



# ICASA 2019

# PROGRAMME

# REPORT

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## 1. INTRODUCTION

The International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) is Africa's biggest bilingual international AIDS Conference which is hosted by the Society of AIDS in Africa in partnership with governments on the continent. Its current biennial hosting alternates between Anglophone and Francophone African countries through a competitive bidding process. The 2019 ICASA was held in Rwanda from 2<sup>nd</sup> to 7<sup>th</sup> December 2019 at the Kigali Convention Centre. The conference provided the space to share and learn about the diversity of the HIV response in Africa, learn about best practices, and get updated about scientific advances in the field.

The Conference theme was "**AIDS FREE AFRICA - Innovation, Community, and Political Leadership**". The focus was on the Post-Sustainable Development Goals Framework, sustainability of the HIV response in Africa, and how to reach the UNAIDS global 90-90-90 targets. It also addressed Human rights as a key priority for HIV response, and promoted evidence-informed policy formulation and programming for specific country responses. As ICASA 2019 Rwanda came a year before the UNAIDS global 90-90-90 targets in 2020, the Conference offered leaders, scientists and communities a platform to take stock of challenges that countries are facing in attaining the fast track targets.

## 2. METHOD FOR COLLATING INFORMATION FOR THE ICASA 2019 REPORT

The Rapporteur training was a 4.5 hour session during which the 30 conference rapporteurs (25 locals and 5 internationals) were trained on how to identify key messages, reporting systems and the use of the reporting tools. Rapporteurs and track leads were appointed. Daily debriefs were held to discuss successes and challenges, and to plan for the next day activities.

Summary reports (reporting technical forms, tracks and programme report presentations, records) of each day's sessions were submitted daily after the debrief meetings, analyzed and key new findings, special remarks and debates at daily abstract-driven sessions, non-abstract driven sessions, symposia, special sessions, skills-building workshops, poster exhibitions and the Community Village highlighted. These findings constituted the final report. Also, key messages, controversies, challenges and recommendations for more inclusive and successful HIV/AIDS and STIs control in Africa, were documented.



### 3. MAIN FINDINGS AND RECOMMENDATIONS

#### 3.1. LEADERSHIP PROGRAMME

##### 3.1.1. Policy Frameworks

During this ICASA 2019, Several presentations highlighted the following:

- The urgent need to translate political commitments and declarations into health outcomes.
- Engagement of civil society, religious leaders, cultural leaders, and private sector as key players in the formulation of policies and law reforms and programming for key and priority populations to achieve the 90-90-90 global targets.
- Government and States should reform laws and policies to decriminalize same sex relationships, provide health services equally to all in need and put an end to sexual violence such as rape, female genital mutilation and sexual harassment at the work place.

##### 3.1.2. Governance

- Leadership and governance should be decentralized to make it effective, and promote community-led initiatives in the fight against stigma and discrimination.
- African First Ladies to advocate and mobilize resources for strategic partnerships for the elimination of HIV, syphilis and hepatitis B.
- Country governments should create a supportive environment for women to lead community initiatives for HIV, AIDS and STI control, ensure girls are kept in school to as a preventive measure for early child marriage and improve comprehensive sexual and reproductive health education.
- African leaders should ensure that youth-structured interventions that target HIV testing, prevention and treatment are scaled up to reach young people; and should promote social justice and human rights efforts that alleviates poverty and gender inequality that hamper access to HIV services.

##### 3.1.3. Financing

- Governments in Africa should streamline policies for accountability and effective spending of available resources to maximize gains and emphasize strategies on prevention to reduce costs on treatment.
- African governments to improve on domestic resourcing of their HIV program.

##### 3.1.4. Community-driven and community-led governance

- New leadership approaches are needed to trigger essential and appropriate health and community systems strengthening through effective resource allocation to communities worse affected by the epidemic.
- Facilitate civil society leadership with funds management for specific HIV responses
- International organizations working in African countries should implement programs in partnership with local communities and ensure program sustainability.



