2nd International Steering Committee Report
ICASA 2017 Abidjan
### SUMMARY

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MINUTES OF
2ND ISC
MEETING
Second International Steering Committee Meeting (ISC)
ICASA 2017 Côte d’Ivoire

AGENDA

Palm Club Hotel - Abidjan, Cote d’Ivoire 30th to 31st March 2017

Objective:

- Briefing on ICASA 2017 progress report
- Review and finalize ICASA 2017 Plenary speakers
- Review and finalize concurrent session (NADS, Workshop, Special Session)
- Review and validate the Scholarship Criteria
- Call for partnership
- ICASA 2017 Communication plan
- Visit of the conference Center and validation of the onsite floor plan
- Call for BID ICASA 2019 (20th edition)

CHAIRS:
Dr. Ihab AHMED: President, Society of AIDS in Africa (SAA) / Chair of ICASA 2017
Dr. Raymonde Goudou COFFIE, Honorable Minister of Health and Public Hygiene (Cote d’Ivoire) Co-chair of ICASA 2017

Proposed Agenda:

Day 1: 30th March 2017

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
<th>Discussion Lead</th>
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</thead>
<tbody>
<tr>
<td>9:00</td>
<td>Registration of participants</td>
<td>Secretariat</td>
</tr>
<tr>
<td>9:15</td>
<td>Opening Session</td>
<td>ICASA 2017 President &amp; ICASA 2017 Vice President</td>
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<tr>
<td></td>
<td>- Welcoming address</td>
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<td></td>
<td>- Introduction of participants</td>
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<td></td>
<td>- Opening remarks</td>
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<td></td>
<td>- Endorsement of the agenda</td>
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<tr>
<td>9:30</td>
<td>Session 1: Update from ICASA Secretariat</td>
<td>ICASA 2017 Director</td>
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<tr>
<td></td>
<td>Progress Report to date followed by Q&amp;A</td>
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<tr>
<td>9:45</td>
<td>Session 2: Presentation of ICASA 2017 Plenary Speakers</td>
<td>ICASA 2017 Scientific Chair</td>
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<tr>
<td>Time</td>
<td>Session Title</td>
<td>Presenter(s)</td>
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<tr>
<td>10:00</td>
<td>Session 3: Fixing Gaps of Plenary Speakers per committee</td>
<td>Committee Chairs</td>
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<td></td>
<td>Group Discussion to fix gaps and to finalize</td>
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<tr>
<td>10:45</td>
<td>Tea Break</td>
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<tr>
<td>11:05</td>
<td>Session 4: Presentation of final speakers for Plenary</td>
<td>Committee Chairs</td>
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<td></td>
<td>Presentation of the community &amp; leadership group</td>
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<tr>
<td>11:30</td>
<td>Session 5: Scholarship Criteria Validation</td>
<td>Head of ICASA Local Secretariat</td>
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<tr>
<td></td>
<td>Presentation of the Scholarship criteria, followed by Q &amp; A</td>
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<tr>
<td>11:45</td>
<td>Session 6: Update Leadership Program Concurrent Session (Workshop, NADS,</td>
<td>Chair Leadership Committee</td>
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<td></td>
<td>Special session)</td>
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<td></td>
<td>Presentation by the Leadership program. Followed by Q &amp; A</td>
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<tr>
<td>12:00</td>
<td>Session 7: Update Community Program Concurrent Session (Workshop, Special</td>
<td>Chair Community Committee</td>
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<td>Session)</td>
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<td></td>
<td>Presentation of the community program followed by Q &amp; A</td>
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<tr>
<td>12:15</td>
<td>Session 8: Update Scientific Program Concurrent session (Workshop, Special</td>
<td>Chair Scientific Committee</td>
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<tr>
<td></td>
<td>Session &amp; NADS)</td>
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<td></td>
<td>Presentation of the scientific program followed by Q &amp; A</td>
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<tr>
<td>12:30</td>
<td>Lunch</td>
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<tr>
<td>13:00</td>
<td>Session 9: Working group to finalize concurrent sessions</td>
<td>Committee Chairs &amp; Co-chairs</td>
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<td></td>
<td>Community, Leadership &amp; Scientific committees</td>
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<tr>
<td>13:45</td>
<td>Session 10: Presentation of group proposition &amp; validation</td>
<td>Chair &amp; Co-chair</td>
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<td>Community, Leadership &amp; Scientific Committees</td>
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<tr>
<td>14:30</td>
<td>Session 11: ICASA 2017 Call for partnership</td>
<td>ICASA Director</td>
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<td></td>
<td>Presentation of ICASA marketing &amp; partnership strategy</td>
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<tr>
<td>14:45</td>
<td>Session 12: ICASA 2017 Communication Strategy</td>
<td>Focal Person on Communication Local Secretariat</td>
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<tr>
<td></td>
<td>Presentation of ICASA 2017 communication plan</td>
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<tr>
<td>15:00</td>
<td>Session 13: Call for BID ICASA 2019 (20th Edition)</td>
<td>ICASA 2017 President – SAA President</td>
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<tr>
<td></td>
<td>Presentation of the Call for BID</td>
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<tr>
<td>15:15</td>
<td>Review wrap-up of the ICASA 2017 2nd ISC meeting day one</td>
<td>ICASA 2017 President – SAA President</td>
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## DAY 2: 31<sup>ST</sup> MARCH 2017

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>9:00</td>
<td><strong>Session 14:</strong> Presentation of the ICASA 2017 floor plan</td>
<td>ICASA Director/Architect</td>
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<td>Followed by Q &amp; A</td>
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<tr>
<td>9:15</td>
<td><strong>Session 15:</strong> Review of upcoming milestones and meetings</td>
<td>ICASA 2017 Head of Local Secretariat</td>
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<td>Followed by Q &amp; A</td>
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<tr>
<td>9:30</td>
<td><strong>Session 16:</strong> Closing Meeting Remarks</td>
<td>ICASA 2017 President &amp; Vice President</td>
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<tr>
<td>10:00</td>
<td>End of 2&lt;sup&gt;nd&lt;/sup&gt; International Committee Meeting/Press Conference/Tea Break</td>
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<td>10:30</td>
<td><strong>Session 17:</strong> Visit to the venue of the conference</td>
<td>Conference Center Administrator with the Conference Director</td>
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<td>12:00</td>
<td>Lunch</td>
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**MINUTES OF THE 2nd ISC MEETING: 30\textsuperscript{th} -31\textsuperscript{st} March, 2017**

<table>
<thead>
<tr>
<th>30/3/17</th>
<th>Activity</th>
<th>Description</th>
<th>Presenter</th>
<th>Facilitator</th>
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<tr>
<td></td>
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<td>After a brief introduction by Dr. Ihab Ahmed, ICASA 2017 President, and members on the high table, the floor was open for participants to introduce themselves. He also gave a brief overview of the two day agenda which was officially adopted by the participants of the 2\textsuperscript{nd} International Steering Committee (ISC) meeting. 83 people were in attendance.</td>
<td>Dr. Ihab Ahmed</td>
<td>ICASA 2017</td>
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<td>In his opening remarks, Dr. IHAB AHMED, SAA President/ICASA 2017 President, he officially welcomed all stakeholders to the meeting and notified the participants that the ICASA 2017 Vice President, Hon. Dr. Raymonde Goudou Coffie, Minister of Health &amp; Public Health (Cote d’Ivoire) would join us during the course of the meeting due to her very tight schedule.</td>
<td></td>
<td>President &amp; Vice President</td>
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<td>In his speech, Dr. IHAB AHMED appreciated the strong presence of participants and members of the ISC, following the success of the first ISC meeting. He was optimistic that ICASA 2017 will be a resounding success due to member’s commitment to ratify the ICASA 2017 conference programme.</td>
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<td>Dr. Ahmed also took the opportunity to highlight the commitment and support of the government of Cote d’Ivoire towards ICASA 2017. He stated “This commitment to reach 90-90-90 by 2020 and to end AIDS by 2030 is expressed by Her Excellency the First Lady of Cote d’Ivoire Madame Dominique Ouattara who yesterday accepted to be one of the ICONS that will drive ICASA 2017 platform to end AIDS in Africa and across the region by 2030”. Also, Cote d’Ivoire’s financial support was in the process of being released into the ICASA International Account.</td>
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<td>Finally, He encouraged all members to include the TB, Malaria, Hepatitis as well as the new emerging viral infections when ratifying the conference program as well as enjoy the variety of local cuisines available in Abidjan.</td>
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<td></td>
<td>Update from the ICASA Secretariat</td>
<td>Session 1: ICASA 2017 is at 50% of implementation.</td>
<td>Mr. Luc Bodea</td>
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<td>The Preliminary programme was validated.</td>
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<td>15 Plenaries sessions was validated.</td>
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<td>The second ISC meeting will help to finalize all concurrent sessions/parallel sessions</td>
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<td><strong>SPC(5SS, 10W, 5 NADS) – CPC(5SS 8W) &amp; LPC(5SS, 6W, 6NADS)</strong></td>
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<td>Donor Support received: $297,180.02</td>
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<td>Estimate Budget: $4,030,700.00</td>
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<td>Early Registration: 97 delegates (11 Paid)</td>
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<td>Publications from ICASA sent out: 7,150 publications</td>
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<td>Kindly refer to APPENDIX 1: ICASA 2017 PROGRESS REPORT for further details.</td>
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<tr>
<td>2</td>
<td>Presentation of ICASA 2017 Plenary Speakers</td>
<td>Session 2: Scientific Program: Finalized Selection of Plenary Speakers. Backup speakers yet to be selected</td>
<td>Acting Chair – Prof. Seni Kouanda</td>
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<tr>
<td></td>
<td></td>
<td><strong>Leadership Program</strong>: Plenary speakers yet to be selected. Backup speakers yet to be selected</td>
<td>ICASA 2017 Scientific Chair</td>
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<td></td>
<td></td>
<td><strong>Community Program</strong>: Plenary speakers yet to be selected. Backup speakers yet to be selected</td>
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<td></td>
<td>Kindly refer to APPENDIX 2: ICASA 2017 PLENARY SPEAKERS for further details</td>
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<tr>
<td>3</td>
<td>Fixing the Gaps of Plenary speakers per committee</td>
<td>Session 3: Scientific Program: Finalize Backup speakers (1 international &amp; 1 Local).</td>
<td>Committee Chairs</td>
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<td><strong>Leadership Program</strong>: Finalize Selection of 5 plenary speakers. Finalize backup speakers (1 International &amp; 1 Local).</td>
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<td></td>
<td><strong>Community Program</strong>: Finalize Selection of 5 plenary speakers. Finalize backup speakers (1 International &amp; 1 Local)</td>
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<tr>
<td>Session</td>
<td>Description</td>
<td>Validation Details</td>
<td>Chair(s)</td>
<td>Committee(s)</td>
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<tr>
<td>4</td>
<td>Presentation of Final Speakers for Plenary (Community Program &amp; Leadership Program)</td>
<td>Session 4: Community Program: 5 plenary speakers validated with 2 backups. Leadership Programme: 5 plenary speakers validated with 2 backups.</td>
<td>Dr. Joy Backory (CPC) Dr. Angela El-Adas (LPC)</td>
<td>Committee Chairs</td>
</tr>
<tr>
<td>5</td>
<td>Scholarship Criteria Validation</td>
<td>Session 5: Kindly refer to the ICASA 2017 website (<a href="http://www.icasa2017cotedivoire.org">www.icasa2017cotedivoire.org</a>) for further details</td>
<td>Mr. Christian Tchinah</td>
<td>Head of ICASA Local Secretariat</td>
</tr>
<tr>
<td>6</td>
<td>Update Leadership Program Concurrent Session(Workshop, NADS, Special session)</td>
<td>Session 6: 9 special sessions were validated by the Leadership Working Group. 5 Non abstract driven sessions were validated by the leadership Working Group. 10 Workshops were validated by the Leadership Working Group.</td>
<td>Dr. Angela El-Adas</td>
<td>Chair Leadership Committee</td>
</tr>
<tr>
<td>7</td>
<td>Update Community Program Concurrent Session(Workshop, Special session)</td>
<td>Session 7: 8 Workshops were validated by the Community Working Group 5 special sessions were validated by the Community Working Group.</td>
<td>Dr. Morenike Ukpong</td>
<td>Chair Community Committee</td>
</tr>
<tr>
<td>8</td>
<td>Update Scientific Program Concurrent Session(Workshop, NADS, Special session)</td>
<td>Session 8: 5 special sessions were validated by the Scientific Working Group. 6 Non abstract driven sessions were validated by the Scientific Working Group. 10 Workshops were validated by the Scientific Working Group.</td>
<td>Dr. Alain Azondekon</td>
<td>Scientific Co-Chair</td>
</tr>
<tr>
<td>9</td>
<td>Working group to finalize concurrent sessions</td>
<td>Session 9: All Concurrent Sessions (workshops, special sessions &amp; non abstract driven sessions) were finalized by all 3 Programme Committees.</td>
<td>Prof. Seni Kouanda – SPC Dr. Joy. Backory – CPC Dr. Angela El-Adas - LPC</td>
<td>Committee Chairs &amp; Co-chairs</td>
</tr>
</tbody>
</table>
Session 10:
All group propositions were finalized and validated by all 3 Programme Committees. Kindly refer to pages of the 2nd ISC Report.

