambia

THPDB096 - Gender Disparities in Testing, Adherence and Treatment Outcomes among Clients Receiving Antiretroviral Therapy (ART) in Nigeria

Kema Anthony Onu, Jabi, Nigeria

THPDB097 - Overview of Outcomes in Viral Load Monitoring

Joy M. Ndunda, Busia, Kenya

POSTER SESSION III

07.12.2017, 09:00 – 18:00

THPDB098 - Implementation of the Community Mediation System to Reinforce Referral to Treatment and Care of HIV-positive Military and Gendarmes

Myriam Koua-Malley, Abidjan, Côte d'Ivoire

THPDB099 - Le Conseil Dépistage du VIH Initié par le Prestataire (CDIP) Favorise-t-il la Rétention dans les soins en Cas de Séropositivité?

Alain Dago, Issia, Côte d'Ivoire

THPDB100 - Factors Associated with Adherence to Treatment among HIV-positive Adolescents Aged 10 to 19 Years in Kibera Urban Informal Settlement

Samuel Macharia, Nairobi, Kenya

THPDB101 - Strengthening Capacity of Three Military Laboratories in Côte d'Ivoire, for Accreditation to ISO 15189: 2012

Lesthey Fabrice Koubi, Abidjan, Côte d'Ivoire

THPDB102 - Analysis of Viral Load Test Outcomes for People Living With HIV, Kenya, July 2015 - June 2016: Monitoring the 3rd 90

Beatrice Muthoni King'ori, Nairobi, Kenya

THPDB103 - Impact et Facteurs Associées à la Coïnfection VHB-VIH sur les Réponses Immunologique et Virologique des Patients VIH-1 sous Traitement Antirétroviraux au CHU Souro Sanou

Jacques Zoungrana, Bobo Dioulasso, Burkina Faso

THPDB104 - Acceptability of HIV Self-testing Kits Using the Peer to Peer Distribution Model among Fishermen in Bulisa, Uganda

Mastula Nanfuka, Kampala, Uganda

THPDB105 - Improving Adherence and Retention among Adolescents (11-19 yrs) and Young Adults (20-24 yrs) B18. Adherence and Retention

Kevin Munene Njue, Nairobi, Kenya

THPDC106 - Elevated HIV Infection Risk among Female Sexual Partners of Men who Have Sex with Men: A Case of Mombasa County, Kenya

Joseph Gatimu, Nairobi, Kenya

THPDC107 - Dépistage du Cancer du Col de l´Utérus chez es Femmes Infectées par le VIH Suivies sur les Sites de Prise en Charge d´ARCAD-SIDA au Mali

Mamadou Cissé, Bamako, Mali

THPDB108 - Personnes Âgées de Plus de 50 Ans Infectées par le VIH/sida : Caractéristiques Épidémiologiques à l'Inclusion au Centre de Traitement Ambulatoire de Dakar (Sénégal)

Makhtar Ndiaga Diop, Dakar, Senegal

THPDC109 - Preliminary Results of the Prevention of Mother-To-Child Transmission of Hepatitis B Virus through the Treatment of Mothers and the Vaccination of Newborns in Ouagadougou, Burkina Faso

Alice Nanelin Guingane, Ouagadougou, Burkina Faso

THPDC110 - Evaluation de la Cascade Programmatique de Soins des Personnes Vivant avec le VIH au Cameroun

Billong Serge Clotaire, Yaoundé, Cameroon

THPDC111 - Linking Previously-diagnosed Female Sex Workers (FSW) to Care and Treatment: The Use of Door-to-door Testing Strategy in Ghana

Reynolds Afari Asare, Accra, Ghana

THPDC112 - Insuffisances et Irrégularités des Financements, Formations, Supervisions et Fournitures d'Intrants : Quels Iimpacts sur les Activités de Dépistage du VIH en Côte d'Ivoire ?

Assi Adjoa Nelly Assoumou, Abidjan, Côte d'Ivoire

THPDC113 - Système de Codification Unique pour la Mise en œuvre de la Prévention Combinée de l´Infection à VIH au Maroc. Expérience de l'Association de Lutte Contre le Sida

Lahoucine Ouarsas, Casablanca, Morocco

THPDC114 - Improving HIV Testing for Children through Index Client Testing in Health Facilities in Central and Eastern Kenya

Stella Gitia, Nairobi, Kenya

THPDC115 - Pediatric HIV Champions in Action: A Community-based Approach to Improve Pediatric Referrals and Care in an Urban Informal Settlement

Cudjoe Bennett, Washington, United States

THPDC116 - Problématique de la Gestion des Données Portant sur les PV-VIH sous Traitement ARV : Expérience du Suivi des PVVIH dans la Région des Plateaux au Togo

Kodjovi Dagoudi, Atakpamé, Togo

THPDC117 - Évaluation de la Suppression de la Charge Virale des PVVIH sous TARV au Togo

Ariziki Nassam, Lomé, Togo

THPDC118 - The Key to Viral Suppression: A Case of Female Sex Workers

Kebalepile Francis, Tlokweng, Botswana

THPDC119 - Incidence et Facteurs Associés à une Nouvelle Grossesse chez les Mères Séropositives et Séronégatives pour le VIH Accompagnant leurs Enfants Suivis dans la Cohorte ANRS-Pediacam au Cameroun

Reine Olivia Tsague Vouking,
Yaoundé, Cameroon

THPDC120 - Risk of HIV Infection in People with Severe Disability from Childhood and Related Factors (Handivih - ANRS 12302)

Pierre De Beaudrap, Paris, France

THPDC121 - Caractérisation Moléculaire des Sous-types du Papillomavirus Humains chez des Femmes à la Consultation de Dépistage du Service de Gynécologie du CHU de Treichville- Abidjan, Côte d'Ivoire

Sandrine Tahou-Apete, Abidjan, Côte d'Ivoire

THPDC122 - The Game Charger for Realizing the 90 90 90 Strategy

Kibirige Nangonde Safina, Kampala, Uganda

THPDC123 - Syndrome Cachectique Lie au VIH: Etude des Facteurs Determinants a l'Hôpital Central de Yaounde (HCY)

ABDOUL SALAM Hamadama, Yaoundé, Cameroon

THPDC124 - Placer les Réseaux de Personnes Vivant avec le VIH au Coeur des Stratégies 90-90-90 pour Mettre Fin au Sida: Intégration des Populations-Clés dans les Organes
Décisionnels

Ousmane Dit Dominique Tounkara, Dakar, Senegal

THPDC125 - HIV Testing Yield in a Key Population Project in Namibia

Taimi Amaambo, Windhoek, Namibia

THPDC126 - Factors Associated with HIV-Positive Testing in a Key Population Program in Namibia

Taimi Amaambo, Windhoek, Namibia

THPDC127 - Building Capacity of Health Care Workers to Overcome Barriers and Meet Unmet Needs of Key Affected Populations in South West Nigeria

John Chukwudi Bako, Port Harcourt, Nigeria

THPDC128 - Professional Men Who Have Sex with Men Accessing HIV/STI Services Privately through Social Media: TOMORROW TODAY''

Nicholas Aboagye, Kumasi, Ghana

THPDC129 - Personal and Social Protective Factors for HIV-related Risk among Lte Adolescent Abstainers Living in Slums in Kampala, Uganda

Malikah Waajid, Atlanta, United States

THPDC130 - Sexually Transmitted Infections and HIV in Self Reporting Men who Have Sex with Men (MSM): A Study from India

Sk Karim, Mumbai, India

POSTER SESSION III

07.12.2017, 09:00 – 18:00

THPDC131 - Scaling Up HIV Self-testing among Fishermen in the Fishing Communities of Uganda

Josephine Birungi, Kampala, Uganda

THPDC132 - Enhancing Knowledge of HIV Status among Motorcyclists in Nairobi, Kenya, 2016 through the "Dandia Na Mpango; G-jue" Campaign

Caroline N. Ngunu-Gituathi, Nairobi, Kenya

THPDC133 - Strengthening Community Structure and Network Capacity to Improve Adolescent Access to Quality Sexual & Reproductive Health Services and HIV Counselling & Testing in Philippi, Cape Town, South Africa

Scott Clarke, Cape Town, South Africa

THPDC134 - Doing All It Takes: Retention of High Risk Women in a Microbicide Trial in South-western Uganda

Beatrice Kimono Washi, Entebbe, Uganda

THPDC135 - Modelling the Role of Key Populations Towards HIV Spread in Dakar, Senegal

Mukandavire Christinah1, Boily Marie-Claude2, Schwartz Sheree3, Mishra Sharmistha4, Diouf Daouda5, Leye-Diouf Nafissatou6, Drame Fatou7, Coly Karleen3, Muhire Remy Serge Manzi3, Thiam Safiatou8, Niang Diallo Papa9, Toure Kane Coumbe10, Ndour Cheikh11, Volz Erik2, Baral Stefan3, Danon Leon12 Vickerman Peter1

THPDC136 - Will We Know When We Have Reached our Targets? the Influence of Participation Bias in Population Based HIV Impact Surveys in Monitoring 90-90-90

Joyce Wamicwe, Nairobi, Kenya

THPDC137 - Utilization of HIV Services Among Men-who-have-sex-With Men in Nairobi County, Kenya 2016

Anthony Kiplagat, Nairobi, Kenya

THPDC138 - Patterns of Sexually Transmitted Infections Cases Presenting In Key Population Friendly Health Facilities in Oyo State South-West Nigeria

Michael Olubunmi Titus, Abuja, Nigeria

THPDC139 - Description of a High Risk Single Women Cohort in Zambia for HIV Efficacy Trials

Tyronza Sharkey, Lusaka, Zambia

THPDC140 - Enhanced Peer Outreach Approach (EPOA): An innovative Approach to Reach, Test and Improve HIV+ Yield among Key Populations

Didier Rukabu Kamali, Abidjan, Côte d'Ivoire

THPDC141 - Hospitalization among Early Treated Human Immunodeficiency Virus-infected Exposed but Uninfected and Unexposed Children in 3 Referral Hospitals in Cameroon: Incidence and Reasons

Suzie Tetang Ndiang, Yaoundé, Cameroon

THPDC142 - The Impact of HIV Self-Testing on HIV Status Disclosure with Clients among Female Sex Workers in Kampala, Uganda - A Randomized Controlled Trial

Daniel Kibuuka Musoke, Kampala, Uganda

THPDC143 - Difficultés Psychosociales Liées à l'Allaitement Maternel Protégé chez les Mères Allaitantes Vivant avec le VIH/SIDA en Service de Pédiatrie à Cotonou-Bénin

Cosme Cohinto, Savalou, Benin

THPDC144 - Type of Marital Relationship and HIV Prevalence among Married Respondent in Rakai (Uganda)

Hadijja Nakawooya, Kalisizo, Uganda

THPDC145 - Comparative Analysis of Completed Key Population HIV, TB and Sexually Transmitted Infection Referrals Cases in South West Nigeria

Michael Olubunmi Titus, Abuja, Nigeria

THPDC146 - Profil de Consommation d'Alcool et Facteurs Associés chez des Personnes Vivant avec le VIH Suivies en Afrique de l'Ouest et Australe

Marcellin N'Zebo Nouaman, Abidjan, Côte d'Ivoire

THPDB147 - Contribution à la Prévention de la Transmission Mère Enfant du VIH par l'Appui Alimentaire et Nutritionnel aux Enfants Malnutris : Expérience du FSMOS dans 15 CREN du Burkina Faso

Moussa De bambinkèta Ouédraogo, Ouagadougou, Burkina Faso

THPDC148 - Prévalence du VIH, Connaissances, Attitudes et Pratiques chez les Hommes Ayant des Relations Sexuelles avec des Hommes, Niger, 2015

Batoure Oumarou, Niamey, Niger

THPDC149 - Improving Access to HIV Testing Services among Men who Have Sex with Men in Federal Capital Territory, Nigeria, through an Integrated Health Facility Model

Abimbola Oladejo, Abuja, Nigeria

THPDC150 - Problématique de l'Accompagnement des Femmes Enceintes PVVIH par leurs Partenaires aux Consultations Prénatales afin d'Assurer une Bonne Prise en Charge en Vue d'Éviter l'Infection du Nouveau-né

Issa Ouedraogo, Ouagadougou, Burkina Faso

THPDC151 - Faisabilité d'une Méthode Innovante de Dépistage pour Atteindre les HSH-VIP Ouagalais, une Population éloignée des Structures de Santé Classiques

Ouedraogo S Romain , Ouagadougou, Burkina Faso

THPDC152 - Use of Media and Peer Education Model to Enhance Behavior Change, Voluntary Counseling and Testing among Young People in 5 Pilot States in Nigeria

Emeka Emmanuel Duru, Abuja, Nigeria

THPDC153 - HIV Self-testing Experiences among Male Partners of Pregnant Women in Central Uganda

Joseph K. B. Matovu, Kampala, Uganda

THPDC154 - Reaching Key and Priority Populations in a Public Health Facility through Integrated "Drop-In-Center" Model of Service Delivery,

Homabay Kenya

Dave Muthama Paulo, Kisumu, Kenya

THPDC155 - HIV Prevention Intervention among Short Distance Drivers in Two Communities of Shendam LGA, Plateau State, Nigeria

Yetunde Olubusayo Tagurum, Jos, Nigeria

THPDC156 - Enhancing Hepatitis B Vaccination among People Who Inject Drugs (PWID) and PWID Living with HIV in Dar es Salaam, Tanzania

Selestino Peter Mhagama, Dar es Salaam, United Republic of Tanzania

THPDC157 - Les Facteurs Associes au Décès chez les Personnes Vivant avec le VIH sous Traitement Antirétroviral, Suivies au Centre de Traitement Ambulatoire Fann, de 1998 à 2016

Ndeye Khady Diatou Ndiaye, Dakar, Senegal

THPDC158 - HIV Testing Behaviors and Risk Perception among Students at the University of Lomé, Togo

Alexandra Bitty-Anderson, Abidjan, Côte d'Ivoire

THPDC159 - How Early Is Early Infant Diagnosis: A Retrospective Review of Health Facility Data in Four States in Nigeria

Abiola Clementina Ajibola, Abuja, Nigeria

THPDC160 - Prevention of Mother to Child Transmission of HIV; Halting the Cycle to Save Ggenerations - Alafialoju Support Group Experience

Rashidi Ishola, Iwo, Nigeria

THPDC161 - Mobility and Migration as Predictors of Risky Sexual Partnership in Zambia

Aleya Khalifa, Atlanta, United States

THPDC162 - La promotion de Santé Sexuelle et Reproductive (SSR) à l'Ère des Médias Sociaux à Savalou, Bénin

Tobias Ahotonde Gbaguidi,

Savalou, Benin

THPDC163 - Enhancing Adherence to Methadone Assisted Treatment (MAT) through Partnership between Health Facility and Community-based Settings in Tanzania

Ndenengo Kessy, Dar es Salaam, United Republic of Tanzania

THPDC164 - Transport Workers´ Response to the Fight against HIV at Workplaces & Affliated Communities in Tororo District-Uganda

Proscovia Ayoo, Tororo, Uganda

THPDC165 - Barriers to Condom Use among High Risk Key Populations in Namibia

Taimi Amaambo, Windhoek, Namibia

THPDC166 - Contribution Towards 90-90-90: VMMC as a Strategy to Reach Men with HIV Testing Services

Geoffrey K. Menego, Lilongwe, Malawi

THPDC167 - HIV Prevalence, Knowledge, Attitudes and Practices among Sex Workers - Niger, 2015

Oumarou Batoure, Niamey, Niger

THPDC168 - Evaluating the Likelihood of False Positive HIV Results Across a Range of CD4 Counts

Matthew D. Megill, Madaoua, Niger

THPDC169 - Predictors of HIV Repeat Testing in Selected Primary Health Care Clinics in South Africa, 2016 - 2017

Nelly Jinga, Johannesburg, South Africa

THPDC170 - Dépistage Précoce du VIH Chez les Enfants Nés de Mères Séropositives au Burkina Faso : Les Contraintes des Mères Ont-elles Changé ?

Alice Bila, Ouagadougou, Burkina Faso

THPDC171 - Pratiques du Dépistage du VIH en Consultation Prénatale Dans les Formations Sanitaires du Burkina Faso

Henri Gautier Ouedraogo, Ouagadougou, Burkina Faso

THPDC172 - Factors Associated with Abnormal Cervical Cancer Screening Results among Women Aged 15 to 49 Years in Malawi - Mangochi District

Haswel Jere, Lilongwe, Malawi

THPDC173 - Prevalence du VIH, HBS, HCV, et RPR chez les Donneurs Benevoles de Sang a L'Hopital Pediatrique de Kalembelembe

Marie Paul Lusinga, Kinshasa,
The Democratic Republic of Congo

THPDC174 - Désir de Fécondité chez les Femmes Infectées par le VIH : Etude Transversale dans Deux Hôpitaux de District de Ouagadougou, Burkina Faso

Adja Mariam Ouedraogo, Ouagadougou, Burkina Faso

THPDC175 - Frequency, Serological and Molecular Characterization of Occult Hepatitis B Infection among Blood Donors in Maputo, Mozambique

Nédio Mabunda, Maputo, Mozambique

THPDC176 - Baseline Assessment of Viral Hepatitis B and C in Nigeria - Current Cascade of Care in Lagos and Rivers States

Ena Oru, Abuja, Nigeria

THPDC177 - High Young People Vulnerability to HIV in Non-prioritized Semi-arid Karamoja Sub Region, Uganda

Simon Ndizeye, Kampala, Uganda

THPDC178 - Imperfect Coverage of Routine HIV Testing of Pregnant Women at Antenatal Clinics and Bias in HIV Surveillance Estimates in Malawi (2011 - 2016)

Mathieu Maheu-Giroux, Montreal, Canada

THPDC179 - Involving Young People in the Rollout of Oral PrEP: The Case of Kenya

Patriciah Jeckonia, Nairobi, Kenya

THPDC180 - The iSTARSHIPP Initiative: Reaching Adolescent Girls and Young Women with Innovative Strategies and High Impact Prevention Interventions in South Africa

Xander Flemming, Johannesburg, South Africa

THPDC181 - De la Thérapie à Distance : La Ligne d'Écoute du Centre de Traitement Ambulatoire de Fann, Dakar

Khady Seck Ngom, Dakar, Senegal

THPDC182 - Dépistage Démédicalisé à Base Communautaire de l'Infection à VIH : Un Service Adapté aux Populations Clés n'Utilisant pas le Dépistage Médicalisé Classique

Fatima Zahra Hajouji, Casablanca, Morocco

THPDC183 - Determinants of Pediatric HIV Testing in Benue State, Nigeria - The Role of Faith-based Organizations in Increasing Pediatric HIV Case Identification

Orhan Morina, Baltimore, United States

THPDC184 - Healthy Love Parties = Healthy Loving = Healthy Living: Using Innovative Workshops to Reach AGYW in South Africa

Nokhwezi Mabutyana, Johannesburg, South Africa

THPDC185 - Prévalence Élevée et Facteurs Associés à l'Échec Virologique chez les Patients en Deuxième Ligne de Traitement Antirétroviral Suivis au Centre de Traitement Ambulatoire (CTA) de Donka (Guinée)

Djiba Kaba, Conakry, Guinea

THPDC186 - HIV/AIDS Related Knowledge, Attitudes and Practices of Uniformed Employees in Uganda

Joseph Hayuni, Kampala, Uganda

THPDC187 - 800 x 600 Prévention des IST et du VIH/SIDA à l'Endroit des Consommateurs de la Drogue Injectable (CDI): Expériences en Cours au Bénin

Tranquillin Yadouleton, Cotonou, Benin

THPDC188 - Relating HIV/AIDS Knowledge Levels to Attitudes, Behaviour and Practice Parameters at the Workplace as Indicators of Impact on Workplace HIV/AIDS Programme Interventions

Daniel Muigai Mwaura, Nairobi, Kenya

THPDC189 - Determinants Associated with Prevalence and Severity of Non-communicable Disease (NCDs) among HIV Cohort in Malawi

Haswel Jere, Lilongwe, Malawi

THPDC190 - Quel Est le Vécu de l'Annonce de leur Statut VIH par des Adolescents Vivant avec le VIH à Abidjan
en 2017 ?

