

Report on 12th International Congress on AIDS in Asia and the Pacific (ICAAP12)



ICAAP12 Secretariat
Partners in population and development, Dhaka, Bangladesh
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Any ICAAP is a celebration of the vibrancy of community representatives who are the voice of those infected and affected by HIV. We are grateful to all community groups and their key representatives who participated in both the planning process leading to the ICAAP12 as well as travelled to Dhaka to present their life stories at the congress and advocate for an AIDS free generation.

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We also thank the Executive Members, ICAAP Secretariat Team Members, congress delegates and speakers and all those who participated in the various sessions for their presence and meaningful contribution which enriched the content and the outcome of the Congress.

Dr. Joe Thomas
Secretary General, ICAAP12
And
Executive Director
Partners in Population and Development (PPD)

1. Introduction

The International Congress on AIDS in Asia and the Pacific (ICAAP) is the largest forum on AIDS held in the Asia and the Pacific region. Since the first ICAAP was held in 1990, almost 25 years ago, the ICAAP has played a critical role in raising public awareness, building political commitment, strengthening advocacy networks and disseminating knowledge and experiences on HIV issues among stakeholders in the region. The Asia Pacific region comprises of 56 countries representing nearly 70% of the world population. Successive ICAAPs have provided a forum for reflecting the aspirations of nearly 5 billion people who live in this region with regard to HIV, health and development as well as taking stock of the efforts and gaps that remain in the fight against HIV. The 12th ICAAP came at a time when globally there have been significant achievements with regard to the HIV epidemic but challenges still remain. ICAAP12 will also look at mechanisms to mainstream HIV services into primary health care and national health delivery systems, in alignment with the Sustainable Development Goals framework.

12th International Congress on AIDS in Asia and the Pacific (ICAAP12) was held in Dhaka Bangladesh from March 12 to 14, 2016. The Congress was inaugurated by the Honourable President of the People's Republic of Bangladesh and brought together 2500 participants including 1000 international delegates, 250 eminent speakers from 52 countries to deliberate on HIV/AIDS and other SRHR issues. The congress was organized by Partners in Population Development (PPD) in collaboration with the Government of Bangladesh and international agencies like UNICEF, USAID, WHO, Global Fund, European Union, Pharmaceutical Industries, etc.

2. Organization of the 12th ICAAP

The AIDS Society of Asia and the Pacific (ASAP), the custodian of the ICAAP, called for Expression of Interest (EOI) from the intending organizations / countries for hosting the ICAAP12. Partners in Population and Development (PPD), with the support and advice of the Ministry of Health and Family Welfare of the Government of Bangladesh, and other relevant stakeholders such as Bandhu Social Welfare Society (BSWS), STD/AIDS Network of Bangladesh and Network of People Living with HIV/AIDS submitted the initial Expression of Interest on 30 June 2013. Following initial screening and review of all EOI by ASAP executive committee, PPD was invited to submit the final proposal which was done on 8th September 2013. This was followed by a scoping visit by the then ASAP president Prof. N.M. Samuel and vice-president Prof. Masayoshi Tarui to Dhaka, Bangladesh from 15 to 18 September 2013 to review the of organizing the 12th ICAAP in Dhaka. Following the mission and ASAP internal consultative process, the ASAP President wrote to the Government of Bangladesh and Partners in Population and Development (PPD) communicating the selection of Dhaka, Bangladesh as the venue for organization of the 12th International Congress on AIDS in Asia and the Pacific (ICAAP12). On 22 November 2013, at the closing ceremony of the 11th ICAAP. the Government of Bangladesh and Partners in Population and Development (PPD) were together awarded the rights to host 12th ICAAP at Dhaka.

An International Advisory Committee (IAC) consisting of thirty-two members drawn from experts and key stakeholders (Rf: Annexure 1) in the region worked together to design the scientific and community programme for the congress.