Session 11: Kindly refer to the ICASA 2017 Marketing Plan Document for further details.

Session 12:
Mr. Tchinah spoke about the objectives of communication strategy, the targets to be achieved, the communication tools, channels of communication and the actions to be taken at the National & International level.

Session 13: Dr. Ihab Ahmed expressed his heartfelt gratitude to the participants for their efforts in helping finalized set targets for day 1 of the 2nd Steering Committee meeting. He also stated that the Presentation on the Call for Bid for ICASA 2019 will be postponed for day 2.

Session 14: Kindly refer to the 2nd ISC Working Document Page 85 for further details.

Session 15: Kindly refer to the 2nd ISC Working Document Page 76 for further details.

Session 16: Kindly refer to the 2nd ISC Working Document Page 71 (Key Date) for further details.

Session 17:
The Closing ceremony was done by the ICASA 2017/SAA President, the Representative of the Minister of Health & Public Hygiene, Cote d’Ivoire, the ICASA Director and the acting Chair of the ICASA 2017 Scientific Programme.

<table>
<thead>
<tr>
<th>31/03/17</th>
<th>Activity</th>
<th>Description</th>
<th>Presenter</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Call for BID ICASA 2019 (20th Edition)</td>
<td>Session 14: Kindly refer to the 2nd ISC Working Document Page 85 for further details.</td>
<td>Dr. Ihab Ahmed</td>
<td>ICASA 2017 President/SAA President</td>
</tr>
<tr>
<td>15</td>
<td>Presentation of the ICASA 2017 floor plan</td>
<td>Session 15: Kindly refer to the 2nd ISC Working Document Page 76 for further details.</td>
<td>Mr. Luc Bodea</td>
<td>ICASA Director/Architect</td>
</tr>
<tr>
<td>16</td>
<td>Review of upcoming milestones and meetings</td>
<td>Session 16: Kindly refer to the 2nd ISC Working Document Page 71 (Key Date) for further details.</td>
<td>Mr. Christian Tchinah</td>
<td>ICASA 2017 Head of Local Secretariat</td>
</tr>
<tr>
<td>17</td>
<td>Closing Meeting Remarks</td>
<td>Session 17: The Closing ceremony was done by the ICASA 2017/SAA President, the Representative of the Minister of Health &amp; Public Hygiene, Cote d’Ivoire, the ICASA Director and the acting Chair of the ICASA 2017 Scientific Programme</td>
<td>Dr. Ihab Ahmed – ICASA 2017 President</td>
<td>ICASA 2017 President &amp; Vice President</td>
</tr>
</tbody>
</table>

Mr. Chris Nuatro ICASA Director
Mr. Christian Tchinah Focal Point for Communication/Local Secretariat
Dr. Ihab Ahmed ICASA 2017 President & Vice President
Dr. Ihab Ahmed ICASA 2017 President/SAA President
Mr. Luc Bodea ICASA Director/Architect
Mr. Christian Tchinah ICASA 2017 Head of Local Secretariat
Dr. Ihab Ahmed – ICASA 2017 President Prof. Serge Eholie – Rep of MOH Cote d’Ivoire Mr. Luc Bodea – ICASA Director Prof. Seni Kouanda – Acting Chair of the ICASA 2017 Scientific Programme
ICASA 2017 President & Vice President
TERMS OF REFERENCE

SCIENTIFIC

PROGRAMME COMMITTEE
Scientific Programme Committee (SPC) Guide

Overall Responsibilities and Terms of Reference

ICASA 2017 Programme Key Dates and Meetings

November 24th to November 27th 2017
1st ISC meeting

February 1st and July 28th 2017
Abstract submission opens
Scholarship applications open

March 30th to March 31st 2017
2nd ISC Meeting

28th July & 29th July 2017
Abstract and Scholarship deadline

DATE TO BE DETERMINED Co-Chair meeting

28th - 30th August 2017
Marathon meeting

Overview of the Scientific Programme Committee

The SPC is led by a chair and co-chair:

The members of the SPC are the co-chairs of the five track committees as follows:
- Track A = Basic Science (Biology & Pathogenesis)
- Track B = Clinical Science, Treatment and Care
- Track C = Epidemiology and Prevention Science
- Track D = Law, Human Rights Social Science and Political Science
- Track E = Health Systems, Economics and Implementation Science
In addition, one co-chair from the Community Programme Committee and one co-chair from the Leadership Programme Committee may sit on the committee when needed.

The overall responsibilities of the SPC include:

- Delegate activities to track committees
- Provide input on the scientific content of the Conference
- Approve format and guidelines for abstract submissions
- Develop criteria for abstract selection
- Identify abstract reviewers
- Identify and propose keynote speakers
- Identify topics, speakers and moderators for non-abstract driven sessions
- Identify topics and facilitators for skills building workshops
- Serve as non-abstract driven sessions and skills building workshop focal points

In addition to the chair and co-chair, each of the five Track Committees has a minimum of six members, nominated by SAA and Ministry of Health Cote D’Ivoire. The five track committees are responsible for developing the respective track programmes built on selected abstracts but may include chairpersons, moderators and discussants. Responsibilities:

- Define track categories
- Nominate reviewers
- Nominate chairs, moderators and discussants for abstract sessions
- Serve as abstract sessions focal point

Expected Outcomes between 1\textsuperscript{st} and 2\textsuperscript{nd} ISC meeting (MARS 2017)

1. Understand ICASA 2017 conference structure and review documents
   - Conference charter
   - ICASA Committees and Secretariat lists
   - Committee Briefing Document
   - Source of the Conference Programme

2. Draft the Scientific Programme Vision

**THEME: AFRICA: ENDING AIDS-DELIVERING DIFFERENTLY**
3. Define the five tracks’ abstract categories
   The list of abstract categories from ICASA 2015 will be shared (see point 7 below), for ease of reference.

4. Define topics of the non-abstract-driven sessions

5. Propose topics and speakers for plenary sessions

6. Begin thinking about possible keynote speakers, session and workshop topics

Resources
- ICASA 2015 Program/IAS 2016 Abstract Program
- ICASA governance chart

Expected Outcomes at the 2nd ISC Meeting (MARS 2017)

1. Review of timeline and key dates

2. Confirmation of the Scientific Programme Committee and Vision

3. Confirmation of the abstract categories per track and the non-abstract driven sessions

4. SPC outreach strategy to medical leaders, research institutions, universities and potential participants
   - Identify issues and opportunities
   - Select target audiences – Who, Why, How to reach?
   - Implementation plan

5. Input into development of (including identification of speakers):
   **Plenary Sessions:** (5): The daily plenary sessions feature some of the world’s most distinguished HIV scientists, policy specialists and community leaders. Plenary sessions bring together all conference delegates at the first session of every morning; there are no other competing sessions at this time. These sessions are the responsibility of the ISC. Programme Committee Chair and Co-chairs will be able to give suggestions before the meeting.
Opening and Closing Sessions: These sessions will be the first and last official sessions of the conference. Ceremonial in nature, these sessions will set the tone and focus of the meeting and the subsequent road ahead.

Special Sessions: (5): Feature presentations by some of the world’s key research leaders, high level international AIDS ambassadors and policy specialists. These lunchtime sessions are highly engaging for delegates.

Expected Work between 2nd ISC and Marathon Meeting
* (March 30th – 31st 2017)

* Three-day meeting when all abstract-driven sessions are finalized and scheduled into the programme.

1. Defining the criteria of abstract selection so that abstract reviewers can have a reference document and do their work in a harmonized way

2. Appoint abstract reviewers

3. Review abstracts

4. SPC non-abstract driven session development (6)
The SPC is responsible for developing 6 non-abstract driven sessions (roughly 2 per track) on wide-ranging themes. Following a formal introduction by a moderator or 2 co-chairpersons, four or five designated speakers will introduce a specific theme or share their own experiences with the issue. A general debate will then be open to debate by participants. The work expected between February and the Marathon Meeting is assigning session development responsibility to committee members who should in turn gather information from constituencies on topics, identify speakers and develop session outlines. All sessions should be completed (with clear topic, title, description, speakers, chairs and back-ups) so speakers can be invited and confirmed prior to the Marathon Meeting.

5. SPC workshop development (10):
The conference offers high-quality, targeted workshops that promote and enhance opportunities for knowledge transfer, skills development and collaborative learning. Workshops provide a platform to learn innovative skills, critical for an effective response to the HIV epidemic, for various stakeholders.
6. Implementation of the SPC outreach strategy
All committee members are responsible for supporting awareness raising efforts about the conference, encouraging partners and constituency members to attend. The SPC in particular is best placed to engage leaders in cutting-edge research across disciplines. The quality of the abstract component of the programme is often directly linked to the amount of outreach and networking that a SPC has done.

Expected Work between Marathon Meeting and the Conference

1. Finalize the scientific programme: abstract sessions, non-abstract sessions, workshops

2. Final phases on session development
With support of the conference secretariat, coordinate communication between scientific session moderators, chairpersons and speakers and backups. Review talking points and slides where used to ensure session cohesion. Find replacement speakers and chairs, if necessary.

3. Name a Lead Rapporteur for each track
A Lead Rapporteur would oversee the Rapporteur Team for each track to ensure all scientific sessions were attended and key decisions and conclusions were documented. These session summaries are posted on the conference website and form the basis of the Lead Rapporteur’s “Daily Summary” for each full day of the conference. During the Closing Session, the Lead Rapporteurs will present the highlights from their sessions to all delegates. Because of their intimate involvement with the development of the programme, committee members are ideal for such a role, if available.

Additional Information

ICASA Scientific Programme Committee (SPC) Terms of Reference
Committee Chair, co-chair and members

1. PURPOSE
The purpose of the committee is to provide overall planning and guidance for the development of the Scientific Programme at the 19th ICASA on the 4th of December 2017 to 9th December 2017 in Abidjan, Cote D’Ivoire.