Rabi Adamou, Bordeaux, France

THPDC191 - Unleashing the Power of Traditional Leaders to Adress Adolescents HIV, Teanage Pregnancy and Child Marriage in the Zambian Mining Communities - Case of First Quantum Minerals and SAfAIDS Partnership

Chrispin Chomba, Lusaka, Zambia

THPDC192 - Internet Based Condoms and Lubricants Distribution Channel: An Effective Strategy to promote Access to Safer Sex Behaviours and Products Utilized by Key Affected Populations in Nigeria

John Chukwudi Bako, Port Harcourt, Nigeria

THPDC193 - Reduction des Riques des Accidents Avec Exposition au Sang Chez les Usagers de Drogues Injectables au Senegal

Mbayang Bousso Fall, Dakar, Senegal

THPDC194 - Les HSH Face à la Question de Prévention des IST et du VIH/SIDA au Cours des Cinq Dernières Années: Cas du Bénin

Innocent Kpoton, Cotonou, Benin

POSTER SESSION III

07.12.2017, 09:00 – 18:00

THPDC195 - High-risk Behavior, Escalating HIV, Syphilis and Hepatitis B Incidences and High Prevalence of Anal High-Risk HPV among MSL in Bangui, Central African Republic

Ralph Sydney Mboumba Bouassa, Franceville, Gabon

THPDC196 - Modelling the Effectiveness of Pre-Exposure Prophylaxis in a Cohort of Female Sex Workers in Cotonou, Benin

Geidelberg Eugene, London, United Kingdom

THPDC197 - Sexual and Reproductive Health of Female Sex Workers in the Democratic Republic of the Congo: Experiences of Women Engaged in a Comprehensive HIV Program

Sarina Dane, New York, United States

THPDC198 - Risky sexual Behaviors and Contraceptive Use among Youths with Disabilities in the Federal Capital Territory (FCT) of Nigeria

Ngozika Ogbonna, Abuja, Nigeria

THPDC199 - Sexual Abstinence as a Preventive Strategy for HIV Control: A Study among Male Adolescents in Sagamu

Olawale O. Onasanya, Sagamu, Nigeria

THPDC200 - Severe Morbidity in HIV-infected Children before and after Initiating a Lopinavir-based Antiretroviral Treatment before the Age of 2 in Abidjan, Côte d'Ivoire and Ouagadougou, Burkina Faso, 2011 - 2014

Caroline Yonaba, Ouagadougou, Burkina Faso

THPDC201 - A Rapid Assessment of Routine Implementation of Index Testing in Zimbabwe

Memory Chideme, Seattle, United States

THPDC202 - Multiplicity of Risk for STIs/HIV through Overlapping Sexual Risks among Men who Have Sex with Men as Well as Women in South Asian Countries

Deepanjali Vishwakarma, Mumbai, India

THPDC203 - Delivering HIV Integrated Services in Adolescents and Youth Centers in Remote Area: Case of Bouna "Espace Café Jeunesse"

Kouamé Jean Konan, Abidjan, Côte d'Ivoire

THPDC204 - Promouvoir le Dépistage des Hommes pour une Meilleure Protection de la Sérologie de la Femme et de l'Enfant dans la Région Sanitaire des Hauts-Bassins (Burkina - Faso)

Madina Traore, Bobo Dioulasso, Burkina Faso

THPDC205 - Characteristics of Vulnerable Women and Girls (VWGs) and Risk Taking Behavior along the Cross-Border Sites: Experience from CB-HIPP Project, Kenya

Dorothy Muroki, Nairobi, Kenya

THPDC206 - HIV and Other Sexually Transmitted Infections in Female Sex Workers and Men who Have Sex with Men in Guinea-Bissau

Jacob Lindman, Lund, Sweden

THPDC207 - Outcomes and Predictors of Linkage to Care among Newly Diagnosed Human Immunodeficiency Virus (HIV) Infected Patients in Kenya

Kennedy J. Muthoka, Nairobi, Kenya

THPDC208 - Comparison of Campaign and Non Campaign VMMC Services towards Reaching Men 15-29 years

Geoffrey K. Menego, Lilongwe, Malawi

THPDC209 - Uptake of Family Planning and Reproductive Health Services in HIV Treatment Settings within Health Facilities: A Review of Health Facilities Program Data

Yemisi Ogundare, Akwa Ibom State, Nigeria

THPDC210 - Compliance to Treatment and Associated Factors among PLHIV along the Border Sites in Kenya

Dorothy Muroki, Nairobi, Kenya

POSTER SESSION III

07.12.2017, 09:00 – 18:00

THPDC211 - Putting Women in Charge: Lessons Learned from an Acceptability Study of the Female Condom in Cameroon

Laure Vartan Moukam, Yaoundé, Cameroon

THPDC212 - Devenir des Adolescents Vivant avec le VIH Après 12 Mois de Suivi à Abidjan (Côte d'Ivoire) et Lomé (Togo) en Fonction de l'Annonce de leur Statut : Cohorte COHADO 2015-2016

Tanoh Eboua, Abidjan, Côte d'Ivoire

THPDC213 - L'entretien Motivationnel Basé sur l'Approche ''BERCER'' : Quel Impact sur le Dépistage des Hommes Ayant des Rapports Sexuels avec les Hommes (HSH) au Centre de Traitement Ambulatoire de Brazzaville?

Parfait Richard Bitsindou, Brazzaville, Congo

THPDC214 - Mobility, Risk and Health Seeking Behavior among Mobile Populations in Cross Border Areas in Uganda

Dorothy Muroki, Nairobi, Kenya

THPDC215 - National-level Assessment of Patient Retention and Loss to Follow Up under PMTCT Test and Treat Using a Random Sample of Health Facilities in Côte d'Ivoire

Stephen Gloyd, Seattle, United States

THPDC216 - Male Engagement in the Democratic Republic of the Congo: Characteristics and Outcomes of Males Tested and Enrolled in a Comprehensive HIV Program in Kinshasa and Haut-Katanga Provinces

Tania Tchissambou, Kinshasa,
The Democratic Republic of Congo

THPDC217 - Usage of Oral HIV Self-Testing among Men who Have Sex with Men: A Pilot Distribution Intervention Using Peer Educators in Lagos, Nigeria

Waimar Tun, Washington, United States

THPDC218 - Gender and Population Differences in Knowledge Acquisition during PrEP Training Sessions for Community Facilitators Working with Populations at High Risk for HIV Infection

Oluwatosin Bamidele Alaka, Lagos, Nigeria

THPDC219 - L'insécurité Alimentaire chez les Patients Vivant avec le VIH à Ziguinchor ?

Jacques François Sambou, Ziguinchor, Senegal

THPDD220 - Gender Based Violence among Men who Have Sex with Men, Female Sex Workers and People who Inject Drugs in Nigeria

Toluwanimi O. Jaiyebo, Abuja, Nigeria

THPDD221 - Contribution du REMASTP-Togo dans la Lutte Contre le VIH au Sein des Populations Cles au Togo

Adekounle Thibault Adjibodin, Lomé, Togo

THPDD222 - Barriers to KPs Accessing Legal Services: A Community Perspective from the Enhancing Key Population Intervention in Nigeria (EKPIN) Project

Toluwanimi O. Jaiyebo, Abuja, Nigeria

THPDD223 - L'impact de la Structuration Familiale sur la Qualité de Vie (QDV) de l'Enfant Infecté par le VIH Suivi en Milieu Associatif à Brazzaville

Fanely Flore Sandrine Loussakoumounou Diafouka Bitsoua, Brazzaville, Congo

THPDD224 - Sexualité, Contraception et Fertilité des Personnes Vivant avec le VIH dans la Région de la Kara au Togo

Lidaw Déassoua Bawè, Lomé, Togo

THPDD225 - Harmonising the Legal and Policy Environment for Adolescent Sexual and Reproductive Health Rights in |
Africa

Renata Tallarico, Johannesburg, South Africa

THPDD226 - Women and Girls in Post-conflict Cameroon (Bakassi) Breaking Barriers to Bridge the Gap of Mother to child Transmission of HIV in Idabato and Kombo Itindi Health areas

Ngo Bibaa Lundi-Anne Omam, Buea, Cameroon

THPDD227 - A M-Health Initiative to Increase Young People's Knowledge and Skills to Promote the Adoption of Protective Sexual Behaviors

Renata Tallarico, Johannesburg, South Africa

THPDD228 - Recherche Active des Patients non Vus au Suivi Médical

Victoire Durojaye, Cotonou, Benin

THPDD229 - Transgender People Faced much Stigma and Discrimination of thier Sexuality and Gender Identity by Various People

Dev Narayan Chaudhary, Rajbiraj, Nepal

THPDD230 - Breaking Barriers to HIV Prevention for Adolescent Girls and Young Women in Kenya, Uganda, South Africa, and Swaziland

Bergen Cooper, Washington, United States

THPDD231 - Community Leaders bring PMTCT Services Closer to Communities in Post-conflict Bakassi of Cameroon

Falone Nkweleko Fankam, Buea, Cameroon

THPDD232 - Exploration des Violences Basées sur le Genre et l'Orientation Sexuelle dans la Réponse au VIH chez les LGBTI au Cameroun. Les Cas d'alternatives-Cameroun, Douala

Julie Laure Eke Ngando, Douala, Cameroon

THPDD233 - Education Thérapeutique de Groupe pour la Préparation des Enfants Infectés par le VIH à l'Annonce de leur Statut au CNHU-HKM de Cotonou

Marcelline d'Almeida, Cotonou, Benin

THPDD234 - Etude sur les Facteurs de Vulnérabilité Socioéconomiques des Jeunes Filles Victimes d'Exploitation Sexuelle (JFM) Fface au VIH/SIDA, Accès aux Services de Santé, de Reproduction et au Planning Familial

Madiarra Offia Coulibally, Abidjan, Côte d'Ivoire

THPDD235 - Perception des Risques d'Infection par le VIH et le VHC chez les Consommateurs de Drogues Injectables (CDI) au Sénégal

Mouhamet Diop, Dakar, Senegal

THPDD236 - Introducing Non-discrimination Policies and Programmes as an Extension of Highway Corridor Testing amongst Truck Drivers: A Union Employer Partnership

Daniel Muigai Mwaura, Nairobi, Kenya

THPDD237 - Reduction of Stigma and Discrimination among PLHV to Improve HIV Services, TASO Mbarara Experience

Laban Habokwesiga, Mbarara, Uganda

THPDD238 - Au Cœur des Réalités de l'Éducation à la Vie Sexuelle et Reproductive des Adolescents et Jeunes Infectés par le VIH à l'Unité de Prise en Charge de l'Enfant Exposé ou Infecté au VIH (UPEIV)

Jennifer Badou, Cotonou, Benin

THPDD239 - HIV and AIDS Prevention, testing, treatment, counseling, care and support for LBTI a challenge to the Lesbians, Bi-sexual Transgenders and Sex-workers

Jennifer Kuwa Henshaw, Monrovia, Liberia

THPDD240 - Addressing Healthcare Providers-held Stigma to Improve Access and Provision of Comprehensive HIV Services in Public Health Facilities for Men who Have Sex with Men in Lagos State Nigeria

Olusegun V. Sangowawa, Abuja, Nigeria

THPDD241 - Women's Decision-making and Agency in the Context of Option B+ in Malawi: An In-depth Longitudinal Qualitative Study

Fabian Cataldo, Zomba, Malawi

THPDD242 - Young People Living with HIV in Mozambique

Johanna Kehler, Mowbray, South Africa

THPDD243 - Expérience des Mères à Propos du Dépistage des Nourrissons dans le Cadre de la PTME au Sénégal

Sokhna Boye, Dakar, Senegal

THPDD244 - Migration, Trauma, HIV & Mental Health. The Mental Health Needs of African People Living With HIV Migrating to the UK

Deryck Browne, Forest Gate, United Kingdom

THPDD245 - Showcasing Good Practices of Supporting Adolescent Girls & Young Women Living with HIV-Led Data Collection and Advocacy

Margaret Happy, Kampala, Uganda

THPDD246 - Exemple d'une Action de Plaidoyer Urgente au Maroc contre une Accusation de Transmission Sexuelle Volontaire du VIH

Moulay Ahmed Douraidi, Casablanca, Morocco

THPDD247 - The Police One Stop Centre model : Enhancing Integral Response for Gender Based Violence Survivors

Gloria Kirungi Kasozi, Kampala, Uganda

THPDD248 - Sexual and Gender Based Violence among Female Sex Workers (FSWs)

Sule Zakari, Tema, Ghana

THPDD249 - Promoting Constructive Male Engagement to Increase Uptake of Elimination of Mother to Child Transmission Services for Women and Girls Living with HIV through Gender Transformative Approach

Samuel Mugabe Buhamizo, Kampala, Uganda

THPDD250 - Troubles Psychologiques Liés à la Stigmatisation chez les Personnes Infectées par le VIH à Savalou, Bénin Zinsou

Wilfried Djogbenou, Savalou, Benin

THPDD251 - Utilizing Male Action Groups to Increase Male Involvement and Access to Reproductive Health Information and Services

Godfrey Walakira, Kampala, Uganda

THPDD252 - Access to HIV Management: Workplace PLWH Access to Support, Treatment and Care: Focus on SWHAP Workplaces

Alessandra Cornale, Stockholm, Sweden

THPDD253 - Determination of Socio-cultural and Gender Related Challenges and Barriers that Affect Enrollment and Retention of Women and Girls who Use Drugs and are Sex Workers Living with HIV in Uganda

Beatrice Ajonye, Kampala, Uganda

THPDD254 - The Role of Savings Groups in Improving the Livelihoods of OVC Caregivers: A Case Study of Catholic Relief Services' Savings and Internal Lending Communities in Nigeria

Felix Ikyereve, Abuja, Nigeria

THPDD255 - Il y a des Conseillers Communautaires Payés pour ça ! ». Les Réticences des Soignants à la Proposition Systématique d'un test VIH en Consultation de Médecine Générale. Le Cas de la Côte d'Ivoire

Séverine Carillon, Paris, France

THPDD256 - PLHIV Stigma Index Survey Baseline Survey in Karamoja Region, 2017

Proscovia Nanyanzi Luzige, Kampala, Uganda

THPDD257 - Predisposing Factors Influencing Risky Sexual Behaviours among Undergraduate Students in Enugu, Nigeria

Chinonyelum Okolo, Enugu, Nigeria

THPDD258 - eMobilisation et de Depistage Volontaire du VIH en Milieu Carceral a Bangui

Jean Vincent Mbenda, Bangui, Central African Republic

THPDD259 - Sexual Practices of Prison Inmates in a Selected Institution in Zimbabwe

Nelson Muparamoto, Grahamstown, South Africa

THPDD260 - La Pair-éducation avec les Adolescent.e.s Infectés ou Affectés par le VIH: Un Tremplin pour une Meilleure Prise en Compte et un Soutien Durable de leurs Projets de Vie Personnels (?) Kolou Rodrigue

Koffi, Abidjan, Côte d'Ivoire

POSTER SESSION III

07.12.2017, 09:00 – 18:00

THPDD261 - Increasing Access and Utilisation of Integrated HIV/SRHR Information and Services by Young People in Prisons

Angela Wangui Tatua, Nairobi, Kenya

THPDD262 - Reach Out and Catch them Young: Promoting Uptake of SRH/HIV Services for Adolescents and Young People in Zambia

Kudzai Concetta Meda, Lusaka, Zambia

THPDD263 - YoungPpeople's Experiences of Living with HIV in Africa

Johanna Kehler, Mowbray, South Africa

THPDD264 - L'Atelier d'Expression : Un autre Outil d'Accompagnement Psychologique des PVVIH Suivi à l'ONG RACINES Savalou, Bénin

Zinsou Wilfried Djogbenou, Savalou, Benin

THPDD265 - Utilising the African MSM Health Scorecard as a Tool for Building Accountability for MSM Health Services: The Kenyan Experience

Olusegun Murtala Odumosu, Johannesburg, South Africa

THPDD266 - Collaboration Avec les Formations Sanitaires Pour la Prise en Charge des Personnes HSH dans la Lutte Contre le VIH

Gilles Herbert Fotso, Douala, Cameroon

THPDD267 - Innovative Web Based Electronic Approaches to Documenting, Reporting and Addressing Human Rights Violations, Gender Based Violence and Discrimination of PLHIV and Other Key Populations in Nigeria

Rommy Mom, Abuja, Nigeria

THPDD268 - Resilient and Empowered Adolescents and Young People Living with HIV

Johanna Kehler, Mowbray, South Africa

THPDD269 - Combining Comprehensive Sexuality Education and Youth Friendly Health Services to Combat STIs & HIV in Malawi

Moffat Njatiyamphongo, Blantyre, Malawi

THPDD270 - Rendre les Programmes de VIH et IST Sensibles au Genre, au Sein de la Communauté LGBTI au Cameroun. Le Cas d'Alternatives Cameroun, Douala

Joachim Ntetmen, Douala, Cameroon

THPDD271 - Le Cri du Silence : Vers une Prise en Compte des Enfants LGBTI dans la Réponse au VIH. Histoire d'une Recommandation du CIDE (Comité International des Droits de l'enfant) a l'État du Cameroun

Joachim Ntetmen, Douala, Cameroon

THPDD272 - Addressing Structural Barriers in the HIV Response among FSWs in Malawi

Towera Msiska, Blantyre, Malawi

THPDE273 - Willingness to Pay for Oral HIV Self-Testing among Female Sex Workers in Kampala, Uganda

Aidah Nakitende, Kampala, Uganda

THPDE274 - Index Case Testing for Improved Case Identification of Children/Adolescents Living with HIV in Zimbabwe

Abaden Svisva, Harare, Zimbabwe

THPDE275 - Integrating Specialized Mental Health Services in an HIV Clinic

Noeline Nakasujja, Kampala, Uganda

THPDE276 - Integrating Specialized Mental Health Services in an HIV Clinic

Adonija Muzondiona, Harare, Zimbabwe

THPDE277 - Reaching 90-90-90 in Fast-Track Cities - Utilization of a Public Domain, Cloud-Based, Monitoring and Evaluation Platform

Sindhu Ravishankar, Washington, United States

THPDE278 - Results of a Comprehensive Package of Interventions to Improve Pediatric PITC in Zambia

Gloria Munthali, Lusaka, Zambia

THPDE279 - De la Gestion Correcte des Données à l'Amélioration de la Qualité de la Prise en Charge : l'Exemple de Tambacounda

Amadou Moctar Diouf, Tambacounda, Senegal

THPDE280 - Early Infant Diagnosis of HIV (EID) Program Review for India: Longitudinal Trends in Polymerase Chain Reaction (PCR) Testing

Naresh Goel, New Delhi, India

THPDE281 - USSD Mobile Results Delivery System: An Innovation to Reduce Turn-Around-Time (TAT) and Improve Linkage to Care for PLHIV

Jibrin Kama, Abuja, Nigeria

THPDE282 - HIV in Humanitarian Situation in Zimbabwe: Lesson Learnt from Integrating HIV into Nutrition Interventions

Chaira Pierotti, Harare, Zimbabwe

THPDE283 - Using Microplanning to Strengthen Peer-led HIV Programming for Female Sex Workers in Malawi

Grace Kumwenda, Blantyre, Malawi

THPDE284 - Gender Responsive Budgeting Critical Strategy to Achieving 2030 Target in Nigerian

Yinka Falola-Anoemuah, Abuja, Nigeria

THPDE285 - Strategic Investments for Critical Enablers in Africa: The Good, the Bad and the Ugly

Felicita Hikuam, Cape Town, South Africa

THPDE286 - ART Adherence among Patients Cared in the Community Client-led ART Delivery (CCLAD) - TASO, Uganda Experience

Allen Okiror, Kampala, Uganda

THPDE287 - Integration of Routine Developmental Screening in Pediatric HIV Care and Treatment in Lusaka, Zambia

Ornella Ciccone, Lusaka, Zambia

THPDB288 - Strategies for Enhancing HIV Prevention, ART Initiation, Retention and Adherence among Men Having Sex with Men (MSM) Living with HIV in Malawi: The Safe Place Peer-support Project

George Sankhulani, Zomba, Malawi

THPDE289 - Integrating Sexual and Reproductive Health Services in HTS as a Delivery Model to Increase HTS Uptake among Female Sex Workers in Cross River, Nigeria

Georgeleen G. Ekon, Cross River, Nigeria

THPDE290 - Optimizing Client Mobilization for Voluntary Medical Male Circumcision in Rural Uganda

Michael O. Adengo, Kampala, Uganda

THPDE291 - The MoMent Study: Work Conditions and Challenges Experienced by Mentor Mothers in Rural North-Central Nigeria

Chinazom Ekueme, Abuja, Nigeria

THPDE292 - Accompagner la Capitalisation des Associations de Lutte contre le Sida Intervenant en Afrique : Leçons Tirées de l'Expérience

Vincent Bastien, Paris, France

THPDE293 - Optimising the Use of Digital Data for Improving Program Performance: Building Digital Trackers

Garrit S. F. Gerke, Cape Town, South Africa

THPDE294 - Reducing STI Prevalence among Sex Workers: Results of Intensive Outreach Efforts in Malawi

Barbra Kapenuka, Blantyre, Malawi

THPDE295 - High Retention Rates of Patients on Antiretroviral Therapy in a Complex Emergency Setting in Yambio State Hospital, Republic of South Sudan

Shambel Aragaw, New York, United States

THPDE296 - Healthy Moms and Healthy Infants: 12 years of Successful Mother to Child HIV Transmission Prevention in a Community Health Center in Bamako, Mali

Lassina Yaya Diarra, Bamako, Mali

THPDE297 - Implementation of a HIV/HBV Screening Strategy at Delivery to Improve Rates of Early Infant Diagnosis in HIV-Exposed Infants and Immunization in HBV-exposed Newborns in the DEPISTNEO Project, Abidjan

Madeleine Amorissani-Folquet, Abidjan, Côte d'Ivoire

THPDE298 - Using Quality Improvement Methods to Identify Community-based Innovations to Improve HIV Case Identification in Botswana

Micheal John Irige, Gaborone, Botswana

THPDE299 - Addressing Leaks in the HIV Cascade: Gains in Care and Treatment for FSWs after Introducing Lead Peer Navigators in Blantyre, Malawi

Edda Nyirenda, Blantyre, Malawi

THPDE300 - Partage du Statut VIH dans le Couple et Incidences sur la Sexualité : Analyses au Burkina Faso

Alice Bila, Ouagadougou, Burkina Faso

THPDE301 - The cost of Treatment as Prevention (TasP) and Pre-exposure Prophylaxis (PrEP) in Female Sex Workers in Benin

Fiona Cianci, Dublin, Ireland

THPDE302 - Achieving the Last 90 Goals by Addressing Migration and Mobility of PLWH

Hsin-Yi Lee, Mzuzu, Malawi

THPDE303 - Patients Experiences on Responsiveness of HIV Care in the EMPOWER project of SOLTHIS in Sierra Leone

Aina Andremanisa, Freetown, Sierra Leone

THPDE304 - Towards Achieving the Third 90: Scale up of Viral Load (VL) Uptake through Utilization of Electronic Medical Records (EMR) at Kibera Community Health Center, Nairobi

Kennedy Gathu, Nairobi, Kenya

THPDE305 - Estimating Sizes of Key Population in Resource-Constrained Settings Using a Conservative Approach: The Experience of 'Site Walk' in Selected LINKAGES Project Districts in Malawi.

Melchiade Ruberintwari, Lilongwe, Malawi

THPDE306 - Making Every Dollar Count - The Case for a Remote Financial Management System (BiPro)

Dennis Annang, Accra, Ghana

THPDE307 - The "Storydelling Cloth" Community-based Education Intervention for Human Papillomavirus Vaccination in Bamako, Mali: A Model for Future HIV Vaccination Campaigns?

