

# ICASA 2021

DURBAN, SOUTH AFRICA

21<sup>st</sup> INTERNATIONAL CONFERENCE ON  
AIDS AND STIs IN AFRICA (ICASA).  
6TH – 11TH DECEMBER 2021

## CONFERENCE REPORT



REPUBLIC OF SOUTH AFRICA



PROVINCE OF KWAZULU-NATAL  
ISIFUNDAZWE SAKWAZULU-NATALI



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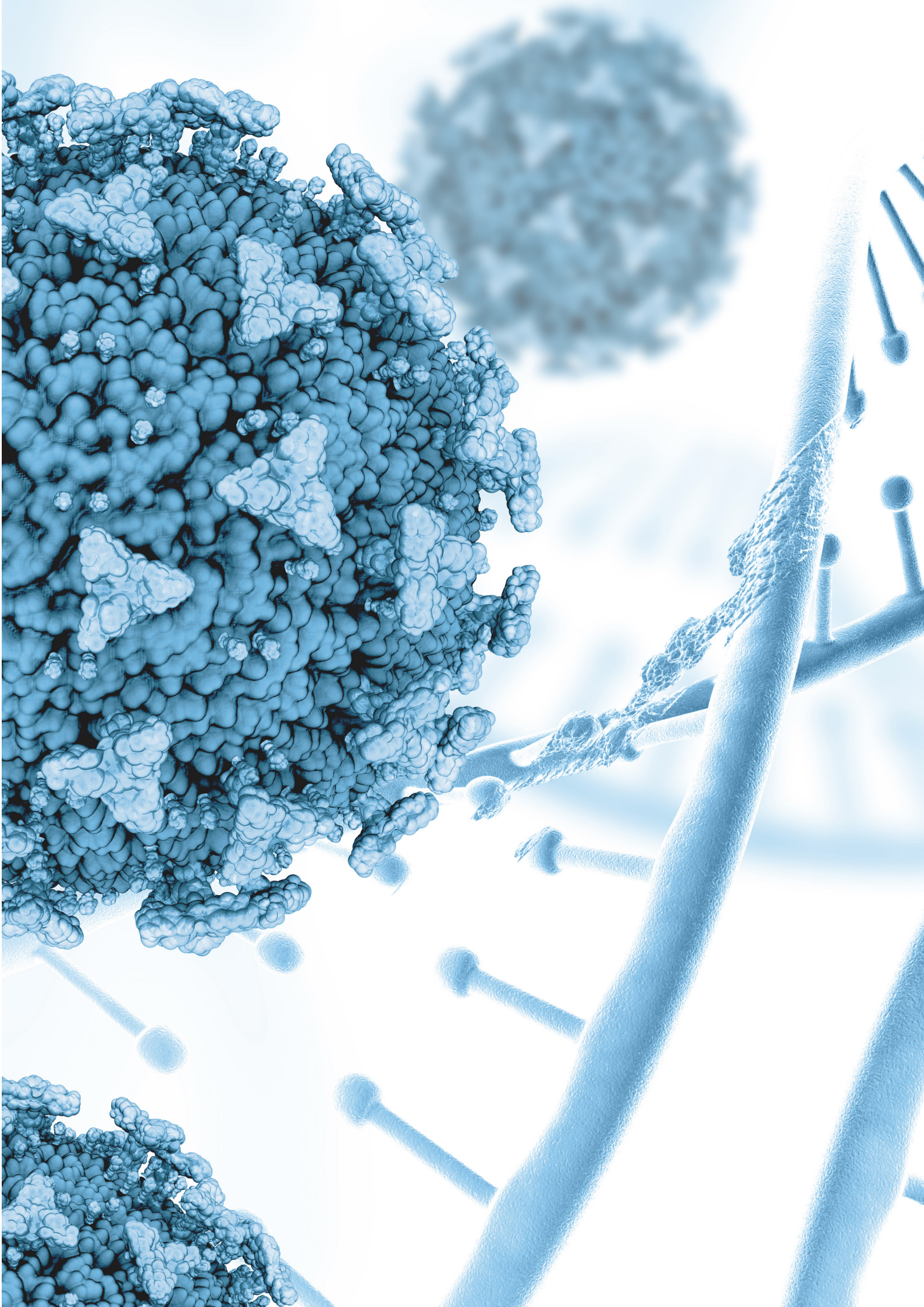
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## Acronyms and Abbreviations

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ART</b>	Antiretroviral therapy
<b>ARV</b>	Antiretroviral
<b>AGYW</b>	Adolescent girls and young women
<b>CDC</b>	Centres for Disease Control and Prevention
<b>CPC</b>	Community Programme Committee
<b>COVID-19</b>	Corona virus disease
<b>DSD</b>	Differentiated service delivery
<b>EAC</b>	Enhanced Adherence Counselling
<b>HIV</b>	Human Immunodeficiency Virus
<b>HSS</b>	Health systems strengthening
<b>ICASA</b>	International Conference on AIDS and STIs in Africa
<b>ICASA 2021</b>	21st edition of the International Conference on AIDS and STIs in Africa
<b>ICC</b>	International Coordinating Committee
<b>ISC</b>	International Steering Committee
<b>LGBTQ+</b>	Lesbian, gay, bisexual, transgender, queer +
<b>IT</b>	Information Technology
<b>LPC</b>	Leadership Programme Committee
<b>MDGs</b>	Millennium Development Goals
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MSM</b>	Men who have sex with men
<b>NAC</b>	National AIDS Council
<b>NCDs</b>	Non-communicable diseases
<b>PrEP</b>	Pre-Exposure Prophylaxis
<b>SAA</b>	Society for AIDS in Africa
<b>SANAC</b>	South Africa National AIDS Council
<b>SDGs</b>	Sustainable Development Goals
<b>SPC</b>	Scientific Programme Committee
<b>SPSS</b>	Statistical Package for the Social Sciences
<b>SRHR</b>	Sexual reproductive health and rights
<b>STIs</b>	Sexually Transmitted Infections
<b>TB</b>	Tuberculosis
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children Emergency Fund
<b>UHC</b>	Universal health coverage
<b>U=U</b>	Undetectable equals Untransmittable
<b>VLS</b>	Viral load suppression
<b>WHO</b>	World Health Organization



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## Executive Summary

The International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) is a biennial Conference that alternates between Anglophone and Francophone African countries. ICASA 2021, the 21st edition, returned to South Africa, Durban, from 6th to 11th December 2021 after 8 years in Cape Town (ICASA 2013). This is the second time ICASA is being hosted by South Africa. The theme for the year 2021 was “Africa’s AIDS response: The race to 2030 – Evidence. Scale Up. Accelerate”. The conference was attended by 4025 delegates. For the first time in the history of Society for AIDS in Africa and the ICASA conference, ICASA 2021 South Africa was planned to be fully Hybrid but turned out to be a successful fully virtual conference.

ICASA 2021 was organised by the Society for AIDS in Africa (SAA) represented by Prof John Idoko, ICASA 2021/SAA President, and the Government of South Africa represented by the Minister of Health, Dr. Joe Phaahla. Since its inception, SAA employs an inclusive stakeholder approach: International Steering Committee to organize ICASA. The Steering Committee includes representatives from SAA, the host country, the UN System, Regional, National AIDS Councils, leadership communities, activists, international and representatives of national scientific institutions and other international organisations.

The Conference programme and structure was designed and implemented by the SAA International secretariat under the leadership of the ICASA Director/SAA Coordinator, Mr. Luc Armand H. Bodea. The programme includes the abstract and non-abstract driven sessions developed by three main programme committees: The Scientific programme committee, the Leadership programme committee and the Community programme committee.

The Scientific Programme Committee was led by Prof. Francois-Xavier Mbopi-Keou (Chair) and Prof. Mosa Moshabela (Co-chair).

The community programme committee was led by Dr. Marsha Martin and Madam Steve Letsike. The committee actively mobilized and engaged community groups with the planning of the ICASA 2021 community programme.

The ICASA 2021 leadership programme committee was chaired by Hon. Dr. Pagwesese David Parirenyatwa, SAA Vice President and former Minister of Health & Childcare, Zimbabwe and co-chaired by Justice Edwin Cameron, retired Judge of the Constitutional Court of South Africa.

The Society for AIDS in Africa is grateful to our partners for their unwavering support of ICASA 2021 South Africa. We hereby acknowledge the support of the government of South Africa, the UN system, our exhibitors, and satellite session holders who partnered with us. The Society for AIDS in Africa are proud of our selfless council members, community activists and scientists who worked relentlessly to make sure we delivered on our mandate of strengthening the health system in Africa through ICASA. The Society for AIDS in Africa count on their continuous support to mitigate the impact of HIV/AIDS, TB, STIs, Malaria and emerging infections, as well as strengthening health systems in our continent. To our cherished delegates, SAA members and the international community, kindly accept our sincerest gratitude for your support. The Society for AIDS in Africa looks forward to welcoming you to ICASA 2023.





## ICASA 2021 in Focus

The 21st ICASA which was supposed to be held at the Durban International Convention Centre, South Africa from 6th December to 11th December 2021. However, due to COVID-19, and the emergence of the Omicron variant, the conference went fully virtual.

The Conference theme was ***“Africa’s AIDS response: The race to 2030 – Evidence. Scale Up. Accelerate”***

The ICASA 2021 Conference was an opportunity, to renew, the global commitment, by drawing the world’s attention to the fact that the fight against the HIV/AIDS epidemic is far from won in Africa. Also due to the COVID-19 pandemic, and re allocation of vital resources in maintaining the gains made over the years in the HIV response, large number of new infections especially among key populations was a threat to the sustainability of the response. ICASA 2021 also showcased the need for Africa to start manufacturing its own vaccines to alleviate the burden of vaccination among its people. ICASA 2021 was a platform for the international community, and Africans, to commit to achieving an AIDS-free generation and strengthen health systems within the continent and to create more awareness of the growing threats of emerging viral diseases.

ICASA 2021 objectives:

1. To strengthen health systems to integrate high impact interventions on comorbidities, emerging infections and NCDs.
2. To build, strengthen and invest in Africa’s scientific capacity and manufacturing of vaccines, diagnostics, and therapeutics.
3. To Identify in Africa, resource tailored interventions for populations most affected including women, children, adolescents, men, and Key Populations.
4. To evaluate the impact of COVID-19 on the HIV/AIDS response and share lessons learned in overcoming barriers in maintaining continuity of care for people living with and at risk for HIV infection.
5. To amplify national, regional, continental, and global integration to reach epidemic control in Africa: Contributions from Africans in the Diaspora.



**4025** participants from **83** countries joined ICASA 2021 South Africa virtually



Women represented **41.5%** of delegates



**60%** of ICASA 2021 plenary speakers were women



**54%** of delegates were under 45 years old



ICASA awarded **1238** scholarships to attend the conference and provided **1144** scholarship recipients virtual access to the conference



Over **75%** of delegates agreed that the conference objectives were met



Over **64%** of delegates were satisfied with the conference being organised virtually



**1601** abstracts were received



**78** abstracts were selected for oral presentation



**384** abstracts were selected for virtual poster exhibition



**149** pre-recorded and live sessions covered for the duration of the conference



**40,000** people were reached through social media posts for the duration of the conference



Over **1134** booth visits to our virtual exhibition booths for the duration of the conference



**467** speakers presented at ICASA 2021 South Africa



Who was there?