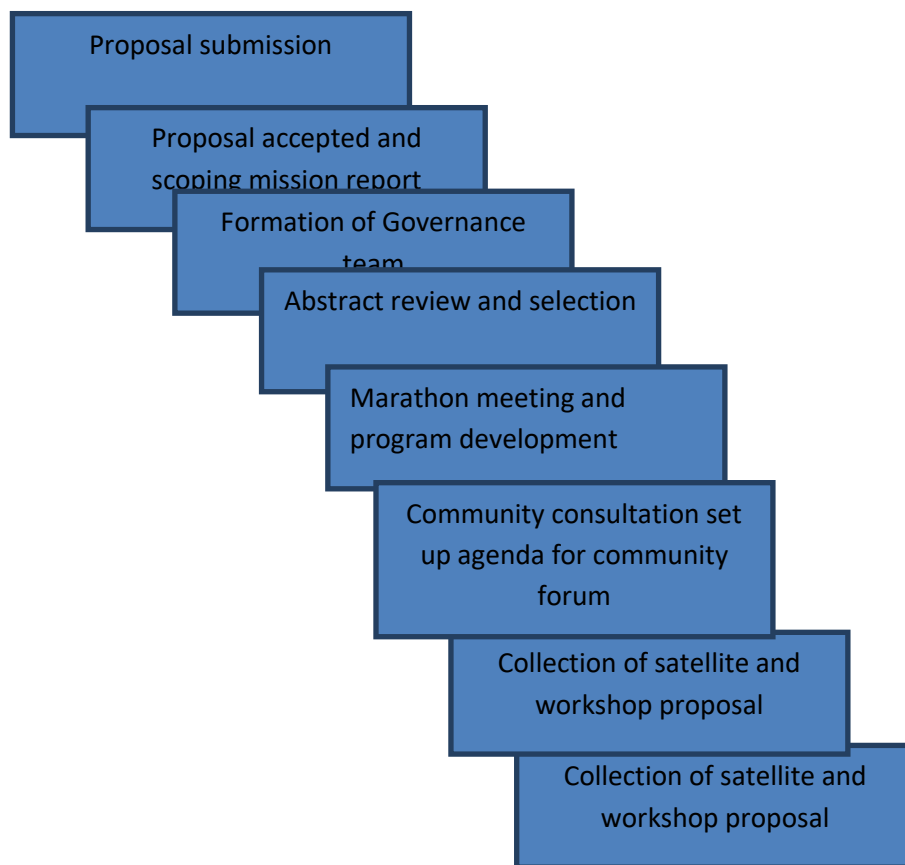


Fig 1: Processes involved in the selection and conduction of the 12th ICAAP

3. Salient features of the 12th ICAAP

The 12th ICAAP focused on bringing together both the scientific and affected communities in the region for strengthened response to HIV/AIDS in the Asia Pacific. Despite the significant progress made, key population groups in the region are still affected by the HIV. Thus ICAAP12 aimed at deepening our knowledge about the epidemic and ensuring that the response to HIV epidemic is scientifically sound, technically relevant and programmatically more appropriate. ICAAP12 also created the opportunity to stock of the regional efforts undertaken to combat HIV epidemic. The congress also tried to consolidate and build on gains and strengthen local response to the HIV epidemic.

ICAAP12 being a unique and important platform, the three-day programme was organized into scientific tracks, plenary sessions, satellite sessions, poster sessions, oral presentations and community interactions (Rf: Annexure 2). Each of these tracks was further categorized into sub-groups groups to accommodate the nuances in each track and category.

12th ICAAP also provided the Government of Bangladesh to advocate for AIDS free generation through impetus to bring about significant policy and programmatic changes in its response to the HIV epidemic. It was the first large international scientific conference held in Bangladesh immediately post MDG 2015 and also created a platform for Dhaka as a city to host such events in the future. The conference contributed to the local economy and also to brand Bangladesh Tourism. Bangladesh also was able to showcase through the ICAAP how a low infectious country could take the lead in the response to the HIV epidemic as well as other health related achievements.

4. Highest Level of Political Support

It was first time ever in the history of ICAAP, that any national had Government supported both with technical and financial assistance for the organization of the congress. The Prime Minister of Bangladesh in a video message welcomed delegates to participate in the ICAAP12 during the ICAAP11 held in Bangkok.



Different committees were created with Honorable Prime Minister of Bangladesh, Health Minister, State Minister, Secretary Health and several high level govt. officials along with representatives from different communities, NGOs, agencies etc. The chief patron of the local organizing committee was Her Excellency the Honourable Prime Minister of Bangladesh Sheikh Hasina. Under the leadership of the Honorable Health Minister Mohammad Nasim a group of 9 ministers from different ministries of government of Bangladesh including private



Cabinet Ministers of 9 Ministries, Government of Bangladesh attend the ICAAP12 support group meeting

sectors, particularly the President of Bangladesh Association of Pharmaceutical Industries joined together to provide generous support to ICAAP12 in Dhaka which was an exceptional history in the organization of ICAAP. The local organizing committee was chaired by the secretary Ministry of Health and Family Welfare, Government of Bangladesh Mr. Syed Monjurul Islam with Dr. Joe Thomas as the Secretary General. Co-chairs were appointed giving adequate representation to key stakeholders. Further a twenty member executive committee was formed to oversee the preparations and successful conduct of the congress (Rf: Annexure: 3).

5. Programme selection process

A panel of scholars reviewed the submitted abstract based on the track and categories designed by the scientific committee. The conference received 1100+ abstracts, the top three countries with highest number of abstracts are India, Bangladesh, and Indonesia respectively. 1130 abstracts was reviewed and categorized by abstract review committee (Rf: Annexure 4) consisting of 41 local and international members. The ICAAP12 Secretariat organized program selection meeting/marathon meeting, along with Partners in Population and Development (PPD) in collaboration with the Local Organizing Committee (LOC) and International Advisory Committee (IAC) in August 17-18 of 2015. The purpose of the program selection meeting was to finalize the congress schedule as much as possible, but most importantly, to evaluate and select abstracts for the abstract-driven sessions. Around 100 local and international delegates participated in the meeting. Participants included members of the executive committee, leads and members from the 5 tracks, representatives of the LOC and IAC, international experts, observers, and ICAAP12 secretariat staff. Representatives came from different NGOs, INGOs, regional forums, community organizations, UN bodies, local and foreign academic institutions, medical colleges and universities, development organizations, and online and print media (Rf: Annexure 5).

