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► To cite this version:

Udi Davidovich, Kai Jonas, Jose Catalan, Lucie Cluver, Richard Harding, et al.. “We are our choices” – AIDS impact special issue Amsterdam 2015. *AIDS Care*, 2016, 28, pp.1 - 2. 10.1080/09540121.2016.1153597 . inserm-03343012

HAL Id: inserm-03343012

<https://inserm.hal.science/inserm-03343012>

Submitted on 13 Sep 2021

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To cite this article: Udi Davidovich, Kai Jonas, Jose Catalan, Lucie Cluver, Richard Harding, Barbara Hedge, Bridgette Prince, Kees Rietmeijer, Bruno Spire, Frans van den Boom & Lorraine Sherr (2016) “We are our choices” – AIDS impact special issue Amsterdam 2015, *AIDS Care*, 28:sup1, 1-2, DOI: [10.1080/09540121.2016.1153597](https://doi.org/10.1080/09540121.2016.1153597)

To link to this article: <https://doi.org/10.1080/09540121.2016.1153597>



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Published online: 15 Mar 2016.



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Udi Davidovich^{a,c}, Kai Jonas^{a,c,d}, Jose Catalan^{b,e}, Lucie Cluver^{b,f,g}, Richard Harding^{b,h}, Barbara Hedge^{b,i}, Bridgette Prince^{b,j}, Kees Rietmeijer^{b,k}, Bruno Spire^{b,l,m}, Frans van den Boom^{b,n} and Lorraine Sherr^{b,o}

^aLocal AIDSImpact 2015 Conference Chairs; ^bInternational AIDSImpact Board; ^cDepartment of Research, Amsterdam Public Health Service, The Netherlands; ^dDepartment of Social Psychology, University of Amsterdam, The Netherlands; ^eCNWL NHS Foundation Trust, London, UK; ^fCentre for Evidence-Based Intervention, Department of Social Policy & Social Intervention, University of Oxford, Oxford, UK; ^gDepartment of Psychiatry and Mental Health, University of Cape Town, Cape Town, South Africa; ^hKings College London, Cicely Saunders Institute, Department of Palliative Care, Policy and Rehabilitation, London, UK; ⁱAIDSImpact, UK; ^jHuman Sciences Research Council (HSRC), Cape Town, South Africa; ^kDepartment of Community and Behavioral Health, Colorado School of Public Health, Denver, Colorado, USA; ^lINSERM, UMR S 912, Sciences Economiques & Sociales de la Santé et Traitement de l'Information Médicale, (SESSTIM), F-13385, Marseille, France; ^mAix Marseille Université, UMR S 912, IRD, Marseille, F-13385, Marseille, France; ⁿQatar Foundation Research & Development, Doha, Qatar; ^oDepartment of Infection & Population Health, University College London, London, UK

A new era of HIV has dawned. It presents us with new social scientific challenges alongside biomedical and psychological prevention opportunities, and the task of discovering how best to integrate the two. The international clinical and research communities have discovered that syndemics – the co-existence of multiple factors influencing HIV risk and living with HIV – is the research and intervention approach of the future. The result should be more tailored, holistic and person-centered approaches that reflect the complex living conditions and contexts of people at risk of HIV infections, and of those living with HIV.

Still, some populations require our special attention as they have specific needs that should not be overlooked. These include ageing individuals, children, and migrants. This is especially challenging due to persisting inequality in living circumstances and HIV stigma. Many of these effects are exacerbated in the new climate of reduced funding and financial austerity. New viral diseases, such as Zika, are battling for similar funds, and put great pressure on already scarce budgets, especially in low and middle income countries. As in the past, the biannual AIDSImpact conference continues to provide the nexus point for these multiple dialogue strands.

AIDSImpact 2015 returned to the city of Amsterdam after 25 years, gathering participants from over 50 countries. We were proud to provide support to over a third of delegates – true to the nonprofit ethos and our mission of knowledge dissemination. Looking back at the first AIDSImpact gathering in Amsterdam, so much has changed yet so much still demands our close attention. The theme of this AIDSImpact edition was

“choice” – we have never had more available choice for the prevention and treatment of HIV. Never before have we had more insight into the dynamics of risk, how to address them, and how to do that using sophisticated technologies and focusing on the most niched of individual levels. Never before have we possessed a greater battery of tools to help avoid the transmission of HIV: from self-applying super-thin condoms, to saliva-based HIV home testing kits or an array of biomedical interventions such as PrEP. Yet these choices come with a price: high economic costs, complex behavioral adjustments, conflicting social norms, and the challenges of long-term maintenance. AIDSImpact 2015 aimed to provide a forum to address many of these challenges; that aim was succeeded with well over 400 presentations for our international delegates to choose from. A careful selection of these papers is offered in this special issue, reflecting the scientific debate in Amsterdam, providing some insight into the current concept of choice in the fight against HIV, and informing the future research agenda.