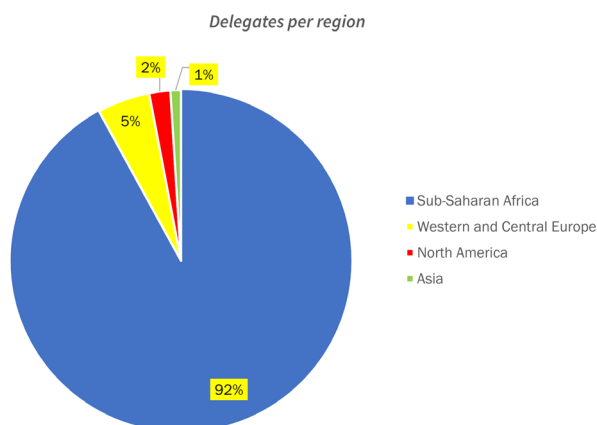
## Delegate Attendance

ICASA 2021 South Africa convened a total of **4025** participants from **83** countries. The remaining categories included staff, pre-conference participants media representatives and few in-person exhibitors.

### COUNTRY AND REGION

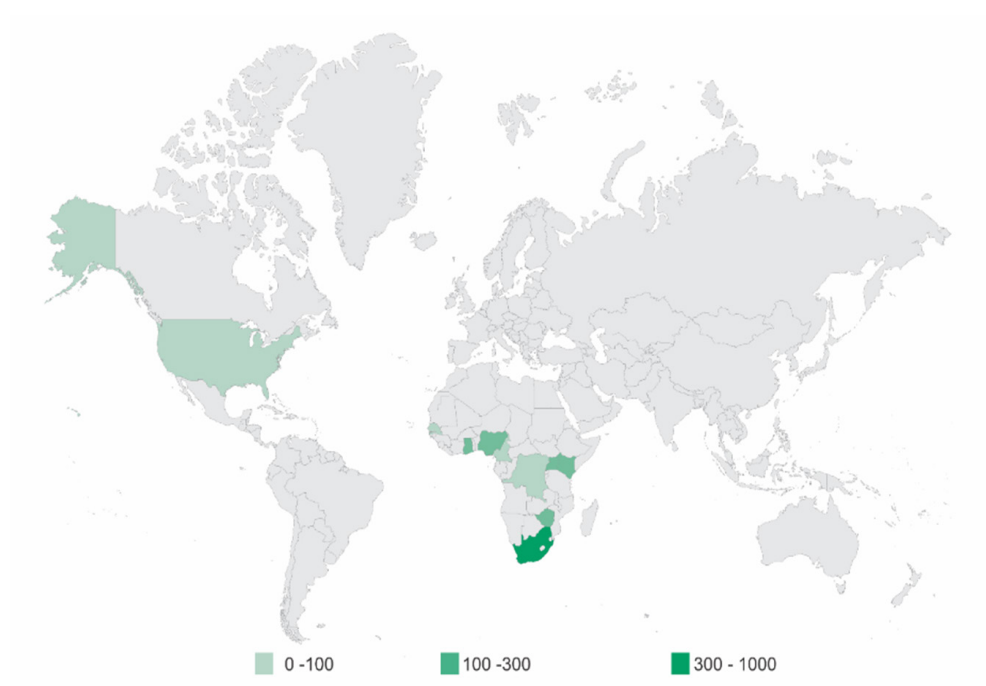
The regions with the largest representation at ICASA 2021 were Sub-Saharan Africa (92%) followed by Western and Central Europe (5%) and North America (2%) and Asia (1%).

Figure - 1



Top 10 Countries

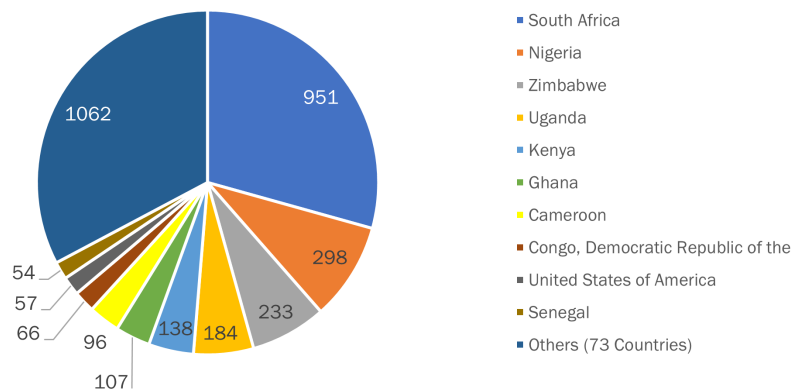
Figure - 2



In total, 92% of delegates came from Sub-Saharan Africa, followed by Western and Central Europe, North America and Asia.

Breakdown of top 10 nationalities of delegates at ICASA 2021

Figure - 3



## DELEGATES BY GENDER

There were 41.51% women, 55.87% men, 1.31% transgender, and 0.53% who did not wish to disclose their gender. A proportion of 0.78% of the respondents chose “Other” as their preference.

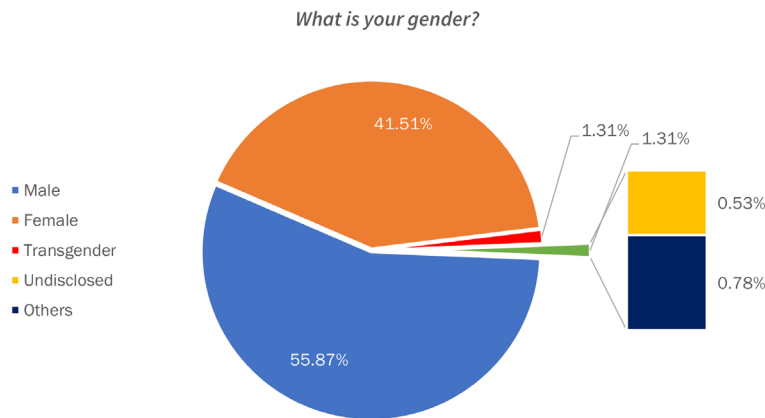


Figure - 4

## AGE GROUP

Majority of the delegates were between the age ranges of 26 - 40 years (44.68%) with 41 - 60 years. Delegates between the ages of 0-20 (0.77%) and 20-25 (8.83%) constituted 9.60% with 4.94% of delegates above 60 years.

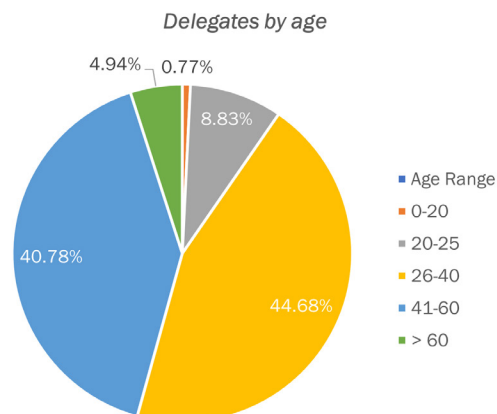
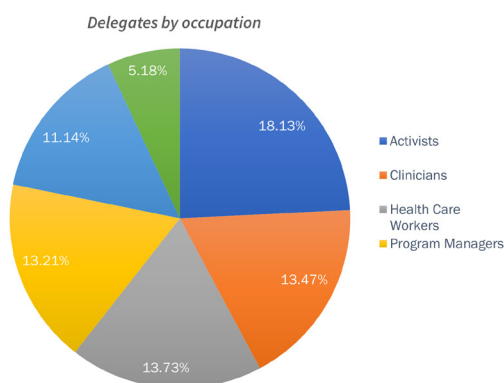


Figure - 5

## DELEGATES OCCUPATION

In terms of professions, most of the delegates were from the category of advocates or activists (18.13%), health care workers or social services providers (13.73%), clinicians (13.47%), and program managers (13.21%). The researcher community and students constituted 11.14% and 5.18% respectively, showing a marginal drop in participation by researchers (11.7%) and a significant drop for students (11%) as compared to the ICASA 2019 Rwanda. The data shows a higher response rate from the health care providers and program managers categories as compared to the previous two ICASA conferences where the higher number of delegates were researchers, students, clinicians, and activists.

Figure - 6



## SCHOLARSHIPS

ICASA 2021 awarded 1238 scholarships. Scholarship funding was provided by the ICASA 2021 conference. 54 fully funded scholarships were awarded, and 40 partially funded scholarships with 1144 scholarships for virtual attendees. All scholarship recipients were granted registration and full virtual access to the conference. Scholarship recipients were from the five geographical regions of Africa. Very high percentage oral and poster presenters who applied for scholarship and abstracted were selected were awarded scholarships. Media and activity organizers were also awarded scholarships. 65% of scholarships were awarded to general delegates, 22% were awarded to abstract presenters, 5% awarded to media and 8% awarded to programme activity organizers.

Figure - 7

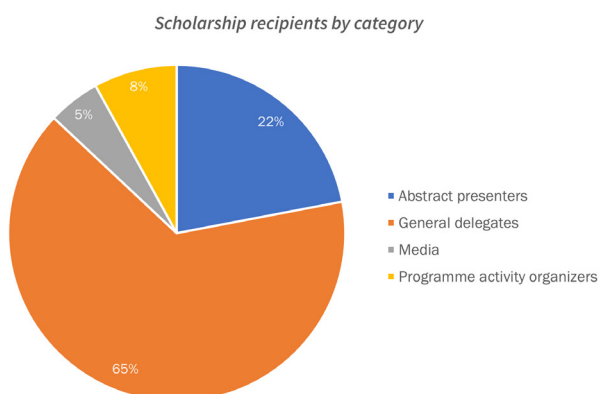
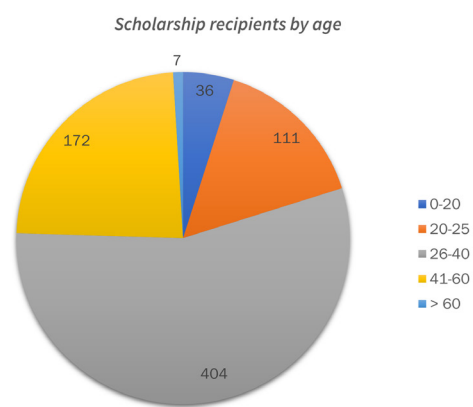




Figure - 8





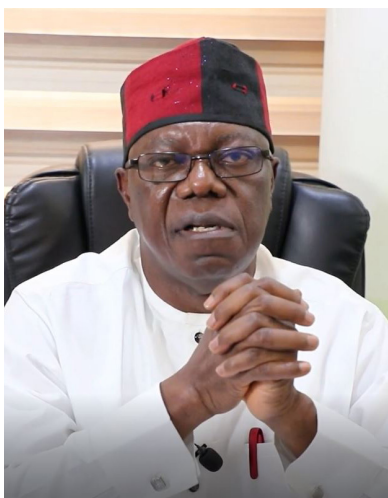
# Key Findings

## Key Findings

### Opening Ceremony Speakers



H.E. David Mabuza, *Deputy President of the Republic of South Africa*



Prof. John Idoko, *ICASA 2021/SAA President*



Hon. Dr Mathume Joseph "Joe" Phaahla, *Minister of Health of the Republic of South Africa*



Winnie Byanyima, *Executive Director of UNAIDS*



Dr Matshidiso Moeti, *WHO Regional Director for Africa*



Dr. Angeli Achrekar, *the Principal Deputy U.S. Global AIDS Coordinator*



Ms Nomagugu Simelane, *MEC for Health*



Mr Eric Dondolo, *Representative of South Africa, Sex Workers Association*



## Closing Ceremony

The closing ceremony took place on 11th December 2021. The speakers were:



Prof. John Idoko,  
*ICASA 2021 President and President of  
the Society for AIDS in Africa (SAA)*