The committee is comprised of chair, co-chair and committee members.
2. RESPONSIBILITIES

The role of committee members is that of volunteer and there is no remuneration for participating. Travel and related expenses are covered by the conference budget with the exception of members affiliated with sponsoring institutions that have previously agreed to cover costs. Previous committee members have found that the position can be intermittently demanding and requires some dedicated time outside of scheduled meetings (approximately 5 hours per week). Co-chairs can expect a slightly increased time commitment. In addition to schedule meetings there will be frequent email communication and some teleconferences.

Committee Chair and Co-Chair
• Preside over the SPC meetings
• Represent their programme committee on the International Steering Committee (ISC) and report on their progress and initiatives
• Draft the vision for the Scientific Programme at 19th ICASA 2017
• Be spokespersons for the Scientific Programme in collaboration with the Conference Secretariat communications team
• Identify and propose topics and speakers to the ISC for plenary and special sessions
• Liaise with the CPC and LPC chair, co-chairs and participate in chair and co-chair meetings

All Members
• Represent the views of the track committees and constituency stakeholders, in particular research and academia
• Disseminate conference information to networks, helping in outreach and advocate for the conference
• Develop up to 6 SPC NADS and 10 professional development workshops
• Name a Lead Rapporteur per track
• Participate in Monitoring and Evaluation
• Assist with resource identification and recommendations
• Prepare for meetings by reviewing meeting agendas and related documentation
• Delegate activities to track committees
• Approve format and guidelines for abstract submissions
2. RESPONSIBILITIES

The role of committee members is that of volunteer and there is no remuneration for participating. Travel and related expenses are covered by the conference budget with the exception of members affiliated with sponsoring institutions that have previously agreed to cover costs. Previous committee members have found that the position can be intermittently demanding and requires some dedicated time outside of scheduled meetings (approximately 5 hours per week). Co-chairs can expect a slightly increased time commitment. In addition to schedule meetings there will be frequent email communication and some teleconferences.

Committee Chair and Co-Chair

- Preside over the SPC meetings
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- Name a Lead Rapporteur per track
- Participate in Monitoring and Evaluation
- Assist with resource identification and recommendations
- Prepare for meetings by reviewing meeting agendas and related documentation
- Delegate activities to track committees

SPC (n=12) Governance:

2 x Chair and Co-Chair (one nominated by SAA, one by local partners)
6 x Local Members (nominated by local partners)
5 x International Members (nominated by SAA)

Support staff: SPC Officer, starting from 2016 to 2017 (Conference Secretariat – Ghana & Cote D’Ivoire)

3. COMPOSITION OF COMMITTEE

4. PLACE IN THE CONFERENCE STRUCTURE

The following is a description of the relationship between the Scientific Programme Committee and other committees within the ICASA Conference planning structure:

- The SPC will provide on-going guidance, advice and support to ICASA working groups;
- The SPC Chair and Co-Chair serve as the final level of approval for contentious issues or decisions within the approved principles and framework;
- The International Steering Committee (ISC) serves as the final level of approval for contentious issues or decisions outside the approved principles and framework.

5. STAFF SUPPORT

The Conference Secretariat Staff will ensure on-going management, coordination and support for the SPC and for the implementation of the programme.

Together with the Programme Coordinator, the SPC Officer will:

a. Provide administrative support to the committee;
b. Oversee proper endorsement/approval of committee decisions by relevant conference organizing bodies;c. Implement recommendations and decisions.
6. MEETINGS

The SPC will meet by teleconference between March and June and in person immediately prior to and after the Marathon Meeting. **Active member involvement is important.** Members are expected to participate in all meetings and to notify the Chair and Co-Chair or the SPC Officer at least one week in advance in case of their absence. As a general rule, meeting agendas and related documentation will be distributed via email one week prior to meetings by the Secretariat.

7. DECISION MAKING

Quorum for decision-making purposes will be 50% of the committee membership and one chairperson. Decisions will be made by consensus. If consensus is not possible, committee members will agree on, and carry out, a process to deal with the issue.

8. RECORDING

Minutes summarizing issues raised and action items will be taken by the Secretariat and distributed by email to committee members following the meeting.

**Reference Documents**

- ICASA 2015 Programme

**ICASA governance chart**
**Programme Nomenclature**

The ICASA programme includes programme sessions and programme activities. The four committees (ISC, Scientific, Community and Leadership) jointly build the conference programme with the support of the Working Groups for the Programme Activities. The programme sessions, workshops and programme activities are built according to the decided roles and responsibilities outlined in the Charter.
<table>
<thead>
<tr>
<th>Name</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Closing Session</td>
<td>The last session of the conference programme, speakers close the 18th ICASA conference and look ahead to the next. Rapporteurs synthesize presentations made during the week. The focus is on critical issues addressed, important results presented and key recommendations put forward. Co-organizers of 18th ICASA officially hand over the conference and responsibility to representatives of 19th ICASA.</td>
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<td>Concurrent sessions</td>
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</tr>
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</tr>
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<td>Marathon Meeting</td>
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SOCIETY FOR AIDS IN AFRICA
Organizers of ICASA
bring together all conference delegates at the first 90-minute session of every morning; there are no other competing sessions at this time.

**Poster Exhibition**
Peer-reviewed abstracts covering a wide variety of topics are organized by the five scientific programme tracks to be displayed. A different set of posters are displayed each day; presenters are at their posters at previously announced times to answer questions and provide further information on their study results.

**Workshops**
Workshops promote and enhance opportunities for knowledge transfer, skills development and collaborative learning. These 90-minute sessions are geared to small audiences to encourage participation.

**Programme Activities**
All activities for delegates and general public in the African Village; includes the Youth Programme. Activities are comprised of Networking Zones, NGO and Marketplace Booths, Sessions, the Youth Pavilion and Cultural Activities.

**Programme sessions**
Abstract-driven sessions, plenary, special and other non-abstract driven sessions.

**SPC**
Scientific Programme Committee

**Special Sessions**
Feature presentations by some of the world’s key research leaders, high level international AIDS ambassadors and policy specialists. These lunchtime sessions are highly engaging for delegates.

**Symposia Sessions**
Feature keynote addresses addressing a single, clearly defined critical issue. These 90-minute sessions report on new findings and initiatives, and announce forthcoming research.
SOCIETY FOR AIDS IN AFRICA

Organizers of ICASA

Abstracts Selected through a blind peer-review process for the conference programme. Abstracts are scored by a panel of reviewers and ultimately selected by members of the Scientific Programme Committee. Abstracts are presented by scientists, activists, policy makers, people living with HIV and others working in the field.

Abstract Driven Sessions
Sessions which offer the highest caliber of state-of-the-art knowledge and peer-reviewed research. Sessions are either specific to one of the five tracks, or involve abstracts from different tracks, focusing on one theme.

Closing Session
The last session of the conference programme, speakers close the 18th ICASA conference and look ahead to the next. Rapporteurs synthesize presentations made during the week. The focus is on critical issues addressed, important results presented and key recommendations put forward. Co-organizers of 18th ICASA officially hand over the conference and responsibility to representatives of 19th ICASA.

Concurrent sessions
Sessions taking place at the same time, i.e., all sessions and activities except Plenary sessions.

Conference programme
All programme sessions and programme activities.

CPC
Community Programme Committee.

LPC
Leadership Programme Committee.

Marathon Meeting
Three-day meeting when all abstract-driven sessions are finalized and scheduled into the programme.

Non-abstract driven sessions (NADS)
Sessions which address a wide range of current viewpoints and issues. The session format and focus vary but all are 90-minutes in length.

Opening Session
Comprised of a combination of cultural activities, videos, welcome messages and opening keynote addresses, this Sunday evening session sets the tone for the conference, highlighting the themes and desired outcomes of the week.

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Sessions organized into themes which address new developments in each of the five scientific tracks. Speakers give presentations which are followed by questions from the audience facilitated by session chair(s). These sessions are concurrent and last 90-minutes.

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The daily plenary sessions feature some of the world's most distinguished HIV scientists, policy specialists and community leaders. Plenary sessions bring together all conference delegates at the first 90-minute session of every morning; there are no other competing sessions at this time.

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Feature keynote addresses addressing a single, clearly defined critical issue. These 90-minute sessions report on new findings and initiatives, and announce forthcoming research.

TERMS OF REFERENCE
LEADERSHIP
PROGRAMME COMMITTEE
Leadership Programme Committee (LPC) Guide

Overall Responsibilities and Terms of Reference

ICASA 2015 Programme Key Dates and Meetings

November 24th to November 27th
1st ISC meeting

February 1st and July 28th 2017
Abstract submission opens
Scholarship applications open

March 30th to 31st 2017
2nd ISC Meeting

July 28th & July 29th 2017
Abstract and Scholarship deadline

TO BE DETERMINED
Co-Chair meeting

28th - 30th August 2017
Marathon meeting

Expected Outcomes between 1st and 2nd ISC meeting (March 2017)

1. Draft the Leadership Programme Vision

THEME: AFRICA: ENDING AIDS-DELIVERING DIFFERENTLY
2. LPC outreach strategy to leaders, donors, media and participants
   • Identify issues and opportunities
   • Select target audiences – Who, Why, How to reach?
   • Implementation plan

3. Begin thinking about possible keynote speakers, session and workshop topics

4. Understand ICASA 2017 conference structure and review documents
   • Conference Charter
   • ICASA Committees and Secretariat lists
   • Committee Briefing Document
   • Source of the Conference Programme

5. Resources
   • ICASA 2015 Programme

Expected Outcomes at the 2nd ISC Meeting (March 2017)

1. Review of timeline and key dates

2. Confirmation of the Leadership Programme Committee and Vision

3. Input into development of:
   Plenary Sessions: (5): The daily plenary sessions feature some the world’s most distinguished HIV scientists, policy specialists and community leaders. Plenary sessions bring together all conference delegates at the first session of every morning; there are no other competing sessions at this time. These sessions are the responsibility of the ISC. Programme Committee Co-chairs will be able to give suggestions before the meeting.
   Opening and Closing Sessions: These sessions will be the first and last official sessions of the conference. Ceremonial in nature, these sessions will set the tone and focus of the meeting and the subsequent road ahead.
   Special Sessions: (5): Feature presentations by some of the world’s key research leaders, high level international AIDS ambassadors and policy specialists. These lunchtime sessions are highly engaging for delegates.

Expected Work between 2nd ISC and Marathon Meeting* (28th - 30th August 2017)

* Three-day meeting when all abstract-driven sessions are finalized and scheduled into the programme.
1. **Implementation of the LPC outreach strategy**
   All committee members are responsible for supporting awareness raising efforts about the conference, encouraging partners and constituency members to attend. The LPC in particular is best placed to engage high-level leaders in governments or international organizations within and outside of the HIV movement.

2. **LPC Session development (6)**
   The LPC is responsible for developing 10 non-abstract driven oral sessions on wide-ranging themes. Following a formal introduction by a moderator or 2 co-chairpersons, four or five designated speakers will introduce a specific theme or share their own experiences with the issue. A general debate will then be open to debate by participants. The work expected between March and the Marathon Meeting is assigning session development responsibility to committee members who should in turn gather information from constituencies on topics, identify speakers and develop session outlines. All sessions should be completed (with clear topic, title, description, speakers, chairs and back-ups) by June 15 so speakers can be invited and confirmed prior to the Marathon Meeting.