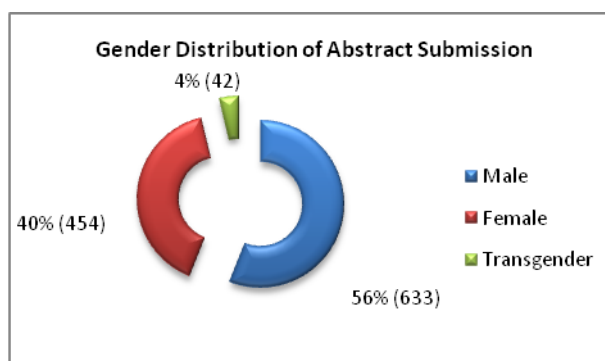


Fig 2: Gender distribution of abstracts received

Abstracts were separated into oral, alternative oral, poster, satellite sessions as well as the ones that were rejected. 1130 abstracts re-reviewed and categorized as follows. It would be noted that out of total 906 accepted abstracts, secretariat received 478 applications for scholarships (Rf: Annexure 2)

Category	Number
Oral	238
Alternative for Oral	110
Poster	544
Satellite	10
Alternative for Satellite	4
Total accepted	906
Rejected	224
Total	1130

Fig 3: Break up of abstracts received for ICAAP 12

While the primary aim of the Marathon Meeting was to collectively work on abstract sorting, and finalizing of ICAAP12 programme, the community representatives present there took the opportunity to have separate meetings to concretize their plans for ICAAP12.. On Day 2 of the Marathon Meeting, Community Track Chair presented these plans at the plenary. Some of the changes suggested included, a 2-day community forum where key population groups would have individual breakout sessions in between two plenaries. The community representatives also took the opportunity of the marathon meeting plenary sessions to voice concerns they had regarding space for community at ICAAP12, demand assistance in fundraising, in negotiating for funds with the LOC, and request eight satellite session slots for various key groups to organize sessions at ICAAP12. Given the central focus on affected communities, the organizers assured them that all their demands will be taken into account and met as best as possible.

6. The 12th ICAAP Programs

The 12th ICAAP was organized at the International Convention Centre, Basundhara (ICCB), Dhaka, Bangladesh. The deliberations and engagements that took place during the 12th ICAAP were structured along the lines of the following key activities

- a. Community forum
- b. Plenary sessions
- c. Symposia
- d. Satellite and special sessions
- e. Oral and Poster driven sessions
- f. Special sessions
- g. Skill building workshops

Community forum

Any international gathering in the HIV community has enshrined the principle of giving prime importance to affected communities. This has been a unique feature of the HIV response and ICAAP12 was no different in this regard. In order to ensure that community



involvement in ICAAP 12 was not mere tokenism the organizers held dialogues with various community groups across the region in the year leading up to the congress. Based on the inputs and requests from the community a daylong community forum was organised on March 11, 2016 a day prior to the official inauguration, with more than 500 community representatives across different countries in the Asia and the Pacific attending the forum.

Pre-conference meetings



A series of meetings and consultations were held leading to the ICAAP12 community Forum. Meetings were held with the local community and AIDS Society of Asia and the Pacific (ASAP) representatives in March 2014, and with key representatives of the Asia Pacific

Coalition on Male Sexual Health (APCOM) in August 2014 to discuss partnership opportunities. The latter was followed by communications between APCOM and the ICAAP12 Secretariat in order to ensure effective regional Community participation. There were meetings with sex workers' representatives and local community leaders which was followed by a meeting with regional community group representatives and other stakeholders, including local community Executive Committee members, in Bangkok (brief report attached in (Rf : Annex no 6)

In June 2015 a two-day meeting was held with local community representatives, community sub-committee members of the ICAAP12 organizing structure, and others in Dhaka. Discussions and decisions from the June 2015 meeting took the shape of a concept note concretising community plans including the Community Forum. Several meetings were held with various other groups in the coming months to concretise the initial leads and finalise the nature and scope of involvement of key affected communities.

Community representatives drew up the following themes as key issues to be deliberated at ICAAP12

- New Generation Prevention/Outreach approaches and technologies, including Combination Prevention, pre-exposure prophylaxis, ICT, new outreach approaches, Community based/led testing and case management.
- Scale up access to treatment (including 2nd and 3rd line), and ensure retention and viral suppression.
- Human Rights: creating an enabling environment to access services and reduce stigma and discrimination.
- Financing communities' work and service delivery to fast track national responses.

Community members decided that the dialogue in the community forum would revolve around these themes to be able to make meaningful contribution to the agenda for change. The program of the Community Forum was thus structured around the important role communities affected by HIV can play to end AIDS by 2030, and Communities' perspectives on the response to AIDS.

The objectives of the Community forum were:

- To Share emerging issues faced by key affected population.
- Build consensus on common strategies for active engagement and contribution during the conference and develop the Community Statement and key messages for the various community sessions.
- Identify common issues for key affected population for ensuring an enabling environment and right to services.

The opening plenary of the community forum set the perspective with remarks and views from representatives of the affected communities, academia and civil society. These were

punctuated by animated voices from the communities, which found a space in the opening session.

Participants were divided into nine breakout groups depending on the constituencies they represented. They included

- a. Female sex workers
- b. Men who have sex with men
- c. Migrants
- d. People living with HIV
- e. People who inject drugs
- f. Transgenders
- g. Women
- h. Youth
- i. Civil society organisations



breakout session.