Karamoko Tounkara, Bamako, Mali

THPDE308 - Un Système de Code d'iIentification Unique pour Améliorer la Qualité des Services et des Données des Populations Clés au Burkina Faso

Lassané Simpore, Ouagadougou, Burkina Faso

THPDE309 - Le 82 05, un Observatoire Virtuel au Service de la Communauté VIH d'Aujourd'hui et Demain

Benoit Bissohong Bissohong, Yaoundé, Cameroon

THPDE310 - Effectiveness of a Package of Interventions on Improving Retention Along the EID Cascade in Uganda

Sharanya Jaidev, Boston, United States

THPDE311 - A Comprehensive In-service Biomedical Engineering Training Program Targeting Laboratory Equipment Critical to the HIV Clinical Cascade in High HIV Burden Counties in Kenya

Philip Anyango, Nairobi, Kenya

THPDE312 - Involvement of Nurses and Midwives in HIV Care and Treatment Services: Task-shifting Experiences in Côte d'Ivoire

Leunkeu Eliane, Abidjan, Côte d'Ivoire

THPDE313 - Mobile Collection Using DHIS2 during Mobile HIV Testing : Experience of the DoD Project

Myriam Koua-Malley, Abidjan, Côte d'Ivoire

THPDB314 - Breaking Barriers to Access through Peer Involvement, Safe Spaces, and Linkage to ART: The Case of Female Sex Workers in Mazabuka District, Zambia

Annie Malumo, Lusaka, Zambia

THPDE316 - Unmet Need for Family Planning among 15-49-year Old HIV Positive Women Attending Care in Uganda

Fredrick E Makumbi, Kampala, Uganda

THPDE317 - The Implementation of Point-of-Care Early Infant Diagnosis using GeneXpert HIV-1 Qual Assay at Bwaila Hospital in Lilongwe, Malawi

Michael Kalulu, Lilongwe, Malawi

THPDE318 - How to Sustainably Provide Youth Friendly Health Services: The Case of Linda Clinic Youth Friendly Association in Zambia

Catherine Chibala, Livingstone, Zambia

07.12.2017, 09:00 – 18:00

FRPDA001 - Immune Abnormalities and Heterogeneity in HIV-Exposed Uninfected Infants

Joel Fleury Djoba Siawaya, Libreville, Gabon

FRPDA002 - Diagnostic de la Primo-Infection à VIH dans les Centres de Santé du District de Bamako

Yaya Bouare, Bamako, Mali

FRPDB003 - Caractérisation Moléculaire et Résistance du Virus de l'Hépatite B aux Inhibiteurs de la Polymérase chez des Patients Co-Infectés VIH à Abidjan

Jean Louis Philippe Ndin, Abidjan, Côte d'Ivoire

FRPDA004 - Apport de l'Extraction Automatisée de l'Acide Nucleique par l'Instrument M2000SP dans la Quantification de la Charge Virale Plasmatique du VIH-1 au Laboratoire de Bactériologie-Virologie de L'INRSP

Demba Koita, Bamako, Mali

FRPDA005 - Diagnostic Moléculaire de la Tuberculose par la Technique GeneXpert chez des Patients VIH Positif ou Non, Suspectés de Tuberculose à Microscopie Négative au CeDReS à Abidjan, Côte d'Ivoire (CI)

Yeo Sigata, Abidjan, Côte d'Ivoire

FRPDA006 - Mots Clés: AgHBs, Quantification de l'AgHBs, ADN du VHB, Hépatite B Chronique

Gora Lo, Dakar, Senegal

FRPDB007 - Epidemiologie Moléculaire de l'Infection a VIH-1 chez les Hommes Ayant des Relations Sexuelles avec d'Autres Hommes Naïfs d'Antirétroviraux au Togo

Abla A. Konou, Lomé, Togo

FRPDA008 - Renforcement des Capacités du Système Communautaire des Associations du Réseau Afrique Francophone d'Auto Support des Usagers de Drogue (RAFASUD

Titus Ndi Ndukong, Yaoundé, Cameroon

FRPDA009 - Facteurs Associés au PCR1 Positif chez les Enfants Exposés au VIH Suivis au CTA de l'ONG Walé, Ségou au Mali

Salif Diarra, Ségou, Mali

FRPDA010 - HIV Asymptomatic but Not Active Tuberculosis Increases CD4 Expression on Monocytes in Peripheral Blood from Senegalese Patients

Abdoul Aziz Diallo, Dakar, Senegal

FRPDA011 - Evaluation de la Charge Virale VIH-1 sur DBS par Rapport aux Prélèvements sur Tube EDTA en Utilisant la Plateforme m2000sp/rt d'Abbott

Ousseynou Ndiaye, Dakar, Senegal

FRPDA012 - Stratégie de diagnostic du Virus de l'Hépatite C (VHC) dans une Zone de Faible Prévalence (ANRS 12311 TAC)

Ousseynou Ndiaye, Dakar, Senegal

FRPDB013 - Transmission of HIV Drug Resistance Virus Is a Potential Risk to Sero-negative Partners of Sero-discordant Couples in North Central Nigeria

Ezenwa James Onyemata, Abuja, Nigeria

FRPDA014 - Evaluation du Test Rapide Multiparamétrique DIGAMED 5 IN 1 de DIGA TRADING S.A pour le Diagnostic de l'Hépatite Virale B en Côte d'Ivoire

Mathieu Kabran, Abidjan, Côte d'Ivoire

FRPDA015 - Séroprévalence de la Syphilis chez les Usagers de Drogue à Abidjan en 2014

Mathieu Kabran, Abidjan, Côte d'Ivoire

FRPDA016 - Mise en Place d'un Réseau de Surveillance des Bactéries Multi-résistantes aux Antibiotiques (GER-BMR) en Côte d'Ivoire

Aya Nathalie Guessennd, Abidjan, Côte d'Ivoire

FRPDA017 - Submicroscopic Infections among Adult's Patients Living with HIV Infection in Gabon (Central Africa)

Jeanne Vanessa Koumba Lengongo, Libreville, Gabon

FRPDB018 - Reasons for Deferred ART Initiation during Treat All Pilot Implementation in Two Districts in Zimbabwe

Richard Makurumidze, Seattle, United States

FRPDB019 - Using Continious Quality Improvement (CQI) to Scale up Viral Load Monitoring for HIV Postive Clients on Antiretroviral Therapy (ART) at TASO GULU to Achieve UNAIDS Target of 90-90-90:

Opito Ronald, Gulu, Uganda

FRPDB020 - Principales Causes D'Interruption du Traitement Antiretroviral chez les Personnes Vivant avec le VIH Suivis a L'Hopital Militaire D'Abidjan (HMA)

Denis Rodrigue Kouamé, Abidjan, Côte d'Ivoire

FRPDB021 - Evaluation des Réponses Immuno-virologiques des Personnes Co-infectées par le VHB et le VIH sous TARV Suivi à l'Hôpital de Jour du CHU de Bobo-Dioulasso (Burkina Faso)

Célestine Bégniagoua Kansono, Bobo Dioulasso, Burkina Faso

FRPDB022 - High Acceptability of Self-collected Genital Secretions by Intravaginal Veil for HPV Testing and HIV, HBV and HCV Prevalences among Childbearing-aged Women Living in Chad

Zita Ayelo, Franceville, Gabon

FRPDB023 - Apercu sur le Guide de Prise en Charge Nutritionnelle des Personnes Vivant avec le VIH et / Ou des Patients Tuberculeux au Togo, Version Juin 2017

Foli Yvon Agbeko, Lomé, Togo

FRPDB024 - Performance Characteristics of the Aptima HIV-1 Quant Dx Assay on the Panther System in Kenya

Norah Saleri, Nairobi, Kenya

FRPDB025 - Prevalence of Syphilis Infection and Risk Factors among HIV-infected Pregnant Women Attending Antenatal Clinic at Bwaila Hospital in Lilongwe, Malawi

Jacob Namoni Phulusa, Lilongwe, Malawi

FRPDB026 - Micro strategy implementation improved HIV/AIDS service delivery in five regions Tanzania

Marina Njelekela, Dar es Salaam, Tanzania, United Republic of

FRPDB027 - Intégration du Dépistage et la Prise en Charge des Lésions Précancéreuses du Col de l'utérus au Paquet de Services Offerts aux Femmes Séropositives au VIH à la Clinique Principale de l´ATBEF

Bingo Kignomon M'bortché, Lomé, Togo

FRPDB028 - Enquête sur les Prâtiques Prostitutionelles et la Séroprévalence du VIH chez les Hommes Professionnels du Sexe Suivis dans une Clinique de la Ville d'Abidjan (Côte d'Ivoire)

Amoro Mansou, Abidjan, Côte d'Ivoire

FRPDB029 - Causes and Prevention of Defaulting from Ante Retroviral Therapy: A Aualitative Study of Compliant Clients and Defaulters in Nigeria

Olayinka S. Ilesanmi, Monrovia, Liberia

FRPDB030 - Improving the Quality of Rapid HIV Testing: Validation of an Automated Reader

Nora Zwingerman, Toronto, Canada

FRPDB031 - Task-Shifting of CD4 T Cell Count Monitoring by Muse® Auto CD4/CD4% Analyzer in the Central African Republic: Implication for Decentralization

Ralph Sydney Mboumba Bouassa, Franceville, Gabon

FRPDB032 - Evolution des Lymphocytes T CD4 de la Naissance à l'Âge de Cinq Ans chez les Enfants Non-Infectés, Nés de Mères Séropositives au Cameroun: Résultats de la Cohorte ANRS-PEDIACAM

Jules Brice Tchatchueng-Mbougua, Yaoundé, Cameroon

FRPDB033 - Profil des Patients Infectés par le VIH Hospitalisés à Bobo-Dioulasso (Burkina Faso)

Armel Poda, Bobo Dioulasso, Burkina Faso

FRPDB034 - Prise en Charge du VIH de type 2: l'Expérience du Centre de Santé de Ziguinchor

Ousseynou Cisse, Ziguinchor, Senegal

FRPDB035 - Echec ARV de 2nde Ligne: Profil des Patients et Résistance à Niamey

Sahada Moussa, Niamey, Niger

FRPDB036 - Mutations de Résistance au Traitement Antirétroviral chez des Enfants en Échec Virologique au VIH1 à Abidjan (Côte d'Ivoire)

Wognin Jean Michel Aholi, Abidjan, Côte d'Ivoire

FRPDB037 - Schémas Précoces Inadaptés comme Déterminants de l'Observance chez les Personnes Infectées par le VIH sous ARV au Burkina Faso

Anselme Sanon, Bobo Dioulasso, Burkina Faso

FRPDB038 - Prevalence du VIH et Analyse de la Cascade chez les Hommes Ayant des Rapports Sexuels avec des Hommes à Abidjan

Kolo Ouattara, Abidjan, Côte d'Ivoire

FRPDB039 - Causes d'Hospitalisation et Facteurs Associés au Décès des Patients Infectés par le VIH et Sida en Hospitalisation à Bamako

Abdoulaye Mamadou Traore, Bamako, Mali

FRPDB040 - Prevalence and Determinants of Adherence Among ART Adult Patients on First-line Regimen at Six Public Health Facilities in Dakar: Results from a Cross-Sectional Study

Mouhamed Abdou Salam Mbengue, Dakar, Senegal

FRPDB041 - Evaluation de la Couverture des Sites de Travail du Sexe Féminin à Yamoussoukro

Kolo Ouattara, Abidjan, Côte d'Ivoire

FRPDB042 - Prévalence et Caractéristiques en 2015 des Patients Vivant avec le VIH (PVVIH) en 2ème Ligne de Traitement Antirétroviral, Suivis au Centre Hospitalier Régional de Saint-Louis, Sénégal

Ndeye Mery Dia, Saint-Louis, Senegal

FRPDB043 - Clinical and Immunological HIV Outcomes in a Conflict Setting in the Central African Republic: A Retrospective Analysis

Yves Asuni, Paris, France

FRPDB044 - Outcomes of Patients Diagnosed with HIV Associated Malignancies at a Busy HIV Clinic in Kampala, Uganda

Daniel Evans Kasozi, Kampala, Uganda

FRPDB045 - Evaluating the Delivery and Content of Lifelong Anti-Retroviral Therapy (ART) Counseling Messages Provided to Newly Diagnosed HIV Positive Pregnant and Postpartum Women in Swaziland

Kwashie Kudiabor, Mbabane, Swaziland

FRPDB046 - Loss to Follow Up and Predictors in a Large Prevention of Mother-to-Child Transmission Programme in Lagos, Nigeria

Oliver C. Ezechi, Yaba, Nigeria

FRPDB047 - Using HIV-Positive Champions to Improve ART Initiation and Retention among Key Populations in Luanda, Angola

Ana M. Diaz, Luanda, Angola

FRPDB048 - Strategies for Enhancing ART Initiation, Retention and Adherence among Female Sex Workers Living with HIV in Malawi: The Engage in Care Project

George Mulewa, Zomba, Malawi

FRPDB049 - A Systematic Review and Meta-analysis of Chronic Obstructive Pulmonary Disease Prevalence in the Global HIV-infected Population

Jean Joel Bigna, Yaoundé, Cameroon

FRPDB050 - Drug Resistance Analysis of PLWHIV under ART in Kongo Central Province, Western Democratic Republic of Congo

Eiji Ido, Tokyo, Japan

FRPDB051 - Laboratory Evaluation of the Xpert® HIV-1 Qual Assay as a Point of Care Technology for HIV Early Infant Diagnosis in Kenya

Timothy Nzomo, Nairobi, Kenya

FRPDB052 - Trippling Voluntary Medical Male Circumcision (VMMC) Numbers in Hard to Reach Area of Okavango Delta through Introduction of Task Sharing Model

Kaelo Robert Masoloko, Gaborone, Botswana

FRPDB053 - Profil de la File Active des PVVIH Suivies au Pavillon Raymond Madras de l'Hôpital National de Niamey sur le Plan Epidémiologique, Clinique, Para-clinique et Evolutif

Mahamadou Amadou Gado, Niamey, Niger

FRPDB054 - Stratégie Communautaire de Recherche d'Enfants, Adolescents et Femmes Enceintes Infectés par le VIH dans les Districts de Garoua I, Guider et Pitoa: Nécessité pour l'Atteinte des Objectifs 90-90-90

Odette Ngo Etame, Yaoundé, Cameroon

FRPDB055 - Introducing the "KARIBU KIT", a Customized Client Entry Package to Improve Linkage from Testing to Treatment: Experiences and Lessons Learned from
Rural Kenya

Sandra N. Sarune, Nairobi, Kenya

FRPDB056 - Point sur l'Accès au Suivi Virologique de l'Infection à VIH-1 au Togo en 2016

Mounerou Salou, Lomé, Togo

FRPDB057 - Prise en Charge Nutritionnelle des PVVIH dans 8 Villes de la République Démocratique du Congo: Le Point et les Perspectives

Odon Mbi-Maladi Apalor Timi-Timi, Kinshasa, The Democratic Republic of Congo

FRPDB058 - Harmonized Facility-and Community-based Cohort Follow-up Programs Combined Increase Retention in Prevention, Care and Treatment Services among HIV Positive Pregnant, Breastfeeding Mothers & Babies

Winfred K. Khondowe, Lusaka, Zambia

FRPDB059 - Achieving Third 90 among Key Population - One Stop Shop the Way to Go

Maureen Akolo, Nairobi, Kenya

FRPDB060 - Faible Prévalence de Lipodystrophies chez les Enfants et Adolescents Sénégalais Infectés par le VIH sous Traitement Antirétroviral au Long Cours: La Cohorte Maggsen ANRS 12279

Cecile Cames, Montpellier, France

FRPDB061 - Comprehensive Quality Improvement Strategies to Improve the Uptake of cART Services among Key Populations Living with HIV (KPLHIV) in Zambia: Lessons Learned from the USAID Open Doors Project

Harry M. Massamba, Lusaka, Zambia

FRPDB062 - Virologic Failure Following Persistent Low-level Viremia in a Cohort of HIV-positive Patients: Findings from 7 Years of Observation

Mamadou Kelly, Nouakchott, Mauritania

FRPDB063 - Performance of Rapid Tests for Detection of HBsAg in Mauritania

Mamadou Kelly, Nouakchott, Mauritania

FRPDB064 - Adolescents Issues

Jill Agnes Atieno, Kisumu, Kenya

FRPDB065 - Tuberculose Multi-resistante Diagnostiquee chez des Personnes Infectees par le VIH Pendant 'Enquete de Pharmaco-resistance (Cote d'Ivoire) en 2016

Raymond Kouassi N'guessan, Abidjan, Côte d'Ivoire

FRPDB066 - Proposition Systématique du Dépistage du VIH aux Portes d'Entrée des Patients dans les Services de Pédiatrie de l'Hôpital Régional de Ngaoundéré

Siaheu Kameni Bibiane, Ngaoundéré, Cameroon

FRPDB067 - Viral Load Suppression in Children on Antiretroviral Therapy (ART) Aged 14 Years and Below in Kenya

Berril Ogada, Busia, Kenya

FRPDB068 - Effect of Sample Rejection on Time to Results for HIV+ Infants in Kenya

Linzie A. Juma, Nairobi, Kenya

FRPDB069 - Accessibility to Viral Load Testing and Viral Suppression among Children on ART at Three Pediatric Care and Treatment Sites - Cote d'Ivoire, 2013-2016

Adje Tchomian Clement, Abidjan, Côte d'Ivoire

FRPDB070 - Evaluation de l'Anxiété chez les Femmes Enceintes en Conseil Pré-test du Dépistage du VIH à Bujumbura

Rénovate Irambona, Bujumbura, Burundi

FRPDB071 - Association entre l'Exposition au Tenofovir (TDF) et la Fonction Rénale Réduite dans une Cohorte de Patients Séropositifs en Mauritanie

Mamadou Kelly, Nouakchott, Mauritania

FRPDB072 - HIV and Lifestyle Diseases

Hipolite T. Thomas, Kilimanjaro, Tanzania, United Republic of

FRPDB073 - Human Immunodeficiency Virus Type 1 Drug Resistance in a Subset of Mothers and their Infants Receiving Antiretroviral Treatment in Ouagadougou, Burkina Faso

Serge Théophile Soubeiga, Ouagadougou, Burkina Faso

FRPDB074 - Men Are in Trouble: An Analysis of Men and their Health Seeking Behavior

Nokuthula Mdluli Kuhlase, Mbabane, Swaziland

FRPDB075 - Robustness of Patient-Level Data for Adolescents Living with HIV in 10 Nigerian States: Implications for Differentiated Care

Nguavese Torbunde, Abuja, Nigeria

FRPDB076 - Access to HIV Viral Load Testing among Patients on Antiretroviral Therapy, Côte d'Ivoire in 2016

Koffi Larissa, Abidjan, Côte d'Ivoire

FRPDB077 - Adaptation in the Face of Adversity: Voluntary Medical Male Circumcision in Zimbabwe Following Revised Global Guidance Regarding Tetanus Immunization

Shirish Balachandra, Harare, Zimbabwe

FRPDB078 - Profil des Patients Infectés par le VIH Recevant un Traitement Antirétroviral de Deuxième Ligne Dans un Contexte à Ressources Limitées en Côte d'Ivoire

Roseline Affi-Aboli, Abidjan, Côte d'Ivoire

FRPDB079 - An Oligonucleotide Ligation Assay for Assessing Targeted HIV-1 Drug Resistance Mutations

Junior Mutsvangwa, Harare, Zimbabwe

FRPDB080 - Family Centred Approach (FCA) Pilot in Zimbabwe: Increasing HIV Testing and Enrolment in Care of Family Members of People Living with HIV

Tonderayi Clive Murimwa, Harare, Zimbabwe

FRPDB081 - Mortalité des Personnes Vivant avec le VIH/Sida (PVVIH) Liée au Diagnostic Tardif Demeure un Problème au Sénégal (Etude de Cohorte Cas-témoins)

Makhtar Ndiaga Diop, Dakar, Senegal

FRPDB082 - Implementing a Point of Care Diagnostic Technology Package to Improve Diagnosis and Management of Patients with Advanced HIV in a High Prevalence Setting; Lessons from Rural Kenya

May Atieno, Homabay, Kenya

FRPDB083 - Survival Analysis of HIV/AIDS-Patients Undergoing Antiretroviral Therapy at Centre Hospitalier Universitaire Sylvanus Olympio of Lomé, Togo

Akouda Akessiwé Patassi, Lomé, Togo

FRPDB084 - Incidence et Causes du Changement du Premier Traitement Antirétroviral chez les Patients Suivi au CTA de Donka, CHU de Conakry (Guinée)

Mohamed Maciré Soumah, Conakry, Guinea

FRPDB085 - Accelerating Enrollment in Women through the Test and Start Strategy Using the Decentralized ART Model in Rural Communities: AHF Healthcare Foundation Experience in Nigeria

Greg Abiaziem, Makurdi, Nigeria

FRPDB086 - Implementation of a High Quality Molecular Diagnostic Laboratory Powered by Solar Panels in
Pointe-Noire, Congo

Hugues D. Loemba, Ottawa, Canada

FRPDB087 - Missed Opportunities for Reaching the First 90 in Tuberculosis (TB) Presumptive Patients

Nicholas Marwa Kisyeri, Mbabane, Swaziland

FRPDB088 - Community Prevention of Acute Undernutrition in Orphans and Vulnerable Children Using a Ready-to-Use Supplementary Food

Fred M. Alumasa, Mbabane, Swaziland

FRPDB089 - Art Default Rate Vis-a-Vis "Test and Treat" Strategy

Harry Simeon Madukani, Blantyre, Malawi

FRPDB090 - Adolescents Opinions on Important Determinants of Transition Success from Pediatric to Adult ART Clinic

Ernest Ekong, Abuja, Nigeria

FRPDB091 - Improving Antiretroviral Therapy (ART) Initiation in Children through Targeted Multiple Interventions in Northern Part of Zambia

Thierry Mukwa Malebe, Lusaka, Zambia

FRPDB092 - Achieving the "Three 90's" with Men who Have Sex with Men: Improving Prevention and Access to Care and Treatment Program in Côte d'Ivoire (IMPACT-CI)

Venance Kouakou, Abidjan, Côte d'Ivoire

FRPDB093 - Access to HIV Care and Treatment for Migrants between Lesotho and South Africa

Alfred Musekiwa, Centurion, South Africa

FRPDB094 - Qualitative Study on the Providers' Perspectives Regarding Access to HIV Care and Treatment of Migrants between Lesotho and South Africa

Alfred Musekiwa, Centurion, South Africa

FRPDB095 - Mortalité des Personnes Vivant avec le VIH(PVVIH) sous Traitement Antirétroviral de Première Ligne Suivies au Centre de Traitement Ambulatoire (CTA) de Dakar et Facteurs Associés: Une Etude de Cohorte