Leadership Program Rapporteurs

- Ensure Universal Health Coverage plans support comprehensive access to treatment of HIV, AIDS and co-infections like tuberculosis, hepatitis C and other non-communicable diseases.
- Respect the rights and voice of key and vulnerable populations when developing and designing programs that prevents new HIV infections, and care and treatment of people living with HIV.



Opening ceremony officials: Strong Leadership at ICASA 2019, Kigali-Rwanda

### 3.2. COMMUNITY PROGRAMME

Community engagement is central for successful HIV response. This engagement can be scaled up of through the use of technologies (Smart Card, Smartphone application) and special events such as naming ceremony, religious meeting to promote access to HIV testing.

#### 3.2.1. Community and research

Priority community research are:

- Map population at risk for HIV for whom policies and program implementation needs to be prioritized.
- Data generation to identify people with disabilities living with HIV and appropriate responses, needs to be prioritized.



#### 3.2.2. Community empowerment

- It is important to invest in the capacity development of civil society organisations and communities to enable them take on the leadership roles in the HIV response – including building their capacity

to place the watchdog role advocacy, translate lessons on best practices on service delivery, conduct of community based research, and facilitating community financing and accountability.

- Engagement of key population, young people, women and people with disabilities is equally important.

### 3.2.3. Community and leadership

- Political leaders need to improve the community HIV response by expanding their financial resources through responsible progressive taxation systems that stops illicit financial flows
- Improve investment in health through engagement of for-profit and the private sector who can commit to HIV programs as a social responsibility.
- Governments should review laws and interventions that are promoting discrimination and stigmatization of key populations and human rights violation

### 3.2.4. People-centered care

- Communities of people affected and infected by the HIV virus have driven the response. The support needed to continue to do this needs to be provided. The community must remain central to the response.
- Scientists need to hear a lot more from the community about the new HIV management tools they need to ensure research discoveries meet the specific needs of target populations.



*Meeting and discussion between youth and Development Partners, ICASA 2019, Kigali-Rwanda*



*Sharing of experiences between Key populations ICASA 2019, Kigali-Rwanda*



*Panel of discussion and experiences sharing between sex workers, ICASA 2019, Kigali-Rwanda*

### 3.3. SCIENTIFIC PROGRAMME – BASIC SCIENCES (TRACK A)

This track addressed HIV biology and the host response to HIV. Many presentations focused on infection and replication, transmission, genetics, evolution, structure and function, pathogenesis, adaptive and innate immune responses to HIV, genetic susceptibility to HIV, interaction of micronutrients and co-infection. There were also reports on studies with animal models, pre-clinical vaccine, microbicide, and drug development.



#### 3.3.1. Research and Innovation

Many highly effective HIV treatment and prevention interventions are available today because of the remarkable research and innovation projects on the molecular biology and pathogenesis of HIV infection. The Scale-up of access to existing HIV prevention and treatment tools, progress in understanding of the HIV biology and continued development of new HIV prevention and treatment interventions are needed to enable countries reach the UNAIDS 90-90-90 goal.

#### 3.3.2. HIV pathogenesis

- The persistence of HIV in latent reservoirs remains one of the greatest challenges in HIV cure research.
- Latently infected memory CD4-T cells are the predominant cell compartment responsible for viral persistence. Some discussions showed that myeloid cells, and possibly hematopoietic progenitors, serve as long-term viral reservoirs.
- The ability to profile the molecular structure and composition of viral reservoir cells using advanced technological is facilitating HIV studies.