The selection of presented papers included in this Special Issue cannot cover the whole breadth of presentations, but does provide a snap shot of the conference with varied methodology, geography and populations under study. We chose 23 papers to reflect four main themes: key populations, mental health, PrEP and a geographic focus on Africa and China. Initially, Hankins pays tribute to the six colleagues that were killed en route to the Melbourne International AIDS Conference. Her paper highlights the important roles they played, and describes ways in which we can build and extend

CONTACT Lorraine Sherr  lorrainesherr@gmail.com

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their legacy to address global challenges in HIV prevention and treatment. Thurman et al. presents new HIV prevention interventions for orphaned and children at high risk in South Africa. In the next paper, Skeen et al. focuses on the effects of violence on mental health of children in high endemic HIV communities in South Africa and Malawi attending community-based programs. An international study by Bernier, reports on cessation of sexual relations after a HIV diagnosis based on data from Africa, Latin America and Europe. The following paper, Lopez-Fernandez et al. introduces results from a platform that monitors HIV testing practices in Europe. Qiao et al. reports on disclosure of HIV status in China. With PrEP being such a core tool of prevention practice and research, we present two papers on this topic. Gredig et al. presents data on acceptability and willingness to take PrEP in Switzerland, and Sagaaon-Teyssier et al. reports on sexual risk taking and condom use under PrEP based on data from the ANRS IPERGAY study. Adams et al. focuses on mental health issues related to HIV infection based on 24 years of data from a clinic in London. Lowther et al. analyses outcomes for PLHIV in Kenya for those receiving palliative vs. standard care. The paper from Mor et al. provides insights in same sex attraction and behavior in relation to HIV prevalence among men in Israel. Evangeli et al. gives an overview over ART adherence of perinatally infected children and teenagers in the UK. Caregiver quality and neurocognitive outcomes are reported in a Uganda study (Bass et al). Syndemic factors are explored in a Latin American paper (Biello et al). Quality of life is a core question for older individuals living with HIV. Pereira et al. report from a Portuguese perspective. Within our focus on populations at need, Wei et al. looks at potentials and hurdles of post-traumatic growth within children with parental HIV. Kuo et al. investigates a different aspect of family live, namely family based interventions for teenagers. Woods et al. researches the

potential of HIV self-testing kits dispensing in a bathhouse contexts. Fatti et al. describes a study of community based support for HIV infected pregnant women in South Africa. The challenges of research and novel methodology is tackled by Nostlinger et al, whom introduces an approach involving lay persons in epidemiological research related to migrants from Sub Saharan Africa. Zhang et al. reports on aspects of HIV stigma in China. Chetty et al. suggests a rehabilitation driven approach in a South African setting to cope with the new co-morbidities of long-term HIV infections and potential disability. Finally, Ahaneku et al. round off our selection with a report on depression and HIV risk among men in Tanzania.

We would like to thank the countless individuals involved in this endeavor, volunteers, local committees and advisory boards, scientists presenting their own and discussing each others' work, and last but not least the sponsors without whom AIDSImpact 2015 would have not been possible. We are happy that AIDSImpact can prosper on such a supportive body of individuals and institutions, and we are looking forward to seeing you all at the next AIDSImpact in 2017.

Acknowledgements

AIDSImpact would not have been possible without support from the following:

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| GGD Amsterdam | Human Sciences Research Council South Africa |
| University of Amsterdam | AIDSCare |
| Ministry of Foreign Affairs of the Netherlands | RTI International |
| Gilead | IDA Foundation |
| Health Program of the European Union | Sidaction |
| Share Net International | REPSSI |
| City of Amsterdam | Routledge Taylor and Francis Group |
| Aids Fonds | Air France/KLM |
| AIDSImpact | Rutgers |
| Stop AIDS Now | Yonsoft communications |