Ndeye Fatou Ngom Guèye, Dakar, Senegal

FRPDB096 - Évolution des Conditions de Mise sous TAR des Patients Infectés par le VIH dans un Centre de Référence au Sénégal de 1998 à 2016: "Une Mise sous TAR qui se Généralise mais à un Stade Avancé"

Ndeye Fatou Ngom Guèye, Dakar, Senegal

FRPDB097 - Stratégies d'Augmentation de la Prescription de la Charge Virale chez les Patients VIH: Expérience du Projet OPP-ERA en Guinée

Maurice Sandouno, Conakry, Guinea

FRPDB098 - Features of Malaria among HIV Patients Hospitalized in the Ward of Infectious Diseases out of Malaria Transmission Season in Bamako, Mali

Yacouba Cissoko, Bamako, Mali

FRPDB099 - Tobacco Use, Depression and its Relationship with Non-adherence to ART among Male PLHIV Consuming Alcohol in India

Bidhubhusan Mahapatra, New Delhi, India

FRPDB100 - Dépistage du VIH; Appréciation de la Qualité au près de 50 Patients Adressés pour la Prise en Charge au SMIP de l'HGAS de Pointe-Noire

Michel Mankou Mankou, Pointe-Noire, Congo

FRPDB101 - Cryptococcose Neuroméningée: Aspects Cliniques, Evolutifs et Problématique de la Prise en Charge Thérapeutique

Michel Mankou Mankou, Pointe-Noire, Congo

FRPDB102 - sexually transmitted infections (STI) among people who inject drugs and implications for programming

Oluwafisayo A. Alao, Abuja, Nigeria

FRPDB103 - Perceived Quality of ART Services among Centralized and Decentralized Facilities in Namibia

Lung Vu, Washington, United States

FRPDB104 - Experience du Suivi de l'Etat Nutritionnel des PVVIH sous ARV par les Communautaires

Elodie Amantcho, Abidjan, Côte d'Ivoire

FRPDB105 - Mise en œvre d'une Démarche Qualité à l'Hôpital de District de Logbaba: Un Processus qui Améliore la Performance de la PTME et le Suivi des Enfants Exposés

Marlène Nkapnang, Douala, Cameroon

FRPDB106 - Routine Training of Volunteers Home-based Care Givers for Effective Service Delivery

Adesiyan Aderoju, Ibadan, Nigeria

FRPDB107 - Profil Pubertaire des Adolescents Vivant avec le VIH au Service de Pédiatrie du CHU de Treichville

Wognin Jean Michel Aholi, Abidjan, Côte d'Ivoire

FRPDC108 - Improving HIV Testing among People who Inject Drugs (PWID) through Outreach Micro Planning in Tanzania

Michael Luvanda, Dar es Salaam, Tanzania, United Republic of

FRPDC109 - Missed Opportunities for Provision of One Stop Sexual and Reproductive Health and HIV/AIDS Services at Health Facilities: The Case for Uganda

Minsi Monja, Kampala, Uganda

FRPDC110 - Seroprevalence du VIH Chez les Patients TB Sensible vs Resistant a l Rifampicine Suivis au Centre Mere et Enfant de Ngaba a Kinshasa, RD Congo

Mamie Etondo, Kinshasa, Congo, the Democratic Republic of the

FRPDC111 - Experiences of Sexually Transmitted Infections among Street Female Sex Workers in Ibadan, Nigeria

Christy Ekerete-Udofia, Lagos, Nigeria

FRPDC112 - Retention of Pregnant and Breastfeeding Women Living with HIV in Prevention of Mother-to-child Transmission Care and Associated Factors in Tanzania Mainland

Levina Albert Lema, Dar es Salaam, Tanzania, United Republic of

FRPDC113 - Reaching Men with HIV Testing Services: Is Moonlight Testing Part of the Answer?

Richard Makurumidze, Seattle, United States

FRPDC114 - Contribution des Kits de fidélisation à la rétention des femmes enceintes et allaitantes dépistées VIH+ et leur nourrissons dans les soins, (cas de FSU COM Toit Rouge et GESCO à Abidjan Yopougon)

Awouho Pierre Claver Liadan, Abidjan, Côte d'Ivoire

FRPDC115 - Increasing Uptake of HIV Testing and Access to Services by Men through Religious and Cultural Leaders in Homabay and Siaya Counties, Kenya

Harriet Kongin, Nairobi, Kenya

FRPDC116 - Galvanizing the Voices and Action of Religious Leaders for HIV Prevention Research

Jane N.M. Nganga, Nairobi, Kenya

FRPDC117 - Targeting HIV-positive While Testing Military and Gendarmes in Cote D'ivoire

Ibrahima Bamba, Abidjan, Côte d'Ivoire

FRPDC118 - Profile of Hepatitis B Markers According to HIV Status among Children Attending the Essos Hospital Center of Yaoundé, Cameroon

Philippe Salomon Nguwoh, Yaoundé, Cameroon

FRPDC119 - Impacts from Repeated Football and Netball Tournaments to Prevent HIV/STIs among AYP in Karamoja Region: Experience of AIC

Minsi Monja, Kampala, Uganda

FRPDC120 - The Unit Cost of Delivering Oral PrEP as Part of a Combination HIV Prevention Package; Results from the IPCP Demonstration Project in Kenya

Michael Kiragu, Nairobi, Kenya

FRPDC121 - HIV Risk Behaviours among Boda Boda Riders in Kiambu, Kenya

Millicent M. Kiruki, Nairobi, Kenya

FRPDC122 - Sensibilisation sur les Violences Sexuelles et Prophylaxie Post -Exposition (PPE) pour une Prévention de l'Infection du VIH chez les Survivantes: Expérience de L'ONG ASAPSU Yamoussoukro (Côte d'Ivoire)

Doumenan Raphaël Soro, Abidjan, Côte d'Ivoire

FRPDC123 - Comprehensive HIV Prevention Intervention for Young Adolescents in Kenya: Characteristics of Girls Ages 10-14 Enrolled in DREAMS Initiative Programming in Homa-Bay and Siaya Counties

Caroline A.O. Kambona, Kisumu, Kenya

FRPDC124 - Barriers to Achieving the 90-90-90 Strategy among Sex Workers Testing Positive for HIV in Most at Risk Populations (MARPI) Clinic in Uganda

Gorretti Katushabe, Kampala, Uganda

FRPDC125 - Réduction des Risques : Stratégie de Prévention et Prise en Charge de l'Infection à VIH dans les Lieux de Consommation des Drogues à Abidjan, Côte d'Ivoire: Expérience d'Espace Confiance

Morley Bienvenu Nangone, Abidjan, Côte d'Ivoire

FRPDC126 - Offre de Services SR/VIH en Stratégie Avancée aux Travailleuses de Sexe (TS) Adolescentes de la Ville de Bertoua: Une Approche Ciblée pour un Meilleur Accès aux Services Intégrés

Soilihou Mforain Mouassie, Yaoundé, Cameroon

FRPDC127 - Evolution du Profil des Nouveaux Cas d'Infection à VIH au Burkina Faso de 2007 à 2016 : Étude de la Cohorte de l'Hôpital de Jour de Bobo-Dioulasso

Firmin N. Kaboré, Bobo Dioulasso, Burkina Faso

FRPDC128 - Sexual Behaviors and HIV Status Disclosure among People Living with HIV-2 Infection in West Africa

S. P. Boni, Abidjan, Côte d'Ivoire

FRPDC129 - Séroprévalence des Virus des Hépatites B et C chez les Personnes Vivant avec le VIH au Centre Médical d'Arrondissement de MVOG ADA à Yaoundé, Cameroun

Philippe Salomon Nguwoh, Yaoundé, Cameroon

FRPDC130 - Uptake of Post Exposure Prophylaxis (PEP) Services by Victims of Sexual Violence, in HIV Clinics in Nigeria

Lekan S. Ajijola, Port Harcourt, Nigeria

FRPDC131 - Going Beyond HIV Testing to Achieve the Second 90: Strengthening Linkage from HIV Testing Services to Care and Treatment

Duncan Tete Okubasu, Nairobi, Kenya

FRPDC132 - Achievement of Prevention Intervention among Female Sex Workers in North-West Nigeria, 2015-2016

Peter Egena, Abuja, Nigeria

FRPDC133 - Strategies for Increasing the Uptake of HIV Testing Services (HTS) by Adolescents and Young People (AYP): Experience from Benue State, Nigeria

Victoria F. Isiramen, Abuja, Nigeria

FRPDC134 - Analyse Sérologique en Panel des Marqueurs du Virus de l'Hépatite B chez les Donneurs de Sang au Centre Hospitalier d'Essos de Yaoundé, Cameroun

Christian Taheu Ngounouh, Yaoundé, Cameroon

FRPDC135 - Green-housing, a Potent Strategy to Promoting Access to HIV Prevention and Treatment Services for Key Populations in Abuja, Nigeria

Ngozika Ogbonna, Abuja, Nigeria

FRPDC136 - Caractérisation Moléculaire des Souches du Virus de l'Hépatite C chez des Patients Infectés à Abidjan

Jean Louis Philippe Ndin, Abidjan, Côte d'Ivoire

FRPDC137 - Are Mobile Outreaches More Effective for Girls When They Are Youth Friendly? Experience from Benue State, Nigeria

Victoria F. Isiramen, Abuja, Nigeria

FRPDC138 - Routine TB Intensified Case Finding (ICF) among People Living with HIV in Côte d'Ivoire: Challenges and Recommendations

Gina D. Etheredge, Washington, United States

FRPDC139 - Social Media for Promoting Uptake of HIV Prevention of Mother-to-Child-Transmission Services Women with Hearing Impairment in Osogbo, Nigeria

Omoregie Philomena, Akwa Ibom, Nigeria

FRPDC140 - Adolescent & Young Women MTCT in Rwanda

Aline Umubyeyi, Kigali, Rwanda

FRPDC141 - Facteurs Associés à l'Infection au Virus de l'Hépatite B chez

les Femmes Enceintes dans la Ville de Garoua, Cameroun

Christian Taheu Ngounouh, Yaoundé, Cameroon

FRPDC142 - The Impact of Contraceptive Use among HIV Positive Women in Nigeria

Ifeoma Eugenia Idigbe, Lagos, Nigeria

FRPDC143 - Anal Sexual Practices, Condom Use and HIV Testing among Female Sex Workers who Inject Drugs in Akwa Ibom State, Nigeria

Omoregie Philomena, Akwa Ibom, Nigeria

FRPDC144 - Intégration de la Lutte contre la Tuberculose dans les Activités VIH du Réseau Ivoirien des Personnes Vivant avec le VIH: Une Réalité

Prince Harlem Yao, Abidjan, Côte d'Ivoire

FRPDC145 - Documentation of Social Asset Building Using a Fidelity Checklist: A Case Study of AIHA's DREAMS Programming in Homa-Bay and Siaya Counties

Wilkister Olando, Bondo, Kenya

FRPDC146 - Enquête sur le Comportement Sexuel et la Séroprévalence du VIH chez les Hommes Ayant des Rapports Sexuels avec des Hommes au Centre Médico-social de l'ONG Asapsu de Yamoussoukro (Côte d'Ivoire)

Doumenan Raphaël Soro, Abidjan, Côte d'Ivoire

FRPDC147 - Infestation aux Mésoparasites chez les Personnes Vivant avec le VIH/SIDA Suivies au Centre Médical Catholique de Nkolondom II, Yaoundé, Cameroun

Christian Taheu Ngounouh, Yaoundé, Cameroon

FRPDC148 - "Cartographie Programmatique et Estimation de la Taille de Population plus Exposé au Risque de l'Infection au VIH en Guinée-Bissau par ENDA Santé Guinée-Bissau

Mamadú Aliu Djaló, Bissau, Guinea-Bissau

FRPDC149 - Trends and Correlates of HIV Testing amongst Pregnant Women in Senegal during Routine Antenatal Care: Insights and Lessons Learnt from the Demographic and Health Surveys from 2005 to 2015

Mouhamed Abdou Salam Mbengue, Dakar, Senegal

FRPDC150 - Fight against the Prevalence of HIV/AIDS among the MSM Community in Nigeria

Julius Bala, Abuja, Nigeria

FRPDC151 - Strengthening Community Collaboration to Collectively Addressing Challenges in Adolescent and Youth HIV/AIDS Interventions in Philippi, Cape Town

Clement Nkubizi, Cape Town, South Africa

FRPDC152 - Increasing Uptake of HIV Counseling and Testing through Adolescent-led Sexual and Reproductive Health Services

Musonda Musonda, Lusaka, Zambia

FRPDC153 - Incidence and Risk Factors of Prediabetes and Diabetes Mellitus among HIV Infected Adults on Antiretroviral Therapy: A Global Systematic Review and Meta-analysis

Jean Joel Bigna, Yaoundé, Cameroon

FRPDC154 - HIV/AIDS Knowledge and Risk Behaviors among Female Sex Workers in Burkina Faso

Ghislain G. Poda, Ouagadougou, Burkina Faso

FRPDC155 - Achieving the Second 90: A Deeper Look at Community Structures - Patent Medicine Vendors, Private Laboratories and Maternity Homes in Northern Nigeria

Elizabeth Duile, Abuja, Nigeria

FRPDC156 - Knowledge of HIV and Attitude toward Antiretroviral Therapy among HIV-2 Infected Individuals in the Era of Universal Treatment

Yélamikan Frank Touré, Abidjan, Côte d'Ivoire

FRPDC157 - Acceptability and Prevalence of Male Circumcision for HIV Prevention among Potential Male Recruits in the Botswana Defence Force

Mooketsi Ditsela, Gaborone, Botswana

FRPDC158 - Antibiotics Susceptibility Pattern of Streptococcus pneumoniae Isolated from Sputum Cultures of Human Immunodeficiency Virus Infected Patients in Yaoundé-Cameroon

Michel Kengne, Yaoundé, Cameroon

FRPDC159 - Évaluation de l'Intégration des Adolescents et Jeunes Réfugies Burundais et Rwandais sur la Promotion Croisée de la Prévention des IST-VIH/SIDA; Sites de UNHCR dans l'Est de la R.D.Congo

Alphonse Lumbwe Kabwe, Bukavu, The Democratic Republic of Congo

FRPDC160 - Antimicrobial Resistance and AIDS Control

Dickson Shey Nsagha, Buea, Cameroon

FRPDC161 - Profil des IST Diagnostiquées dans une Cohorte de HSH Suivie sur 12 Mois à EVT

Kouamivi Mawuenyegan Agboyibor, Lomé, Togo

FRPDC162 - Pratique du Dépistage du Cancer du Col à Abidjan

Wardatou Dine Mourtada, Abidjan, Côte d'Ivoire

FRPDC163 - HIV Positive Status Misclassification Rates and Associated Factors among Patients about to Initiate on ART in Swaziland

Lenhle Phililе Nsibandze, Mbabane, Swaziland

FRPDC164 - Increasing ART Uptake among Key Populations in Zambia through Test and Treat Strategy: Road to Reaching the UNAIDS 90-90-90 Threshold under the USAID Open Doors Project Implemented by ZHECT

Alick Samona, Lusaka, Zambia

FRPDC165 - Girls Cannot Be Trusted: Young Men Perspectives on Contra-

ceptive Decision-making in Sexual Relationships in Bolgatanga, Ghana

John Kingsley J.K. Krugu, Bolgatanga, Ghana

FRPDC166 - Structure and Characteristics of Sexual Networks in Rural Nigeria

Baba Madu Mari, Winnipeg, Canada

FRPDC167 - Practices of Female Commercial Sex Workers with Disability and Access to HIV/AIDS Services in Ethiopia: Case Study of Most at Risk Populations (MARPs) Involved in the MULU/HIV Prevention Project

Pulchérie U. Mukangwije, Lyon, France

FRPDC169 - Factors that Contribute to the High HIV Prevalence Rate among Women in an Informal Settlement

Lisa Matomola, Windhoek, Namibia

FRPDC170 - Knowledge, Attitudes of Female Commercial Sex Workers with Disabilities and Access to HIV Services in Ethiopia: Case of Most at Risk Populations (MARPs) Involved in the MULU/HIV Prevention Project

Pulchérie U. Mukangwije, Lyon, France

FRPDC171 - Couples HIV Counseling and Testing Uptake among HIV Positive Adults in Kyoga Fishing Community, Uganda, May 2016

Lydia Nakiire, Kampala, Uganda

FRPDC172 - Résultats Préliminaires de la 1ère Etude sur la Co-infection, Hépatites B/Delta et C, de la Cohorte Nationale de Patients Dialysés en Mauritanie

Zahra Fall Malick, Nouakchott, Mauritania

FRPDC173 - Leveraging School Calendar to Increase Uptake of Voluntary Medical Male Circumcision (VMMC) Services in Northern Zambia

Gabriel Kibombwe, Lusaka, Zambia

FRPDC174 - Attitudes and Constraints Faced by Teachers when Carrying out Sexual Education in Rwandan Schools

Serge Jean Paul Ndashimye, Kigali, Rwanda

FRPDC175 - Bilan des Activités de Dépistage du Virus de l'Hépatite B chez les Patients Nouvellement Positifs au VIH durant le 1er Semestre 2017 au Centre d'Ecoute de Soins d'Animation et de Conseil de Bamako

Daouda Traore, Bamako, Mali

FRPDC176 - Prevalence of HIV, Biological and Behavioral Risk Factors for Infection Among Female Sex Workers (FSWs) in Angola, 2016

Maria Lucia M. Furtado, Luanda, Angola

FRPDC177 - Bilan de la Prise en Charge Médicale des Militaires Infectés par le VIH à l'Hôpital Militaire de Ouakam

Ismail Barkire, Dakar, Senegal

FRPDB178 - Obstacles à la Prévention de la Transmission Sexuelle du VIH dans les Couples Sérodifférents à Lomé

Yawovi Djakpa, Lomé, Togo

FRPDC179 - HIV Prevalence, Knowledge and Behavior among Female Sex Workers in Côte d'Ivoire: Results from the 2016 Integrated Bio-Behavioral Survey (IBBS) in Cote d'Ivoire

Yedmel Esso, Abidjan, Côte d'Ivoire

FRPDC180 - Prevalence and Factors Associated with Cryptococcosis Infection in Patients with HIV/ AIDS, Hospital Esperança, Luanda, 2016

Raidel De Jesus, Luanda, Angola

FRPDC181 - Experience on Increasing Access, Availability and Affordability of Integrated SRH/HIV Services in the Factory and Textiles Industries: The case of Maputsoe Factories in Leribe District in Lesotho

Ngakana Johannes Johannes Tohlang, Maseru, Lesotho

FRPDC182 - Améliorer la Participation de Partenaires Masculins et l'Utilisation des Services de PTME: Rôle de la Stratégie Communautaire dans la Province du Nord-Kivu, République Démocratique du Congo

Freddy Salumu, Kinshasa, The Democratic Republic of Congo

FRPDC183 - Factors Associated with Male Circumcision as HIV Prevention among Adults (15-59) in Rwanda - In Depth Analysis of RAIHIS 2013-2014

Karangwa Chaste, Kigali, Rwanda

FRPDC184 - High Needles Sharing and Low Risk Perception amongst Women who Inject Drugs in Lagos, Nigeria

Samuel Anthony Molokwu, Abuja, Nigeria

FRPDC185 - Attitudes et Comportements Sexuels Face à l'Infection à VIH en Milieu Universitaire

Serge A. Kapend Matanda, Lubumbashi, The Democratic Republic of Congo

FRPDC186 - Optimizing Provider Initiated Testing and Counseling in Women and Adolescents to Achieving the 1st 90 in Health Facilities in Nigeria

Greg Abiaziem, Makurdi, Nigeria

FRPDC187 - Mobile HIV Counseling and Testing Outreach: A Model for Community Based Approach to Increasing Uptake of HCT and Antiretroviral Therapy Services in Benue State Nigeria

Greg Abiaziem, Makurdi, Nigeria

FRPDC188 - Prevalence of HIV-Hepatitis B Co-Infection and Factors Associated among Men Who Have Sex With Men (MSM) in Senegal

Nafissatou Leye, Dakar, Senegal

FRPDC189 - Prevention of Mother-to-Child Transmission of HIV (PMTCT) among Female Sex Workers in South Africa

Jean Olivier Twahirwa Rwema, Baltimore, United States

FRPDC190 - HIV Sero-discordancy among Couples in a Prevention of Mother to Child Transmission (PMTCT) Program in Northern Zambia - Is ART Access in this Sub-population Guaranteed?

