PROGRAMME BOOK | LIVRE DU PROGRAMME

22ND ICASA

INTERNATIONAL CONFERENCE ON AIDS AND STIs IN AFRICA

4 - 9 December 2023

Rainbow Towers, Harare, Zimbabwe

AIDS IS NOT OVER: Address inequalities, accelerate inclusion and innovation

LE SIDA EST TOUJOURS LÀ: Eliminons Les inégalités, accélérons l'inclusion et l'innovation

Organizer of the International Conference on AIDS and STIs in Africa(ICASA)
Permanent Secretariat, Accra - Ghana | info@saafrica.org

The response to HIV has reached a defining milestone following the achievement of the 95-95-95 targets. This has been a result of high level leadership that has provided domestic resources through National AIDS Trust Fund created an enabling environment for donors and programme implementers to support the response and allow communities to effectively play a central role towards ending AIDS.

His Excellency Emmerson Dambudzo Mnangagwa
President of the Republic of Zimbabwe

La riposte au VIH a franchi une étape decisive après la réalisation des objectifs 95-95-95. Ce résultat traduit un leadership de haut niveau qui a pu mobiliser des ressources domestiques par l'intermédiaire du National AIDS Funds Trust, qui a crée un environment favorable aux donneurs et aux responsables de programme d'appuyer la riposte et de permettre aux communautés de jouer efficacement un rôle central dans l'élimination du Sida.

Son Excellence Monsieur Emmerson Dambudzo Mnangagwa
Président de la République du Zimbabwe

ORGANIZERS / ORGANISATEURS

CO-ORGANIZERS / CO-ORGANISATEURS

PARTNERS / PARTENAIRES

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SUPPORTERS / SUPPORTEURS

MEDIA PARTNER / PARTENAIRE MÉDIA

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- Sustain and increase domestic financing and community response.
- Respond to HIV/AIDS, COVID-19, Monkey-pox, Ebola and any other emerging diseases.
- Mitigate the impact of Hepatitis, Tuberculosis and Malaria through health systems strengthening.
- Generate and provide evidence-based data for policy formulation

THÈME VALIDÉ POUR ICASA 2023 :
Le SIDA est toujours là : Eliminons Les inégalités, accélérons l'inclusion et l'innovation.

OBJECTIFS DE ICASA 2023, ZIMBABWE
- Intégrer le respect de l'équité, de l'inclusion et de la diversité dans le contrôle et l'atténuation de l'impact des maladies.
- Consolider et accroître le financement national et la riposte communautaire.
- Accélérer la réponse au VIH/SIDA et faire face à la COVID-19, la variole du singe, Ebola et toutes autres maladies émergentes.
- Réduire l'impact de l'hépatite, de la tuberculose et du paludisme grâce au renforcement des systèmes de santé.
- Produire et fournir des données factuelles évidentes pour la formulation des politiques.

Welcome Address by ICASA 2023 President

It is both an honor and a privilege to address the distinguished members of the Society for AIDS in Africa (SAA), as well as all our fellow Africans and individuals from around the world. In particular, I extend a warm welcome to our prospective participants in the upcoming ICASA 2023 Conference, scheduled to take place in Harare, Zimbabwe.

Many of you may recall our successful conference here in Harare back in 2015, where nearly 5000 delegates convened. It was an exhilarating event during which we shared numerous strategies, culminating in the Harare Declaration featuring 11 crucial points aimed at eliminating HIV/AIDS in our continent by 2030.

Now, eight years later, we return to Harare for the 22nd edition of the International Conference on AIDS and STIs in Africa (ICASA 2023). ICASA 2023 Zimbabwe promises to be a distinctive event, focusing on the reality that a significant portion of our HIV-related programs has historically relied on external donors rather than our governments. Additionally, fewer than 10% of the 55 African Union member states, who pledged under the Abuja declaration to allocate 15% of their annual budget to enhance the health sector, are fulfilling this commitment.

As the Society for AIDS in Africa, which I have the privilege to lead, we are organizing two high-level meetings (HLM) that will shape the agenda of the conference. The first HLM, with the support of the African First Ladies for Development (OAFLAD), will address the Prevention of Mother-to-Child Transmission (PMTCT) and the Elimination of Newborn Infections in Africa. The second HLM will convene Ministers of Finance, Ministers of Health, representatives from the Africa Development Bank, and African philanthropists to tackle the issue of domestic financing for the HIV Response, aligning with the United Nations 2025 goals and African Union Agenda 2063 Aspirations. We believe these two events will set the tone for the conference by focusing on sustaining the AIDS response, fortifying our healthcare systems, and ensuring health security.

At the Society for AIDS in Africa, our primary mission is to contribute to the end of HIV/AIDS and emerging diseases. It is imperative to examine the impact of COVID-19 on our efforts to combat HIV. The COVID-19 pandemic has disrupted the delivery of life-saving services to vulnerable communities and exacerbated infections. Individuals living with HIV who contracted COVID-19 faced significant challenges in managing both conditions. Additionally, the rise of the Anti-Homophobic Bill in Africa underscores the need for the ICASA 2023 Theme, **"AIDS IS NOT OVER: Address Inequities, Accelerate Inclusion, and Innovation."**

"AIDS IS NOT OVER" encapsulates our focus on understanding the intertwined impacts of HIV and COVID-19 and strategies to mitigate both diseases. We want to assure our members and prospective participants that ICASA 2023 is a reality. We are exploring the possibility of hosting a hybrid meeting

with 5000 in-person attendees and an additional 3000 delegates participating virtually.

Our objectives for ICASA 2023 encompass addressing not only HIV but also related diseases such as Tuberculosis, Hepatitis, Malaria, and other infectious diseases. These objectives include:

- Promoting respect for equity, inclusion, and diversity in disease control and mitigation.
- Increasing and sustaining domestic funding and community engagement.
- Responding to HIV/AIDS, COVID-19, Monkeypox, Ebola, and other emerging diseases
- Mitigating the impact of Hepatitis, Tuberculosis, and Malaria through the strengthening of health-care systems.
- Generating and providing evidence-based data for policy formulation.

We must acknowledge that subsequent pandemics are likely, and it is crucial for Africa to come together and develop the capacity to produce vaccines. The fight against infectious diseases is ongoing, and the challenges facing Africa demand attention. The contributions of Africans in the Diaspora, who have played a significant role in producing COVID-19 vaccines, hold great promise for improving our healthcare systems and eventually eradicating AIDS from our continent by 2030.

We look forward to an exciting conference.

Hon. Dr. Pagwesese David Parirenyatwa
ICASA 2023 President / Society for AIDS in Africa(SAA) President

Allocution de Bienvenue du Président d'ICASA 2023

Mesdames, Messieurs,
Honorables invités,

C'est à la fois un grand honneur et un privilège pour moi de m'adresser à vous aujourd'hui, distingués membres de la Société Africaine Anti-Sida (SAA), ainsi qu'à tous nos compatriotes africains et aux personnes du monde entier. Je tiens particulièrement à souhaiter une chaleureuse bienvenue à nos futurs participants à la prochaine conférence ICASA 2023, qui se tiendra à Harare, au Zimbabwe.

Beaucoup d'entre vous se souviennent peut-être du succès ici à Harare de ICASA 2015, où près de 5 000 délégués se sont réunis. Ce fut un événement exaltant au cours duquel nous avons partagé de nombreuses stratégies qui ont abouti à la déclaration de Harare 2015 comprenant 11 points cruciaux visant à éliminer le VIH/Sida sur notre continent d'ici 2030.

Aujourd'hui, huit ans après, nous sommes de retour à Harare pour la 22e édition de la Conférence internationale sur le sida et les IST en Afrique (ICASA 2023). ICASA 2023 Zimbabwe promet d'être un événement distinctif, mettant l'accent sur la réalité qu'une partie importante de nos programmes liés au VIH a historiquement émané de donateurs externes plutôt que de nos gouvernements. En outre, moins de 10 % des 55 États membres de l'Union Africaine, qui se sont engagés dans la déclaration d'Abuja à allouer 15 % de leur budget annuel à l'amélioration du secteur de la santé, respectent cet engagement.

En tant que Société Africaine Anti-Sida, que j'ai le privilège de diriger, nous organisons deux réunions de haut niveau qui annonceront les couleurs de la conférence. La première réunion de haut niveau,

avec le soutien des Premières Dames d'Afrique pour le Développement (OAFLAD), traitera de la Prévention de la Transmission Mère-Enfant (PTME) et de l'Elimination des Infections Néonatales en Afrique. La deuxième Réunion de Haut niveau réunira les Ministres des Finances et de la Santé, des Représentants de la Banque Africaine de Développement et des philanthropes africains pour aborder la question du financement national de la lutte contre le VIH, conformément aux objectifs 2025 des Nations Unies et aux aspirations de l'Agenda 2063 de l'Union Africaine. Nous pensons que ces deux événements donneront le ton de la conférence avec pour focus le maintien de la riposte au SIDA, le renforcement de nos systèmes de santé et la garantie de la sécurité sanitaire.

Distingués membres, Mesdames Messieurs,
La Société Africaine Anti-Sida, a pour mission première de contribuer à l'éradication du VIH/SIDA et des maladies émergentes. Il est cependant impératif d'examiner l'impact du COVID-19 sur nos efforts de lutte contre le VIH. La pandémie de COVID-19 a perturbé la prestation de services vitaux aux communautés vulnérables et a exacerbé les infections. Les personnes vivant avec le VIH qui ont contracté le COVID-19 ont été confrontées à des défis importants dans la gestion de ces deux conditions. En outre, la montée des propositions de lois homophobes en Afrique souligne la nécessité du thème de l'ICASA 2023, **"Le SIDA est toujours là : Eliminons les Inégalités, accélérons l'Inclusion et l'Innovation".**

Le slogan "LE SIDA EST TOUJOURS LÀ" résume l'importance que nous accordons à la gestion des impacts interdépendants du VIH et du COVID-19, ainsi qu'aux stratégies visant à atténuer les effets de ces deux maladies. Nous voulons assurer à nos membres et aux futurs participants que ICASA 2023 est une réalité. Nous étudions la possibilité d'organiser une réunion hybride avec 5 000 participants en présentielle et 3 000 délégués supplémentaires participant virtuellement.

Nos objectifs pour ICASA 2023 englobe non seulement la lutte contre le VIH, mais aussi contre les maladies connexes telles que la tuberculose, l'hépatite, le paludisme et d'autres maladies infectieuses. Ces objectifs sont les suivants :

- Intégrer le respect de l'équité, de l'inclusion et de la diversité dans le control et l'atténuation de l'impact des maladies ;
- Consolider et accroitre le financement national et la riposte communautaire ;
- Accélérer la riposte au VIH/SIDA et faire face à la COVID-19, à la variole du singe, à l'Ebola et à d'autres maladies émergentes ;
- Réduire l'impact de l'hépatite, de la tuberculose et du paludisme grâce au renforcement des systèmes de santé ;
- Produire et fournir des données factuelles évidentes pour la formulation des politiques.

Nous devons reconnaître que d'autres pandémies sont probables et qu'il est crucial que l'Afrique s'unisse et développe la capacité de produire des vaccins. La lutte contre les maladies infectieuses est en cours et les défis auxquels l'Afrique est confrontée requièrent une attention particulière. Les contributions des Africains de la diaspora, qui ont joué un rôle important dans la production des vaccins COVID-19, sont très prometteuses pour l'amélioration de nos systèmes de santé et l'éradication du SIDA sur notre continent d'ici à 2030.

Nous espérons de cette conférence une expérience exaltante.

Hon. Dr. Pagwesese David Parirenyatwa
Président de l'ICASA 2023 / Président de la Societé Africaine Anti -sida (SAA)

Welcome Remarks by the Honourable Minister of Health and Child Care of the Republic of Zimbabwe

Distinguished Guests
Ladies and Gentlemen
Members of the Media

It is my singular honour to welcome you all to the 22nd edition of the International AIDS and Sexually Transmitted Infections in Africa (ICASA) 2023, Zimbabwe.

This largest international conference on HIV and AIDS in Africa takes place from 4th – 9th December 2023 at Rainbow Towers Hotel in Harare under the theme: **AIDS IS NOT OVER, ADDRESS INEQUALITIES, ACCELERATE INCLUSION AND INNOVATION.**

The Government of Zimbabwe would like to thank Society for AIDS in Africa (SAA) who are the organisers of ICASA 2023, for their confidence in our ability to host the conference for the second time in ten years. In 2015, Zimbabwe hosted the 18th edition of ICASA in Harare and at the same venue, Rainbow Towers Hotel, from 29th November to 4th December 2015.

The theme for ICASA 2015, was, AIDS in POST 2015: Linking Leadership, Science and Human Rights. The conference produced the Harare Declaration.

Zimbabwe is one of the countries with a high burden of HIV. Through deliberate political commitment and leadership and sustained implementation of high impact interventions, we have recorded tremendous progress in ameliorating this burden. The HIV incidence is currently at 0.17% while the prevalence is at 11%. Of the 1,3 million people living with HIV, over 1,2 million are on treatment. Despite setbacks related to COVID-19, the response has recovered and is expanding in line with the goals of Zimbabwe National Development Strategy 1 and ending AIDS by 2030.

Evidence from major surveys has already indicated that as of 2021, Zimbabwe had achieved the 95-95-95 fast track targets, with the percentage of people who know their HIV status at 96%, of whom 96% are on ART and 93% have a suppressed viral load. We are now focused on sustaining these gains and ensuring that we scale up services to vulnerable communities, including adolescent girls and young women, sex workers, other key populations and those above 50 who are aging with HIV.

Zimbabwe recognizes the importance of collaborative efforts in combating HIV and AIDS and TB as well as emerging pandemics. Through this opportunity to host the International Conference on AIDS and STIs in Africa, we are committed to creating an enabling environment for all delegates to engage in constructive dialogue. We are eager to share our experiences and also learn from others as we coast towards epidemic control and the goal to end AIDS by 2030. We will tap from our recent experience in hosting the ICASA in 2015 and lessons from elsewhere to deliver a rich scientific, business and tourism programme. We are really committed to giving another memorable ICASA.

Zimbabwe will offer you the opportunity to explore the rich diversity of our cultural heritage. Our country offers stunning natural landscapes, vibrant cities, and a warm and hospitable population, all which will go a long way in animating your conference experience.

I wish you a fruitful, productive and exciting conference. Hopefully the conference will come up with another declaration.

Hon. Dr D. Mombeshora
Minister of Health and Child Care, Zimbabwe

Allocution de Bienvenue par l'Honorable Ministre de la Santé et de la Protection de l'Enfance de la Republique de Zimbabwe

Invités de marque
Mesdames et Messieurs
Acteurs des Médias

J'ai l'insigne honneur de vous souhaiter la bienvenue à la 22eme édition de la conférence Interna-tio¬nale sur le Sida et les Infections Sexuellement Transmissibles en Afrique , ICASA 2023, Zimbabwé. Cette conférence internationale sur le VIH et le Sida en Afrique se tiendra du 4 au 9 décem¬bre 2023 à l'hôtel Rainbow Towers à Hararé sous le thème: **LE SIDA EST TOUJOURS LÀ: ELIMINONS LES INÉGALITÉS, ACCÉLÉRONS L'INCLUSION ET L'INNOVATION**.

Le Gouvernement du Zimbabwé souhaite remercier la Société Africaine Anti-SIDA (SAA), organisatrice de ICASA 2023, pour sa confiance en notre capacité à abriter la conférence pour la deuxième fois en dix ans. En 2015, le Zimbabwe a accueilli la 18eme édition de ICASA à Hararé et au même endroit, l'hôtel Rainbow Towers, du 29 novembre au 4 décembre 2015.

Le thème de ICASA 2015 était "LE SIDA POST 2015 : Lier le Leadership, la Science et les Droits Humains. La conférence a débouché sur la Déclaration de Hararé.

Le Zimbabwé est l'un des pays les plus touchés par le VIH avec un taux très élevé. Grâce à un en-gage-ment et à un leadership politiques délibérés et à la mise en oeuvre soutenue d'interventions à fort impact, nous avons enregistré des progrès considérables dans la diminution du taux d'infection. L'inci-dence du VIH est actuellement de 0,17 %, tandis que la prévalence est de 11 %. Sur les 1 mil-lion 300 mille personnes vivant avec le VIH, plus de 1million 200 mille sont sous traitement. Malgré les revers liés au COVID-19, la riposte est relancée et se développe conformément aux objectifs de la straté¬gie nationale de développement du Zimbabwe (Zimbabwe National Development Strategy 1) et de l'éradication du Sida d'ici 2030.

Les résultats des principales enquêtes ont déjà montré qu'en 2021, le Zimbabwé avait atteint les objectifs 95-95-95, avec 96% de personnes connaissant leur statut sérologique, dont 96 % sont sous traitement antirétroviral et 93 % ont une charge virale supprimée. Nous nous attelons à présent à pérenniser ces progrès et à garantir l'extension des services aux communautés vulnérables, notam-

ment les adolescentes et les jeunes femmes, les travailleurs du sexe, autres populations clés et les personnes de plus de 50 ans vivant avec le VIH.

Le Zimbabwe reconnaît l'importance des efforts de collaboration dans la lutte contre le VIH, le Sida et la Tuberculose, et aussi contre les pandémies émergentes. Grâce à cette opportunité d'abriter la Conférence Internationale sur le Sida et les IST en Afrique, nous nous engageons à créer un en-vironnement propice à un dialogue constructif entre tous les délégués. Nous sommes impatients de partager nos expériences et d'apprendre des autres alors que nous avançons vers le contrôle de l'épidémie et l'objectif de mettre fin au Sida d'ici 2030. Nous nous appuierons sur notre expérience récente de l'organisation de ICASA en 2015 et sur les leçons tirées d'autres événements pour propos¬er un programme riche sur les plans scientifique, commercial et touristique. Nous sommes vraiment déterminés à offrir une autre ICASA mémorable.

Le Zimbabwe vous offrira la possibilité d'explorer la riche diversité de notre patrimoine culturel. Notre pays offre des paysages naturels époustouflants, des villes animées et une population chaleureuse et hospitalière, autant d'éléments qui contribueront à animer votre conférence.

Je vous souhaite une conférence fructueuse, productive et passionnante. J'espère que la conférence aboutira à une autre déclaration.

Honorable Ministre Dr. D. Mombeshora
Ministre de la Santé et de la Protection de l'Enfance, Zimbabwe

22ND ICASA
INTERNATIONAL CONFERENCE ON AIDS AND STIs IN AFRICA
4-9 December 2023
Rainbow Towers, Harare, Zimbabwe

HIGH LEVEL MEETING

Date: 2nd December 2023
Venue/Lieu: Elephant Hills Hotel, Victoria Falls, Zimbabwe

9:00 AM – 12:00 PM

Addressing the Prevention of Mother-to-Child Transmission (PMTCT) and Elimination of New-born Infections in Africa.

Prévention de la transmission de la mère à l'enfant (PTME) et élimination des infections néonatales en Afrique

3:00 PM – 6:00 PM

Addressing Domestic Financing of the HIV Response to Reach the United Nations 2025 Goals and the African Union Agenda 2063 Aspirations.

Financement national de la riposte au VIH pour atteindre les objectifs des Nations Unies à l'horizon 2025 et les aspirations de l'agenda 2063 de l'Union Africaine.

For more information, kindly contact enquiries@saafrica.org

ICASA 2023

Opening Ceremony Speakers / Orateurs de la cérémonie d'ouverture

THEME

AIDS IS NOT OVER: Address inequalities, accelerate inclusion and innovation

OBJECTIVES

- Mainstream respect for equity, inclusion and diversity in the control and mitigation of the impact of diseases.
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- Réduire l'impact de l'hépatite, de la tuberculose et du paludisme grâce au renforcement des systèmes de santé.
- Produire et fournir des données factuelles évidentes pour la formulation des politiques.

Welcome Statements & Key Messages/ Déclarations de bienvenue et messages clés

Winnie Byanyima

Executive Director, UNAIDS
Under-Secretary-General, United Nations

Friends and colleagues,

Makadii!
Salibonani!
Welcome to Harare and to ICASA 2023!
Together we have just commemorated World AIDS Day under the theme "Let Communities Lead"!
It's a message that has never been more important.
Since we last gathered in Durban in 2021, global tensions, conflict and economic crises have exacerbated inequalities threatening the hard-won gains of the AIDS response and progress towards the achievement of the Sustainable Development Goals.
But communities, and others all over Africa are coming together to hold leaders to their promise of ending AIDS by 2030.
There is a path that ends AIDS and communities will not be deflected from it.
They will not be distracted from achieving the 95-95-95 targets for everyone—including for young women and girls and for key populations.
Botswana, Eswatini, Rwanda, the United Republic of Tanzania, and Zimbabwe have already achieved the "95-95-95" targets. A further 16 countries, eight of them in sub-Saharan Africa, are also close to doing so but we have more challenges to address.
After this conference, African Heads of States and governments will be meeting to renew their commitment to ending AIDS. To end AIDS, they must let communities lead!
I wish you all a happy and productive conference!

Welcome Statements & Key Messages/ Déclarations de bienvenue et messages clés

Dr. Matshidiso MOETI

WHO Regional Director for Africa

I would like to thank His Excellency, President Emmerson Mnangagwa, and the Government and people of Zimbabwe for hosting the 22nd International Conference on AIDS and STIs in Africa (ICASA). WHO has been a long-term partner of the Society for AIDS in Africa (SAA) and it is our pleasure to co-sponsor this conference.

It is a collective duty to raise our voices and acknowledge that AIDS is not over. While significant progress has been made in the fight against HIV/AIDS, we must recognize that inequalities persist and hinder our ability to effectively combat this pandemic.

We need to prioritize targeted interventions and allocate resources toward vulnerable groups, ensuring they receive the necessary tools and support to prevent new infections and live healthy lives.

Accelerating inclusion means ensuring that those affected have a seat at the decision-making table and are empowered to actively participate in shaping policies, programs, and research.

Their lived experiences and expertise must be valued, as they hold invaluable insights that can inform innovative strategies and interventions.

Together, let's use the opportunity of ICASA 2023 to renew our commitment. Let us highlight the inequalities that persist, accelerate inclusion, and drive innovation. Only by taking these steps can we truly envision a future without AIDS.

In solidarity, I welcome you to ICASA 2023.

Welcome Statements & Key Messages/ Déclarations de bienvenue et messages clés

Dr. Natalia Kanem

Executive Director, UNFPA

In September 2023, world leaders met in New York at the 78th Session of the United Nations General Assembly and reflected on progress towards the Sustainable Development Goals (SDG) at the mid-point to 2030. The consensus was clear: The SDG targets are off track, and the HIV and AIDS response is no exception.

As we gather for the largest AIDS conference in Africa, the continent that carries the highest burden of HIV and AIDS, let us commit to doing business unusual. Our global success in ending AIDS as a public health threat will be determined by what unfolds here.

We know that inequality remains the biggest barrier. Populations at high risk of HIV face multiple disadvantages that deepen their vulnerabilities. For example, gender discrimination and lack of bodily autonomy hinder women's and girls' ability to protect themselves. In 2022, they accounted for 60 per cent of new HIV cases in sub-Saharan Africa. HIV infection rates are three times higher among adolescent girls and young women than boys and men of the same age.

We have the tools to end new HIV infections and make AIDS history. What we require is sustained financing and commitment at the political and community levels, and above all, inclusion and respect for the rights of all people. Let us use this powerful forum to listen, learn and work together to bring about the change we need for the health of Africa, and for the good of all.

SOCIETY FOR AIDS IN AFRICA
MEMBERSHIP

MEMBERSHIP BENEFITS

- Access to the SAA membership database
- Access to personal page in the member's area for networking
- Receive frequent electronic alerts on SAA membership status.
- Become part of the ICASA Programme committees after 4 consecutive years of membership
- Get an opportunity to decide the membership of the SAA governing council
- Access to the latest information on SAA activities
- Get a 5% discount on forthcoming ICASA as a SAA paid member.
- Participate in the pre-selection of ICASA host countries
- Access to all past ICASA Abstracts

SAA MEMBERSHIP APPLICATION FORM

Personal Information and Contact Details

Title..... Address/Postal Address.....

Name .....

Gender: Male ◯ Female ◯ Other ◯ Email.....

Nationality.....Telephone.....

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Membership page for online registration and payment

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ANNUAL MEMBERSHIP FEE

Membership Category*	Annual Subscription
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ICASA 2023

Organizing Committees / Comités D'Organisation

THEME

AIDS IS NOT OVER: Address inequalities, accelerate inclusion and innovation

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- Produire et fournir des données factuelles évidentes pour la formulation des politiques.

ICC: INTERNATIONAL CO-ORDINATING COMMITTEE / COMITE INTERNATIONAL DE COORDINATION

Hon. Dr. Pagwesese David Parirenyatwa
Prof. Morenike Ukpong
Mr. Luc Armand H. Bodea
Hon. Dr. D. T. Mombeshora, *Minister of Health and Child Care(MoHCC), Zimbabwe*
Dr. Munyaradzi Dobbie
Dr. Bernard Madzima

ISC: INTERNATIONAL STEERING COMMITTEE / COMITE DIRECTEUR INTERNATIONAL

Hon. Dr. Pagwesese David Parirenyatwa, *President of ICASA*
Hon. Dr. D. T. Mombeshora, *Minister of Health and Child Care(MoHCC), Zimbabwe, Vice President ICASA*

SAA REPRESENTATIVES / REPRESENTANTS DE LA SAA

Hon. Dr. Pagwesese David Parirenyatwa
Prof. Mohamed Chakroun
Dr. Aliou Sylla
Prof. Morenike Ukpong
Dr Meskrem Bekele Grunitzky
Mr Niyi Ojuolape
Dr. Ilunga Ina Mutombo Eleonore
Dr. Emmy J. Chesire
Dr Ihab Ahmed
Prof Seni Kouanda
Prof Robert Soudre
Prof. Sheila Tlou
Mr. Luc Armand H. Bodea

ZIMBABWE REPRESENTATIVES/ REPRESENTANTS DU ZIMBABWE

Hon. Dr. D. T. Mombeshora, *Minister of Health and Child Care(MoHCC), Zimbabwe*
Dr M. Dobbie
Air Commodore Dr J. Chimedza
Dr. Bernard Madzima
Dr O. Mugurungi
Dr C. Pasi
Dr A. Mushavi
Dr W. Ndebele
Prof. S. Rusakaniko
Dr I Dube
Dr Hove
Ms M Dube
Mr R. Yekeye

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The ICASA 2023 Youth Programme Committee leading the planning of youth programme activities at the ICASA 2023 towards an AIDS FREE AFRICA.
Le Comité du programme des jeunes de ICASA 2023 dirigeant le planning des activités du programme des jeunes lors de ICASA 2023 pour une AFRIQUE SANS SIDA

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SCHOLARSHIP

Every two years, ICASA extends scholarships and various forms of financial aid to a significant number of individuals, enabling their attendance, active participation, and presentation of their research at the conference.

This effort is instrumental in maintaining a balanced representation at the conference, underscoring its ongoing significance as a global forum. This financial support is made possible through the generous contributions of numerous organizations, and we take this opportunity to express our gratitude for their invaluable assistance in facilitating delegate participation.

For ICASA 2023, the scholarships were generously funded by the ICASA Conference and its partners. Moreover, the Government of Zimbabwe generously granted over 500 scholarships to local delegates.

The scholarships were thoughtfully distributed across all five geographical regions of Africa, ensuring inclusivity and representation. All oral and poster presenters who applied for scholarships were awarded in this endeavor to support their involvement in the conference.

VOLUNTEERS

CATEGORY	NUMBER
Full scholarship	94
Partial scholarship	64
Virtual scholarship	1541
Total Scholarship Awardees	**1699**

ICASA 2023 is supported by an excellent and dedicated team of 200 volunteers. The Conference organizers would like to especially thank all who supported volunteer recruitment and management process. Volunteers were supported by the conference organizers and their T-shirts were sponsored by UNFPA.

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ICASA 2023 Conference Rapporteurs were sponsored by the conference organizers and their T-shirts were supported by AVACARE HEALTH.

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Mr. Yevedo Tohodjede	Assistant au rapporteur principal de la conférence
Madam Isabelle Bodea	Appui technique
Dr. Allen Matubu	Track A
Dr. Avelin Aghokeng	Track B
Dr. Marie Huguette Kingbo	Track C
Dr. Kinsley Mort	Track D
Mrs. Marijanatu Abdulai	Track E
Miss Olympia Laswai	Track E

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Tinashe Chidemo	Track A
Dr. Avelin Aghokeng	Track B
Tavengwa Manenji	Track B
Chikomborero Kitikiti	Track B
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Rumbidzai Gumbi	Track C
Mary Chigumira	Track D
Musindo Casper Mandava	Track D
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Mrs. Brenda Chasi	Personal Assistant
Mrs. Shingairai Katete	Personal Assistant
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Mr. Fanuel Pasipamire	Driver
Mr. Prince Farah Chikafa	

LA BOURSE

Les bourses et d'autres types d'appui financiers sont accordés à un grand nombre de personnes pour leur permettre d'assister, de participer activement et de présenter leurs recherches lors de la conférence.

Cet effort est essentiel pour garantir le maintien de l'équilibre regional quant à la représentation à la conférence et sa pertinence perpétuelle en tant que forum mondial. Pour ce faire, nous comptons sur l'appui financier de plusieurs organisations et nous saisissons cette occasion pour les remercier pour leur appui à la participation des délégués.

La bourse de cette année pour participer à ICASA 2023 a été financée par la conférence ICASA et ses partenaires. En outre, le gouvernement de Zimbabwe a accordé plus de 500 bourses aux participants locaux.
Les bourses accordées ont pris en compte toutes les 5 régions géographiques de l'Afrique. Les bourses ont été accordées à tous les présentateurs oraux et des affiches qui en ont fait la demande.

CATEGORIE	NOMBRE
Bourse complete	94
Bourse partielle	64
Bourse virtuelle	1541
Total bourses accordées	**1699**

LES BENEVOLES

Les Rapporteurs de la conférence de ICASA 2023 ont été sponsorises par les organisateurs de la conférence et leurs T-shirts financés par le FNUAP.

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Madam Clemence Assogba	Responsable des inscriptions
Mr. Innocent Laison	Responsable des opérations sur sur site
Dr. Emil Asamoah-Odei	Coordinateur des réunions de haut niveau
Madam Tariro Makanga	Coordonnatrice des médias
Alexis Azonwakin	Journaliste
Mr. Fidelis E. K. Dei Tutu	Comptable de ICASA
Mr. Tapiwa Guwindoga	Chargé des TI
Mr. Chris Kwasi Nuatro	Chargée de Marketing/Partenariat Senior
Mr. Gordon Mwinkoma Tambro	Responsable Senior Chargé de programme
Mr. Emmanuel Tetteh Kuadzi	Administrateur TI/ Web
Ms. Marie-Noelle Atta	Responsable Senior Chargé du Marketing/Partenariat
Mr. Leslie Sodjinu	Coordonnateur Logistique/ Hébergement
Mr. Felix Apana Okley	Chargé des TI
Mr. Julius Kofi Mortsi	Assistant à l'inscription des médias communautaires
Mr Forgive Kwashie DAVOR	Chargé des affaires de Bourse ICASA et de l'inscription en groupe.
Miss. Mawuli Adjovi Nugloze	Assistante Administrative / Inscription des médias à ICASA
Mr. Kenneth Yeboah	Programme Spécial et S & E
Mr. Ziberu Abdul Manaf	Appui technique
Mr. Derick Ayitey	Chauffeur
Mr. Augustine Vasco Nyarko	Chauffeur
Miss. Fortune Mensah	Appui technique

SECRETARIAT LOCAL DE ICASA

NAME	POSITION
Dr. Bernard Madzima *(Directeur du Conseil National de lutte contre le Sida, Zimbabwe)*	Chef du Secrétariat Local
Dr. Munyaradzi Dobbie	Chargé de la Santé (Service Sureté & Sécurité)
Mr. Albert Manenji	Consultant Finance & Administration
Mr. Raymond Yekeye	Chargé de Programme sur le site
Mr. Godfrey Muzari	Comptable Projet du Secrétariat Local
Ms. Medelina Dube	Consultant , Communication, Marketing & Fundraising sur site
Chido Debra Mawire	Appui au Programme des Jeunes(Village Communautaire)
M. Farai Machemedze	Responsable Local de la Logistique et des Achats
M. Tsungirai Chidakwa	Logisticien Transport
Mme Maggie Nduku	Logisticien Visa et Protocol
M. Walter Chakuzira	Logisticien Hébergement / Tourisme & Restauration

Mme. Angela Machiya	Assistante Personnelle
Ms. Bridgette Shambare	
Mme. Chipiwa Hauza	Assistante Personnelle
Mme. Brenda Chasi	Assistante Personnelle
Mme. Shingairai Katete	Assistante Personnelle
M. Amon Marime	Chauffeur
M. Fanuel Pasipamire	Chauffeur
M. Prince Farah Chikafa	

ICASA 2023

General Information / Information Generale

THEME

AIDS IS NOT OVER: Address inequalities, accelerate inclusion and innovation

OBJECTIVES

- Mainstream respect for equity, inclusion and diversity in the control and mitigation of the impact of diseases.
- Sustain and increase domestic financing and community response.
- Respond to HIV/AIDS, COVID-19, Monkey-pox, Ebola and any other emerging diseases.
- Mitigate the impact of Hepatitis, Tuberculosis and Malaria through health systems strengthening.
- Generate and provide evidence-based data for policy formulation

THÈME VALIDÉ POUR ICASA 2023 :

Le SIDA est toujours là : Eliminons Les inégalités, accélérons l'inclusion et l'innovation.

OBJECTIFS DE ICASA 2023, ZIMBABWE

- Intégrer le respect de l'équité, de l'inclusion et de la diversité dans le contrôle et l'atténuation de l'impact des maladies.
- Consolider et accroître le financement national et la riposte communautaire.
- Accélérer la réponse au VIH/SIDA et faire face à la COVID-19, la variole du singe, Ebola et toutes autres maladies émergentes.
- Réduire l'impact de l'hépatite, de la tuberculose et du paludisme grâce au renforcement des systèmes de santé.
- Produire et fournir des données factuelles évidentes pour la formulation des politiques.

GENERAL INFORMATION / INFORMATIONS GÉNÉRALES

RAINBOW TOWERS HOTEL & INTERNATIONAL CONFERENCE CENTRE

The 22nd International Conference on AIDS and STIs in Africa is taking place in Harare, at the Rainbow Towers Hotel & International Conference Centre, Zimbabwe.

The full address of the venue is: 1 Pennefather Avenue Harare Zimbabwe.

View Map/Directions to the Hotel: https://maps.app.goo.gl/W9JFCXQaR9rbbfoc9

Should you encounter any problems, or require any additional information, please ask any of the conference staff or volunteer, or visit our General Information Desk, which is located in the Registration Area on the ground floor.

CERTIFICATES OF ATTENDANCE

Certificates will be sent virtually to all ICASA 2023 Delegates from Saturday, 9th December 2023.

COMMUNITY VILLAGE

The Community Village holds a crucial and lively role within the broader ICASA program. For ICASA 2023, the Community Village promises an entirely fresh and thrilling experience. Entry to the ICASA 2023 Community Village is free, amplifying accessibility for all interested individuals. Given the lifting of COVID-19 restrictions, both the general public and conference delegates will enjoy unrestricted access to the Community Village throughout the event.

During each session, a specific number of individuals will be allowed into the Community Village, ensuring a managed and enjoyable experience for everyone. Anticipation is high as we eagerly await the arrival of attendees.

The Village is set to be a hub for community village networking zone sessions, spanning the 9 ICASA 2023 networking zones. This inclusive approach invites conference participants, the general public, and the diaspora to engage with community leaders and representatives from civil society and various government agencies and institutions.
The ICASA 2023 Community Village will be open from December 5th to 8th, 2023, promising enriching interactions and meaningful exchanges. From 10:30am - 5:00pm local time

CONFERENCE REGISTRATION

The Registration area is located on the ground floor and is clearly marked on the conference floor plan.

OPENING HOURS:

Sunday 3rd December 2023	12:30 PM – 17:00PM
Monday, 4th December 2023	6:30 AM – 16:00 PM
Tuesday, 5th December 2023	6:30 AM – 17:00 PM
Wednesday, 6th December 2023	6:30 AM – 17:00 PM
Thursday, 7th December 2023	6:30 AM – 17:00 PM
Friday, 8th December 2023	6:30 AM – 17:00 PM
Saturday, 9th December 2023	6:30 AM – 12:15 PM

Conference delegates must wear their badges at all times in order to gain access to the session rooms and exhibition area. Conference volunteers and the venue security will not allow anyone to enter the conference venue without a valid badge. If you have lost your badge, please contact the registration desk.

Replacement badges will be issued at a cost of $60 each (including VAT). Accompanying adult participants are permitted access to the opening and closing ceremonies.

Only children (under 18) registered as accompanying persons will be admitted to all conference sessions.

EXHIBITION

In-Person Exhibition booths are located in the Exhibition Hall at Foyer close to the car park delegates have the chance for dynamic interaction with exhibitors. There are plenty of exciting exhibitors at ICASA 2023 and delegates are encouraged to visit all stands to discover the latest news from our supporting organizations.

Some exhibitors will give demonstrations in the Exhibition Hall, which promises to add an extra level of interest to conference participation. All the stands are marked on the dedicated Exhibition Map to make each booth easy to find.

INFORMATION DESKS

A General information Desk is situated in the Registration Area. There are additional area-specific information counters in the Exhibition areas. Volunteers will be stationed throughout the conference to assist participants with any enquiries.

INTERNET/WIFI

The Rainbow Towers Hotel and Conference centre wireless internet is available in all conference venues. If you need help to access the internet with your device, please visit the General Information Desk or the help desk.

INTERPRETATION (EN/FR).

The official languages of the conference are English and French. Simultaneous interpretation will be provided in all session rooms as well as all virtual platforms.

If you would like to use the simultaneous interpretation service, collect a headset before the session immediately outside the relevant session room. Delegates are required to deposit a valid passport or US$100 in cash or a passport when collecting a headset. This will be returned when the headset is returned. Delegates will be charged US$100 for lost, misplaced or damaged headsets.

To avoid a long wait, please obtain headsets during the break before the session. Please return the headset equipment at the end of each session to ensure they can be recharged for use the following day.

MEDIA CENTRE

Media registration must be carried out at the dedicated Media Registration Desk in the Registration at ground floor. Accredited media will have full access to the Media Centre located on the ground floor. The Media Centre will be open and accessible to accredited media personnel and journalists daily from Tuesday, December 5th to Saturday, 9th December 2023, from 09:00 AM to 5:00 PM.

Information on press conference and briefings will be posted in Media Centre with updated dates and times. Journalists wishing to secure interviews with conference speakers will be assisted in the Media Centre. More information on the Media Centre and press conference facilities will be available in the Media Guide which will be issued to all journalists accredited for the conference.

PARTICIPATION GUIDELINES/ CODE OF CONDUCT

The conference acknowledges the freedom of expression of speakers, participants and exhibitors. It does, however, subscribe to the widely held principles associated with exercising such freedom of expression, i.e., that such expression may not lead to any harm or prejudice to any person or damage to any property. If anyone abuses these principles, Zimbabwean law applies.