Hon. Sihle Zikalala,  
*Premier of KwaZulu-Natal Province*



Dr. Col. Alain Azondekon,  
*Chief rapporteur, as well as all  
track rapporteurs presented the  
ICASA 2021 Rapporteur Report.*



Miss. Ivy Bonisiwe Mathebula,  
*A young person living with HIV  
speaking on AYPLIV Response in the GIV  
Prevention Agenda*

## Plenary Sessions

The first plenary session was held on 7<sup>th</sup> December 2021. The speakers were:



Dr. Malebona Precious Matsoso –  
*To build, Strengthen and invest in Africa’s scientific capacity and manufacturing of vaccines, diagnostics, and therapeutics.*



Dr Benido Impouma -  
*Sustaining the gains during COVID-19*



Miss. Doreen Moraa Moracha -  
*Epidemic Control in Africa: Response from the Diaspora*

The second plenary session was held on 8<sup>th</sup> December 2021. The speakers were:



Dr. Thembisile Xulu –  
*Africa leadership to take the lead in ending AIDS in Africa: Abuja Declaration, where are we?*



Dr. John Nkengasong –  
*Management of COVID-19 in Africa: Impact & Way Forward*



Dr. Bannet Ndayanabangi –  
*HIV prevention is everyone’s Business: The pathway to stemming new infections in Africa.*

The third plenary session was held on 9<sup>th</sup> December 2021. The speakers were:



H.E. Marisol Touraine –  
*Political Leadership and  
partnerships to promote and  
accelerate access to innovation  
prevention & care.*



Dr. Shannon Hader –  
*The new Global strategy to end AIDS  
by 2030: What do we need to do  
differently in Africa.*



Solange L. Baptiste –  
*Health System Strengthening: The  
funding Landscape: Health financing  
and Domestic Resource Mobilization.*

The fourth plenary session was held on 10<sup>th</sup> December 2021. The speakers were:



Mr. Roberto Paulo –  
*Implementing person centred Key  
Population programming at Scale.*



Mr. Daouda Diouf –  
*Impact of COVID on HIV Services*

The last plenary session was on 11<sup>th</sup> December 2021. The speakers were:



Dr. Thato Chidarikire –  
*Adolescent girls, young women & men: Key to achieving the end of AIDS in Africa in 2030*



Dr. Chewe Luo –  
*HIV Pediatrics: how far did we relieve the burden on Children and what is the perspective towards 2030?*



Richard Nininahazwe –  
*Addressing the needs of people who use drugs to achieve epidemic control.*



# Virtual Conference



### NON-ABSTRACT DRIVEN SESSIONS

There were 11 non-abstract driven sessions, addressing a variety of emerging and topical issues related to innovation, sustainability, and equity in the HIV response. The format and focus of the sessions varied.

### SPECIAL SESSIONS

Eighteen (18) special sessions featured presentations by some of the world's leading experts and global champions. These high-level presentations were held mid-day and were highly engaging for all delegates.

### SATELLITE SYMPOSIA

Fifty-four (54) satellite sessions addressed critical issues on where there were no consensus decisions. Speakers and delegates who attended the session shared experiences and brainstormed on possible ways forward. Sessions also reported on new findings and announced forthcoming research and new initiatives.

### SKILLS BUILDING WORKSHOPS

Four (4) skill building workshops were organized with the aim of transferring new skills or strategies for research, programme implementation and advocacy to participants. Workshops helped stimulate new and stronger partnerships for problem-solving related to the many different HIV-related needs.

### TRACK A: BASIC SCIENCE (BIOLOGY & PATHOGENESIS)

Sessions and presentations of this track focused on some aspects of fundamental HIV biology and the host response to HIV. Areas of focus included HIV infection and replication, transmission, genetics, evolution, structure and function, pathogenesis, genetic susceptibility to HIV. Pre-clinical vaccine, drug development, COVID-19 and HIV interaction in terms of drug interactions and COVID-19 vaccine implications. In total, ten (10) presentations were covered by the rapporteur of this track. Findings and recommendations are below.

### FINDINGS

- Need of further investigation on mutations of protease inhibited based regimen using cohort studies into in-vitro experiments.

### RECOMMENDATIONS

- Targeted interventions should be implemented using an integrated approach, HIV self-testing, workplace, and couple testing.
- It is important to strengthen the capacity and manufacturing.
- Call for local production with mandatory million additional vaccination doses, diagnostics and therapeutics, equitable access (tripodal approach) for global and integrated response to COVID-19.
- There is an urgent need for innovation in the manufacturing of laboratories, HIV diagnostics and vaccines in Sub-Saharan Africa.
- Diagnosis of emerging viruses must be improved as well as promoting self-testing.

## TRACK B: CLINICAL SCIENCE, TREATMENT AND CARE

This track Sessions and presentations in this track talked mainly about clinical course of HIV infection and disease, diagnosis and management of co-infections/co-morbidities, HIV and NCDS, Antiretroviral therapy, clinical guidelines, tools and resources for integrated responses to HIV and COVID 19 pandemic. In the context of COVID-19, many innovations for service delivery were also discussed. Experiences from various countries has been shared. In total, ten (10) presentations were covered by the rapporteur of this track.

### FINDINGS

- Face to face and Enhanced Adherence Counselling (EAC) and tele EAC are largely equal in terms of effectiveness.
- Tele EAC is an important factor in predicting medicine adherence.
- Third line ART medicines remain a big challenge in Sub-Saharan Africa.
- HIV-2 has lower overall mortality thus increasing the risk of comorbidity.
- COVID-19 pandemic has inspired and expedited service delivery innovation in HIV/AIDS care.
- COVID-19 has created a stagnation in number of patients knowing their HIV status and led to loss to follow up.
- HIV and COVID-19 interact negatively on treatment and mortality.
- COVID 19 pandemic has a global negative effect on HIV services, but many alternative strategies had been developed to counter it (Telemedicine, digital outreach, Extended scripts, long term dispensing).
- Organizations working in HIV/AIDS response for more than 40 years in Africa should share their achievements and best practices to mitigate the impact of COVID -19
- Effective ART regimens and distribution is our best weapon against HIV, so the effect of COVID-19 on ARV regimens to be determined.
- COVID-19 infection worsens HIV infection and vice versa and scientists are focusing on the constant evolution of new variants in Africa.
- The pandemic restriction measures have a negative impact on new initiation of ART and lead to loss to follow up.
- The majority of HIV positive clients use traditional medicines because of belief in holistic healing and affordability.
- Differentiated models of care should be scaled up for realization of 95-95-95 targets.
- Community based approaches are very important for successful care and maintaining HIV patients on ART during restriction and crisis.
- Multisectoral collaboration is more effective than only health sector effort.
- Tele consultations and segregated outpatients care are necessary.
- Young people (less than 20 years) are more positively affected by tele EAC.
- Key Populations (MSM, Sex workers, inmates, drug users) experienced worsening infection rates and decreased service attention.
- Stigma and criminalization of Key Populations increased burden of HIV/AIDS and led to the limitation of public health intervention especially “Test and treat”.
- ART coverages are still low in many countries in Africa.
- Young men (less than 35 years) educated, married and unknown HIV status are associated with undiagnosed HIV infection.
- There remain some resistance patterns in HIV-1 variants in West Africa and this demands timeless monitoring in response to emerging resistance.
- RESEARCH: THAB1501 - High performance of integrase genotyping on diverse HIV-1 clades circulating in Cameroon: toward a successful transition to dolutegravir based regimens in low and middle-income countries.
- Telemedicine consultations successfully showed that interventions are as effective as

in-person (Improved adherence, improved viral load suppression).

- The use of information technology and telecommunications showed improved attendance during the COVID-19 pandemic and had shown the importance of turning alternative solutions into long term plans post COVID-19.

## RECOMMENDATIONS

- There is the need to turn current alternative strategies into long term solutions for current contingency plans and extensions in post COVID-19.
- There is the need for strong leadership for central supplies platform for Africa to get supplies and COVID-19 vaccines.
- National programmes should promote community-based approaches and optimize domestic financing in order to sustain innovations.
- ART is a milestone, cornerstone and bedrock for HIV control. There is the need to maintain effective and high active treatment to combat resistance by reinforcing equitable country distribution of medicine and adherence of patients in programmes.
- Co-managing COVID-19 and HIV infection concurrently requires focused attention on developing Africa's ability to resource itself (Central supplies depot, vaccine manufacturing and testing and laboratory services).

## TRACK C: EPIDEMIOLOGY AND PREVENTION SCIENCE

This track focused on HIV/AIDS prevention research and issues related to the design, implementation, and evaluation of prevention programmes to reach the Sustainable Development Goals (SDGs). It included examination of research, particularly best practices in HIV prevention for Key and vulnerable populations in resource-limited settings. Strategies to put HIV prevention research into practice, and research on new prevention approaches were also debated. Co-morbidities, especially HIV and COVID-19 were shared and discussed. In total, this track covered twenty (20) presentations. The key findings and recommendations are listed below:

## FINDINGS

### VIRTUAL INTERVENTIONS

- Virtual phone counselling, cyber education, virtual site-level monitoring, HIV self-testing had drastically facilitated HIV index case testing and had helped to mitigate the impact of COVID-19 on health services delivery.
- Mobile health use can support adolescents to engage in safer practices by improving the effect of positive peer norms and self-efficacy.
- Virtual strategies are key to maintain and reinforce index case testing such as case finding, ART initiation, prevention of HIV transmission and epidemic control.

### HIV Testing Services

- Point of care modalities such as self-testing kits are very important alternatives during COVID-19 and in future crisis to ensure continuity of HIV testing services and monitoring HIV infection such as CD4 and viral load.
- Need to combine strategies to achieve the 1st 95%: HIV community-based testing, HIV Self-testing, index testing, HIV differentiated testing services for vulnerable and key populations, acceptable screening tool in general population, adolescent and key populations, Pre-exposure prophylaxis (PrEP) and HIV combination prevention. Furthermore, HIV self-testing is more cost effective than onsite testing.

### Pre-exposure prophylaxis

- Oral PrEP is a big challenge within Adolescent Girls and Young Women (AGYW).



- There is a limited understanding of PrEP within adolescent boys and young men.
- Dapivirine vaginal ring is well tolerated and effective in reducing HIV incidence in women.
- There is a need for broader social awareness about PrEP by implementing programmes package distinctively to minimize confusion with HAART.
- Women who received their PrEP through NGO are less likely to experience high depression compared to that got their PrEP from public facilities.

### Sexual and reproductive health and rights interventions

- The period of COVID-19 witnessed an increase in Child marriage. Need of social and economic protection for female sex workers during COVID-19
- The period of COVID-19 witnessed an increase in harassment, for young Sex Workers, LG-BTQ+, abuse as well as more physical and psychological violence.
- The period of COVID-19 witnessed an increase in Medicines stock out, closing of health facilities
- and difficulties in accessing Sexual Reproductive Health and Rights (SRHR) commodities and services.
- Provision of anal consultation permits led to early diagnosis, and referral of patients to care centers for treatment.
- There is a need to scale up HIV prevention programme among Adolescent Girls and Young Women (AGYW) including the PEPFAR DREAMS PROGRAMME and other Global Fund interventions.

### Strengthening Community services

- Implementation of more robust mental health services and social support is critical for prevention of HIV transmission and violence.
- Maintaining uninterrupted access to essential prevention, testing and treatment services for MSM during the pandemic required using integrated and community-based strategies that minimize potential risk for COVID-19 exposure but improve access to HIV services.
- HIV/AIDS control in massive crisis needs more partnership between nations and health system strengthening.