3. **LPC Workshop development (6)**
   The conference offers high-quality, targeted workshops that promote and enhance opportunities for knowledge transfer, skills development and collaborative learning. Leadership Development workshops provide a platform to learn innovative skills, critical for an effective response to the HIV epidemic, for new and current leaders. Participants may also develop and or enhance their skills on assessing and measuring commitments and actions of leaders or consider the ways in which they go about developing leadership capabilities. The LPC is responsible for developing 8 workshops. Some of the workshops may be designed by the committees between March and the Marathon Meeting while others may be “outsourced” to key partner organizations. See lists of LPC workshops examples (pages 2-4).

**Expected Work between Marathon Meeting and the Conference**

1. **Final push on the LPC outreach strategy to key partners and participants**
   Explore final possibilities for engagement and conference support. Promote registration among peers and networks.

2. **Final phases on session development**
   With support of the programme secretariat, coordinate communication between Leadership session moderators, chairpersons and speakers. Review talking points and slides where used to ensure session cohesion. Find replacement speakers and chairs, if necessary.
3. **Support VIP engagement and liaison**
   If there are government or organization principles in attendance those LPC members that have a link or connection with (for example, a UN Goodwill Ambassador) facilitate communications and support arrangements for their participation.

4. **Name a Lead Rapporteur for the Leadership sessions at the conference**
   A Lead Rapporteur would oversee the Leadership Rapporteur Team to ensure all Leadership sessions were attended and key decisions and conclusions were documented. These session summaries are posted on the conference website and form the basis of the Lead Rapporteur’s “Daily Summary” for each full day of the conference. During the Closing Session, the Lead Rapporteur would present the highlights from their sessions to all delegates. Because of their intimate involvement with the development of the programme, committee members are ideal for such a role, if available.

**Reference Documents**

**ICASA Leadership Programme Committee (LPC) Terms of Reference**

Committee chair and co-chairs and members

1. **PURPOSE**
   The purpose of the committee is to provide overall planning and guidance for the development of the Leadership Programme at the 19th ICASA on the 4th to 9th December 2017, Cote D’Ivoire.

   The committee is comprised of chair, co-chair and committee members.

2. **RESPONSIBILITIES**
   The role of committee members is that of volunteer and there is no remuneration for participating. Travel and related expenses are covered by the conference budget with the exception of members affiliated with sponsoring institutions that have previously agreed to cover costs. Previous committee members have found that the position can be intermittently demanding and requires some dedicated time outside of scheduled meetings (approximately 2-5 hours per week). Co-chairs can expect a slightly increased time commitment. In addition to scheduled meetings there will be frequent email communication and some teleconferences.

   **Committee Co-Chairs**
   - Preside over the LPC meetings
   - Represent their programme committee on the International Steering Committee (ISC) and report on their progress and initiatives
• Draft the vision for the Leadership Programme at 19th ICASA
• Be spokespersons for the Leadership Programme in collaboration with the
  Conference Secretariat communications team
• Identify and propose topics and speakers to the CCC for plenary and special sessions
• Liaise with the CPC and SPC co-chairs and participate in co-chair meetings

All Members
• Represent the views of the various constituencies and leadership stakeholders, in particular
governments and donors
• Disseminate conference information to networks, helping in outreach and advocate for the
conference
• Develop 6 LPC NADS and 6 professional development workshops
• Name members to serve as point persons for LPC NADS
• Name a Lead Rapporteur
• Participate in Monitoring and Evaluation
• Assist with resource identification and recommendations
• Prepare for meetings by reviewing meeting agendas and related documentation

3. COMPOSITION OF COMMITTEE

LPC (n=9)

Governance:
3 x Co-Chairs (one nominated by SAA, two by local partners)
3 x Local Members (nominated by local co-chairs)
3 x International Members (nominated by international partners, including one nominated by
UNAIDS)

Support staff: LPC Officer, starting in 2016 (Conference Secretariat - Ghana & Cote D’Ivoire)

4. PLACE IN THE CONFERENCE STRUCTURE

The following is a description of the relationship between the Leadership Programme
Committee other committees within the ICASA Conference planning structure:
• The LPC will provide on-going guidance, advice and support to the working groups;
• The LPC Co-Chairs serve as the final level of approval for contentious issues or decisions
within the approved principles and framework;
• The International Steering Committee (ISC) serves as the final level of approval for
contentious issues or decisions outside the approved principles and framework.
5. **STAFF SUPPORT**

The Conference Secretariat Staff will ensure on-going management, coordination and support for the LPC and for the implementation of the programme.

Together with the Programme Coordinator, the LPC Officer will:

a. Provide administrative support to the committee;
b. Oversee proper endorsement/approval of committee decisions by relevant conference organizing bodies;
c. Implement recommendations and decisions.

6. **MEETINGS**

The LPC will meet by teleconference between April and December. Active member involvement is important. Members are expected to participate in all meetings and to notify the Co-Chairs or the LPC Officer at least one week in advance in case of their absence. As a general rule, meeting agendas and related documentation will be distributed via email one week prior to meetings by the Secretariat.

7. **DECISION MAKING**

Quorum for decision-making purposes will be 50% of the committee membership and one chairperson. Decisions will be made by consensus. If consensus is not possible, committee members will agree on, and carry out, a process to deal with the issue.

8. **RECORDING**

Minutes summarizing issues raised and action items will be taken by the Secretariat and distributed by email to committee members following the meeting.

**Programme Nomenclature**

The ICASA programme includes programme sessions and programme activities. The four committees (ISC, Scientific, Community and Leadership) jointly build the conference programme with the support of the Working Groups for the Programme Activities. The programme sessions, workshops and programme activities are built according to the decided roles and responsibilities outlined in the Charter.
**Name Explanation**

**Abstracts**
Selected through a blind peer-review process for the conference programme. Abstracts are scored by a panel of reviewers and ultimately selected by members of the Scientific Programme Committee. Abstracts are presented by scientists, activists, policy makers, people living with HIV and others working in the field.

**Abstract Driven Sessions**
Sessions which offer the highest caliber of state-of-the-art knowledge and peer-reviewed research. Sessions are either specific to one of the five tracks, or involve abstracts from different tracks, focusing on one theme.

**Closing Session**
The last session of the conference programme, speakers close the 18th ICASA conference and look ahead to the next. Rapporteurs synthesize presentations made during the week. The focus is on critical issues addressed, important results presented and key recommendations put forward. Co-organizers of 19th ICASA officially hand over the conference and responsibility to representatives of 20th ICASA.

**Concurrent sessions**
Sessions taking place at the same time, i.e., all sessions and activities except Plenary sessions.

**Conference programme**
All programme sessions and programme activities.

**CPC**
Community Programme Committee.

**LPC**
Leadership Programme Committee.

**Marathon Meeting**
Three-day meeting when all abstract-driven sessions are finalized and scheduled into the programme.

**Non-abstract driven sessions (NADS)**
Sessions which address a wide range of current viewpoints and issues. The session format and focus vary but all are 90-minutes in length.

**Opening Session**
Comprised of a combination of cultural activities, videos, welcome messages and opening keynote addresses, this Sunday evening session sets the tone for the conference, highlighting the themes and desired outcomes of the week.

**Oral Abstract Sessions**
Sessions organized into themes which address new developments in each of the five scientific tracks. Speakers give presentations which are followed by questions from the audience facilitated by session chair(s). These sessions are concurrent and last 90-minutes.

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The daily plenary sessions feature some the world’s most distinguished HIV scientists, policy specialists and community leaders. Plenary sessions bring together all conference delegates at the first 90-minute session of every morning; there are no other competing sessions at this time.
Poster Exhibition  
Peer-reviewed abstracts covering a wide variety of topics are organized by the five scientific programme tracks to be displayed. A different set of posters are displayed each day; presenters are at their posters at previously announced times to answer questions and provide further information on their study results.

Workshops  
Workshops promote and enhance opportunities for knowledge transfer, skills development and collaborative learning. These 90-minute sessions are geared to small audiences to encourage participation.

Programme Activities  
All activities for delegates and general public in the African Village; includes the Youth Programme. Activities are comprised of Networking Zones, NGO and Marketplace Booths, Sessions, the Youth Pavilion and Cultural Activities.

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Abstract-driven sessions, plenary, special and other non-abstract driven sessions.

SPC  
Scientific Programme Committee

Special Sessions  
Feature presentations by some of the world’s key research leaders, high level international AIDS ambassadors and policy specialists. These lunchtime sessions are highly engaging for delegates.

Symposia Sessions  
Feature keynote addresses addressing a single, clearly defined critical issue. These 90-minute sessions report on new findings and initiatives, and announce forthcoming research.

Symposia Sessions Example

Title: Social Protection: Promoting a More Effective Response Chair:

Introduction:
This symposia will explore how social protection can contribute to more effective HIV responses. Examples and lessons learned from diverse programmes that demonstrate a successful interlink between social protection and a national response to HIV will be shared. The session will identify factors for success, as well as programmatic challenges and gaps in the evidence. The panel will look at how social protection programmes can be seen as a critical enabler of prevention, treatment, care and support outcomes with a focus on overcoming barriers to access to services. The aim of the session is to begin to articulate a framework on what works and where, and what is required for social protection programmes to have a positive impact on the HIV response. The session will present a variety of views on social protection’s role in the HIV response including perspectives from government, civil society, the private sector and academia.
SYMPOSIUM SESSIONS EXAMPLE

Title: Social Protection: Promoting a More Effective Response
Chair:

Introduction:
This symposia will explore how social protection can contribute to more effective HIV responses. Examples and lessons learned from diverse programmes that demonstrate a successful interlink between social protection and a national response to HIV will be shared. The session will identify factors for success, as well as programmatic challenges and gaps in the evidence. The panel will look at how social protection programmes can be seen as a critical enabler of prevention, treatment, care and support outcomes with a focus on overcoming barriers to access to services. The aim of the session is to begin to articulate a framework on what works and where, and what is required for social protection programmes to have a positive impact on the HIV response. The session will present a variety of views on social protection's role in the HIV response including perspectives from government, civil society, the private sector and academia.
Community Programme Committee (CPC) Guide
Overall Responsibilities and Terms of Reference

November 24th to November 27th 2017
1st ISC meeting

February 1st and July 28th 2017
Abstract submission opens
Scholarship applications open

March 30th to 31st 2017
2nd ISC Meeting

28th July & 29th July 2017
Abstract and Scholarship deadline

TO BE DETERMINED
Co-Chair meeting

28th - 30th August 2017
Marathon meeting

Overview of the Community Programme Committee
The Community Programme Committee is led by a chair and co-chair:
• To be determined (Chair)
In addition to the Chair and co-chair, include at least five international members and five local members:

The overall responsibilities of the CPC include:

- Identify and decide on the sub-themes, focus and content of the Community Program vis-a-vis the Conference theme: **AFRICA: ENDING AIDS-DELIVERING DIFFERENTLY**
- To identify the structure of unified program sessions in line with the sub-themes.
- Prepare detailed work-plan in honoring the appropriate implementation of intended activities with the given time-frame.
- Establish sub-committees (working groups) to facilitate the implementation of the intended activities.
- Identify and engage resource persons and institutions in the subcommittees/working groups.
- Define and set criteria for the community village activities (including Symposia, Exhibitors, Community Dialogue Space, Community Celebration, etc.).
- Select the NGO exhibitors.
- Review the program implementation of the community Symposia and orientation session, forum and skills building program
- Identify keynote speakers, session’s chairpersons, rapporteurs and moderators.
- Liaison with the Scientific Program Committee and contribute in setting criteria for abstract selection particularly related to Community Program.
- Ensure that abstract and non-abstract driven sessions are integrated within the Scientific Program.
- Harmonize and integrate Community Program with other programs (Scientific, leadership, etc.) For community focused panels, skill building sessions.
• In collaboration with the Secretariat and major regional community networks (AfriCASO, SWAA, NAP+, SAFAIDS) identify and mobilize sponsors and co-organizers of the different community program components.
• To approve the community outreach aspects of the Conference program
• Approve design of PLWH lounge
• In collaboration with the Secretariat ensure community program has appropriate venue/space.