#### 3.3.3. HIV vaccines

- **RV144 trial:** Demonstrated that conceptually, an HIV vaccine could be developed (RV144: ALVAC prime, gp120 boost, Vaccine Efficacy (31%)) + HVTN 702: 2019.
- **Johnson and Johnson HIV vaccine:** The Ad26/Ad26+Env HIV vaccine regimen provides substantial protection against SHIV<sub>SF162P3</sub> challenges in non-human primates.
- These two trials may be transformative for the vaccine field. They will also answer whether non-neutralizing antibodies can be clinically useful.
- Broadly reactive neutralizing antibodies discovered since 2009 include VRC01 that blocks attachment to CD4 and neutralizes 80%-90% of viruses. This is being used for clinical trials conducted by the HIV Vaccine Trial Network. Vaccine concepts being studied include active immunization to induce binding antibodies, passive immunization and active immunization to induce neutralizing Abs
- TDF/FTC Pre-exposure prophylaxis has set a high bar for preventive effectiveness

#### 3.3.4. Africa partnership for HIV research

- Massive investment in HIV research and HIV research and management infrastructure has been built in Africa continent in the last 10 years through which more than 54 clinical trial sites have conducted HIV-related research.
- Science diplomacy and improved partnership between African and western scientists have helped improve the quality of research related outputs, including ensuring community relevant research are conducted.

### 3.3.5. Key research and innovation areas to explore

- **Cross-cutting areas:** Basic virology and immunology (phenotypic and functional properties of viral reservoir cells, Baseline drug resistance testing).
- **Reduce the incidence of HIV:** Vaccines, Pre-exposure Prophylaxis, Microbicides and MPTs, HIV Testing, Treatment as Prevention, Monoclonal Antibodies.
- **Develop next-generation HIV therapies:** Less Toxic and Longer Lasting ART, Novel HIV Targets & Inhibitors, Novel Immune-Based Therapies, Engagement, Adherence, and Retention in Care.
- **Research toward HIV cure:** Sustained ART-free Viral Remission, Viral Eradication, Viral Latency and Sanctuaries, Cure Ethics and Acceptability.
- **Address HIV-associated comorbidities, coinfections, and complications:** co-infections, neurologic complications, malignancies, cardiovascular complications, mental illness and substance use, metabolic disorders, across the lifespan, use of artificial intelligence and digital health to design the simplest, most innovative ways to deliver person-centered HIV testing, treatment, care/support, integrated with other health services.



Infusion

Implant

Injection

Pill

Vaginal ring



Gels

Insert

Vaginal film

Lube

Douche

### 3.4. SCIENTIFIC PROGRAMME – CLINICAL SCIENCES (TRACK B)

This track addressed clinical features of HIV infection. This include presentations on opportunistic infections, malignancies, severe bacterial diseases and co-morbidities in people living with HIV. Issues related to antiretroviral therapy, response to antiretroviral therapy, treatment adherence, retention, long term follow -up, and management of side effects, antiretroviral therapy in specific populations (adolescents, elderly, pregnant women) were also discussed. Emerging topics such as aging, frailty and non-communicable disease co-morbidity, antiretroviral therapy resistance and management of treatment failure including salvage therapy in resources limited settings were highlighted in a number of presentations.



#### 3.4.1. Hepatitis and Cervical cancer in PLHIV

- Lack of scaling up of Hepatitis screening, availability of Hepatitis treatment and decentralized care approach as well as implementation guidelines for health care professionals at the low and primary level.
- Need of rapid scale up of cervical cancer screening and access to treatment.

#### 3.4.2. Clinical Science

- Ensure rapid transition to dolutegravir based regimen for eligible persons living with HIV including women. Active pharmacovigilance for antiretroviral drug use is needed also
- Facilitate access of all persons living with HIV to information on dolutegravir's safety and the treatment options open to them to enable individuals make informed choices. Access of people living with HIV to integrated HIV and reproductive health services is also essential.
- Ensure availability of dolutegravir based regimen pediatric formulations.
- Promote integrated care approach for HIV and co-morbidities that facilitates access of people living with HIV to routine care, differentiated service delivery and management of non-communicable diseases throughout life.
- Studies on the prevalence and effect of non-communicable diseases on the quality of life of people living with HIV in countries in Africa is needed.