### Self-testing is more cost effective more than onsite testing

#### COVID-19 Vaccine

- COVID-19 vaccines are safe for PLHIV regardless of CD4 count. PLHIV with lower CD4 counts who have already received 2 vaccines doses are advised to have third doses of COVID-19 vaccine.

## RECOMMENDATIONS

- Religious groups play an important role in the eradication of HIV/AIDS stigma and discrimination in Africa as well as educating communities on the importance of HIV testing, treatment, retention on ART and prevention.

To end AIDS by 2030, we need rapid detection and rapid response in addressing:

- i. Stigma and discrimination
- ii. Improvement of services & societal enablers
- iii. Health System Strengthening (HSS)
- iv. Increase Financial/Donor support
- v. Sexual education for Youth (Faith sector)
- vi. HIV cure and vaccine research
- vii. Global Leadership
- viii. Universal Health Coverage (UHC)



ix. Viral load Suppression (VLS)

HIV increases the risk of severe COVID-19. Furthermore, COVID-19 vaccine is effective with a risk of lower response in PLHIV with CD4 < 350/mm<sup>3</sup> and/or unsuppressed viral load). PLHIV need a third or booster dose of vaccine.

COVID-19 has a negative impact on HIV programmes:

- i. Reduced HIV testing
- ii. Treatment initiation and Retention
- iii. Lack of transportation of Health Workers and Patients
- iv. Police harassment of patients and other vulnerable Key Populations
- v. Decline in HIV Index-testing
- vi. Decreased in FSWs sexual partners and increase their vulnerabilities.

## RECOMMENDATIONS

- Social and interpersonal support have been shown to have a positive impact on preventing depressive disorders requiring treatment. Post-natal clubs for mothers and young women should be scaled up in countries as a psychosocial measure of overcoming stigma and discrimination.
- Social Media has become the new wave for reaching the youth during COVID-19 in: HIV data collection and programming, utilizing social influencers and targeting and awareness creation. It is recommended that investment in health literacy amongst adolescent girls, boys, and young women in Africa should utilize digital skills as these populations preferred the mode of digital follow up.
- African health systems need to be more resilient- managing emergent health disasters and still maintaining quality health services for all, particularly the HIV/AIDS infected and affected communities.
- There is the need for greater awareness creation and capacity building of communities on viral load suppression.
- Involvement of community members including sharing personal experiences, was productive. Advocacy intervention needs to continuously be organised for these communities.

## TRACK D: LAW, HUMAN RIGHTS, SOCIAL AND POLITICAL SCIENCE

In this track, various sessions and presentations highlighted new knowledge and how to address gaps in the translation of behavioral and social science evidence into practice. It also introduced innovations and best practices in promoting deep knowledge of individual and social determinants of HIV-related risk, vulnerability and impact. In addition, experiences were shared on HIV related stigma, discrimination and exclusion; lessons learnt from the COVID-19 pandemic with a focus of restoring dignity of those affected. Twenty-one (21) presentations were covered by this track. Main findings and recommendations retrieved from shared learning experiences, robust discussions and debates are below:

## FINDINGS

- COVID-19 pandemic had a profound impact psychologically on people living with HIV all over the world.
- Social isolation amongst HIV positive women was shown to be associated with Major Depressive Disorders, mainly in the newly diagnosed younger generation.
- Social support was shown to decrease the likelihood of depressive disorders requiring treatment in People living with HIV (PLHIV).
- There have been rises in cases of teenage pregnancy and child marriages in Zimbabwe,

Kenya, South Africa, during COVID-19 pandemic, primarily during strict lockdown periods. It led to a rise in intergenerational relationships, rolled back gains of High School retention and completion and increased the burden of HIV/AIDS.

- Access to HIV treatment: Sexual and Reproductive Health (SRH) among adolescent girls and women in Kenya was affected during the COVID-19 pandemic.
- Similarly, access to ART, blood tests (CD4 and VL) due to the burden of COVID-19 was seen as a major concern amongst these populations
- Barriers to provision of HIV/AIDS, SGBV, and SRHR services in Key Populations in West and Central Africa have impacted access to ongoing care.
- There has been a rise in Gender-based violence (GBV) - Studies from Ghana showed that physical and sexual abuse among Female Sex Workers was more prevalent among young, unmarried, roaming sex workers, with history of substance use, who also were dependent on place or region and had limited mobility.
- Health care service delivery was not prioritized for young adults and Key Populations as they feared contracting COVID-19. This was a concern for this population, leading to many fearing to disclose their HIV status.
- Criminalization of LGBTQ+ is an important barrier to address HIV services in prison settings.
- Poor daily conditions are the largest driver of new HIV infections in prisons.
- Stigma and discrimination have been identified as a major influencing factor to the non-adherence of HIV treatment among LGBTQ+ youth and other Key Populations.
- HIV and STI's among Adolescent girls and Young Women (AGYW) remain a taboo subject. This calls for strong advocacy and tailor-made programmes to stem the tide.
- Across Africa, there is lack of commitment by governments to decriminalize same sex relationships, enact laws that will make same sex marriages legal as well as pass anti-discrimination laws aimed at reducing discrimination against LGBTQ+ and other Key Populations in respect of access to: healthcare, employment, housing and other fundamentals of life.
- Local authorities in pygmy populations were approached by Central African Regional authorities for identifying knowledge on and health demands regarding HIV/AIDS and Sexual/Reproductive health, with the provision of awareness and family planning services.
- The COVID-19 pandemic contributed to the already high prevalence of teenage pregnancy and led to the rise of child marriage.

## RECOMMENDATIONS

- Social and interpersonal support have been shown to have a positive impact on preventing depressive disorders requiring treatment. Post-natal clubs for mothers and young women should be scaled up in countries as a psychosocial measure of overcoming stigma and discrimination.
- Social Media has become the new wave for reaching the youth during COVID-19 in: HIV data collection and programming, utilizing social influencers and targeting and awareness creation. It is recommended that investment in health literacy amongst adolescent girls, boys, and young women in Africa should utilize digital skills as these populations preferred the mode of digital follow up.
- African health systems need to be more resilient- managing emergent health disasters and still maintaining quality health services for all, particularly the HIV/AIDS infected and affected communities.
- There is the need for greater awareness creation and capacity building of communities on viral load suppression.
- Involvement of community members including sharing personal experiences, was productive. Advocacy intervention needs to continuously be organised for these communities.
-

## TRACK E: HEALTH SYSTEMS, ECONOMICS, AND IMPLEMENTATION SCIENCE

This track provided new insights into the status of the health systems and its capacity and challenges to expanding prevention and treatment programmes in resource-limited settings. In addition, issues related to health economics, integration of health programmes, country ownership of national health and HIV programmes were also discussed. The track also shared the need for a holistic vision and innovative new approaches to effectively strengthen health systems especially in this context of the COVID-19 pandemic. In total, twenty-one (21) presentations under this track were covered. Main findings and recommendations from the sessions including discussions are summarized below:

### FINDINGS

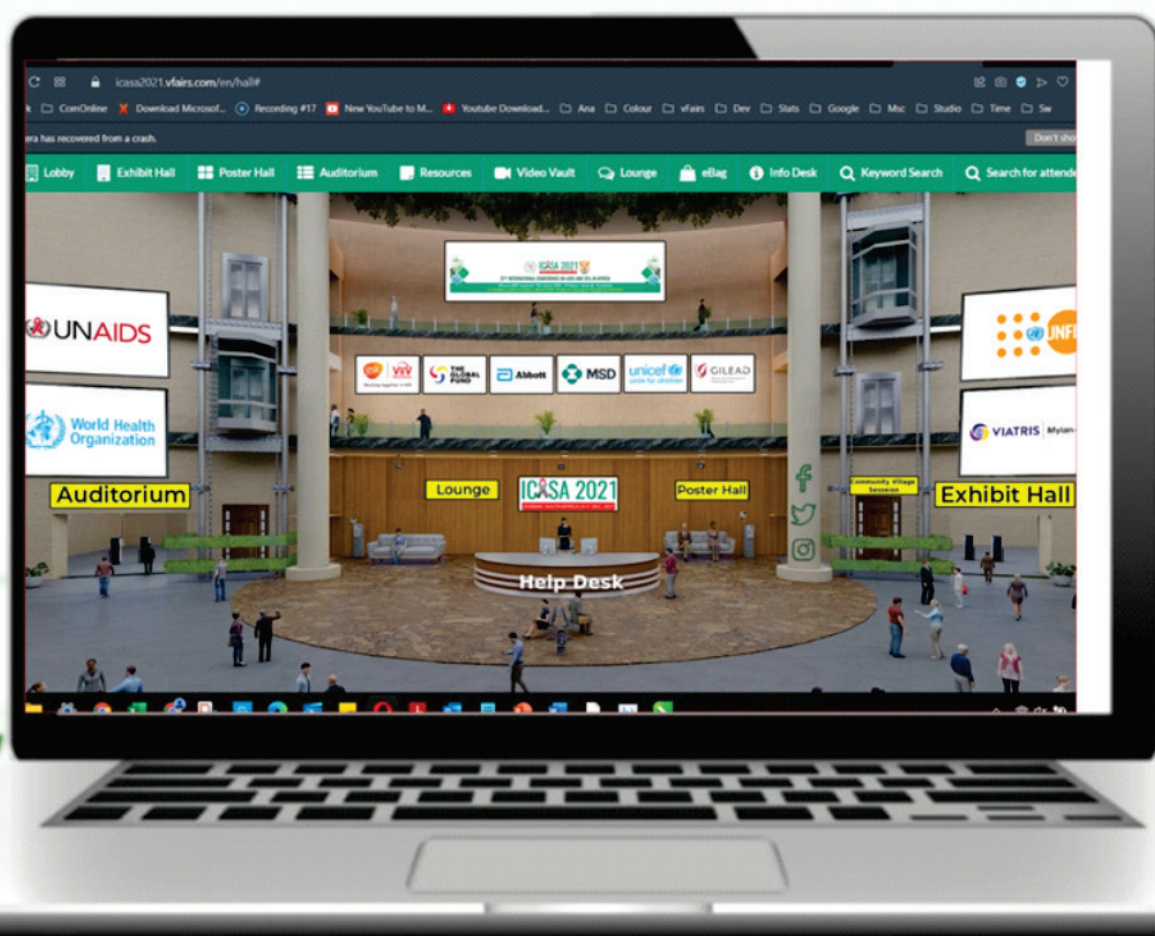
- M&E systems and patient level data tracking require further strengthening if decisions are going to be made from the data.
- Introducing 95-95-95 graduation process assisted in identifying facilities that were lagging behind which informed effort concentration.
- Comparing data from different datasets help to identify process and systems gaps and allowing for timely addressing them through quality improvement.
- Stakeholders' engagement is key to efficient utilization of data to guide evidence-based planning and implementation of HIV services.
- Community sensitization and mobilization helped to reduce structural barriers such as stigma and discrimination.
- Uptake of family planning and optimal ARV regimens increases with services integration due to the reduced patient travel and education on optional products by trained health care workers.
- A person-centered care approach for HIV treatment within the context of global and bilateral HIV programmes is needed if we are to attain the 95-95-95 goals.
- Multi-month dispensing is an important option to improve adherence, service delivery and viral load suppression in children.
- Users of Courier services and motorcycle ART delivery is cheaper especially when delivering to stable clients.
- Residence, occupation, wealth, and distance to the treatment center are critical factors that affect uptake of HIV treatment services.
- Decision makers should make deliberate policies to eliminate user fees and increase the number of treatment centers, especially in rural areas.
- Youth engagement has impact on programmes success but there is also a need to sustain community-based interventions as well as individuals' empowerment.
- Patients who access facility-based differentiated services delivery are more likely to have a viral load test than those accessing care through community-based differentiated services delivery.
- Strengthening differentiated social protection services delivery approaches to include economic strengthening membership programmes, skills development and entrepreneurship will lead to sustainable programmes.
- There is a need to advance person-centered care of HIV treatment within the context of global and bilateral HIV programmes to attain the 95-95-95 goals.
- Implementation of standardized easy to access to care (EAC) package improved uptake, completion and viral suppression among children and adolescents in Kenya.
- Strengthening community engagement with key stakeholders such as traditional and religious leaders, parents and community leaders results in ownership and community mobilization.
- The use of digitally based appointment management systems support treatment continuity for clients living with HIV.