There are 4 Working Groups (WG) in the Community Program Committee. The four WGs are as follows:

• WG 1: Pre-Conference and special events: street demonstrations, youth forum, and orientation session for community participants;

• WG2: Community sessions from the scientific program (abstracts and non-abstract based), capacity building and satellite sessions;

• WG3: PLWH Lounge

• WG4: Community village, the most important component of the CP with various activities

Expected Outcomes between 1\textsuperscript{st} and 2\textsuperscript{nd} ISC meeting

1. Draft the Community Programme Vision

THEME: AFRICA: ENDING AIDS-DELIVERING DIFFERENTLY
2. Define the subthemes, focus and content of the Community Program
   The list of subthemes from ICASA 2015 will be shared below, for ease of reference. Of course, you are free to change, refine or define new ones

3. Define topics of the Non abstract-driven sessions

4. Propose topics for plenary sessions and the theme of each day of the conference

5. Begin thinking about possible keynote speakers, session and workshop topics

6. Understand ICASA 2017 conference structure and review documents
   - Conference charter
   - ICASA Committees and Secretariat lists
   - Committee Briefing Document

7. Reference Documents
   - ICASA 2015 Programme
   - ICASA governance chart
Expected Outcomes at the 2nd ISC Meeting (March 2017)

1. Review of timeline and key dates
2. Confirmation of the Community Programme Committee and Vision
3. Confirmation of the focus, components and subthemes
4. Input into development of:
   - Plenary Sessions: The daily plenary sessions feature some of the world's most distinguished HIV scientists, policy specialists and community leaders. These sessions bring together all conference delegates at the first session of every morning; there are no other competing sessions at this time. These sessions are the responsibility of the ISC Programme Committee Chair and Co-chair are requested to give suggestions before the meeting.
   - Opening and Closing Sessions: These sessions will be the first and last official sessions of the conference. Ceremonial in nature, these sessions will set the tone and focus of the meeting and the subsequent road ahead.
   - Special Sessions: Feature presentations by some of the world's key research leaders, high-level international AIDS ambassadors and policy specialists. These lunchtime sessions are highly engaging for delegates.

Expected Work between 2nd ISC and Marathon Meeting (28th - August 30th 2017)

1. Engage and finalize work of the 4 working groups
   - Programme nomenclature
   - Community Programme details from ICASA 2015
Expected Outcomes at the 2\textsuperscript{nd} ISC Meeting (March 2017)

1. Review of \textit{timeline and key dates}

2. Confirmation of the Community Programme Committee and Vision

3. Confirmation of the focus, components and subthemes

4. \textbf{Input into development of:}
   \textbf{Plenary Sessions: (5)}: The daily plenary sessions feature some of the world’s most distinguished HIV scientists, policy specialists and community leaders. Plenary sessions bring together all conference delegates at the first session of every morning; there are no other competing sessions at this time. These sessions are the responsibility of the ISC. Programme Committee Chair and Co-chair are requested to give suggestions before the meeting.

   \textbf{Opening and Closing Sessions}: These sessions will be the first and last official sessions of the conference. Ceremonial in nature, these sessions will set the tone and focus of the meeting and the subsequent road ahead.

   \textbf{Special Sessions: (6)}: Feature presentations by some of the world’s key research leaders, high-level international AIDS ambassadors and policy specialists. These lunchtime sessions are highly engaging for delegates.

\textbf{Identification of Plenary session speakers and VIP speakers to special sessions}

\textbf{Expected Work between 2\textsuperscript{nd} ISC and Marathon Meeting*( 28\textsuperscript{th} - August 30\textsuperscript{th} 2017)}

* Three-day meeting when all abstract-driven sessions are finalized and scheduled into the programme.

1. Engage and finalize work of the 4 working groups
2. Appoint members of abstract committee review members

3. Review and selection of Non abstract driven sessions (NADS)

4. CPC Workshop development (6):
The conference offers high-quality, targeted workshops that promote and enhance opportunities for knowledge transfer, skills development and collaborative learning. Workshops provide a platform to learn innovative skills, critical for an effective response to the HIV epidemic, for various stakeholders.

**Expected Work between Marathon Meeting and the Conference**

1. **Finalize the whole Community programme:** Pre conference events, conference events, community village, workshops...

2. **Final phases on session development**
With support of the conference secretariat, coordinate communication between Scientific session moderators, chairpersons and speakers and backups. Review talking points and slides where used to ensure session cohesion. Find replacement speakers and chairs, if necessary.

3. **Name a Lead Rapporteur and sessions’ rapporteurs of the Community programme**
A Lead Rapporteur would oversee the Community Rapporteur Team to ensure all community sessions were attended and key decisions and conclusions were documented. These session summaries are posted on the conference website and form the basis of the Lead Rapporteur’s “Daily Summary” for each full day of the conference. During the Closing Session, the Lead
Rapporteur would present the highlights from their sessions to all delegates. Because of their intimate involvement with the development of the programme, committee members are ideal for such a role, if available.

Additional Information

1. Staff Support

The Conference Secretariat Staff will ensure on-going management, coordination and support for the CPC and for the implementation of the programme.

Together with the Programme Manager, the CPC Officer will:
   a. Provide administrative support to the committee;
   b. Oversee proper endorsement/approval of committee decisions by relevant conference organizing bodies;
   c. Implement recommendations and decisions.

2. Meetings

The CPC will meet by teleconference between March and June. **Active member involvement is important.** Members are expected to participate in all meetings and to notify the Chair and Co-Chair or the CPC Officer at least one week in advance in case of unavailability. As a general rule, meeting agendas and related documentation will be distributed via email one week prior to meetings by the Secretariat.

3. DECISION MAKING

Quorum for decision-making purposes will be 50% of the committee membership and one chairperson. Decisions will be made by
consensus. If consensus is not possible, committee members will agree on, and carry out, a process to deal with the issue.

4. RECORDING

Minutes summarizing issues raised and action items will be taken by the Secretariat and distributed by email to committee members following the meeting.

Reference Documents

ICASA 2015 Programme

ICASA governance chart

Programme Nomenclature
The ICASA programme includes programme sessions and programme activities. The four committees (ISC, Scientific, Community and Leadership) jointly build the conference programme with the support of the Working Groups for the Programme Activities. The programme sessions, workshops and programme activities are built according to the decided roles and responsibilities outlined in the Charter.

<table>
<thead>
<tr>
<th>Name</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstracts</td>
<td>Selected through a blind peer-review process for the conference programme. Abstracts are scored by a panel of reviewers and ultimately selected by members of the Scientific Programme Committee. Abstracts are presented by scientists, activists, policy makers, people living with</td>
</tr>
</tbody>
</table>
Abstract Driven Sessions

Sessions which offer the highest caliber of state-of-the-art knowledge and peer-reviewed research. Sessions are either specific to one of the five tracks, or involve abstracts from different tracks, focusing on one theme.

Closing Session

The last session of the conference programme, speakers close the 19th ICASA conference and look ahead to the next. Rapporteurs synthesize presentations made during the week. The focus is on critical issues addressed, important results presented and key recommendations put forward. Co-organizers of 19th ICASA officially hand over the conference and responsibility to representatives of 20th ICASA.

Concurrent sessions

Sessions taking place at the same time, i.e., all sessions and activities except Plenary sessions.

Conference programme

All programme sessions and programme activities.

CPC

Community Programme Committee

LPC

Leadership Programme Committee
<table>
<thead>
<tr>
<th>Truck</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marathon Meeting</td>
<td>Three-day meeting when all abstract-driven sessions are finalized and scheduled into the programme.</td>
</tr>
<tr>
<td>Non-abstract driven sessions (NADS)</td>
<td>Sessions which address a wide range of current viewpoints and issues. The session format and focus vary but all are 90-minutes in length.</td>
</tr>
<tr>
<td>Opening Session</td>
<td>Comprised of a combination of cultural activities, videos, welcome messages and opening keynote addresses, this Sunday evening session sets the tone for the conference, highlighting the themes and desired outcomes of the week.</td>
</tr>
<tr>
<td>Oral Abstract Sessions</td>
<td>Sessions organized into themes which address new developments in each of the five scientific tracks. Speakers give presentations which are followed by questions from the audience facilitated by session chair(s). These sessions are concurrent and last 90-minutes.</td>
</tr>
<tr>
<td>Plenary Sessions</td>
<td>The daily plenary sessions feature some the world’s most distinguished HIV scientists, policy specialists and community leaders. Plenary sessions bring together all conference delegates at the first 90-minute session of every</td>
</tr>
</tbody>
</table>
morning; there are no other competing sessions at this time.

**Poster Exhibition**  
Peer-reviewed abstracts covering a wide variety of topics are organized by the five scientific programme tracks to be displayed. A different set of posters are displayed each day; presenters are at their posters at previously announced times to answer questions and provide further information on their study results.

**Workshops**  
Workshops promote and enhance opportunities for knowledge transfer, skills development and collaborative learning. These 90-minute sessions are geared to small audiences to encourage participation.

**Programme Activities**  
All activities for delegates and general public in the African Village; includes the Youth Programme. Activities are comprised of Networking Zones, NGO and Marketplace Booths, Sessions, the Youth Pavilion and Cultural Activities.

**Programme sessions**  
Abstract-driven sessions, plenary, special and other nonabstract driven sessions.

**Scientific Programme Committee**
### Special Sessions

Feature presentations by some of the world’s key research leaders, high-level international AIDS ambassadors and policy specialists. These lunchtime sessions are highly engaging for delegates.

### Symposia Sessions

Feature keynote addresses addressing a single, clearly defined critical issue. These 90-minute sessions report on new findings and initiatives, and announce forthcoming research.

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**Community Program details from ICASA 2015**

Table below provides details of the Community Program components, expectations and responsibilities.

* Information to be provided

**Subthemes from ICASA 2015**

*Information is to be provide
OBJECTIVES:

1. Promote innovation, partnerships to increase domestic investments to achieve 90/90/90 targets.
2. Integrate approaches for sustainable Responses towards ending AIDS, TB, Hepatitis and associated diseases.
3. Translating science into action to maximize programme impact.
4. Provide a platform to Maintain and Sustain Investment for CSO and FBO’s.
5. Provide a platform to promote rights-based models to overcome structural and policy barriers towards universal access.