POSITIVE LOUNGE

The Positive Lounge is provided exclusively for people living with HIV as a place where they can rest, refresh themselves, network and take medications.

The Positive Lounge is located at the M2 La Chandelle, and it's open from Tuesday, 5th December to Friday, 8th December, from 08:00AM and 7:00PM.

PRESENTERS, SPEAKERS, CHAIRS AND FACILITATORS

The faculty is located at Msasa 1 & 2, upper concourse (please refer to the venue floor plan). All speakers, chairpersons, moderators, facilitators and oral presenters are requested to report to the faculty immediately after registration confirm their presentation date, time and venue and receive specific security information relevant to their session.

The faculty is THE ONLY PLACE where slide presentations can be uploaded into the system. All presenters are requested to do so at least six hours before their session. The organizers cannot guarantee projection in the session room if presenters upload their slides later. Presenters will not be able to upload their presentation in the session's room.

Please note: Failure to report to the faculty on time may result in the conference organizers appointing replacement.

OPENING HOURS:

Monday, 4th December 2023	12:30 PM – 17:00
Tuesday, 5th December 2023	08:30 – 17:00
Wednesday, 6th December 2023	08:30 – 17:00
Thursday, 7th December 2023	08:30 – 17:00
Friday, 8th December 2023	08:30 – 17:00
Saturday, 9th December 2023	08:30 – 12:15 PM

POSTER EXHIBITION

The ICASA 2023 Poster Exhibition will be displayed virtually and in-person throughout the Conference from 5th – 8th December 2023. The poster exhibition is located within the Exhibition Hall. The Poster exhibition time is from 11:30 - 11:50PM and from 15:50-16:10PM. Please refer to the ICASA 2023 Online programme or ICASA 2023 App Scan the QR Code below

INSTRUCTIONS FOR POSTER EXHIBITORS/PRESENTERS:

The posters will be displayed virtually throughout the Conference. During breaks, presenting authors are required to be online to interact and answer questions and provide further information on their study results.

SECURITY

The Safety and Security Office is located on-site and can be contacted on our emergency lines: **+263 242 790 575** For security reasons, access to all the Conference venue will be controlled. Access to the session rooms and Exhibition Hall of the Rainbow Towers Hotel and Conference centre will be accessible only to registered delegates displaying conference badges. In the interest of personal safety and security, delegates should only display their conference badges.

Neither the Conference Secretariat, nor any of their contracted service providers, will be responsible for the safety of any articles brought into the conference facilities by conference participants, whether registered or not, their agents, contractors, visitors and/ or any other person/s whatsoever. The conference participant shall indemnify and hold neither the organizers, associates and subcontractors liable in respect of all cost, claims, demands and expenses as a result of any damage, loss or injury to any person howsoever caused as a result of any act or default of the Conference Secretariat or a person representing the Conference Secretariat, their contractors or guests.

In addition, the conference participant shall take all necessary precautions to prevent any loss or damage to his/her property with special regard to mobile phones, carry/ handbags and computing equipment.

ICASA 2023 ATTENDEE HEALTH AND SAFETY MEASURES

Here's all you need to know for attending ICASA 2023 safely, responsibly, and confidently. Note that some guidelines are mandatory. Link: t.ly/hyj6H

ACTION TO TAKE IN ADVANCE MANDATORY - BADGING

To avoid lines, we'll email your Letter of Invitation in advance. You'll need to save it on your phone and bring it with you. Badge holders and/or lanyards will also be available at registration desks.

AT RAINBOW TOWERS - MOVING IN AND AROUND THE VENUE MANDATORY - BADGES

You must wear a badges all the time inside Rainbow Towers hotel and conference centre (except for medical exemptions). Both venue staff, Security and ICASA 2023 Volunteers are jointly responsible for monitoring compliance, and both are authorized to escort people out of the venue in the case of non-compliance.

MANDATORY - STAFF ACCESS TO BOOTHS

Booths with exhibiting partners will have their own dedicated registration desk with a clearly visible reception desk. This will ease traffic flow and minimize contact with attendees at peak times.

ENTERING THE CONFERENCE

Traffic flow in and out of the conference will be carefully managed. As far as possible we will ensure one way movement of people and minimal contact. We will also provide plenty of clear signage and extra event staff to guide you on your way.

EXHIBITION HALL DENSITY

Wider aisles will be added wherever possible and we'll provide more seating areas in the exhibit hall to reduce crowding and improve traffic flow.

MANDATORY - REFRESHMENTS

The venue will provide an extended range of individually packaged food items and will observe all applicable public health and safety standards, cleaning standards and special measures during the conference.

MANDATORY-EXHIBITION HALL CLEANING

The convention space will be cleaned regularly including electrostatic spray treatment every night in accordance with ICC standards. Exhibitors will also be required to clean meeting areas between each appointment or meeting.

Mandatory - health and safety monitoring Staff from ICASA 2023, volunteers and security of the venue will continually monitor the public health and safety procedures across the show to ensure compliance and safety for all attendees.

HAND SANITIZER

Hand sanitizer dispensers will be placed throughout the show as well as on many exhibitor booths. Attendees are encouraged to sanitize their hands frequently and after every meeting.

MEETING/CONFERENCE ROOMS

Meeting rooms will be set up in compliance with the current distancing and capacity guidelines in Zimbabwe to ensure you can take part safely in ICASA 2023 sessions.

OTHER SAFETY STANDARDS

The venue has implemented a vast range of health and safety measures which are not detailed on this page but can be viewed on the venue website.

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SMOKING POLICY

Smoking is not permitted anywhere in the building. When smoking outside please show respect for the environment, fellow conference delegates and other venue guests by properly disposing of cigarette buds and other waste in the bins provided.

SOCIAL MEDIA

Connect with ICASA through our social media platforms and stay abreast with happenings during the conference.

Follow us on Twitter (@ICASA2023), like our Facebook page (ICASA2023) and download the ICASA EVENT App (Available on iOS (Apple Devices) and Playstore (Android Devices) via the QRCode below

RAINBOW TOWERS HOTEL & INTERNATIONAL CONFÉRENCE CENTRE

La 22eme Conférence Internationale sur le SIDA et les IST en Afrique a lieu à Harare, au Rainbow Towers Hotel & International Conférence Centre, Zimbabwe.

L'adresse complète du lieu : 1 Pennefather Avenue Harare Zimbabwe.
Voir la carte/les indications pour se rendre à l'hôtel :https://maps.app.goo.gl/W9JFCXQaR9rbbfoc9

Si vous rencontrez des difficultés ou si vous avez besoin d'informations complémentaires, n'hésitez pas à vous adresser au personnel et aux bénévoles de la conférence ou à vous rendre à notre bureau d'information générale situé dans la zone d'inscription au rez-de-chaussée.

ATTESTATION DE PARTICIPATION

Les certificats seront envoyés en ligne à tous les délégués de ICASA 2023 à partir du samedi 9 decembre 2023.

VILLAGE COMMUNAUTAIRE

Le village communautaire joue un rôle crucial et dynamique dans le programme de ICASA. le village communautaire promet une expérience entièrement nouvelle et passionnante. L'entrée au village communautaire d'ICASA 2023 est gratuite, et elle facilite l'accès à toutes les personnes intéressées. Compte tenu de la levée des restrictions imposées par le COVID-19, le grand public et les délégués à la conférence bénéficieront d'un accès illimité au village communautaire pendant toute la durée de l'événement.

Lors de chaque session, un nombre spécifique de personnes sera autorisé à entrer dans le village communautaire, afin de garantir une expérience innovante et agréable pour tous. Nous attendons avec impatience l'arrivée des participants.

Le Village accueillera les sessions de la zone de réseautage du village communautaire, couvrant les 9 zones de réseautage de l'ICASA 2023. Cette approche inclusive invite les participants à la conférence, le grand public et la diaspora à s'engager avec des leaders communautaires et des représentants de la société civile et de diverses agences et institutions gouvernementales.
Le village communautaire de l'ICASA 2023 sera ouvert du 5 au 8 décembre 2023, promettant des interactions enrichissantes et des échanges significatifs. 10:30 - 17:00 Zimbabwe

INSCRIPTION À LA CONFÉRENCE

La zone d'inscription est située au rez-de-chaussée et est clairement indiquée sur le plan de la conférence.

HEURES D'OUVERTURE:

Dimanche 3 Décembre 2023	-	12H30 – 17H00
Lundi 4 décembre 2023	-	8H30 -16H00
Mardi 5 décembre 2023	-	8H30- 17H00
Mercredi 6 décembre 2023	-	8H30 – 17H00
Jeudi 7 décembre 2023	-	8H30 - 17H00
Vendredi 8 décembre 2023	-	8H30 - 17H00
Samedi 9 décembre 2023	-	8H30 – 12H15

Les participants à la conférence doivent porter leurs badges en tout temps afin d'accéder aux salles de session et à l'aire d'exposition. Les bénévoles de la conférence et la sécurité du site ne permettront à personne d'entrer dans la salle de conférence sans un badge valide. Si vous perdez votre badge, veuillez contacter le bureau d'inscription.

Des badges de remplacement seront émis au cout de 60$ l'unité (y compris la TVA). Les accompagnants des participants adultes sont autorisés à participer aux cérémonies d'ouverture et de clôture.

Seuls les enfants (moins de 18 ans) inscrits comme accompagnants seront admis à toutes les sessions de la conférence.

EXPOSITION

Les stands d'exposition physiques sont installés dans le hall d'exposition au Foyer près du parking. Les délégués ont la possibilité d'interagir de manière dynamique avec les exposants. Il y a beaucoup d'exposants passionnants à ICASA 2023 et les délégués sont encouragés à visiter tous les stands pour découvrir les dernières innovations de nos organisations partenaires.

Certains exposants feront des démonstrations dans la salle d'exposition ; ce qui promet offrir un niveau d'intérêt supplémentaire à la participation à la conférence. Tous les stands sont indiqués sur le Plan d'exposition afin de rendre facile la localisation de chaque stand.

BUREAUX D'INFORMATION

Un bureau d'informations générales est situé dans l'aire d'inscription. Il y a des guichets d'informations complémentaires spécifiques à chaque zone dans l'aire d'exposition. Les bénévoles seront installés tout au long de la conférence pour aider les participants avec toute demande de renseignements.

INTERNET/WIFI

Le wifi du Rainbow Towers Hotel and Conférence Centre est disponible sur tout le site de la conférence. Si vous avez besoin d'aide pour accéder à Internet avec votre appareil, veuillez visiter le bureau d'informations générales ou le bureau d'assistance.

INTERPRÉTATION (EN/FR).

Les langues officielles de la conférence sont l'anglais et le français. L'interprétation simultanée de l'anglais en français et du français en anglais sera offerte dans toutes les salles de session, ainsi que sur toutes les plateformes virtuelles.

Si vous souhaitez utiliser les services d'interprétation simultanée, prenez un casque d'écoute avant la session immédiatement devant la salle de session concernée. Les délégués sont tenus de déposer un passeport valide ou 100 $US en espèces pour s'offrir un casque d'écoute. Celui-ci sera restitué lorsque le casque sera remis. Les délégués seront facturés à 100 $US pour les casques perdus, égarés ou endommagés.

Afin d'éviter la longue attente, veuillez-vous procurer des casques pendant la pause avant la session. Veuillez retourner l'équipement à la fin de chaque session pour garantir leur recharge pour l'utilisation du lendemain.

CENTRE DE PRESSE

L'inscription des médias doit être effectuée au bureau d'inscription consacrée aux médias dans la zone d'inscription. Les médias accrédités auront un accès total au Centre de Presse situé au rez-de chaussée. Le Centre de Presse sera ouvert et accessible aux journalistes et au personnel des médias accrédités tous les jours du Mardi 5 décembre au samedi 9 décembre 2023, de 09 heures à 17 heures.

Les informations sur les conférences de presse et les briefings seront affichées dans le Centre de Presse avec des mises à jour sur les dates et les heures. Les journalistes qui désirent avoir des interviews avec les conférenciers bénéficieront d'une assistance au Centre de Presse. Des informations supplémentaires sur le Centre de Presse et les lieux des conférences de presse seront disponibles dans le Guide des médias qui sera délivré à tous les journalistes accrédités pour la conférence.

DIRECTIVES POUR LA PARTICIPATION/CODE DE CONDUITE

La conférence reconnait la liberté d'expression aux conférenciers, aux participants et aux exposants. Elle souscrit cependant aux principes largement répandus associés à l'exercice de cette liberté d'expression, c'est-adire que ce genre d'expression ne doit pas nuire ou porter préjudice à des personnes ou des dommages sur des biens. Si l'un de ces principes est violé, la loi zimbabwéenne sera appliquée.

LE SALON POSITIF

Le Salon Positif est offert seulement aux personnes vivant avec le VIH comme un lieu de repos, de rafraichissement ou pour constituer des réseaux et prendre leurs médicaments. Le Salon Positif est situé au M2 La Chandelle et il est ouvert du mardi 5 décembre au vendredi 8 décembre, de 10:30 heures : 00 à 17heures : 00.

PRÉSENTATEURS, CONFÉRENCIERS, PRÉSIDENTS ET FACILITATEURS

La faculté est située à Msasa 1 & 2, dans le hall supérieur (veuillez consulter le plan du lieu de la conférence). Tous les conférenciers, présidents, modérateurs, facilitateurs et présentateurs oraux sont priés de se rendre à la faculté immédiatement après l'inscription pour confirmer la date, l'heure et le lieu de leur communication et recevoir les informations sécuritaires spécifiques à leur session.

La faculté est LE SEUL ENDROIT ou des communications sur diapositives peuvent être téléchargées sur le système. Tous les présentateurs sont invités à le faire au moins six heures avant leur session. Les organisateurs ne peuvent pas garantir de projection dans la salle de session si les présentateurs téléchargent leurs diapositives en retard.
Les présentateurs ne pourront pas télécharger leur communication dans la salle de session.
NB: Ne pas se référer à temps à la faculté pourra amener les organisateurs à designer des remplaçants.

HEURES D'OUVERTURE:

Lundi 4 décembre 2023	-	12H35 – 16H00
Mardi 5 décembre 2023	-	8H00 - 17H00
Mercredi 6 décembre 2023	-	8H00 – 17H00
Jeudi 7 décembre 2023	-	8H00 – 17H00
Vendredi 8 décembre 2023	-	8H00- 17H00
Samedi 9 décembre 2023	-	8H00- 12H15

EXPOSITION DES AFFICHES

L'exposition des affiches à ICASA 2023 sera organisée virtuellement tout au long de la conférence du 05 au décembre 2023. L'exposition d'affiches se fera chaque jour de 11H:30 – 11H:50. Veuillez consulter le programme en ligne d'ICASA 2023 ou l'application ICASA 2023 en scannant le code QR ci-dessous

INSTRUCTIONS POUR LES PRESENTATEURS/ EXPOSANTS D'AFFICHES:

Les affiches seront présentées virtuellement tout au long de la conférence. Pendant les pauses, les présentateurs sont tenus de se connecter pour échanger et répondre aux questions et communiquer des informations supplémentaires sur les résultats de leurs études.

SECURITE

Le Bureau de la Sécurité se trouve sur place et peut être contacté sur nos lignes d'urgence au **+263 242 790 575.**

Pour des raisons de sécurité, l'accès à tous les sites de la conférence sera contrôlé. L'accès aux salles de session et aux Halls d'Exposition du Rainbow Towers Hotel and Conférence centre sera accessible uniquement pour les participants inscrits portant des badges de la conférence. Dans l'intérêt d'une sécurité personnelle, les participants doivent présenter leurs badges de conférence seulement dans les locaux du Rainbow Towers.

Ni le Secrétariat de la Conférence, ni aucun de leurs prestataires contractuels, ne sera responsable de la sécurité des articles apportés sur les lieux de la conférence par les participants à la conférence, qu'ils soient inscrits ou non, ni leurs agents, ni leurs contractants, ni leurs visiteurs et/ou toute (s) autre(s) personne (s) quel qu'elles soient. Les participants à la conférence doivent indemniser et ne doivent tenir ni les organisateurs, ni les associés, ni les sous-traitants responsables des frais, des réclamations, des demandes et des dépenses pour donner suite à des dommages, et des pertes ou blessures causés à toute personne résultant d'un acte ou d'une défaillance du Secrétariat de la Conférence ou de toute personne représentant le Secrétariat de la Conférence, leurs contractants ou invités.
En outre, les participants à la conférence prendront toutes les précautions nécessaires pour éviter toute perte ou dommage sur leurs biens avec une attention particulière sur les téléphones portables, les sacs à main et les équipements informatiques.

MESURES DE SANTÉ ET DE SÉCURITÉ DES PARTICIPANTS A ICASA 2023

Voici tout ce que vous devez savoir pour assister à ICASA 2023 en toute sécurité, de manière responsable et en toute confiance. Notez que certaines des directives sont obligatoires. Link: t.ly/gqPMp

ACTIONS OBLIGATOIRES À ENTREPRENDRE EN AMONT-DELIVRANCE DES BADGES

Pour éviter les files d'attente, nous vous enverrons en avance votre lettre d'invitation par e-mail. Vous devrez l'enregistrer sur votre téléphone et l'apporter avec vous.

Les porte-badges et/ou cordons seront également disponibles aux bureaux d'inscription.

AU RAINBOW TOWERS – SE DEPLACER DANS LA CONFÉRENCE

OBLIGATOIRE – PORT DES BADGES

Vous devez porter le badge tout le temps à l'intérieur du Rainbow Towers Hotel and conférence centre (sauf pour les dispenses médicales). Le personnel des deux sites, la sécurité et les bénévoles de ICASA 2023 sont conjointement responsables de la surveillance du respect des normes et les deux sont autorisés à escorter les personnes hors de la salle en cas de non-respect.

OBLIGATOIRE - ACCES DU PERSONNEL AUX STANDS

Les stands avec les partenaires exposants auront leur propre bureau d'inscription avec un bureau de réception bien visible. Cela facilitera la circulation et minimisera les contacts avec les participants aux heures de pointe.

ENTREE DANS LA CONFÉRENCE

Le trafic entrant et sortant de la conférence sera soigneusement géré. Dans la mesure du possible, nous assurerons une seule voie de circulation des personnes et un contact minimal. Nous allons également apporter beaucoup de signalisations claires et du personnel supplémentaire pour vous orienter.

DENSITE DES SALLES D'EXPOSITION

Des allées plus larges seront ajoutées dans la mesure du possible et nous fournirons plus de places assises dans la salle d'exposition pour réduire le surpeuplement et améliorer la fluidité du trafic.

OBLIGATOIRES - LES RAFRAICHISSEMENTS

Le site offrira une gamme variée de produits alimentaires emballés individuellement et respectera toutes les normes de santé et de sécurité publiques, les normes de nettoyage et les mesures spéciales applicables pendant la conférence.

NETTOYAGE OBLIGATOIRE DU HALL D'EXPOSITION

L'espace de la convention sera nettoyé régulièrement, y compris le traitement par pulvérisation électrostatique tous les soirs, conformément aux normes du Rainbow Towers. Les exposants devront également nettoyer les espaces de rencontre entre chaque rendez-vous ou réunion.

Obligatoire – Le personnel de surveillance de la santé et de la sécurité, les bénévoles et les agents de sécurité du site surveilleront en permanence les procédures de santé et de sécurité publiques pen-

dant l'exposition afin de garantir la conformité et la sécurité de tous les participants.

DESINFECTANT POUR LES MAINS

Des distributeurs de désinfectant pour les mains seront placés partout dans le salon, ainsi que dans de nombreux stands d'exposants. Les participants sont encouragés à se désinfecter fréquemment les mains et après chaque réunion.

SALLES DE REUNION/CONFÉRENCE

Les salles de réunion seront aménagées dans le respect des directives actuelles en matière de distanciation et de capacite au Zimbabwe pour vous assurer une participation en toute sécurité aux sessions de ICASA 2023.

AUTRES NORMES DE SECURITE

Le centre a mis en place une large gamme de mesures sanitaires et sécuritaires non détaillées sur cette page mais qui peuvent être consultées sur son site web.

POLITIQUE DE TABAGISME

Il est interdit de fumer partout dans le bâtiment. Lorsque vous fumez dehors, merci de respecter l'environnement, les collègues délégués et autres invités en éliminant correctement les mégots de cigarettes et autres déchets dans les bacs fournis.

MEDIAS SOCIAUX

Connectez-vous avec ICASA via nos plateformes de médias sociaux et restez informés des évènements pendant la conférence.

Suivez-nous sur Twitter (@ICASA2023), aimez notre page Facebook (ICASA2023) et téléchargez l'application ICASA EVENT (disponible sur iOS (appareils Apple) et Playstore (Appareils Android) via le code QR ci-dessous

22ND ICASA
INTERNATIONAL CONFERENCE ON AIDS AND STIs IN AFRICA
4-9 December 2023
Rainbow Towers, Harare, Zimbabwe

HIGH LEVEL MEETING

Date: 2nd December 2023
Venue/Lieu: Elephant Hills Hotel, Victoria Falls, Zimbabwe

9:00 AM – 12:00 PM

Addressing the Prevention of Mother-to-Child Transmission (PMTCT) and Elimination of New-born Infections in Africa.

Prévention de la transmission de la mère à l'enfant (PTME) et élimination des infections néonatales en Afrique

3:00 PM – 6:00 PM

Addressing Domestic Financing of the HIV Response to Reach the United Nations 2025 Goals and the African Union Agenda 2063 Aspirations.

Financement national de la riposte au VIH pour atteindre les objectifs des Nations Unies à l'horizon 2025 et les aspirations de l'agenda 2063 de l'Union Africaine.

For more information, kindly contact enquiries@saafrica.org

Programme Overview / Guide du Programme

CONCURRENT SESSIONS

The concurrent sessions address a variety of current viewpoints and issue. The format and focus of these sessions vary. These sessions are developed by the programme committees with stakeholder input.

SESSION TYPES:

Plenary Sessions showcase prominent researchers, scientific leaders, clinical experts, community influencers, and advocates from around the world. These sessions assemble all conference attendees for the initial session each morning.

Non Abstract Driven sessions - These sessions, not centered around abstract concepts, delve into a diverse range of contemporary perspectives and issues. The structure and emphasis of these sessions vary and are collaboratively designed by program committees, incorporating input from stakeholders.

Special Sessions present insights from esteemed research leaders, prominent international AIDS Ambassadors, and policy experts. These engaging 45-minute sessions captivate all participants.

Symposia sessions tackle complex problems that lack simple solutions, honing in on a specific, clearly defined topic or challenge. Speakers and attendees share experiences, contribute relevant research findings, and generate ideas to chart potential pathways forward.

ICASA 2023 offers targeted, high-quality professional development workshops intended to facilitate knowledge transfer, skill enhancement, and collaborative learning. These workshops, designed by the Conference Programme Committees, will run for 45 minutes and provide simultaneous translation in both English and French.

The rapporteur session is scheduled just before the closing ceremony on December 9, 2023, from 12:05 to 12:50 PM. This session synthesizes the week's presentations, focusing on critical topics addressed, significant findings presented, and key recommendations proposed. Rapporteur teams will publish daily reports and session summaries on the conference website.

Oral Abstract Sessions - These sessions highlight recent advancements within each of the five scientific tracks or emphasize cross-cutting topics. Each oral abstract session lasts 45 minutes and includes three 10-minute oral presentations by different presenters, followed by a 15-minute discussion and Q&A segment. The session concludes with an interactive, moderated discussion facilitated by the chair.

POSTER EXHIBITION

Structured according to distinct tracks and encompassing a wide spectrum of subjects, the Poster Exhibition for ICASA 2023 will adopt a Hybrid format, allowing for both in-person and virtual participation. This exhibition will feature approximately over 815 posters. Each poster will be on display throughout the conference, spanning from December 5th - 8th, 2023. Presenters will engage with delegates both in person during designated times and virtually through the poster exhibition portal to address queries and elaborate on their study findings.

PROGRAM ACTIVITIES

ICASA 2023 program activities take place in the Global Village area of the conference venue, hosted by individuals, groups, and organizations. Accessible to registered conference participants and open to the general public free of charge, these activities serve as a unique platform for a diverse range of engagements bridging science, leadership, accountability, and community.

COMMUNITY VILLAGE

The community Village activities encompass Panel discussions and debates on the latest HIV-related issues, Film screenings, Art exhibits, Networking zones focusing on key populations and issues, NGO and marketplace booths showcasing the initiatives and products of organizations operating in the HIV field, and a variety of live performances by both local and international artists, scheduled on the Main Stage.

The Community Village area is situated adjacent to the Exhibition Hall within the Rainbow Towers Hotel and conference center. For more details about the Global Village and Youth Programme, please refer to the conference website at icasa2023.saafrica.org and the Community Village pocket programme.

Stay informed about all ICASA 2023 Community Village activities by following @ICASA2023 on X (Twitter), Meta (Facebook) and Instagram.

ICASA 2023 COMMUNITY VILLAGE NETWORKING ZONES

- PERSONS LIVING WITH DISBALITY NETWORKING ZONE
- WOMEN NETWORKING ZONE
- PERSONS LIVING WITH HIV NETWORKING ZONE
- YOUTH NETWORKING ZONE
- DIASPORA NETWORKING ZONE
- KEY POPULATION NETWORKING ZONE
- FAITH BASED ORGANIZATION NETWORKING ZONE
- FEMALE SEX WORKERS NETWORKING ZONE
- HEPATITIS, TB AND MALARIA NETWORKING ZONE

SATELLITE SESSION

Scheduled for the entirety of December 4th, 2023, exclusively in the morning to early afternoon, as well as from Tuesday, 5th December 2023, to Saturday, 9th December 2023, Satellite Sessions are set to transpire within the conference center. These sessions are meticulously organized and coordinated by the hosting organization of the satellite event. The program committee will undertake a thorough review of the session content and speakers to ensure alignment with the scientific and ethical tenets of the conference.

ENGAGEMENT TOURS

Engagement tours offer delegates exceptional learning opportunities by facilitating interactive site visits to organizations dedicated to addressing HIV and AIDS issues in Harare, Zimbabwe. The objective is to foster the exchange of knowledge, best practices, successes, challenges, and innovative solutions through engaging dialogue and hands-on activities. To register, please visit the registration desk located in the Exhibition Hall.

SESSIONS SANS RÉSUMÉS

Les sessions sans resume traitent d'une variete de points de vue et de questions actuelles. Le format et le centre d'interet de ces sessions varient. Ces sessions sont developpees par les comites des programmes avec les contributions des parties prenantes.

TYPES DE SESSIONS :

Les sessions plénières - Les sessions plénières rassemblent les chercheurs, les leaders scientifiques et les spécialistes cliniciens les plus éminents du monde. Les sessions plénières rassemblent tous les participants à la conférence a la première session de chaque matin.

Les Sessions Sans Résumés - Les sessions sans résumé traitent d'une variété de points de vue et de questions actuelles. Le format et le centre d'intérêt de ces sessions varient. Ces sessions sont développées par les comités des programmes avec les contributions des parties prenantes.

Les sessions spéciales - Les sessions spéciales présentent les exposés des principaux leaders mondiaux de la recherche, des ambassadeurs internationaux de haut niveau de lutte contre le SIDA et des spécialistes en politique. Ces sessions de 45 minutes engagent grandement tous les participants.

Les sessions spéciales - Les sessions spéciales traitent des questions importantes qui défient les solutions simples. Sur la base d'un thème ou d'une question unique, clairement définie, les conférenciers et les participants partageront leurs expériences, contribueront aux résultats de recherches pertinentes et émettront des idées pour identifier des pistes de progrès.

Des ateliers de perfectionnement professionnel de haute qualité et cibles qui favorisent et améliorent les opportunités de transfert de connaissances, de développement des compétences et d'apprentissage collaboratif. Ces ateliers, conçus par les comités de programme de la conférence, dureront 45 minutes et bénéficieront d'une traduction simultanée en Anglais et en Français.

La session des rapporteurs- La session des rapporteurs est prévue juste avant la cérémonie de clôture, le 9 décembre 2023, de 12h05 à 12h50. Cette session synthétise les présentations de la semaine, en mettant l'accent sur les sujets critiques abordés, les importants résultats présentés ainsi que les recommandations clés proposées. Les équipes de rapporteurs publieront des rapports quotidiens et des résumés des sessions sur le site web de la conférence.

Les Sessions axées sur des résumés oraux- Ces sessions mettent en lumière les avancées récentes dans chacun des cinq domaines scientifiques ou mettent l'accent sur des sujets transversaux. Chaque session de résumés oraux dure 45 minutes et comprend trois présentations orales de 10 minutes par différents présentateurs, suivies d'une discussion de 15 minutes et d'un segment de questions-réponses. La session se termine par une discussion interactive animée par le président.

SESSIONS AVEC RESUMES ORAUX

Organisée par track et couvrant une grande variété de sujets, l'exposition d'affiches de l'ICASA 2023 adoptera un format hybride, permettant une participation à la fois présentielle et virtuelle. Cette exposition présentera environ plus de 815 affiches. Chaque affiche sera exposée tout au long de la conférence, du 5 au 8 decembre 2023 et les présentateurs interagiront avec les délégués à la fois en présentielle pendant les heures désignées et virtuellement à travers le portail de l'exposition d'affiches pour répondre aux questions et élaborer sur les résultats de leur étude.

ACTIVITÉS DU PROGRAMME

Les activités du programme à ICASA 2023 sont organisées par des personnes, des groupes et organisations dans l'espace du village global du lieu de la conférence. Accessibles aux participants inscrits à la conférence et ouvertes gratuitement au grand public, elles offrent une plateforme unique pour divers échanges reliant la science, le leadership, la redevabilité et la communauté.

VILLAGE COMMUNAUTAIRE

Les activités du village communautaire comprennent des discussions de groupe et des débats sur des questions de pointe sur le VIH, des projections de films, des expositions d'art, des zones de réseautage axées sur les populations clés et les problèmes, des stands d'ONG et de marchés présentant le travail et les produits des organisations travaillant dans le domaine du VIH, et une variété de performances en direct d'artistes locaux et internationaux qui se tiendra sur la Scène Principale.

La zone du village communautaire est située au à côté du hall d'exposition de l'hôtel Rainbow Towers et du centre de conférence.

Pour plus de détails sur le Village Communautaire et le programme des jeunes peuvent consulter le site web de la conférence à l'adresse icasa2023.saafrica.org et le programme de poche du Village communautaire.

Restez informé de toutes les activités du village communautaire ICASA 2023 en suivant @ICASA2023 sur X (Twitter), Meta (Facebook) et Instagram.

ZONES DE RESEAUTAGE DU VILLAGE COMMUNAUTAIRE DE ICASA 2023

- ZONE DE RESEAUTAGE DES PERSONNES VIVANT AVEC UN HANDCAP
- ZONE DE RESEAUTAGE DES FEMMES
- ZONE DE RESEAUTAGE DES PERSONNES VIVANT AVEC LE VIH
- ZONE DE RESEAUTAGE DES JEUNES
- ZONE DE RESEAUTAGE DE LA DIASPORA
- ZONE DE RESEAUTAGE DES POPULATIONS CLES
- ZONE DE RESEAUTAGE DES ORGANISATIONS
- CONFESSIONNELLES
- ZONE DE RESEAUTAGE DES TRAVAILLEUSES DU SEXE
- ZONE DE MISE EN RESEAU SUR L'HEPATITE, LA TUBERCULOSE ET LE PALUDISME

SESSIONS SATELLITES

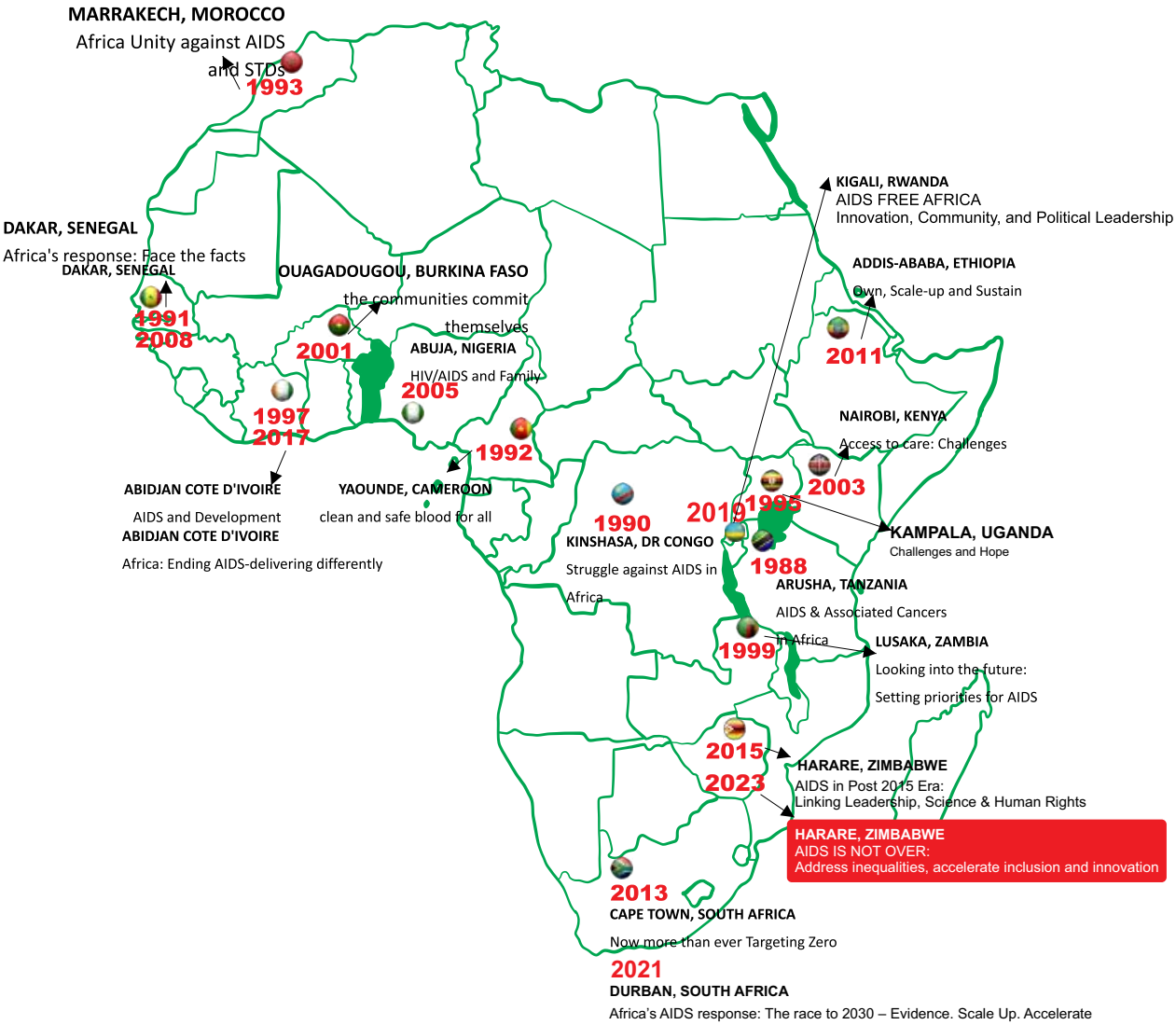
Des sessions satellites sont prévues dans le centre de conférence pendant toute la journée du 4 décembre 2023 exclusivement, ainsi que du matin au début de l'après-midi du mardi 5 décembre 2023 au samedi 9 décembre 2023. Ces sessions sont minutieusement organisées et coordonnées par l'organisation hôte de l'événement satellite. Le comité de programme procédera à un examen approfondi du contenu des sessions et des intervenants afin de s'assurer de leur conformité avec les principes scientifiques et éthiques de la conférence.

TOURS & VISITES

Les visites d'engagement offrent aux délégués des possibilités d'apprentissage exceptionnelles en facilitant les visites interactives d'organisations qui se consacrent à la lutte contre le VIH et le sida à Harare, au Zimbabwe. L'objectif est de favoriser l'échange de connaissances, de meilleures pratiques, de réussites, de défis et de solutions innovantes par le biais d'un dialogue engageant et d'activités pratiques.

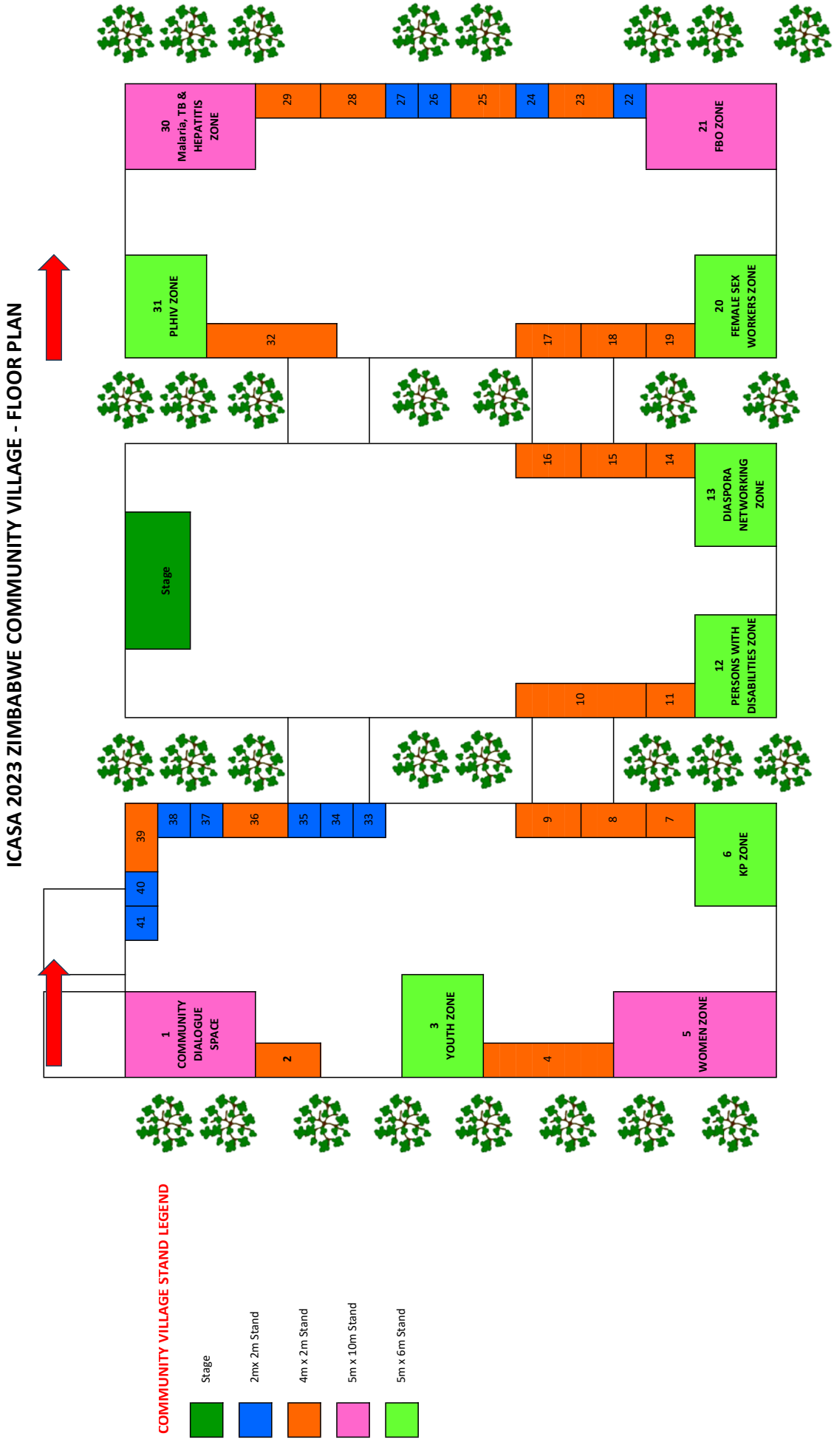
Pour vous inscrire, veuillez-vous rendre au bureau d'inscription situé dans le hall d'exposition.