- Financial resources and data collection are not sufficient to determine why HIV management strategies are not working in prison.
- Insufficient resources across most countries continue to prevent integration of prison health services into overall national health system.
- Training and sensitization of Health care workers (HCWs) on gender and human rights help to eliminate stigma and discrimination perpetuated by HCWs towards Adolescents and young people (AYP).

## RECOMMENDATIONS

- Strengthen community engagement with key stakeholders such as traditional and religious leaders, parents and community leaders.
- Decision makers should address social economic inequalities through elimination of user fees and increasing the number of treatment centers especially in rural areas.
- Governments should increase and equitably allocate domestic resources.
- Governments needs to address regulatory and competition barriers to increase affordability to life saving medicines, diagnostics and technologies.
- Health systems should strengthen differentiated social protection service delivery approaches to include economic strengthening, mentorship programmes, skills developments and entrepreneurship.





## Exhibition

ICASA 2021 Exhibition was Hybrid with a few in person exhibition stands. The total number of booth visits was 1134. The following organisations exhibited at ICASA 2021:



REPUBLIC OF SOUTH AFRICA



PROVINCE OF KWAZULU-NATAL  
ISIFUNDAZWE SAKWAZULU-NATALI





## Satellite Meetings

Fifty-four (54) satellite meetings were convened each day of the Conference. Meetings were entirely organized by commercial and non-commercial organisations. The content and speakers of the satellite meetings were organized and coordinated by the party proposing the satellite. The proposed satellite sessions were reviewed by appropriate committees to ensure they met with conference specifications.

### ORGANIZATIONS THAT ORGANIZED SATELLITE MEETINGS

SATELLITE ORGANISER	SATELLITE SESSION
WHO	<ul style="list-style-type: none"> <li>• WHO, Wits RHI, GARDP and FPD : Addressing STIs through innovation Challenges for STI control and new technology and strategies to overcome those challenges</li> <li>• Ending AIDS by 2030 by full integration with the Cervical Cancer Elimination Initiative- (CCEI)</li> <li>• WHO New consolidated HIV prevention and treatment guidelines</li> <li>• WHO Guidelines for the management of symptomatic STIs</li> <li>• Impact of COVID-19 on HIV, STI and other health services</li> <li>• Aligning countries' response to reduce inequalities, improve equitable access and quality of HIV, viral Hepatitis and STI services to key populations.</li> <li>• WHO/SAA: Technology transfer hubs for boosting local production of medical products in Africa.</li> <li>• L'annonce du VIH/sida aux enfants et aux adolescents : Bonnes pratiques et défis dans les pays francophones d'Afrique de l'Ouest et du Centre.</li> <li>• Towards Elimination of Mother-To-Child Transmission of HIV, syphilis and viral Hepatitis B: African case studies and validation of 'Triple Elimination</li> <li>• Progress towards implementation of Africa Regional Action Plan for Preventing and Responding to HIV Drug Resistance 2019 – 2023</li> <li>• WHO/SAA: A new agenda for Malaria in Africa</li> <li>• Integrated people-centred HIV, STI and TB services and health system strengthening</li> <li>• The importance of the UN Decade of Healthy Ageing 2021-2030 in addressing STIs and HIV in older people in the African region towards UHC</li> <li>• Comorbidities, emerging infections and NCDs</li> <li>• WHO Guidelines for elimination validation</li> <li>• <b>WHO/SAA:</b> Promoting Hepatitis B PMTCT in Africa, advocacy of the First Ladies</li> <li>• <b>WHO &amp; FRONTLINE AIDS:</b> No More Neglect. Female genital schistosomiasis and HIV From Kigali to Durban: Update on integrating sexual and reproductive health interventions to improve women's lives</li> </ul>



SATELLITE ORGANISER	SATELLITE SESSION
WHO	<ul style="list-style-type: none"> <li>Implementation of 2019 HIV Testing Services: From 2 test to 3 test HIV testing strategy</li> <li>Scaling up action to end TB deaths among people living with HIV</li> <li>WHO/SAA: Ending TB in West and Central Africa by 2030: Bringing high burden countries on track towards End TB strategy targets by 2025</li> </ul>
UNICEF	<ul style="list-style-type: none"> <li>Scaling up Innovative HIV diagnostic in Children</li> <li><b>UNICEF AND WHO:</b> Support across the generations: Scaling up multisectoral programming for adolescent and young mothers living with HIV</li> </ul>
UNAIDS	<ul style="list-style-type: none"> <li>HIV and COVID-19: When Pandemics Collide – How COVID-19 impacted HIV programs, and how to regain momentum and achieve the new 2025 global AIDS and SGD targets</li> <li><b>UNAIDS / ILO/WFP/ UNDP:</b> Social protection systems addressing inequalities in supporting key populations, children, adolescents, and people living with HIV</li> <li>Differentiated service delivery (DSD) for HIV testing and treatment: Current state of implementation and need for scaling up in Africa</li> <li><b>UNAIDS - PEPFAR faith Initiative:</b> The role of faith communities in supporting programmes for children and adolescents living with and affected by HIV: A qualitative analysis of promising interventions in sub-Saharan Africa</li> <li>A new global coalition to eliminate vertical transmission and end AIDS in children 2022-2026</li> </ul>
UNFPA	<ul style="list-style-type: none"> <li>Integrating SRHR and HIV lessons from East and Southern Africa</li> <li>Access to SRHR services for key populations and persons with disabilities: experience in west and Central Africa Region</li> <li>Using innovation and technology to accelerate HIV prevention among adolescents and young people</li> </ul>
UNFPA Ghana	<ul style="list-style-type: none"> <li>Delivering Comprehensive SRHR services for marginalised groups in the context of COVID19 Pandemic</li> <li>Strengthening Response Systems: providing support to sexual and gender-based violence in Ghana</li> </ul>
JSI	<ul style="list-style-type: none"> <li>Putting people at the center: Designing, implementing, and measuring impact of person-centered HIV care</li> <li>Beyond Reaching the first 95: HIV Self-Testing, new experiences from the Unitaid STAR Project</li> </ul>
PSI	<ul style="list-style-type: none"> <li>Realizing the Benefits of U=U in National HIV Programs</li> </ul>

SATELLITE ORGANISER	SATELLITE SESSION
IAS	<ul style="list-style-type: none"> <li>Can laws and policies hinder progress in health promotion and disease prevention? Addressing HIV-related stigma and discrimination.</li> <li>IAS AND WHO: Differentiated service delivery for HIV treatment: Updated WHO recommendations and implementation in Africa.</li> <li>Capacity Building - looking back and learning for the future</li> </ul>
JOHNSON & JOHNSON	<ul style="list-style-type: none"> <li>Johnson and Johnson Global Public Health</li> </ul>
	<ul style="list-style-type: none"> <li>Securing the Future: ESA Ministerial Commitment - Ministerial Endorsement Event at ICASA 2021</li> </ul>
CHOICE Collaboration Pathway to PrEP	<ul style="list-style-type: none"> <li>Expanding Access to HIV Prevention Options for Adolescent Girls and Young Women in Kenya through Integration with Family Planning Services.</li> </ul>
BHPF	<ul style="list-style-type: none"> <li>Pre-Conference</li> </ul>
AFRA VIH	<ul style="list-style-type: none"> <li>Recherche et actions en Afrique francophone : Points forts</li> </ul>
Abbott	<ul style="list-style-type: none"> <li>Comparative evaluation and user experience with the Alinity m HIV-1 assay in Europe, South Africa and Australia</li> </ul>
PROMISE Collaboration	<ul style="list-style-type: none"> <li>Meet the Ring: Product overview and provider/user perspectives on the dapivirine vaginal ring - Satellite Symposia.</li> </ul>
IAPAC	<ul style="list-style-type: none"> <li>Analyzing the Quality of Care provided to people living with HIV in selected Fast-Track Cities</li> </ul>
PROMISE Collaboration	<ul style="list-style-type: none"> <li>Launching PrEP-it 2.0 – a multi-functional online tool for planning, monitoring, and evaluation of all forms of PrEP.</li> </ul>
Medicines Patent Pool	<ul style="list-style-type: none"> <li>COVID-19 - Strengthening Africa's vaccine manufacturing capacity through the South African mRNA technology transfer hub</li> </ul>
Final Mile	<ul style="list-style-type: none"> <li>Improving HIV Prevention Behavioural outcomes by applying behavioural science and Human-centered design</li> </ul>
Chemonics International	<ul style="list-style-type: none"> <li>Do Global Health Initiatives focusing on HIV contribute to building stronger, more resilient health systems?</li> </ul>
OMEGA DIAGNOSTICS	<ul style="list-style-type: none"> <li>Advanced HIV Disease: Improving access to same-day CD4 testing, from laboratory to community</li> </ul>
Abbott Rapid Dx International Limited	<ul style="list-style-type: none"> <li>Implementation and impact of viral load and early infant diagnosis POC testing using m-PIMA in Mozambique</li> </ul>
Solthis-Projet ATLAS	<ul style="list-style-type: none"> <li>Au-delà de populations clés : la distribution secondaire de kits d'autodépistage du VIH en Afrique de l'Ouest Beyond key populations: secondary distribution of HIVST kits in West Africa.</li> </ul>
Frontline AIDS	<ul style="list-style-type: none"> <li>A new Partnership Approach</li> </ul>
WomenLift Health	<ul style="list-style-type: none"> <li>What Women Know and Want: A gendered approach to realizing an AIDS free Africa.</li> </ul>

SATELLITE ORGANISER	SATELLITE SESSION
Society for AIDS in Africa	<ul style="list-style-type: none"> <li>HIGH LEVEL MEETING SAA &amp; ACCOUNTABILITY INTERNATIONAL: MIND THE GAP AFRICAN HIV FINANCING SCORE-CARD.</li> </ul>
	<ul style="list-style-type: none"> <li>ESA Commitment Technical Session</li> </ul>
VIIV HEALTHCARE	<ul style="list-style-type: none"> <li>Partnering for Progress in Paediatric HIV</li> <li>Open discussion on HIV Prevention experience</li> </ul>
Southern Africa Litigation Centre	<ul style="list-style-type: none"> <li>Breastfeeding, HIV and the law'</li> </ul>
CEPHEID	Patient centered diagnostics
OraSure	<ul style="list-style-type: none"> <li>Accelerate and expand HIV screening/testing with OraQuick HIV Self-Test</li> </ul>
The Global Fund	<ul style="list-style-type: none"> <li>The Global Fund to Fight AIDS, Tuberculosis and Malaria: The Global Fund: 20 years later: A forward-looking dialogue on the fight against HIV, tuberculosis and malaria and the challenges that lay ahead</li> </ul>
Medicines Patent Pool	<ul style="list-style-type: none"> <li>Paving the way to access to long-acting technologies</li> </ul>
Department of Basic Education	<ul style="list-style-type: none"> <li>HIV Prevention</li> </ul>
Global Network of Young People Living with HIV(Y+Global)	<ul style="list-style-type: none"> <li>Translating commitments to action; Role of young people in enacting the renewed ESA commitment</li> </ul>
JHPIEGO	<ul style="list-style-type: none"> <li>Expanding HIV PrEP for Pregnant and Breastfeeding Populations: Lessons learned from expanding PrEP within MNCH service delivery settings in Lesotho.</li> </ul>
University of Maryland, Baltimore	<ul style="list-style-type: none"> <li>Adaptive and resilient programming for long term sustainability.</li> </ul>
The Aurum Institute	<ul style="list-style-type: none"> <li>HIGH-LEVEL ROUND TABLE DISCUSSION: THE STATUS OF TB PREVENTION IN SOUTHERN AFRICA</li> </ul>
Positive Young Women Voices	<ul style="list-style-type: none"> <li>Young Women and Girls Leadership</li> </ul>
Coalition Plus Internationale	<ul style="list-style-type: none"> <li>Valorisation des agents de santé communautaires</li> </ul>
Positive Young Women Voices	<ul style="list-style-type: none"> <li>Young Women and Girls Leadership</li> </ul>