Each group brainstormed upon the emerging challenges and issues affecting the key population group across countries and provided specific recommendations for change in policy and programs (Ref: Annexure 7). Although not part of the communities directly affected by HIV/AIDS, civil society groups working closely with the communities, held their own

The Forum ended with a closing plenary chaired by Kay Thi Win, Chairperson of the Asia Pacific Network of Sex Workers. In this session representatives from WHO SEARO and UNAIDS headquarters provided their overview on what is needed to fast track change and how communities could be better engaged in the mission to end AIDS by 2030. Dr Swarup Sarkar (WHO SEARO) called for concerted action to ensure that community based organisations are effectively involved in funding decisions and determining expenditure priorities, alongside raising concerns related to financial sustainability of CBOs. Dr Saji Panakadan from UNAIDS stated how UNAIDS strategy for 2016-21 is already aligned to the post-2015 development agenda and shared brief highlights of UNAIDS strategy to fill the gaps for ending AIDS by 2030. Community voice articulated by Mr Shale Ahmed from Bandhu Social Welfare Society, Bangladesh reflected the need for *out-of-box* thinking because business-as-usual would not help us accomplish the change agenda.

Opening Ceremony



The opening ceremony of the conference was held in 12th march 2016. The ceremony began with recitation from holy books such as the Holy Quran, the Bhagavad Gita, the Tripitaka and the Holy Bible. The welcome address of the congress was delivered by Mr. Syed Monjurul Islam, Secretary, Ministry of Health and Family Welfare, Government of Bangladesh and Chair LOC & Executive Committee of ICAAP12. Professor Myung Hwan, Konkuk University, South Korea, representing ASAP welcomed the delegates on behalf of ASAP, the custodian of ICAAP. Mr. Philippe Cori, representing UNICEF one of the key stakeholders of the congress welcomed the gathering on behalf of the UNICEF. Dr Joe Thomas, Secretary General of ICAAP12 and Executive Director, Partners in Population and Development (PPD) welcome the delegates and shared the diverse experiences during the period of the arrangement of ICAAP12. H. E. Mr. Mohammed Nasim, Honorable Minister of Health and Family Welfare, Government of Bangladesh addressed all the delegates on behalf of the Local Organizing committee and reassured the commitment of combatting HIV on behalf of his Ministry. Finally H. E. Mr. Md. Abdul Hamid, Honourable President of the People's Republic of Bangladesh formally announced the opening of the conference and commit that his government will play all the necessary role to combat HIV fro the Asia Pacific region. In his address, the President emphasized upon the need to change the perception of AIDS and the need to address it as a public health issue of importance. He pointed out that it was high time that discrimination and stigmatization of people living with HIV/AIDS was stopped. Noting that while we live in an era where interplanetary travel seems easy and we are pushing the boundaries of science, yet looking inwards is tough. Pointing to the efforts of Bangladesh in fighting against the HIV epidemic, the President pointed out that highest priority has been accorded to containing HIV transmission. The vote of thanks was delivered by H.E. Mr. Zahid

Maleque, Honourable State Minister of Health and Family Welfare, Government of Bangladesh.

Scientific Programme of the 12th ICAAP

Plenary sessions



Plenary sessions were organized at the beginning of each day of the conference and involved key experts from a wide range of stakeholders such as researchers, academics, politics, development partners and politicians discussing topical issues related to the HIV epidemic. Key issues in the area of governance, provision of services to affected populations as well as gender were debated during these sessions (Rf: Annexure 8). The sessions organized included



Plenary 1 Creating the right environment: delivering on the promise of ending AIDS by 2030



The session was chaired by Lady Roslyn Morauta, the Chair of the Papua New Guinea CCM for the Global Fund and the speakers included Dr Swarup Sarkar, Director Communicable Diseases, SEARO, WHO, Jules Kim, CEO, Scarlet Alliance, Australia, Prof. Myung-Hwan Cho of Konkuk University, Seoul and Dr. Robert Clay, Vice President, Save the Children. Dr. Sarkar pointed out that the Bangladesh experience in addressing HIV/AIDS was a pathfinder and the global target of 90-90-90 can be achieved by 2020 if other countries followed the Bangladesh model. Jules Kim pointed out that decriminalizing sex work and reducing violence would reduce the transmission rate by 20% and stressed the need to recognize the rights of sex workers and give sex work its dignity. Prof Cho pointed out that need to focus on vulnerable populations such as adolescent girls, migrants and sex workers as the health disparity is widening and such groups are unable to access treatment. He further emphasized that there is a need to match finance capacity with the demand if AIDS has to be eliminated by 2030. He advised more sustainable funding for the AIDS response through market interventions that focus on innovations and provide creative solutions. Dr. Robert Clay of Save the Children highlighted the need to break the divide between implementation and research. He pointed out that the research needs in Asia and the Pacific spans the entire spectrum of prevention, treatment, health systems strengthening and community strengthening.

Plenary 2 ‘Fast tracking’ services for the key population



The plenary session on day 2 was chaired by Dr. Tajudeen Oyewale from the UNICEF and had speakers from across the globe who touched upon key issues that had to be addressed in order to ensure services for key populations. Dr. Nathan Ford from the WHO discussed in detail the ambitious targets established the WHO to end the AIDS epidemic by 2030 as well as the new HIV testing guidelines. Anand Grover from India spoke on the issue of access to medicines and stated only 33% of those who need medication have access to it primarily due to the high cost. He urged Bangladesh to play a key role in the region by supporting the production and distribution of generic medicines. Dr. Halida Akhter from Pathfinder International discussed the issue of exclusion and stigma faced by PLHIV. Using examples from her work she illustrated how stigma was very much prevalent and discouraged people from seeking information, adopting safe behavior or accessing treatment and care. Mr. Jonathan Castaneda from the Philippines presented the community perspective on what it was to live with HIV and the urgent need to ensure that key populations had access to the entire range of preventive and curative services from a human rights perspective.