THEME

Africa: Ending AIDS-delivering differently

ICASA 2017
PLENARY TOPICS
## COMMUNITY PROGRAM COMMITTEE

<table>
<thead>
<tr>
<th>ENGLISH</th>
<th>Thematic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plenary 1</td>
<td>STIGMA AND DISCRIMINATION: A STRUCTURAL BARRIER TO ACCESS TO SERVICES AND RIGHTS</td>
</tr>
<tr>
<td>Plenary 2</td>
<td>KEY POPULATIONS: KEY FOR ENDING AIDS</td>
</tr>
<tr>
<td>Plenary 3</td>
<td>PROMOTE INNOVATIVE AND SUSTAINABLE INVESTMENT FOR CIVIL SOCIETY ENGAGEMENT</td>
</tr>
<tr>
<td>Plenary 4</td>
<td>YOUNG ADOLESCENTS, WOMEN AND GIRLS: THE HIDDEN FACE OF THE EPIDEMIC</td>
</tr>
<tr>
<td>Plenary 5</td>
<td>INSTITUTIONAL COMMUNITY EXPERTISE FOR BETTER ACCESS TO SERVICES</td>
</tr>
</tbody>
</table>

## LEADERSHIP PROGRAM COMMITTEE

<table>
<thead>
<tr>
<th>ENGLISH</th>
<th>Thematic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plenary 1</td>
<td>SUSTAINABLE FUNDING, DOMESTIC FINANCING, ENDING AIDS- (AFRICAN UNION, UNAIDS, GLOBAL FUND AN AFRICA COUNTRY THAT HAS MADE PROGRESS)</td>
</tr>
<tr>
<td>Plenary 2</td>
<td>KNOWLEDGE IN ACTION FOR FAST TRACKING AFRICAN RESPONSE; (COUNTRY SITUATION, TRANSFORMATIVE CHANGE)</td>
</tr>
<tr>
<td>Plenary 3</td>
<td>YOUTH INVOLVEMENT IN FAST TRACKING AN END OF AIDS; CHALLENGES, YOUTH LEADERSHIP, RECOGNIZING THE ROLES OF YOUTHS</td>
</tr>
<tr>
<td>Plenary 4</td>
<td>THE UNFINISHED BUSINESS OF AIDS; WOMEN IN LEADERSHIP</td>
</tr>
<tr>
<td>Plenary 5</td>
<td>ADDRESSING STRUCTURAL CHANGES FOR SUSTAINABLE INTERGRATION</td>
</tr>
</tbody>
</table>

## SCIENTIFIC PROGRAM COMMITTEE

<table>
<thead>
<tr>
<th>ENGLISH</th>
<th>Thematic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plenary 1</td>
<td>ENDING TB: IS IT ACHIEVABLE?</td>
</tr>
<tr>
<td>Plenary 2</td>
<td>HIV CURE &amp; VACCINE; WHERE ARE WE?</td>
</tr>
<tr>
<td>Plenary 3</td>
<td>ART OPTIMIZATION AND THE THREAT OF RESISTANCE</td>
</tr>
<tr>
<td>Plenary 4</td>
<td>UNLOCKING THE TREATMENT CASCADE FOR CHILDREN</td>
</tr>
<tr>
<td>Plenary 5</td>
<td>FROM PMTCT/HIV TO PMTCT/HBV, LESSONS LEARNED</td>
</tr>
</tbody>
</table>
VALIDATED TRACK FOR ICASA 2017
TRACK A

Basic Science (Biology and pathogenesis)

Description: This track will encompass all aspects of fundamental HIV biology and the host response to HIV. Areas of focus will include HIV infection and replication, transmission, genetics, evolution, structure and function, pathogenesis, adaptive and innate immune responses to HIV, genetic susceptibility to HIV, interaction of micronutrients, co-infection and progress in animal models. Pre-clinical vaccine, microbicide, and drug development will be important themes of this track.

Abstract Categories

HIV evolution, viral diversity and bioinformatics
A1. HIV-1/2: Origins, evolution, diversity and response to ARV
A2. Molecular epidemiology of HIV diversity
A3. Bioinformatics analysis of HIV diversity and drug resistance

Immunology of HIV
A4. Innate immune responses and function in natural history of HIV infection
A5. Humoral immune responses and function in natural history of HIV infection
A6. Cellular immune responses and function in natural history of HIV infection
A7. Immune responses in resistant cohorts: elite controllers and exposed uninfected

Transmission and Pathogenesis (HIV-1/2)
A8. Viral determinants of HIV pathogenesis
A9. Acute and early HIV infection
A10. Animal models of transmission, disease resistance and progression
A11. HIV transmission (mucosal and mother to child transmission; other transmission)
A12. Ageing and HIV

Host genetics and HIV infections
A13. Host genetics of resistance and susceptibility and restriction factors

HIV: Co-infections and emerging pathogens
A14. HIV super-infection
A15. HIV co-infection with TB and other pathogens (Hepatitis B, C, HPV, ..)
A16. HIV interactions with emerging and other opportunistic pathogens
**HIV: Drug development and resistance**
A17. HIV drug development: Synthetic, traditional and microbicides
A18. Molecular mechanisms of drug action and antiviral drug resistance and drug interaction
A19. Nucleic acid based HIV and SIV therapies

A20. Targeting and HIV persistence during ART (cure strategies)

**Vaccine development**
A21. Clinical trials in HIV vaccine development
A22. Animal models for vaccine development

**Interaction of micronutrients and HIV infection**
A23. Effect of micronutrients in HIV and AIDS pathogenesis, transmission and treatment
A24. Mechanisms of micronutrient and HIV interactions

**Diagnostics tools development (for use in resource limited settings)**
A25. Novel assays of immune responses in HIV and AIDS
A26. Novel assays and cost effectiveness tools for virological monitoring
A27. Rapid and cost-effective HIV screening and diagnostic methods
A28. HIV drug resistance testing

**Characterization of HIV latency and viral reservoirs**
A29 Measurement of HIV/SIV reservoirs
A30 Host cellular latency
A31. Targeting and eradication of reservoirs
Track A

Basic Science (Biology and pathogenesis)

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  - A5. Humoral immune responses and function in natural history of HIV infection
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- HIV: Drug development and resistance
  - A17. HIV drug development: Synthetic, traditional and microbicides
  - A18. Molecular mechanisms of drug action and antiviral drug resistance and drug interaction
  - A19. Nucleic acid based HIV and SIV therapies
  - A20. Targeting and HIV persistence during ART (cure strategies)
- Vaccine development
  - A21. Clinical trials in HIV vaccine development
  - A22. Animal models for vaccine development
- Interaction of micronutrients and HIV infection
  - A23. Effect of micronutrients in HIV and AIDS pathogenesis, transmission and treatment
  - A24. Mechanisms of micronutrient and HIV interactions
- Diagnostics tools development (for use in resource limited settings)
  - A26. Novel assays and cost effectiveness tools for virological monitoring
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  - A28. HIV drug resistance testing
- Characterization of HIV latency and viral reservoirs
  - A29 Measurement of HIV/SIV reservoirs
  - A30 Host cellular latency
  - A31. Targeting and eradication of reservoirs

Validated Track for ICASA 2017

Track B

Clinical Science, Treatment and Care

Description: This track will analyze clinical features of opportunistic infections, malignancies, severe bacterial diseases, co-morbidities in people living with HIV. Issues in antiretroviral therapy, response to ART, adherence, retention, long term follow-up, management of side effects, ART in specific populations (adolescents, Elderly, pregnant women) will also be addressed. Emerging topics such as aging, frailty and in other age-related comorbidities such as cardiovascular, renal, neurocognitive, bone mineral and metabolic diseases will be discussed. Issues of resistance and management of failure including salvage therapy which is a concern in resources limited settings will be addressed.

Abstract Categories

Clinical course of HIV infection and disease
- B1. Natural history of HIV Disease including markers of HIV Disease progression
- B2. Challenges associated with pre-ART patient care
- B3. Morbidity and mortality/life expectancy during ART

- B4. Acute and early infection

Diagnosis and management of co-infections/co-morbidities
- B5. Co-infections (TB, Hepatitis, STIs, Cryptococcus, bacterial diseases, leishmaniosis, Malaria and others)
- B6. Prophylaxis against common infections (CPT, IPT, antifungal)

- B7. Immunization in HIV infected people

- B8 Diagnosis and management of Hepatitis B/C
- B9- Tools for diagnosis and management of infections: point of care

HIN and NCD
- B10. diabetes, cardiovascular, renal diseases, bone mineral diseases, HIV and neurocognitive disorders
- B11. HIV and malignancies
- B12 HIV, Ageing and Fragility

- B13 Diagnosis and management of STI
- B14 Syphilis, HPV and others

Validated Track for ICASA 2017
Antiretroviral therapy
B15. First line therapy (when to start, what to start with, durability)
B16. ART monitoring strategies
B17. Treatment failure: drug resistance, second line therapy and salvage therapy
B18. Adherence and retention
B19. Antiretroviral therapy in children
B20. HIV management in adolescents
B21. Antiretroviral therapy in pregnant women
B22 Antiretroviral therapy in elder populations
B23. Adverse effects of antiretroviral therapy including immune reconstitution syndrome
be sure Track C integrate this (quality of life…)

B24. HIV-2, HIV-1+2 infections
B25 Management of HIV infection in Key Populations
B26. Cost effectiveness of ART
B27. Antiretroviral therapy to prevent HIV-Transmission

B28 ART maintenance simplification

Palliative care and nutrition
B29. Pain management and end of life care
B30. Clinical nutritional care in HIV infection
B31. Home and community based care and support
B32 Other Strategies and Therapies (traditional medicine, spiritual care)

Clinical guidelines, tools and algorithms
B33. Country adaptation of global HIV diagnosis and treatment guidelines
B34. Diagnosis and monitoring tools
Track C

Epidemiology and Prevention Science

Description: This track will focus on HIV and AIDS prevention research and issues related to the design, implementation and evaluation of prevention programs to reach the SDG. It will include examination of Research, methodological and programmatic advances in the continuum of prevention, particularly best practices in HIV prevention for vulnerable populations in resource-limited settings. Strategies to put HIV prevention research into practice, efforts to promote preparedness for bio-medical prevention technologies, and research on new prevention approaches including microbicides, vaccines, pre- and post-exposure prophylaxis, circumcision and other methods will be presented. This Track will also address co-morbidities (Hepatitis, Tuberculosis, and STI’s, communicable end emerging diseases) and emerging.

Abstract Categories

Basic HIV Epidemiology
C1. Natural history of HIV
C2. HIV prevalence and incidence trends
C3 Trends in morbidity and mortality trends
C4. Risk factors for acquisition of HIV, geographic heterogeneity and contextual
C5 Epidemiology in general population including serodifferent couples
C6 Epidemiology of HIV in youth, adolescents and children
C7 HIV in most at risk populations (sex workers, MSM, prisoners, UD including PWID, migrants)

Epidemiology of HIV co-morbidity and emerging diseases
C8. HIV and other sexually transmitted infections (STI)
C9. HIV and Tuberculosis co-infection
C10. HIV and Malaria co-infection
C11. HIV and Viral hepatitis
C12. HIV and non-communicable diseases
C13. HIV and associated cancers
C14 HIV and other OI
C15 Epidemiology of emerging diseases

Social Epidemiology of HIV
C16. Sexual behavior, vulnerability and Most at Risk Populations (MARPS)
C17. Socio-cultural and economic determinants of HIV
C18. Relapse of risky behaviours with the advent of ART
HIV/AIDS Surveillance and Monitoring and Evaluation
C19. Modeling HIV epidemic in the advent of ARTC
C20. HIV and AIDS surveillance: Routine, sentinel and second generation
C21. Surveillance of opportunistic infections, ART drug resistance
C22. Population-based HIV sero epidemiologic studies, and measuring new HIV infections, including in children
C23. Monitoring and evaluation of HIV/AIDS programs

Methodological Issues and Capacity-Building in Epidemiological and Prevention Research
C24. Novel research designs in HIV and AIDS
C25. Ethical and human rights issues in epidemiological and prevention research
C26. Measuring and modeling the impact of the HIV epidemic
C27. Methods aimed at measuring recent HIV infections and HIV incidence
C28. Surveillance systems and methods including geographical information system

C28 estimation of the size of KP

HIV/AIDS Prevention Programmes
C29. HIV testing services
C30. Elimination of Prevention of Mother to Child Transmission
C31. Prevention programmes in institutional and community settings
C32. Prevention programmes for immigrants, mobile and displaced populations
C33. Integrated prevention for PLHIV
C34. HIV Prevention technologies
C35. New approaches for HIV prevention
C36 Integrating HIV prevention into reproductive health, care, support and treatment programmes
C37 HIV Testing and diagnosis strategies

Diversified prevention tools:
C38 PeP
C 39 PrEP
C 40 TAsP
C 41 Microbicides
C42 Ehealth
Track D

Law, Human Rights, Social Science and Political Science

Description: This track aims to highlight new knowledge and address gaps in the translation of behavioural and social science evidence into practice, and to contribute to the building of theory and understanding in HIV-related social science. The track also aims to promote understanding of the individual and social determinants of HIV-related risk, vulnerability and impact, to inform development of effective and sustainable HIV responses that are based on human dignity and individual entitlements. This track will feature research, analysis and evaluation on psychosocial factors that shape individual attitudes, experiences, and behaviors; social and structural factors that shape vulnerability and risk; social and cultural norms that underlie individual risk and community vulnerability; programmes that promote acceptance of human diversity and fast-track access to HIV and STI prevention, treatment, care and support; social and structural factors that shape vulnerability; and methods and outcomes of individual and community engagement, leadership, empowerment, and self-determination.