## ICASA 2021 Community Village

ICASA 2021 took a unique turn. Due to the COVID-19 pandemic and health and safety protocols, ICASA 2021 Community Village is fully virtual. Total number of community village attendees were 599. The Community Village was organized virtually via the 8 networking zones. Each networking zone was entitled to 3 sessions bringing the total number of community village sessions to 24. The Community Sessions took place from 7th – 10th December featuring 6 sessions per day. See below breakdown of sessions per networking Zone:

ICASA 2021 NET-WORKING ZONE	TITLE OF SESSION
Women Networking Zone	<ol style="list-style-type: none"> <li>1. Providing Alternative HIV Prevention Tools for High-risk Populations in Eastern Africa. Dapivirine Ring Could be a Game changer</li> <li>2. Community System Strengthening (CSS), CS &amp; Community Engagement in Global Fund processes.</li> <li>3. Communities taking the lead in the COVID-19 response</li> </ol>
Youth Networking Zone	<ol style="list-style-type: none"> <li>1. YAA Pillow Talks Sessions</li> <li>2. Youth &amp; the UPR: Human Rights to end AIDS</li> <li>3. Eroe Bambino-Child Heroe</li> </ol>
PLHIV Networking Zone	<ol style="list-style-type: none"> <li>1. Maintaining the gains on HIV within COVID 19</li> <li>2. Early and Unintended Pregnancies among young girls</li> <li>3. U=U is an important message for Africa</li> </ol>
FBO Networking Zone	<ol style="list-style-type: none"> <li>1. Raising awareness and mobilizing action for African children during COVID-19</li> <li>2. Mental Wellness</li> <li>3. Young People and Faith Communities partnering to End AIDS</li> </ol>
Key Population Networking Zone	<ol style="list-style-type: none"> <li>1. The Proximity Project</li> <li>2. WE ARE NOT ONE THING: BREAKING SILOS</li> <li>3. Harm reduction and drug user-leadership in Africa</li> </ol>
Disability Networking Zone	<ol style="list-style-type: none"> <li>1. In the Daily Life of Adolescent Girls and Young Women with Disabilities: focusing on SRHR and GBV.</li> <li>2. In the Daily Life of Adolescent Girls and Young Women with Disabilities: focusing on SRHR and GBV.</li> <li>3. Inclusive engagement of PWDs in the fast-track agenda to reach 90-90-90s targets in the city of Kigali and secondary cities.</li> </ol>
Diaspora Networking Zone	<ol style="list-style-type: none"> <li>1. #DontLet StigmaWin</li> <li>2. Let's Talk Sex Work</li> <li>3. Policy Programmimg that excludes men</li> </ol>
Female Sex Worker Networking Zone	<ol style="list-style-type: none"> <li>1. Effects of COVID-19 on the health of Female sex workers in Africa: Innovation and Resilience of sex workers on HIV response.</li> <li>2. How Sex workers living with HIV access HIV services amidst COVID-19.</li> <li>3. Amplifying sex workers voices in HIV response: Scaling up sex workers-led projects</li> </ol>



## Communication and Social Media



**340,000+**

*people reached through social media posts*



**100,000+**

*people reached from official ICASA 2021 tweets*



**370,989+**

*people visited the ICASA 2021 official website*







## Evaluation

For the past thirty years, the International Conference on AIDS and STIs in Africa (ICASA) has produced conference evaluation reports. The 21st ICASA conference was held virtually in Durban, South Africa from 6th to 11th December 2021. For the first time since its inception, the conference (initially planned to be conducted in a hybrid format (online and in-person), was conducted fully virtual for all participants in-country and internationally, due to the COVID-19 restrictions communicated by the government of South Africa twelve (12) hours before the opening ceremony.

The evaluation activities relied mostly on online activities set up by the team, which covered pre-activities, onsite assessment, and post-tests. A post conference evaluation was done from the end of the conference for a period of two months, to enable participants provide discussions and recommendations, among other important issues, on the first fully virtual format of the conference

The objective of the ICASA 2021 evaluation was to identify the strengths and weaknesses of the Conference and assess its immediate outcomes for sustainability, quality improvements in planning and delivery of future ICASAs as well as responding to the objectives of the conference.

### Methodology

The evaluation used mixed methods to collect a range of quantitative and qualitative data which were triangulated to provide holistic understanding of the ICASA 2021 participants' views. There were no in-person evaluations (focus group discussions, etc) conducted, as the conference was fully virtual.

Main activities of the evaluation included:

- Review of previous ICASA 2017 and 2019 reports to verify trends over time.
- Consultation with members of relevant ICASA 2021 Committees and with staff of the Conference Secretariat.
- Survey of delegates online at ICASA 2021
- Online assessments of the various stages of the conference.

### Data collection

All questionnaires designed by the team were administered entirely online using Survey Monkey. The array of respondents comprised of delegates, scholarship awardees, researchers, donors, some volunteers, and online exhibitors. The collection of questionnaires was designed to be administered before (pre-activities), during (onsite assessment, pre and post-test) and after (post conference) the ICASA 2021 conference, with the latter intended to cater for responses lasting for two (2) months.

Quantitative data was collected through the online portals. There were no in-person qualitative data collected for the conference. All questionnaires, just as was done in previous conferences, were designed in both English and French, with the French translations integrated into the English questionnaire.

### Data analysis

Data from questionnaires were analysed from exported data in the online application called

Survey Monkey. As stated initially, because the conference was fully virtual, there were no focus group discussions. Descriptive analysis is based on the data received.

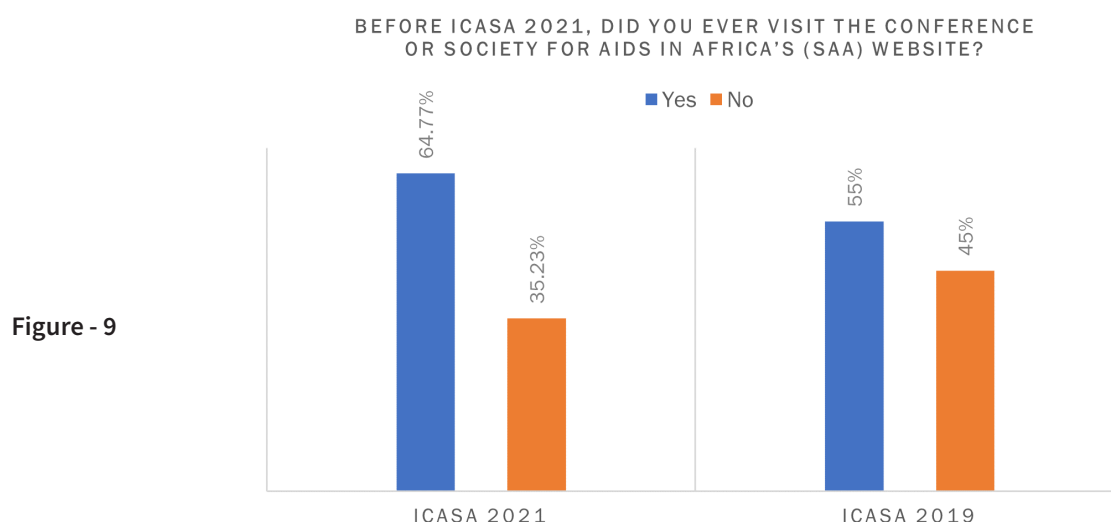
## Pre-conference survey

The pre-conference activities questionnaire was launched online five (5) days before the commencement of the conference. The aim was to gather detailed information from all attendees (delegates, scholarship awardees and exhibitors) on their appreciation of services received prior to the conference. The online survey was posted via email to all registered participants from 30th November to 5th December 2021. The questionnaires focused on all services made available prior to the commencement of the conference, to enable participants in-country, those yet to arrive and those participating online prepare themselves adequately for effective and impactful participation in the conference.

## Sources of information - ICASA 2021

Prior to the 2021 ICASA Conference, 64.8% of respondents had visited the ICASA 2021 website or Society for AIDS in Africa's (SAA) website, a significant increase from the 55% achieved during the previous conference.

The main source of information by which the delegates heard about ICASA 2021, the most frequent source of information for the conference was from the ICASA website, followed by colleagues sharing information about it and via social media. The least identified form of information shared were through flyers and posters.



## Quality of services received prior to the conference

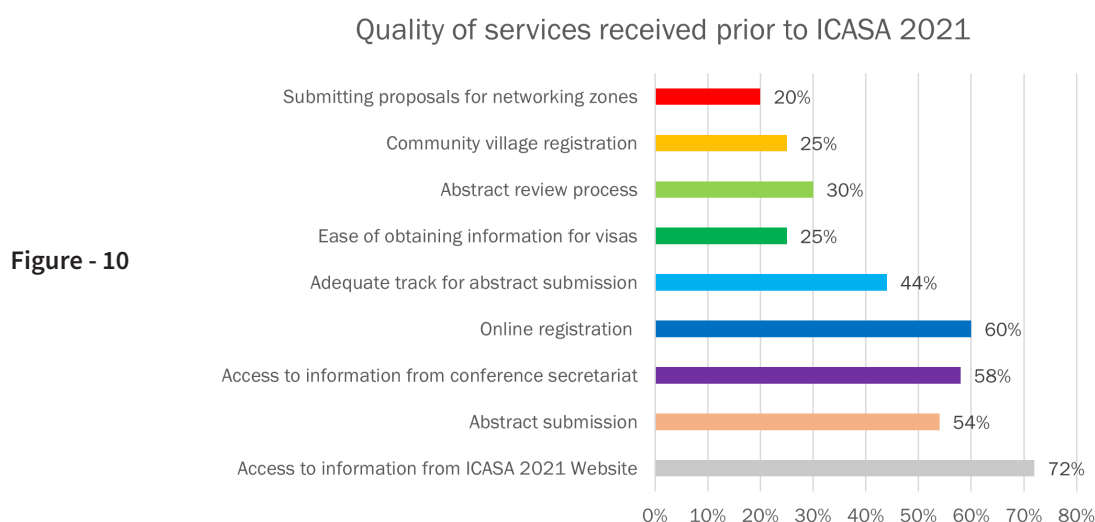
The ICASA 2021 website proved to be the easiest way to find information about the conference (72%). Abstract submissions (54%), access to information from the conference secretariat (58%), online registration (60%) and finding an adequate track for their abstracts (44%) were easy tasks to execute by the respondents. There were however low responses on ease of obtaining documentation for visas (25%).

On the other hand, there was a low response on the abstract reviewing process (30%), ease of registration at the community village (25%) and submitting a proposal for the skill-building workshop(s) (20%).