Plenary 3 Gender equality: Responding to the 3rd zero



The plenary session on the final day was chaired by Dr. AKM Nurun Nabi the Vice Chancellor of Rokeya University and focused on issues concerning gender equality and its significance in the fight against HIV. Key speakers from Bangladesh, India and the UNICEF representing different constituencies shared their experiences. Moni Begum, an adolescent from Bangladesh elaborated on her experiences growing up. She felt that during this people did not understand adolescents well and they felt controlled and isolated from the larger community. Adolescents constituted nearly one third of the total population in Bangladesh and had special needs. Gender discrimination and abuse was quite common among them. Senior technical advisor on HIV among adolescents for the UNICEF Dr. Susan Kasedde proposed that to work effectively with adolescents, there was a need to learn from our present experiences and chart the way forward while linking it to the global vision that has been put forward for adolescents by the UN. Roger-Mark de Souza who spoke next emphasized that there is a pressing need to link the key issues of AIDS, gender and the environment especially in the context of the 2030 agenda.

Laxmi Narayan Tripathi, CEO of ASTIVA shared perspectives of the transgender community and insisted that transgenders should be included in any action plans formulated to end AIDS. Transgender community members do not seek sympathy, but dignity

Day 1	Creating the right environment: delivering on the promise of ending AIDS by 2030
Day 2	'Fast Tracking' services for the key population
Day 3	Gender Equality: Responding to the 3rd zero

Fig 4: Plenary sessions at ICAAP 12

Symposia



The congress saw 13 symposia that were hosted by UN agencies, local and international NGOs and the community-based organizations (Ref: Annexure 9). These symposia discussed all aspects of the response to the HIV epidemic and highlighted the key discoveries and learning both from the scientific field and from programmes across the region, challenges faced in the fight against HIV and emphasized the importance of the rights of marginalized communities in the fight against HIV.

Learning's from the field of implementation

Integration of HIV services within larger health care programmes was reported as an effective means of ensuring greater uptake of services and reducing the stigma associated with approaching stand-alone HIV services. Sharing their experiences in this regard, participants from a USAID supported programme in Bangladesh discussed their experiences on delivering the 'Integrated HIV-ESP Service Package' in ten Voluntary Counselling and Testing (VCT) centres which includes screening, treatment and referral for RTI/STI/HIV, maternal and child health services, nutrition, family planning and diagnostics. Dr. Samina Choudhury from USADI spoke about the need to integrate HIV testing centres into primary health care facilities run by the national health programme.

The importance of ensuring that sexual and reproductive health needs of men and adolescent boys was raised as a necessary part of a comprehensive approach to tackle gender inequalities. Existing gender inequalities are due in large part due to rigid gender norms and harmful perceptions of what it means to be a man, have far reaching consequences on health and well being. In many contexts in the Asia and the Pacific, women do not control decision making, including on SRH choices, yet they bear a significant burden of contraceptive use and child bearing as well as increased vulnerability to HIV and STI. Growing evidence shows that where men and adolescent are engaged in tackling inequality and promoting women's choices, the resulting outcomes are positive and men and women are able to enjoy equitable, healthy and happy relationships. Aditya

Singh, a Programme Specialist (HIV and AIDS) with the International Planned Parenthood Federation (IPPF) South Asian Region discussed the global package on men and SRH of IIPF, with a special focus on HIV. By introducing the term ‘Men-streaming Gender’ he showed how men also have the ability to take active part to resolve SRH issues.



A key marginalized group affected by HIV are migrants. Most migrants have no access to health services in their destination countries and regions and unable to obtain both preventive and curative services that the local population has access to. A new model of cooperation between countries that have large numbers of migrant populations in the region was presented. A MoU was signed between Thailand and Myanmar to prevent and to treat the HIV migrant workers and the workers who have AIDS. This would ensure that migrants receive standard public health service irrespective of their nationality and religion. However, these services are only for the workers who are eligible under the MoU and they must go under the nationality verification process. This was applicable for both documented and undocumented migrant workers. Nepal also followed the same model to handle the prevalence of HIV among their migrant workers. As Nepal has an open border with India, most of their migrant workers are infected with HIV through sex with female sex workers. To reduce the number of HIV positive migrant workers Nepal has adapted the Reach Recruit- Test- treat- Retain (RRTTR) model.

The need for a rights based approach

The importance and effectiveness of adopting a human rights based approach to policy and programme design as well as implementation has been proven time and again across the globe in the fight against the HIV epidemic. However, despite this acceptance of the need to take a rights based approach and safeguard the dignity of every one especially marginalised groups, representatives of sex-workers groups from across the Asia and the Pacific talked in details about the insecure situation of the sex-workers in those countries. Punitive laws that criminalize and punish sex work act as instruments by which sex-workers are harassed regularly and have their human rights violated by the law enforcers agencies, health authorities, and non paying clients. Sharing her experience one of the participant proclaimed “We have no access to health right, no comprehensive services and

no human rights”. Emphasizing on the need to protect their rights, sex workers declared that they had a right to do any work to earn a living and needed dignity and protection for people who chose to remain as sex workers.