#### 3.4.3. HIV infection care

- Countries need to scale up the implementation of the 2017 World Health Organization's ADH management guidelines.
- HIV management clinics need to intensify opportunistic infections screening and management in infants and adolescents.
- Innovative strategies to improve adherence should include Real Time Medication Monitoring, Integrative voice response and mHealth intervention.
- Management of late virologic failure should include the use of genotype resistance testing to guide choice of third line antiretroviral therapy.
- Integrate systematic data collection in the routine care of people living with HIV to generate data for improved health care

### 3.5. EPIDEMIOLOGY AND PREVENTION SCIENCE (TRACK C)

This track focused on HIV and AIDS prevention research and issues related to the design, implementation and evaluation of prevention programs. It included the review of best practices in HIV prevention research and program implementation and scale-up for key and vulnerable populations in resource-limited settings.



#### 3.5.1. HIV prevention program implementation

- It is urgent for countries and organizations to promote and support innovation to achieve the first 90. This includes integrated HIV service delivery, innovative HIV self-testing strategies (index testing for family, peers, partners, social network) to reach underserved (men, key population, people with disabilities, people with mental health challenges) and marginalized (migrant, female sex workers and other hard to reach women) populations.
- Demedicalized HIV screening by promoting HIV self-test especially for key and under-served populations.
- Scale prevention programs such as treatment as prevention (Undetectable = Untransmittable), voluntary male circumcision and pre-exposure access.
- Institute systems and structures to promote community antiretroviral distribution, community observatory, home care and mobile clinics, and legal clinics. These systems should support screening for sexually transmitted infections and non-communicable diseases as an integral part of HIV management.
- The elimination of mother to child transmission should remain a goal of all governments in Africa. Early HIV diagnosis for pregnant women and improve and sustained access to antiretroviral therapy is important to achieve this goal
- Adopt sex-positive and pleasure-based approach in delivery of sexual reproductive health, HIV and AIDS related education and information to adolescent and young people.
- Programs for women and girls should be supported to report exposure to and managed for sexual violence

#### 3.5.2. HIV prevention research

- HIV case surveillance system data for men who have sex with men, transgender populations and people with disabilities is needed to be able to adequately plan and program for the populations.
- Implementation related research needed to identify context specific and culturally appropriate adolescent-to-adolescent approaches for detecting new HIV infection.
- Promote government investment in ongoing biomedical HIV prevention research and development – long acting pre-exposure prophylaxis, dapivirine ring , HIV vaccine

### 3.6. LAW, HUMAN RIGHTS, SOCIAL AND POLITICAL SCIENCE (TRACK D)

This track highlighted new knowledge and address gaps in the translation of behavioral and social science evidence into practice, and contributed to the building of theory and understanding of HIV-related social science. It addressed analysis and evaluation of psychosocial factors that shape individual attitudes, experiences, and behaviors; social and structural factors that shape vulnerability and risk; social and cultural norms that underline individual risk and community vulnerability; and methods and outcomes of individual and community engagement, leadership, empowerment, and self-determination.



#### 3.6.1. Human rights violation

- The age of consent for access to HIV and sexual and reproductive health services need to be lowered to facilitate access of adolescents to services. Age of consent should be distinct from age of majority.
- The rights of sexual minorities are often violated. There should be a systematic review of laws and policies that should be informed by a human rights-based approach aimed at getting law enforcement agencies to be oriented on the rights of LGBT and other key populations.
- The paucity of human rights-based interventions is limiting the success of the HIV prevention programs with persons whose rights are violated with no repercussions such as key populations.

#### 3.6.2. Law, human rights and social determinants

- Stigma and discrimination still debar access to HIV prevention and treatment services on the continent. A human rights-based response is needed to close the gap in the HIV prevention and treatment agenda in order to meet agenda 2030 especially for key populations and lesbians, gays, bisexual and transgenders. The response needs to ensure active engagement of religious organizations.
- Data human rights violations and human tracking can be generated using online and offline web-based tools.
- Decriminalize same sex relationships and enactment of anti-discrimination laws will help reduce discrimination against lesbians, gays, bisexual and transgender and key populations, this should promote access to healthcare and employment. Creation of legal aid posts for lesbians, gays, bisexual and transgender and key populations will facilitate access to services.
- The prevalence of violence, victimization and viral load failure among adolescents is high. This can be mapped against the regional and national trends in HIV, which shows an increasing burden of HIV infections among AGYW. Open discussion about HIV and sexually transmitted infection is with adolescent girls and young women in some parts of Africa is still a taboo. A comprehensive response for adolescent girls and young women needs to identify and address structural determinants that creates these gaps.
- All countries HIV strategic plan should include strategies to address the needs of people living with disabilities.