Abstract Categories

1. Human rights, law and ethics
   D1 The Law, protection and empowerment of PLHIV and vulnerable populations
   D2 Human rights and HIV services for vulnerable populations
   D3 Human rights, ethics and use of antiretroviral drugs for treatment and prevention
   D4 Children’s rights and HIV
   D5 Sexual rights and citizenship
   D6 Human rights, HIV testing, policy and practice
   D7 Human rights, culture and religion and HIV
   D8 Social, behavior, culture and harm reduction
   D9 Ethics, law and research
   D10 Ethics, clinical services, public health policy and programmes
   D11 Ethics, human right, access to prevention, diagnosis, treatment and care

2. Stigma, Discrimination and the Legal Environment
   D12 Experience and impacts of HIV-related stigma
   D13 Intersecting stigmas and marginalized identities
   D14 Racism, ethnicity-based social exclusion and HIV control
   D15 Homophobia and transphobia
   D16 HIV related stigma, discrimination and access to justice
   D17 Stigma, discrimination, key and vulnerable populations affected by HIV
   D18 Stigma, social attitudes, media and public debate
   D19 Punitive laws, its enforcement and HIV risk
   D20 Legal protection of people living with HIV, key and vulnerable populations
3. Sex, Sexuality, gender relationship and HIV
   D21 Gender equality and gender equity
   D22 Sexualities and sexual cultures
   D23 Adolescents, young people, sex, sexuality and relationships
   D24 same – sex- attracted, bisexual and queer people
   D25 Gender issues and gendered relationships
   D26 Feminity, masculinity and transgender issues
   D27 Relationships, partnership, concurrency and sexual networks
   D28 Sexuality, gender and new prevention technologies
   D29 Sex, sexuality and HIV co-morbidity

4. Policies, Programs and HIV response
   D30 Polity, politics and HIV control–
   D31 Harm reduction policies and politics
   D32 Access to HIV management
   D33 Policy development, implementation and evaluation
   D34 Policies for HIV prevention, diagnosis, treatment, care, protection and support
   D35 Policies and socio-economic determinants of vulnerability
   D36 HIV policies and the workplace
   D37 HIV policies and educational institutions
   D38 HIV policies and intellectual property
   D39 HIV treatment access and TRIPS
   D40 Policy analysis and indicators of policy effectiveness
   D41 Monitoring and evaluation of policies and their impact
   D42 Evidence–informed advocacy for policy formulation and review

5. Social theories and knowledge production
   D43 HIV prevention theories and approaches
   D44 Social and behavioural science collaboration
   D45 Methods in social and behaviour surveys

6. Communication, mass media and popular education
   D46 HIV and AIDS communication strategies
   D47 the media and HIV and AIDS
   D48 Digital media, social networking and HIV prevention, treatment, care and support
   D49 HIV, media, culture and religion
   D50 Media and policy making
   D51 Inter- organizational communication and knowledge transfer
   D52 Intergenerational communication and HIV
7. **Socio-cultural determinants of HIV**
   - D53 Family structures, kinship and social safety nets for key and vulnerable populations
   - D54 Harmful traditional practices and HIV
   - D55 Young people, globalization and HIV
   - D56 Growth, development, body image and HIV
   - D57 Transactional sex, global recession and HIV
   - D58 Traditional and complementary approaches to HIV control

8. **Structural determinants of HIV**
   - D59 Poverty, social and socio-economic structures and HIV
   - D60 Addressing a feminized epidemic
   - D61 Fertility, family planning, reproductive health services and HIV
   - D62 Reproductive rights, health and HIV
   - D63 Family-centered approach to HIV care and support
   - D64 Conceptualizing social and structural factors and their impacts
   - D65 Poverty, wealth, Income inequalities and HIV
   - D66 Dynamics of social status and power
   - D67 Gender, age, ethnicity, disability and HIV
   - D68 Economic transitions, socio-cultural changes and HIV risk
   - D69 Social dynamics, intergenerational differences and HIV
   - D70 Migrants, migration and population dislocation
   - D71 Violence, conflict and HIV
   - D72 Humanitarian disasters and HIV
   - D73 Gender based violence and HIV
   - D74 Prisons, closed settings and HIV
Track E

Health Systems, Economics and Implementation Science

**Description:** This track will aim to provide new insights into the status of the health systems and its capacity and challenges to expanding treatment and prevention in resource-limited settings. At the same time, issues related to health economics, integration of health programs, country ownership of national health and HIV programs, and advancement of a comprehensive and integrated approach to health and rights will be discussed. This Track must show the need for a holistic vision of the fight against the disease by the effective strengthening of health systems. The verticalization of the fight is not a proper and appropriate response in a context where we have recurrent epidemics.

**Abstract Categories**

**HIV and health system strengthening**

E1. Leveraging the AIDS response to strengthen health systems and improve other health outcomes
E2. Developing Africa's response to the crisis in human resources for health
E3. Procurement and supply
E4. Role of community organizations in linking people to HIV services and strengthening the health system
E5. Increasing capacity of public health systems to deliver HIV care at scale
E6. HIV service delivery in conflict and post-conflict settings

**Management for health care delivery**

E7. Gender responsive HIV programming
E8. Integration of HIV services with other health and development programs
E9. Interventions to increase uptake and retention in HIV services: decentralization and task shifting
E10. Interventions to improve retention in the prevention of vertical transmission cascade/continuum, including early infant diagnosis and Option B+ programmes

**Shared Responsibility and Global Solidarity towards ending AIDS as prerequisite for SDGs**

E11. Governance - peer review and accountability mechanisms
E12. Procurement and supply chain management

E13. Investing in HIV more strategically - use of applications of investment approach at country level

E14. National financing initiatives

E15. International assistance, frameworks and funding mechanisms: Global Fund, PEPFAR etc....)

E16. Ensuring accelerated access to affordable and quality-assured medicines and health-related commodities - Pharmaceutical Manufacturing Plan in Africa (PMPA)

Health economics

E17. Building country-level capacity for quality improvement

E18. Impact evaluation of different models of health service delivery (cost effectiveness)

E19. Effect of health insurance schemes and other support models on access, adherence and outcome

Partnership in HIV

E20. Private-public, faith-based organizations and NGOs partnerships for prevention, treatment, care and support (service delivery, financing)

E21. Intervention to improve adherence to treatment and prevention behavior and technologies

E22. Civil society: A driving force in Getting to Zero - Operationalizing partnership with civil society, people living with HIV and key populations

Monitoring and evaluation

E23. Innovative approaches to track patients, track pre-ART care and other program data(including connectivity and other mhealth solutions)

Innovation and best practices

E24. Interventions at last scale (community, district, provincial, regional, country levels) to increase uptake of and retention in HIV services

E25. Partnership involving donors, NGOs and government

E26. Effects of public-private partnerships, including workplace programmes and policies

E27. Innovating HIV response with new technologies
Key populations and HIV

E28. Working with community-led organizations, including key populations, faith-based groups, traditional healer organizations, and with community leaders

E29. Sexual and reproductive health and HIV services: delivery models and cost

E30. Inpatient and outpatient services for HIV care and treatment

E31. HIV and other vertical programmes e.g. tuberculosis, sexually transmitted infections, drug treatment, family planning

E32. Community care with health facility services

E33. Integration of HIV and non-communicable diseases (NCD) services
VALIDATED ICASA 2017 NON ABSTRACT DRIVEN SESSION
### VALIDATED ICASA 2017
### NON ABSTRACT DRIVEN SESSIONS

#### SCIENTIFIC PROGRAMME

1. Hormonal Contraceptive & HIV Risk
2. Emerging new viral infection & HIV: Interactions & Treatment
3. HIV & Mental Health
4. HIV & Innovative technologies for Ending AIDS
5. Social Protection: Advancing the HIV & TB Response

#### LEADERSHIP PROGRAMME

1. Challenging old assumptions in addressing adolescent sexual and reproductive health issues in the context of HIV & AIDS
2. Innovative leadership in addressing HIV at national, regional and community levels
3. Leadership at all levels: A prerequisite for ending aids
4. Gender & HIV
5. The role of community actors and task shifting: Country experiences and perspectives from Africa
MINUTES OF
2ND ISC
MEETING
<table>
<thead>
<tr>
<th>SCIENTIFIC PROGRAMME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Eradicate HIV Infection in Africa: unrealistic or possible dream?</td>
<td></td>
</tr>
<tr>
<td>2. What system of laboratories adapted to the challenges of emerging diseases in Africa?</td>
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</tr>
<tr>
<td>3. HIV &amp; Self testing: What challenges?</td>
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<tr>
<td>4. Epidemic due to HIV drug resistance: is there a real risk?</td>
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</tr>
<tr>
<td>5. HIV &amp; ageing: What additional needs?</td>
<td></td>
</tr>
<tr>
<td>6. HIV Testing services for key populations: How to reduce obstacles?</td>
<td></td>
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<tr>
<td>7. The Issue of adolescents &amp; HIV regarding the announcement of Adolescent status</td>
<td></td>
</tr>
<tr>
<td>8. OVC &amp; country strategies of care</td>
<td></td>
</tr>
<tr>
<td>9. NCDs &amp; HIV- opportunities for the next decade</td>
<td></td>
</tr>
<tr>
<td>10. HIV &amp; Malaria</td>
<td></td>
</tr>
</tbody>
</table>
**LEADERSHIP PROGRAMME**

1. Mobilizing resources to end aids in Africa
2. Universal access to HIV services - Leaving no one behind: human rights and the law
4. Fast-track and human rights: advancing human rights in efforts to scale up HIV services
5. Catalyzing global action to eliminate discrimination in health care
6. Ending child marriage and its impact on HIV

**COMMUNITY PROGRAMME**

1. Treatment optimization: communities’ roles and responsibilities.
2. Elimination of vertical transmission: Where hitherto is the community?
3. Lessons learned from the operationalization of the Regional Policy Framework on Risk Reduction in Africa (including west Africa)
4. Considerations for Transgender Issues in HIV Programming in Africa
5. 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
6. Coordinating and Administering Programs for Key Populations
7. Advocacy to improve services, policies and capacity – experiences of PITCH, WACI and others
8. READY! Here we come! Good practice in programming on adolescent SRHR
VALIDATED ICASA
2017 SPECIAL
SESSIONS
## SCIENTIFIC PROGRAMME

1. Multi drug resistant TB: Implications for HIV Management
2. HIV in Military Populations: Unique concerns & common objectives.
3. STI & bacterial resistances in HIV infected patients
4. HIV & Hepatitis: Challenges in Africa
5. HIV & Research Ethics Issues in Africa

## LEADERSHIP PROGRAMME

1. 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
2. Role of African First Ladies in Sustaining the Response to HIV in the Era of the SDGs
3. The AIDS Response in Africa: Youth Taking Action to End AIDS By 2030
4. Leaving no one behind: A Human Rights and Public Health Imperative for Ending AIDS
5. The Added Value of the Gender Approach in Accelerating the HIV Response
<table>
<thead>
<tr>
<th>COMMUNITY PROGRAMME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Criminalization and access to justice: Challenges and opportunities</td>
</tr>
<tr>
<td>2. Taking human rights and innovation into account: community screening, Demedicalization, PrEP, delegation of tasks) to end AIDS</td>
</tr>
<tr>
<td>3. 2030 and reality for Africa: what can faith leaders, communities and media do?</td>
</tr>
<tr>
<td>4. Community observatories on treatment access: examples, success and realities</td>
</tr>
<tr>
<td>5. No ostriches here: a human rights based approach to address HIV in prison and places for detention</td>
</tr>
</tbody>
</table>
E12. Procurement and supply chain management

E13. Investing in HIV more strategically - use of applications of investment approach at country level

E14. National financing initiatives

E15. International assistance, frameworks and funding mechanisms: Global Fund, PEPFAR etc."