Yet another marginalized community- transgenders discussed the issue of harassment and lack of dignity that they faced from all sections of the society. While discussing the need for their rights to be recognised and respected, the recognition of transgenders as the third gender in Bangladesh was hailed as an achievement that others in the region could emulate. The speakers also spoke about the need for community-based organizations for the transgender community and ensuring adequate funding from donors and government in the region to provide services for the community



Challenges facing the HIV community

Risk of Hepatitis-C is more than HIV especially among persons who inject drugs (PWID) due to the re-use of syringes. In Bangladesh for example, the number of PWIDs is 23,240. The WHO treats Hepatitis-C as a viral time bomb, as the report of 2013 showed around 184 million were infected globally with Hepatitis C. However, Hepatitis-C was not accorded the necessary attention and remained on the sidelines of most government programmes. Dr.

Ezazul Islam Chowdhury, from the program for HIV and AIDS, icddr, emphasized how achieving zero deaths would not be possible without Hepatitis-C treatment. A suggestion that came from the community of PWID was the consideration of giving PWID locked needle syringes that would ensure that the syringe couldn't be reused.



TB is one of the biggest killers of those who are infected with HIV. In some parts of the region prevalence of TB is large thereby increasing the danger of co-infection. Nevertheless lack of trained human resources to deal with the problem of HIV/TB co-infection and the absence of an overall policy map to counter the twin epidemics continued to hamper the response to HIV/TB co-infection in most countries of the region.

A key population that is both at risk from HIV infection but is also neglected in a lot of programmes are adolescents. AIDS-related deaths are not declining for adolescents in the region and it was important that inaction at the policy and programme level was replaced with more adolescent centric programmes that utilize them as agents of change.

While south Asia as a whole is a low epidemic region, the sheer number of PLHIV in the region makes parent to child transmission of HIV an important issue. Asia Pacific has estimated 180,000 children under 15 years of age who live with HIV, of whom 90% have been infected through mother to child transmission. While discussing the challenges, Prof. Michael McGrath said, the main challenges in the region include the huge population with large numbers of pregnant women and low HIV prevalence. These factors combined make it difficult to identify HIV positive pregnant women. Also stigma, local laws, societal attitude, and health system structures are barriers for accessing services for most group. Nevertheless children with HIV must be reached if the targets set by UNAIDS have to be attained.

Rising antimicrobial resistance a potent threat

Drug resistance to known antibiotics has emerged as a serious public health problem in the recent years and the World Health Organization (WHO) is all set to launch the Infection prevention and Control against Antimicrobial Resistance (IPC against AMR), inspired by the Ebola catastrophe and the MERS outbreaks. Weak or absent infection control is a fantastic cost to health care systems combining a human cost (high level of disability / death for health care givers with very high opportunistic costs (economic and human). The HIV community has an estimated 38 million living PLWAs, and infections are still rising in many countries. There is a mounting ARV resistant HIV-virus in all countries that started its therapy early. Further it was predicted that direct deaths would occur by millions in years to come from both MDR and XDR Tuberculosis infections. Hence the HIV community needs to attend to this issue at the earliest, as anti-microbial resistance would affect it drastically in the years to come.

Oral and Poster sessions

Abstract driven oral and poster sessions that report key findings and experiences from the field are an important part of any international gathering on HIV and at ICAAP 12, these sessions were organized into nine tracks as follows

- a. Track A: The Continuum of Prevention to Treatment and Care: Basic and Clinical Sciences and Epidemiology
- b. Track B: The Continuum of Prevention Treatment and Care: Social Sciences
- c. Track C: Law, Policy and Human Rights and the unfinished Political and Social Agenda
- d. Track D: Reaching the Unreached Community, Health Systems and Multi-Sectoral Engagement
- e. Track E: Academic Response to HIV (World of learning, teaching and training)
- f. Track F: Faith Based Response and Faith Based Advisory Approach
- g. Track G: Transformational Leadership for an AIDS Free Generation
- h. Track H: Program for adolescents and youth
- i. Track I: Planning for Post 2015 Development Agenda and Beyond



The oral sessions were also organized in different categories to present the abstract. (Rf: Annexure 11) and the abstracts for poster presentations were also distributed in three days according to the content of the posters. To find the list of the posters follow the Rf: Annexure 12)

Abstract book consisting of the detail of selected abstracts is presented in (Rf: Annexure 16)



Various stakeholders presented the latest evidence from across the region which pointed to the fact that a lot of ground needs to be covered in the coming years if reaching the goals set by UNAIDS and the international community needs to become a reality. There is a need to focus on protecting the rights of marginalized groups, commitment on providing universal access to care and support for PLHIV, policy and legislative reform to ensure that punitive approaches to certain marginalized communities are replaced with a rights based

approach. Commitments made by donors, the political community as well as international agencies needs to be translated into action at all levels right up to the community in order to ensure that the spread of HIV/AIDS is halted more effective action. Leadership should be nurtured and developed at all levels and community needs to be engaged not just in advocacy but in the design, development and monitoring of national programmes (Rf: Annexure 13).

Satellite session

Unzipping Agenda 2030: community perspectives on holding the SDGs accountable to key affected women and girls.