We noted a general appreciation of pre-conference activities. Overall respondents appreciated



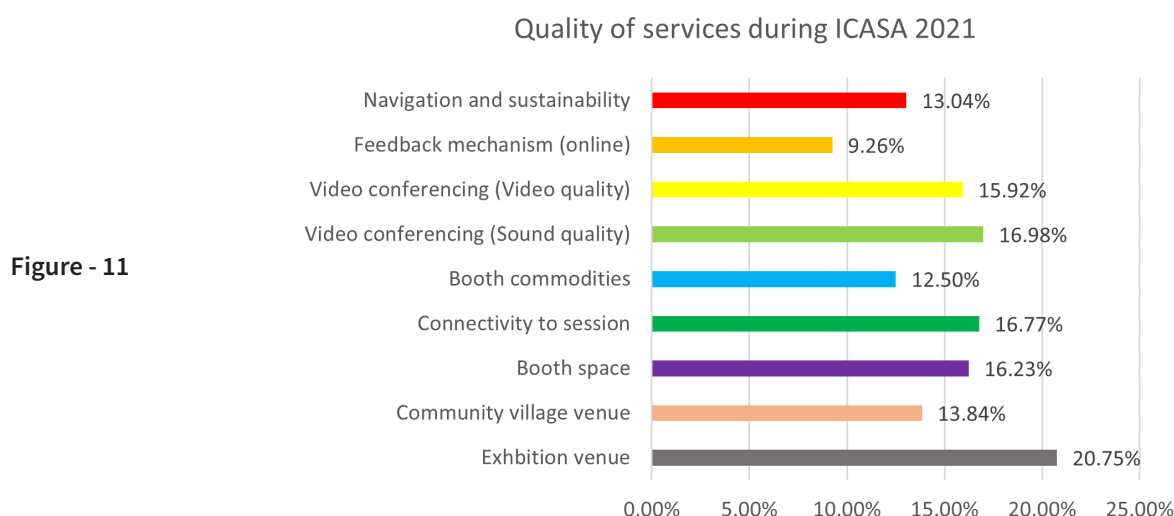
most of the pre-conference activities. One of the main challenges were communication on the ground with participants who were onsite prior to the commencement of the conference.



**Figure - 10**

### Onsite activities survey

Onsite activities were assessed from 6th to 12th December 2021 through the online survey portal. The questions provided were based on the activities that occurred during the conference. It is important to note that the conference was fully virtual.



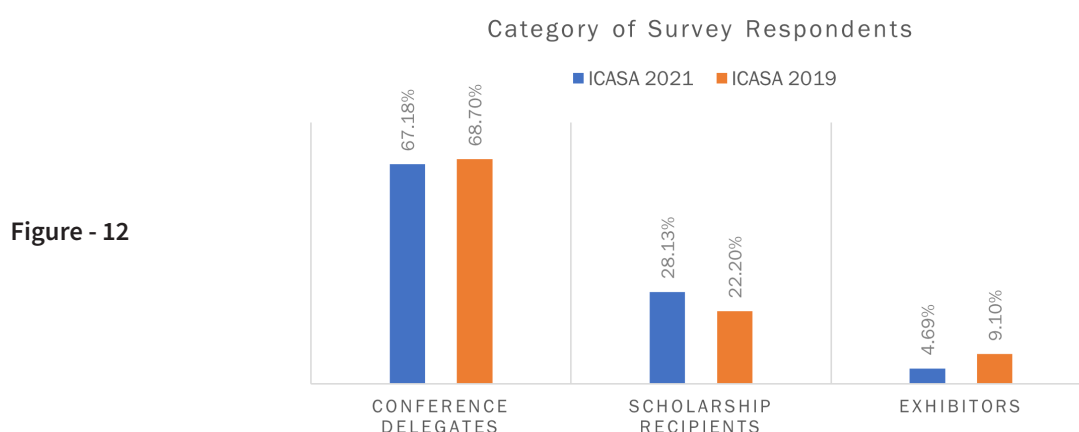
**Figure - 11**

The exhibition centre having the highest rating (20%), with the video conferencing (sound quality) (16.98%), connectivity to session (16.77%), booth space (16.23%) and video conferencing (video quality) (15.92%) having good appreciation ratings from the participant. The respondents scored low ratings in terms of the feedback mechanism in place for the conference.

### Volunteer survey

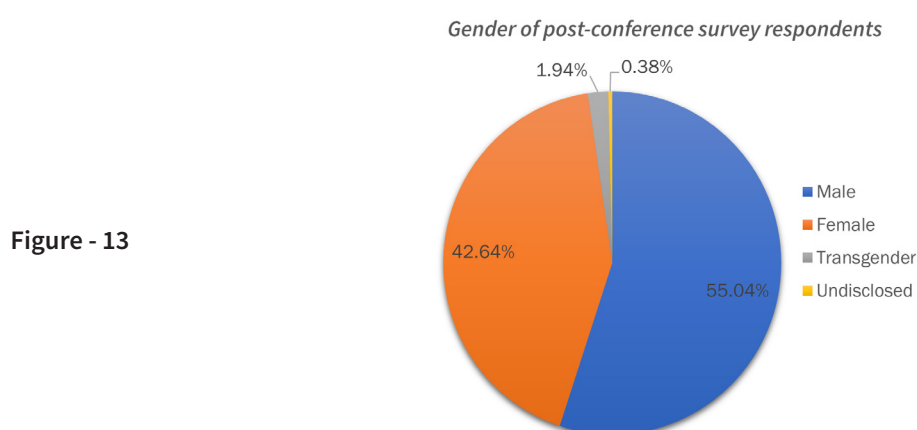
Volunteers always have a very important role to play at ICASA Conferences. In 2019, the M&E team used Focus Group Discussions to solicit information on perceptions and challenges faced during the ICASA Conference. Qualitative questionnaires were designed for them, in addition to the qualitative discussions held by the team. However, due to the sudden change in the mode of implementation of the conference, no survey was conducted for this group. The preferred format for the survey as seen in previous conferences has been to have focused group

discussions with a randomly selected number of volunteers. No volunteers were available for this as the conference was fully virtual.



### Post-conference survey

The post-test evaluation for the conference was conducted through an online survey held between the closing ceremony on 11th to 22nd December 2021. The ten-day period was designed to provide enough time for respondents returning home from the conference to undertake the assessment. Respondents from 36 countries took part in the post test evaluation of the conference.



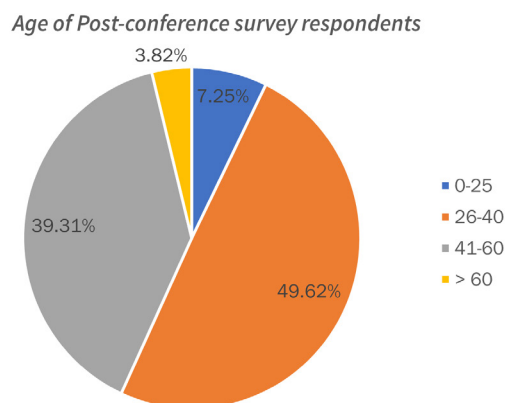
The respondents comprised of delegates (67.18%), scholarship recipients (28.13%) and exhibitors (4.69%). There was an increase in the number of respondents with regards to scholarship recipients as compared to ICASA 2019 (22.20%) and a slight reduction of respondents who were delegates (68.70%) and exhibitors (9.10%) as compared to ICASA 2019.

The respondents from 36 different countries, had a composition of males (55.04%), females (42.64%) and transgender (1.94%). 0.38% did not disclose their gender.

Majority of the respondents were within the age range of 26 to 40 (49.62%) and that of 41 to 60 years (39.31%). The youth constituted a low percentage of 7.25% with persons above 60 years constituting 3.82% of the respondents.

A higher number of activists or advocates were respondents to the questionnaire (18.7%), followed by health care workers or social services providers with 17.24%. There were also clinicians (13.79%), researchers (13.03%) and program managers (12.64%) accounting for a majority of respondents. Students (2.68%) and teachers (3.45%) formed part of the lower tier of respondents.

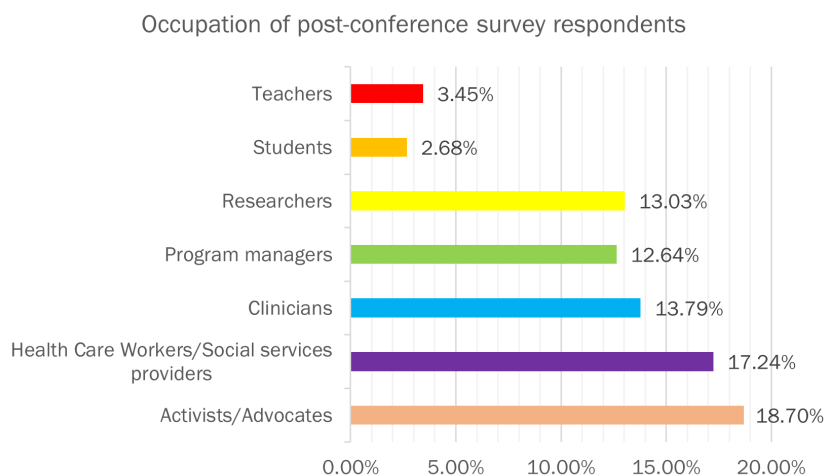
Figure - 14



### Usefulness of the contents of the programme book

Respondents who participated in the survey were asked to indicate the usefulness of the information found in the programme book. A high percentage of respondents (44.09%) found it “useful”, with a bit more than one third of the respondents (37.40%) finding the information provided to be “very useful. 8.27% found the information somewhat useful with 0.79% finding the information not useful. 9.45% did not know if they found the programme book useful.

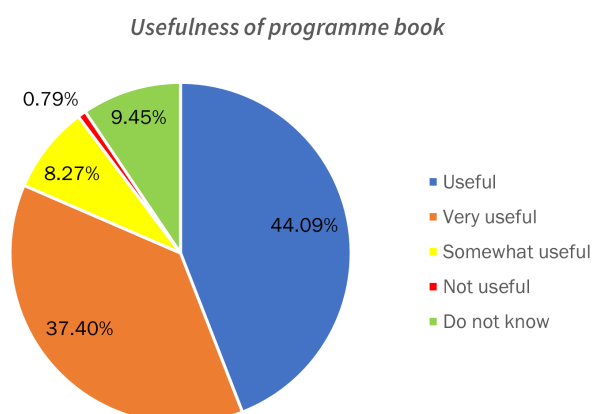
Figure - 15



### Quality of the programme book

Almost half of the respondents (46.25%) found the quality of the book to be “good”, with a bit more than one-third of the respondents (35.18%) finding the quality to be “excellent”. In comparison to ICASA 2019, 62.2% of respondents found the quality of the programme book to be good, and information provided to be very useful being 35.6% of the respondent population. An overwhelming majority of the respondents confirmed that the book met their expectations

Figure - 16

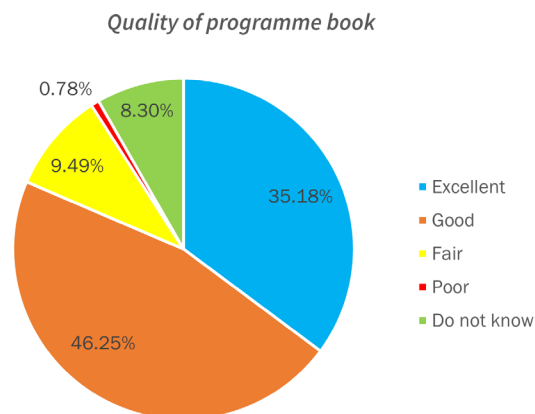


(87.50%).