ICASA HISTORY MAP



COMMUNITY VILLAGE BOOTH/ STANDS AU VILLAGE COMMUNAUTAIRE

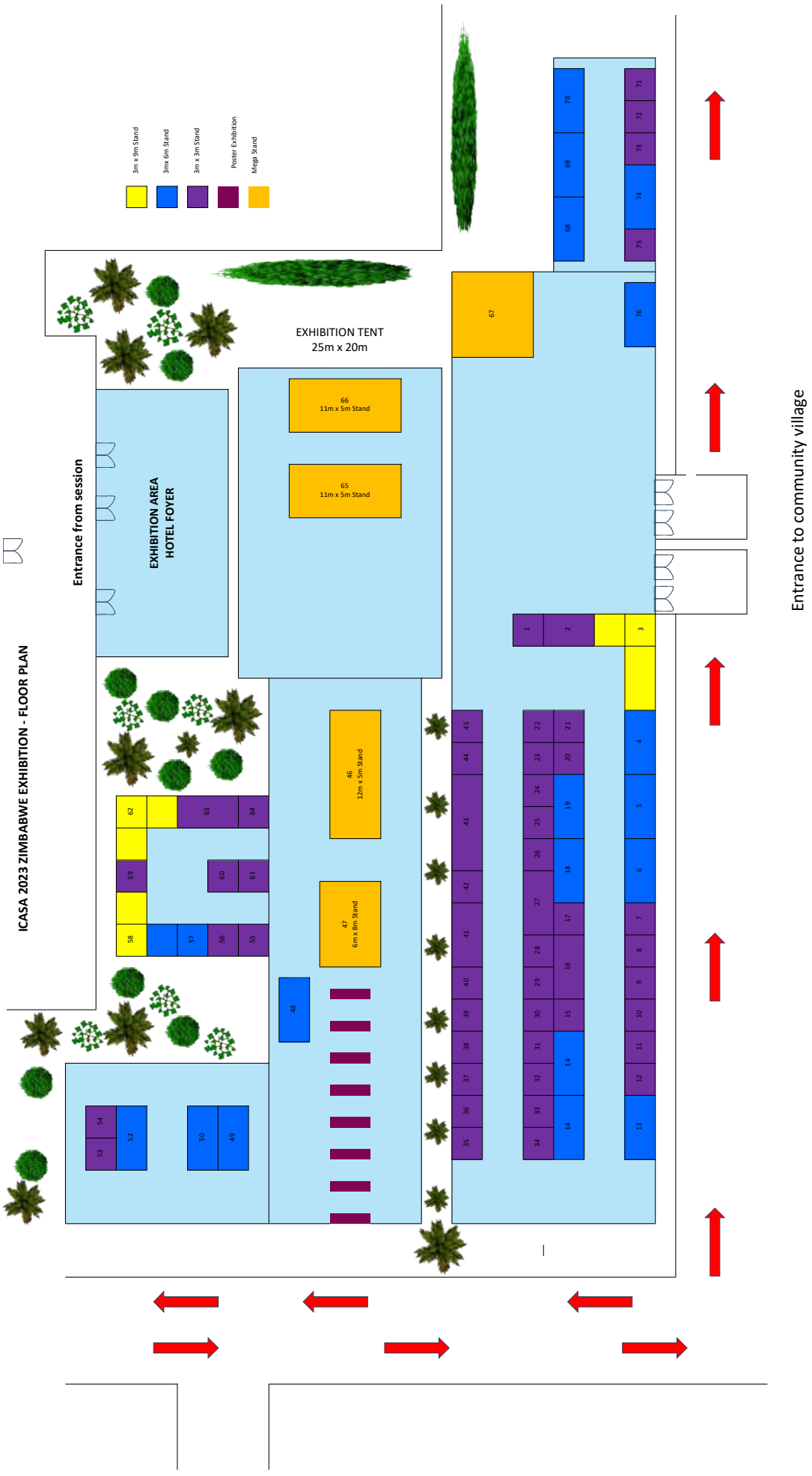
ORGANIZATION/ ORGANISATION	BOOTH NO./ STAND NO.
AfNHi, APHA, AVAC, PZAT	9
Aidsfonds	10
ALBINO TRUST OF ZIMBABWE	17
ARASA	15,16
Community Advisory Board	35
COPPER ROSE ZAMBIA	24
Eastern Africa National Networks of AIDS and Health Services Organizations	14
Frontline AIDS	7
INERELA+ Kenya	2
INTEREST	11
Katswe Sistahood	22
Love Alliance	4
Loving hand	40
Medecins Sans Frontiers	36
Ministry of Health and Child Care, Zimbabwe	8
O'Neill Institute for National and Global Health Law	39
Plan International Zimbabwe	32
Planetary Health Club	41
PROLINK GHANA	29
SPRINGS OF LIFE ZIMBABWE	37
Stop TB Partnership Zimbabwe	18
Sunrise Sign Language Academy	28
UNESCO	25
WONETHA	38
Youth Alive Uganda	27
Youth Gate Zimbabwe Trust	19
Zimbabwe Civil liberties and drug Network	26
Zim-TTECH	33
ZNNP+	23


ICASA 2023 ZIMBABWE COMMUNITY VILLAGE - FLOOR PLAN
1 COMMUNITY DIALOGUE SPACE
2
3 YOUTH ZONE
4
5 WOMEN ZONE
6 KP ZONE
7
8
9
10
11
12 PERSONS WITH DISABILITIES ZONE
13 DIASPORA NETWORKING ZONE
14
15
16
17
18
19
20 FEMALE SEX WORKERS ZONE
21 FBO ZONE
22
23
24
25
26
27
28
29
30 Malaria, TB & HEPATITIS ZONE
31 PLHIV ZONE
32
33
34
35
36
37
38
39
40
41
Stage
COMMUNITY VILLAGE STAND LEGEND
Stage
2mx 2m Stand
4m x 2m Stand
5m x 10m Stand
5m x 6m Stand

EXHIBITORS / EXPOSANTS

ORGANIZATION/ ORGANISATION	BOOTH NO./ STAND NO.
ABBOTT	22
ACCUBIO LTD	23
AHF ZIMBABWE	73
ARASA	34
AUROBINDO PHARMA LTD	27
AVACARE HEALTH	66
BIOCENTRIC-BRUKER	24
BIOLYTICAL LABORATORIES INC.	44
CEPHEID	48
CHEMONICS INTERNATIONAL	17
CIVIL SOCIETY INSTITUTE	30
COALITION PLUS	52
COSPHARM	43
DRUGS FOR NEGLECTED DISEASES INITIATIVE	61
EGPAF	8
EXPERTISE FRANCE	13
FAMILY AIDS CARING TRUST FACT ZIMBABWE	15
GATES FOUNDATION (GENESIS)	63
GHANA AIDS COMMISSION/ GOV'T OF GHANA	49
GILEAD	76
THE GLOBAL FUND	7
GLOBAL BLACK GAY MEN CONNECT (GBGMC)	50
GRASSROOT SOCCER	28
GUANGZHOU WONDFO BIOTECH CO., LTD	41
HETERO LABS LIMITED	67
HIV VACCINES TRIAL NETWORK	19
HIVOS	56
HOLOGIC BV	75
HUMANA PEOPLE TO PEOPLE	14
IAS	9
IMMY	37
INTEC PRODUCTS INC	26

IPM SOUTH AFRICA NPC	70
JHPIEGO	21
JOHN SNOW INC.(JSI)	31
KAREX INDUSTRIES SDN BHD	42
LAURUS LAB	47
MEDECINES PATENT POOL	10
MERIL DIAGNOSTICS PRIVATE LIMITED	35
MOLBIO DIAGNOSTICS PVT LTD	38
MSD	1
NAC ZIMBABWE & GOVERNMENT OF ZIMBABWE	18
ORASURE TECHNOLOGIES	68
ORGANIZATION FOR PUBLIC HEALTH INTERVENTION AND DEVELOPMENT (OPHID)	72
PAEDIATRIC & ADOLESCENT TREATMENT AFRICA (PATA)	20
PHARM ACCESS AFRICA LIMITED	36
PLAN INTERNATIONAL ZIMBABWE	32
POPULATION SOLUTIONS FOR HEALTH	16
PREMIER MEDICAL CORPORATION	25
SATEWAVE TECHNOLOGIES	69
SAYWHAT	12
SD BIOSENSOR	29
SOCIETY FOR AIDS IN AFRICA	2
THE CHILDRENS INVESTMENT FUND FOUNDATION	33
THE FEMALE HEALTH COMPANY	39
THERMO FISHER SCIENTIFIC	55
THINK INTERNATIONAL	64
UNAIDS	4
UNFPA	6
VIATRIS	46
VIIV HEALTHCARE	45
WHO	5
YOUNG PEOPLE'S NETWORK ON SRHR, HIV AND AIDS	74


ICASA 2023 ZIMBABWE EXHIBITION - FLOOR PLAN
3m x 9m Stand
3mx 6m Stand
3m x 3m Stand
Poster Exhibition
Mega Stand
EXHIBITION TENT
25m x 20m
EXHIBITION AREA
HOTEL FOYER
Entrance from session
Entrance to community village
66
11m x 5m Stand
65
11m x 5m Stand
46
12m x 5m Stand
47
6m x 8m Stand

22ND ICASA
INTERNATIONAL CONFERENCE ON AIDS AND STIs IN AFRICA
4-9 December 2023
Rainbow Towers, Harare, Zimbabwe

ICASA 2023
YOUTH SPECIAL SESSION

In the Daily Life of Adolescent and Young People with Disabilities: focusing on HIV, SRHR and GBV

Tuesday, 5 October, 2023
8:45AM – 9:30AM **CAT** | **VIP Lounge**

Young People Unite: Addressing Inequalities, Ending AIDS!

Wednesday ,6 December, 2023
8:45AM – 9:30AM **CAT** | **VIP Lounge**

Youth PrEPared - Financing Youth-Led Organisations to End HIV

Thursday, 7 October, 2023
8:45AM – 9:30AM **CAT** | **VIP Lounge**

Pocketing the 2030 Agenda: Empowering Youth Advocacy for SRHR through Digital Innovation

Friday, 8 December, 2023
8:45AM – 9:30AM **CAT** | **VIP Lounge**

The Rainbow Towers Hotel and Conference Centre, Harare Zimbabwe

For more information kindly contact **enquiries@saafrica.org**

ICASA 2023 HIGH LEVEL MEETING

2nd December 2023, Elephant Hills Hotel, Victoria Falls, Zimbabwe

Concept Note on Addressing the Prevention of Mother-to-Child Transmission (PMTCT) and Elimination of New-born Infections in Africa

Goal & **Objectives**

Recognizing the critical situation of vertical transmission of HIV and paediatric HIV in Africa, the Society of AIDS in Africa, in partnership with the OAFLAD, national and international partners, is organizing a High-Level Meeting (HLM) to accelerate the implementation of strategies and interventions aimed at addressing, preventing, and eliminating vertical transmission and preventable child infections across the continent. The significance of the HLM is that it will take place just before the 2023 International Conference on AIDS and STIs in Africa (ICASA) and intended to galvanize political commitment of policy and decision makers towards this critical issue. African First Ladies can leverage on the 2023 ICASA and renew their commitment towards an AIDS-free Africa. The HLM also is an excellent opportunity to affirm OAFLAD`s support to the Global Alliance to End AIDS in Children and the Triple elimination of HIV, Syphilis and Hepatitis B agenda.

MC: Tariro Makanga

TIME	SESSION/ACTIVITY	SPEAKER
08:30-09:00	Arrival and Cultural performance	
09:00-09:05	Introduction by the President of the Society for AIDS in Africa (SAA) and ICASA 2023	Dr. David Parirenyatwa
09:05-09:10	Welcome Remarks by the Minister of Provincial Affairs and Devolution, Matabeleland North Province	Hon. Richard Moyo
09:10-09:15	Solidarity Remarks by WHO Regional Director for Africa, to be delivered by the WHO Representative to Zimbabwe	Dr. Matshidiso Moeti
09:15-09:20	Solidarity Remarks by ICW Africa representing Networks of People Living with HIV: Roles of Communities in achieving results for children and mothers	Lillian Mworeko
09:20-09:25	Remarks and introduction of the Guest of Honour by the Minister of Health and Child Care (Zimbabwe) and ICASA 2023 Vice President	Hon. Dr. Douglas T. Mombeshora
09:25-09:35	Keynote address by the First Lady of the Republic of Zimbabwe: The role of OAFLAD: achievements, lessons learned and way forward.	Her Excellency Dr. Auxillia Mnangagwa
09:35-09:45	Entertainment	
60 minutes	Panel Discussion	**Facilitators:** Dr. Pierre Mpele, *SAA Board of Trustee* Lydia Zigomo, *UNFPA East & Southern Africa Regional Director*

TIME	SESSION/ACTIVITY	SPEAKER
09:45-10:00	Joint Presentation by WHO and UNICEF on Technical update on HIV epidemic situation and response among children and women: Global Alliance to End AIDS in Children by 2030 and Triple Elimination of HIV, Syphilis and Hepatitis.	**Dr. Meg Doherty,** *Director Global HIV, Hepatitis and STIs Programmes, World Health Organization, Geneva, Switzerland* **Ms. Anurita Bains,** *Associate Director HIV/AIDS, UNICEF*
10:10-10:20	AU Sustainable financing and other initiatives for eMTCT	Hon. Dr. Litha Musyimi-Ogana, *Commissioner, African Union*
10:20-10:30	**Health financing for triple elimination (HIV, syphilis and HBV) and comprehensive care among pregnant women and babies**	Michael Ruffner, *Deputy Coordinator for Financial and Programmatic Sustainability, Bureau of Global Health, Security and Diplomacy (GHSD)/PEPFAR*
10:30-10:40	Cultural Performance	
60 mins	Panel Discussion	Facilitators: Ms. Etleva Kadilli, *Regional Director for Eastern and Southern Africa, UNICEF*
10:40-10:50	Where we are (Setting the scene): children and adolescents lag behind and what should be done reduce the gap. (10 minutes)	Winnie Byanyima, *Executive Director, UNAIDS*
10:50-11:50	Panel discussion: First Ladies role in eliminating vertical transmission: achievements and future commitments.	Fisrt Lady of the Republic of Zimbabwe, H.E. Dr Auxilia Mnangagwa (10 minutes) First Lady of the Republic of Botswana, H.E.Madam Neo Jane Masisi (10 minutes) First Lady of the Republic of Mozambique H.E. Madam Isaura Nyusi (10minutes) H.E. First Lady of the Federal Republic of Nigeria, Madam Remi Tinubu (10 minutes) Egypt (5 minutes) Burundi (5 minutes) Angola (5 minutes)
11:50-12:00	Wrap-Up of the Session	OAFLAD Secretariat
12:00-12:05	Closing Remarks	Dr. David Parirenyatwa
Group Photograph		

ICASA 2023 HIGH LEVEL MEETING

2nd December 2023, Elephant Hills Hotel, Victoria Falls, Zimbabwe

Addressing Domestic Financing of the HIV Response to Reach the United Nations 2025 Goals and the African Union Agenda 2063 Aspirations

Goal

The goal of the High-Level Meeting is to explore strategies for increasing domestic financing for HIV programs in Africa.

Objectives

At the end of the engagement, the high-level meeting is expected to achieve the following:

- Identify ways to expand domestic funding for HIV/AIDS programs.
- Conceptualize pathways to enhance domestic funding for HIV programs and services, in partnership with civil society organizations and the private sector.

TIME	SESSION/ACTIVITY	SPEAKER
2:30 – 3:00 PM	Registration/Cultural performance	ICASA Secretariat
3:00-3:15 PM	Welcome and introduction	• Hon. Dr. David Parirenyatwa, *SAA President (7 minutes)* • **Hon. Mthuli Ncube**, *Minister of Finance, Zimbabwe – 8 minutes*
Keynote Address: Promoting financial sustainability for the HIV/AIDS response in Africa; Maximizing innovative domestic financing mechanisms		
3:15-3:22PM	Overcoming fiscal and debt constraints; towards a sustainable HIV response and stronger health systems beyond 2030	**Winnie Byanyima**, *UNAIDS EXD*
3:22-3:29PM	Keeping HIV a priority in the global health financing landscape	**Peter Sands,** *GF EXD*
3:29-3:36PM	PEPFAR's Role in Sustaining the HIV Response	**AMB. John Nkengasong**, *PEPFAR EXD*
3:37-4:37PM	Mobilizing domestic funding for HIV/AIDS Programs, as part of national efforts towards Universal Health Care and the prevention and response to epidemics in Africa - Country perspectives	Facilitators: **Jaime Atienza**, *UNAIDS* **Dr. Tajudeen Oyewale**, *UNICEF*
	Western Africa Minister of Finance / MOH	**Hon. Ken Ofori Atta,** *Minister of Finance, Ghana*
	Southern Africa Minister of Finance / MoH	• **Hon. Mthuli Ncube**, *Minister of Finance and Economic Development of the Republic of Zimbabwe.* • **Hon. Peggy Serame**, *Minister of Finance and Economic Development of the Republic of Botswana.* • **Hon. Enoch Godongwana**, *MP, Minister of the Republic of South Africa.*
	Central Africa Minister of Finance / MoH	• **Hon. Dr. Uzziel Ndagijimana**, *MoF of the Republic of Rwanda.*

TIME	SESSION/ACTIVITY	SPEAKER
	Central Africa Minister of Finance / MoH	• Hon. Dr. Uzziel Ndagijimana, *MoF of the Republic of Rwanda.*
		• Minister of Finance – DR Congo
	Eastern Africa Minister of Finance / MoH	• Hon. Pr. Njuguna Ndung'u, *Head of the National Treasury and Planning of the Republic of Kenya.*
	Northern Africa Minister of Finance / MoH	MOF – Egypt MOF - Morrocco
	Discussions	Participants
4:37-4:47PM	Cultural performance	
4:47-5:47PM (60 minutes)	Creating an enabling environment for African philanthropists and the private sector to support domestic financing for the HIV/AIDS response.	Facilitators: **H.E Dr. Jean Kaseya**, *CEO/DG Africa CDC* **Dr. Izukanji Sikazwe**, CEO, CIDRZ
10 minutes	Setting the Scene: The role of the African Development Bank in the creation of an African domestic financing mechanism towards and AIDS-free continent.	**Dr. Akinwumi A. Adesina**, *African Development Bank (AfDB)*
30 minutes	Moving towards the 2030 targets - The role of African philanthropists and the private sector in the mobilization of domestic financing for HIV/AIDS programs in Africa	3 – 4 Philanthropists to be invited: Suggestions: **Elephant Hills Hotel, Victoria Falls, Zimbabwe** - **Aliko Dangote** - **Mo Ibrahim** - **Strive Masiyiwa** - TY Danjuma Foundation - **Prince Arthur Eze** Philanthropy and Empowerment International - **Tony Elumelu** - **Dr Phumzile Mlambo-Ngcuka**, Founder of Umlambo Foundation, Former Executive Director of UN Women. - **Dr. Precious Moloi-Motsepe**, Co-founder and CEO, The Motsepe Foundation. - **Angela Muriithi**, Director, East and Southern Africa, PLAN International (Private Sector)
20 minutes	Discussions	Participants
5 :47-5 :57PM	Wrap-up of session and commitments	Facilitators (10 minutes)
5:57-6:02PM	Closing remarks	Hon. Dr. David Parirenyatwa (5 minutes)

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MSD

ICASA 2023

Best Abstract Awards / Laureats Des Meilleurs Resumes

THEME

AIDS IS NOT OVER: Address inequalities, accelerate inclusion and innovation

OBJECTIVES

- Mainstream respect for equity, inclusion and diversity in the control and mitigation of the impact of diseases.
- Sustain and increase domestic financing and community response.
- Respond to HIV/AIDS, COVID-19, Monkey-pox, Ebola and any other emerging diseases.
- Mitigate the impact of Hepatitis, Tuberculosis and Malaria through health systems strengthening.
- Generate and provide evidence-based data for policy formulation

THÈME VALIDÉ POUR ICASA 2023

Le SIDA est toujours là : Eliminons Les inégalités, accélérons l'inclusion et l'innovation.

OBJECTIFS DE ICASA 2023, ZIMBABWE

- Intégrer le respect de l'équité, de l'inclusion et de la diversité dans le contrôle et l'atténuation de l'impact des maladies.
- Consolider et accroître le financement national et la riposte communautaire.
- Accélérer la réponse au VIH/SIDA et faire face à la COVID-19, la variole du singe, Ebola et toutes autres maladies émergentes.
- Réduire l'impact de l'hépatite, de la tuberculose et du paludisme grâce au renforcement des systèmes de santé.
- Produire et fournir des données factuelles évidentes pour la formulation des politiques.

BEST ABSTRACT AWARD RECIPIENTS - ICASA 2023

To encourage young researchers and to recognize excellence, ICASA 2023 will present the Young Investigator Award for each track. The prize supports young researchers who demonstrate excellence in the area of research programs related to the scale up of prevention and treatment interventions in resource-limited settings.

To be eligible for nomination, presenting authors of the abstract must be no older than 35 years of age on 4th December 2023 and is a citizen of a low/middle income country (according to the World Bank classification).

The research must have been carried out in a low/middle income country and must, directly or indirectly, be related to increasing access to prevention and/or treatment in resource-constrained settings. A prize of US $1,000 will be given to the highest scoring abstract which meets the above criteria for each of the conference tracks.

- ICASA 2023 total of Abstract submitted: **2600**
- Total Abstracts reviewed: **2540**
- Total Oral Abstracts presentation: **78**
- Total Poster Abstracts: **813**

The ICASA Best Oral Abstract winners will also be awarded an ICASA full scholarship. As an additional perk, winners will receive complimentary ICASA delegate registration, granting access to an enriching and diverse conference experience. Sponsored by AU-CDC.

Also, all Oral Abstract presenters will receive full scholarships, including free registration.

PRIX DU MEILLEUR RÉSUMÉ DE 2023/PRIX DU JEUNE CHERCHEUR DE 2023

Pour encourager les jeunes chercheurs et à reconnaître l'excellence, ICASA 2023, remettra le Prix du Jeune Chercheur dans chaque section. Pour être admissibles à la nomination, les auteurs présentateurs de résumés ne doivent pas être âgés de plus de 35ans à la date du 4 Decembre 2023 et doivent être citoyens d'un pays à revenus faibles/moyens (selon la classification de la Banque Mondiale).

Le prix vise à soutenir les jeunes chercheurs qui font preuve d'excellence dans le domaine des programmes de recherche liés à l'expansion des efforts de prévention et de traitement dans les pays à ressources limitées.

- ICASA 2023 total Resumes reçus: **2600**
- Resumes evalués: **2540**
- Orale presentation: **78**
- Poster exhibition: **813**

La recherche doit avoir été effectuée dans un pays à revenus faibles/moyens et doit, directement ou indirectement, être liée à l'amélioration de l'accès à la prévention et/ou au traitement dans les milieux à ressources limitées. Un prix de mille (1000) USD sera offert pour le résumé qui obtiendra le plus haut score en répondant aux critères ci-dessus dans chacune des sections de la conférence. Sponsor officiel AU-CDC.
Les récipiendaires du prix du meilleur abstract bénéficieront également d'une bourse complète à ICASA. En bonus, ils recevront une inscription gratuite à ICASA, leur donnant accès à une expérience enrichissante et diversifiée.

TRACK A

Madame Edwige Hermione Dagba Gbessin, Benin

TITLE OF ABSTRACT: DIVERSITÉ GÉNÉTIQUE ET PROFILE DE RÉSISTANCE DES ENFANTS EN ÉCHEC THÉRAPEUTIQUE ET SUIVIS SUR CINQ SITES DE PRISE EN CHARGE AU BENIN

Madame DAGBA GBESSIN EDWIGE HERMIONE fit ses études supérieures à l'Université d'Abomey-Calavi du BENIN où elle obtint respectivement un Diplôme d'Ingénieur des Travaux en Analyses Biomédicales (DIT/ABM) et plus tard un Master II en Biochimie Biologie Moléculaire et Applications.

Forte d'une solide expérience acquise ces 18 dernières années dans le domaine du VIH, elle s'inscrit en thèse unique de Doctorat de 3è cycle (PhD) option virologie et Biologie Moléculaire à l'Université NAZI BONI de Bobodioulasso.

Au cours de sa carrière, elle a participé à quelques recherches axées sur le diagnostic et la diversité génétique du VIH, la surveillance de la résistance du VIH aux antirétroviraux, et plus récemment au diagnostic du SARSCOV2.

TRACK B

Dr. Nkazimulo Immaculate Tshuma, Zimbabwe

TITLE OF ABSTRACT: ANALYSIS OF CAUSES AND CLINICAL DETERMINANTS OF MORTALITY AMONG PEOPLE LIVING WITH HIV AT MPILO CENTRE OF EXCELLENCE, BULAWAYO, ZIMBABWE

Dr Nkazimulo Tshuma is a Medical Practitioner in the field of HIV management. She has been actively involved in the management of people living with HIV for the past 10 years.

Her journey dates back to the days when she was serving a certain rural community and was mainly involved in training health personnel in HIV prevention, care and treatment. Currently, she is the Medical Director of Mpilo Centre of Excellence under AIDS Healthcare Foundation in Bulawayo, Zimbabwe.

In her journey with people living with HIV, she has shown great passion not only in medical manage-

ment but also in educating the community about HIV.

She enjoys taking part in Community Radio talk shows on HIV related matters. She is an aspiring researcher, with an interest in research related to understanding the broader picture of living with HIV in the era of improved life expectancy among People living with HIV.

TRACK C

Mr. Wayne Ochieng Otieno, Kenya

TITLE OF ABSTRACT: AMPLIFYING VOICES: ENHANCING BENEFICIARY EXPERIENCE VIA VIRTUAL ANONYMOUS FEEDBACK FOR ADOLESCENTS AND YOUNG PEOPLE'S PROGRAM IN SIAYA COUNTY, KENYA

Mr. Wayne Otieno is a distinguished Kenyan Health Informatics Management and trained Epidemiologist with expertise in Results Based Monitoring Evaluation, Research, and Leadership within donor-funded development programs in Kenya. His extensive experience spans large-scale health programs including HIV, TB, Malaria, Reproductive Health, and more. Currently leading Monitoring & Evaluation for CMMB's Five Programs across eight counties in Western & Eastern Kenya, Wayne previously oversaw activities at Jhpiego-Kenya, focusing on HIV Oral PrEP and RMNCAH programs in multiple counties.

Wayne is known for establishing and fortifying MERL systems, emphasizing program management and data-driven decision-making. Proficient in various Information Management Systems and digital data collection software, he has served donors including USAID, Bill and Melinda Gates Foundation, and Global Fund. Wayne has supervised and mentored a team professional and conducted capacity-building initiatives for healthcare providers and community volunteers.

A certified Research Expert, his achievements include contributing to increased funding for CMMB-Kenya and pioneering the implementation of innovative practices. Wayne is also a certified champion in Results-Based Monitoring and Evaluation System and Gender-Based Violence. Additionally, he has made significant contributions to scholarly work, further cementing his status as a thought leader in the field. His efforts have been duly recognized with leadership awards, a testament to his exceptional contributions to the healthcare landscape.

TRACK D

Miss. Princess Rudo Mharire, Zimbabwe

TITLE OF ABSTRACT: BEYOND METRICS: HOW THE SIMPLE PARTICIPATORY ASSESSMENT OF REAL CHANGE (SPARC) TOOL PROVIDES A HOLISTIC APPROACH TO ADVOCACY MEASUREMEN

Princess Mharire is a young professional with experience and expertise in monitoring and evaluation of advocacy projects, spanning over 5 years. She is knowledgeable in creating essential tools that enable advocates to monitor their progress, take stock of their wins, and document their results; whilst harvesting learnings throughout the cycle of their advocacy initiatives.

Princess is a social scientist who holds qualifications in Sociology; Monitoring and Evaluation; as well as sexual and reproductive health rights.

One of her recent notable accomplishments has been her work with the CASPR Coalition, a regional advocacy project dedicated to fostering an Africa-centered network that accelerates biomedical HIV prevention research and promotes equitable access to proven HIV prevention products. Within this role, Princess plays a pivotal role in assisting partner organizations in identifying, measuring, documenting, disseminating, and learning from impactful results as a means to effectively tell the story of qualitative advocacy outcomes.

Princess, through her work, continues to contribute towards the amplification and visibility of HIV prevention research advocacy efforts; by leading the development of outcome-focused newsletters for CASPR and external audiences.

TRACK E

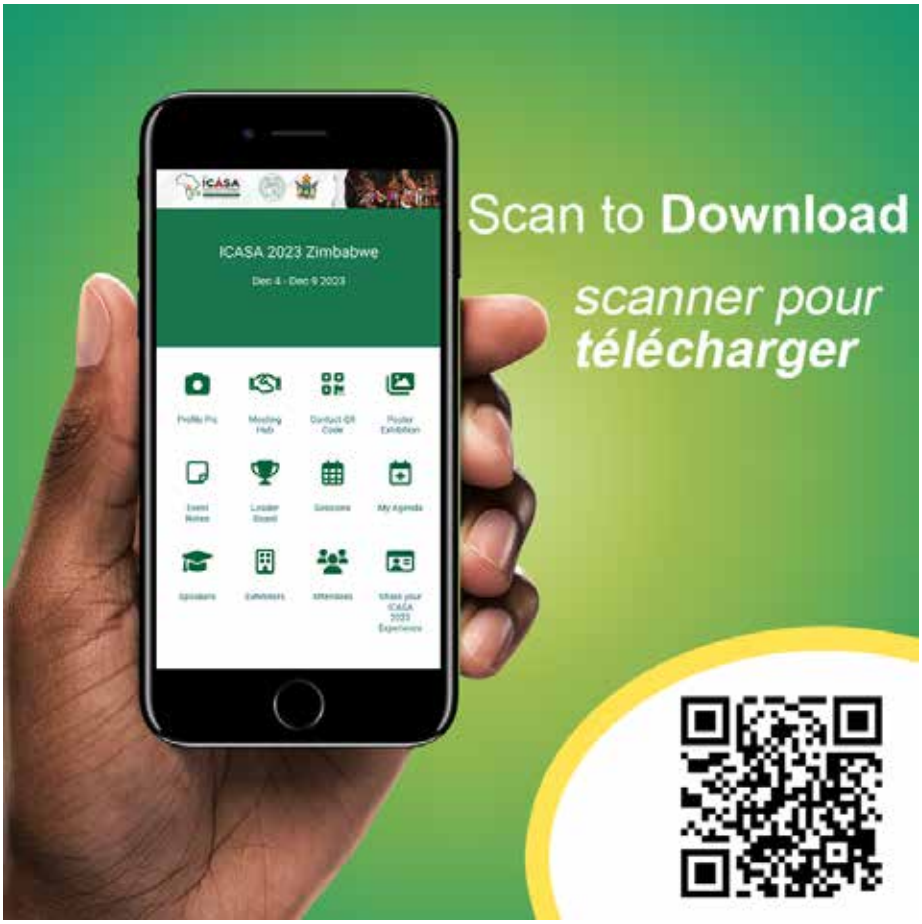
Dr. Clorata Gwanzura, Zimbabwe

TITLE OF ABSTRACT: DIFFERENTIATED SERVICE DELIVERY PROGRAMME MONITORING DURING SCALE – UP _ A DESCRIPTION OF INNOVATIONS FROM ZIMBABWE, 2017 - 2022

Dr Clorata Gwanzura is a public health specialist working with the national HIV programme within the Ministry of Health and Child Care in Zimbabwe. She is responsible for Differentiated Service Delivery implementation for PLHIV on ART, and TB/HIV collaboration at the national level in Zimbabwe and is also the focal point for community collaborations in which she works with civil society organisations and organisation representing people living with HIV.

She has ten (10) years' experience working at various levels in the Zimbabwe ministry of health implementing and managing public health programs including TB and HIV programming. Key areas of interest include health systems strengthening and program management.

Clorata is a medical doctor and holds a Masters' degree in Public Health from the University of Zimbabwe.



WINNER OF ICASA 2023 LOGO COMPETITION / GAGNANT DU MEILLEUR LOGO ICASA 2023

22ND ICASA INTERNATIONAL CONFERENCE ON AIDS AND STIs IN AFRICA
4-9 December 2023
Rainbow Towers, Harare, Zimbabwe

NAME: MOUKENDI GEDEON DIEUDONNE
COUNTRY: CONGO BRAZZAVILLE

My name is Moukendi Gedeon Dieudonne, Born March 6, 1990 in Brazzaville, Republic of Congo. I am 32 years old and I am of Congolese nationality.

Being fascinated by colors and shapes, I really liked to draw by hand with pencil or pen which was my favorite hobby. After graduating from college in 2009.

I did my graduate studies in plastic art at the Academy of Fine Arts in Kinshasa in the capital of the Democratic Republic of Congo.

After my studies in plastic art in 2013, I joined a communication agency specializing in corporate and audio-visual communication as a Senior Graphic Designer, my mission was to create concepts and design all graphic media and l graphic universe to make ideas coherent.

In July 2015, I signed a contract with the Cabinet Richard Attias & Associates based in Dubai for the organization of the 11th African Games in the capital of the Republic of Congo which is Brazzaville.

I was in charge of designing the mascot, the graphic universe and some variations, setting up and managing the graphic teams in order to coordinate and carry out the project and facilitate execution.

In March 2016 I was recruited by the communication agency specializing in 360° communication called MWDDB° which is the subsidiary of DDB°, TBWA of the OMNICOM Group as Artistic Director and my job was to find concepts to make a marketing plan for a lot of customers including the MTN Congo telecommunications network.

Today my job is to serve as a consultant in communication, marketing and support companies to properly orient their ways of communicating by creating concepts and establishing a marketing plan in order to coordinate their communications and make it effective, set up a launch of a new product.

Create brands from scratch, from the logo to the graphic universe, to the packaging and set up a launch marketing plan.

SESSION COLOUR CODING FOR ICASA 2023

PROGRAMME 30

EXAMPLE 1: MOAA01 = MO (WEEKDAY) - (SESSION TYPE) AA - (SESSION ORDER) 01

EXAMPLE 2: MOAAO105LB = MO (WEEKDAY) -(SESSION TYPE) AA - (SESSION ORDER) 01 (SESSION ORDER) 05 (ABSTRACT ORDER)

EXAMPLE 3: MOPE001 = MO (POSTER PRESENTATION DAY) - PE (PRESENTATION TYPE) - 001 (ABSTRACT ORDER)

WEEKDAY	SESSION TYPE	SESSION ORDER	SPEAKER ORDER
MO (MONDAY) TU (TUESDAY) WE (WEDNESDAY) TH (THURSDAY) FR (FRIDAY) SA (SATURDAY	PL, SS, SY	01, 02, 03, 04 ETC.	01,02,03,04

PROGRAMME SESSIONS	ABSTRACT-DRIVEN SESSIONS	OTHER SESSIONS
PROGRAMME SESSIONS AND PROGRAMMES ACTIVITIES	MO TU WE TH FR SA	

Special Session
Satellite Symposia
Non Abstract Driven Session
Workshop

CV (Community Village)
PL (Plenary Session)
SS (Special Session)
SY (Symposia Session)
WS (Workshop)
NAD (Non Abstract Driven Session)
e.g. SAPL0101, WEPL0306

ORAL ABSTRACT SESSION	POSTER DISCUSSION OR POSTER EXHIBITION
SA = Weekday	SA = Weekday

A= Abstract	P = Poster
A-E = Track (see below)	D = Discussion / E = Exhibition
	A-E = Track (See below)
AA (TRACK A)	PDA (TRACK A)
AB (TRACK B)	PDB (TRACK B)
AC (TRACK C)	PDC (TRACK C)
AD (TRACK D)	PDD (TRACK D)
AE (TRACK E)	PDE (TRACK E)
01, 02, … = Session order 01, 02, 03… = Speaker order e.g., SAAA0101, MOAD0205	01, 02, … = Session order 01, 02, 03… = Speaker order e.g. TUPDA0101, WEPDD0205 *e.g. TUPE0905, SAPE0108*

EXEMPLE 1: MOAA01 = MO (JOUR DE LA SEMAINE) - (TYPE DE SESSION) AA - (NUMERO DE LA SESSION) 01

EXEMPLE 2: MOAAO105LB = MO (JOUR DE LA SEMAINE) -(TYPE DE SESSION) AA - (NUMERO DE LA SESSION) 01 (NUMERO DE LA SESSION) 05 (NUMERO DE L'ABSTRACT)

EXEMPLE 3: MOPE001 = MO (JOUR DE PRESENTATION DE L'AFFICHE) - PE (TYPE DE PRESENTATION) - 001 (NUMERO DE L'ABSTRACT

JOUR DE LA SEMAINE	TYPE DE SESSION	ORDRE DE SESSION	ORDRE DES ORATEURS
MO (LUNDI) TU (MARDI) WE (MERCREDI) TH (JEUDI) FR (VENDREDI) SA (SAMEDI)	PL, SS, SY	01, 02, 03, 04 ETC.	01,02,03,04

SESSIONS DU PROGRAMME	SESSIONS DIRIGEES	AUTRES SESSIONS
SESSIONS DU PROGRAMME ET ACTIVITES DU PROGRAMME	MO TU WE TH FR SA	

Session spéciale
Session Satellite
Session Non dirigée
Session Atelier

CV (Village Communautaire)
PL (Session Plénière)
SS (Session Spéciale)
SY (Session Symposia)
WS (Atelier)
NAD (Session Non dirigée)
ex: SAPL0101, WEPL0306

SESSIONS ORALES DIRIGEES	DISCUSSION AUTOUR DES AFFICHES OU EXPOSITION D'AFFICHE
SA = Jour de la semaine	SA = Jour de la semaine (Samedi)
A= Abstract	P = Affiches
A-E = Track (voir ci-dessous)	D = Discussion / E = Exposition
	A-E = Track (Voir ci-dessous)
AA (TRACK A)	PDA (TRACK A)
AB (TRACK B)	PDB (TRACK B)
AC (TRACK C)	PDC (TRACK C)
AD (TRACK D)	PDD (TRACK D)
AE (TRACK E)	PDE (TRACK E)
01, 02, … = Ordre de session 01, 02, 03… = Ordre des Orateurs *ex:* SAAA0101, MOAD0205	01, 02, … = Ordre de la session 01, 02, 03… = Ordre des orateurs Ex : TUPDA0101, WEPDD0205 *ex: TUPE0905, SAPE0108* *ex: TUPE0905, SAPE0108*

CREATING POSSIBLE

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Plenary Sessions / Session Plénière

THEME

AIDS IS NOT OVER: Address inequalities, accelerate inclusion and innovation

OBJECTIVES

- Mainstream respect for equity, inclusion and diversity in the control and mitigation of the impact of diseases.
- Sustain and increase domestic financing and community response.
- Respond to HIV/AIDS, COVID-19, Monkey-pox, Ebola and any other emerging diseases.
- Mitigate the impact of Hepatitis, Tuberculosis and Malaria through health systems strengthening.
- Generate and provide evidence-based data for policy formulation

THÈME VALIDÉ POUR ICASA 2023 :

Le SIDA est toujours là : Eliminons Les inégalités, accélérons l'inclusion et l'innovation.