Given the SDGs that have been adapted by the UN, the Asia Pacific Alliance for Sexual and Reproductive Health and Rights (APA), organized a satellite session to draw attention to the specific issues of women and girls who are affected by the HIV epidemic in the Asia-Pacific region. In this session, members of Unzip the Lips, a safe and inclusive community-led platform for multi-stakeholder dialogue on issues of key affected women and girls in the HIV epidemic in Asia and the Pacific, shared their perspective on what the Agenda 2030 means for Key Affected Women and Girls (KAWG) in Asia and the Pacific. The session also provided participants on strategies that could be utilized to advocate on issues pertaining to them, by making use of the follow-up and review processes for Agenda 2030; and described other opportunities for holding governments accountable to their human rights and related commitments and obligations. (Rf: Annexure 10)

Special Session

A high level round table symposium on adapting a South –South Cooperation framework for strengthening cross-border action on AIDS, Tuberculosis and Malaria was organized by Partners in population and Development (PPD) that examined the current situation and propose measures to alleviate the situation. PPD representatives from the member countries looked at the extent of the disease load in the cross border areas and recommend health diplomacy measures to pool resources from the border sharing countries and draw joint action plans to provide succor to the neglected populations on both sides and make a lasting contribution to containing AIDS, Tuberculosis and Malaria in cross border settings. (Rf: Annexure 10)

Skill building workshops

ICAAP12 brought together a wide group of stakeholders from the Asia-Pacific region with vast experiences in designs implementing programmes to stem the tide of the HIV epidemic. A key aim of the congress was to also share experiences and new knowledge and skills to participants so that they could learn and implement them in their own areas of work thereby benefitting their communities. Five skill-building workshops were organized during ICAAP12 as follows



1. Applications of social media for HIV & SRH information by adolescent and youth network jointly organized by UNICEF and Save the Children
2. A digital Story telling platform for HIV risk and vulnerability reduction organized by ZMQ, technology for Development
3. Leveraging innovative technology solutions to empower communities and programs to support the national and global HIV response organized by: Dure Technology
4. Leadership and network development among youth and adolescent for HIV & SRHR issues jointly organised by UNICEF and Save the Children
5. Introducing Motivational Interviewing (MI) into targeted interventions for young MSM, what are the experiences so far? organized by a consortium of Bandu Social Welfare Society, GGD Amsterdam and the Royal Tropical Institute (KIT)

Asia Pacific village



The Asia-Pacific Village is a space where community groups from the region can share practical learning experiences and strengthen their networks. In ICAAP12, the village provided a space to the community groups and other delegates for discussions and performances, and also to interact with communities. The Asia Pacific Village of ICAAP12 that was set up for ICAAP12 was in Hall 3 of the ICCB, which was a 30000+ square feet area. The ground floor housed the main stage, the networking zone, and booths- both free as well as allotted to specific organizations. The PLHIV lounge was housed in the mezzanine floor and had comfortable furniture, and refreshments throughout the days of the Congress. The main purpose of the village was to provide key population representatives the space to refresh, relax and network amongst themselves. Further the village also provided a venue to host cultural programmes between delegates from various countries of the region.

Exhibition Booth



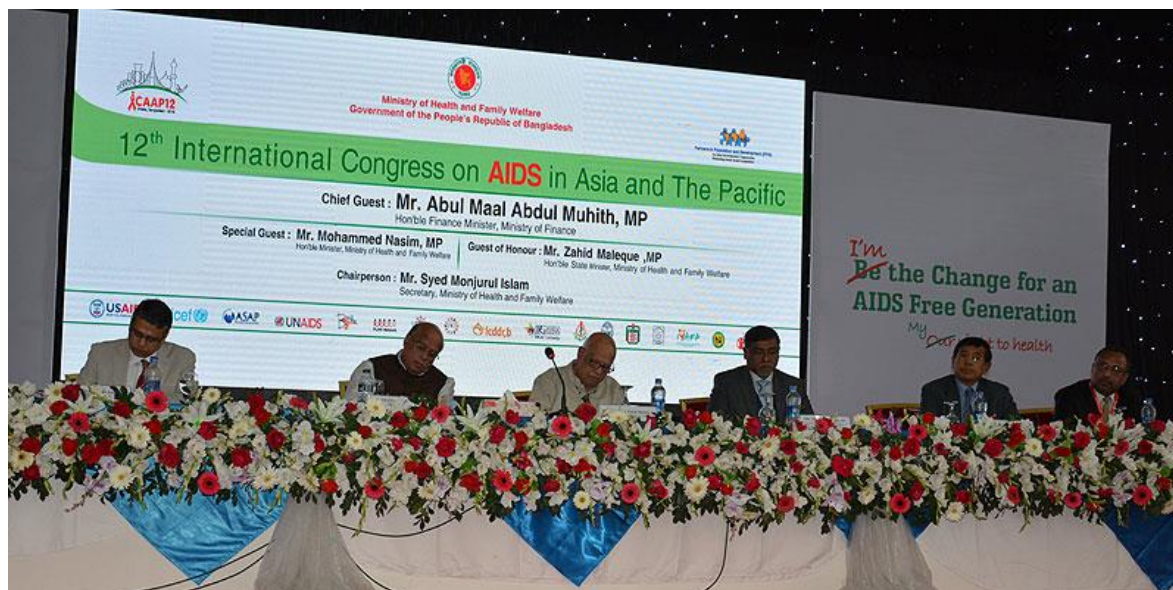
The Community Exhibition Booth created the space for community members to showcase their efforts and their innovative responses to HIV/AIDS. Various local, national and International NGOs from home and abroad exhibited their work and experiences, shared their thought and opinions as well as distributed BCC material among the delegates of the conference.

