HPTN Annual Meeting

See You in DC!

The HPTN Annual Meeting is right around the corner. With more than 600 attendees expected, the week-long meeting will feature many talented speakers who will discuss a wide variety of HIV prevention topics during protocol team meetings, Community Working Group events and plenary sessions.

Key highlights include a Tuesday (April 11) plenary featuring the HPTN Laboratory Center, Statistical and Data Management Center (SDMC), and HPTN Scholars. A poster session and reception will be held later that evening.

On Wednesday (April 12) our main plenary will feature Anthony S. Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases (NIAID), and Ambassador-at-Large Deborah L. Birx, M.D., coordinator of the United States Government Activities to Combat HIV/AIDS and U.S. special representative for Global Health Diplomacy, as part of a group of speakers focusing on critical areas relevant to our research portfolio.

We look forward to seeing you April 9-13, 2017 at the Washington Marriott Wardman Park in Washington, D.C.!

Get more information here.
Access the HPTN Annual Meeting in the Palm of Your Hand

This year, we have made several upgrades to the HPTN Annual Meeting mobile app to enhance your experience.

Download the new HPTN Annual Meeting mobile app [here](#) to enjoy all the features including notifications on agenda and room changes, full attendee list, session documents, your personal schedule, speaker bios, and more.

## In His Words - Mohammed Limbada

### HPTN 071 (PopART) and the Community Antiretroviral Therapy (ART) Delivery Substudy

Having been involved in the field of HIV/AIDS for more than 10 years from direct clinical care to scaling up of antiretroviral therapy (ART) services, I have developed a passion for strengthening preventive measures against HIV as well as ensuring HIV patients receive quality care in resource limited settings. I am also very passionate about conducting research to try and find innovative approaches for HIV prevention and treatment.

The [HPTN 071](#) study is very exciting as it answers a lot of important questions regarding immediate treatment and offering individuals prevention packages to try and reduce the incidence of HIV. In addition, the sub-studies I am involved in are equally exciting and innovative as they allow us to understand the patterns of HIV transmission and how we can improve and reach the UNAIDS 90-90-90 target by 2020.

There are numerous challenges that we anticipate and are looking for ways to address. The Community ART Delivery sub-study hopes to address the challenge of improving ART availability and delivery and will evaluate the uptake of community-based models for ART delivery in our settings as well as their impact on patient outcomes, clinic operations, and cost effectiveness. This information will be of great value to both national policy makers and PEPFAR.
To achieve the UNAIDS 90-90-90 target of HIV knowledge, ART coverage, and viral suppression, it is critical to minimize any barriers in the cascade. The HPTN 071 (PopART) study has achieved dramatic improvements towards the first 90% target after the first round of the intervention. However, after the first complete annual round we only achieved approximately 71% ART coverage for known HIV+ individuals and this target remains a challenge. Without significant expansion of ART initiation and sustained delivery, the impact of the intervention on the primary endpoint, HIV incidence, will potentially be threatened. There are concerns as to how we continue to scale up and expand timely access to ART services considering the increased number of patients initiating ART, in order to reach the UNAIDS target by 2020. We also need to figure out how to manage an increasingly diverse set of patient needs and how the existing fragile health care systems will cope with the huge number of patients in the coming years. Most importantly, how will we ensure that 90% on treatment will be adherent and virally suppressed to prevent ongoing transmission? This is where community models of ART delivery become crucial. It is important to provide policy makers with critical information on the patient outcomes, operational feasibility of the models, and acceptability in urban settings where HIV prevalence is high. The information gathered will be critical for informing strategies for the continued scale-up of universal treatment.

We have learned several lessons as to how people respond to HIV prevention messages and the importance of testing and seeking care. Working in the community has also helped people realize the importance of community-based workers in providing these services. We hope this will help to reduce stigma and prompt more people to accept HIV testing services as well as seek earlier treatment.

Mohammed Limbada, MBCHB, MSc ID, is the country principal investigator for the HPTN 071 phylogenetic study, an ancillary study to the main HPTN 071 (PopART) study. He is also the principal investigator for the recently-approved community ART study which is a sub-study to HPTN 071. Prior to 2014, Dr. Limbada was part of the HPTN 063 study as an investigator of records and worked with the HPTN 071 team on protocol development and implementation.

**Study Shout Outs**

**AMP Africa Stakeholder Meetings**

The HIV Prevention Trials Network (HPTN) and HIV Vaccine Trials Network (HVTN) recently conducted two separate two-day stakeholder meetings for the Antibody Mediated Prevention (AMP) Study (HVTN 703/HPTN 081) in Cape Town, South Africa from March 2-3, 2017 for stakeholders based in Botswana, Kenya, Malawi,
Mozambique, Tanzania, and Zimbabwe and from March 6-7, 2017 for stakeholders based in South Africa.

These meetings brought together approximately 150 attendees comprised of representatives from governmental and nongovernmental organizations, institutional review board members, research staff, community officials, traditional and/or spiritual healers, and others. Presentations and discussions addressed the science and design of AMP, study updates, community engagement, and overcoming stigma.

**Network Member Spotlight**

Nozizwe Makola, BEd, PGDip (HIV/AIDS), PGDip (Applied Ethics), is currently working as a community liaison officer for the HPTN 071 (PopART) study at the Desmond Tutu TB Centre (DTTC) at Stellenbosch University, Cape Town, South Africa. She leads the Community Engagement team.

**How did you first get involved with the HPTN?**

I started working with the HPTN in 2005 when I was employed by the University of Cape Town (UCT) as community educator for the HPTN 039 study. I worked with a team of five mobilizers, recruiting couples for the study. Education on the importance of couples counselling and testing at places where we could recruit couples for enrolment into our study was at the core of our function. Once enrolled, we emphasized adherence and retention strategies. At the end of that study, I worked in health strengthening projects from 2008 to 2010 with UCT and 2011 to 2012 with Desmond Tutu TB Centre (DTTC). Thereafter in 2013, I was employed by DTTC as a community liaison officer for the HPTN 071 study.

**Read More**

**Awareness Days**

[Image of the World Health Organization logo]
World Health Day
April 7

National Youth HIV & AIDS Awareness Day
April 10

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