OBJECTIFS DE ICASA 2023, ZIMBABWE

- Intégrer le respect de l'équité, de l'inclusion et de la diversité dans le contrôle et l'atténuation de l'impact des maladies.
- Consolider et accroître le financement national et la riposte communautaire.
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- Réduire l'impact de l'hépatite, de la tuberculose et du paludisme grâce au renforcement des systèmes de santé.
- Produire et fournir des données factuelles évidentes pour la formulation des politiques.

TIME	09:45 – 10:30 hrs	ROOM	Plenary Room	DATE	Tuesday, 05 Dec. 2023

Session Chair: Prof. Mohamed Chakroun, Vice President, Society for AIDS in Africa(SAA)

Plenary Topic: Innovative financing for HIV in the context of UHC. What works?

Speaker: Dr. Nertila Tavanxhi

Manager, Health Financing High Impact & Southern Eastern Africa Health Finance Department
The Global Fund Against AIDS, TB and Malaria

Dr. Nertila Tavanxhi is the Manager for High Impact and South and Eastern Africa Health Financing Support at the Health Financing Department of the Global Fund against AIDS, TB and Malaria. Her role is to support access to funding and effective and efficient financing for the three diseases and health systems in the highest burdened countries in Sub Saharan Africa where GFATM is currently providing around 9 bill USD in grants.

Before joining the Global Fund, Nertila was Senior Technical Advisor to the Deputy Executive Director for Programmes, and Technical Lead for Transitions and Health Systems Strengthening at UNAIDS Headquarters.

As a Senior Health Economist, she was in charge of developing strategies and assisting countries to transition from external aid and integrate financing for HIV into financing for Universal Health Coverage. Prior to joining UNAIDS, she worked for WHO Regional Office for Europe as an adviser on health financing and health systems reform. During her 21 years of experience in global health financing and policy she has interacted and served in different expert groups of major stakeholders in health like the WHO, World Bank, The Global Fund, and the Gates Foundation. She holds a degree in Medicine, a diploma on District Health Management and an MSc in Health Policy, Planning and Financing, awarded jointly by the LSE and the London School of Hygiene and Tropical Medicine.

Plenary Topic: Optimization of innovative Paediatric therapeutics and prevention (DTG, TAF, bNAbs, etc).

Speaker: Dr. Lynda Stranix-Chibanda

Senior Lecturer, Department of Paedratrics, College of Health Sciences, University of Zimbabwe

Lynda Stranix-Chibanda is a Zimbabwean researcher and advocate for HIV prevention and treatment for pregnant women, infants and adolescents. A Paediatrician by training, Lynda lectures at the University of Zimbabwe and mentors postgraduate students. She is the Site Leader for Seke North Clinical Research Site in Chitungwiza, Zimbabwe with over 20 years of experience evaluating biomedical interventions in perinatal populations to optimise maternal health and eliminate vertical HIV transmission. Of relevance to this session, Lynda participated in early trials that developed the approach for testing and counsel-

ling women for HIV in pregnancy and established the dosing regimen for infant Nevirapine postnatal prophylaxis. Since then, she has led multiple studies among complex populations that informed global guidelines for treatment of HIV in pregnant and breastfeeding women and, more recently, pre-exposure prophylaxis in adolescent and young women.

Plenary Topic:
Recognizing disability in the HIV continuum of care with a cross-impairment approach.

Speaker: Yatma Fall
President, National Federation of Disabled People's Association of Senegal

Président de la Fédération Ouest Africaine des Personnes Handicapées (FOAPH), M. Yatma FALL a aussi dirigé la Fédération Sénégalaise des Associations de Personnes Handicapées (FSAPH) pendant une dizaine d'années ? Expert Formateur en droit des personnes handicapées M. FALL est actuellement chargé d'enseignement pour le master en droits des personnes handicapées de l'Université Gaston Berger de Saint Louis (UGB). Militant depuis une trentaine d'années pour la promotion des droits des personnes handicapées au Sénégal, en Afrique et dans le monde., il a fait partie du Comité Ad Hoc des Nations Unies chargé d'élaborer la Convention relative aux Droits des Personnes Handicapées (CDPH). Juriste de formation, M. Yatma FALL est aussi diplômé en travail social, en communication et coopération internationale de l'Université de Lyon.

Membre du Comité Afrique de l'Organisation Mondiale des Personnes Handicapées, M. FALL a participé à plusieurs conférences internationales relatives à la question du handicap.

Il est l'auteur de plusieurs articles et publications et prépare actuellement un ouvrage à paraitre prochainement sur les grandes étapes de la lutte et l'évolution du mouvement des personnes handicapées au Sénégal.

Au plan gouvernemental, M. Yatma FALL est actuellement Haut Conseiller des Collectivités Territoriales du Sénégal (HCCT) ou il préside aux destinées de la Commission Santé et Affaires Sociales. Auparavant, il a été Conseiller de la République du Sénégal et Rapporteur Général de la Commission Santé du Conseil Economique et Social du Sénégal.

TIME	09:45 – 10:30 hrs	ROOM	Plenary Room	DATE	Wednesday 06 Dec. 2023

Session Chair: Dr. Aliou Sylla, Secretary-General, Society for AIDS in Africa(SAA)

Plenary Topic: Human-centred inclusion of key and vulnerable populations and implementation of DSD approaches to overcome barriers.

Speaker: Prof. Mehdi Karkouri, MD

Topic: Human-centred inclusion of key and vulnerable populations and implementation of DSD approaches to overcome barriers.

Dr. Karkouri is a professor of Medicine at the Faculty of Medicine of Casablanca, Morocco and the president of Association de Lutte Contre le Sida (ALCS), the leading Civil Society Organization for HIV in the Middle East and North Africa, involved in providing access to care, HIV prevention, and HIV related advocacy. He is member of the National HIV Care Committee of Morocco.

He is also the president of Coalition Plus, the international network of Community Based Organizations.

He is involved in several research studies, especially community driven studies working on several topics, including HIV status disclosure, HIV Testing and Counseling, stigma and discrimination drivers.

Plenary Topic: People living with HIV- Led responses - Gaps in Domestic resource mobilization/financing towards ending new HIV infections in Africa.

Speaker: Christine Kafando

People living with HIV- Led responses - Gaps in Domestic resource mobilization/financing towards ending new HIV infections in Africa.

Première femme séropositive à témoigner à visage découvert au Burkina-Faso. Christine KAFANDO est une personne ressource dans le paysage de la lutte contre le VIH/SIDA au Burkina Faso. c'est en 1997 que C Kafando Educatrice préscolaire de formation est déclarée séropositive après un test de dépistage Dynamique, engagée et volontaire cette nouvelle donne, loin de l'abattre va au contraire la placer au cœur de la lutte contre la stigmatisation, la discrimination, le rejet et l'amélioration des conditions de vie des personnes vivant avec le VIH tant sur le plan national qu'international. C Kafando est aujourd'hui : la Présidente fondatrice de l'association Espoir pour Demain (AED) la première structure de prise en charge des enfants infectés/ affectés de la femme séropositive au Burkina Faso.

Représentante des personnes vivant avec le VIH/SIDA(PVVIH) au CNLS/BF, Fondatrice de la Plateforme Nationale de Plaidoyer et de lutte contre les Abus des Drogue au Burkina-Faso. Elle est également la toute première à créer une association des usagers de drogue au Burkina Faso (Association

Burkinabé de la promotion et de la réinsertion sociale des consommateurs de Drogue et des stupéfiants (ABCS) Elle a été Présidente du comité de gestion de la Maison des Associations (MAS) qui fédère 156 associations.

Représentante de personnes vivantes avec la maladie au CCM. Elle a été présidente de la commission permanente au Sidaction (France), Commissaire Ouest Africain de lutte contre la drogue de la Fondation Kofi Annan(WACD) Cette détermination constante orientée vers le combat contre le VIH-SIDA est couronnée en DECEMBRE 2005 par sa nomination au grade de Chevalier de l'Ordre de Mérite Burkinabé agrafe santé et en AVRIL 2011 par son élévation au grade dans la Légion d'Honneur Française.

Trophée des femmes entreprenantes de la ville de Bobo-Dioulasso (Sya Mousso) le 08 mars 2014.- Prix international Sidaction de la Fondation Pierre Bergé en Juin 2014.

Plenary Topic: Refocusing HIV finance in closing HIV equity gaps in Africa and prevention for youth.
Speaker: Dr. Ann Phoya
Public Health Nurse Midwife and Fulbright Scholar

Ann Phoya, is a Public Health Nurse Midwife and Fulbright Scholar with a doctoral degree in Health Planning and Research and a clinical role in maternal and infant health obtained at the Catholic University of America, Washington DC, in 1993. She has worked for 38 years in the Malawi Public Health Services holding different positions covering nursing and midwifery practice, education, regulation, management and policy level. She has extensive experience in RMNCH, SRHR and HIV programming and policy development.

At policy level she has served as in the Ministry of Health as:

- Head of Planning and Policy Development responsible for developing health policy and plans including overseeing their implementation.
- Director of the Sector-Wide Approach responsible for overseeing implementation of health sector reforms, partner coordination, resource mobilization and development and dissemination of health sector annual plans and reports
- Director of Nursing and Midwifery Services responsible for delivery of nursing and midwifery services in the country as well as development of nursing and midwifery policies
- Manager for Safe Motherhood responsible for operationalization of the safe motherhood concept in the country, and overseeing implementation of the first national safe motherhood program for Malawi
- Manager for Population and Family Planning Project responsible for implementing a World Bank funded learning project on integration of facility and community based family planning project.

At the education level, Ann is currently serving as an

- Adjunct Faculty, for the Master's Community Health Program at KCN as well as an internal examiner for the Reproductive Health and , Midwifery Masters program She has also served as
- A Full Bright Scholar in Residence and Adjunct Professor at Winston Salem State University, North Carolina, USA, responsible for internationalizing the maternal infant Health program;
- lecturer at Malawi College Health Sciences for Registered Nurse Public Community Health Program;

- An examiner for the Nurses and Midwives Council of Malawi.

At Practice level, Ann has worked at Lilongwe General Hospital and Kamuzu Central hospital as a bed side nurse midwife, in different departments including operating Theaters.

At Regulatory level, Ann has served in many Standing Committees of the Nurses and Midwives Council of Malawi, including serving as Deputy Chair and Chairperson of Council.
Following her retirement, in the Public Health sector in 2013, Ann joined University of North Carolina (UNC) Malawi Program where she served for 4 years (2014- 2017)as Director for a Safe Motherhood Project funded by the Bill and Melinda Gates Foundation.

Her last formal employment was at MSH where she serves as Chief of Party for a USAID flagship funded ONSE Health Activity whose goal was to improve access to quality priority health services in Malawi.

Ann has also served as President of Midwives Association of Malawi for six years (2014- 2020). As President for the Midwives Association she played an advocacy role among midwives, and health sector players including government to ensure access to quality maternal- and child health services including family planning as a strategy for reducing maternal and neonatal mortality and morbidity. The advocacy supported government to accelerate its efforts towards achievement of health related Sustainable Development Goals.

In addition to serving as a Board Member for AMREF Ann is also serves in the Boards of the following institutions

- Chair for the Malawi Scotland Partnership (MaSP), an NGO that fosters the long relationship between Malawi and Scotland including overseeing implementation of development project funded by the Scottish Government.
- Chair for Evidence Action, an International NGO working on improving access to safe Water in rural area of Malawi
- Council Member for the Kamuzu University of Health Sciences

TIME	09:45 – 10:30 hrs	ROOM	Plenary Room	DATE	Thursday 07, Dec. 2023

Session Chair: Prof. Morenike Folayan, Treasurer , Society for AIDS in Africa(SAA)

Plenary Topic: Optimization of innovative pediatric therapeutics and prevention (DTG, TAF, BnAbs etc).
Speaker: Prof. Glenda Elisabeth Gray
CEO and President of the South African Medical Research Council (SAMRC)

An NRF A1 rated scientist, CEO and President of the South African Medical Research Council (SAMRC), Professor Glenda Gray is a qualified pediatrician and co-founder of the internationally recognised Perinatal HIV Research Unit in Soweto, South Africa. Prior to her appointment at the SAMRC, she was the Executive Director of the Perinatal HIV Research Unit, an affiliate of Wits University. Glenda's global profile includes a role as Co-PI of the HIV Vaccine Trials Network (HVTN), an international collaboration for the development of HIV/AIDS prevention vaccines.

She has served as a Protocol Co-Chair of the multi-country Ensemble Study investigating the single-dose Ad26.COV2.S vaccine as an emergency response intervention. She received South Africa's highest honour – the Order of Mapungubwe - for her pioneering research in PMTCT. She is a member of the board of GARDP, AAHI and a member of the WHO TB-STAG.

Plenary Topic: Optimization of innovative pediatric therapeutics and prevention (DTG, TAF, BnAbs etc).

Speaker: Hon. Joy Johannah Phumaphi
Executive Secretary of the African Leaders Malaria Alliance

Joy Phumaphi is a former Minister of Health of Botswana. In addition to serving as GPMB Co-Chair, she also serves as Executive Secretary of the African Leaders Malaria Alliance; Co-Chair of the Global Partnership and Fund to End Violence Against Children; Co-Chair of the Lancet pathfinder commission on climate change and Health; and Board Chair of the Roll Back Malaria Partnership to End Malaria.

Ms. Phumaphi previously co-chaired the United Nations (UN) Secretary General's Independent Accountability Panel for Every Woman, Every Child, Every Adolescent; most recently Interim Co-CEO of the Clinton Health Access Initiative; previously served as a member of the UN High-Level Panel on Global Response to Health Crises; a member of the UN Reference Group on Economics; and as a UN Commissioner on HIV/AIDS and Governance.
Before becoming Minister of Health, Ms. Phumaphi served the people of Botswana as Principal Local Government Auditor and subsequently as a Member of Parliament - holding portfolios for Lands and Housing, where she introduced the country's first housing policy requiring that local authorities house all destitute people. During her time as Minister of Health, she introduced the first public sector universal antiretroviral program in the developing world.

Ms. Phumaphi later joined the World Health Organization (WHO) as the Assistant Director-General for Family and Community Health and was responsible for the 2005 World Health Report, "Making Every Mother and Every Child Count". She has also served as Vice President for Human Development at the World Bank where she oversaw a dramatic expansion of the network evaluation program.

Ms. Phumaphi sits on the boards of several international organizations and is an advisor to multiple global health initiatives. She holds a Bachelor's degree in commerce and a Master's degree in Finance and Accounting.

Plenary Topic: Community-Led data Driven responses: What works and what doesn't. The case of Key and Vulnerable Populations during COVID-19.

Speaker: Richard Smith Lusimbo

Director General,The Uganda Key Populations Consortium (UKPC)

Richard Smith Lusimbo is the Founder and Director General of The Uganda Key Populations Consortium (UKPC). He is also the Board Secretary for the UKPC Board of Directors (BOD) and sits on the UKPC Board of Trustees (BOT). The Uganda Key Populations Consortium is a coalition of key population organisations and networks that brings together representatives of key populations to collectively define and advocate for issues of common concern, including response to shrinking civic space and resources for key population-led programming in Uganda.

Richard is a well-known and respected LGBTIQ+ and Human Rights activist across the African continent that hails from Uganda, East Africa. He started his activism in his early twenties and has been a trailblazer for young leadership in Uganda and beyond. Richard holds a Bachelor of Information Technology Degree from Uganda Christian University (UCU), a Master of Philosophy in Human Rights and Democratisation in Africa (MPhil HRDA) from the Centre for Human Rights, Faculty of Law, University of Pretoria, South Africa and an International Training Programme in Sexual and Reproductive Health and Rights (ITP) from Lund University in Sweden.

Richard is a passionate advocate for marginalised community voices to be present in policy, laws, national frameworks, working groups, committees, and all spaces where their human rights and health issues are discussed and documented. Before founding UKPC, Richard worked as the SMUG, Research and Documentation Manager at Sexual Minorities Uganda (SMUG) and Programs Manager at Pan-Africa ILGA (PAI). He also sits on several boards, governance spaces and technical working groups at national, African and Global levels, respectively.

TIME	09:45 – 10:30 hrs	ROOM	Plenary Room	DATE	Friday 08, Dec. 2023

Session Chair: Dr. Fikile Ndlovu,
Deputy Secretary-General, Society for AIDS in Africa(SAA)

Plenary Topic: Medical Doctor, DARE/EMPOWERING Project Dar er Salaam
Speaker: Dr. Lilian Benjamin Mwakyosi
Africa, where are our SRHR? - Understanding the importance of youth involvement in developing and implementing national, regional, and continental SRHR policies.

Lilian Benjamin Mwakyosi is a highly accomplished healthcare advocate and leader based in Dar es Salaam, Tanzania. She earned her Doctor of Medicine Degree (M.D.) from the Hubert Kairuki Memorial University in 2017, and since then has dedicated her career to improving access to healthcare services for young people and communities living and affected with HIV in East Africa.

Lilian is the Executive Director and founder of DARE organization, a young women-led NGO that focuses on promoting young peoples' leadership and involvement in designing and implementing innovative approaches to enhance access to differentiated sexual and reproductive health services. She also leads an EmpoweRING advocacy project with the International Community of Women Living with HIV in Eastern Africa (ICWEA), which aims to introduce new Pre-Exposure Prophylaxis (PrEP) options for HIV prevention in the region. Lilian works as an AGYW Technical Advisor via COMPASS Africa, where she continues to drive change and make a positive impact on the lives of young women in her community.

Over the past five years, Lilian has implemented advocacy projects aimed at improving engagement and access to HIV services for Adolescent Girls and Young Women in Tanzania. She also volunteered as a freelance Sexual and Reproductive Health (SRH) counselor from 2014-2018 at a toll-free National AIDS/health Helpline via Tanzania Youth Alliance. Additionally, she championed access to differentiated service delivery models for young people living with HIV in 2017 with the International AIDS Society, was an AVAC Fellow 2018 and a Women Deliver Young Leader class of 2018.

Plenary Topic: Finding the missing targets: What more to do for HIV, TB, STIs, and Hepatitis

Speaker: Professor Quarraisha Abdool Karim

Associate Scientific Director, Center for the AIDS Programme of Research in South Africa (CAPRISA), South Africa

Prof. Quarraisha Abdool Karim, is an infectious diseases epidemiologist whose seminal contributions spanning over three decades have shaped the global HIV prevention landscape, notably in prevention technologies for women. She demonstrated that ARVs prevent sexually transmitted HIV that laid the foundation for HIV pre-exposure prophylaxis (PrEP); and has provided insights in Africa and globally on the impact of Covid-19 on HIV and in the evaluation of Covid-19 vaccines and therapeutics. Abdool Karim is the President of The World Academy of Sciences (TWAS). She is an elected member of the National Academy of Medicine (USA); and Fellow of The World Academy of Science, Royal Society of South Africa, Academy of Science of South Africa and the African Academy of Science. Her research contributions have been recognized nationally and internationally with over 30 honours including South Africa's Order of Mapungubwe, 2014 TWAS-Lenovo Prize; the John Dirks Canada Gairdner Global Health Award; the 2020 Christophe Mérieux Prize; and the 4th Hideyo Noguchi Africa Prize for Medical Research. She is the Associate Scientific Director of CAPRISA; Professor in Clinical Epidemiology, Columbia University; and Pro-Vice Chancellor for African Health, University of KwaZulu-Natal, South Africa.

Plenary Topic: From boutique to systemic and sustainable scale up: The case for HIV prevention.

Speaker: Dr. Ruth Laibon Masha, Ph.D

Chief Executive Officer of the National Syndemic Diseases Control Council

Dr Ruth Laibon Masha, PhD, is the Chief Executive Officer of the National Syndemic Diseases Control Council (formerly known as the National AIDS Control Council) since September 2020. In this role, she is responsible for managing the country's coordinated initiatives to develop policies, secure funding, establish partnerships, and provide technical assistance to address HIV and other related epidemics.

Before assuming her current position, Dr Masha served as the advisor for Global HIV Prevention Coalition and Adolescent Health at the United Nations Programme for HIV and AIDS in Geneva, Switzerland. She also worked as a Partnership Adviser in the Kenyan office of the same organization. Previously, Dr Masha worked for Family Health Options Kenya, Engender Health, and ActionAid International.

Dr Masha has over 22 years of experience in leadership positions, policy creation, and program implementation in public health. Her work has focused on HIV, human rights, gender, and sexual and reproductive health while serving in different capacities at the international, regional, national, and grassroots levels. She earned her PhD in Public Health from Jomo Kenyatta University of Agriculture and Technology.

TIME	09:45 – 10:30 hrs	ROOM	Plenary Room	DATE	Saturday 09, Dec. 2023

Session Chair: Dr. Emmy Chesire, Board Member, Society for AIDS in Africa(SAA)

Plenary Topic: Optimization of innovative pediatric therapeutics and prevention (DTG, TAF, BnAbs etc).
Speaker: Gerald Macharia
Vice President, Regional Director for East and Southern Africa, and the Country Director in Kenya for Clinton Health Access Initiative (CHAI)

Gerald Macharia is a Global Health professional with more than 18 years' experience working on global health issues across multiple countries.
As a Vice President at the Clinton Health Access Initiative – CHAI, in charge of 12 countries in the East & Southern Africa region, he has overseen public health programs in these countries and participated in various global health initiatives built around lowering the cost of medicines and diagnostics for HIV, TB and Malaria; improving access to other essential medicines; introducing new and innovative approaches to improve access to care and treatment for various disease areas; and provided leadership to various teams working in the public health arena in the countries that he covers for CHAI.

He has also been involved in a number of governance roles in the public and private sectors in Kenya; serving as a Board member in a number of public entities and as chairman of committees having oversight over audit, risk, finance and strategy.

In August of 2022, he was appointed the Chairman of the Board of the Kenya National Public Health Institute (KNPHI) by the President of Kenya.

Plenary Topic: Supporting Innovation and People-centred , Integrated Responses to end AIDS.
Speaker: Ms Anne Githuku-Shongwe
Director, Regional Support Team, East and South Africa, USAID

Ms Anne Githuku-Shongwe joins the Joint United Nations Programme on HIV/AIDS (UNAIDS) as the Director, Regional Support Team, East and South Africa, based in Johannesburg, Republic of South Africa. She brings to her role 20 years of experience as a senior international development professional including with the United Nations Development Programme across Africa and Management consulting in the United States of America.

Ms Anne Githuku-Shongwe last posting was as Representative for UN Women's South Africa Multi-Country Office (SAMCO), which is responsible for women's empowerment and gender equality in Botswana, Lesotho, Swaziland and Namibia as well as South Africa,

Ms Anne Githuku-Shongwe has been an award-winning social entrepreneur and founder of AROES, a Digital & Gamification Learning enterprise and a thought leader on the Future of Learning.

Ms Anne Githuku-Shongwe and AFROES received multiple awards including the prestigious Schwab Foundation/World Economic Forum Social Entrepreneur of the Year 2013 Award and a National Award – the Order of the Grand Warrior from the President of Kenya. Other awards include the Peace-APP award of the UN, MEFFYs Award, London UK and Netexplo Award, Paris to name a few.

Ms Anne Githuku-Shongwe is an Author contributor in several books including the 2021 The Write to Speak: A collection of stories by African Women Leaders, Kenya@50 and Turning a Crisis into an Opportunity: The HIV Response in Lesotho, 2004. She is also a Board Member and Grand Juror of the World Summit Awards for the UN Information Society and a former Global Ambassador of the Vital Voices Leadership Program.

She has a Masters' degree in International Development from The American University; a certificate in Social Innovation from the University of Cape Town, Graduate School of Business, a certificate in The Art of Large Scale Systems Change for Social Entrepreneurship from Harvard University and a Management Certificate from Jones International University.

Plenary Topic: We are still getting HIV: Address the HIV Prevention crisis, accelerate access to biomedical prevention services/tools for women, adolescent girls, and young people.
Speaker: Maximina Jokonya
Coordinator, Her Voice Fund, Yplus Global

Maximina Jokonya: HER Voice Fund Coordinator: An established HIV and human rights practitioner, advocate, and young woman leader with over eight years of experience in health programming with a focus on young people in their diversity including adolescent girls and young women, gender equality and women's empowerment, sexual reproductive health and rights (SRHR), youth development, and leadership. Ability to design, implement, managed, and deliver complex. Ability to design and manage complex projects funded by including PEPFAR-DREAMS, UNICEF, Comic Relief, Robert Carr Fund, Global Fund, ViiV Healthcare Positive Action and United Nations Women.

Achievements in a glimpse include management HER Voice Fund project of €1,6 million aimed at Adolescent girls and young women benefitting from rights based and gender transformative laws, policies, practices, and programmes, resulting in a reduction in HIV incidence and improvements in our broader health, wellbeing and rights, currently coordinating 125 community-based organisations that are serving or leading adolescent girls and young women (AGYW) across 13 African countries amongst other successes.

ICASA 2023

Abstract Driven Sessions / Sessions Dirigées

THEME

AIDS IS NOT OVER: Address inequalities, accelerate inclusion and innovation

OBJECTIVES

- Mainstream respect for equity, inclusion and diversity in the control and mitigation of the impact of diseases.
- Sustain and increase domestic financing and community response.
- Respond to HIV/AIDS, COVID-19, Monkey-pox, Ebola and any other emerging diseases.
- Mitigate the impact of Hepatitis, Tuberculosis and Malaria through health systems strengthening.
- Generate and provide evidence-based data for policy formulation

THÈME VALIDÉ POUR ICASA 2023 :

Le SIDA est toujours là : Eliminons Les inégalités, accélérons l'inclusion et l'innovation.

OBJECTIFS DE ICASA 2023, ZIMBABWE

- Intégrer le respect de l'équité, de l'inclusion et de la diversité dans le contrôle et l'atténuation de l'impact des maladies.
- Consolider et accroître le financement national et la riposte communautaire.
- Accélérer la réponse au VIH/SIDA et faire face à la COVID-19, la variole du singe, Ebola et toutes autres maladies émergentes.
- Réduire l'impact de l'hépatite, de la tuberculose et du paludisme grâce au renforcement des systèmes de santé.
- Produire et fournir des données factuelles évidentes pour la formulation des politiques.

TIME	10:45 - 11:30 hrs	ROOM	VIP Lounge	DATE	Tuesday, 05 Dec. 2023

Track B: Clinical Science, Treatment and Care
B4 - Adherence and retention
Moderator: Dr. Doroux Billy, WHO

TUAB0401 - Enhancing Viral Load Suppression among Children and Adolescents <15yrs through DOTS at Mayuge HCIV in East Central region of Uganda

10:45 -10:55 hrs

Presenting authors: *Mr. James Byarugaba[1], Mr. Emmanuel Charles Kimutai[1], Ms. Rose Nalubega[1], Mr. Adrian Kalemeera[1] [1]Youth Alive Uganda , Kampala, Uganda*

ISSUE: Children and adolescents living with HIV (CALHIV) face unique challenges in achieving optimal viral suppression due to various factors, including medical adherence difficulties, psychosocial issues, developmental transitions, and dependency on caregivers for their medication among others. These contributed to general poor performance across the East Central (EC) region in Uganda. The EC performance for children and adolescents (0-19yrs) on viral suppression stagnated at 79% in September 2022 below the 95% UNAIDS target. Effective management of HIV infection in children and adolescents is crucial to ensure optimal health outcomes and prevent disease progression. This abstract explores the significance of Direct Observed Treatment and Support (DOTS) in HIV care to improve viral load suppression among children below the age of 15 years, a case of Mayuge Health center IV in the East central region of Uganda.

DESCRIPTION: DOTS model Delivery hinges on strategic direction of strengthening peer to peer support at community level. It engages caregivers with stable HIV positive children and adolescents below 15 years to provide home based care including directly observing treatment uptake at a non-suppressed CALHIV households within the same catchment area.
Mayuge health center IV was supported to identify caregivers with CALHIV who were stable on antiretroviral therapy (ART) to train on HIV case management. Caregivers were trained on adherence to ART, proper medication administration, understanding viral load test results, recognizing signs of treatment failure, and promoting a healthy and stigma-free environment within households. The health facility team then line listed all non-suppressed CALHIV under the age of 15 within the clinic. The caregivers of these children were called for a meeting to consent to peer support and household visits. The caregivers were assigned to household based on their proximity. This approach ensured that support is readily accessible to households affected by HIV/AIDS. The trained caregivers established rapport based on trust to provide timely care and support to their attached households.

LESSONS LEARNED: Once attached to households, caregivers were responsible for conducting DOTS for CALHIV with non-suppressed viral loads below 15 years. Trained caregivers monitored the administration of ART and provided encouragement, guidance, and reminders to CALHIV. Through DOTS, in four months, treatment adherence improved, leading to better viral suppression, and enhanced overall health outcomes. As a result, twenty-two out of the twenty-four (22/24) non-suppressed CALHIV enrolled on DOTS improved adherence scores significantly from 82% to 97% contributing to enhanced overall viral load suppression among children and adolescent below 15 years at Mayuge health center IV from 72% to 93% progressively.

CONCLUSION: DOTS optimizes adherence to ART and addressing psychosocial barriers through minimized risk of missed or incomplete doses, reducing the likelihood of viral replication and the development of drug-resistant strains. It enabled early identification of potential side effects and complications, facilitating timely interventions and minimizing treatment interruptions. DOTS is being replicated to other districts in the EC region as a sustainable approach to boast CALHIV caregiver peer support and building capacity of caregivers to respond to adherence challenges of their CALHIV at community level.

TUAB0402 - Comment aider les adolescents et jeunes séropositifs à s'approprier et contribuer à leur prise en charge: Cas du Centre SAS

10:55 -11:05 hrs

Presenting authors: *M Komaran Tiene[1], Mme Penda TOURE DIAGOLA[1]*
[1]Centre Solidarite Action Sociale, bouake, Côte d'Ivoire

CONTEXTE : Le Centre SAS est par excellence la structure d'utilité publique en Côte d'Ivoire qui assure la prise en charge clinique et communautaire des PVVIH. Avant 2017, il enregistrait chaque année un taux de décès considérable (7 %) chez les enfants et adolescents de 0 à 19 ans à cause de l'inobservance thérapeutique. Au cours d'une étude en mai 2018, sur 250 patients PVVIH de 0-24 ans sous traitement ARV, nous avons enregistré un taux de suppression virale de 59,20%. En Mai 2019, ce taux est passé à 78,80%, en Août 2020, 84,40%, avec un taux de réduction de décès à 2,4%. Espérant atteindre les objectifs 2030 de l'ONUSIDA, plusieurs actions ont été menées.

METHODE : Les différentes stratégies ont consisté à créer plusieurs cadres conviviaux d'échange et de partage d'expérience tels que le Club des Amis regroupant les adolescents et jeunes, l'école des parents et un club des HSH pour une meilleure inclusion du facteur genre. Ces trois entités tiennent régulièrement des réunions afin de relever les problèmes en rapport avec leur suivi individuel et quotidien. Ensuite, les informations recueillies sont traitées en amont grâce à la synergie du personnel soignant et psychosocial. Pour mieux contribuer à la suppression de la charge virale, des séances d'ETP sont ensuite organisées à l'endroit des parents ou tuteurs et leurs enfants. Chaque enfant bénéficie d'emblée en compagnie des parents, des entretiens psychologiques en vue de mieux cerner les raisons du non-respect de l'observance du traitement antirétroviral ,des Rendez-vous médicaux et de prélèvements de la charge virale. Dans le but de corriger toutes ces imperfections, les Visites à Domicile, la paire éducation, les enquêtes sociales, le soutien alimentaire et nutritionnel sont effectués pour parfaire la prise en charge. Les patients à virémie élevée sont considérés comme les cas de "dossiers brûlants". A cet effet, chaque dossier est traité minutieusement comme un exposé par l'ensemble du personnel soignant et social afin d'identifier les problèmes réels, ressentis et exprimés par le patient. Après une analyse de la situation, des interprétations sont faites pour comprendre et expliquer les causes de l'augmentation de la charge virale. Ainsi, les solutions sont apportées progressivement.

RESULTATS : Ces pratiques ont favorisé non seulement l'implication effective des parents mais aussi l'appropriation, l'adhésion et la rétention des adolescents et jeunes dans les soins. En 2023, la file active de 0 à 24 ans est passé à 300 avec un taux de suppression de 96% et un faible taux de décès de 0,33%. Elles ont permis de comprendre les bienfaits du respect des rendez-vous, du traitement antirétroviral et la prévention des IST.

CONCLUSION : En somme, plusieurs imperfections ont été corrigées. L'observance thérapeutique, la rétention et l'adhésion dans les soins, sont des facteurs liés qui ont obtenu le succès de ces pratiques. L'indétectabilité est un facteur essentiel et déterminant qui contribue efficacement à la prévention contre les nouvelles infections VIH. Plus la totalité des PVVIH seront indétectables, ce sera le défis pour un monde meilleur avec zéro nouvelle infection à VIH.

TUAB0403 - Assessment of the impact of Psycho-social interventions on ART outcomes among adolescents enrolled in adolescent program at lighthouse clinic, Malawi.

11:05 -11:15 hrs

Presenting authors: *Mr Brown Gagamsataye[1], Mr Thom Chaweza[1], Mr Richard Mali[1], Mr Gabriel Kamowatimwa[1], Miss. Agness Thawani[1], Mr Clement Dziwe[1], Miss Christine Kiruthu-Kamamia[1,2], Miss Agnes Thawani[1], [1]Lighthouse Trust, Lilongwe, Malawi, [2]International Training and Education Center for Health (I-TECH), University of Washington, Department of health, Seattle, USA*

BACKGROUND: Adolescents living with HIV are at increased risk of mental health disorders such as

depression, anxiety, isolation, and suicidal ideation, which contribute significantly to poor medication adherence and retention in care. Poor adherence to treatment and sub-optimal retention in care threatens the achievement of the UNAIDS goal to end the AIDS epidemic by 2030. The Malawi government introduced mental health and psycho-social support in its 2022 ART guidelines. Following this, Lighthouse Tisungane clinic introduced psycho-social interventions in its adolescent DSD program to help improve treatment adherence, ART retention, and HIV VL suppression. We aimed to assess the impact of psycho-social interventions on ART outcomes, for adolescents enrolled in adolescent program at Lighthouse Tisungane clinic in Zomba, Malawi.

METHODOLOGY: We conducted a retrospective record review for adolescents aged ten to19 years old who were referred for psycho-social counseling between January and December 2022. Data was extracted from the psycho-social register, the electronic medical record system (EMRS), and adolescent database. The variables of interest were reason for referral for psycho-social counseling, age, and sex, and outcomes of interest were alive in care, transfer out, died, viral load suppression and re-suppression for those that had high viral load. All statistical analysis was performed using Statistical package for social science (SPSS) 22.0 software.

RESULTS: There were 452 adolescents in the adolescent program and 201(44.5%) had psycho-social issues and were referred for psycho-social services; 123 (61.1%) females and 78 (38.8%) males; mean age 13.9 years (SD ± 3). The reasons for referral were 62 (30.8%) poor adherence to ART, 37 (18.7%) gender based violence, 43 (21.4%) depression, 32 (15.9%) high viral load (≥1000 copies/ml), 14 (6.9%) stress 7 (3.5%) anxiety and 6 (3.0%) substance abuse. As of December2022 out of the 201 referred for Psycho-social services, 197 (98.0%) adolescents were alive in care, 3 (1.5%) transferred out, none defaulted, 1 (0.5%) died, and none stopped taking ART. Of the 32 referred due to high viral load, 30(94.0%) attained VL re-suppression (<1000 copies/mL). Overall, 194/201 (96.5%) of adolescents referred for psycho-social support attained HIV viral load suppression.

CONCLUSION

Psycho-social interventions improve clinical ART outcomes among ALHIV. Strengthening provider mental health training and conducting routine screening of ALHIV for psycho-social problems would help in early identification and management of mental health problems including depression, thereby improving clinical outcomes.

TIME	10:45 - 11:30 hrs	ROOM	Plenary Room	DATE	Tuesday, 05 Dec. 2023

Track D: Law, Human Rights Social Science and Political Science
D9 - Feminity, Masculinity and Transgender issues HIV
Moderator: Dr. George Perrin, WHO

TUAD0101 - Exploring Implications of Masculine Social Norms for HIV Prevention: Insights from an HIV Prevention Cascade Analysis in HIV-Negative Zimbabwean Men

10:45 -10:55 hrs

Presenting authors: *Miss. Sophie Bagnay[1], Dr. Louisa Moorhouse[1], Prof. Morten Skovdal[2], Mrs. Phyllis Mandizvidza[3], Mr. Rufurwokuda Maswera[3], Dr. Constance Nyamukapa[1,3], Prof. Simon Gregson[1,3]*
[1]Imperial College London, London, United Kingdom, [2]University of Copenhagen, Copenhagen, Denmark, [3]Biomedical Research and Training Institute, Harare, Zimbabwe

BACKGROUND: The generalised HIV epidemics in sub-Saharan African (SSA) countries are largely sustained by unprotected heterosexual sex, which is dominated by men's sexual and reproductive decision-making. Conservative masculine social norms emphasising male sexuality are believed to be key determinants of men's HIV risk-behaviour, may influence their use of HIV prevention methods and, consequently, may also be an important indirect influence on HIV transmission to women. However, evidence to support these hypotheses is lacking as few studies have measured masculine norms and their associations with sexual risk-behaviours and use of HIV prevention in representa-

tive surveys. We address this gap using data from a large general-population survey in east Zimbabwe.

METHODS: A 'priority population' in need of HIV prevention was identified consisting of HIV-negative men reporting ≥1 sexual risk-behaviour in the last year. Four previously published dimensions of conservative masculine norms were measured (toughness, antifemininity, sex drive, social status), with higher scores indicating stronger endorsement of the norm. Descriptive statistics and multivariable logistic regression were used to measure associations: for the sexually-active population, between masculine norms and sexual risk-behaviours and, for the priority population, between: 1) socio-demographic characteristics and masculine norms, and 2) masculine norms and condom use. Tests for differences between the bars in the condom HIV prevention cascade were conducted, comparing men in the priority population subscribing vs not subscribing to the conservative masculine norms to identify the mechanisms through which masculinities create barriers to condom use.