- Pre-exposure prophylaxis, gender-based violence, and screening for tuberculosis and mental health challenges should be integrated into sexual and reproductive health services of key population, adolescent girls and young women.
- National governments should fund harm reduction programs rather than rely on international donors.
- Government should adopt the World Health Organization framework for universal health coverage that promotes integrated people-centered health services delivery, and create the enabling to implement the framework.
- Countries should promote community-level service delivery as this enhances community ownership, service continuity and the sustainability of the response. Governments should therefore invest in the development of the capacity of community leaders to handle these responsibilities.

### 3.7.3. Innovation and best practices

- Community Adolescents Treatment Supporters improve retention and viral suppression among adolescent girls and young women.
- Community led program to distribute antiretroviral drugs such as use of community pharmacies and client drop in centers are an important and successful intervention
- Targeted testing to find undiagnosed population such as men, key populations, young people, partners of people living with HIV, sex partners of persons with sexually transmitted infection, attendees at family planning clinic improves the HIV positive test yields.
- Adopt the to three test algorithm to ensure that only the right people are put on treatment.
- Scaling up the use of point of care technologies for early infant diagnosis helps increase coverage infants and children testing.
- Village savings and loan associations help to keep people in HIV treatment and help them to thrive
- The «one dollar initiative » was cited as possible best practice

### 3.7.4. Monitoring and evaluation

- Inadequate site level staff to conduct routine monitoring and evaluation, and challenges with power supply to support the use of electronic monitoring systems contribute to the poor HIV response monitoring.
- Active engagement of stakeholder's improves the efficiency of data utilization to guide evidence based planning and implementation of HIV services.
- Countries should adopt the use of unique patient identifiers to minimize double counting of clients and patients being lost to follow up.

## 4. KEY RECOMMENDATIONS FROM ICASA 2019, KIGALI, RWANDA

### 4.1. Political leadership

- African leaders must promote social justice and human rights through the elimination of structural barriers such as poverty and gender inequality that limits access to HIV services.
- Reform laws and policies that criminalize same sex relationships, promote gender inequity, facilitate community engagement in the design and implementation of HIV programs, and creating an enabling environment for girls, women and youth to lead community initiatives for the elimination of HIV.

- African first ladies should advocate and mobilize resources for the elimination of HIV, syphilis and hepatitis B on the continent
- African leaders to promote partnership for HIV vaccine research and development.
- African governments should pursue Domestic Resource Mobilization including exploring how better taxation can improve their health financing.

#### **4.2. Community leadership**

- Develop innovative approaches to promote strategic information on access, and quality HIV treatment, prevention, care and support service access by community members.
- As frontliners, proactively engage with other political and research stakeholders to build an inclusive domestic resourcing mechanism.
- Promote inclusivity respect for diversity and gender equity.

#### **4.3. Researchers**

- Community and researcher engagement before the design of studies is encouraged.
- Key research interests are learning about innovative ways to prevent HIV drug resistance, manage HIV co-infections, promote access of persons at high risk of HIV to pre-exposure prophylaxis and facilitate access to high quality service delivery.

#### **4.4. Policy makers**

- Dolutegravir should be adopted in National HIV treatment guidelines.
- People living with HIV should have access to integrated HIV and non-communicable disease management, including mental health management for children and adolescents living with HIV.
- Scale up access to HIV self-testing and access to pre-exposure prophylaxis
- Differentiated service delivery model should be implemented as part of the continuum of care
- Reinforce clinical management of HIV co-infections
- Design facility and community based programs to address HIV stigma and discrimination