Cultural Program



The Government of Bangladesh along with the Partners in Population and Development (PPD) organized a cultural program in the second day evening of the conference. The program was followed by an official dinner hosted by the Government of Bangladesh in the honour of the delegates of conference. The cultural program reflected the culture and creation of the country as well as the milestone achievement and progress that Bangladesh gained in health sector specially combatting HIV in the country.

7. Closing session



The closing ceremony of the 12th ICAAP was held March 14, 2016 drawing the curtains on three days of active deliberations between various stakeholders in the region on the future of the epidemic and the steps needed to achieve the targets that had been set by UNAIDS and other key agencies. The closing ceremony was chaired by: Mr. Syed Monjurul Islam, Secretary, Ministry of Health and Family Welfare and the Chair of the local organizing committee. Key dignitaries representing the Government of Bangladesh as well as other countries and agencies graced the occasion.



Mr. Syed Monjurul Islam, Secretary, Ministry of Health and Family Welfare and the Chair of the local organizing committee makes the closing speech.

The ceremony began with the community statement presented by Ms. Habiba Akter, Co-Chair, Community Groups, ICAAP12 (Rf: Annexure 14). This was followed by Dr. Saji Panakadan who spoke on behalf of UNAIDS. Mr Sunil George, presented the rapporteurs report highlighting the key issues that had been raised over the three days at ICAAP 12.

The Honorable Minister of Finance H. E. Mr. Abul Maal Abdul Muhit, MP attended as Chief Guest to the Closing session and committed to support national programs in order to expedite the progress of ending AIDS in Bangladesh.



H. E. Mr. Abul Maal Abdul Muhit, MP, Honorable Minister of Finance provides speech during the closing at ICCAP12.

The key part of the closing ceremony was the Dhaka declaration that had emerged from the 12th ICAAP (Rf: Annexure 15). H.E. Mr. Zahid Maleque, Honorable State Minister, Ministry of Health and Family Welfare, Government of Bangladesh, presented this. H. E. Mr. Mohammed Nasim, Honorable Minister, Ministry of Health and Family Welfare, Government of Bangladesh thanked all the participants who had attended the congress bringing the curtains on the 12th ICAAP.



H.E. Mr. Zahid Maleque, Honorable State Minister presents the Dhaka Declaration

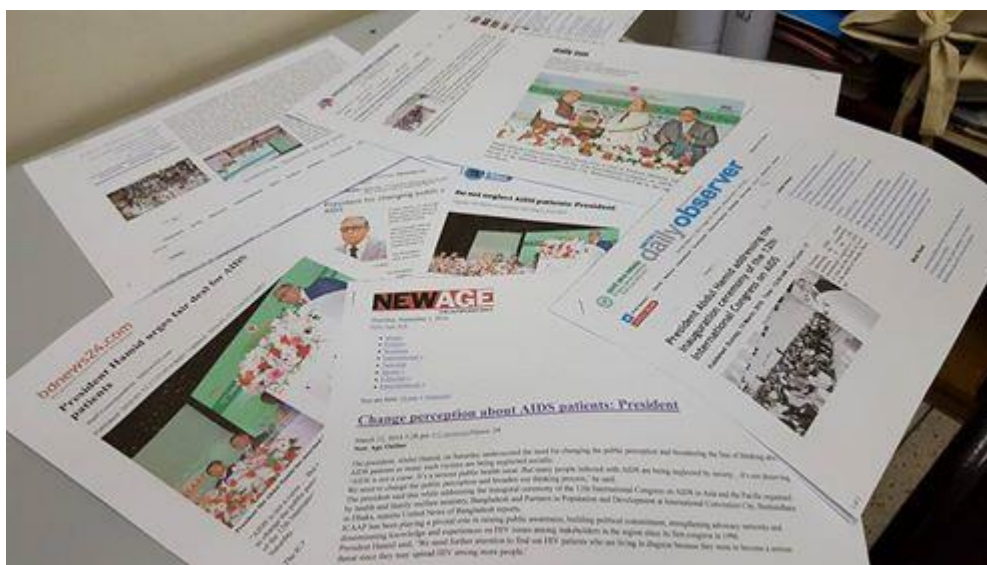


H. E. Mr. Mohammed Nasim, Honorable Minister, Ministry of Health and Family Welfare, Government of Bangladesh gives closing speech.



H. E. Mr. Mohammed Nasim, Honorable Minister, Ministry of Health and Family Welfare handover a token appreciation to H. E. Mr. Abul Maal Abdul Muhit, MP, Honorable Minister of Finance.

8. Media Coverage on ICAAP12 Opening and Closing



Both electronic and print Medias capture the news on opening and closing of ICAAP12 in Dhaka held from 12 to 14 March 2016. President of Bangladesh - Abdul Hamid inaugurated the AIDS Congress on 12th March 2016 and Finance Minister Abdul Maal Abdul Muhith delivered concluding address on 14 March 2016 at International Convention City Bashundra, Dhaka.

All the Annexures will be available at the following link:

http://www.partners-popdev.org/docs/2016/ICAAP12_Report_Annexure.zip