RESULTS: 3,604 male participants aged 15-54 were interviewed, of whom 2,054 (57%) were sexually-active and 906 (25%) were in the priority population for HIV prevention. Age, place of residence, religion and marital status were associated with differences in masculine social norms. In the priority population, men in well-working community groups were more likely than other men to endorse the toughness and social status norms (i.e. representing negative social capital). Men endorsing the sex drive (AOR=1.70; p<0.01) and social status (AOR=1.45; p<0.01) norms were more likely to report sexual risk-behaviours. Fewer men in the priority population endorsing the toughness norm used condoms with transactional sexual partners (AOR=0.35; p=0.02). Fewer men subscribing to ≥2 masculine norms than other men in the priority population used condoms – whilst the gap in the motivation bar in the HIV prevention cascade was smaller for these men, this was more than offset by a larger gap in reported condom accessibility amongst those who were motivated to use them.

CONCLUSION: Men with high scores on four dimensions of masculine social norms have an increased risk of HIV acquisition due to greater sexual risk-behaviour and/or lower uptake of male condoms. Condom cascades show a larger gap in access and effective use of condoms in men at risk who subscribe to conservative masculine norms. These men should therefore be a particular focus for strengthened interventions to increase use of HIV prevention. Community groups, amongst others, may be valid entry points for interventions to promote renegotiation of masculine norms, reducing HIV risk-behaviours, increasing condom use and thereby reducing the HIV burden in Zimbabwe.

TUAD0102 - Stepping towards gender equity in the Global Fund: Experiences and lessons learnt from 10 countries in Sub-saharan Africa

10:55 -11:05 hrs

Presenting authors: *Miss. Keren Dunaway[1], Sophie Brion1, Brenda Formin[2], Ángela León Cáceres[2]*
[1]International Community of Women Living with HIV (ICW), Nairobi, Kenya, [2]Women4GlobalFund (W4GF), Toronto, Canada

ISSUES: ICW and W4GF conducted a consultation regarding gender inequalities and power dynamics in HIV, TB, and Malaria in-country funding processes for the Grant Cycle 7 (GC7). Despite Global Fund's emphasis on human rights and gender equality, recent findings show minimal use of gender assessments in funding prioritization (1 out of 46 requests). Community engagement, meaningful participation,and leadership are crucial in inclusive dialogues, but weak involvement hampers progress. Prioritization processes often overlook women's programs, leading to underfunding and thus compromising comprehensive and gender-transformative responses. Addressing these issues is vital for sustained advocacy and gender equity in combating the feminized epidemic. Emphasizing women in all of their diversities and targeted funding allocation can bring positive change.

DESCRIPTION: The virtual consultations conducted aimed to understand the meaningful engagement of women's networks in Global Fund processes. A survey was developed to gather experiential insights and evidence to enhance the participation in evidence-informed planning and budgeting for gender-transformative HIV responses. Data was collected from 54 respondents in 10 countries, including Cameroon, Eswatini, Ghana, Kenya, Nigeria, Malawi, Tanzania, Uganda, Zambia, and Zimbabwe. The survey explored four areas: gender assessments, engagement in country processes, achieving women's priorities, and implementation of gender transformative programmes.

LESSONS LEARNED: Results showed valuable lessons for enhancing women's networks' involvement in Global Fund processes. While some respondents reported being actively engaged in the Country Coordinating Mechanism (CCM), meanwhile, 74% (40) expressed dissatisfaction with their level of participation, necessitating greater inclusivity and representation. Women made diverse and impactful achievements during GC7, advocating for critical health concerns and components. However, challenges in the proposal development process and limited involvement hindered the full realization of these achievements. Addressing issues related to gender analysis utilization, engagement with indigenous communities, transparency, accessibility, and advocacy for women and girls is crucial for advancing gender equity and fostering more meaningful participation.

NEXT STEPS: To make progress, meaningful participation in proposal writing and dialogues related to TB, HIV, and Malaria, as well as empowerment, education, and networking, were emphasized. Strengthening connections with global networks is essential for collaboration and knowledge exchange. Platforms for sharing experiences of Indigenous women are a priority. Addressing challenges necessitates increased and sustained funding, directed to women-led organisations. Utilizing the Women4GlobalFund Accountability toolkit empowers women in country dialogues. Integrating a gender approach and expanding education and workshops are crucial. Training sessions on how to navigate the Global Fund processes, capacity building, and active involvement of key population groups are critical steps. Full funding and meaningful participation for women-led responses are essential for inclusivity, and addressing specific issues faced by women in all their diversity is fundamental for meaningful progress in the current and next funding cycle.

TUAD0103 - Silent Screams: The Hidden Epidemic of Sexual and Gender-Based Violence in North-East Nigeria

11:05 -11:15 hrs

Presenting authors: *Mrs. Blessing Ogodo Gloria*

[1]I have been working as a program officer for 10 years at the International Committee of Women living with HIV/AIDS in West Africa, Plot 195B Federal Housing Estate Nyanya Karu Abuja., Abuja, Nigeria

BACKGROUND: Over the past five years, the North-Eastern region of Nigeria has experienced continuous armed assaults, leading to a significant rise in the number of Internally Displaced Persons (IDPs). Current estimate according to @UNFPANigeria indicates that more than 2 million IDPs reside in the northeastern part of the country, either in camps or within host communities. This study aims to explore the prevalence, pattern, determinants and social norms related to Sexual and Gender-Based Violence (SGBV) in the insurgency ravaged North-Eastern parts of Nigeria.

METHODS: This study employed a mixed-methods approach using surveys, and focus groups to assess the prevalence, nature, and consequences of SGBV.A Multi-stage cluster sampling method was used to select 4,868 participants from IDPs camp in the communities. Data analysis involved were desk review, qualitative methodology and quantitative methodology.

RESULTS: Findings from the study revealed that half of the women who participated in the study were within the age of 20-39 and 20-29 in all the North-East states. Also, approximately one-third (7.7%) of above respondents experienced sexual violence, while (3.7%) reported physical violence. Around three in ten individuals' faced socioeconomic or emotional violence, and about half were

subjected to harmful traditional practices. Borno State had higher (16.5%) instances of sexual and emotional violence, while the prevalence of physical violence varied significantly among states, with Borno and Yobe experiencing over a quarter of reported cases and Adamawa and Gombe having around a tenth.

CONCLUSION: This study underscores the urgent need for effective and coordinated interventions to address SGBV in North-East Nigeria. There should be an increased collaboration among stakeholders, improved awareness and education efforts, and targeted capacity-building for local organizations. They should adequately ensure that those at risk of violence have access to comprehensive support as well as shelters, a safe space and economic assistance. Also, the government can implement this through legal reforms and the promotion of gender equality.

TIME	12:05 - 12:50 hrs	ROOM	Plenary Room	DATE	Tuesday, 05 Dec. 2023

Track E: Health Systems, Economics and Implementation Science
E1 - Building country level capacity for quality improvement
Moderator: Dr. Agnes Chetty, WHO

TUAE0201 - Addressing Equity Issues for HIV Service Access in Complex Environments – the Case of South Sudan

12:05 -12:15 hrs

Presenting authors: *Mr. Moses Galla Amule[1], Dr Esther Tumbare[2], Ms Anne Kinuthia[1], Doctor Kerubhino Agai[3], Mr Gabriel Atillio[4], Mr Stephen Alemi[1]*
[1]IntraHealth International South Sudan, Juba, South Sudan, [2]IntraHealth International, Chapel Hill, United States , [3]Ministry of Health, Juba, South Sudan, [4]South Sudan AIDS Commission, Juba, South Sudan

ISSUES: Despite countries working towards the 95-95-95 targets, data show significant gaps in achieving the targets due to some underserved subpopulations. PEPFAR's 5 by 3 Strategy highlights key populations, adolescent girls and young women, and children as priority populations of focus to eliminate HIV/AIDS as a global health threat by 2030. South Sudan has an adult HIV prevalence of 2.5%. The country remains fragile, lacks basic infrastructure, and many families live below the poverty margin. The socioeconomic environment leads women to risky behaviors, such as sex work, making them vulnerable to HIV. HIV prevalence among female sex workers (FSWs) is estimated at 38.7%.

DESCRIPTION: Since 2020, the USAID Advancing HIV and AIDS Epidemic Control (AHEC) Activity, led by IntraHealth International, has been implementing targeted, community-based services for FSWs and their partners in Juba, Yambio, Nimule, Wau, Rumbek, and Bor. AHEC utilizes a peer-led approach to provide integrated, KP-friendly HIV prevention and treatment services, reproductive health services including family planning, STI management, and post-gender-based-violence care, and TB screening. Between October 2021 and September 2022, 451 targeted integrated community-based HTS outreaches were conducted to provide FSWs with HIV prevention, care, and treatment services. Rapid hotspot mapping was conducted to identify areas where FSWs congregate to inform programming and venues for community-based HTS. The project initiated appropriate community entry processes at national and state levels including stakeholder engagement. This cushioned community-based services delivery from interruption through arrests of FSW or harassment by law enforcement officers since sex work is criminalized.

LESSONS: Working with peer groups, coupled with the community engagement activities, facilitated the provision of integrated HIV services to this underserved population, including the introduction of new technologies in the country such as PrEP and HIV self-testing. 11,665 FSWs were reached with services including 2,788 who had a known HIV status and were active on treatment. Out of 8,877 FSWs tested for HIV, 8.6% tested positive and 98.2% were started on same-day ART and escorted to link facilities. Overall viral load (VL) coverage was 80% and VL suppression was 89%

NEXT STEPS: As socioeconomic instability continues, the size of the FSW population has grown. To ensure updated size estimation and maintain responsive service provision, IntraHealth will conduct a KP biobehavioral survey starting in 2023 that will be used to gauge program coverage, service uptake and adoption of preventive behaviors among FSW.
Key words Equity, Key populations

TUAE0202 - Development of a National Sustainability and Transition Framework for HIV, STIs and TB Programmes in South Africa: A multisectoral approach

12:15 -12:25 hrs

Presenting authors: *Dr Rogerio Roger[1] [1]SANAC, Pretoria, South Africa*

ISSUES: The Sustainability of Donor funded health programmes is fundamental to the maintenance of services to the affected communities post funding arrangements. South Africa (SA) is one of the few countries where a large proportion of funding for HIV, STIs and TB programmes is contributed by the Government in sub-Saharan Africa, with approximately 30% of the shortfall being funded by international and domestic private sector funders. The country currently faces a reduction in donor support and a constrained macro-economic situation. An effective funding sustainability strategy thus became a key necessity to ensure the sustainability of critical health programmes post-Donor support, which has been a lacking component of SA health programming.

DESCRIPTION: The South African National AIDS Council (SANAC) commenced the development of the national Sustainability framework (NSF) in 2020. The NSF aimed to provide a structured and co-ordinated approach to planning and executing a national sustainability agenda for HIV/AIDS and TB. Workstreams were established for the Establishment of a National Sustainability Technical Working Group (TWG) to provide oversight to the framework workstreams; the NSF Development; Sustainability assessments of selected HIV and TB programmes and formulation of related action plans; Providing a toolkit to guide subnational sustainability planning.
The development approach followed the following steps:

- Desktop research on published and unpublished papers on sustainability and frameworks including related policies.
- Holding of key informant interviews (KIIs) with relevant government officials, SANAC sectors, members of thematic technical task teams (TTTs) supporting the NSP implementation, development partners, and civil society. KIIs highlighted sustainability issues which needed inclusion in the framework.
- Development of core elements of the framework, comprising sustainability definition, sustainability domains, programme and sub-programme goals and measures of sustainability.
- The draft framework was presented to the TWG for review, comments, and approval.
- Sustainability assessment tools were developed.
- TTT topic-specific of the experts conducted the assessments which were refined for sub-programmes, results summarised and detailed roadmaps for each sub-programme were made.

The framework includes definition and scope of sustainability in the context of HIV and TB, methodology for assessing sustainability risks and measuring progress, and mainstreaming sustainability and transition planning into health sector planning processes. It has six domains of sustainability, including Financial, Epidemic control, Service delivery, Critical enablers, Governance and accountability and Resilient health systems.

LESSONS LEARNED: The mainstreaming of the NSF into national plans and processes is fundamental to ensuring its full implementation. The sub-national structures require capacitation to understand whether their current needs are met by the funders and on streamlining their existing planning and budgeting cycles and tools. Regular monitoring of the sustainability arrangements is required at different levels. Challenges encountered include limited participation by some stakeholders, poor responses during assessments, and stakeholder competing priorities.

NEXT STEPS: Next steps constitute the development of the provincial sustainability plans using the roadmaps developed. A staggered approach will be adopted considering the high costs and the lengthy development timeframes.

TUAE0203 - Coordinating Implementation Science for CAB for PrEP: BioPIC's Implementation Study Tracker

12:25 -12:35 hrs

Presenting authors: *Mrs. Catherine Verde Hashim[1], Ms Wawira Nyagah[2], Mr Mitchell Warren[3]*
[1]AVAC, London, United Kingdom, [2]AVAC, Nairobi, Kenya, [3]AVAC, New York City, USA

BACKGROUND:
Clinical trials have shown injectable cabotegravir (CAB) to be safe and effective as HIV pre-exposure prophylaxis (PrEP), leading to its approval for use in Botswana, Malawi, South Africa, and Zimbabwe. Implementation research projects present an opportunity to assess the delivery and uptake of CAB for PrEP in real world conditions across diverse populations. For a successful scale-up, coordination among implementing partners is crucial to address research gaps, avoid duplication, promote cross-learning, and incorporate lessons from oral PrEP.

METHODS: The Biomedical Prevention Implementation Collaborative (BioPIC) was formed in 2018 to support successful introduction of new biomedical HIV prevention options, starting with CAB for PrEP. It consists of more than 100 HIV prevention experts from 80 organisations and 20 countries. A key role of BioPIC is to serve as a clearinghouse to track and analyse implementation research projects and product introduction studies using BioPIC's publicly-available Implementation Study Tracker.

RESULTS: As of July 2023, 30 CAB for PrEP Implementation studies are being tracked. Eastern and Southern Africa is the most represented region, with 17 studies, including nine with study locations in South Africa. There are four studies in North America, three in Europe, two in East Asia, two in Latin America, one in Oceania, and one in West Africa. However, there are no studies in the Middle East and North Africa. Gay and bisexual men who have sex with men feature in 13 studies, the most of any key population. Trans women are included in nine studies, pregnant and lactating people in eight, adolescent girls and young women in six, and sex workers and trans men in five each, while six studies do not specify a population. There are currently no known studies including people who use drugs or people who are incarcerated. Of the 27 studies with known sample sizes, 16 have less than 1,000 participants, six have between 1,000 and 5,000, and five have over 5,000.

CONCLUSIONS AND RECOMMENDATIONS: Inclusion of diverse geographies and populations in implementation studies is crucial to generate evidence on safety, acceptability, delivery, and uptake in real-world settings. BioPIC, through its role as a central coordinating mechanism supported by the implementation study tracker, can help ensure research is organised for maximum impact and efficiency, and identify where evidence is lacking, to ensure that no populations that could benefit from CAB for PrEP are left behind. As additional PrEP methods, such as the dapivirine vaginal ring, the Dual Prevention Pill, and lenacapavir for PrEP, become available over the next several years, BioPIC's role as a clearinghouse for implementation studies will gain even greater significance. These studies provide valuable real-world data, enabling implementers to support users in choosing the most suitable PrEP option for their needs. The availability of comprehensive data on real-world use informs effective counselling, increasing the likelihood of users identifying and adopting a method that aligns best with their lifestyle preferences. This, in turn, is expected to improve adherence and coverage while promoting a diverse PrEP market for informed choice.

TIME	12:05 - 12:50 hrs	ROOM	Jakaranda 1 2 3	DATE	Tuesday, 05 Dec. 2023

Track E: Health Systems, Economics and Implementation Science
E5 - Public Health systems and the delivery of HIV care at scale
Moderator: Dr. Benido Impouma, WHO

TUAE0601 - A conceptual content analysis: recommendations from three evidence reviews on condom programming, HIV testing and peer prevention models for AGYW.

12:05 -12:15 hrs

Presenting authors: *Miss. Chelsea Coakley[1,2], Nathalie Leon[3], Pertina Nyamukondiwa[1], Monica Carvalheiro[1], Jane Ferguson[1], Brendan Maughan-Brown[4], Robyn Kruyer[1], Rachel Yates[1,5], Elona Toska[1,5]*
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BACKGROUND: Adolescent girls and young women (AGYW) face disproportionate persistent risk of HIV acquisition, despite significant progress in improving precision of prevention programmes. Urgent evidence on how to improve implementation of HIV prevention and sexual and reproductive health (SRH) interventions for AGYW is needed to improve the acceptability, uptake, cost-effectiveness and sustainability of interventions and outcomes.

METHODS: Rapid review methods were used to understand two large and different sets of literature: intervention description frameworks and effective HIV and SRH intervention design, delivery and implementation. A scoping review lens was used to map the evidence for each component in our intervention framework (design, delivery, implementation). Synthesised literature sources were used, including quantitative and qualitative systematic reviews and literature reviews, to develop a set of core concepts that form a structure for intervention reporting. Next, a conceptual content analysis across multiple intervention evidence reviews and evidence-to-decision frameworks (n=3) of HIV prevention and SRH interventions for adolescents was conducted. Conceptual analysis is a type of content analysis which determines themes and concepts in qualitative data to identify meaning and relationships between different data sources. The objective of the conceptual analysis was to identify common concepts across reviews. The unit of analysis was themes identified in the evidence reviews. Analysis and interpretation were undertaken through a pre-defined set of concepts drawn from our intervention description taxonomy: intervention design, intervention delivery, intervention implementation.

RESULTS: Our results are reported across 3 categories: intervention design, intervention delivery, intervention implementation. Intervention Design: Intervention strategies aimed to influence adolescent and healthcare worker behaviour at individual level, also towards structural, community-level and health systems change. Interventions targeted the general AGYW or adolescent population either individually or in groups, as well as key population AGYW, their families, adolescent boys and young men that resided in their community or were their male sexual partners. Intervention delivery: psychosocial interventions that involved peers were common, aiming to improve the accessibility and relatability of HIV information and preventative services; delivery platforms included facilities, schools, and community-based engagement and distribution platforms, where differentiation of services was used to achieve equity; combining peers and professionals was an effective implementation strategy in multiple studies and one systematic review. Implementation characteristics: fidelity and efforts to adapt interventions according to power relations, social and cultural norms, gender-specific barriers and policy environment for SRH services in AGYW's setting can influence impact. Reviews described efforts to tailor and segment interventions based on age, history of service

utilisation, HIV burden, and setting with intention to increase efficacy of programming.

CONCLUSION: Evidence- and theory-informed interventions for AGYW have a high likelihood of improving pre-behavioural and behavioural outcomes when they are delivered by trained implementers, have detailed implementation plans and include repeated exposure to intervention components. This conceptual analysis identified common themes and also reviewed considerations for effectiveness at scale: feasibility, acceptability, balance of effects, equity and sustainability. Intervention design and delivery should consider AGYW in their diversity and use multiple programme strategies, modes and platforms for delivery to improve likelihood of beneficial effect.

TUAE0602 - Socio-Demographic and Geographic Disparities in HIV Burden and Care Engagement: A Cross-Sectional Analysis of Population-Based Surveys in 43 African Countries

12:15 -12:25 hrs

Presenting authors: *Dr. Adrien Allorant[1,2], Salome Kuchukhidze[1], James Stannah[1], Yiqing Xia[1], Sanele Masuku[5], Dr Gatien Ekanmian[5], Dr. Jeffrey Eaton[3,4], Dr. Mathieu Maheu-Giroux[1]*
[1]McGill University, Montreal, Canada, [2]Reed College, Portland, United States, [3]Harvard University, Cambridge, United States, [4]Imperial College London, London, United Kingdom, [5]United Nations program on HIV/AIDS (UNAIDS), Johannesburg, South Africa

BACKGROUND: Ending the HIV/AIDS epidemic by 2030 requires addressing inequalities in HIV burden and the uptake of HIV testing and treatment services. Socio-demographic factors, including age, gender, socioeconomic status, and geographic location, play crucial roles as barriers to achieving the UNAIDS 95-95-95 targets.

METHODS: We reviewed data catalogs for nationally representative surveys that collected information on HIV burden, uptake of HIV testing and treatment services, and socio-demographic variables in sub-Saharan Africa (SSA). Bayesian logistic mixed regression models were developed to estimate six outcomes: 1) uptake of HIV testing in the last 12 months, 2) HIV prevalence, 3) awareness of HIV status among people living with HIV (PLHIV), 4) antiretroviral therapy (ART) coverage, 5) viral load suppression (VLS), and 6) advanced HIV disease (CD4 count <200cells/μL). Models included nested random effects by districts, country, and sub-region of SSA. Fixed effects were included to adjust for socio-demographic determinants: age, relative wealth quintile, education, and urban/rural residence. We calculated the percentage of total variance attributed to each model component to evaluate their importance in explaining the variance in the observed data. We reported the estimated effect of socio-demographic factors using adjusted odds-ratios (aOR).

RESULTS: The number of surveys available differed by outcomes: HIV testing (146 surveys, 43 countries, N=3.2M participants), HIV prevalence (83 surveys, 33 countries, N=1.5M), awareness of status (13 surveys, 13 countries, N=27,413), and ART coverage, VLS, and advanced HIV disease (16 surveys, 16 countries, N=39,263).
Substantial heterogeneity in HIV burden and care engagement was observed within countries throughout SSA. Variations across districts accounted for 42%, 65%, 22%, and 20% of the total variability in HIV prevalence, advanced HIV disease, awareness of status, and ART coverage among PLHIV, respectively.
Education and age were the most influential predictors of recent HIV testing. Higher education was associated with higher odds of recent HIV testing, especially in Central and Western Africa: aOR =4.1 (95%CI=3.6-4.6) and 3.3 (3.0-3.6), respectively. Individuals aged 25-30 years old had an increased likelihood of recent HIV testing compared to adolescents and young adults (aOR=3.5 [3.3-3.6]).
Age was a strong determinant of HIV burden, with highest HIV prevalence among individuals 40-45, particularly in Eastern (aOR=14.2 [11.4-17.0], compared to 15–20-year-olds) and Southern Africa (13.9 [10.5-17.2]); advanced HIV disease was also more likely among older PLHIV (aOR=3.8 [2.7-5.0] for PLHIV aged 40-45 compared to 15–20-year-old)
Across socio-demographic factors, education was the strongest predictor of care engagement. Higher education was associated with higher awareness of HIV status, ART coverage, and VLS. PLHIV with

secondary education were more likely to be on ART (aOR=1.3 [1.2-1.4]) and achieve VLS (aOR=1.7 [1.5-1.8]) compared to PLHIV with less than a primary education.

CONCLUSION: Our study underscores substantial within-country disparities in HIV burden and care engagement in sub-Saharan Africa. Educational attainment emerges as a key predictor of lower burden and improved treatment outcomes among PLHIV. By tailoring interventions to those with greatest unmet prevention and treatment needs, especially individuals with lower educational attainment, important strides towards ending the HIV/AIDS epidemic in SSA could be achieved.

TUAE0603 - Improving Data Management Systems to Enhance HIV Recent Infection Surveillance Data Use in Zambia

12:25 -12:35 hrs

Presenting authors: *Mrs. Musunge Mulabe1, Miss Casey Kalman2, Dr. Sulani Nyimbili1, Mr. Chipo Nkwemu1, Dr. Melissa Arons2, Mr. Vikwato Kamanga1, Dr. Theodora Savory1, Miss. Lumbani Phiri1, Dr. Michael Herce1, Dr. Natalie Vlahakis1, Mr. Mwansa Lumpa1, Mr Kaala Moomba1, Mr. Kashala Kamalonga3, Mrs. Leigh Tally3*

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ISSUES: Zambia started implementing HIV Recent Infection Surveillance in December 2019 to help provide signals of demographic groups and geographic areas with potentially elevated HIV acquisition to inform targeted program strengthening efforts and reach UNAIDS 95-95-95 goals for HIV epidemic control. Recent infection surveillance, which utilizes a recent infection testing algorithm (RITA) to distinguish recent from long-term infections, has scaled to 742 sites in six high prevalence provinces. The HIV Recent Infection Surveillance Dashboard was created in 2021 to foster data use but until now has not included analysis and visualizations to identify potential signals of HIV acquisition. Previously, geospatial trend analysis and visualizations were conducted manually, which were error prone, time consuming, and limited surveillance data use among implementing partners.

DESCRIPTION: The recent infection surveillance dashboard data workflow was semi-automated using Python as a tool to integrate geospatial and trend analysis at six-month intervals to facilitate data use. Data analysts integrated facility-level recent infection surveillance data for newly diagnosed clients ≥ 15 years old between October 2022 and March 2023 from the national laboratory information management system (DISA). Python code was used to collate and restructure HIV testing data for the same review period from individual provinces. These data, from HIV-positive, HIV-negative, and RITA recent clients, were disaggregated by age and sex. Spatial scan statistical analysis using RITA recent (proportion of RITA recent infections over those testing negative plus RITA recent) at the facility level was carried out using a Poisson probability model in SaTScan (version 10.0). The radius of the circular spatial window was limited to 5km for province-level analysis and 10km for nationwide analyses. Finally, SaTScan output showing proportions of recent infections among the 'at-risk' population by age and sex, and geographic areas with higher-than-expected recent infections were visualized in Microsoft PowerBI.

LESSON LEARNED: Semi-automation of data management processes has shown several benefits such as improved efficiency and consistency of data processing, improved data quality, reduced data missingness and reduced turn-around time in report generation. The semi-automation of these analysis in Satscan to PowerBI will give the implementing partners a platform to access the analysis in a standardized format. Additionally, the platform will provide demographic and geographic visualizations at the country and provincial levels to share with stakeholders to facilitate a coordinated public health response.

NEXT STEPS: Next, PEPFAR Monitoring Evaluation and Reporting indicators and Case Surveillance data will be integrated within the dashboard to support further data triangulation. Then dashboards

will be shared with implementing partners. Semi-automating the HIV Recent Infection Surveillance Dashboard will standardize communication of data trends, improve data usage, and highlight potential signals of HIV acquisition for further data triangulation and public health response.

TIME	13:05 - 13:50 hrs	ROOM	Plenary Room	DATE	Tuesday, 05 Dec. 2023

Track E: Health Systems, Economics and Implementation Science
E2 - Community systems strengthening for Health care delivery
Moderator: Dr. Frank Lule, WHO Ghana

TUAE0301 - Using Facility-Led Innovations to Improve Client Retention and Treatment Outcomes of TB/HIV patients: Lessons from a National Collaborative in Uganda.

13:05 -13:15 hrs

Presenting authors: *Mr. Wilfred Soyekwo[1]*
[1]Makerere University School of Public Health - Monitoring and Evaluation Technical Support (METS) Project, Kampala, Uganda

INTRODUCTION: An estimated 86,000 people in Uganda develop active TB annually with 40% being co-infected with HIV. And yet treatment success rate was at 76%, falling short of the 90% National target. Efforts to improve TB/HIV client retention and treatment outcomes are critical to counteracting the high incidence. The Ministry of Health (MoH), with support from the Centers for Disease Control and Prevention (CDC) through Makerere University School of Public Health-Monitoring and Evaluation Technical Support (MakSPH-METS) program, rolled out a National Quality Improvement (QI) collaborative aimed at improving key TB/HIV indicators.

METHODS: The collaborative was implemented between October 2021 and September 2022, at 879 sites offering TB/HIV services across the country. These facilities contributed 80% of the TB/HIV caseload at the time. We held stakeholders' entry meetings to build consensus, trained national, regional, and district-level support teams, and orientated health facility staff. Baseline data was collected, followed by monthly mentorship visits. Internal sites specific innovations initiated to improve TB/HIV service delivery. Monthly site-based performance reviews were conducted to identify and address gaps. Performance progress was monitored through the national QI database. Learning sessions were conducted to share, adapt, and scale up best practices, these were later consolidated through a national harvest meeting.

RESULTS: Client retention among TB/HIV patients improved from 67% to 90%, treatment success improved from 61% to 87% and patients curing from TB disease increased from 58% to 75%. Treatment completion and success rates improved from 78% to 94 and 74% to 84% respectively.

CONCLUSION AND RECOMMENDATION: We learned that establishing TB clinics and scheduling appointments, prior supply of sputum mugs to clients, Integration of TB drug refills in Community Drug Distribution Points improved client retention, treatment success and cure in over.
National programs should support adaptation and scale-up of high impact practices to optimize service delivery.

TUAE0302 - BOOSTING Access of Young People to HIV Services through Community-based Digital Screening and Referral in Zimbabwe: a first 95 game changer?

13:15 -13:25 hrs

Presenting authors: *Privillage Charashika[1], N Mushonga1, Obert Chisenye[1], Dr MacDonald Hove[1], Lucy Gale[2], Simon Moore[2], Dr. Karen Webb[1]*
[1]Organization for Public Health Interventions and Development, Harare, Zimbabwe, 2Avert, UK

BACKGROUND: Young people are at increased risk of HIV and other STIs and yet are the least likely to uptake HIV testing services (HTS) at health facilities. The Boost digital application for community

health workers (CHWs) on mobile phones was adapted to include guideline concordant age-appropriate HIV test screening algorithms and referrals for 10-24year olds. Transect walks were conducted to map community 'hotspots' for conducting community-based screening, and CHWs were trained in conducting index-case testing of children of recipients of care <19yrs. Our objective was to describe the outcomes of community-based HIV test screenings and impact upon health service uptake among young people.

METHODS: We conducted a mixed-method evaluation of HIV test screening outcomes referrals made by community health workers from April to May 2023 using the Boost digital application. Screening outcomes were abstracted from application dashboards and disaggregated by 5yr age bands and sex. Facility HIV testing data were abstracted from the OPHID District Health Information System tool to explore changes in testing over the same period. Focus group discussions (FGDs) were conducted with CHWs in July 2023 were conducted to explore acceptability and feasibility of digital screening and referrals and analysed thematically.

RESULTS: From April to May 2023 a total of 6647 young people aged 10-24 were screened using the Boost App, with 40% (n=2663) of screening 'positive' for need for HIV testing. The age/sex group with the highest number of screenings was young men aged 20-24 (19%; n=1297). Young people aged 10-14yrs had the highest screen positive yield for HIV testing (51%; n=733/1437), There was a 23% increase in the number of clients HIV tested at health facilities and a 5.2% increase in HIV self-test kit distribution from April to May 2023 as compared to the same period in 2022, CHWs value the use of digital decision aides for providing accurate health information, screening and referrals for young people.

CONCLUSION: We demonstrate community-based digital screening for HIV testing by community health care workers is both feasible and acceptable and has the potential to increase uptake of HIV Testing services among young people and adolescents. Community-based screening at youth hotspots may be particularly effective at reaching adolescent boys and young men with HIV testing services. Future research is required to establish the impact of targeted community based testing on achieving the first 95 among young people.

TUAE0303 - STRENGTHENING INVENTORY MANAGEMENT AND STOCK VISIBILITY OF HIV SUPPLY AT THE LAST MILE; ACHIEVEMENTS, CHALLENGES, LESSONS FROM MAKUENI COUNTY, KENYA

13:25 -13:35 hrs

Presenting authors: *Mr. Kevin OLoughlin[1], Miriam Okara[1], Sila Mwanzia[1], Eric Chomba[2]*
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[1]Organization for Public Health Interventions and Development, Harare, Zimbabwe, [2]Avert, UK

BACKGROUND: In April 2022, USAID Afya Ugavi Activity partnered with the Department of Health, Makueni County, to pilot an outsourced last-mile distribution and stock visibility system (SVS). The purpose of this study was to collect data on the uptake, utilisation, and reporting rates of the SVS system and its impact on supply chain forecasting, efficiency, and effectiveness.

METHODS: Twenty pilot facilities were selected from across the six sub-counties, with the pilot running October-May 2022. The application was simultaneously piloted in five other counties in Kenya. Each facility had a commodity manager trained and provided with an Android device installed with the Journey app™, and assigned geo codes and QR codes unique to each. Teams were sent to the facilities to onboard and update all commodities in stock. Stock verification was done bi-monthly and the data was published on a dashboard with access rights granted to senior commodity managers such as county pharmacists. In the SVS module, the supplier (MEDS) pre-loaded delivery notes upon dispatch at the warehouse. The person receiving it at the facility verified the commodities upon delivery and reported any discrepancies.

RESULTS: The dashboard was used to inform ordering, distribution, re-distribution, expiry tracking, identify facilities with low consumption or slow-moving stocks, and data quality issues. The following was observed to impact the supply chain:

1. Forecasting and ordering of ARVs- The county was able to forecast what was needed since there was end-to-end visibility of available commodities. Excess commodities identified during the initial mapping phase were redistributed. Subsequently, ordering was purely based on the forecasting reports.
2. Reduction of expiries- Prior to the rollout of the app, there were rampant expiries, especially on the HIV rapid test kits (RTKs). After the rollout, a drastic drop in expiries was reported, from 82% to 50% as a result of facilities ordering based on consumption data and not a push system as before, plus stock redistribution among facilties.
3. Stockouts- There was a remarkable reduction in the stock-out rates of tracer commodities. TLD stock-out rates decreased from 24% to 3%, and HIV RTKs decreased from 53% to 48% as attributed to the enhanced efficiency.
4. Reporting rates and utilisation of reporting tools-There was a remarkable increase in reporting rates on the Ministry of Health's Facility Consumption Data Report, from 95.9% to 98.6% due to ease of reporting.

CONCLUSIONS AND RECOMMENDATIONS: The SVS app and dashboard assist with end-to-end stock visibility, analysis, and decision making to manage ARVs and other commodities. The Journey app™ is simple with a friendly interface that is easy to use and can be a vital tool in accelerating inclusion in the provision of HIV care and treatment. The key takeaway from the pilot is that SVS is cost-effective and sustainable, and enhances end-to-end visibility in the HIV supply chain. Besides the cost of handsets, it costs approximately $1 per month for the purchase of bundles with no other running costs at the user's end. Facilities have internet access and power connectivity, making it an adaptable system countrywide.

TIME	13:05 - 13:50 hrs	ROOM	VIP Lounge	DATE	Tuesday, 05 Dec. 2023

Track D: Law, Human Rights Social Science and Political Science
D2 -Policy, Politics and HIV Management
Moderator: Dr. Sharon KAPAMBWE, WHO

TUAD0501 - The Role of Policies in Shaping HIV Self-Testing Implementation in the Private Sector in Uganda

13:05 -13:15 hrs

Presenting authors: *Miss. Fosca Tumushabe[1], Mr Geoffrey Taasi[2], Mr Jude Oriokot[1], Mr Baker Lukwago[1], Mr Deborah Kyamaggwa[1]*
[1]Population Services International , Kampala, Uganda, [2]Uganda Ministry Of Health, Kampala, Uganda

ISSUES: By 2030, Uganda aims to achieve 95% of people living with HIV AIDS know their status and subsequently eliminate AIDS. To achieve this, the Ministry of Health employed a strategic approach involving the introduction of HIV self-testing (HIVST) in the country. It encompassed the review of the existing guidelines and policies to provide a supportive environment for HIVST which was subsequently rolled out to the private sector in 2020. However, the National Drug Authority policies and procedures did not offer guidance on the selling of HIVST kits through e-commerce, drug shops, supermarkets, sale of HIVST kits at physical activations, and bundling of related SRH products. This hindered the demand for and supply of HIVST kits at the above channels.

DESCRIPTION: In 2016, the National HIV Testing Services (HTS) policy was expanded to facilitate the strategy. Revisions included: Target populations for HIVST: include adolescents, adolescent girls and young women, children 2-14 years, index testing for children extended to cover up to 19 years, reduced linkage period from 30 to 14 days, the addition of blood-based kits for self-testing, HIVST in PrEP using the blood-based kit, streamlined HIVST supply chain from parallel delivery to facility-warehouse

order system, and revised national HMIS tools to include HIVST reporting. Such revisions opened avenues for Population Services International Uganda (PSIU) through a human-centred approach to develop tools; a chatbot, a toll-free line, social influencers, and conceptual bundling to support demand creation and access to information and HIVST kits among consumers.

LESSONS LEARNED: With the right policies, regulations, and technical guidance from MOH, 14,679 HVIST kits were sold, highlighting a 20 times growth in volumes sold compared to the baseline volumes; a 56% reduction in volumes of non-approved HVIST Kits sold from 639 in April 2022 to 283 in May 2023; 266,807 individuals engaged with HIVST content on the digital channel. The resulting data led to the expansion of the policy to support the scale-up of these interventions. PSIU delivered accurate information to both service providers and consumers while adhering to the quality-of-care standards outlined in the policies. This resulted in a dramatic improvement in access and uptake of HIVST kits, significantly contributing to the achievement of the first '95' in the 95-95-95 strategy.

NEXT STEPS: For sustainable progress, it is imperative that governments persistently review and revise policies to accommodate novel strategies, refine interventions, and facilitate their implementation for a substantial public health impact. Amendment of the policies to allow other channels (vending machines, online pharmacies, drug shops), and re-classification into a general sales list are paramount for increased access to HIVST. An enabling policy environment is catalytic for innovation to address the dynamic health needs of diverse populations effectively. The remarkable success of HIV self-testing in Uganda demonstrates the power of self-care interventions when supported by forward-thinking policies and collective dedication to a shared vision of a healthier future.

TUAD0502 - Beyond Metrics: How the Simple Participatory Assessment of Real Change (SPARC) Tool Provides a Holistic Approach to Advocacy Measurement

13:15 -13:25 hrs

Presenting authors: *Barbra Ncube[1], Roberta Sutton[2], Miss. Princess Mharire[1], Ms Grace Tetteh[1]*
[1]Pangaea Zimbabwe AIDS Trust, Harare, Zimbabwe, [2]AVAC, New York, USA

Measuring outcomes is critical in assessing and documenting the effectiveness of advocacy work. However, advocacy takes place in a complex environment with multiple actors influencing an advocacy agenda simultaneously, and it can take months or even years for a positive result. This calls for an approach that establishes a credible, evidence-based case that advocacy work played a meaningful role in producing the intended results.

The Simple Participatory Assessment of Real Change (SPARC) method is designed for advocates to collectively identify the changes that came about through their interventions and examine whether and how they contributed to the results. The SPARC approach is a collaborative, iterative process, based on the theoretical approach of outcome harvesting, and starts with identifying the change that occurred as the final outcome of advocacy work. Working from this result, the significance of the outcome is determined by assessing how the outcome links to the overall project goal.

Finally, the specific key contributions of advocates are documented as evidence of their role in achieving the outcome, while acknowledging the efforts of other actors in the space. Photographs and quotes are critical components of telling a compelling SPARC story and capturing the change process. The final story outlines the full advocacy process and contributions along the way, highlighting the success of the advocacy work in achieving the result.