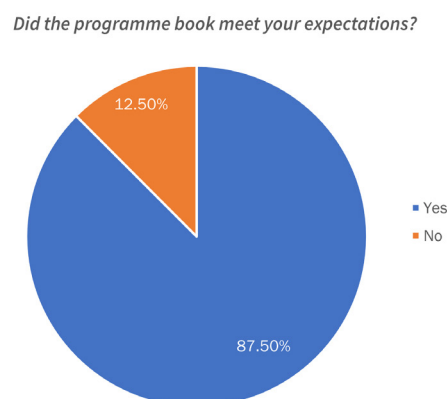
Half of the respondents (50%) used the mobile application for the conference, with a third of the respondents (33.16%) finding it useful, and close to a third (31.55%) finding the mobile application very useful. Some of the challenges encountered with the mobile application despite its usefulness were:

- Half of the respondents (50.79%) had problems with connectivity.
- Some respondents could not load pages on the app (18.25%).
- Some respondents thought the app was not user friendly (15.87%).

**Figure - 17**

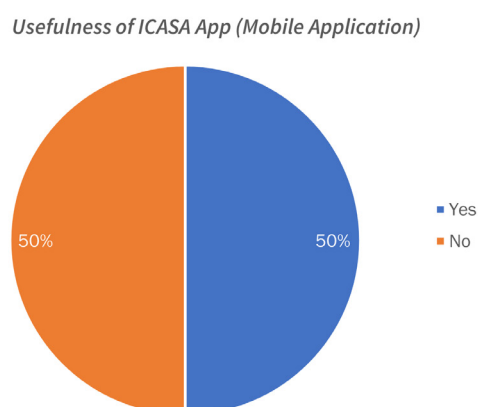


**Figure - 18**



A lower but important percentage of respondents (13.49%) could not open documents on the mobile app.

**Figure - 19**





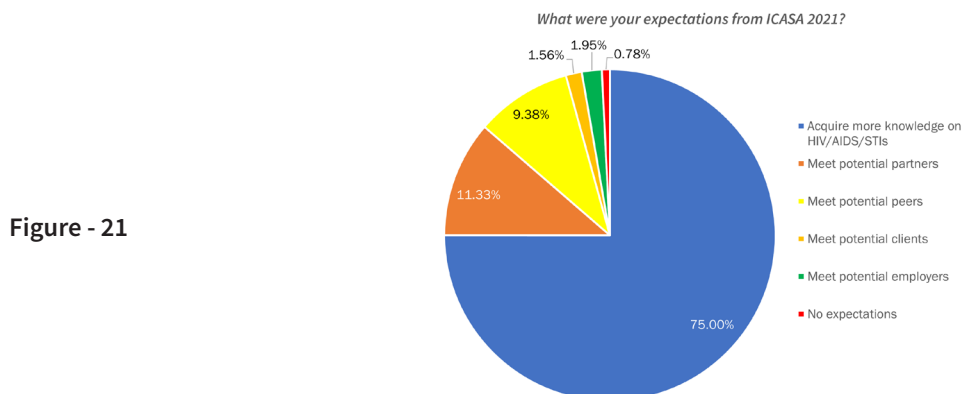
## Comprehension of the objectives of the conference.

Almost all respondents (98.42%) were in the affirmative on understanding the objectives of the conference. 1.58% confirmed not understanding the objectives of the conference.



## Expectations from ICASA 2021

A total of 75% of survey respondents agreed that ICASA 2021 South Africa, though organised virtually was very successful. Most of the respondents were expecting to acquire more knowledge on HIV/AIDS and STIs from the conference with a few expecting to meet potential partners (11.33%), potential peers (9.38%), potential clients (1.56%) and potential employers (1.95%).



## Understanding the objectives of the conference

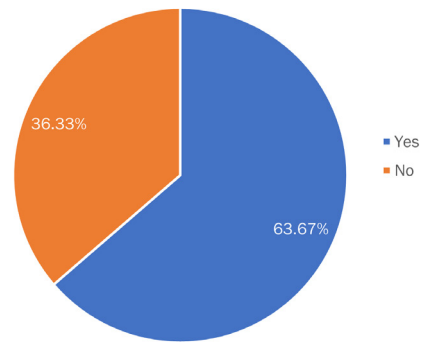
### Online satisfaction of the conference

Almost two thirds of the respondents (63.67%) were satisfied with the conference being organised virtually, with 36.33% of respondents not satisfied.

- I was unable to attend all the sessions as plan[ned], was sending mails asking for Zoom connection and or online connection. The link shared was expired....
- Although it was the first time having to attend [a] virtual conference, the organisers did an excellent job
- Very well organised
- I would love the face-to-face conference
- Failed to connect at times because of poor connectivity

Figure - 22

*Meeting of participants expectations needs during the conference*





# ICASA 2021 ORGANISERS AND ORGANIZATIONAL STRUCTURE

## ICASA 2021 SECRETARIAT STAFF

ICASA 2021 was organised in partnership between ICASA International Secretariat (SAA) and the Government of South Africa.

### ICASA INTERNATIONAL SECRETARIAT

Mr Luc Armand Bodea	ICASA Director
Ms. Clemence Assogba	Registration Manager
Mr. Raymond Yekeye	Onsite Program Manager
Mr. Innocent Laison	Onsite Operation Manager
Col. Dr. Alain Azondekon	Chief Rapporteur
Mr. Tanguy Bognon	Assistant Chief Rapporteur
Mr. Daniel Epeh	Head of Monitoring & Evaluation
Mr. Kenneth Yeboah	M&E Rapporteur
Mr. Frank Amoah	Project Accountant
Mr. Tapiwa Gumindoga	IT Officer
Mr. Emmanuel Tetteh Kuadzi	IT / Web Administrator
Mr. Martin Turyarugayo	IT Assistant
Mr. Gordon Mwinkoma Tambro	Programme Officer
Mr. Chris Kwasi Nuatro	Marketing/Partnership Officer
Miss. Marie - Noëlle Atta	Snr. Assistant Marketing/Partnership Officer
Mr. Leslie Sodjinu	Logistics/Accommodation Officer
Mr. Felix Apana Okley	IT Assistant
Mrs. Lillian Yeboaa Oteng	Registration Officer
Mr. Julius Morts	Community/Youth/Social Media Assistant
Miss. Brigitte Positon	Onsite Accounts officer
Mr. Ziberu Abdul Manaf	Technical Support
Mr. Derick Ayitey	Transport Officer
Mr. Augustine Nyarko Vasco	Transport Officer
Miss. Gifty Mensah	Janitor

## LOCAL ICASA SECRETARIAT

Dr. Thembisile Xulu  
Dr. Fikile Ndlovu  
Mr. Sbusiso Nzimande  
Dr. Roshni Bob  
Mr. Peter Rudzani Mphilo  
Gen. Nhlanhla Mkwana  
Mr. Mlungisi Wosiyana  
Miss. Winile Mntungwa  
Miss. Thabisile Mthethwa  
Mr. Nelson Dlamini  
Miss Nombulelo Leburu  
Mrs. Penny Msimango  
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Miss. Phumelele Mngomezulu  
Miss. Nompumelelo Ntuli  
Mr. Sibongiseni Ngema  
Mr. Vincent Ngubane  
Malcom CanHam  
Dr. Moeketsi Modisenyane

Chair of Local Secretariat  
Co-chair of Local Secretariat  
Core Conference Services, IT & Facilities  
Core Conference Services, IT & Facilities  
Safety & Security Services  
Safety & Security Services  
Accommodation, Transport, Asset Mgt, Travel & Tourism  
Accommodation, Transport, Asset Mgt, Travel & Tourism  
Accommodation, Transport, Asset Mgt, Travel & Tourism  
Communications, Branding & Marketing  
Communications, Branding & Marketing  
Health Services, Port Health and EMS  
Health Services, Port Health and EMS  
Complains, Compliments & Comments Management  
Complains, Compliments & Comments Management  
Disaster Management  
Disaster Management  
Disaster Management  
Protocols, Programme, Customs & Visa

## INTERNATIONAL COORDINATION COMMITTEE

The International Coordinating committee is comprised of 6 members.

- Prof. John Idoko, President
- Dr. Pagwesese David Parirenyatwa
- Mr. Luc Armand Bodea
- Dr. Joe Phaahla, Vice President
- Dr. Thembisile Xulu
- Dr. Fikile Ndlovu

## INTERNATIONAL STEERING COMMITTEE

The International Steering Committee (ISC) was made up of 160 members. The Committee was a combination of representatives of the following disciplines:

- Society for AIDS in Africa
- Government of South Africa
- Chairs and Co-chairs
- Regional (National AIDS Councils)
- International Organisations
- Community/civil society organizations
- Science organisations
- National Science Institutes

## ICASA 2021 Chairs

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Dr. Joe Phaahla, Vice Chair

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Prof. Tandakha Ndiaye Dieye  
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Dr. Thato Chidarikire  
Dr. Fikile Ndlovu  
Dr. Gugu Shabangu  
Dr. Mamosa Tshabalala  
Dr. Musa Gumede  
Dr. Roshni Bob  
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Prof. Mosa Moshabela, *Local Co-Chair: Scientific Programme Committee*  
Hon.Dr. Pagwesese David Parirenyatwa, *Chair: Leadership Programme Committee*  
Justice Edwin Cameron, *Local Co-Chair: Leadership Programme Committee*  
Dr. Marsha Martin, *Chair: Community Programme Committee*  
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Dr. Smail Mesbah  
Dr. Didier Bakouan  
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Fortune m. Chibamba  
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## Conclusion

Organizing the 21st edition of ICASA was a big challenge in the context of global crisis of the COVID-19 pandemic. Moreover, it was the first time since its inception, that the conference was organized virtually. Looking back at the successes achieved, the organizers deserve appreciation considering the short time of switching from hybrid to fully virtual (12 hours). During this intensive six-day conference, knowledge was shared, including technological innovations for service delivery during COVID-19, evidence-based interventions and patient centered approaches. It was a great opportunity to also address the impact of COVID-19 pandemic on science, leadership and community interventions.

According to the trend of findings, we believe that majority of the presentations and sessions aligned with the conference objectives but some domains such as the contribution from Africans in the diaspora for national, regional, continental and global integration to reach epidemic control in Sub-Saharan Africa as well as manufacturing of vaccines, diagnostics and therapeutics in Sub-Saharan Africa remain poorly addressed.

We are certain that this report will enhance the scientific and socio-cultural knowledge to efficiently tackle the impact of COVID-19 by strengthening our health systems in Africa, to pave the way for the Africa's AIDS response as well as accelerate the global vision of an AIDS free generation.



## Our Vision

SAA envisions an African continent free of AIDS, TB, Malaria and emerging infections, where the communities are empowered, with no stigma and discrimination against PLHIV, key populations and their families and where there is social justice, and equity to accessing treatment, care and support.

## Our Mission

An African-led and owned organisation that collaborates with other national, sub-regional, regional, continental and international organisations and partners, to promote and institute policies and promote research to support governments' national responses and approaches to fight HIV and HIV co-morbidities as well as emerging viral infections across the continent.

## Our Goal

To contribute towards the UNAIDS goal and the AU catalytic framework of ending the AIDS epidemic by 2030 and achieving the 90-90-90 targets by 2020 in Africa, contribute to the African Union's Agenda 2063 and also serve as the platform to strengthen the Health Systems in Africa towards an Universal Coverage.

### **Society for AIDS in Africa (SAA) Secretariat**

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