Thierry Mukwa Malebe, Lusaka, Zambia

FRPDC191 - Breaking Barriers to Highly Conservative Communities to Ex-

pand Access and Use of Condom for Adolescent Girls in South West Nigeria

Adediran Adesola Adesina, Ile Ife, Nigeria

FRPDC192 - Changes in Condom Use during Pregnancy in a South African Pregnant Cohort

Charles Chasela, Johannesburg, South Africa

FRPDC193 - On the Road to Ending AIDS by 2030: Ghana's Experience in Delivering the First 90 Fast Track Target

Golda Grace Asante, Accra, Ghana

FRPDB194 - Coverage of Modern Contraceptive Use and Highly Active Anti-retroviral Therapy among Women of Reproductive Age Living with HIV in Nigeria

Ademola Damola Dada, Makurdi, Nigeria

FRPDC195 - Prévenir la Transmission du VIH par la Réinsertion Sociale des Jeunes Usagers de Drogues

Evelyne Mello Figueiredo, Cidade da Praia- Ilha de Santiago, Cape Verde

FRPDC196 - "My Dear, Don't Only Eat, Drink and Dance; Access HTS" - Exploring Traditional Festivals to Achieve the "First 90" Target in the Eastern Region of Ghana

Golda Grace Asante, Accra, Ghana

FRPDC197 - Prévalence des Infections à Chlamydia trachomatis et Neisseria Gonorrhoeae chez les Populations Clés au Sénégal

Ndeye Diabou Diagne-Gueye, Dakar, Senegal

FRPDC198 - Burden of Asymptomatic Malaria, Anemia and Relaionship with Cotrimoxazole Use and CD4 Cell Count among HIV1-infected Adults Living in Gabon, Central Africa

Noé Patrick M'bondoukwé, Libreville, Gabon

FRPDC199 - Atteindre 90% de Suppression Virale en Côte d'Ivoire: Rôle

de l'Education Thérapeutique dans l'Amélioration de l'Issu Virologique du Traitement ARV au CePReF, Yopougon Attié, Projet OPP-ERA ANRS 12319

E Messou, Abidjan, Côte d'Ivoire

FRPDC200 - Meaningful Involvement of PLHIV: The Role of Clinic Referral Facilitators (CRFs) Mutare District Zimbabwe 2017

Charles Uzande, Mutare, Zimbabwe

FRPDC201 - HIV Testing Services among Key and Bridge Population in Oyo State, Nigeria: Lessons Learned, Results and Challenges

Michael Olubunmi Titus, Abuja, Nigeria

FRPDC202 - Rattrapage des Enfants Exposés au VIH/SIDA dans le District Sanitaire de Didievi par l'Ong Eouka Eoun

Kouame Ekra, Didievi, Côte d'Ivoire

FRPDC203 - Use of the Cellphone by Female Sex Workers and its Effect on HIV Risk Reduction and Service Uptake in India

Bidhubhusan Mahapatra, New Delhi, India

FRPDC204 - Evaluation de la Prévalence du VIH-1 chez les Femmes Présentant des Lésions Précancéreuses du Col de l'Utérus dans la Région des Hauts-Bassins / Burkina Faso

Kagoné Samdapawinde Thérèse,
Bobo Dioulasso, Burkina Faso

FRPDC205 - Operationalizing PrEP in Africa: Development of WHO PrEP Implementation Tool and its Implications for Scale-up for PrEP for People at Risk for HIV, Including Pregnant and Breastfeeding Women

Rachel Baggaley

FRPDE206 - Influence of the Duration of ARV Treatment of Pregnant Women on the Risk of Mother-to-Child Transmission of HIV in the Context of Option B+ Option in Bouaké, Côte d'Ivoire

Yacouba Doumbia, Bouaké, Côte d'Ivoire

FRPDC207 - Unmet Contraception Needs among Women who Inject Drugs in Coastal Kenya: Findings from a Qualitative Study

Sylvia Ayon, Nairobi, Kenya

FRPDC208 - Stigma and Discrimination Differentials among Key Populations Living with HIV and Other Non-key Populations Living with HIV in Ghana

Margaret Appiah, Accra, Ghana

FRPDC209 - Where Is the Progress? Burden of HIV and Sexually Transmitted Infections among Sex Workers and their Clients in Mombasa, Kenya

Peter Gichangi, Nairobi, Kenya

FRPDC210 - Prévalence du Virus de l'Hépatite B chez les Populations Vulnérables au VIH au Sénégal

Maïmouna Diakhaté, Dakar, Senegal

FRPDC211 - Offre de Service de Dépistage par Réseau des Travailleurs de Sexe dans la Communauté

Tety Louis Daple, Abidjan, Côte d'Ivoire

FRPDC212 - Comparison of Asymptomatic and Clinical Malaria Frequences between HIV Positive and HIV Negative Individuals Living in Gabon

Bridy Chesly Moutombi Ditombi, Libreville, Gabon

FRPDC213 - Systems-level Factors Associated with Rate of HIV Testing Delivery of Maternal ARVs at 46 Nationally-distributed Health Facilities in Côte d'Ivoire

Ke Pan, Seattle, United States

FRPDC214 - Nigerian Pre-exposure Prophylaxis (PrEP) Study: Sociodemographic Profile and Fertility Desire among HIV-1 Sero-discordant Couples in Nigeria

Matthias Alagi, Abuja, Nigeria

FRPDC215 - STI and Sexual Violence Screening Is Relevant for Key Popu-

lations in Tanzania

Albert Komba, Dar es Salaam, Tanzania, United Republic of

FRPDC216 - Améliorer l'Accès au Paquet de Services du VIH dans les Zones Périphériques sous Equipées en Guinée, l'Exemple de la Campagne Transfrontalière dans le Cadre du Programme FEVE

Alpha Amadou Diallo, Conakry, Guinea

FRPDC217 - The Nigeria PrEP Demonstration Project: Effect of Media Campaign on Walk-in Requests for PrEP across the Project Sites

Aiero B. Babalola-Jacobs, Jos, Nigeria

FRPDC218 - Strengthening the School-based HIV Prevention Program through the Community Links and Collaborations: The 1350 Schools Success Stories in Plateau State

Opeyemi Yekini, Bukuru, Nigeria

FRPDC219 - Is That for me? Challenging Assumptions of High Impact HIV Prevention in Black Women

Dazon Dixon Diallo, Atlanta, United States

FRPDC220 - Reducing the Vulnerability of PWID to HIV through Effective Use of Condoms and Lubricants

Ayodeji Fashade, Ibadan, Nigeria

FRPDC221 - Connaissances, Attitudes et Pratiques des Usagers de Drogue Injectable Face au Virus de l'Immunodéficience Humaine dans le District de Bamako

Boubacar Traore, Bamako, Mali

FRPDC222 - Evaluation of Senegal's Prevention of Mother to Child Transmission of HIV (PMTCT) Program Data for HIV Surveillance

Ousmane Diouf, Dakar, Senegal

FRPDD223 - Door to Door HTC for MSM

Charles Mukoma, Nairobi, Kenya

FRPDD224 - Lutte contre la Stigmatisation et la Discrimination des Populations Clés en Milieu de Soins en Côte d'Ivoire: Expérience de l'Utilisation de l'Approche LILO (Looking In, Looking Out)

Lucile Konan, Abidjan, Côte d'Ivoire

FRPDD225 - What Parents and Caregivers Think and Feel about Adolescents and their Access to SRHR and HIV Information. Findings from a Baseline in Ethiopia

Aman Abdo Gena, Addis Ababa, Ethiopia

FRPDD226 - Accompagnement Économique des PVVIH, une autre Forme de Lutte Contre la Stigmatisation et la Discrimination à Savalou, Bénin

Adéyêmi O. Wilfried Amontcha, Savalou, Benin

FRPDD227 - Bringing Services Closer to the People! Yes it Is Working

Rita Banda, Lusaka, Zambia

FRPDD228 - Les grossesses chez les Adolescentes Infectées par le VIH au Burundi: Une Équation à Plusieurs Inconnues. Cas du Centre ISANGE de la SWAA Burundi.

Egide Nimubona, Bujumbura, Burundi

FRPDD229 - Expanding Access to HIV Treatment Services, the Role of Government Policy in Akwa Ibom State, Nigeria

Yemisi Ogundare, Akwa Ibom State, Nigeria

FRPDD230 - Vulnérabilité Transfrontalière et VIH : Analyse d'un Cas de Village Situé entre la Gambie et le Sénégal

Souleymane Sow, Dakar, Senegal

FRPDD231 - Mise en Place d'un Environnement Social et Juridique Favorable pour la Réduction de l'Incidence du VIH Auprès des Populations Clés au Togo

Yves Justin Kossi Kugbe, Lomé, Togo

FRPDD232 - Delivering Sexuality Education Programs in Schools Using the Whole School Approach

Godfrey Walakira, Kampala, Uganda

FRPDD233 - Implementation of One-stop Model Services and Demand Creation Activities Drastically Increases Assistance to Gender Based Violence (GBV) Victims in Two Provinces in Mozambique

Humberta Pindula, Maputo, Mozambique

FRPDD234 - Scaling-up HIV Testing, Treatment, Care, and Support for Men who Have Sex with Men, Transgender, and Sex Workers in Liberia

Isaac Tibenkana Sempungu, Monrovia, Liberia

FRPDD235 - « Sincèrement, ce serait mieux en injectable » : Attentes des femmes vivant avec le VIH à Bobo-Dioulasso, Burkina Faso

Chiara Alfieri, Montpellier, France

FRPDD236 - Increase Young People's Uptake of Sexual and Reproductive Health Services in Malawi: Linking Schools to Services

Miriam Groenhof, Amsterdam, Netherlands

FRPDD237 - Le Divertissement Éducatif: Stratégie Efficace de Sensibilisation et d'Accroissement du Taux de Dépistage Volontaire du VIH dans la Prise en Charge des HSH

Ossey Amon Perez, Abidjan, Côte d'Ivoire

FRPDD238 - Stratégies de Renforcement de l'Offre de Services en Santé de la Reproduction, Planification Familial et VIH dans les Centres de Santé des Armées

Sandra Moulod-Sampah, Abidjan, Côte d'Ivoire

FRPDD239 - HIV Policy Advancements in PEPFAR Partner Countries: Review of Data from 2010-2016

Andre R. Verani, Atlanta, United States

FRPDD240 - Barriers to the Integration of Gender Based Violence in Routine HIV Care

Priscilla Ajambo, Masindi, Uganda

FRPDD241 - Le Système d'Alerte du Réseau Ivoirien des Organisations de Personnes Vivant avec le VIH et le Sida (RIP+) en Côte d'Ivoire

Gaty Léontine Sidjé, Abidjan, Côte d'Ivoire

FRPDD242 - Sierra Leone´s Post Ebola Social Protection: Opportunity for HIV Sensitivity and Inclusion

Bamie Joseph Sesay, Freetown, Sierra Leone

FRPDD243 - La Surveillance des Systèmes de Santé par les Communautés de Personnes Vivant avec le VIH (PVVIH) en Côte d'Ivoire : Alternative au Respect de Leurs Droits et à l´Atteinte des 90- 90 – 90

Sery Valentin Keipo, Abidjan, Côte d'Ivoire

FRPDD244 - Embedding HIV and AIDS into Crisis and Post-Crisis Responses in West and Central Africa

Amandine Bollinger, Dakar, Senegal

FRPDD245 - Reducing HIV-related Stigma and Discrimination in Ghana Using PLHIV as Frontline Advocates - The Role of the Heart-to-Heart Campaign

Paul Ayamah, Accra, Ghana

FRPDD246 - Partnerships between Law Enforcement Agencies and Civil Society Organizations in Nigeria and its Role in Promoting Key Population Access to HIV Services

Ezinne Okey-Uchendu, Abuja, Nigeria

FRPDD247 - La Médicalisation de la PTME : Une Nouvelle Forme de Vulnérabilité Féminine ?

Khoudia Sow, Dakar, Senegal

FRPDD248 - LES SUPERVISONS INTEGREES DLSI, SOCIETE CIVILE, DSRSE ET RNP+ Une Bonne Pratique à Pérenniser Pour une Meilleure Intégration des Services de Prise en Charge du VIH et de la Santé de la Reproduction

Mame Diarra Seck, Dakar, Senegal

FRPDD249 - Recensement des Actes de Violences Envers les LGBT Expérience d'ARCAD/SIDA au Mali

Bintou Dembelé Keita, Bamako, Mali

FRPDD250 - Evaluation de l'Utilisation des Données de la PTME en Lieu et Place de la Surveillance Sentinelle du VIH et de la Syphilis chez les Femmes Enceintes au Mali

Ibrehima Guindo, Bamako, Mali

FRPDD251 - L´Annonce de l'Échec Thérapeutique au Cameroun: Discours Culpabilisants et Dramatisation

Gabrièle Laborde-Balen, Dakar, Senegal

FRPDD252 - The Ethics of Ethical Clearance Process in the SADC Region

Boga Fidzani, Gaborone, Botswana

FRPDD253 - Speak Up: Human Rights & HIV Monitoring System for Law Reform in Lebanon

Hala Najm, Beirut, Lebanon

FRPDD254 - Drug Users in Swaziland: Demographics, Practices, Sexual Reproductive Health and Rights

Qandelihle G. Simelane, Manzini, Swaziland

FRPDD255 - L´Intervention Psychologique au Cœur de la Problématique du VIH-SIDA : Cas Spécifique des Populations Clés en Faveur de l´Atteinte du Trois Fois 90

Pierre Minka Mezama, Bafoussam, Cameroon

FRPDD256 - 'Treat All Policy' in Ghana: Laboratory Costs Dynamics on Key Population

Samuel K. Benefour, Accra, Ghana

FRPDD257 - Rights to Equality in the Middle East and North Africa

Joanne Constantin, Beirut, Lebanon

FRPDD258 - Engaging Key Population through Peer Navigation: An Effective Strategy for Contributing to the: 90-90-90 Fast-Track-Targets

Samuel K. Benefour, Accra, Ghana

FRPDD259 - Legal Barriers to Accessing HIV/AIDS Services for Female Sex Workers, Men who Have Sex with Men and Transgender Persons: Findings from Expert Panel Meetings in Zambia

Clement M. Bwalya, Lusaka, Zambia

FRPDD260 - Transparency and Accountability in the Provision of HIV and SRH Services for Adolescents in Zambian Health Facilities

Kawina Paul Poho, Lusaka, Zambia

FRPDD261 - Perspective d'Autonomisation des Familles d'OEV du fait du VIH/sida à Travers l'Approche des Associations Villageoises d'Epargne et de Crédit (AVEC) Autour des Centres Sociaux en Côte d'Ivoire

Kouassi Atta Bamba, Abidjan, Côte d'Ivoire

FRPDD262 - Sexual Orientation, Attraction and Behavior among Men who Have Sex with Men and Female Sex Workers in Côte d'Ivoire

Venance Kouakou, Abidjan, Côte d'Ivoire

FRPDD263 - Guide de Soutien Psychosocial pour les Orphelins et Enfants Rendus Vulnérables du Fait du VIH/Sida et leurs Familles en Côte d'Ivoire

Mireille A. F. Ahui-Ankotché, Abidjan, Côte d'Ivoire

FRPDD264 - Challenging Criminalisation of Breastfeeding by Women Living with HIV in Malawi: Litigation and Community Support in the Case of EL v the State

Annabel Raw, Johannesburg, South Africa

FRPDD265 - Etat des Lieux de la Réduction des Risques et de l'Usage de

Drogues à Ouagadougou, Burkina-Faso

Evanno Jerome, Bamako, Mali

FRPDD266 - "Catch them Young"-Programming for Adolescent Girls and Young Women through the Sista2Sista Mentoring Club

Silibele Mpofu, Harare, Zimbabwe

FRPDD267 - Unmet Need for Family Planning among Female Sex Workers in Southern India

Bidhubhusan Mahapatra, New Delhi, India

FRPDD268 - Addressing Drug Policy barriers in East Africa Regions to Create Supportive Environment for Harm Reduction Progreamms

Bernice Apondi, Nairobi, Kenya

FRPDD269 - Stigma, Discrimination and Access to Health Services for Key Populations

Immaculate Maluza, Blantyre, Malawi

FRPDD270 - Facteurs Structurels et Communautaires Augmentant la Vulnérabilité des Hommes Ayant le Sexe avec des Hommes au Burkina Faso

Anselme Sanon, Bobo Dioulasso, Burkina Faso

FRPDD271 - Reviewing Independent Access to HIV Testing, Counselling and Treatment for Adolescents in HIV-specific Laws in Sub-Saharan Africa: Implications for the HIV Response

Patrick Eba, Switzerland

FRPDD272 - Sexual and Reproductive Health/Family Planning Integration into Economic Activation Initiatives in Uganda

Walakira Godfrey, Kampala, Uganda

FRPDD273 - Understanding the Impact of Shrinking Civil Society Space on the HIV Response: A Three Country Analysis

Patrick Eba, Switzerland

FRPDD274 - La Prise en Compte du Chevauchement des Vulnérabilités dans la Lutte contre le VIH chez les MSM: Naissance du Concept «Multi-clés» à Alternatives-Cameroun

Julie Laure Ngando Eke, Douala, Cameroon

FRPDD275 - Impact de la Rupture Familiale chez les Jeunes Filles Mineures Victimes d'Exploitation Sexuelle à Abidjan, Côte d'Ivoire

Aboudramane Kaba, Abidjan, Côte d'Ivoire

FRPDE276 - Effectiveness of a 9-month Rapid Test in Detecting Seroconversion among HIV-exposed Infants in Uganda

Sharanya Jaidev, Boston, United States

FRPDE277 - Let's talk!: Capacitating Multi-sectoral AIDS Committees (MACs) to Give Voice to Most Vulnerable Children (MVC) and People Living with HIV/AIDS (PLHIV) in Tanzania

Tuhuma S. Tulli, Dar es salaam, Tanzania, United Republic of

FRPDE278 - Characteristics Associated with HIV Viral Suppression: Results from a Retrospective File Review of an HIV Cohort in Rural Kenya

Stephen S. Wanjala, Nairobi, Kenya

FRPDE279 - Uptake of HIV Testing by Partners of Pregnant Women Across Four States in Northern Nigeria- The CIHP Experience

Ibidunni Jolaoso, Abuja, Nigeria

FRPDE280 - The Virologic Outcome of Viral Loads after Intensive Adherence Counseling: A TASO Soroti Experience

Timothy Otaala, Kampala, Uganda

FRPDE281 - Barriers to HIV Care in Western Kenya: Qualitative Analysis from the ART Co-ops Study in Kenya

Violet Naanyu, Eldoret, Kenya

FRPDE282 - Social Predictors of Viral Load Non Suppression among the Adolescents Aged 10-19 Years on Antiretroviral Therapy - TASO Soroti Experience

Winfred Acham, Kampala, Uganda

FRPDE283 - Reducing Viral Load Turn-Around-Time in Low Resource Setting: A Mobile Connectivity Solution

Nora Zwingerman, Toronto, Canada

FRPDE284 - Contribution du Tutorat Clinique dans L'amelioration de la Prise en Charge de l'Infection a VIH Pediatrique au Togo de 2010 a 2017

Foli Yvon Agbeko, Lomé, Togo

FRPDE285 - Point-of-care Viral Load Testing: Implementation Experience from the Lighthouse Clinic in Lilongwe, Malawi

Layout Gabriel, Lilongwe, Malawi

FRPDE286 - Reperage du Couple Mere - Enfant Perdu de Vue dans le Circuit de Ptme dans les Unites de Vaccination a Tchamba au Togo

Foli Yvon Agbeko, Lomé, Togo

FRPDE287 - Accelerated TB Case Finding in Children-Lessons Learnt from a TB Integrated Orphans and Vulnerable Children (OVC) Programme in Benue State, Nigeria

Terhemba Lan, Abuja, Nigeria

FRPDE288 - Interventions to Enhance Uptake of HIV Testing and Linkage to Care in Ghana: The Role of Lay Counselors

Rita Afriyie, Accra, Ghana

FRPDE289 - Impact de la Paireducation comme Stratégie d'Approche chez les Couples à Action Contre le Sida (ACS): Etude Prospective à propos de 45 Couples Seroconcordants (SC) et Sérodifférents(SD) à ACS-Togo

Dzodjina Dégbé, Lomé, Togo

FRPDE290 - Les Enjeux de la Mise en œvre Post-Crise des Activités Conjointes TB/VIH dans les Districts Sanitaires de Bamako (Mali)

Hawa Samaké, Bamako, Mali

FRPDE291 - Improving the Quality of HIV Services through Continuous Mentorship and Coaching: An Experience of 38 Health Facilities in the Lubombo Region, Swaziland

Mandzisi M. Mkhontfo, Mbabane, Swaziland

FRPDE292 - Reaching Men for HIV Testing Services and Linking Them to Care and Treatment Services Using Index Case Testing : Lubombo Region Swaziland Experience

Nokuthula Mdluli Kuhlase, Mbababe, Swaziland

FRPDE293 - Expanding HIV and TB Services in Prisons: Experience from Zomba Central Prison, Malawi

Victor Singano, Zomba, Malawi

FRPDE294 - Prévention de la Transmission Mère-enfant du VIH (PTME) et Varrières de Mise en œvre au Burkina Faso: Analyse de l'Évolution entre 2010 et 2014 à Travers des Enquêtes Transversales Répétées

Adama Baguiya, Ouagadougou, Burkina Faso

FRPDE295 - Sex Workers HIV Prevention Success: Using Friendship Model for Better Impact

Oluwakemi Esther Falana, Akure, Nigeria

FRPDE296 - Améliorer la Survie des Enfants par la Mise en œvre d'une Stratégie de Tutorat des Enfants Vivant avec le VIH (EvVIH)

Mohamed Coulibaly, Dakar, Senegal

FRPDE297 - Initiative « ALL-IN » : Une stratégie Innovante et Multisectorielle de Riposte à l'Épidémie du VIH chez les Adolescents au Cameroun

Jules Henry Bertrand Edielle Ngwa, Yaoundé, Cameroon

FRPDE298 - uBottoms Up Approach to Developing the Nigerian National Strategic Plan 2017 – 2021

Opeola O. Abegunde, Abuja, Nigeria

FRPDE299 - Effects of Implementation of the "Active Follow-up of the Mother-Baby Pair" Strategy on Early Infant Diagnosis interventions in Côte d'Ivoire

Leunkeu Eliane, Abidjan, Côte d'Ivoire

FRPDE300 - Assessing Prevention of Mother-to-child Transmission Program for HIV Exposed Infants Accessing Early Infant Diagnosis Services - Côte D'Ivoire, 2016 – 2017

Koffi Larrissa, Abidjan, Côte d'Ivoire

FRPDE301 - HIV Viral Load Monitoring Systems: A Pilot in Angola

Eduarda Gusmão, New York, United States

FRPDE302 - Lien Clinique-Communauté : Contribution des Nouvelles Technologies de l'Information et de la communication (NTIC)

Cyprien Nioblé, Abidjan, Côte d'Ivoire

FRPDE303 - Le Travail en Équipe, un Gage de Réussite dans la Prise en Charge du VIH. Expérience de l'Hopital Régional de Kaolack

Papa Birane Mbodji, Kaolack, Senegal

FRPDE304 - Evaluation des Risques : Composante Essentielle de la Démarche Qualité: Exemple de l'Unité de Biologie Moléculaire du Laboratoire de Bactériologie-Virologie (LBV) du CHU Aristide le Dantec

Ndéye Aminata Diouf Diaw, Dakar, Senegal

FRPDE305 - :Reaching Men who Have Sex with Men in Ghana Innovative Strategies

Gabriel Benaku, Sunyani, Ghana

FRPDE306 - Integration of Key Population (KP) Prevention Program in Public Health Facilities in Mombasa County; Strengthening Monitoring and Evaluation Systems

Anne Kioko, Nairobi, Kenya

FRPDE307 - Achievements and Challenges in TB Infection Control: Impact of the Zimbabwe Infection Prevention and Control Project (ZIPCOP) across 55 Facilities in Zimbabwe