The SPARC method has successfully addressed the need for documenting outcomes within the Coalition to Accelerate and Support Prevention Research (CASPR), a coalition of partners with diverse focus areas. Given the diversity of CASPR partners' work, it can be challenging to measure both individual partner and coalition-level outcomes using conventional M&E approaches and indicators. The SPARC method successfully documents coalition outcomes, such as collective advocacy to advance community-centered, transparent approaches to the roll-out of Cabotegravir for PrEP. It has

also been used to document specific results, such as the integration of Good Participatory Practices (GPP) into research trials. The final products highlight the change that these diverse partners have brought about through their work, and demonstrate the value of CASPR in advancing the HIV prevention research agenda.

The SPARC approach enables CASPR partners to continuously strengthen the documentation of their advocacy outcomes by routinely returning to these outcomes and reflecting on what has changed as a result of advocacy work. The qualitative, evidence-based stories generated from this approach give advocates a more complete understanding of their work, the work of other advocates, and the coalition as a whole. Additionally, the monitoring, evaluation, and learning team shares stories across the coalition and facilitates the identification of lessons learned via webinars, newsletters, and quarterly reports that are then used by partners to make their advocacy strategies more effective.
In conclusion, the SPARC approach is ideal for use or adaptation in contexts where there are multiple actors pushing the same agenda at the same time through varying methods. Strong documentation, frequent outcome monitoring, and sharing of lessons learned help organizations uncover how they contribute to results.

TUAD0503 - COMPASS MERL model: innovative tools for planning, monitoring, and evaluation of advocacy campaigns.

13:25 -13:35 hrs

Presenting authors: *Mr Joseph Njowa[1], Mrs Barbra Ncube[1], Mrs Roberta Sutton[1], Mrs Grace Tetteh[1]*
[1]Pangaea Zimbabwe AIDS Trust, Harare, Zimbabwe, [2]Pangaea Zimbabwe AIDS Trust, Harare, Zimbabwe, [3]AVAC, New York, United States of America, [4]AVAC, New York, United States of America

ISSUE: How do we know our advocacy campaigns have made a real impact? All social movements face this question and most struggle to address it. Central to this challenge is the complexity of advocacy, as it involves many factors that are difficult to control and predict. To address this challenge, the investments in community and civil society leadership in the HIV response should be complemented by a strong Monitoring, Evaluation, Results and Learning (MERL) system that can document and demonstrate how advocacy campaigns are influencing key decisions that shape policy, resource allocation, and HIV service delivery and access.

DESCRIPTION: The Coalition to build Momentum, Power, Activism, Strategy & Solidarity in Africa (COMPASS) is a North to South partnership of civil society organizations that engages with governments, policy makers and funders to strengthen the national HIV response in Malawi, Tanzania, and Zimbabwe. Recognizing the importance of measuring the impact of our advocacy efforts, COMPASS launched a MERL hub comprising of Champions (Coalition-Members) with the responsibility to lead, support and grow MERL knowledge and skills. The MERL hub focuses on supporting partners to use MERL skills to effectively plan, carryout, assess, and document their advocacy campaigns using 3 tools:[1]Effective campaign planning-using the Landscape Analysis Toolkit for strategic action planning; [2]Assessing advocacy campaign progress and outcomes (wins and set-backs)-using the COMPASS Coalition Advocacy Assessment Tool (C-CAAT);[3]Telling your advocacy story-using the Simple Participatory Assessment of Real Change (SPARC) tool. Additionally, the MERL handbook consolidates the MERL strategies and tools and serves as a step-by-step guide for COMPASS partners for reference on how to utilize the tools.

LESSONS LEARNED: Conceptualizing and implementing a robust MERL hub, inclusive of Champions equipped with strong MERL skills and innovative tools has proven essential to COMPASS' success. Over the last 4 years findings from assessments notably the COMPASS Coalition Health Score-card, COMPASS partners acknowledged their improved capacity in the following areas: [1]Strengthened ability to develop contextual and effective advocacy campaign plans, and [2]enhanced capabilities to demonstrate the impact of advocacy efforts and lessons overtime. Furthermore, partners affirmed that COMPASS MERL approaches and tools provide a [3]systematic way to qualify advocacy wins that is useful both to their work and highly adaptable for use beyond COMPASS.

NEXT STEPS: COMPASS has experienced success in documenting how the coalition is influencing policy, resources, systems, and practice with the advocacy MERL model at the heart of the coalition. As the global emphasis on putting communities at the center of the response continues, the COMPASS MERL team is determined to share its strategies and tools with like-minded social movements and networks. The model is essential in strengthening the capacity of advocates at all levels to develop tactically sound advocacy campaigns, and to monitor, evaluate and demonstrate results and lessons overtime.

TIME	10:45 - 11:30 hrs	ROOM	Plenary Room	DATE	Wednesday, 06 Dec. 2023

Track D: Law, Human Rights Social Science and Political Science
D5 -Harm reduction policies and politics
Moderator: Dr. Manzengo Casimir, WHO

WEAD0701 - Scaling Up Harm Reduction Services for People Who Inject Drugs in Tanzania: Reaching last Mile PWID Communities.

10:45 -10:55 hrs

Presenting authors: *Mr. Juma Kwame Mhina[1], Miss Agnes Hotis, Mr. Kenned Lucas*
[1]Tanzania Network For People Who Use Drugs (TaNPUD), Kigamboni,dar Es Salaam, United Republic of Tanzania

BACKGROUND: Harm reduction interventions including MAT and NSP have proven to be effective in reducing HIV/AIDS prevalence among PWID in high-income countries. Tanzania however, has a coverage of 19.40% for NSP and 41.20% for MAT respectively. This is way below WHO's recommendations of a minimum 80% for NSP and 50% for MAT coverage. While PWIDs in Tanzania were estimated at 50,000 in 2022 only 23% (11,088 men and 587 women) have access to MAT and other harm reduction services. MAT services on the other hand are available at only 15 of the facilities (11 MAT clinics and 4 Satellites) in the country. The service gap for PWID in the country is quite big bringing about a need for the scaling up of the harm reduction services.

METHOD: A community-led study using mixed approaches was conducted between January to June 2023 to identify gaps in access to and quality of harm reduction services in 19 districts of the country, 2 police posts and 2 prisons in Dar es Salaam Tanzania. Quantitative data was collected through questionnaires, while qualitative data was collected through Focus Group Discussions and Key Informant interviews. Data variables included; information on service availability, challenges experienced by clients while accessing services and clients' recommendations for service improvements.

FINDINGS: 41% of the respondents had no knowledge of harm reduction services in terms of MAT and NSP. 70% of harm reduction clients indicated that they were satisfied; 30% of the respondents were not at all satisfied. 73% of PWID had challenges with Police and other law enforcement authorities. Moreover MAT services have a coverage of 41.20% while NSP has only 19.40%. Apart from Segerea and Ukonga, all other prisons lack harm reduction services thus putting incarcerated PWIDs not on or on treatment at high risks of serious withdrawals.

CONCLUSION AND RECOMMENDATIONS: The current scope of harm reduction services is quite small compared to the total needs of PWIDS in the country. It is important that Tanzania invests in strategies that would reach the last mile PWID with harm reduction services including mobile outreaches, take home doses, establishing harm reduction in prisons and reaching needy districts and regions. Scaling up of harm reduction ser vices to reach the last mile will not only improve the well being of PWID but also contribute to the reduction of new HIV infections among PWIDs in Tanzania.

WEAD0702 - Promoting human rights, quality health, and wellbeing for youth prison populations

10:55 -11:05 hrs

Presenting authors: *Ms. Prisca Sikana*[1]
[1]*Southern Africa Network Of Prisons, Lusaka, Zambia*

BACKGROUND: The Southern Africa Network of Prisons (SANOP) exists to serve the prison and ex-prison community and promote human health and dignity in Southern Africa.
A study was initiated to assess three domains of change at individual, community, and systems levels to understand the status of youths and migrants in prison and out of prisons in terms of access to health, rights, well-being, and participation.

METHODS: With respect to sexual and reproductive health and rights (SRHR), few correctional facilities promote access to "the highest attainable standard of physical and mental health" and adhere to a 'minimum standard' of SRHR requirements as international conventions and instruments require. Many prison systems continue to struggle to provide even the most basic health care services for people in prison.

The study geographically covered Eswatini, Zambia and Zimbabwe.
The study design used a mixed method and cross disciplinary approach. Through both qualitative and quantitative data collection methods that include: Review of Literature, Key Informant Interviews (KII), Focus Group Discussions (FGDs), and Questionnaires, the study sought to gather and capture the perspectives and experiences of diverse groups of women, boys, young men and men and key stakeholders. compared and any inconsistencies followed up on.

The study population was purposively sampled including the target correctional facilities and district. Key informants for the study were purposively sampled based on their expert knowledge and involvement in activities relevant to the project. At correctional facility level, random sampling of the respondents was done. Owing to the different population sizes of the various correctional facilities, different sample sizes were sampled from each correctional facility. For facilities with populations above 100, the standard 10% of the population was applied; for facilities with between 60 and 99 people, 30% of the population will be sampled and for those with 25 and below, all the inmates were sampled.

RESULTS: The majority of the prisoners were male (95%) and below the age of 24. Sexual and Reproductive health services were reported to be available in the juvenile facilities for both boys and girls and the knowledge and awareness of the service is there across the 3 countries at (93%).Female prisoners reported inadequate SRH service provisions and males did confirm some service provision however low availability of condoms was reported. Barriers to accessing SRH services by youth in prisons was reported with unavailability of comprehensive SRH services ranked high and lack of youth friendly service and stigma and discrimination mentioned.

CONCLUSIONS: Whilst in all correctional facilities all respondents indicated that they have heard of the SRHR services before it is imperative to highlight that there is still need to improve the availability, accessibility and quality of comprehensive SRHR services for both the youths and migrants. This poor service delivery affects the general health and adherence to ART. The findings provide guidance for improvement of SRH services and subsequently HIV services in prisons.

WEAD0703 - Improving HIV knowledge and gender-based attitudes amongst male inmates through football in correctional facilities in Zambia, Malawi and Zimbabwe.

11:15 -11:25 hrs

Presenting authors: *Mr. Matthew Wolfe[1], Mr Simba Guzha[2]*
[1]Tackle, Lusaka, Zambia, [2]Voluntary Services Overseas, Harare, Zimbabwe

ISSUES: In Southern Africa, incarcerated people experience higher HIV prevalence than the general population and have been identified as a critical group for HIV programming in order to achieve the "95-95-95" goals. However, preliminary data collected from VSO and TackleAfrica, in a pilot program across 11 correctional facilities in Malawi, Zimbabwe and Zambia in 2019, suggested that both HIV knowledge and positive attitudes towards women was low. We report the results of an inmate led, football-based intervention designed to improve HIV and SRHR knowledge and positive attitudes towards women amongst male inmates.

DESCRIPTION: The program was implemented over two years in ten-week blocks. Baseline and end-line surveys were collected before and after each block by youth volunteers working with inmate coaches. HIV knowledge was measured using the UNAIDS Comprehensive HIV Knowledge indicator. Questions around SRHR and attitudes to women were based on similar DHS & WHO indicator questions.

LESSONS LEARNED: Over 2 years, 126 inmates were trained as peer football coaches to reach 2920 male inmates with 1047 football sessions integrated with sexual health messaging. 1,109 male inmates completed baseline surveys, of which 562 (51%) completed end-line surveys. The primary reason for leaving the program was release or transfers. Comprehensive HIV knowledge improved from 35% at baseline (n=1109) to 51% at end-line (n=562). Knowledge of STIs improved from 52% (n=1109) at baseline to 65% at end-line (n=491). The question, "Should a girl be able to refuse unwanted sex from her husband or boyfriend?" saw an increase from 76% to 88% at end-line in Zambia (n=531/ n=230), while in Malawi and Zimbabwe the question "having sex with many women is a sign of manhood" saw a correct answer increase from 64% at baseline (n=656) to 76% at end-line (n=278).

NEXT STEPS: Football based interventions are an effective mechanism to engage with male inmates in Southern Africa around sensitive issues related to HIV, SRHR and attitudes towards women. While issues associated with inmate transfer and release may disrupt program completion, inmate-led sports-based interventions represent a sustainable and valuable mechanism to engage with a highly disenfranchised and alienate group that are critical to reaching UNAIDS targets.

TIME	10:45 - 11:30 hrs	ROOM	VIP Lounge	DATE	Wednesday, 06 Dec. 2023

Track B: Clinical Science, Treatment and Care
B1 - Key Population -Management of HIV and other Co-infections
Moderator: Houssine EL RHILANI, UNAIDS

WEAB1001 - Seroprevalence of Hepatitis B and C in high-risk populations at an outpatient clinic in Port-au-Prince Haiti

10:45 -10:55 hrs

Presenting authors: *Dr Maureen Léonard[1], Dr. Emmlyne Emmanuel[1], Mr Chenet Orélus[1], Dr Jean Wysler Domerçant[1]*
[1]Institut pour la Santé, la Population et le Développement (ISPD), Delmas, Haiti

BACKGROUND: Viral hepatitis is responsible for a high global burden of disease. Hepatitis B Virus (HBV) and Hepatitis C virus (HCV) are the most common cause of cirrhosis, liver cancer and viral hepatitis-related deaths. Ninety percent (90%) of those living with HBV and 80% of those living with HCV are unaware of their status. Donor sample testing for HBV and HCV seroprevalence in Haiti found 0.56% positive for hepatitis C antibody and 3.8% were positive for hepatitis B surface antigen. No

data is currently available for populations presenting high-risk sexual behaviors in Haiti. With this study, we aim to determine the seroprevalence of Hepatitis B and C among high-risk populations seeking services at an outpatient clinic in Port-au-Prince.

METHODS: We conducted a cross-sectional study in one outpatient clinic of the BRIDGE project located in the metropolitan area of Port-au-Prince. A sample of 235 clients were tested for both Hepatitis B surface antigen (AgHBs) and Hepatitis C antibody (HCVAb) using the Cypress Diagnostic rapid test. Those with a reactive Hepatitis C antibody test were further evaluated for Hepatitis C viral load (HCV VL) using GeneXpert to determine the presence of active replication and infection. Those with a positive surface antigen were put on PrEP as Hepatitis B treatment is not readily available outside of PrEP services. To be included, participants had to be at least 18 years old, having high-risk sexual behaviors (multiple sexual partners, inconsistent or non-use of condom, recent history of STI), voluntarily signing the general consent form, being enrolled either on PrEP or on ART.

RESULTS: A total of 235 clients/patients were tested, including 55% males (N=130) and 45% females (N=105). Twenty-one percent (21%) of the participants self-identified as men having sex with men (N=49), 16% as female sex workers (N=37) and 63% as heterosexuals (N=149). The median age was 36.0 years (IQR 28.0-44.0), 78% (N=184) were HIV+ on ART, 17% (N=39) on PrEP and 5% (N=12) neither on ART or PrEP. All clients/patients were asymptomatic and unaware of their status. Six percent (6% (N=14)) tested positive for AgHBs (12 males, 2 females) and 0.9% (N=2) for HCVAb, none of which had a detectable HCV VL suggesting a past resolved Hepatitis C infection. Among the HIV+ patients, 5.9% (N=11) were positive for AgHBs, 1% (N=2) for HCVAb and 0.5% (N=1) for both AgHBS and HCVAb. Among the PrEP clients, 2.5% (N=1) were positive for AgHBs and none for HCVAb.

CONCLUSIONS AND RECOMMENDATIONS: The seroprevalence for Hepatitis B surface antigen found in our HIV+ positive cohort was relatively low as compared to global HBV infection prevalence in HIV-infected persons (7.4%). Considering the fact that all participants were sexually active and unaware of their status, the risk of transmission of Hepatitis B to others and potentially to their offspring is considerable. Hepatitis B screening should be an integral part of HIV prevention and care and treatment programs in Haiti. Hepatitis B vaccination should be introduced at birth and for adults with high-risk sexual behaviors that have a negative AgHBs test.

WEAB1002 - cohorte de consommateurs de drogues injectables à Dakar premiers résultats (codisen-anrs12334)

10:55 -11:05 hrs

Presenting authors: *Dr. El Hadji Bara Diop[1], Dr Annie Marie Leprêtre[2], Pr Karine Lacombe[3], Pr Idrissa Ba[4], Dr Ibrahima Ndiaye[4], Pr Viviane Marie Pierre Cissé[5], Pr Ndeye Aissatou Lakhe[5], Mr Ameth Sougou[4], Dr Oumar Samba[4], Mme Aminata Niang[1], Dr Gabrièle Laborde-Balen[7], Dr Karim Diop[6], Pr Alice Deslaux[7], Pr Moussa Seydi[5]*

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CONTEXTE: En 2011, l'enquête UDSEN ANRS 1224 a estimé à 1324 le nombre de Consommateurs de Drogues Injectables (CDI) dans la région de Dakar avec une séroprévalence du VIH, VHC et VHB de respectivement 5,2%, 23,3% et 7,9%). Le Centre de Prise en Charge Intégrée des Addictions de Dakar (CEPIAD), créé en 2014, a été le premier centre de substitution aux opiacés (TSO) d'Afrique de l'Ouest. Le projet CODISEN, débuté en Août 2016 au sein du CEPIAD, associe un volet clinique, addic-

tologique et socio-anthropologique.

OBJECTIFS: (1) Proposer un modèle de soins et de prévention validé et adapté aux consommateurs de drogues injectables (CDI) et aux co-morbidités. (2) Évaluer l'impact sur l'incidence du virus de l'immunodéficience humaine (VIH) d'une prise en charge globale semestrielle des CDI au Sénégal. (3) Évaluer l'acceptabilité, l'efficacité et l'impact d'une stratégie de «Test and Treat » VIH chez les CDI au Sénégal. (4) Décrire la nature, la gravité, la fréquence et les facteurs de risque associés des principales co-morbidités : VIH, hépatite virale B (VHB) et hépatite virale C(VHC), tuberculose, infections sexuellement transmissibles (IST), troubles mentaux.

MÉTHODES: CODISEN est une étude de cohorte, prospective, monocentrique. Une consultation somatique, une évaluation addicto-psychiatrique, un recueil d'informations socio-comportementales, des examens radiologiques et biologiques sont proposés aux personnes suivies par le Centre de Prise en Charge Intégrée des Addictions de Dakar (CEPIAD), répondant aux critères d'inclusion (être CDI ou sous méthadone, majeur, habiter la région de Dakar). Une étude anthropologique y est associée. Les personnes incluses dans l'étude sont suivies pendant trois ans, avec évaluation semestrielle.

RÉSULTATS: 208 CDI sont inclus dont 7,2% de femmes. L'âge moyen est de 46,7 ans. Les patients inclus vivent dans la précarité, 57% des patients ont moins de 76€ par mois et 41% sont sans activité. Les séroprévalences du VHB, VHC et VIH sont respectivement de 12%, 4,3% et 3,8%. Les patients VIH+, sont tous traités par antirétroviral (ARV) avec des charges virales <50 copies/ml. Le dépistage sérologique VHB proposé systématiquement a permis à 99 CDI de bénéficier d'une vaccination contre l'hépatite B(les patients qui bénéficient de la vaccination ont l' AgHbs négatif et les Ac Hbs et Ac Hbc négatifs). Les patients avec une hépatite c chronique ont bénéficié d'un traitement à base de sofosbuvir + velpatasvir pendant 3 mois. Toutes les charges virales de contrôle sont revenues négatives.

CONCLUSION: CODISEN est la première cohorte de CDI mise en place au Sénégal. L'inclusion des femmes, encore minoritaires dans la cohorte et des jeunes reste un défi essentiel. CODISEN fournira un ensemble unique de données sur l'impact d'une approche intégrée pour la gestion des CDI. Ce programme innovant devrait contribuer à l'élaboration des futures politiques de santé publique concernant la prévention du VIH et des hépatites chez les CDI.

WEAB1003 - Dolutegravir safety in pregnancy: Outcomes from an observational cohort study in Ghana.

11:25 -11:35 hrs

Presenting authors: *Professor Margaret Lartey[1], Dr. Vincent Ganu[2], Miss Golda Akuffo[3], Mr Prince Tsekpetse[4], Professor Ernest Kenu[5], Dr Stephen Ayisi Addo[6], Professor Kwasi Torpey[7]*
[1]Department of Medicine and Therapeutics, University of Ghana Medical School., Accra, Ghana, [2]Department of Medicine, Korle Bu Teaching hospital, Accra, Ghana, [3]School of Public Health, University of Ghana, Accra, Ghana, [4]School of Public Health, University of Ghana, Accra, Ghana, [5]School of Public Health, University of Ghana, Accra, Ghana, [6]National AIDS/STI Control Programme, Ghana Health Service, Accra, Ghana, [7]School of Public Health, University of Ghana, Accra, Ghana

INTRODUCTION: Dolutegravir (DTG) has become the main drug of choice as first-line antiretroviral therapy for persons living with HIV in developing countries. In 2018, there were concerns with the safety of DTG use among pregnant women following initial findings from a study in Botswana of a sixfold relative increase in congenital abnormalities including neural tube defects (NTDs) in children born to these women. However, final study findings later reported a risk reduction to a threefold relative risk. The World Health Organization (WHO) recommends DTG use in all persons including pregnant women without restrictions. Dolutegravir has been available in Ghana since 2019 and it's important to evaluate its effect on pregnancy outcomes. This study assessed clinical outcomes among pregnant women in a cohort of patients initiated on DTG in Ghana.

METHODS: A prospective multi-center observational cohort study among PLHIV initiated on DTG in Ghana was conducted from September 2020 to August 2022. All women were counselled to notify clinicians of the desire to get pregnant, so that their antiretroviral regimen is changed from a DTG-based regimen to an efavirenz-based one as per the national HIV treatment guidelines. All non-pregnant women among the cohort who got pregnant without pre-notification of clinicians and were still on DTG within ≥8 weeks of estimated date of conception were identified and followed up during the study period. The primary outcome was NTDs. The incidence of NTD at birth was calculated with 95% confidence interval. Data on the mode of delivery, birthweight of babies (normal ≥2.5 kg < 4.0 kg; low <2.5kg; macrosomia ≥4.0kg) and their Apgar scores (1-10) at 5 minutes were also documented.

RESULTS: Of the 2097 women initiated on DTG, 1.2% (36) were identified with pregnancies within ≥8 weeks of estimated date of conception whilst still on DTG. The mean age was 34 ± 5.0 years. All had HIV-1 except for one woman with HIV 1&2 dual infection. For mode of delivery, 72% (26) had spontaneous vaginal delivery, 25% (9) had caesarean section and 2.8% (1) had a miscarriage. Of the 35 deliveries, 2.9% (1) was a stillbirth. There were no cases of neural tube defects among the live births. Fifty-three percent (19) of the deliveries were male. Ninety-seven percent (34/35) of the babies had normal birth weight with the mean birthweight of all live births being 3.2 ± 0.4 kg. Their mean Apgar score was 8.1 ± 1.1.

CONCLUSION: There were no NTDs in children born to women with dolutegravir exposure within eight weeks of conception in our study. Despite the small sample size being a limitation, we can report that dolutegravir is safe to use in pregnancy.

TIME	10:45 - 11:30 hrs	ROOM	Diamond 1 & 2	DATE	Wednesday, 06 Dec. 2023

Track D: Law, Human Rights Social Science and Political Science
D4 -Conceptualizing social and structural factors and their impacts
Moderator: Umunyana RUGEGE, UNAIDS

WEAD1101 - Consequences of the growing anti-rights movement across Africa on HIV prevention and Sexual and Reproductive Health and Rights

10:45 -10:55 hrs

Presenting authors: *Mrs. Leora Pillay*[1]
[1]Frontline Aids, Cape Town , South Africa, [2]Gothenburg University, Västra Götaland, Sweden

ISSUES: Anti-rights movements are proliferating across Africa and damaging progress made on LGBTQI+ and key population rights, sexual and reproductive health and rights (SRHR) and the implementation of comprehensive sexuality education (CSE). In recent years, the anti-rights movement has become a visible, active and well-organised trans-national coalition of conservative, faith-based, and authoritarian forces that are mobilizing to oppose “gender ideology”. Anti-rights advocacy has direct implications for access to HIV prevention services for those most marginalized, making it increasingly difficult to promote human rights based public health policies and achieve universal human rights. Despite the rapid growth of this movement, little research exists about the effect it is having on HIV prevention outcomes for LGBTIQI+ communities, adolescent girls and young women (AGYW), broader SRHR and the implementation of CSE.

DESCRIPTION: Frontline AIDS conducted new research examining the implications of anti-rights advocacy for HIV prevention and policy frameworks. The research was conducted as a desktop analysis of published documents, reports, policy briefs, and other texts that provide insight into the narratives being promoted by anti-rights groups and their consequences as well as interviews. Texts analyzed include those produced by anti-rights groups, media reports and first-hand accounts of how the movements campaigns in the region are impacting HIV prevention and human rights in Africa. The research developed two specific case studies of anti-rights advocacy, one on LGBTQI+ rights and another on SRHR and CSE.

LESSONS LEARNED: Progressive efforts to promote human rights and gender justice for all is being directly obstructed by this movement. Anti-rights advocacy in Sub Saharan Africa is exacerbating challenges that LGBTQI+ communities and AGYW already face related to human rights, HIV prevention and SRHR services and information. Narratives used by the anti-rights movement are spreading disinformation and creating moral panic to advocate against SRHR and LGBTIQ+ rights, claiming that LGBTQI+ communities are neo-colonial, 'unAfrican' and violate 'traditional' family values; that CSE and SRHR violate 'parental rights'; and that policies and programmes that promote SRHR are neo-colonial western agendas. Anti-rights campaigns are reinforcing existing stigma and discrimination directed towards key populations and creating new barriers for access to HIV prevention and SRHR services. For instance, after the adoption of the Anti-Homosexuality Act in Uganda, there are already reports that LGBTIQ+ individuals are even less likely to access health services due to fear of arrest. The research also found that LGBTIQ+ communities are increasingly unsafe in some countries with youth reporting feeling "threatened, ridiculed or unsafe" in schools due to their sexuality or gender identity. Such narratives threaten to undo much of the progress that has been made in HIV prevention, human rights and access to SRHR and CSE.

NEXT STEPS: Understanding anti-rights narratives is integral to countering them through human rights-based and factually informed narratives highlighting the importance of freedom, the need for HIV prevention and SRHR services and information. Next steps include the continued monitoring of the anti-rights movement's attacks against SRHR, CSE and LGBTQI+ communities and the development of advocacy guidelines to counter the narratives.

WEAD1102 - How unconditional cash transfer program improved uptake of service and retention of CLHIV in HIV care in Ikot Ekpene LGA

10:55 -11:05 hrs

Presenting authors: *Mr. Christopher Aruku[2], Mr Augustine Edet-Udoh[1], Mr Felix Ikyereve[3], Mr Victor Ekanem[1], Mr Michael Ejeh[2], Dr Peters Adekoya[2]*

[1]Brokline Foundation , Ikot Ekpene, Nigeria, [2]Center for Clinical Care and Clinical Research, Uyo, Nigeria, [3]Catholic Relief Services, Uyo, Nigeria

BACKGROUND: Over twenty percent of OVC households on the project in Ikot Ekpene LGA cannot pay for medical or transportation cost for household members to health facilities. Project baseline data reveal that 24% cannot pay for medical costs for household member, 12% borrow to pay, while 19% cannot pay without selling personal items. Economic factors account for major hindrances to improved health outcomes in these households. To speed up progress toward the UNAIDS 95-95-95 targets, Brookline Foundation implementing the USAID-funded Integrated Child Health and Social Services Award managed by CCCRN started a cash transfer (CT) scheme in 2021 to facilitate access of 223 households of people living with HIV/AIDS to HIV care.

METHODS: This cross-sectional study used structured questionnaires and Health Outcome Assessment tools. 68 of 223 most vulnerable households on the project was selected using Eligibility Assessment Tool and surveyed. They provided 34 persons from a cohort of households with CT, and the other 34 that matched age and vulnerability served as control. They monitored both groups at the community level to find out their consistencies to ART drugs pickup and viral suppression within 12 months' period. Also, health facility line list of CLHIV from the households were collated, reviewed and analysed to compare with community level information collected from the households.

RESULTS: Thirty-three CLHIV (97%) of children in households who benefited from CT program with self-reported adherence were consistent in ART drugs pickup within the period. Most has viral load suppressed (<1000 copies). Only one beneficiary was unsuppressed though consistent with treatment had a switch in drug regimen. Retention in HIV care among CT beneficiary household is 94% compared with 35.0% none CT beneficiaries. Also, economic resilience among CT beneficiaries is 61.7 compared with 32% for non-beneficiaries. Chi-square test $\mu 2 < .01$, $p = 0.95$. Assert that there is

a relationship between CT and retention or household resilience.
CONCLUSION: Given that CT has a positive relationship with retention or economic resilience among CLHIV households, the scheme if incorporated into community OVC program can improve health outcomes of CLHIV and speed up HIV epidemic control.

WEAD1103 - Facilitators and barriers to gender-affirming healthcare and HIV services: An exploratory study among Transgender individuals in Nigeria.

11:05 -11:15 hrs

Presenting authors: *Dr. Temitope Oke[1], Dr. Adedotun Ogunbajo[1], Ms. Amanda McQueens[2], Dr. DeMarc Hickson[1]*
[1]Us Helping Us People Into Living Inc., Washington,, United States, [2]Trans Pride Africa, Abuja,, Nigeria

BACKGROUND: Transgender individuals experience persistent discrimination and face unique needs and barriers, including access to gender-affirming care and targeted HIV prevention services. Though studies on Trans-identified persons are gaining momentum in the United States and other developed countries, limited research exists on Transgender individuals in sub-Saharan Africa. For example, minimal empirical studies have focused on exploring the existence and experience of Transgender individuals in Nigeria. More so, to understand the socio-political factors and barriers to healthcare delivery and gender-affirming care and the implication on HIV susceptibility among Transgender individuals in Nigeria. The current study explored these issues to fill the dearth of knowledge.

METHODS: Between February and September 2021, Transgender individuals were recruited through two community-based organizations in Lagos and Abuja, Nigeria, and participated in three focus group discussions. The researchers conducted three group interviews, each lasting approximately ninety minutes; two were conducted at a secure location in Abuja, and one was conducted in Lagos. A semi-structured interview guide was used to guide the group discussions with questions focusing on experiences of being a Transgender living in Nigeria and the availability of /barriers to accessing gender-affirming healthcare services. Participants' responses were transcribed verbatim and assigned into descriptive categories using a coding scheme.

RESULTS: Most participants (52%) were 25 or younger, and 80% identified as transgender women. Participants described a widespread lack of access to quality gender-affirming care, particularly hormone and surgical services for transition, forcing several participants to self-administer hormones without provider guidance while seeking health information online. Also, participants described adverse experiences within healthcare settings, including a lack of specific health services for Transgender individuals within LGBT-focused organizations in Nigeria. Additionally, there are limited trans-focused HIV prevention, treatment, and care services, and available services are usually lumped with programs focused on men who have sex with men. Several significant barriers to accessing quality gender-affirming care were the lack of trans-competent healthcare providers, fewer organizations focused on the needs of Transgender individuals, and limited access to evidence-based scientific information on the safety of gender-affirming care tailored to the Nigerian context.

CONCLUSION AND RECOMMENDATION: This is the first known study to examine barriers to accessing gender-affirming care among Transgender individuals in Nigeria. Overall, Transgender individuals experienced multiple barriers in accessing gender-affirming care, specifically hormone therapy and targeted HIV prevention services. At the same time, healthcare centers lacked the competency and resources to provide adequate services to this key population. Multilevel interventions are needed to address these barriers and improve access to quality and gender-affirming healthcare services for Transgender individuals in Nigeria.

TIME	12:05 - 12:50 hrs	ROOM	Plenary Room	DATE	Wednesday, 06 Dec. 2023

Track D: Law, Human Rights Social Science and Political Science
D7-Adolescents, young people, and HIV
Moderator: Dr. Agnes Chetty, WHO

WEAD0801 - Adolescence And Sex Work: Stories of Adolescent Female Sex Workers Through the Eyes Of Peers During Nightlife At Tema

12:05 -12:15 hrs

Presenting authors: *Mr. Nana Amoako Acheampong*[1]
[1]*Ghana AIDS Commission, Accra, Ghana*

BACKGROUND: Commercial sex work is high among adolescents, one need not look far to find school going teens in sex work at popular pubs and streets in the Tema Metropolis of Ghana with its attendant hazards. We present results from analyses on the pervasiveness of sex work among adolescent females and the challenges they encounter, through accounts of their peers.

METHODS: The study employed purposive and snowballing sampling techniques. Two peers (female sex workers) were recruited to informally interview the sex workers (between 10 and 19 years) for a period of 3 nights at 5 hotspots in Tema and to take notes and record. The notes and recorded data were collected and thematically analyzed. 32 adolescent female sex workers were interviewed in the study by the 2 peers.

RESULTS: The average age of participants was 16 and most started sex work at age 14. Poverty and broken homes were revealed by the study as the major drivers of the practice. Condom use is rare as unwanted pregnancies, risky abortions and STIs were common. Sexual and physical abuse were also common as well as the use of drugs.

CONCLUSIONS: Broken homes and poverty should be considered in any intervention and condom promotion scaled up and that there should be the strengthening of structures to reduce abuse of FSWs and to prevent abuse of drugs.

WEAD0802 - Scaling up on AGYW-led Advocacy And Affecting And Affecting Change Using Digital Technologies

12:15 -12:25 hrs

Presenting authors: *Miss Nyasha Museruka, Mx Elidah Maita, Miss Lilian Meakyosi, Miss Iningisheni Nghitotowela, Miss Afia Simpande, Miss. Mamello Sejake*
[1]*ATHENA Network, Cape Town, South Africa*

BACKGROUND: ATHENA is a global feminist collective advancing gender equity and human rights through the HIV response, by and with those disproportionately affected particularly Adolescent girls and young women (AGYW). In sub-Saharan Africa, women and girls (all ages) accounted for 63% of all new HIV infections. Ensuring the AGYW are meaningfully engaged to create and implement HIV interventions and responses and ensuring that interventions and responses are human-rights-centred is critical to reducing transmissions and ending HIV as a global health crisis. However, AGYW are seldom included or centered in decision-making or programming.

METHOD: Through AGYW-led initiatives ATHENA uses digital advocacy and technologies to mobilise AGYW, build critical mass and amplify their voices and experiences. As a result of digital globalisation, the world is becoming more connected. However, AGYW continue to face social, economic and political barriers that prevent them from engaging decision-makers meaningfully in addition to barriers such as resourcing that hinder their engagement with other stakeholders and in-person mobilization. Digital advocacy has allows AGYW gather real time information about the experiences of AGYW

across the region, scale their advocacy, extend their reach, attain rapid responses that inform their advocacy and our programming, create systems of support and facilitate their movement building efforts in a digital world and safer spaces for them to engage.

RESULTS: ATHENA has been able to actively participate as a constituent member of various decision-making bodies in the areas of research, policy, funding, and advocacy across the United Nations, donors, and in consortia with other NGOs through leveraging digital advocacy. Additionally, ATHENA has fostered feminist movement building as a part of collective feminist networks and platforms. For instance, serving on the global steering committee for the Generation Equality Forum's Feminist accountability initiative; co-o-convening the Young Feminist Caucus at the 2023 United Nations Commission on the Status of Women; and amplifying our organizing and advocacy during COVID-19 through the COVID-19 Feminist Response Collective and as part of the Africa COVID-19 civil society platform organized by CIVICUS are just a few examples.

CONCLUSION: The use of digital advocacy spearheaded by AGYW is essential for eradicating HIV as a global health threat, and ensuring that young people's , especially adolescent girls and young women's human rights are safeguarded and their expertise and lived experiences are taken into consideration. Digital advocacy has not only been crucial to ATHENA realising its objective to advance gender equity and human rights through the HIV response, but it has also facilitated AGYW leading and informing the Global HIV response. ATHENA's mission is to promote gender equity and human rights through the HIV response.

WEAD0803 - Socio-demographic and programmatic factors associated with access to ''layered'' interventions by Adolescent Girls and Young Women (AGYW) in Nairobi, Kenya

12:25 -12:35 hrs

Presenting authors: *Dr. Julius Nguku[1], Ms Janet Gathogo[1], MS Faith Kamau[1], Mr. Gibson Nganga[1], Mr Joseph Makau[2], Dr Emily Koech[2], Dr Rebecca Wangusi[2], Dr Samuel Wafula[2], Dr Caroline Ngunu[3]*
[1]HOPE worldwide Kenya, Nairobi, Kenya, [2]Center for International Health, Education, and Biosecurity (CIHEB), Kenya, Nairobi, Kenya , [3]Promotive and Preventive Department, County Government of Nairobi, Kenya, Nairobi, Kenya

BACKGROUND: In sub-Saharan Africa, Adolescent Girls and Young Women (AGYW) aged between 9 and 24 years are twice as likely to be infected with HIV and 3 times more likely to be newly HIV infected as compared with males. Determined, Resilient, Empowered AIDS-free, Mentored and Safe (DREAMS) Program, aims to reduce rates of HIV infection among AGYW through 'layered' evidence-based interventions. The program defines 'Layering' as the "Age-appropriate provision of multiple interventions or services from the DREAMS core package to each recipient". Layered interventions include attendance to Social Asset Building (SAB) sessions, HIV and violence risk screening and prevention; and financial literacy training for all AGYW. Other age-appropriate interventions are added for those aged 15-17 years and 18-24 years. To help the program focus on fast-tracking layering, we examined the socio-demographic and programmatic factors associated with layering among AGYWs.

METHODS: Retrospective cross-sectional data abstraction was done for AGYW receiving DREAMS services during the six-month period between the month of June 2022-December 2022 under the CONNECT DREAMS project, funded by PEPFAR through CDC. The project served 21,616 AGYW in four sites in Nairobi during this period. Study variables were age, number of contact days at Social Asset Building (SAB) sessions—out of the expected 24 SAB contact days for the 6-month period at the rate of one SAB contact per week, time since DREAMS enrolment, and level of education. Logistic regression was used to determine correlates of layering at 95% confidence interval.

RESULTS: The average age for the 21,616 AGYW was 16.8 (IQR 12.9-20.7) years. Most, 43.8% (9,469) of the AGYW were aged 18-24 years, while 14,267 (66%) had completed at least a primary level of education. The AGYW median contact days at SAB was 8 (IQR, 4-10) days. Most (11,759, 54.4%) of the AGYW

had been in the DREAMS program for 13-24 months. Bivariate analyses showed that AGYW with >10 contact days at SABs were more likely to be layered than those with <10 days (OR 2.748, p<0.001). AGYW aged 18-24 years were significantly (p<0.001) more likely to be layered, with 69.7% of them layered compared to those aged 9-14 years (67.5%) and those aged 15-17 years (62.1%).AGYW with a secondary level of education were more likely to be layered compared to those with only primary education (OR 1.148, p<0.0001). AGYWs who had been in the DREAMS program for more than 12 months were more likely to be layered than those who had been in the program for less than one year (67% versus 60%; OR 1.339 (1.261-1.422, p<0.001). Multivariate analyses showed that being "layered" was associated with having more than 10 contact days at SABs, irrespective of the age of the AGYW or duration in the program.