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E32. Community care with health facility services

E33. Integration of HIV and non-communicable diseases (NCD) services
ACTIVITIES PROGRAMMES SESSION OUTLINE

SCIENTIFIC PROGRAMME COMMITTEE
PLENARY SESSIONS =5
SPECIAL SESSIONS=5
WORKSHOP=10
NON ABSTRACT DRIVEN SESSION=6

COMMUNITY PROGRAMME COMMITTEE
PLENARY SESSIONS=5
SPECIAL SESSIONS=5
WORKSHOP=8

LEADERSHIP PROGRAMME COMMITTEE
PLENARY SESSIONS=5
SPECIAL SESSIONS=5
WORKSHOP=6
NON ABSTRACT DRIVEN SESSION=6
VALIDATED KEYDATE
## KEY DATES
### ICASA 2017 CÔTE D'IVOIRE

<table>
<thead>
<tr>
<th>KEY DATES</th>
<th>OPEN</th>
<th>CLOSE</th>
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<tbody>
<tr>
<td>Call for Abstract</td>
<td>1(^{st}) February 2017</td>
<td>28(^{th}) July 2017</td>
</tr>
<tr>
<td>Early Registration</td>
<td>1(^{st}) February 2017</td>
<td>31 March 2017, 24.00 GMT</td>
</tr>
<tr>
<td>Regular Registration</td>
<td>3(^{rd}) April 2017</td>
<td>31(^{st}) July 2017, 24.00 GMT</td>
</tr>
<tr>
<td>Late Registration</td>
<td>1(^{st}) August 2017</td>
<td>30(^{th}) October 2017, 24.00 GMT</td>
</tr>
<tr>
<td>Scholarship Application</td>
<td>3(^{rd}) July 2017</td>
<td>29(^{th}) July 2017</td>
</tr>
<tr>
<td>Reviewing of Abstracts</td>
<td>31(^{st}) July 2017</td>
<td>15(^{th}) August 2017</td>
</tr>
<tr>
<td>Letter to speakers</td>
<td>31(^{th}) August 2017</td>
<td>5(^{th}) September 2017</td>
</tr>
<tr>
<td>Feedback from speakers</td>
<td>31(^{st}) August 2017</td>
<td>15(^{th}) September 2017</td>
</tr>
<tr>
<td>Marathon Meeting</td>
<td>28(^{th}) August 2017</td>
<td>30(^{th}) August 2017</td>
</tr>
<tr>
<td>Notice of Acceptance Abstract</td>
<td>28(^{th}) August 2017</td>
<td>5(^{th}) September 2017</td>
</tr>
<tr>
<td>Announcement of Recipient</td>
<td>1(^{st}) September 2017</td>
<td></td>
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<tr>
<td>Scholarship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICASA 2017 Online Program</td>
<td>15(^{th}) September 2017</td>
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</tr>
</tbody>
</table>
ICASA 2017 Cote d’Ivoire

Key dates

We need at least three meetings to conduct a successful ICASA.

First Meeting : November 2016
Arrival : 24
Meeting : 25, 26
Departure : 27

Second Meeting : March 2017
Arrival : 29
Meeting : 30, 31
Departure : 1 April

Call for Abstract : 1st February 2017
Deadline for abstract : 28th July 2017

Marathon Meeting : August 2017
Arrival : 27
Meeting : 28, 29, 30
Departure : 31

Online Program 15th September 2017
VALIDATED ICASA 2017 BUDGET, SUMMARY
### ICASA 2017 Budget Summary

<table>
<thead>
<tr>
<th><strong>Event Name:</strong> ICASA 2017</th>
<th><strong>Project:</strong> ICASA 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Event Venue:</strong> ABIDJAN</td>
<td><strong>Date/s:</strong> 20/11/2016</td>
</tr>
<tr>
<td><strong>BUDGET RATE</strong> 1$ = FCFA 500</td>
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</table>

#### SUMMARY OF PROJECTED INCOME & EXPENSES IN US$:

<table>
<thead>
<tr>
<th></th>
<th><strong>Number of Delegates:</strong></th>
<th><strong>Actual cost per paying participant:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6,000</td>
<td>3,000</td>
</tr>
<tr>
<td></td>
<td>653</td>
<td>1,113</td>
</tr>
<tr>
<td><strong>Break-even reg. no. (pass budget, exp./average reg. fee excl. Spons./exh. rev.)</strong></td>
<td><strong>5,429</strong></td>
<td></td>
</tr>
</tbody>
</table>

**PROJECTED INCOME:** (incl. Exhibition)

- **4,030,700.00**
- **2,399,420.00**

**PROJECTED EXPENSES:**

- **3,920,587.00**
- **3,338,616.00**

**PROJECTED SURPLUS/DEFICIT:**

- **110,113.00**
- **(1,059,166.00)**

<table>
<thead>
<tr>
<th><strong>PROJEC TED INCOME</strong></th>
<th><strong>Projected Income</strong></th>
<th><strong>% of Budget</strong></th>
<th><strong>FCFA</strong></th>
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<tbody>
<tr>
<td>A</td>
<td>Registration</td>
<td>3,425,000.00</td>
<td>0.87</td>
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<tr>
<td>B</td>
<td>Special Registrations</td>
<td>10,000.00</td>
<td>0.00</td>
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<tr>
<td>C</td>
<td>Exhibition</td>
<td>525,700.00</td>
<td>0.13</td>
</tr>
<tr>
<td>D</td>
<td>Sponsorship</td>
<td>0.00</td>
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</table>

### EXPECTED SPONSORSHIP PACKAGE FROM Côte d'IvoireN GOVERNMENT

<table>
<thead>
<tr>
<th>CODE</th>
<th>EXPENDITURE</th>
<th>AMOUNT</th>
<th>REALIGNMENT OF SUPPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.2</td>
<td>Côte d'Ivoiren Team Salaries/Wages</td>
<td>158,000.00</td>
<td>213,000.00</td>
</tr>
<tr>
<td>1.3.1</td>
<td>Conference Management Information Systems</td>
<td>130,000.00</td>
<td>130,000.00</td>
</tr>
<tr>
<td>1.81</td>
<td>Conference Venue Hire</td>
<td>361,000.00</td>
<td>361,000.00</td>
</tr>
<tr>
<td>1.9.5</td>
<td>Scholarship Funding (Only Côte d'Ivoire Nationals)</td>
<td>81,000.00</td>
<td>26,000.00</td>
</tr>
</tbody>
</table>

|               | **730,000.00** | **730,000.00**      |
ICASA 2019
CALL FOR BID
The Society for AIDS in Africa (SAA) hereby Represented by its President; Dr. Ihab Ahmed, invites African countries wishing to host the 20th International Conference on HIV/AIDS and STIs in Africa in 2019 (ICASA 2019) to send in their application bid document to the SAA Secretariat in Accra- Ghana. Closing date for submission of Application 30th July 2017.

ICASA 2019 will be the 20th International Conference on HIV/AIDS and STI’s in Africa to be organized by the Society for AIDS in Africa (SAA).

Any African country is eligible to be considered to host ICASA. However, certain criteria must be fulfilled to qualify for selection.

The procedure for application is as follows:

STEP 1

Interested country should submit a bid document of intent to the SAA Secretariat backed up with detailed proof of evidence of the following information:

1. Strong Government support: financial commitment and political will to host the conference.
   - Provide and financially support the Conference venue: Capacity of Plenary rooms: 5000 seats with at least 7 break way rooms with capacity from 1500 to 150 seats.
   - Provide financial support for the local Secretariat that will be working with the International secretariat.
   - Provide Scholarship for at least 300 local Participants.
2. Availability of standard hotels to accommodate up to 10,000 participants as well as conference venue(s) with standard conference facilities.
3. Good transportation network within the country.
4. Good tele-communication network within country with links with other African countries and international communities.
5. Presence of cohorts of scientific, leadership, civil societies, organized groups of PLHIV, private sector, youth organizations oriented towards HIV/AIDS related activities.
6. Easy access by air and by road where needed.
8. Good security network to guarantee participants’ safety.
9. Guarantee easy visa facilities and assistance to conference participants and no restriction to entry for PLHIV, MSM and other minorities group.
11. No discriminatory government policies based on gender, HIV status and religion.

The detailed bid document of intent backed up with evidence should reach the Society for AIDS in Africa (SAA) Permanent Secretariat both by email, attachments and by courier services to the SAA President:

Society for AIDS in AFRICA
SAA Permanent Secretariat Accra
P.O. Box 2072
Plot Container 58 Otano Estates,
Behind NHTC, Adjiringano
EAST LEGON
Mob: (+ 233) 54 37 48 78 1 or (+233) 26 89 21 5 8 2
Office Line: (+ 233) 30 29 13 73 9
ICASA2019bid@saafrica.org
www.saafrica.org
Accra- Ghana

STEP 2

(a) Submitted applications will be evaluated by Society for AIDS in Africa (SAA) Council members whereby 2 countries will be preselected, based on meeting the criteria as listed in Step 1.

(b) Assessment visit will conducted by 2 or 3 SAA’s Council members to the 2 preselected countries. The preselected countries will invite SAA for the two days assessment visit before 22nd January to 27th January 2018

Please note:

I. The process of preselection will be concluded by the latest 23rd to 27th October 2017 followed by the notification to the 2 countries.
II. After SAA Council members’ deliberation the host country of ICASA 2019 will be notified on the 28th February 2018 followed by a press communiqué/release.
III. Prior to final selection of the host country of ICASA 2019, and before a notification letter will be sent to the host country, an MOU will be signed between the selected country and Society for AIDS in Africa (SAA) the custodian of ICASA.
IV. SAA President is ICASA 2019 Chair; the host country will appoint a Co-chair for ICASA 2019 in consultation with SAA. The Council reserves the right to revoke the hosting rights of a country if there are reasonable doubts of ability to deliver.
SAA PERMANET SECRETARIAT

P. O. Box AF2072
Accra, Ghana
Plot Container 58
Otano Estates
Behind NHTC, Adjiringano,

East Legon
Accra, Ghana

Website: www.saafrica.org Email: info@saafrica.org
Telephone: + 233 (0) 54 374 878 1
+ 233 (0) 30 393 681 5