Shirish Balachandra, Harare, Zimbabwe

FRPDE308 - La Référence et contre Référence Inter Pays comme Exemple d'Innovation pour Renforcer le Traitement ARV en Zone Transfrontalière : Le Cas des Initiatives entre la Guinée Bissau, Sénégal et Gambie

Boubacar Diouf, Ziguinchor, Senegal

FRPDE309 - Implication des Médiateurs Pairs dans un Programme de Réduction des Risques chez les Consommateurs de Drogues Injectables au Sénégal: Leçons Apprises

Ousmane Gaye, Dakar, Senegal

FRPDE310 - Strengthening of a National HIV Electronic Reporting System (ERS) MESI in DR Congo

Astrid Mulenga, Kinshasa,
The Democratic Republic of Congo

FRPDE311 - What´s Needed: Re-engaging Key Populations in New Prevention Technologies (NPTs) in Africa

George V. Owino, Nairobi, Kenya

FRPDE312 - Effect of Perceived Stress on Depression and Self-efficacy among Female Sex Workers in Southern India

Sangram Kishor Patel, New Delhi, India

FRPDE313 - Increasing Access to HIV Testinag and Treatment in Prisons: The Uganda Example

James Kisambu, Kampala, Uganda

FRPDE314 - Cost Effectiveness of Structured vs Unstructured PMTCT Peer Support Interventions for HIV-Positive Women in Rural Nigeria: An Analysis from the INSPIRE MoMent Study

Nadia Sam-Agudu, Abuja, Nigeria

FRPDE315 - Door-to-door Distribution of HIV Self-test Kits: A Qualitative Study among Community-based Test Kit Distributors in Zimbabwe

Claudius Madanhire, Harare, Zimbabwe

FRPDE316 - The Role of Community Mentor Mothers in Increasing Uptake of Early Antenatal Care services and Retention of Option B+ Mothers in East Central Uganda

Betty Mirembe Kunya, Kampala, Uganda

FRPDE317 - Impact of Using Public Motorcycles in the Sample Transport System, at Djoungolo Health District in the Centre Region of Cameroon

Charles Diko Atem, Yaoundé, Cameroon

FRPDE318 - Effectiveness of Orphans and Vulnerable Children Programs in HIV-infected Children and Adolescent Health Outcome and Retention in Care in Côte D'Ivoire

Naraba Coulibaly, Bouaké, Côte d'Ivoire

FRPDE319 - Community Participation in Scaling-up Access to Oral Pre-exposure Prophylaxis for Female Sex Workers and Men who Have Sex with Men in Kenya: Lessons Learnt from a PrEP Scale Up Program

Grace N. Mwendar, Mombasa, Kenya

FRPDE320 - Data Quality Assessments in the Tanzania's HIV Care and Treatment Program Reveal Poor Quality of Routinely-collected HIV Data

Veryeh Albano Sambu, Dar es Salaam, Tanzania, United Republic of

FRPDE321 - La Veille Communautaire, un Outil Indispensable pour l'Amélioration de l'Offre de Santé de Qualité: Expérience de l'Observatoire du RAME au Burkina Faso

Simon Kabore, Ouagadougou, Burkina Faso

SPECIAL SESSION

TUESDAY **05 DECEMBER 2017**

05.12.2017, **12:45 – 14:15** **PROF. SOULEYMAN MBOUP**
(Cinema Majestic) - 380

OAFLA

05.12.2017 **16:45 – 18:15** **DR.PETER PIOT**
(Balafon) - 100

STD AND BACTERIAL RESISTANCES IN HIV INFECTED PATIENTS

CHAIRS - Professor Folasade Ogunshola
Prof. Mireille Dosso

Time: 16:45 – 17:15
Title: Vaginal microbiome and risk factors for HIV infection
Speaker: Dr. Mounerou Salou, Togo

Time: 17:15 – 17:45
Title: STI management strategies for population at heightened risk for HIV infection and re-infection
Speaker: DR. ELIA -JOHN MMBAGA, TANZANIA

Time: 17:15 – 17:45
Title: Successes and losses with bacterial resistance for people living with HIV
Speaker: DR. PASCAL Odoua

SPECIAL SESSION

05.12.2017 **16:45 – 18:15** **PROF. KADIO AUGUSTE**
Salle Des Fêtes) - 600

END OF AIDS BY 2030: VISION AND PERSPECTIVES OF AFRICAN LEADERS ON SHARED RESPONSIBILITY AND GLOBAL SOLIDARITY IN SUSTAINING THE HIV/AIDS RESPONSE AND HEALTH AGENDA

CHAIRS - Dr. Raymonde Goudou COFFIE
Dr. Babacar Cisse

Time: 16:45 – 17:07
Title: Domestic funding for HIV and Health in Africa in the perspective of SDG
Speaker: His Excellency Alassane Ouattara, Cote D'ivoire

Time: 17:07 – 17:29
Title: Mobilizing the untapped potential of the private sector for Fast -tracking the AIDS responses
Speaker: His Excellency Macky Sall, Senegal

Time: 17:29 – 17:51
Title: The relevance of political will and commitment in Fast tracking to 2020 and 2030
Speaker: Mr. Michel Sidibe, Mali

Time: 17:51 – 18:13
Title: Invest NOW to end AIDS
Speaker: His Excellency Moussa - Faki Mahamat, Chad

SPECIAL SESSION

WEDNESDAY **06 DECEMBER 2017**

06.12.2017, **12:45 – 14:15** **PROF. NKANDU LUO**
(Chandelier) - 380

AU HIV PREVENTION

06.12.2017 **16:45 – 18:15** **DR.PETER PIOT**
(Balafon) - 100

GNPBH

Capacity building for HIV services, what we need: A disussion amoung African Americans & Africans

CHAIR - Dr. Marsha A. Martin
CO - CHAIRS - Amadou Diagne
HONORARY CO-CHAIRS - HE Kim Barrow, Belize;
HE Sandra Granger, Guyana;
HE Reema Carmona, Trinidad & Tobago

Speaker: Mr. Luc Bodea, Honorable Barbara Lee, Ms. Alice Kayongo
Her Excellency Kim Simplis Barrow, Prof.Sheila Tlou,
Dr. Chewe Luo, Kwaku Adamako, Dr. Saidi Mpendu,
Dr. Ron Simmons, Dazon Dixon Diallo, Mr. Steven Wakefield

06.12.2017 **16:45 – 18:15** **PROF. SOULEYMAN MBOUP**
(Cinema Majestic) - 380

CRIMINALIZATION AND ACCESS TO JUSTICE: CHALLENGES AND OPPORTUNITIES

CHAIRS - NANA GLEESON
Aboubacar Ben Sidick Diarrassouba

Time: 16:45 – 17:05
Title: Paternalism, communitarianism and its implications for the rights of key populations and beyond
Speaker: Serge Douomong Yotta

SPECIAL SESSION

Time: 17:05 – 17:25
Title: Human right response: Successful models for empowering communities to respond to violations and abuses
Speaker: MADAM Lynette Mabote, SOUTH AFRICA

Time: 17:25 – 17:45
Title: Supporting access to justice despite criminalization: In search for remedies and accountability for discrimination faced by key populations in Africa
Speaker: MADAM Justine Ahadji, TOGO

06.12.2017 **16:45 – 18:15** **PROF. KADIO AUGUSTE (Salle Des Fêtes)** - 600

TAKING HUMAN RIGHTS AND INNOVATION INTO ACCOUNT (COMMUNITY SCREENING AND DEMEDICALIZATION, PREP, DELEGATION OF TASKS) TO END AIDS

CHAIRS - Prof. Hakima Himmich, Casablanca, Morocco
Jean Marie Massumboko

Time: 16:45 – 17:05
Title: Dedicated approach to the HIV response: Inclusion of communities in the response chain (valuing peer educators, supporting community-based care centers, ensuring access to justice)
Speaker: Dr. Aliou Sylla, Cote D'ivoire

Time: 17:05 – 17:25
Title: Towards science / innovation-based solutions and evidence in the programming and budgeting of interventions for key populations
Speaker: Dr. Robyn Eakle, South Africa

Time: 17:25 – 17:45
Title: Reducing HIV infection and preventing stigma / discrimination through the use of PrEP
Speaker: Mr. Franz Mananga, Cameroun

SPECIAL SESSION

THURSDAY **07 DECEMBER 2017**

07.12.2017, **14:45 – 16:15** **PROF. SOULEYMAN MBOUP (Cinema Majestic)** - 380

HIV AND RESEARCH ETHICS ISSUES IN AFRICA

CHAIRS - Dr. Louis Penali
Dr. Claire Rekacewickz, France

Time: 14:45 – 15:05
Title: Ethical considerations on inclusion of pregnant women and children in HIV research
Speaker: Professor. Seni Kouanda, Burkina Faso

Time: 15:05 – 15:25
Title: Ethical considerations on inclusion of adolescents in HIV research
Speaker: Dr. Aka Hortense, Cote D'ivoire

Time: 15:25 – 15:45
Title: Ethical considerations for biobanking and sample exports from Africa
Speaker: Professor. Akin Abayomi, Nigeria

07.12.2017 **16:45 – 18:15** **DR.PETER PIOT (Balafon)** - 100

NO OSTRICHES HERE: A HUMAN RIGHTS BASED APPROACH TO ADDRESS HIV IN PRISON AND PLACES FOR DETENTION

CHAIRS - Kwaku Adomako, Toronto, Canada
Dr. Madiarra Offia Coulibaly, Abidjan, Côte d'Ivoire

Time: 16:45 – 17:05
Title: Prisons and detentions inmates: Same population most at risk for HIV
Speaker: Mrs. Daughtie Ogutu, Kenya

SPECIAL SESSION

Time: 17:05 – 17:25
Title: HIV response in prisons and detention: A right, not a privilege
Speaker: Dr. Jeanne D'Arc Assemian, Cote d'Ivoire

Time: 17:25 – 17:45
Title: Making prisons and detention human right sensitive: models addressing HIV control
Speaker: Inspector. Shane Ndeogo, Ghana

07.12.2017 **16:45 – 18:15** **PROF. KADIO AUGUSTE (Salle Des Fêtes)** - 600

ROLE OF AFRICAN FIRST LADIES IN SUSTAINING THE RESPONSE TO HIV IN THE ERA OF THE SDGs

CHAIRS - Dr. Raymonde Goudou Coffie

Time: 16:45 – 16:55
Title: The unique national, regional and global leadership role that African First Ladies play in the fight against HIV in the era of the SDGs.
Speaker: Roman Tesfaye, Ethiopia

Time: 16:55 – 17:05
Title: The role of First Ladies in increasing community engagement towards elimination of mother-to-child transmission of HIV.
Speaker: Her Excellency Dominique Folloroux-Ouattara

Time: 17:05 – 17:15
Title: Lessons learnt and opportunities: using advocacy to transform HIV programming and financing.
Speaker:

SPECIAL SESSION

FRIDAY 08 DECEMBER 2017

08.12.2017, **12:45 – 14:15** **PROF. KADIO AUGUSTE (Salle Des Fêtes)** - 600

COMMUNITY OBSERVATORIES: EXAMPLES, SUCCESSES AND REALITIES

CHAIRS - Mr. Obatunde Oladapo
Gbanta Laurent

Time: 12:45 – 13:05
Title: Community-led monitoring systems for access to HIV & SRHR services: What can we learn?
Speaker: Simon Kabore, Ouagadougou, Burkina Faso

Time: 13:05 – 13:25
Title: Linking CBOs' monitoring systems with research and government institutions: Translating grassroots & community-led data collection into research and policy language for change.
Speaker: Alain Manouan, Côte d'Ivoire

Time: 13:25 – 13:45
Title: Increasing the warning and whistleblower role of observatories in prevention and treatment services for health.
Speaker: Fogue Foguito, Cameroun

08.12.2017 **16:45 – 18:15** **PROF. SOULEYMAN MBOUP (Cinema Majestic)** - 380

MULTI DRUG RESISTANT TB: IMPLICATIONS FOR HIV MANAGEMENTPLACES FOR DETENTION

CHAIRS - Dr. Hugues Lago
Prof. Domoua Serge Medard

SPECIAL SESSION

Time: 16:45 – 17:15
Title: Confronting HIV and TB: populations at risk and management strategies.
Speaker: Dr. Alima Sandia Bakayoko

Time: 17:15 – 17:45
Title: Emerging drugs for resistant TB: implications for case finding and hospital management.
Speaker: Dr. Wilfred Nhkoma

Time: 17:45 – 18:15
Title: Integrated TB-HIV management: role for response beyond the clinics.
Speakers: Dr. Katamba, UGANDA

08.12.2017, **16:45 – 18:15** **PROF. KADIO AUGUSTE (Salle Des Fêtes)** - 600

HIV IN MILITARY POPULATIONS: UNIQUE CONCERNS AND COMMON OBJECTIVES

CHAIRS - Dr. Brad Hale
Speakers: UNAIDS representative

South African Development Centre representative (Creating international groups)

US DoD HIV/AIDS Prevention Program representative (HIV testing strategies, HIV risk reduction, HIV resources)

UN Deployment and Peacekeeping Operations representative (peacekeeping deployments)

US PEPFAR representative (stigma and discrimination, GBV)

Senegalese Military HIV Program Lead

Cote d'Ivoire and Zambia HIV Secretariat representatives

TUESDAY **05 DECEMBER 2017**

05.12.2017 **10:45 – 12:15** **PROF. NKANDU LUO (Chandelier)**

UNAIDS

INNOVATIVE PARTNERSHIPS TO DRIVE MALE ENGAGEMENT FOR THE ENDING OF AIDS

05.12.2017 **10:45 – 12:15** **PROF. FEMI SOYINKA (Palais Des Congrès)**

IMPROVING LAB EQUIPMENT MAINTENANCE AND REPAIR TO HELP REACH THE THIRD "90"

Chair: Silas Goldfrank
Speakers: Prof. Esayas Alemayehu Tekeste, Ms. Mercy Njeru, Mr. Thomas Gachuki Thuo, Mr. Wilson Nyegenye

05.12.2017 **16:45 – 18:15** **PROF. SOULEYMAN MBOUP (Cinema Majestic)**

UNAIDS

HIV PREVENTION 2020 ROADMAP: FOR ACCELERATING HIV PREVENTION TO REDUCE NEW INFECTIONS BY 75%

05.12.2017 **16:45 – 18:15** **PROF. FEMI SOYINKA (Palais Des Congrès)**

MOBILIZING RESOURCES TO END AIDS IN AFRICA

Chair: Linda Mafu, Switzerland

WORKSHOP

WEDNESDAY 06 DECEMBER 2017

06.12.2017 10:45 – 12:15 PROF. FEMI SOYINKA (Palais Des Congrès)

YOUTH+: KNOW.LEARN.THRIVE. PROVIDERS OF HIV DISCLOSURE TRAINING WILL PAIR WITH HIV+ YOUTH GROUP(S) TO PRESENT A WORKSHOP ON ADOLESCENT HIV DISCLOSURE TRAINING AND PRACTICE

Chair: Silas Goldfrank
Speakers: Mr. Stelio Faiela, Ms. Riley Wagner, Roberto Paulo Dário de Sousa

06.12.2017 16:45 – 18:15 PROF. FEMI SOYINKA (Palais Des Congrès)

READY! HERE WE COME! GOOD PRACTICE IN PROGRAMMING ON ADOLESCENT SRHR

- Adolescent development
- Delivering services to adolescent
- Adolescent responsive SRHR and HIV package of care
- Data for change: Improving outcomes for adolescents
- Meaningful participation of adolescents
- Evolving capacities, decision making, autonomy and consent
- Communicating with adolescents
- Psychosocial wellbeing

Chairs: Musa Lumumba
Alain Michel Kpolo, France

THURSDAY 07 DECEMBER 2017

07.12.2017 **10:45 – 12:15** **PROF. NKANDU LUO (Chandelier)**

SIDACTION

VIOLENCES BASEES SUR LE GENRE

07.12.2017 **10:45 – 12:15** **PROF. FEMI SOYINKA (Palais Des Congrès)**

CONSIDERATIONS FOR TRANSGENDER ISSUES IN HIV PROGRAMMING IN AFRICA

Chairs: Tsepho Richy
Toure Claver

07.12.2017 **14:15 – 16:45** **PROF. NKANDU LUO (Chandelier)**

SIDACTION

FAIRE FACE AUX VIOLENCES BASEES SUR LE GENRE

07.12.2017 **16:45 – 18:15** **PROF. NKANDU LUO (Chandelier)**

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

WORKSHOP

07.12.2017 **16:45 – 18:15** **PROF. SOULEYMAN MBOUP (Cinema Majestic)**

PINA UGANDA

DON'T DARE TOUCH - EDUTAINMENT VIDEOS

07.12.2017 **16:45 – 18:15** **PROF. FEMI SOYINKA (Palais Des Congrès)**

ADVOCACY TO IMPROVE SERVICES, POLICIES AND CAPACITY – EXPERIENCES OF THE PITCH, WACI & OTHERS

- Addressing structural/human rights barriers to promote access to services for the KPs
- Creative approaches to advocacy capacity building of the community groups
- Creating links between country, regional and global advocacy
- Regional level advocacy – strategic engagement with African Union, AU action plan on drugs and UNGASS on Drugs 2016 Outcome document
- SDGs voluntary national and health thematic review
- Presentation of the PITCH programme (Partnership to Inspire, Transform and Connect the HIV response) and its opportunities.

Chair: Casper Erickson
Dr. Traore Virginie

FRIDAY **08 DECEMBER 2017**

08.12.2017 **10:45 – 12:15** **PROF. FEMI SOYINKA**
(Palais Des Congrès)

NON-COMMUNICABLE DISEASES AND HIV – OPPORTUNITIES FOR THE NEXT DECADE

Overview 10:45 – 11:05
Prof. James Hakim, Zimbabwe

Cardiovacscular 10:45 – 11:05
Gerald Yonga, Kenya

Cervical Cancer 11:25 – 11:45
Dr. Doreen Ramogola-Masire, Botswana

Mental Health 11:45 – 12:05
Dr. Pamela Collins

Chair: Prof. Serge Eholie
Dr. Brigitte Quenum

08.12.2017 **16:45 – 18:15** **DR.PETER PIOT**
(Balafon)

WHO

WHO 2015 GUIDELINES AND FAST TRACKING TOWARDS 90-90-90

Chair: Nathan Ford, Geneva, Switzerland
Meg Doherty, Geneva, Switzerland

WORKSHOP

08.12.2017 **16:45 – 18:15** **PROF. NKANDU LUO (Chandelier)**

PLATEFORME ELSA

LA CAPITALISATION DES EXPÉRIENCES : UN ENJEU ESSENTIEL DE LA PROMOTION DE L'EXPERTISE COMMUNAUTAIRE.

08.12.2017 **16:45 – 18:15** **PROF. FEMI SOYINKA (Palais Des Congrès)**

INCLUSIVE HIV / AIDS SERVICES FOR UNIVERSAL ACCESS": HOW TO PROMOTE THE INTEGRATION OF THE SPECIFIC NEEDS OF DISABLED PEOPLE INTO HIV POLICIES AND STRATEGIES /AIDS

CHAIR: Pulchérie U. Mukangwije, Lyon, France
Djouka Eugene

SATURDAY **09 DECEMBER 2017**

09.12.2017 **10:45 – 12:15** **PROF. FEMI SOYINKA**
(Palais Des Congrès)

LESSONS LEARNED FROM THE OPERATIONALIZATION OF THE REGIONAL POLICY FRAMEWORK ON RISK REDUCTION IN AFRICA

Chair: Allan Ragi
Aidarra Clemence

TUESDAY 05 DECEMBER 2017

05.12.2017, 12:45 – 14:15 DR.PETER PIOT (Balafon)

USING MOBILE TECHNOLOGIES TO IMPROVE HIV CARE AND TREATMENT OUTCOMES

CHAIR: Silas Goldfrank
SPEAKER: Col. Floyd Malasha, Ms. Justina Phiri Mthoniswa
Mr. Steph Conradie

05.12.2017 12:45 – 14:15 PROF. KADIO AUGUSTE (Salle Des Fêtes)

INNOVATIVE LEADERSHIP IN ADDRESSING HIV AT NATIONAL, REGIONAL AND COMMUNITY LEVELS

CHAIRS: Dr. Benjamin Djoudalbaye
Koulibali Ephrasi

PRESENTATIONS:

Layering prevention and care services for accelerating community responses to HIV in adolescent girls and young women

Patrick Segawa, Uganda

12:45 – 13:05

Crossroads and intersections – identifying data gaps and responses at the intersections of HIV, gender-based violence and reproductive health outcomes in public private partnerships

Samuel Kissi, Addis Ababa, Ethiopia

13:05 – 13:25

Roles of community leaders in fast-tracking and sustaining the HIV response

Victoria Quaynor, Ghana

13:05 – 13:25

NON ABSTRACT DRIVEN SESSION

05.12.2017, **14:45 – 16:15** **SOULEYMAN MBOUP (Cinema Majestic)**

PrEP IN THE AFRICA REGION: LESSONS LEARNED AND PERSPECTIVES

CHAIRS: Dr. Buhle Ncube, Zimbabwe
Noussa Sar

PRESENTATIONS:

PrEP programme in Benin
Dr. Marcel Zannou, Cotonou, Benin
14:45 – 15:05

PrEP programme in South Africa
Dr. Robyn Eakle, South Africa
15:05 – 15:25

PrEP programme in Nigeria
Prof. John Idoko, Nigeria
15:25 – 15:45

WEDNESDAY **06 DECEMBER 2017**

06.12.2017 **12:45 – 14:15** **DR.PETER PIOT (Balafon)**

EMERGING NEW VIRAL INFECTION AND HIV: INTERACTIONS AND TREATMENT

CHAIRS: Dr. Michel Damet-Gershy
Prof . Mireille Prince-David

PRESENTATIONS:

HIV and hemorrhagic fever causing viral infection: challenges and successes
Dr. Almoustapha Issiaka Maiga, Bamako, Mali
12:45 – 13:05

Diagnosis and diagnostics for point of care management
Prof. Coumba Toure, United Kingdom
13:05 – 13:25