CONCLUSIONS AND RECOMMENDATIONS: Being layered seems to be associated with having more than 10 contact days at SAB within a semi-annual period, being 9-14 and 18-24 years old, and having at least secondary level of education. To improve layering, programs may emphasize enhancing the number of SAB contact days for the AGYWs.

TIME	13:05 - 13:50 hrs	ROOM	Sapphire	DATE	Wednesday, 06 Dec. 2023

Track D: Law, Human Rights Social Science and Political Science
D3 -Intersecting stigmas, marginalized identities, Homophobia and transphobia

Moderator: Berry NIGOBORA, UNAIDS

WEAD1201 - Associations of Internalised homonegativity with HIV testing and HIV-risk behaviours of men who have sex with men in Sub-Saharan Africa

13:05 -13:15 hrs

Presenting authors: *Dr. Ngozi Kalu[1], Professor Michael Ross[2], Dr Sylvia Adebajo[3], Dr Neil Spicer[4], Dr Rotimi Owolabi[5], Dr Erik Lamontagne6, Mr Sean Howell[7], Dr Melissa Neuman8*

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BACKGROUND: Same-sex relationship criminalisation exposes men who have sex with men (MSM) to increased levels of homophobia that can result in Internalised homonegativity (IH), a psychosocial issue characterised by the internalisation of negative attitudes and assumptions about homosexuality. IH has been found to have associations with negative HIV-related outcomes in MSM. Using data from the cross-sectional 2019 Global LGBTI Internet Survey, this novel study examined the associations of IH with HIV testing and risk behaviours of adult MSM in Sub-Saharan Africa (SSA) and how this varies according to the legal climate.

METHODS: Using logistic 2-level multilevel analyses, we assessed the associations of IH with ever and recent HIV testing, transactional sex and unprotected anal sex of 2,901 adult MSM in 38 SSA countries. We also assessed effect modification of the associations of IH with the study outcomes by the legal climate.

RESULTS: We found high levels of IH in SSA MSM (mean[SD]= 5.3 [1.35]). Increasing IH levels was positively associated with increased ever (aOR=1.19, 95%CI= 1.03,1.37) and recently (aOR=1.18, 95%CI= 1.06,1.32) testing, but no evidence of an association with paying for sex (aOR=0.98, 95%CI=0.87,1.10), selling sex (aOR=1.05, 95%CI=0.93,1.19), and unprotected sex (aOR=0.97, 95%CI=0.87,1.07). However,

we observed strong evidence that the legal climate modifies the associations of IH with ever testing (aOR=1.35, 95%CI= 1.01,1.78) and paying for sex (aOR=0.75, 95%CI= 0.59,0.94), but only in settings with legalised same-sex relationships. We found no associations of IH with unprotected anal sex in the population surveyed.

CONCLUSIONS: IH is high across MSM in SSA, but in countries that criminalise same-sex relationships, MSM reported worse testing and sexual risk outcomes compared to those in countries where homosexuality is legal. These findings have public health significance, providing evidence that an enabling environment is vital to facilitate positive HIV-related health outcomes of SSA MSM.

WEAD1202 - Self-stigma among adolescents and young people living with HIV in Lagos State, Nigeria

13:15 -13:25 hrs

Presenting authors: *Dr. Damilola Akinlawon[1], Dr Oluchi Kanma-Okafor[1], Obioha Udenze[1], Zainab Olakunle[1], Dr Adekemi Sekoni[1], Prof. Ekanem Ekanem[1]*
[1]Department Of Community Health And Primary Care, College Of Medicine University Of Lagos, Lagos, Nigeria

BACKGROUND: Over 1.5 million adolescents globally are currently living with HIV and about 100,000 children and adolescent deaths from AIDS-related causes were reported in 2022. Adolescents living with HIV (ALHIV) face various challenges, including stigma, which can negatively affect their health and well-being. However, stigma is often overlooked in research and interventions targeting this population.

AIM: To assess the prevalence and determinants of self-stigma among ALHIV aged 10 - 24 years in Lagos State, Nigeria.

METHODS: This facility-based descriptive cross-sectional study was conducted among 808 young people living with HIV receiving care in HIV centres in Lagos, selected using the multistage sampling technique. Logistic regression analysis was used to identify predictors of self-stigma. Statistical significance was set at $p \leq 0.05$.

RESULTS: The mean age of the respondents was 19.5 ± 3.7 years. More than half of them 411(50.9%) reported self-stigma related to their HIV status. Self-stigma was higher among those who had been diagnosed with HIV for less than a year (AOR = 4.348, CI:2.330 – 8.115, $p < 0.001$) or more than five years (AOR = 3.279, CI:1.857 – 5.789, $p < 0.001$) compared to those who had been diagnosed for one to five years. The perceived mode of HIV transmission also influenced self-stigma, as those who believed they acquired HIV through unprotected sexual intercourse (AOR = 4.647, CI:1.909 – 11.311, $p = 0.001$), unsterilized blood transfusion (AOR = 6.455, CI:2.502 – 16.654, $p < 0.001$), use of infected sharps (AOR = 3.793, CI:1.640 – 8.772, $p = 0.002$), or who did not know how they contracted the virus (AOR = 11.664, CI:4.877 – 27.896, $p < 0.001$) had higher odds of self-stigma than those who thought they were infected through mother to child transmission. Other predictors of self-stigma were younger age, lower educational level, having more than one family member living with HIV and living with relatives or partners.

CONCLUSION: This study revealed a high prevalence of self-stigma among ALHIV in Lagos State, Nigeria. Self-stigma can have detrimental effects on the mental health and quality of life of ALHIV and may hinder their adherence to treatment and care services. Therefore, there is a need for interventions that address self-stigma and promote resilience among ALHIV in this setting. Such interventions could include support groups, life skills training, stigma reduction campaigns and media advocacy.

WEAD1203 - Understanding the Trends and Demographic Differences in Discriminatory Attitudes Towards People Living with HIV in Sub-Saharan Africa

13:25 -13:35 hrs

Presenting authors: *Mr. Yusuff Adebayo Adebisi[1,2], Miss Nafisat Dasola Jimoh[1], Mr Isaac Ogunkola[1], Professor Lucero-Prisno III Don Eliseo[1]*

[1]Global Health Focus, Abuja, Nigeria, [2]Nuffield Department of Population Health, University of Oxford, , United Kingdom

INTRODUCTION: HIV remains a significant global health challenge, with Sub-Saharan Africa being the most affected region. Discriminatory attitudes towards people living with HIV can further exacerbate the epidemic by hindering prevention and treatment efforts. This study aims to analyse the trends and demographic differences in these attitudes within Sub-Saharan Africa.

METHODS: The analysis utilized a dataset on discriminatory attitudes towards people living with HIV from the UNICEF nationally representative population-based surveys, including Multiple Indicator Cluster Surveys and other household-based surveys conducted between 2014 and 2022 and published by July 2023. The discriminatory attitude indicator represents the proportion of individuals, aware of HIV, who exhibit bias against people living with HIV, based on their responses to questions about interactions with HIV-positive individuals. The dataset covers 22 countries within Sub-Saharan Africa and includes demographic breakdowns by gender, age group, residence, wealth quintiles and education level. We conducted a trend analysis to examine changes in discriminatory attitudes over time. Descriptive statistics were used to highlight differences in attitudes across countries, regions, and demographics, with further statistical analyses (t-tests, Chi-square tests, ANOVA) conducted to discern significant differences. We analysed the data using STATA 17 and set p-value less than 0.05 as statistically significant.

RESULTS: In our analysis of nationally representative data from individuals aged 15 to 49 years old, we observed fluctuations in discriminatory attitudes towards people living with HIV in Sub-Saharan Africa over time. Significant differences were found across countries, with the highest average levels of discriminatory attitudes reported in Mauritania (85.2%), followed by Guinea (81.8%), Gambia (79.4%) and the lowest in Eswatini (10.7%), followed by South Africa (19.9%) and Lesotho (22.8%). Significant differences were found across the categories of residence ($p = 0.002$) and wealth quintiles ($p < 0.05$). The highest average levels of discriminatory attitudes were reported in rural areas (64.8%), followed by urban areas (52.7%), with the lowest reported in nomadic areas (48.4%). No significant difference ($p = 0.993$) in levels of discriminatory attitudes was found between females (59.9%) and males (59.85%). The highest average levels of discriminatory attitudes were reported in the poorest quintile (69.5%), decreasing consistently across the wealthier quintiles, with the lowest reported in the wealthiest quintile (48.4%). Analysis by region revealed higher average levels of discriminatory attitudes in West and Central Africa (64.7%) compared to Eastern and Southern Africa (40.8%). Younger age groups and lower education levels generally reported higher levels of discriminatory attitudes ($p < 0.05$).

CONCLUSION: These findings underscore the need for continued efforts to reduce discriminatory attitudes towards people living with HIV in Sub-Saharan Africa. Specifically, interventions may need to target regions and demographic groups with particularly high levels of discriminatory attitudes. Future research should further explore the reasons behind these demographic and regional differences to inform more effective strategies for stigma reduction.

TIME	14:05 - 14:50 hrs	ROOM	Plenary Room	DATE	Wednesday, 06 Dec. 2023

Track D: Law, Human Rights Social Science and Political Science
D8-Key and Priority Populations
Moderator: Chris Mallouris, UNAIDS

WEAD0901 - Impact of Restrictive Migration Policies on HIV Prevention, Care, and Treatment Services: A Systematic Review

14:05 -14:15 hrs

Presenting authors: *Dr. Olabode Ekerin[1]*
[1]School of Public Health, University of Port Harcourt, Port Harcourt, Nigeria

BACKGROUND: Migration has been a global phenomenon, with millions of people relocating in search of better opportunities and improved living conditions. However, various countries have implemented restrictive migration policies, aimed at controlling the influx of migrants. While these policies have had their intended effects on migration patterns, they have also given rise to unintended consequences in public health, particularly with regards to HIV prevention, care, and treatment services.

METHOD: We conducted a systematic review of literature published between 2010 and 2021. We searched major databases such as PubMed, Google Scholar, and relevant grey literature sources using relevant keywords such as “migration policies,” “HIV prevention,” “care,” “treatment,” “asylum seekers,” “refugees,” and related terms. The inclusion criteria encompassed studies that focused on the relationship between restrictive migration policies and access to HIV prevention, care, and treatment services. Studies employing qualitative, quantitative, and mixed-methods approaches were included.

RESULTS: The analysis of the selected studies revealed that restrictive migration policies have significantly hindered access to HIV prevention, care, and treatment services for migrant populations. 19 countries deport non-nationals solely based on their HIV status, while 11 countries deny both short- and long-term stays on the same grounds. 17 countries may require HIV testing for specific types of permits. These policies often result in marginalization, stigma, and discrimination against migrants, leading to reduced utilization of healthcare services, including those for HIV. Fear of deportation, lack of legal documentation, language barriers, and limited access to healthcare facilities all contribute to the reluctance of migrants to seek HIV services in host countries.

CONCLUSION AND RECOMMENDATION: The evidence from this systematic review highlights the detrimental effects of restrictive migration policies on HIV prevention, care, and treatment services. These policies create barriers that limit migrants’ access to healthcare, exacerbating HIV-related health disparities and contributing to public health challenges.
To address these issues, it is crucial for policymakers to adopt a more inclusive and rights-based approach to migration and public health.

WEAD0902 - Factors associated with self-reported Alcohol Use in the last 12 months among pregnant women living with HIV in mainland Tanzania

14:15 -14:25 hrs

Presenting authors: *Dr. Belinda Njiro[1], Dr Nzovu Ulenga[2], Dr George Mgomella[3], Dr Prosper Njau[4], Dr Patrick Rwehumbiza[3], Ms. Jennifer Imaa[3], Mr. Abbas Ismail[3,6], Dr Mbaraka Amuri[3], Dr Mahesh Swaminathan[3], Dr David Sando[2], Dr Joel Francis[5]*
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Johannesburg, South Africa, [6]Integral Global Consulting, , United States of America

BACKGROUND: Alcohol use in pregnancy is associated with negative health consequences both for the expecting mother and the infant; including an increased risk of vertical HIV transmission. We determined the prevalence and factors associated with any self-reported alcohol use in the last 12 months among pregnant women living with HIV in Tanzania mainland.

METHODS: An equal probability national representative sample of pregnant women newly diagnosed with HIV or started on antiretroviral therapy (ART) in the last six months were recruited from antenatal care (ANC) facilities in mainland Tanzania, and participated in a cross-sectional study from April – September 2019. The study participants responded to a structured questionnaire containing socio-demographic, substance use, and other behavioral characteristics and provided blood samples for HIV-related measurements. We computed descriptive statistics and carried out bivariate and multilevel mixed-effects multivariable logistic regression accounting for facilities as clusters to determine factors associated with any self-reported alcohol use in the last 12 months. We considered a p-value <0.05 statistically significant.

RESULTS: The survey recruited 1,002 pregnant women living with HIV, three-quarters (74.1%, n=742) were in the 25-49 years age band; most of the women (71.6%, n=717) were living with partners and approximately half (51.3%, n=513) of them were in the second trimester of pregnancy. About half of the participants (54.2%, n=543) were on ART. The prevalence of alcohol use was 24.4% (n=244); 29% (n=290) of participants reported at least one sexually transmitted infection (STI), and six percent (n=60) reported having two or more casual sexual partners in the last 30 days. Being in the 25-49 years age band, not living with a partner, and reporting at least one STI were associated with alcohol use; as such, older women (25-49 years) had higher odds of reporting alcohol use (aOR=1.48; 95% CI:1.02 – 2.16). Women who were not living with a partner had 50% higher odds of alcohol use (aOR=1.50; 95% CI:1.07 – 2.10) and reporting at least one STI was associated with twice the odds of alcohol use (aOR=2.20; 95% CI:1.58 – 3.07) compared to their counterparts.

CONCLUSION: One-fourth of pregnant women living with HIV reported any alcohol consumption in the last 12 months. Self-reported alcohol use among pregnant women living with HIV in Tanzania was associated with being older (25-49 years), living without partners, and reporting at least one STI. These findings highlight the need for the integration of alcohol interventions such as alcohol screening followed by appropriate interventions, referral, and treatment (SBIRT) among pregnant women living with HIV attending ANC in Tanzania.

WEAD0903 - Using Mobile Courts and Community and Religious Leaders to Strengthening Justice for Children

14:25 -14:35 hrs

Presenting authors: *Mr. Shadreck Sulani[1], Ms Pilira Ndaferankhande[2]*
[1]National AIDS Commission, Lilongwe, Malawi, [2]Malawi Interfaith AIDS Association, Lilongwe, Malawi

BACKGROUND: Access to justice for children remains a challenge in Malawi due to barriers in the criminal justice chain of action in the management of sexual violence cases. With funding from the Centers for Disease Control and Prevention (CDC), Malawi Interfaith AIDS Association (MIAA) engaged law enforcers, community leaders, and faith leaders to be part of the justice chain of action in promoting access to justice for children, women, and girls. The project was implemented in Blantyre, Chiradzulu, Mzimba, Thyolo, and Zomba districts and covered 15 Traditional Authorities. Through the engagement, the project established the following gaps in the criminal justice chain of action:

1. Most acts of sexual and gender-based violences are due to a lack of knowledge of the existing laws among community members.
2. Delays in the prosecution of sexual and gender-based violence cases led to a huge backlog of unconcluded cases.

The project used SASA faith approach in engaging community action groups, community activists, and the media to sensitize community members on sexual violence against children and engage communities to take part in identifying, reporting, and following up on cases. To expedite the hearing of cases, the project supported the Judiciary in conducting mobile court hearings and prosecuting the cases that were reported by community members. Community members were involved in the mobile court proceedings as part of an orientation on the existing laws and to appreciate the consequences of sexual and gender-based violence against children.

Through the project, a total of 200 cases of sexual and gender-based violence against children were reported. The mobile court concept has managed to conduct hearings in 115 cases, of which 46 have been concluded, 15 convictions have been made, and a total of 41,780 community members (16,380 men and 25,400 women) have participated in the hearings. The Mobile Court concept has enhanced the timely prosecution of the cases, and the participation of the communities in case hearings has imparted community members with knowledge of the relevant laws. Furthermore, the project has experienced an overwhelming positive response from the judiciary, which has hailed the Mobile Court initiative as having provided them with the opportunity to interact with the communities on the laws that are relevant to them. Mobile courts have also assisted traditional leaders who manage traditional courts to understand some aspects of the law on sexual abuse that were not clear. "For some of us, it was confusing to convict a man who had slept with a girl when it was the girl who approached him in the first place or when parents had offered their daughter to a man for sex, but now it is clear that as a minor, the decision by the girl cannot be regarded as consent." Group Village Headman Njema. Cases of sexual and gender-based violence are found in all the districts. However, the project targeted five out of 28 districts due to resource constraints. Therefore, there is a need to scale up the project to the remaining districts.

TIME	13:05 - 13:50 hrs	ROOM	Plenary Room	DATE	Thursday, 07 Dec. 2023

Track A: Basic Science (Biology & Pathogenesis)
A1 - HIV co-infection with TB and other pathogens (Hepatitis B, C, HPV, bacterial agents

Moderator: Leopold Zekeng, UNAIDS

THAA1301 - DIVERSITE GENETIQUE DU VIH-1 ET MUTATIONS DE RESISTANCE CHEZ LES ENFANTS INFECTES ET SUIVIS EN ROUTINE AU BENIN.

13:05 -13:15 hrs

Presenting authors: *Mme. EDWIGE HERMIONE DAGBA GBESSIN[1], BIOLOGISTE CHERCHEUR EDMOND TCHIAKPE[1], MEDECIN RENE KPEMAHOUTON KEKE[1], Chercheur Nicole VIDAL[2], Maitre de conférence Agrégé Michel GOMGNIMBOU[3], CHERCHEUR HAZIZ SINA[4], MEDECIN ALDRIC AFANGNIHOUN[1], MEDECIN MOUSSA BACHABI[1], PROFESSEUR FLORE ARMANDE GANGBO[1], PROFESSEUR ABDOUL SALAM OUEDRAOGO[3], PROFESSEUR LAMINE BABAMOUSSA[4]*
[1]LNR/PSLS/MS, COTONOU, Benin, [2]2, Montpellier, FRANCE, [3]3, BOBO DIOULASSO, BURKINA FASO, [4]4, ABOMEY CALAVI, BENIN

BACKGROUND: Les patients en échec de traitement ont un risque accru d'accumulation de mutations de résistance qui impactent négativement les possibilités de futur traitement. Chez les enfants, cette situation est d'autant plus préoccupante car ils sont en début de vie et les formulations pharmaceutiques disponibles sont limités. Au Bénin, l'évaluation de la résistance antirétrovirale chez les enfants est peu documentée, même dix-huit années après le démarrage de la thérapie antirétrovirale chez les enfants vivant avec le VIH.

MÉTHODES: L'étude transversale a portée sur 47 enfants âgés de moins de 15 ans en échec virologique de traitement ARV (CV ≥ 3log10 sur deux réalisations consécutives à trois mois d'intervalle). Les charges virales ont été mesurées en utilisant la plateforme m2000 RealTime des laboratoires Abbott. L'ARN viral a été amplifié par le kit commercial Viroseq sur la totalité de la protéase et les 330

premiers acides aminés de la transcriptase inverse générant un fragment unique d'ADN d'environ 1300 paires de base. Les amplifiats ont été purifiés puis séquencés avec le kit Viroseq. Les séquences ont été précipitées à froid puis soumises à l'analyseur génétique ABI 3500 de la firme Applied Biosystem. Elles ont été par la suite éditées par le logiciel ViroSeqHIVv3.0 puis soumises au site d'interprétation HIV drug resistance database de l'Université de Stanford pour identifier les positions de mutations.
Les séquences ont été alignées contre les séquences références téléchargées dans la base de données de Los Alamos avec le logiciel Seaview puis les sous types viraux ont été attribués pour des valeurs de bootstrap supérieures à 0,80. La recherche des recombinants a été effectuée avec le logiciel Simplot par bootscanning pour des valeurs de bootstrap inférieure à 0,80.

RÉSULTATS: L'âge moyen des enfants est de 112 mois [IQR 17-168]. La ligne thérapeutique la plus prépondérante est ABC+3TC+LPV/r (n=11) et la moyenne des charges virales est de 4.42 log10 [IQR : 3.16-6.92 log10]. Au total, 78,72% (37/47) des échantillons ont été correctement amplifiés puis séquencés. Parmi ces derniers, 83,78% (31/37) portent au moins une mutation associée à la résistance parmi lesquelles les INNTI, INTI, PI et INNTI+INTI représentent respectivement 90,32% (28/31), 26/31 (83,87%), 4/31 (12,90%), 24/31 (77,41%) Parmi les mutations associées aux INTI, la M184V représente 88,46% (23/26), les TAMs identifiés sont T215Y (n=06), T215F(n=4), K219Q/E/KR (n=6), M41L (n=5), K70R (n=3) et D67N (n=2). La K103N représente 64,28% (18/28) parmi les mutations associées aux INNTI suivi du P225H avec une proportion de 28,57% (08/28). La mutation majeure associée aux IP est la I54V (n=3).
Le CRF02_AG est la souche prédominante isolée avec une proportion de 80.64% (25 /31) suivi de G (2/31) et 12.50% de A (4/31).

CONCLUSION: Un taux élevé de mutations est observé chez les enfants. Ceci souligne l'importance d'implémenter les tests génotypiques en routine au Bénin dans le suivi biologique des enfants infectés pour d'une part anticiper sur l'échec virologique et d'autres parts éviter l'accumulation des mutations associées à la résistance.

THAA1302 - Comparative drug resistance patterns in cellular HIV-DNA during virologically suppressive antiretroviral therapy (ART) and in plasma HIV-RNA following rebound viremia

13:15 -13:25 hrs

Presenting authors: *Dr. Adam Abdullahi1,2, Dr Olga MAFOTSING FOPOUSSI3, Dr Victoire FOKOM DEFO3, Dr Sylvie MOUDOUROU3, Dr Charles KOUANFACK4, Professor Judith TORIMIRO3, Professor AnnaMaria GERETTI5*
1University of Cambridge , Cambridge, United Kingdom, 2Institute of Human Virology Nigeria, Abuja, Nigeria, 3Chantal Biya International Reference Centre for Research on HIV/AIDS Prevention & Management (CIRCB), Yaoundé, Cameroon, 4Hôpital Central de Yaoundé, Ministry of Public Health, Yaoundé, , Cameroon, 5Department of Infectious Diseases, School of Immunity and Microbial Sciences, King's College London, , UK

BACKGROUND: HIV drug resistant variants acquired at the time of infection or enriched under selective drug pressure can integrate as provirus in host chromosomal cells and re-emerge if virus production resumes and potentially retain life-long clinical significance. Available data on predictive role of archived resistance in determining resistance outcomes during ART is inconsistent, especially in HIV subtypes dominating the African epidemic.

METHODS: Resistance associated mutations (RAMs) were detected in HIV-1 DNA using PBMCs collected at study initiation during triple protease inhibitor (PI) based ART within the MANET trial (NCT02155101) using Sanger sequencing (SS) and at time of virological rebound on darunavir/ritonavir (DRV/r) monotherapy or triple-ART using Ultra-deep sequencing (UDS). Sequencing was successful at baseline in (n=90) and at virological rebound in (n=23) participants.

RESULTS: Amongst 120 participants randomized within the trial, median age and CD4 count was 44 years and 467 cells/mm3. Participants were exposed to ART for 7.5 years and PI-based ART for 3.1 years. By SS, most participants had mutational profiles reflective of exposure to previous first-NNRTI-based ART with over half of participants showing ≥1 RAM, most commonly affecting the NRTIs (52/90 (57.8%) including 46/90 (51.1%) with the M184V/I mutation. NNRTIs mutations were observed in 53/90 (58.9%) participants, with 47/90 (52.2%) showing RAMs for both classes. Detection of PI RAMs was uncommon; 3 participants showed the nelfinavir RAM D30N occurring either alone or with RAMs to other classes; they had received 1 to 3 years of LPV/r and had no prior exposure to nelfinavir or other PI/r. 11/90 (12.2%) HIV DNA sequences were defective and 6/90 (6.7%) were hypermutated. By UDS, NRTI and NNRTI RAMs were found in 9/23 (39.1%) and 10/23 (43.5%) samples, respectively, and 8/23 (34.7%) samples had RAMs for both classes. Most RAMs by UDS occurred at frequency ≥15% with two participants showing D30N PI mutation at low frequency (3-4%). When comparing profiles by SS and UDS amongst 18 participants with paired sequences, most participants 12/18 (66.7%) had resistance profiles that were either fully or partially consistent, although 5/18 (27.8%) had ≥ 1 RAMs detected in PBMC but not in plasma. There was no consistency in the detection of the protease RAM D30N when comparing paired HIV DNA and HIV RNA

CONCLUSION: The patterns of resistance detected in PBMC at study entry were mostly but not fully predictive of the patterns detected during viraemia. A careful consideration of patient's treatment and resistance history is needed for interpretation of resistance pattern and absence of RAMs in HIV-1 DNA should be interpreted with caution.

THAA1303 - Development of a robust in-house HIV-1 genotyping assay for the detection of drug resistance mutations in low-level viremia samples

13:25 -13:35 hrs

Presenting authors: *Mr. Armando Blondel Djiyou Djeuda[1,7], Pr. Calixte Ida Penda[2,3], Dr. Yoann Madec[4], Dr. Grace Dalle Ngondi[5], Dr. Astrid Moukoko[5], Pr. Carole Else Eboumbou Moukoko[1,6], Dr. Avelin Aghokeng[7]*

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BACKGROUND: With emerging data showing resistance below the WHO-recommended threshold of 1000 copies/ml, there is an increasing demand for optimized genotyping methods to detect HIV-1 drug resistance (HIVDR) mutations in patients with Low-Level viremia (LLV). We here focused on the development and evaluation of an in-house genotyping method for the detection of HIVDR in patients with LLV using minimal input of sample specimens.

METHODS: We used 124 plasma samples collected between February to September 2021 from patients (aged 10-19 years old) receiving treatment for at least 6 months, with a VL of at least 200 copies/mL. Samples were then stratified into two groups according to their viral load (VL): 35 plasma VL between 200-999 copies/mL (LLV), and 89 plasma with VL ≥1000 copies/mL (high-level viremia, HLV). RNA extracts obtained from an input plasma specimen of 150 µL were used to amplify the Reverse Transcriptase (RT), Protease (PR), and Integrase (IN) genes by Nested RT-PCR and sequenced using the Sanger method. HIVDR mutations were then analyzed using the Stanford University HIVDR Database program.

RESULTS: Overall, 92.7% (115/124) of the plasma samples were successfully genotyped. The genotyping success rate was 85.7% (30/35) in the LLV group and 95.5% (85/89) in the HLV group. When

considering genes individually, the success rate (presented as LLV vs HLV rates) was as follows: 97.1% vs 98.9% for RT, 91.4% vs 96.6% for PR, and 85.7% vs 95.5% for IN genes. A total of 13 subtypes and recombinant forms were identified using this protocol, with CRF02_AG (58.0%), pure subtypes A (20.2%), and G (5.9%), among the major ones. Globally, 85.2% had resistance to at least one drug class. The proportions of PI, NRTI, NNRTI, and InSTI-associated resistance mutations were 7.8%, 60.9%, 73.9%, and 19.1% respectively. Along with the two most common observed mutations M184V (53.0%) and K103N (46.1%), we also found two InSTI major mutations, R263K and G140R (in one patient each), and several accessory mutations.

CONCLUSION: Our in-house protocol successfully genotyped the majority (92.7%) of plasma samples with a minimal viral load of 200 copies/mL, far below the WHO threshold. The efficacy of this assay in specimens with high genetic diversity proves its applicability in routine practice and highlights its clinical benefit in resource-limited countries.

TIME	14:05 - 14:50 hrs	ROOM	Plenary Room	DATE	Thursday, 07 Dec. 2023

Track A: Basic Science (Biology & Pathogenesis)
A2 - CROSS SECTION
Moderator: Prof. John Idoko, SAA

THAA1401 - Epidemiology of Hepatitis B Virus, Hepatitis C Virus and Human Immunodeficiency Virus co-infection among asymptomatic persons resident in AE-FUNAI, Nigeria

14:05 -14:15 hrs

Presenting authors: *Dr. Uchenna Ugah*[1]
[1]*Department of Microbiology, Faculty of Biological Sciences, Alex Ekwueme Federal University Ndufu-Alike, Abakaliki, Nigeria*

STATEMENT OF THE PROBLEM: Based on their epidemiology, Hepatitis B virus (HBV), Hepatitis C virus (HCV) and Human Immunodeficiency virus (HIV), share the same routes of transmission and risk factors for infection.

METHODOLOGY: This study was conducted to determine the epidemiology of HBV, HCV, HIV co-infection among residents of Alex Ekwueme Federal University Ndufu- Alike, Ebonyi State Nigeria who are mostly young adults. Three Hundred and Eighty-Four participants were enlisted for this study. Blood samples were collected and tested for presence of Hepatitis B surface antigen (HBsAg), Anti-HCV antibodies and HIV antibodies using first response antigen detection kits for HBV and HCV as well as Determine and StatPak kits for HIV. Data was analyzed using descriptive statistics, Chisquare was used to test the associations. Statistical significance was taken at P μ 0.05. Data was analyzed using SPSS version 20.0.

RESULTS: Results obtained from this study showed that the mean age of the participants was 24 years (SD: 5.343). The prevalence for HCV and HBV was 8.85% and 10.86% respectively. The occurrence of HBV and HCV co-infection was statistically non- significant (p μ 0.50). However, the prevalence of HBV was statistically significant (p = 0.012) The prevalence of HIV was 5.99%. A total of 5 (1.30%) had concomitant HBV, HCV and HIV infections. Also, 11 (2.86%) had HBV/HIV co-infection, 8(2.08%) had HCV/HIV co-infection while 5(1.30%) had HBV/HCV co-infections. All the participants were asymptomatic.

CONCLUSION AND SIGNIFICANCE: This study demonstrated high prevalence of HBV, HCV and HIV and provides the first epidemiologic data on the prevalence of these viral infections among the population within the geographic region studied. To reduce the prevalence of the viral infections among the populations, preventive strategies should be developed and implemented. Also, further studies should be conducted to elucidate the epidemiological pattern of HIV, HCV and HBV concomitant infections in other States within south-eastern Nigeria.

THAA1402 - PREVALENCE AND RISK FACTORS ASSOCIATED WITH SCHISTOSOMIASIS AMONG WOMEN LIVING WITH HIV/AIDS IN LOWER MOSHI KILIMANJARO, TANZANIA

14:15 -14:25 hrs

Presenting authors: *Mr. ANTHONY CHARLES[1], Mr Ally Baghayo[2]*
[1]Temeke regional referral hospital, Dar es salaam, Tanzania, [2]Kilimanjaro christian medical university college, Dar es salaam, Tanzania

BACKGROUND: Schistosomiasis infection has been associated with increased risk of HIV infection in African women. The co-infection between schistosomiasis and HIV /AIDS infection can be mediated through some social behavioral factors. Cases show that 6 million people are co-infected worldwide with a disproportionate burden in Africa, about 75% cases are found alongside in women co-infection with HIV/AIDS, The aim of the study was to assess the prevalence and associated risk factors of schistosomiasis among HIV/AIDS women in lower Moshi Kilimanjaro Tanzania.

OBJECTIVE: To determine the prevalence and risk factors associated with schistosomiasis among womenliving with HIV/AIDS in lower Mosh- Kilimanjaro

METHODOLOGY: This study was a cross sectional hospital based analytical study, which was conducted in lower Moshi (Pasua, TPC, Arusha chini, Mabogini) from April to June 2021.The study population was HIV/AIDS infected women aged (15-49)years. A minimum of 260 women was enrolled in this study with a simple random sampling technique. A questionnaire was a tool for data collection. Data was entered and analyzed using SPSS version 20.Microscopic examination was performed to test for schistosome infection where urine sample was used for detection of Schistosoma haematobium by membrane filtration method.

RESULTS: A total of 260 participants were enrolled. The prevalence of schistosomiasis among HIV/AIDS positive women is 5% (13/260). There was an association between the outcome (schistosomiasis) and the previous infection of HIV/AIDS with a p-value <0.01 .

CONCLUSION: The low prevalence of Schistosomiasis among HIV/AIDS women is 5% Only previous infection were associated with schistosomiasis. So strategic plans such as provision of Praziquantel drugs in the CTC and health seminars should likely provided to residents in lower Moshi Kilimanjaro.
Keywords: HIV , schistosomiasis

THAA1403 - MENTAL HEALTH AMONG YOUNG PEOPLE LIVING WITH HIV IN KENYA

14:25 -14:35 hrs

Presenting authors: *Mr. SWAHIB ABDI[1]*
[1]Ishtar Wellness, Nairobi, Kenya

BACKGROUND: Mental health is a crucial aspect of overall well-being, particularly for young people living with AIDS in Kenya. The intersection of HIV/AIDS and mental health poses unique challenges, as these individuals face not only the physical burden of the disease but also the psychological impact of stigma, discrimination, and social isolation. Understanding the mental health status of this population is essential for developing effective interventions and support systems.

METHODS: This study employed a mixed-methods approach to investigate the mental health of young people living with AIDS in Kenya. Quantitative data was collected through standardized mental health assessments, while qualitative data was gathered through in-depth interviews and focus group discussions. The study sample consisted of young individuals aged 15-24 years, who were diagnosed with AIDS and receiving treatment in various healthcare facilities across Kenya.

RESULTS: The findings revealed a high prevalence of mental health disorders among young people living with AIDS in Kenya. Depression and anxiety were the most commonly reported conditions,

with a significant number of participants experiencing symptoms of both. Stigma and discrimination emerged as major contributors to poor mental health outcomes, exacerbating feelings of shame, guilt, and social isolation. Lack of access to mental health services and limited social support further compounded the challenges faced by this population.

CONCLUSION: The study highlights the urgent need for comprehensive mental health support for young people living with AIDS in Kenya. Interventions should focus on addressing the stigma and discrimination associated with HIV/AIDS, providing accessible and culturally appropriate mental health services, and strengthening social support networks. By prioritizing mental health alongside physical health, it is possible to improve the overall well-being and quality of life for young individuals living with AIDS in Kenya.

TIME	10:45 - 11:30 hrs	ROOM	Plenary Room	DATE	Friday, 08 Dec. 2023

Track C: Epidemiology and Prevention Science
C4 - HIV Prevention Approaches
Moderator: Dr. Joy Backory, UNAIDS

FRAC1501 - Retention in HIV/AIDS Management Services: is it Really Poor? The Case of Yaoundé, Central Hospital in Cameroon

10:45 -10:55 hrs

Presenting authors: *Mr. Claude Ngwayu Nkfusai*[1]
[1]*Malaria Consortium, Buea, Cameroon, Cameroon*

BACKGROUND: After consecutively defaulting on their appointments for three months, many HIV positive patients are often reported to have defaulted on their treatment, become lost to follow-up (LTFU), or no longer in care. We sought to determine if retention in HIV/AIDS care and treatment is really poor.
METHODS: Outcomes of patients with missed clinic appointments and reasons for missing appointments were studied. We sampled adult HIV positive patients on antiretroviral therapy (ART) who by clinic had missed their clinic appointments by more than four weeks between 1997 and 2019 at the HIV Care and Treatment Center (CTC) (Day Hospital) of the Yaoundé Central Hospital. We assumed that patients who missed their clinic appointment also missed some doses of their ART medications. Patients considered LTFU and those who had defaulted for two months were traced by telephone calls and home visits. Reasons for ART discontinuation were recorded for those who stopped or interrupted ART.

RESULTS: Of the 1139 patients who were either LTFU or who had defaulted for two months, 247/1139 (22 %) could not be traced. Out of the successfully traced patients, 50 (4%) had died and 798/1139 (70%) were alive and 310/1139 (27%) were on ART of which 35/1139 (3%) had developed informal ways of obtaining ART through clinic personnel. A good number were brought back to and reinitiated on ART after tracking (540/1139 or 47%). Of those known not to be on treatment (ART), 27/1139 (2%) had deliberately stopped ART and 63/1139 (6%) promised to return and took an appointment with CTC pyscho-social workers. Major reasons shared for missing clinic appointments were travel out of city (39%), distance from health facility, and financial cost for getting to health facility.

CONCLUSION AND GLOBAL HEALTH IMPLICATIONS: Despite clinic data showing many patients had missed monthly appointments or were LTFU, we saw that a sizeable amount of such patients were actually in care and on ART. The above findings lead to the suggestion that clinic data used in program performance evaluation may not always reflect the true picture retention in care for persons in HIV/AIDS programs at hospital and national levels.
Keywords: • Lose to follow-up • Patient outcomes • Missed appointments • Cameroon • HIV/AIDS • Retention in care.

FRAC1502 - Amplifying Voices: Enhancing Beneficiary Experience via Virtual Anonymous Feedback for Adolescents and Young People's Program in Siaya County, Kenya

10:55 -11:05 hrs

Presenting authors: *Mr. Wayne Otieno[1], Mr Hilary Ngeso[1]*
[1]Catholic Medical Mission Board (CMMB), Kisumu, Kenya

ISSUES: Beneficiary feedback mechanisms play a vital role in improving accountability and continuous quality enhancement in service delivery. However, most Adolescent and Young People (AYP) programs lack strong avenues for feedback. The COVID-19 pandemic further exacerbated this issue with disruptions in traditional feedback routines due to remote and virtual working arrangements. To address this, CMMB's Global Fund-HIV project supported AYP beneficiaries by creating an online interaction forum for them to provide feedback, aiming to enhance the quality of services provided during the pandemic.

DESCRIPTION: Anonymized feedback was collected from 348 Adolescent and Young People (AYP) aged 15-24, participating in community-based mentorship sessions. The feedback was gathered through an online self-administered form using the Kobo-collect platform. To ensure broader participation, participants with smartphones were linked with those without, allowing them to use the same phones to fill and submit the forms in turns. The feedback covered their experiences during the sessions, the content provided, and challenges faced, and descriptive statistics were generated from the data for interpretation.

LESSONS LEARNED: Females comprised (76.3%) of 348 beneficiaries who provided feedback. Participant's consistency improved from 66% to 97.3% with nearly all seated at the scheduled start time. 99.2% of respondents appreciated access to the session venue. Perceived quality of sessions was high with 99.43% reporting adequate time to learn and ask questions, and 34% of suggesting the need of improvement on time management by participants while 99.43% of respondents suggested scale up of the interventions to reach more AYP. Importantly, 18% sought an increase in proportion of males in the sessions as well as provision of dignity kits to girls, mostly to those from vulnerable households.

NEXT STEPS: Even with uncertainties of COVID 19, beneficiary feedback is vital. Such innovative thinking and are cost effective in informing programming and monitoring and evaluation process. Unlike face-to-face platforms, the anonymity of this process also enhances sharing of authentic feedback without influence.