Mind the gap: challenges with clinical and laboratory diagnosis of new viral infections
Prof. William Ampofo, Ghana
13:25 – 13:45

06.12.2017, **12:45 – 14:15** **SOULEYMAN MBOUP (Cinema Majestic)**

HIV AND MENTAL HEALTH AND NEUROLOGICAL FITNESS

CHAIRS: Prof. James Hakim, Zimbabwe
Dr. Isabelle Koaume, Cote D'Ivoire

PRESENTATIONS:

Overview of the pathophysiology of HIV and mental health

NON ABSTRACT DRIVEN SESSION

Dr. Nixon Chibanda, Zimbabwe

12:45 – 13:05

Clinical features and management of HIV and mental health

Prof. Akani Aye François

13:05 – 13:25

CNS as HIV reservoir: therapeutics and implications for neurological health

Prof. Ndetei David

13:25 – 13:45

06.12.2017 **12:45 – 14:15** **PROF. KADIO AUGUSTE (Salle Des Fêtes)**

THE ROLE OF COMMUNITY ACTORS AND TASK SHIFTING: COUNTRY EXPERIENCES AND PERSPECTIVES FROM AFRICA

CHAIRS: Michel Boccoz
Dr. Badara Samb, South Africa

PRESENTATIONS:

Overcoming human resources challenges through task shifting: Countries experiences

Prof. Hakima Himmich, Casablanca, Morocco

12:45 – 13:05

Roles and contributions of community workers in improving and expanding access to health services

Katin Atomkilosso Venance, Togo

13:05 – 13:25

Closing the human resource gap through task shifting

Vuyokazi Gonyela

13:25 – 13:45

THURSDAY 07 DECEMBER 2017

07.12.2017, 12:45 – 14:15 DR.PETER PIOT (Balafon)

HORMONAL CONTRACEPTIVE AND HIV RISK

CHAIRS: Dr Nkurunziza Triphonie
Prof. Anongba Simplice

PRESENTATIONS:

What does the new WHO guideline on hormonal contraceptives say?
Dr. Mary Lyn Gaffield
12:45 – 13:05

What are the evidences on hormonal contraceptive and HIV risk?
Dr. Horo Appolinaire, Côte d'Ivoire
13:05 – 13:25

Overview and updates on the ECHO Study
Dr. Thesla Palanee-Phillips
13:25 – 13:45

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07.12.2017 12:45 – 14:15 SOULEYMAN MBOUP (Cinema Majestic)

GENDER & HIV

CHAIRS: Cecilia Senoo
Aboubacar Kampo

PRESENTATIONS:

Harnessing demographic dividend and investing in youth: The Gender and HIV dimensions
Robert Kasenene
12:45 – 13:05

NON ABSTRACT DRIVEN SESSION

Gender transformative strategies in HIV programming: lessons learnt and the way forward

Remmy M. Shawa, Cape Town, South Africa

13:05 – 13:25

HIV prevention and response in humanitarian emergencies

Dr. Rewan Youssif, Egypt

13:25 – 13:45

07.12.2017, **12:45 – 14:15** **PROF. KADIO AUGUSTE (Salle Des Fêtes)**

CHALLENGING OLD ASSUMPTIONS IN ADDRESSING ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH ISSUES IN THE CONTEXT OF HIV & AIDS

CHAIRS: Jullita Onabanjo, South Africa
Jessica Mouanangana

PRESENTATIONS:

An ecological framework: Interrogating determinants and outcomes for adolescents

Dr. Yanga Zembe, South Africa

12:45 – 13:05

Challenging the challenge of access - services, centers and healthcare providers

Kouadio Modeste Krah, Côte d'Ivoire

13:05 – 13:25

Are we "All-In" or is this mere jargon?

Edith Esinam Asamani, Ghana

13:25 – 13:45

Building sexually healthy societies – the consequences of selective silence and the public health approach

Dr. Henry N. Nagai, Ghana

13:45 – 14:05

FRIDAY **08 DECEMBER 2017**

08.12.2017, **12:45 – 14:15** **DR.PETER PIOT (Balafon)**

SOCIAL PROTECTION – ADVANCING THE HIV AND TB RESPONSE

CHAIRS: David Chipanta, Geneve, Switzerland
Dr. Didier Blibolo

PRESENTATIONS:

HIV and tuberculosis notification: implications for privacy and confidentiality
Dr. Ndongosieme André
12:45 – 13:05

Cost effectiveness of an integrated HIV-TB response
Michelle Remme
13:05 – 13:25

Violence, HIV and TB: the risk for timely wellness for affected individuals
Woollett Nataly
13:25 – 13:45

08.12.2017 **12:45 – 14:15** **SOULEYMAN MBOUP (Cinema Majestic)**

LEADERSHIP AT ALL LEVELS: A PREREQUISITE FOR ENDING AIDS

CHAIRS: Dr. Luiz Loures, Geneva, Switzerland
Imam Kone Ahouna

NON ABSTRACT DRIVEN SESSION

PRESENTATIONS:

Responsibility and accountability of African leaders in ending AIDS by 2030

Mr. Lucien Kouakou

12:45 – 13:05

Translating global solidarity: Partners engagement through transparent and win-win partnership

Dr. Joseph Amuzu

13:05 – 13:25

Investing in women and girls to reach 2030 targets

Mrs. Rosemary Mburu

13:25 – 13:45

MONDAY, 04 December 2017

RÉSEAU EVA

TITLE:
Contribuer à l'amélioration de l'accès au Traitement ARV et à la réduction des risques de résistance chez les enfants & adolescents en Afrique

04.12.2017 **08:30 – 10:30**

DR.PETER PIOT (Balafon) -100

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FRIENDS OF THE GLOBAL FUND EUROPE

TITLE:
S'ENGAGER AVEC L'AFRIQUE DE L'OUEST ET DU CENTRE POUR L'AMELIORATION DE L'ACCES AU TRAITEMENT ET AUX SOINS VIH/ SIDA

04.12.2017 **08:30 – 10:30**

PROF. NKANDU LUO
(Chandelier) - 120

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WHO

04.12.2017 **08:30 – 10:30**

TITLE:
WHO: successful approaches to providing a comprehensive package of HIV services as recommended in WHO guidance and the implementation tool to MSM in the African region, and how MSM communities, health care providers, civil society, donors and governments can work together to bring them to scale.

PROF. SOULEYMAN MBOUP
(Cinema Majestic) - 380

UNICEF

TITLE:
Stocktaking on ending AIDS in Children in West and Central Africa Region

04.12.2017 **08:30 – 10:30**

PROF. KADIO AUGUSTE
(Salle Des Fêtes) - 600

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SATELLITE SYMPOSIUM

04.12.2017 **08:30 – 10:30**

PROF. FEMI SOYINKA
(Palais Des Congrès) - 1650

BIOMERIEUX

TITLE:
HIV: Nuclisens Viral Load Testing and Rapid test Hepatitis : VIDAS HEV + VIKIA HCV

04.12.2017 **10:45 – 12:45**

DR. PETER PIOT (Balafon) -100

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CDC

TITLE:
Scaling Up Antiretroviral Therapy for Key Populations to Achieve the 90-90-90 Goals in Sub-Saharan Africa

04.12.2017 **10:45 – 12:45**

PROF. NKANDU LUO

SATELLITE SYMPOSIA

(Chandelier) - 120

WHO

TITLE:
WCA Catch up plan for accelerating the HIV/AIDS National response

04.12.2017 **10:45 – 12:45**

PROF. SOULEYMAN MBOUP
(Cinema Majestic) - 380

THE INTERNATIONAL HIV/ AIDS ALLIANCE

TITLE:
Sustaining and scaling up community action is key to achieve better health for all by 2030. The SDGs need the engagement of communities as agents of change for resilient and sustainable development, from service delivery to advocacy.

04.12.2017 **10:45 – 12:45**

PROF. KADIO AUGUSTE
(Salle Des Fêtes) - 600

IAS

TITLE:
Demand creation for differentiated care – putting people at the centre

04.12.2017 **10:45 – 12:45**

PROF. FEMI SOYINKA
(Palais Des Congrès) - 1650

WAHO, UNAIDS AND HP+

TITLE:
La Déclaration de la Dakar pour les populations clés en Afrique de l'ouest: de l'engagement à l'action !

04.12.2017 **13:00 – 15:00**

DR. PETER PIOT (Balafon) -100

UNIVERSITY OF CAMBRIDGE/DIAGNOSTICS FOR THE REAL WORLD LTD

TITLE:
HIV Diagnostics for resource limited settings

04.12.2017 **13:00 – 15:00**

PROF. NKANDU LUO
(Chandelier) - 120

ICAP

TITLE:
Reaching 90/90/90: The Promise of Differentiated Service Delivery

04.12.2017 **13:00 – 15:00**

PROF. SOULEYMAN MBOUP (Cinema Majestic) - 380

PAEDIATRIC ADOLESCENT TREATMENT AFRICA (PATA)

TITLE:
Clinic and community collaboration in the context of the PMTCT and paediatric HIV cascade

04.12.2017 **13:00 – 15:00**

PROF. KADIO AUGUSTE
(Salle Des Fêtes) - 600

WHO

TITLE:
Treatment : Transitioning to DTG

04.12.2017 **13:00 – 15:00**

PROF. FEMI SOYINKA
(Palais Des Congrès) - 1650

SATELLITE SYMPOSIA

TUESDAY, 05 December 2017

MR. MICHEL SIDIBE ROOM

TITLE:
THE APPEAL OF ABIDJAN ON VIRAL HEPATITIS

05.12.2017 **14:30 - 16:30**

OPP-ERA

TITLE:
Comment garantir la pérennité de l'accès à la charge virale VIH?

05.12.2017 **07:00 – 08:30**

DR.PETER PIOT (Balafon) - 100

ANRS

TITLE:
IPT : Time to use it (science has spoken)

05.12.2017 **07:00 – 08:30**

PROF. NKANDU LUO
(Chandelier) - 120

IAS

TITLE:
Innovative HIV prevention approaches for young key populations in sub-Saharan Africa

05.12.2017 **07:00 – 08:30**
PROF. SOULEYMAN MBOUP
(Cinema Majestic) - 380

UNICEF

TITLE:
Introducing New HIV Point of Care (POC) Diagnostic Technologies in National Laboratory

05.12.2017 **07:00 – 08:30**

PROF. KADIO AUGUSTE
(Salle Des Fêtes) - 600

SATELLITE SYMPOSIUM

05.12.2017 **07:00 – 08:30**

PROF. FEMI SOYINKA
(Palais Des Congrès) - 1650

INTERNATIONAL INITIATIVE FOR IMPACT EVALUATION (3IE)

TITLE:
Improving HIV prevention and treatment with evidence: how to evaluate which evaluation methods to use

05.12.2017 **10:15 – 12:15**

DR.PETER PIOT (Balafon) - 100

WHO PREP

TITLE:
Making the case for PrEP for women: What we know and experiences to date

05.12.2017 **12:45 – 14:15**

PROF. NKANDU LUO
(Chandelier) - 120

AMBASSADE DE FRANCE

TITLE:
WCA CATCH UP PLAN: Progress and way forward

05.12.2017 **14:15 – 16:15**

DR.PETER PIOT (Balafon) - 100

EXPERTISE FRANCE

TITLE:
Populations clés en zone urbaines

05.12.2017 **14:45 – 16:15**

PROF. NKANDU LUO (Chandelier) - 120

ALERE INTERNATIONAL

TITLE:
Maximising impact with Alere HIV Solutions in PMTCT and maternal child health programmes.

05.12.2017 **18:30 – 20:30**

DR.PETER PIOT (Balafon) - 100

UNAIDS

TITLE:
Start free, stay free, AIDS free: progress made and the road ahead

05.12.2017 **18:30 – 20:30**

PROF. NKANDU LUO (Chandelier) - 120

ICAP 2

TITLE:
PrEP: A New Tool in the Prevention Toolbox

05.12.2017 **18:30 – 20:30**

PROF. SOULEYMAN MBOUP (Cinema Majestic) - 380

WHO

06.12.2017 **18:30 – 20:30**

TITLE:
HIVDR Global action plan with RAP

PROF. FEMI SOYINKA
(Palais Des Congrès) - 1650

SATELLITE SYMPOSIA

WEDNESDAY, 06 December 2017

AFSAE

TITLE: Not for Profit Management Essentials

06.12.2017 **07:00 – 08:30**

DR.PETER PIOT (Balafon) - 100

CARITAS INTERNATIONALIS

TITLE: Early Diagnosis and Treatment for HIV-positive Children - Strengthening Engagement of Faith-based Organisations.

06.12.2017 **07:00 – 08:30**

PROF. NKANDU LUO (Chandelier) - 120

AIDSFONDS

TITLE: The Crucial Role of Community Actors in implementing Test & Start in Africa and how to adequately fund them.

06.12.2017 **07:00 – 08:30**

PROF. SOULEYMAN MBOUP (Cinema Majestic) - 380

UNFPA

06.12.2017 **07:00 – 08:30**

PROF. KADIO AUGUSTE (Salle Des Fêtes) - 600

IPPF

TITLE: Media Dialogue on coverage of issues relating to HIV and the SDGs.

06.12.2017 **10:15 – 12:15**

DR.PETER PIOT (Balafon) - 100

WHO

TITLE:
Quality, Equity, Dignity: Ending discrimination in health settings

06.12.2017 **10:15 – 12:15**

PROF. NKANDU LUO (Chandelier) - 120

JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

TITLE: Translating Theory in Practice: Experiences of integrating SRHR/HIV and Sexual and Gender Based Violence to inform Program Implementation.

06.12.2017 **10:15 – 12:15**

PROF. SOULEYMAN MBOUP (Cinema Majestic) - 380

GLOBAL FUNDS

TITLE: National domestic financing for health: Better data for higher impact.

06.12.2017 **14:45 – 16:15**

DR.PETER PIOT (Balafon) - 100

NATIONAL INSTITUTES OF HEALTH

TITLE: Strengthening local biostatistics resources in South-North Collaborative Research in HIV/AIDS and other infectious diseases conducted in Africa

06.12.2017 **14:15 – 18:15**

PROF. NKANDU LUO
(Chandelier) - 120

MYLAN

TITLE:
Addressing Challenges in 1st line ART and beyond

06.12.2017 **14:45 – 16:15**

PROF. SOULEYMAN MBOUP
(Cinema Majestic) - 380

IPPF

TITLE: Prevention of HIV/AIDS transmission among adolescents through Comprehensive Sexuality Education

06.12.2017 **18:30 – 20:30**

DR.PETER PIOT (Balafon) - 100

RÉSEAU GRANDIR ENSEMBLE ET SIDACTION

TITLE: Adolescentes vivant avec le VIH: enjeux, défis et mobilisations!

06.12.2017 **18:30 – 20:30**

PROF. NKANDU LUO (Chandelier) - 120

GILEAD

TITLE: Integrating Science and Clinical Practice in HIV Management: Novel Therapies

06.12.2017 **18:30 – 20:30**

PROF. SOULEYMAN MBOUP
(Cinema Majestic) - 380

WHO

TITLE: Integrated HIV-Hepatitis B .Service Delivery models for Sub-Saharan Africa

06.12.2017 **18:30 – 20:30**

PROF. KADIO AUGUSTE
(Salle Des Fêtes) - 600

WHO

TITLE: Differentiated service delivery models

06.12.2017 **18:30 – 20:30**

PROF. FEMI SOYINKA
(Palais Des Congrès) - 1650

SAA

TITLE: SAA General Assembly and SAA Award Night

06.12.2017 **20:30PM - 21:30PM**

Mr. Michel Sidibe
(Plenary Room) - 3000

SATELLITE SYMPOSIA

THURSDAY, 07 December 2017

UNAIDS & POSITIVE ACTION FOR CHILDREN

TITLE: Stepping Up: Putting Communities at the Heart of Start Free,Stay Free, AIDS Free

07..12.2017 **07:00 – 08:30**

DR.PETER PIOT (Balafon) - 100

GNP+

TITLE: Translating the latest science and guidelines into meaningful change in the lives of women living with HIV

07..12.2017 **07:00 – 08:30**

PROF. NKANDU LUO
(Chandelier) - 120

ICI-SANTÉ/DAT-AOC

TITLE: Place et rôle de l'Assistance technique dans l'accélération de la réponse au VIH en Afrique de l'Ouest et du Centre (AOC)

07..12.2017 **07:00 – 08:30**

PROF. SOULEYMAN MBOUP
(Cinema Majestic) - 380

JHPIEGO

TITLE: Man, What Took You So Long? What the HIV Response Can Learn from Voluntary Medical Male Circumcision Scale-Up

07..12.2017 **07:00 – 08:30**

PROF. KADIO AUGUSTE
(Salle Des Fêtes) - 600

SATELLITE SYMPOSIUM

07.12.2017 **07:00 – 08:30**

PROF. FEMI SOYINKA
(Palais Des Congrès) - 1650

WORLD HEALTH ORGANISATION

TITLE:
Reaching Adolescent boys for HIV prevention, improved health and transformative gender interventions through VMMC.

07..12.2017 **10:45 – 12:15**

DR.PETER PIOT (Balafon) - 100

UNAIDS

TITLE:
FAST TRACK CITIES: IMPLEMENTATION AND PROGRESS TOWARD ENDING AIDS

07.12.2017 **12:45 – 14:15**

PROF. NKANDU LUO
(Chandelier) - 120

UNICEF

TITLE: Optimizing HIV Treatment Access and Retention for Pregnant and Breastfeeding Women Initiative (OHTA) - Sharing of Promising Practices and Implementation Research

07.12.2017 **14:15 – 16:15**

DR.PETER PIOT (Balafon) - 100

WHO LVCT & CDC KENYA

TITLE: Implementing Partner Notification Services in community and facility settings

07.12.2017 **18:30 – 20:30**

DR.PETER PIOT (Balafon) - 100

WHO

TITLE:
Implementing new WHO 2017 guides on person- centered HIV patient monitoring and case surveillance - Improving retention and impact towards Treat ALL

07.12.2017 **18:30 – 20:30**

PROF. NKANDU LUO
(Chandelier) - 120

WHO

TITLE:
Elimination of mother to child transmission of HIV and syphilis

07.12.2017 **18:30 – 20:30**

PROF. SOULEYMAN MBOUP
(Cinema Majestic) - 380

SANAC

TITLE:
The new National Strategic Plan (2017-2022) and Key Populations

07.12.2017 **18:30 – 20:30**

PROF. KADIO AUGUSTE
(Salle Des Fêtes) - 600

WHO AND POPULATION SERVICES INTERNATIONAL

TITLE: HIV Self-Testing: Innovation to meet the United Nation's 90-90-90 treatment targets.

07.12.2017 **18:30 – 20:30**

PROF. FEMI SOYINKA
(Palais Des Congrès) - 1650

SATELLITE SYMPOSIA

FRIDAY, 08 December 2017

USAID GLOBAL HEALTH SUPPLY CHAIN PROGRAM-PROCUREMENT AND SUPPLY MANAGEMENT

TITLE: From local decisions to global markets: A symposium on key trends in HIV/AIDS supply chains

08.12.2017 **07:00 – 08:30**

DR.PETER PIOT (Balafon) - 100

GNP+

TITLE: Presenting the rationale for Community Advisory boards (CAB), using the example of the MaxART, Swaziland CAB

08.12.2017 **07:00 – 08:30**

PROF. NKANDU LUO
(Chandelier) - 120

SAA

TITLE: One Health Concept
08.12.2017 **07:00 – 08:30**

PROF. SOULEYMAN MBOUP
(Cinema Majestic) - 380

SAA

08.12.2017 **07:00 – 08:30**

PROF. KADIO AUGUSTE
(Salle Des Fêtes) - 600

SATELLITE SYMPOSIUM

08.12.2017 **07:00 – 08:30**

PROF. FEMI SOYINKA
(Palais Des Congrès) - 1650

INTERNATIONAL HIV/AIDS ALLIANCE WITH VIIV

TITLE:
An Open Space on community-led sexual health and human rights programming for LGBTQI people and MSM (learning from CBOs and others working across the continent)

08.12.2017 **10:15 – 12:15**

DR.PETER PIOT (Balafon) - 100

WFP/IOM/UNAIDS/UNICEF

TITLE:
Migration and HIV Programming

08.12.2017 **14:15 – 16:15**

DR.PETER PIOT (Balafon) - 100

JSI CONSORTIUM

TITLE: Innovations in HIV Programming for key population in Ghana

08.12.2017 **14:15 – 16:15**

PROF. NKANDU LUO
(Chandelier) - 120

UNAIDS GENEVA

TITLE: Addressing discrimination in health care settings to achieve the end of AIDS

08.12.2017 **18:30 – 20:30**

DR.PETER PIOT
(Balafon) - 100

ITPC

TITLE: Domestic Financing for HIV

08.12.2017 **18:30 – 20:30**

PROF. NKANDU LUO
(Chandelier) - 120

UNITAID FUNDED PROJECTS

TITLE: The Path to Scale-up: National Implementation of Point-of-Care Molecular Testing for HIV

08.12.2017 **18:30 – 20:30**

PROF. SOULEYMAN MBOUP
(Cinema Majestic) - 380

SATELLITE SYMPOSIUM

08.12.2017 **18:30 – 20:30**

PROF. KADIO AUGUSTE
(Salle Des Fêtes) - 6oo

SATELLITE SYMPOSIA

SATURDAY,
09 December 2017

HOLOGIC INC

TITLE: Hologic Aptima HIV assay, a perfect solution for HIV viral load testing in resource limited environment

09.12.2017 **07:00 – 08:30**

DR.PETER PIOT (Balafon) - 100

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CDC

TITLE: Translating policy into practice: Lessons learned from the implementation of Treat All in Zimbabwe

09.12.2017 **07:00 – 08:30**

PROF. NKANDU LUO
(Chandelier) - 120

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SAA

09.12.2017 **07:00 – 08:30**

PROF. SOULEYMAN MBOUP
(Cinema Majestic) - 380

.....

SATELLITE SYMPOSIUM

04.12.2017, **08:30 – 10:30**

PROF. KADIO AUGUSTE
(Salle Des Fêtes) - 600

SATELLITE SYMPOSIUM

09.12.2017 **07:00 – 08:30**

PROF. FEMI SOYINKA
(Palais Des Congrès) - 1650

Alere is now Abbott.

At Abbott, we're committed to helping people live their best possible life through the power of health. For more than 125 years, we've brought new products and technologies to the world -- in nutrition, diagnostics, medical devices and branded generic pharmaceuticals -- that create more possibilities for more people at all stages of life. Today, 94,000 of us are working to help people live not just longer, but better, in the more than 150 countries we serve. Connect with us at www.abbott.com, on Facebook at www.facebook.com/Abbott and on Twitter @AbbottNews and @AbbottGlobal.

VISION: Healthy Children and Adolescents in Africa.
MISSION: To improve quality and comprehensive health and HIV services for children and adolescents by strengthening the maternal, newborn, child and adolescent health platform through partnerships.
CORE VALUES:
◘ Caring ◘ Accountable ◘ Integrity and Transparency
◘ Non-Discrimination ◘ Team Work ◘ Passionate

AV-Jeunes

L'Association des Volontaires pour la Promotion des Jeunes (AV-Jeunes) est une association de jeunes togolais épris d'esprit associatif et absorbés par toutes questions relatives au bien-être de leurs pairs. Elle intervient dans le domaine de la santé sexuelle et de la reproduction, de l'équité genre et de l'éducation de la jeune fille. Membre de la Plateforme Nationale des OSC/VIH/Togo, AV-Jeunes développe plusieurs programme en direction des jeunes à savoir le concept Trophées Vierges, les offres de services en matière de la SSRAJ et plus encore le renforcement de capacités des acteurs de la société civile sur la santé sexuelle et la gestion de projet.

La Banque mondiale ambitionne de mettre fin à l'extrême pauvreté et promouvoir une prospérité partagée de façon durable. Elle fournit financements et appuis techniques pour aider les pays à étendre l'accès à des services de santé de qualité et financièrement abordables. En Côte d'Ivoire, elle finance, depuis 2015, dans les secteurs Santé, Nutrition et Populations, le Projet de Renforcement du Système de Santé et de Réponse aux Urgences Epidémiques, le Projet d'autonomisation des femmes et d'amélioration du dividende démographique dans le Sahel et le Projet Multisectoriel de Nutrition et de Développement de la Petite Enfance, pour environ 170 millions USD.

BD – a global medical technology company – helps benefit countless lives worldwide. Our 45,000 associates help advance health by improving methods of discovery, diagnostics and delivery of care. We focus on enhancing outcomes and better management of healthcare delivery costs, improving efficiencies and healthcare safety, while continually expanding patient access. www.bdbiosciences.com

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Beckman Coulter develops, manufactures and markets products that simplify, automate and innovate complex biomedical testing. More than 275,000 Beckman Coulter systems operate in both Diagnostics and Life Sciences laboratories on seven continents. For more than 75 years, our products have been making a difference in peoples' lives by improving the productivity of medical professionals and scientists, supplying critical information for improving patient health and delivering trusted solutions for research and discovery.

Beckman Coulter serves customers in two segments: Diagnostics and Life Sciences.

Our diagnostics customers include hospitals and laboratories around the world and produce information used by physicians to diagnose disease, make treatment decisions and monitor patients. Scientists use our life science research instruments to study complex biological problems including causes of disease and potential new therapies or drugs.

Belin International, une maison d'édition dont le siège se trouve à Paris, France, a développé depuis maintenant une dizaine d'années en partenariat avec la maison d'édition britannique, Heinemann, maintenant intégrée au groupe Pearson, une collection de 21 livres sur la prévention du VIH / SIDA destinée spécifiquement aux enfants d'Afrique Francophone, la collection "Auteurs Africains Junior VIH/ SIDA" ...

Créée en 1999, Biocentric conçoit, développe et commercialise des réactifs de diagnostic in vitro dans le domaine des maladies infectieuses. Un de ses produits phares, le test GENERIC HIV Charge Virale pour le suivi biologique des patients infectés par le VIH-1, est né d'une collaboration scientifique fructueuse initiée en 2005 avec l'Agence Nationale de Recherche sur le SIDA. Aujourd'hui, Biocentric offre une large gamme de tests PCR pour le suivi du réservoir du VIH1, pour le suivi de la charge virale de l'hépatite B ou du
VIH-2.

BioLytical Laboratories Inc. based in Richmond, BC, Canada is a privately-owned Canadian company focused on the research, development and commercialization of rapid, point-of-care in vitro medical diagnostics using its proprietary INSTI® technology platform. With a world-wide footprint of regulatory approvals including US FDA approval, Health Canada approval and CE mark, bioLytical sells its INSTI® HIV test globally and INSTI HIV/ Syphilis Multiplex test in Europe. In addition, bioLytical launched its INSTI® HIV Self Test in Europe and Africa this year. The INSTI product line provides highly accurate test
results in 60 seconds or less.

A global leader in in vitro diagnostics for more than 50 years, bioMérieux has always been driven by a pioneering spirit and unrelenting commitment to improve public health worldwide. Today, in more than 150 countries through 42 subsidiaries and a large network of distributors, bioMérieux provides diagnostic solutions (reagents, instruments, software) that improve patient health and ensure consumer safety.

bioMérieux's history is directly linked to the fight against infectious diseases, including HIV/AIDS and hepatitis. Our teams focus on pushing back the frontiers of disease detection by dedicating the majority of their activities to the prevention and diagnosis of infection risk.

Bio-Rad Laboratories develops, manufactures, and markets a broad range of products and solutions for the life science research and clinical diagnostics markets.

Since 1999, through the Pasteur Sanofi Diagnostics acquisition, Bio-Rad has consolidated its expertise in AIDS diagnostics.

With more than one new HIV test launched each year, Bio-Rad's range of HIV products now
covers all known transfusion and diagnostic testing needs - including screening assays, rapid
unitary tests, supplemental and confirmatory tests.

Geenius™ HIV 1/2 Confirmatory, CE Marked and WHO pre-qualified, is a complete unitary offer to confirm and differentiate HIV-1 and HIV-2.

BIOSYNEX SA Located in Strasbourg is specialized in the In Vitro diagnostic. Our R&D department and state of the art manufacturing facilities are dedicated to continuously answer new needs in the medical area by offering a wide range of innovative products:
- Rapid Diagnostic Tests
- Amplix: Molecular Biology qPCR
- CellsCheck: 1st and unique instrument for Malaria detection
- Serology parasitology
(Haemagglutination & colorations)

Celltrion introduced the world's first mAb biosimilar, Remsima. With the experience in the US, EU and 80 other countries, Celltrion now enters into chemical medicines field focused on Tuberculosis and HIV. Low-priced, high quality products will be supplied by year-round production in the shortest lead time.

Cepheid is a leading on-demand molecular diagnostics company that is dedicated to improving
healthcare by developing fully-integrated systems and accurate yet easy-to-use molecular tests. The
company is focusing on applications where rapid and actionable test results are needed most, in fields
such as critical and healthcare-associated infections, sexual health, genetic diseases, virology and
cancer.

Chembio develops, manufactures, licenses and markets proprietary rapid diagnostic tests. We market and sell our products worldwide, including **DPP® HIV 1/2 Assay, HIV 1/2 STAT-PAK® Assay, SURE CHECK® HIV 1/2** Assay, DPP HIV Syphilis Assay and DPP Syphilis Screen & Confirm Assay and our DPP Zika IgM/IgG System (Assay and Reader), based on our Next Generation DPP technology platform.

Founded in 1975, Chemonics is an international development consulting firm. In 70 countries around the globe, our network of more than 5,000 professionals uses integrated and multi-sectoral approaches to address the most critical development challenges. In the health sector, we partner with governments, civil society, the private sector, and communities to reimagine prevention, care, and treatment of diseases and other health threats. We work across the continuum of care to identify and reach populations most at risk – particularly adolescent girls and young women, children, and other vulnerable populations – with targeted interventions proven to prevent, manage, and treat HIV/AIDS.

Créée par la loi n°2012-1132 du 13 décembre 2012 portant création, la Commission Nationale des Droits de l'Homme de Côte d'Ivoire(CNDHCI) a pour mission de promouvoir, de protéger et de défendre les droits de l'homme. La commission exerce également des fonctions de concertation, de consultation, d'évaluation et de proposition en matière de promotion, de protection et de défense des Droits de l'Homme. Elle est composée de trois organes essentiels à savoir l'Assemblée Générale, le Bureau Exécutif et le Secrétariat Général. La présente commission qui a démarré effectivement ses activités le 21 juin 2013, est composée de 22 commissaires centraux, et 248 commissaires régionaux représentant les 31 commissions régionales.

Diagnostics for the Real World [DRW] is a spinout company based on technologies developed at the Diagnostics Development Unit, University of Cambridge, England. The company's mission is to develop and deliver robust, simple and accurate diagnostic assays to overcome the logistical difficulties associated with central laboratory testing in resource limited settings.

The nucleic acid based SAMBA technologies can deliver rapid and reliable results for early infant diagnosis as well as detection of acute HIV infection during the window period. It is also able to measure the HIV viral load for therapy monitoring. DRW is based in Sunnyvale, California and in Cambridge,
United Kingdom.

The Elizabeth Glaser Pediatric AIDS Foundation is the global leader in the fight to end AIDS in children. Since our inception in 1988, there has been a 95 percent decline new pediatric HIV infections in the U.S., and a 70 percent decline in the number of new infections in children worldwide since the year 2000. We have the science and medicine to get that number almost to zero. EGPAF is focused on ending AIDS in children and families with a three-pronged focus on research, advocacy, and HIV service delivery in the countries with the greatest HIV burden.

Enda Santé, organisation internationale à ancrage communautaire basée au Sénégal, intervient dans 12 pays en Afrique. Face au poids des maladies comme le VIH, paludisme, tuberculose, maladies tropicales négligées, l'organisation s'est investie trois décennies durant, à accompagner les groupes vulnérables et les communautés, pour améliorer les conditions d'accès aux outils de prévention et à des soins de santé de qualité.

Enda Santé met l'accent sur la promotion des droits humains et l'approche communautaire pour l'atteinte des objectifs et progrès durables en santé. L'organisation initie et appuie les interactions, échanges et réflexions entre acteurs populaires, techniques, institutionnels, afin de contribuer à créer une articulation constructive entre vision et priorités.
www.enda-sante.org

Expertise France is the French public agency for international technical assistance. It aims at contributing to sustainable development based on solidarity and inclusiveness, mainly through enhancing the quality of public policies within the partner countries. Expertise France designs and implements cooperation projects addressing skills transfers between professionals. The agency also develops integrated offers, assembling public and private expertise in order to respond to the partner countries' needs

Le Fonds National de lutte contre le Sida (FNLS), structure du Ministère de la Santé et de l'Hygiène Publique, a été créé en 2004 avec pour objet de contribuer à la réduction de l'impact du sida en Côte d'Ivoire par la mobilisation de ressources et le financement des activités de lutte.

SERVICES OFFERTS

- Appui aux initiatives de la société civile et des communautés ;
- Appui aux initiatives des secteurs public et privé;
- Appui aux initiatives des indigents du fait du VIH et du sida ;
- Renforcement des capacités des intervenants

RESSOURCES DU FNLS

- Subventions de l'Etat;
- Projet «Timbre de Solidarité» ;
- Vente de Pagnes;
- Taxe de Solidarité, de lutte contre le sida et le Tabagisme;
- Concert de bienfaisance;
- Dons de matériels

The Ghana AIDS Commission is a supra-ministerial and multi-sectoral body established under the Chairmanship of H. E The President of the Republic of Ghana by Act 613, 2002 of Parliament. Its mandate is to provide support, guidance and leadership for the national response to the HIV and AIDS pandemic.
As portrayed in its institutional motto, "Working actively and in partnership to combat HIV and AIDS", the Commission collaborates and works closely with a wide-range of organizations including development partners in carrying out its mandate of management and co-ordination of HIV and AIDS activities in the country. It provides funding support to Ministries, Departments, Agencies (MDAs), non-gevernmental organizations (NGOs), community-based organizations (CBOs), private sector enterprises, faith-based organizations (FBOs) and other civil society organizations to undertake HIV and AIDS activities in the country.

For 30 years, Gilead has worked to develop medicines that address areas of unmet medical need for people around the world.

Our portfolio of medicines and pipeline of investigational drugs include treatments for HIV/AIDS, liver diseases, hematology and oncology, inflammatory and respiratory diseases and cardiovascular conditions.

Every day we strive to transform and simplify care for people with life-threatening illnesses.

Hetero is one of India's leading generic pharmaceutical companies and is one of the world's largest producer of anti-retroviral drugs for the treatment of HIV/AIDS. With more than 20 years of expertise in the pharmaceutical industry, Hetero's strategic business areas include APIs, generics and biosimilars. Hetero also offers

custom pharmaceutical services to its partners around the world. The company is recognized for its strengths in Research and Development, manufacturing and commercialization of a wide range of products. Hetero has more than 25 state-of-the-art manufacturing facilities strategically located worldwide. Majority of our facilities have been successfully audited and approved by stringent regulatory authorities like US FDA, EU, TGA-Australia, MCC-South Africa and others. Our portfolio includes more than 200 products, encompassing major therapeutic categories such as HIV/AIDS, Oncology, Cardiovascular, Neurology, Hepatitis, etc.
Hetero has a strong global presence in over 120 countries and focusses on making affordable medicines accessible to patients worldwide.
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HOLOGIC®
The Science of Sure

A global champion of women's health, Hologic is an innovative medical technology company that enables healthier lives everywhere, every day through The Science of Sure: Clinical superiority that delivers life-changing diagnostic, detection, surgical and medical aesthetic products rooted in science and driven by technology.

Human
Diagnostics Worldwide

HUMAN Diagnostics Worldwide
As one of the few global players in the in vitro diagnostics industry today, HUMAN offers a wide variety of products and services from Clinical Chemistry to Molecular Diagnostics including manual instruments to fully automated analyzers in over 160 countries. Moreover, HUMAN has been maintaining what is perhaps the broadest distribution, service and support network in the world for more than 40 years.

For more information, please visit: www.human.de

ICAP
GLOBAL. HEALTH. ACTION.
Columbia University
Mailman School of Public Health

Founded in 2003 at Columbia University's Mailman School of Public Health, ICAP delivers transformative solutions to strengthen health systems in more than 20 countries.
ICAP touches every part of the health system wherever it works, addressing challenges in health governance, human resources, health financing, infrastructure, laboratory, supply chain and pharmacy services, clinical services, and health information.
ICAP works at every level of the health system, collaborating with national governments, district health management teams, and individual health facilities—and partnering with educational institutions and NGOs—to strengthen the health system.
Learn more about ICAP's lifesaving work worldwide: online at icap.columbia.edu

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IPPF International Planned Parenthood Federation
Africa Region

The International Planned Parenthood Federation Africa Region (IPPFAR) is the leading sexual and reproductive health service delivery organization in Africa and a leading sexual and reproductive health

and rights voice in the region.
The overarching goal of IPPFAR is to increase access to SRHR services to the most vulnerable populations (including adolescents, young people, women and men) in sub-Saharan Africa. IPPFAR works towards a continent where they are free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A continent where gender or sexuality are no longer a source of inequality or stigma.

With the support of

Johnson & Johnson

Critical global public health challenges such as TB, HIV, mental health and others seek new leadership, new ideas, and faster ways of delivering impact. As one of the world's largest healthcare companies, Johnson & Johnson has a legacy of combining innovation, science, and ingenuity to tackle some of the most pressing public health challenges of the day. Building on that foundation, our Global Public Health team is redefining what it means to do business in resource-poor settings, forming unconventional partnerships and accelerating the pace of innovation to broaden our reach and deepen our impact. Leveraging the resources, capabilities, and competitive spirit that have helped Johnson & Johnson bring good health to a billion people every day, we have set big goals. Working with those directly impacted, we aim to make TB and HIV history and wrestle with several other public health challenges.

jhpiego
Saving lives. Improving health. Transforming futures.

A Johns Hopkins University affiliate, Jhpiego is a nonprofit global leader in the creation and delivery of transformative health care solutions that save lives. Through our close partnerships with local communities, policymakers, donors and health providers, we are able to transform health care systems, leading to better health across a lifespan—from pregnancy to delivery, and beyond. By embedding our know-how and skills into everyday practice, we are creating lasting change that improves the health of some of the world's most disadvantaged for generations to come.

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

Doctors without Borders (MSF) is an international, independent, medical humanitarian organisation committed to two objectives: providing medical assistance to people affected by armed conflict, epidemics, healthcare exclusion, natural and man-made disasters; and speaking out about the plight of the populations assisted. MSF currently supports treatment for people living with HIV in 19 countries, with a focus on free quality care, including innovative approaches to testing and linkage to treatment, improved adherence support, differentiated models of care and the prevention and treatment of advanced HIV.

Mylan is a global pharmaceutical company committed to setting new standards in healthcare. Working together around the world to provide 7 billion people access to high quality medicine, we innovate to satisfy unmet needs; make reliability and service excellence a habit; do what's right, not what's easy; and impact the future through passionate global leadership. We market a growing portfolio of approx-imately 7,500 products around the world, including antiretroviral therapies on which approximately 50% of people being treated for HIV/AIDS in the developing world depend. We market our products in more than 165 countries and territories. We are one of the world's largest producers of active pharma-ceutical ingredients. Every member of our more than 35,000-strong workforce is dedicated to creating better health for a better world, one person at a time.

Omega Diagnostics, celebrating its 30th year in the manufacture and supply of convenient and high quality diagnostic tests, is pleased to support the ICASA Conference. Come and meet us to learn about VISITECTœCD4, the world's first instrument-free rapid test for the determination of CD4 baseline in people living with HIV, plus other RDTs for the management of patients with advanced HIV disease.

OraSure Technologies manufactures oral fluid devices and other technologies designed to detect or diagnose critical medical conditions. Its innovative products include rapid tests for HIV and HCV antibodies, influenza antigens, testing solutions for detecting drugs of abuse, and oral fluid sample collection, stabilization and preparation products for molecular diagnostic applications.

Créée en 2002, la Plateforme ELSA (Ensemble, Luttons contre le Sida en Afrique) est un consortium d'associations françaises et africaines actives dans la lutte contre le sida en Afrique.
En 2017, les associations membres sont : le Mouvement Français pour le Planning Familial, Sidaction, Solidarité Sida et Solthis. Leurs partenaires respectifs en Afrique composent le réseau des partenaires africains d'ELSA.
ELSA a pour objectifs de renforcer et de valoriser l'expertise des acteurs associatifs francophones de la lutte contre le sida en Afrique via des programmes de formation, d'appui à la capitalisation d'expériences, et d'anima-

tion d'un centre de ressources en ligne. www.plateforme-elsa.org

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Réseau Accès aux Médicaments Essentiels

Roche

Numéro un mondial en biotechnologies*, le groupe Roche figure parmi les leaders de l'industrie pharmaceutique et diagnostique axée sur la recherche. Le laboratoire pharmaceutique Roche produit des médicaments cliniquement différenciés pour l'oncologie, l'immunologie, les maladies infectieuses, l'ophtalmologie et les neurosciences.

Roche, dont le Siège social est implanté à Bâle, en Suisse, est le leader mondial du diagnostic in vitro et du diagnostic histologique du cancer*. A travers ses deux divisions, Roche Pharma et Roche Diagnostics, Roche privilégie les domaines où les besoins médicaux significatifs demeurent insatisfaits et où son expertise peut faire la différence.

SAfAIDS

Knowledge for action: The power to make a difference!

Mission: A centre of excellence that promotes effective and ethical development responses to SRH, HIV and TB integrated with livelihood strategies; through advocacy, communication and social mobilization (ACSM)

Vision: Ensure that ALL people in Africa realize their sexual and reproductive health and rights and are free from the burden of HIV, GBV, TB, and their inter-linkages with other health and developmental issues.

SAfAIDS priorities are HIV and TB prevention, care and treatment; Integration of HIV and SRHR services, linkages between HIV, culture and GBV; rights of marginalised communities (LGBTI, people living with HIV and sex workers to access health services.

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sysmex

Shaping the Advancement in Healthcare

FC2 FHC

The Female Health Company manufactures, markets and sells the FC2 Female Condom. FC2 is the only female-controlled product approved for market by the FDA and cleared by WHO that provides dual protection against unintended pregnancy and sexually transmitted infections, including HIV/AIDS and Zika. Female Health Company provides training and education on sexual and reproductive health and rights and the female condom around the world. FHC's master trainers also provide capacity building to government officials, healthcare professionals, teachers and community leaders to ensure that availability of female condoms is paired with knowledge of the FC2 and information on its use.

Uganda AIDS Commission was established under the Office of the President by the Statute of Parliament in 1992 to provide oversight and coordinate all HIV and AIDS activities in the country.

The Commission's exhibition booth will have materials on the country's best practices in HIV prevention; policy and strategic documents; latest HIV/AIDS country program reports; advocacy and promotional materials; it will serve as a meeting point for the country delegations; a networking point with various stakeholders around the globe; point for media interviews, and attending to orders from conference participants on Uganda's rare information materials.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals. Learn more at unaids.org and connect with us on Facebook, Twitter, Instagram and YouTube.

Liberté • Égalité • Fraternité
RÉPUBLIQUE FRANÇAISE

MINISTÈRE
DE L'EUROPE ET DES
AFFAIRES ÉTRANGÈRES

France
REcherche
Nord & sud
Sida-hiv
Hépatites

Advancing Therapeutics, Improving Lives.

For 30 years, Gilead has worked to develop medicines that address areas of unmet medical need for people around the world.

It takes more than science to improve people's health and quality of life. That's why Gilead works with governments, community, academia, healthcare providers and advocates to enhance our ability to address the world's biggest health challenges on all fronts.

Gilead is working to expand access to treatment wherever possible by helping patients overcome barriers to get the medicines they need.

GILEAD IS A PROUD SPONSOR OF THE 19TH INTERNATIONAL CONFERENCE ON AIDS AND STI'S IN AFRICA (ICASA 2017)

For more information, please visit www.gilead.com.

30 GILEAD
Advancing Therapeutics.
Improving Lives.

Society for AIDS in Africa

Organizer of the International Conference on AIDS and STIs in Africa

DEADLINE

1st January 2018 - 3rd September 2018

Kindly follow this link to access ICASA 2021 Bid Document: **www.saafrica.org**

ADDRESS

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