FRAC1503 - When Showers Ignite Passions: A Riveting Exploration of Rainfall, Risky Encounters, and the Youth Refugee Experience in West Africa

11:05 -11:15 hrs

Presenting authors: *Mr. Isaac Ogunkola[1], Miss Molly Ogbodum[1]*
[1]Students for Sensible Drug Policy , Calabar, Nigeria, [2]Youth RISE International

INTRODUCTION: This study forms a crucial part of a project funded by the International AIDS Society through the YouthHub Seed grant, focusing on the Adagom refugee settlement, the largest of its kind in West Africa. The intersection of environmental factors and sexual behavior is a growing area of interest in public health research. This study delves into the qualitative analysis of the relationship between the rainy season and unprotected sex among young refugees in the settlement. The aim is to explore the underlying factors that contribute to this phenomenon and its implications for HIV/AIDS prevention efforts, thereby providing valuable insights for targeted interventions within this unique demographic.

METHODS: A qualitative research design was employed, using in-depth interviews and focus group discussions with young refugees in the settlement. Participants were selected using purposive sam-

pling, with a focus on those aged 15-24 years. The data collection was conducted during the rainy season to capture real-time experiences and perceptions. Data were analyzed using thematic analysis, with a focus on identifying patterns and themes related to sexual behavior, the rainy season, and their interplay.

RESULTS: Preliminary findings suggest a complex interplay of factors contributing to increased instances of unprotected sex during the rainy season. Participants frequently expressed the sentiment that 'na raw sex they sweet pass for rain', indicating a perceived heightened pleasure associated with unprotected sex during the rainy season. This perception, combined with limited access to sexual health services due to weather conditions, increased indoor time leading to more opportunities for sexual encounters, and socio-cultural beliefs and practices related to the rainy season, contributes to an increase in unprotected sex. The results also highlight the challenges in implementing effective HIV/AIDS prevention strategies in this context.

CONCLUSION: This study reveals the need for youth-focused, culturally sensitive HIV/AIDS prevention strategies in West Africa's largest refugee settlement, addressing unique challenges posed by the rainy season and socio-cultural beliefs.

TIME	12:05 - 12:50 hrs	ROOM	Plenary Room	DATE	Friday, 08 Dec. 2023

Track D: Law, Human Rights Social Science and Political Science
D6 - Gender, age, ethnicity, disability and HIV
Moderator: Chanin MELEDJE, UNAIDS

FRAD1601 - Knowledge of HIV/AIDS among persons with Disabilities in Lagos State, Nigeria

12:05 -12:15 hrs

Presenting authors: *Miss. Ibukunoluwa Omobolanle Ajeigbe[1], Mr Olukunle Daramola[2], Mr Shefiu Adeyemi[1], [1]ACIOE Associates, , Nigeria, [2]ACIOE Foundation, FCT, Nigeria*

BACKGROUND: In Nigeria, the 2019 National HIV/AIDS Indicator and Impact Survey reported 1.9 million people living with HIV/AIDS as of 2018. Persons with disabilities in Nigeria face additional challenges that heighten their vulnerability to HIV/AIDS, such as limited access to healthcare, education, discrimination, and social support systems. Lagos state, one of Nigeria's most populous states, is home to over 3 million persons with disabilities out of an estimated 19 million across the country. Despite stereotypes, available study has revealed that a higher percentage of persons with disabilities (40%) engaged in sexual activity before age 15 compared to the general population (16% for women; 3% for men). This study evaluated the level of knowledge regarding HIV/AIDS among persons with disabilities in Lagos state, with the ultimate goal of improving prevention efforts, access to healthcare and support services for this marginalized population.
METHODS: The study employed an online survey to investigate the Knowledge of HIV/AIDS among individuals aged 18 - 55 with disabilities in Lagos state from March to June 2023. Collaborating with the Lagos State Office for Disability Affairs (LASODA), ACIOE gained access to different clusters of persons with disabilities. The Respondents encompassed five disability categories; the physically challenged, visually impaired, hearing-impaired, albinism, and others residing in Lagos state. Data analysis was conducted using Power BI version 2.11 to explore the socioeconomic factors associated with HIV/AIDS knowledge and key influencers of HIV prevalence. Additionally, IBM-SPSS version 29 was employed to analyze the correlations from the collected data.
RESULTS: Of the 172 respondents that completed the survey, the majority were male (50%), 48.8% were female, and 1.2% were transgender, with the median age of the respondents at 37 years. Most respondents (38.4%) had hearing impairment, 23.3% were physically challenged, 16.9% had visual impairment, 13.4% had albinism, and 8.1% were categorized into others, including the deaf and the blind. The majority (64.7%) had tertiary education, 30.6% had secondary education, 2.4% had primary and 2.4% had no education. Most (38.6%) were gainfully employed, 28.1% were self-employed, 25.7% were unemployed, and 7.6% were students. Most (87.8%) know the full meaning of AIDS; how-

ever, a large percentage (12.2%) answered "No." The majority of the respondent (53%) said a person infected with HIV shows symptoms, while 31.98% answered show no symptoms. Neither the respondent's gender (P=0.96) nor disability categories (P=0.12) were associated with their knowledge of HIV/AIDS (P=0.35).
The Key Influencer showed that among the age group 45-49 with disabilities, there is a likelihood that 1 out of 4 persons with disabilities will most likely have HIV/AIDS positive status, compared to other age groups, where the average likelihood of occurrence is 1 out of 20 people.

CONCLUSION: There is a need to prioritize and focus efforts to enhance the knowledge of persons with disabilities regarding HIV/AIDS in Nigeria to work effectively towards achieving the global goal of ending the epidemic.

FRAD1602 - Implementational study: Evaluation of Effectiveness of HIV testing Screening Tool in Kenya

12:15 -12:25 hrs

Presenting authors: *Mr. JOHN KURIA[1], Dr. Jonah Onentiah, Mr. Brandwell Mwangi, Mr. Davis Karambi*
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BACKGROUND AND RATIONALE: As Kenya gets closer to reaching the first 95-95-95 targets of identifying 95% of people living with HIV (PLHIV), it is becoming increasingly difficult and resource intensive to identify PLHIV and initiate treatment. At the same time, the resources available for HIV testing services (HTS) are declining and there is a need to identify evidence-based Strategies that increase efficiency in HTS. Screening tools have been implemented in Kenya to increase testing efficiency, however, there was limited evidence available on their effectiveness.
A harmonized HTS screening was evaluated from September 2021 to Feb 2022 in several facilities to evaluate their effectiveness that is the sensitivity (proportion of true positives that are correctly identified) and specificity (proportion of true negatives that are correctly identified) of these tools. Healthcare providers collected data through customized field-testing tools.

METHODOLOGY: The assessment team reviewed the current screening tools used by Implementing partners and come up with one harmonized tool to be validated in Health facilities to assess its effectiveness. Purposive sampling was used in the selection of 50 facilities for the pilot assessment. The consideration for selection included HIV burden by county, patient workload, urban, Pre-urban, and rural, and ownership with 10 facilities per county. One-day training of the healthcare workers per county was conducted that implemented the evaluation. This included orientation on the purpose of the evaluation, the screening tools, and the data collection tools. Data was analyzed using SPSS version 20. Both descriptive statistics and measures of association were computed and summarized as tables, figures, and graphs.

RESULTS: Out of 15279 clients that were screened for HIV using the HTS screening tool, 76.1% (n=11623) were categorized as eligible, and 23.9% (3656) as not eligible for HIV testing. The positivity rate was higher among the eligible clients (3.7%, n=431) compared to not eligible clients (0.7%, n=19). Overall, the screening tool had a sensitivity (true positive rate) of 95.8%. The Specificity (true negative rate) of the screening tool was 18.9% while the Positive predictive value (positivity rate) was 3.7%. The Negative predictive value was 99.3%.

CONCLUSIONS: As resources decline and the Ministry of Health works on reducing overall testing volumes by doing targeted testing. The piloted HTS screening tool will be useful for eligibility screening before HIV testing having led to a high HIV positivity of 3.7%.

FRAD1603 - Catalyzing anti-retroviral therapy retention & re-integration among People Living with HIV (PLHIV).

12:15 -12:25 hrs

Presenting authors: *Mr Elisée Ndatimana[1], Ms Elisée Ndatimana[1], Ms Carmen Roebersen[1]*
[1]ADPP Mozambique, Matola, Mozambique, [2]Aidsfonds, Amsterdam, Netherlands

ISSUES/BACKGROUND: In 2018, Mozambique had an HIV prevalence of 12.6% among adults 15-49 years old, and 150,000 new infections. Only 55% of the 2.2 million PLHIV had initiated anti-retroviral therapy (ART), and the 12-month retention rate was only 68% (UNAIDS, 2019). The situation was driven by stigma and discrimination, and further exacerbated by COVID-19 in 2020. To address the ART retention challenge, Ajuda de Desenvolvimento de Povo para Povo (ADPP) implemented the 3-year (2020-2022) Aidsfonds-funded Stay-On Project.

DESCRIPTION: In Barue District, Manica Province, ART adherence/retention was negatively affected by family/community and facility-based stigma/discrimination, financial barriers and other harmful social norms. ADPP designed social support models targeting PLHIV between 15-59 years old (male and female) to help them stay on treatment. A variety of models were offered, with each model meeting certain criteria, including: focus on ART retention, culturally accepted, and context specific. Examples include: TRIOs (1 PLHIV on ART and 2 trustees), Positive Living Groups (PLGs), Adherence Groups and Youth Groups.

LESSONS LEARNED: Within a 3-year period, Stay On re-integrated 91% (n=6,058) of the 6,649 ART drop-outs they reached out to, and got 3,466 PLHIV newly enrolled on ART (10,115 in total). In 2022, 89% of ART service users (n=11,304) in Barue District were enrolled in ART adherence counseling and HIV literacy. 4,099 PLHIV chose one of the support group options, and facility-based navigators provided peer support and guidance, leading to a reduction in treatment waiting time. As a result, health facility space became friendlier to PLHIV, leading to 95% viral load suppression and 97% 12-month ART retention.

NEXT STEPS: The combination of a well-designed social support model and involvement of community leaders in addressing sociocultural drivers of stigma and discrimination, as well as the integration of a village savings and loan activity within the PLGs, has been a game-changer in addressing ART adherence/retention-related challenges.
Scaling-up the various social support models is highly recommended, as it empowers PLHIV, families and communities to contribute to achieving the UNAIDS 95-95-95 targets, the pathway to ending HIV.

TIME	12:05 - 12:50 hrs	ROOM	VIP Lounge	DATE	Friday, 08 Dec. 2023

Track B: Clinical Science, Treatment and Care
B2 - Treatment outcome among PLHIV and Aging issues
Moderator: Kwasi Torpey, University of Ghana

FRAB1801 - FRAGILITE ET FACTEURS ASSOCIES CHEZ LES PVVIH AGES DE 50 ANS ET PLUS A DAKAR

12:05 -12:15 hrs

Presenting authors: *Dr Alassane Ndiaye[1,2], Dr Ndèye Fatou NGOM[1,2], Dr Kiné NDIAYE[1], Dr Ababacar NIANG[1], Dr Houlèye SAOU[1], Mr Ahmadou MBOUP[1,2], Dr Mamadou COUME[3]*
[1]Centre De Traitement Ambulatoire De Fann, Dakar, Sénégal, Dakar, Senegal, [2]Université Alioune DIOP de Bambey, Diourbel, Diourbel, Sénégal, [3]Service de Gériatrie et Gérontologie, CHNU FANN, Dakar, Sénégal

INTRODUCTION: L'efficacité et la tolérance des ARV en plus de la gestion des co-morbidités ont beaucoup amélioré l'espérance de vie des PVVIH, entrainant de nouveaux défis dans la PEC. En effet la fragilité constitue un syndrome gériatrique préoccupant chez la population vieillissante, pouvant

se développer précocement chez les PVVIH. Le but de ce travail est de déterminer sa prévalence et les facteurs associés chez les patients suivis au CTA.

PATIENTS ET MÉTHODES: Nous avons mené une étude transversale prospective observationnelle à visées descriptive et analytique sur une période de 6mois allant de Novembre 2022 à Mars 2023. Nous avons inclus les PVVIH âgées de 50ans et plus SOUS tar DEPUIS AU MOINS 6 MOIS ET régulièrement suivis au Centre de Traitement Ambulatoire (CTA) de Dakar et ayant fréquenté la structure durant cette période. Les critères de FRIED ont été utilisés pour la classification et la fragilité était définie par un score ≥ 3. L'échelle de Mini-Nutritionnel Assessment a été utilisée pour l'évaluation de l'état nutritionnel et l'index de Co-morbidités de Charlson pour l'analyse des Co-morbidités.

RÉSULTATS: Nous avons inclus 138 patients durant la période d'étude. L'âge moyen des patients était de 59ans avec une predominance féminine (67%). La CV était indétectable chez 136 patients. Le profil VIH-1 était majoritairement représenté (n=124). Plus de la moitié (67%) des patients connaissait leur statut VIH depuis plus de 15ans avec un délai moyen de mise sous TAR de 16.5 mois [0-156]. On notait une durée d'exposition au Ténofovir Disoproxil Fumarate (TDF) >10ans chez 38% (n=53 des patients). Le taux médian de Lymphocytes Nadir CD4 était de 153 éléments/mm3 [2-967] et les stades cliniques I ou II de l'OMS étaient plus fréquents (62%) à l'inclusion. Dans notre série, la prévalence du phénotype fragile et pré-fragile était de 15% et 44% respectivement. Un risque de dénutrition était présent chez 20 patients (14%) et 2 patients avaient une dénutrition avérée (1%). La polypharmacie était observée dans 31% des cas (n=34) et 88% des patients présentaient au moins une comorbidité avec un index de comorbidité de Charlson ≥7 chez plus de la moitié (n=89). La fragilité était associée à l'état nutritionnel (p=0.0006), la polypharmacie (p=0.02) et une durée d'exposition au TDF >10ans (p=0.01).

CONCLUSION: La prévalence de la fragilité est élevée chez les personnes vieillissantes avec le VIH. Sa prévention est importante et passe par une bonne prise en charge nutritionnelle et la gestion des comorbidités. Il devient alors important de mettre en place un programme nutritionnel afin d'accompagner cette population pour un vieillissement réussi.
Mots clés : fragilité, VIH, vieillissement, Dakar.

FRAB1802 - ANALYSIS OF CAUSES AND CLINICAL DETERMINANTS OF MORTALITY AMONG PEOPLE LIVING WITH HIV AT MPILO CENTRE OF EXCELLENCE, BULAWAYO, ZIMBABWE

12:15 -12:25 hrs

Presenting authors: *Dr. Nkazimulo Immaculate Munetsi-Nyama (nee Tshuma)[1,2], Dr Francisca Zanele Mlotshwa[1,2], Professor Elopy Sibanda[3], Dr Hillary Gunguwo[1,3], Dr Mbongeni Ndlovu[1,3], Dr Wedu Ndebele[1,3], Dr Enerst Chikwati[2], Dr Narcisious Dzvanga[1], Dr Tafadzwa Priscilla Sibanda[3]*
[1]Mpilo Central Hospital, Bulawayo, Zimbabwe, [2]AIDS Healthcare Foundation, Bulawayo, Zimbabwe, [3]National University of Science and Technology, Bulawayo, Zimbabwe

BACKGROUND: Mortality trends among people living with HIV (PLHIV) has been declining since the introduction of antiretroviral therapy (ART). However, it remains significant in resource limited settings specifically in Sub-Saharan Africa. The purpose of this study is to identify the causes of death and the clinical determinants for mortality among PLHIV at Mpilo Centre of Excellence (COE) in Bulawayo, Zimbabwe from January to December 2022.

METHODS: Records of 129 PLHIV who were registered for care at Mpilo COE and subsequently died during the period of January to December 2022 were retrieved from the electronic patient management system. The ages, gender, duration on ART, comorbidities and causes of death were captured and analysed on Epidata Version 3.1. Proportions and means were calculated.

RESULTS: A total of 10507 PLHIV received care at Mpilo COE between 1 January and 31 December 2022. During that period there were 129 (1.2%) deaths, 63 males, 66 females, giving a male to female

ratio of (0.95:1), Communicable diseases contributed 81 (62.8%) deaths, non-communicable diseases (NCDs) 46 (35.7%) deaths (hypertension, cardiovascular disease, renal failure etc) and two deaths had unknown causes. Forty-eight (37.2%) mortalities occurred in those who had not initiated ART and of those 38 (79,2%) had advanced HIV disease with either a CD4 count of less than 200cells/mm^3 or WHO clinical stage 3 or 4 disease. The most frequent causes of death were tuberculosis (19.4%), cryptococcal meningitis (13.9%), severe pneumonia (13.9%) and cancers (7.8%). Of the cancers 40% were HIV related. The average duration on ART at time of death was 232 weeks, females 245 weeks and males 225 weeks. The mean age at mortality was 41 years with males dying at an average age of 41.5 years and females at 40.4 years. Sixty (46.5%) deaths were on first-line regimen, (26 males, 34 females); 20 (15.5%) on second line (10 males and 10 females) and one male was on third line ART. Viral load coverage among those who were on ART for at least 6 months was 81% and 66% of these had a viral load less than 1000cp/ml (10 males , 21 females).The mean CD4 count of the cohort was 291cells/mm^3 with females having a mean CD4 of 349cells/mm^3 and males 224cells/mm^3.

CONCLUSIONS AND RECOMMENDATIONS: This review shows that tuberculosis, cryptococcal meningitis and severe pneumonias remain the predominant causes of death among PLHIV at Mpilo COE. However non-communicable diseases are emerging as an important contributor to mortality. Despite the treat all approach introduced by WHO in 2016, AHD still contributes significantly towards HIV-related mortality. Therefore, there is need to strengthen community engagement in timely HIV testing and linkage to care. Integration of HIV care with routine screening and management of NCDs should also be advocated for at HIV clinics.

Keywords: PLHIV, Mortality, AHD, ART, NCDs

FRAB1803 - Suppression virologique et résistance du VIH-1 chez les patients infectés par le VIH-1 sous thérapie contenant du dolutégravir au Gabon

12:25 -12:35 hrs

Presenting authors: *M Jéordy Dimitri Engone Ondo[1], Mlle Roseanne Mounanga Mourimarodi, M Alex Liripa Kwendra, M Roland Mbaireda, M Augustin Mouinga-Ondeme*

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CONTEXTE DE L'ÉTUDE : L'émergence de la résistance du VIH au traitement antirétroviral (TARV) constitue une menace à l'efficacité de ce TARV et à l'élimination du VIH/SIDA comme problème de Santé Publique d'ici à 2030. A cet effet, l'Organisation Mondiale de la Santé (OMS) recommande d'effectuer une surveillance de l'émergence de mutations de résistance du VIH au traitement à base de DTG. Nous rapportons ici, pour la première fois au Gabon, les résultats virologiques et les modèles de mutations de résistance acquise chez des patients infectés par le VIH-1 sous TARV à base de dolutégravir (DTG).

MÉTHODES : De décembre 2020 à mai 2022, nous avons recruté des patients recevant un TARV à base de DTG dans trois provinces du Gabon (Haut Ogooué, Ogooué-Lolo et Woleu-Ntem). L'ARN viral a été extrait à partir du plasma des patients, à l'aide du kit QIAamp® RNA Blood mini kit (QIAGEN®). La mesure de la charge virale a été réalisée à l'aide du kit GENERIC HIV CHARGE VIRALE (BANDOL-France). Le génotypage a été réalisé suivant le protocole ANRS AC43 HIV Resistance Study Group de l'Agence Nationale de Recherches sur le Sida et les hépatites virales (ANRS). L'étude de la résistance était effectuée dans la région de l'intégrase (IN) et de la Transcriptase Inverse (TI) du gène Pol. L'interprétation de la résistance aux antirétroviraux a été réalisée à l'aide des algorithmes de Stanford et de l'ANRS. L'analyse phylogénétique pour la description des sous-types du VIH-1 circulant a été réalisée à l'aide du logiciel MEGA 7.

RÉSULTATS : Au total, nous avons recruté 423 patients avec un âge médian de 50 ans, IQR [43,58], 72,5% étaient des femmes et 27,5% des hommes. Tous les participants étaient sous TARV à base de DTG (TDF+3TC+DTG) depuis 29 mois en moyenne. Le taux de suppression virologique était de 85,1% IC95% [81,1 ; 89,3] et le taux d'échec virologique de 14,8% IC95% [11,5 ; 18,3]. Les mutations

de résistance M184V (13%), M41L (6,6%), L210W (13%) et T215Y (13,3%) dans la région de la TI, R263K (2,1%), P145S (2,1%), E157Q (4,7%) et L74IM (27,6%) dans la région de l'intégrase ont été identifiées. Le sous-type majoritaire était le CRF02_AG (63,8%) suivi du A (10,6%), D (6,3%) et plusieurs autres formes recombinantes. La mutation de résistance R236K a conféré un haut niveau de résistance au DTG chez un patient de sous-type C avec une charge virale de 4,1 log10 (15000 copies/ml de sang).

CONCLUSION : Le traitement à base de DTG permet d'atteindre des taux de suppression virologique élevés. Les mutations de résistance sont moins fréquentes par rapport aux régimes thérapeutiques antérieurs. Cependant, les mutations qui se produisent peuvent justifier la réalisation d'une enquête plus approfondie chez les personnes sous traitement à base de DTG en raison de son administration effective dans tout le pays.

TIME	13:05 - 13:50 hrs	ROOM	Plenary Room	DATE	Friday, 08 Dec. 2023

Track E: Health Systems, Economics and Implementation Science
E3 - Integrated HIV service delivery services with non-health response programs
Moderator: Kesaobaka Dikgole, SRH/HIV Linkages Coordinator, UNFPA Botswana

FRAE1701 - Promoting universal health coverage among underserved communities by expanding quality integrated health services, accessed at health posts in Zambia.

13:05 -13:15 hrs

Presenting authors: *Mr. James Mwanza[1], Dr. Adamson Paxon Ndhlovu[1], Dr. Dariot Mumba[1], Ms. Lackeby Kawanga[1], Ms. Sarah Hatchard[1], Dr. Mutinta Nyumbu[1], Ms. Musonda Musonda[2]*
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ISSUES: The United States Agency for International Development (USAID) District Coverage of Health services (DISCOVER-Health) project, implemented by John Snow Inc (JSI), supports the Ministry of Health (MoH) in providing equitable access to health services for Zambians, by expanding the range of services available at the community health post level. Health posts are the smallest service delivery points providing basic unspecialized primary health services at the community-level. This study investigated the feasibility of integrating Human Immunodeficiency Virus (HIV) prevention and treatment services into primary health care services at the health post level in Zambia.

DESCRIPTION: The project hired specialized health care professionals to work in a hub and spoke model, offering expanded integrated health services at health posts, while also transferring skills to their MoH counterparts. Three teams comprising healthcare workers trained in antiretroviral therapy (ART) treatment and prevention, cervical cancer screening, and ART integrated triage skills, supported the Chingola and Chililabombwe districts. Data collection and analysis was collected using Microsoft Excel, through strategic information assistants.

LESSONS LEARNED: Between 2017 and 2022, the project more than doubled the number of ART access points in both districts: from 7 to 16 in Chingola (128%), and 5 to 11 in Chililabombwe (120%). In 2017, zero (0) clients were reported in the 8 and 6 health posts for Chingola and Chililabombwe, respectively. The following results are for both Chingola and Chililabombwe sites combined, following the interventions, as of June 2023. 18,637 clients were initiated on pre-exposure prophylaxis (PrEP), and 8,895 clients had enrolled on ART, with average quarterly retention on treatment above 98%. A further 4,627 women were screened for cervical cancer. Plus, 17,940 women accessed antenatal services and of those, 1,878 HIV-positive pregnant women were identified and enrolled on ART, with 1,949 children accessing early infant diagnosis.

NEXT STEPS: Integrating HIV prevention and treatment services into primary healthcare services at health post level is possible with support from skilled personnel. This can lead to the provision of equitable and cost-effective health services closer to communities, leading to the achievement of

Universal Health Coverage and UNAIDS 95-95-95 global targets.

FRAE1702 - Bridging the Implementation Science Gap: SmartHIV Solution as a Successful Strategy for Translation of Evidence into Practice

13:15 -13:25 hrs

Presenting authors: *Dr Shola Adeyemi[1], Professor Eren Demir[2], Mr. Benjamin Ilesanmi[1]*
[1]Bohemian Smartlytics Limited, Haverhill, United Kingdom, [2]University of Hertfordshire, Haverhill, United Kingdom

BACKGROUND: Successful implementation of HIV programs is measured by key performance indicators (KPIs) and activities leading to increased uptake of prevention and testing, locating people living with HIV (PLHIV), linking them to and retaining them on treatment, monitoring their progress, and stigma reduction. Unfortunately, most programs cannot incorporate all these in their implementation because of the capacity and resources needed, thereby creating gaps in the HIV continuum of care.

OBJECTIVES: The objective of this implementation strategy is to introduce and demonstrate an integrated technology that facilitates the achievement of KPIs. SmartHIV Solution is an integrated technology supporting all HIV stakeholders, i.e., service/program managers, implementation scientists, researchers, healthcare workers, peer support groups for key populations and other social support, to “PREVENT” “LOCATE” “LINK” “TREAT & RETAIN” “MONITOR” and reduce “STIGMA & DISCRIMINATION”. The aim is to empower PLHIV to self-manage and take control of their condition with added advantage of real-time connection to healthcare worker and peer support groups or trusted friends & family members for near real-time intervention.

METHODOLOGY: SmartHIV Solution is a suite of products that supports stakeholders in a single platform. BSmart Chart App integrated with existing systems (e.g., NMRS, DHIS2, Ampath) empowers PLHIV with daily disease management and privacy protection. SmartHIV Clinician creates personalized treatment strategies, SmartHIV Manager improves service planning, and SmartHIV Trialist supports patient recruitment. Finally, AI-powered SmartHIV Auditlytics monitors and evaluates client outcomes with advanced analytics and visualization dashboards.

FINDINGS: At least 80% of current users are satisfied with its performance, including its ease of use, according to positive feedback. Of these users, only 6.5% hold a master’s degree, while 34% have a bachelor’s degree, 39% have a secondary school certificate, and 20.5% have no formal education or only a primary/basic school certificate. The technology has been found to be a cost-effective strategy for implementing HIV programs.

CONCLUSION: SmartHIV Solution is a cost-effective integrated technology supporting all HIV stakeholders that can revolutionise HIV program implementation. It has the capabilities that facilitate the achievement of KPIs helping to fast-track the achievement of ending the epidemic by 2030, if globally adopted.

FRAE1703 - Are we FGS and HIV aware? Community Health Workers’ Knowledge on Female Genital Schistosomiasis (FGS) and HIV risk in Zimbabwe

13:25 -13:35 hrs

Presenting authors: *Mrs. Privillage Charashika[1], Karen Webb[1], Lucy Gale[2], Simon Moore[2]*
[1]OPHID, Harare, Zimbabwe, [2]AVERT, UK,

BACKGROUND: It is estimated that each week, around 5500 young women and adolescent girls are infected with HIV in sub-Saharan Africa, where schistosomiasis is also highly prevalent . Approximately 56 million girls and women in sub-Saharan Africa are estimated to be affected by female genital schistosomiasis (FGS). FGS is a manifestation of the neglected tropical disease schistosomiasis (also

known as snail fever or bilharzia). FGS is a silent and neglected epidemic, that can affect fertility, HIV and cervical cancer risks among women and girls. In Zimbabwe, schistosomiasis occurs in 91% of all districts with an overall mean prevalence of 22.7%. Rural-urban migration is common in Zimbabwe, meaning that most adolescent girls and young women will come into contact with infected water sources in their lifetime. Our objective was to evaluate community health care worker (CHW) and adolescent and young people's awareness of Female Genital Schistosomiasis (FGS) and its relationship to HIV risk, and current access to FGS information resources in two urban cities of Zimbabwe

METHODS: A mixed-methods evaluation was conducted in Chitungwiza and Bulawayo Districts of Zimbabwe. An OpenDataKit (ODK) survey was deployed to the mobile phones of community health workers (CHWs) supporting a large HIV program in Chitungwiza and Bulawayo Districts of Zimbabwe. The standardized tool asked questions about knowledge of FGS, its symptoms, where to go for treatment, and available information resources for FGS. Focus group discussions were conducted with adolescents and young people to explore knowledge and resource gaps around FGS in community programmes and analysed thematically.

RESULTS: In July 2023, 110 CHWs responded to the FGS survey. The majority of community health workers had no knowledge of the sighs or symptoms of FGS (65%; 71/110) or access to Female genital schistosomiasis health information for community-based counselling, screening, or referrals (67%; 74/110). Four focus group discussions were conducted in Chitungwiza with a total of 38 adolescents aged 16-24yrs (20 females and 18 males). 100% (38/38) of adolescents and youths did not have knowledge of female genital schistosomiasis, how it is transmitted or its relationship to HIV risk.

CONCLUSION: Community health interventions on Female Genital Schistosomiasis are required to strengthen health knowledge of community health care workers, young people, and adolescents in the urban settings of Zimbabwe. FGS information has been incorporated into the Boost Digital Application and translated into local languages for use by CHWs on their mobile phones. Future research is required to demonstrate the impact of FGS awareness upon the identification of FGS among women and girls in Zimbabwe.

TIME	13:05 - 13:50 hrs	ROOM	Plenary Room	DATE	Friday, 08 Dec. 2023

Track C: Epidemiology and Prevention Science
C2 - HIV and NCDs
Moderator: Hon. Dr. Jean Kaseya, African Union

FRAC1901 - Assessing population-level outcomes for HIV programmes among female sex workers and men who have sex with men in Nairobi, Kenya

13:05 -13:15 hrs

Presenting authors: *Mr. Antony Kinyua, Ms. Rhoda Kabuti, Ms. Leigh McClarty, Mr. Shajy Isac, Mrs. Helgar Musyoki, Mr. Anthony Kiplagat, Ms. Mary Wanjiru, Ms. Irene Wanjiru, Mr. Martin Mbuthia, Ms. Pollet Ong'ayo, Dr. Peter Arimi, Souradet Shaw, Dr. Faran Emmanuel, Marissa Becker, Prof James Blanchard, Dr. Joshua Kimani, Mrs. Parinita Bhattacharjee*
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BACKGROUND: Out of 47 counties in Kenya, Nairobi County has the highest proportion of estimated Female Sex Workers (FSW) and Men who have Sex with Men (MSM) in Kenya. Understanding the gaps and strengths in the HIV prevention programme reaching FSW and MSM is critical to improving programming for these populations and achieving population-level HIV impact.

METHODS: A mixed-method study was conducted between April – July 2023. The quantitative methods included a) polling booth surveys (PBS) and b) face-to-face interviews (FTFI) with biological sample collection among 759 FSW and 368 MSM. The qualitative method included conducting 20 focus

group discussions (FGD). A descriptive analysis of the quantitative data by appropriate stratifications to assess the behavioural, biomedical and structural outcomes was conducted. Thematic analysis was conducted for the qualitative data.

RESULTS: In the PBS, 81% of the FSW reported using a condom at last sex with a client and 73% of MSM reported using a condom at last sex with a non-regular partner. However, only 62% of the FSW and 44% of the MSM reported consistently using condoms in the last 3 months. 40% of the FSW and 50% of the MSM reported condom non-availability in the last month. Among the HIV-negative participants, only 16% of FSW and 13% of MSM reported currently taking PrEP. 26% of FSW and 11% of MSM reported experiencing police violence in the last 12 months and 12% of FSW and 13% of MSM reported experiencing stigma and discrimination at health care in the last 12 months. A high proportion of FSW (73%) and MSM (53%) also reported experiencing loneliness and sadness continuously for 2 weeks in the last 3 months. 69% of the FSW and 66% of the MSM were met by a peer educator in the last 3 months and 68% of FSW and 62% of MSM visited a clinic in the last 3 months. In HIV rapid test, the prevalent HIV incidence for FSW was 14% and MSM was 18.6%. Among the HIV positives, 87% FSW and 88% MSM were currently on ART. HIV incidence for FSW and MSM was 1.9 and 3.4 per 100 person-years. In the FGDs, the respondents shared distance, short supply of condoms, and side effects related to PrEP as some of the reasons for low utilization of prevention services and provided recommendations for improvement.

CONCLUSIONS AND RECOMMENDATIONS: The study shows a clear gap in the availability and utilization of HIV prevention services by FSW and MSM in Nairobi, Kenya. The respondents also reported high violence, stigma and discrimination and mental health concerns, which could be barriers to the utilization of prevention services. High linkage to treatment was reported by the respondents which is a positive. This study highlights critical areas that the Nairobi county government and implementing partners can further focus on to improve the coverage and quality of services to achieve optimal population-level impact of HIV prevention programmes.

FRAC1902 - Integrating Diabetes Screening into Routine HIV Care in Rural Zimbabwe: A Case Study of 15 Public Health Facilities

13:15 -13:25 hrs

Presenting authors: *Dr. Ronald Tinashe Nyabereka[1], Dr Alvern Mutengerere[2], Dr Cordelia Kunzekweyika[2], Dr Kudakwashe Madzeke[2], Dr Beloved Basopo[2], Dr Chiedza Mupanguri[1], Dr Tsitsi Apollo1, Dr Lucia Gonzalez[3], Dr Laura Ruckstuhl[3]*

[1]Ministry of Health and Child Care, Harare, Zimbabwe, [2]SolidarMed, Zimbabwe, Masvingo, Zimbabwe, [3]SolidarMed, Lucerne , Obergrundstrasse, Switzerland

BACKGROUND: Well-established HIV services in Zimbabwe have improved health outcomes and longer lifespans for People Living with HIV(PLHIV). However, due to risk factors such as the virus itself and some anti-retroviral therapy regimens, PLHIV are at increased risk of developing non-communicable diseases (NCDs) such as type 2 Diabetes Mellitus (DM). Unfortunately, quality service provision for NCDs remains limited in rural Zimbabwe. To address this issue, the Private Voluntary Organisation, SolidarMed, working with the Ministry of Health and Child Care (MoHCC), launched a project to improve NCD service provision in three rural districts of Masvingo Province, including routine DM screening for PLHIV. Findings of routine screening at 15 rural public health facilities conducted between October 2022 and May 2023 are presented here.

METHODS: Data from routine screening was collected using registers developed by SolidarMed and implemented at 15 rural public health facilities in Masvingo. SolidarMed trained MoHCC nurses to screen, diagnose and treat DM using standardised protocols. SolidarMed also provided glucometers, glucometer strips and an improved supply of anti-diabetic medicines for the HIV clinics. The collected data was transferred from the paper registers to Excel for cleaning and analysis. The key variables of interest included age, gender, random blood sugar (RBS) level above 11mmol/l, and subsequent

management provided following the screening process.

RESULTS: In total, 3,720 PLHIV were screened for DM (2,487 (67%) female; 1,233 (33%) male). The median age was 45, ranging from 3 to 86 with a mean of 44. A total of 79 individuals (2%) had an RBS level above 11mmol/l (69% (54/79) females and 31% (25/79) males). To confirm DM status, 60/79 (76%) underwent an HbA1c test, and 19/79 (24%) had a Fasting Blood Sugar (FBS). In total, 41/60 (68%) had HbA1c values above 6.5% and 9/19 (47%) had FBS values above 7mmol/l. Therefore, the prevalence of DM among the screened population was 1.34% (50/3,720) (32/50 (64%) were females 18/50 (36%) were males). All 50, 64% (32/50) females and 32%(18/50 males) patients diagnosed with DM through these confirmatory tests were initiated on treatment.

CONCLUSION AND RECOMMENDATIONS: These findings demonstrate that routine screening for DM in rural HIV clinics is feasible, facilitating early detection and treatment to prevent complications in this high-risk group. However, our experience also identified challenges:

1. Screening rates were lower than expected due to patients in Community ART Refill Groups not visiting facilities often.
2. Sustainable funding is crucial for equipment and capacity building of health care workers (HCWs)
3. Positively screened patients must still visit separate clinics for confirmatory diagnosis, treatment and monitoring which increases time and resource requirements and may result in non-adherence.

The following recommendations are proposed for these challenges:

1. Implement community-level screening for DM among PLHIV
2. Invest in sustainable capacity building for HCWs, equipment and medicines.
3. Fully integrate NCD and HIV care to provide comprehensive services under one roof.

By addressing the dual burden of HIV and NCDs through such an integrated approach, the overall health and well-being of PLHIV in resource-limited settings can be improved.

FRAC1903 - The integrated HIV-geriatric clinic model: Lessons from Newlands Clinic, Harare, Zimbabwe

13:25 -13:35 hrs

Presenting authors: *Dr. Charlotte Taderera[1], Dr Sara Lowe[1,2]*

[1]Newlands Clinic, Harare, Zimbabwe, [2]University of Zimbabwe Medical School, Harare, Zimbabwe

ISSUES: People are living longer with HIV due to effective antiretroviral therapy (ART). This presents several challenges; chronic inflammation and long-term ART exposure may lead to accelerated ageing and increased risk of non-communicable diseases (NCDs). Comprehensive management of older people living with HIV (OPLHIV) should address all these challenges. Unfortunately, OPLHIV have been largely neglected especially in HIV-burdened Sub-Saharan Africa which has a paucity of clinicians with geriatric expertise. We describe a new model of care which integrates geriatric assessments with routine HIV care.

DESCRIPTION: In October 2022, Newlands Clinic (NC) in Harare, Zimbabwe designed a novel integrated HIV-geriatric clinic (IHGC) based on the World Health Organization's Integrated Care of Older People (ICOPE) guidelines. All NC patients ≥65 years receiving routine HIV-care were reviewed by a multidisciplinary team for a 90-minute comprehensive geriatric assessment (CGA). Validated screening tools and laboratory workup were used to assess cardiovascular risk, mental health, cognition, nutrition, osteoporotic fracture risk and geriatric syndromes like falls and frailty. Screening questions were embedded into a nurse–administered electronic wizard, each visit was then completed by a doctor including assessment of visual acuity, hearing, quality-of-life, cognition, and frailty. Referrals were made to the on-site mental-social health and dental departments and to external public health specialities when necessary. We present findings from the first 100 patients reviewed between October 2022 and June 2023.

LESSONS LEARNED: Integration of CGA within routine HIV-care highlighted the high prevalence of

multimorbidity and complex needs of OPLHIV. HIV-related concerns were minimal and HIV suppression rates extremely high: 100% of attendees had a HIV viral load < 1000 copies/ml (94% <50 copies/ml). High prevalence of NCDs was noted; 80% hypertensive, 20% diabetic and 43% had chronic kidney disease. Median number of comorbidities and comedications was 3 (IQR 2-4) and 4 (IQR 3-6) respectively.
The IHGC identified multiple issues previously unrecognised during routine care. Targeted assessment of geriatric domains is therefore essential. 86% of attendees received interventions because of the IHGC visit: 76% had new diagnoses including cognitive impairment (21%), depression or anxiety (26%), osteoporosis (18%), vitamin B12 deficiency requiring treatment (55%) and prostate cancer in 3 men. A 10-year cardiovascular risk ≥15% was noted in 43% and statins commenced. 59% were assessed as being frail or pre-frail. Visual or hearing impairment was diagnosed in 31%.
In Zimbabwe currently, HIV care is largely nurse led, we have shown that minimal training is required to capacitate nurses to effectively deliver a CGA. The time to complete the CGA is a potential barrier to delivery in less well-resourced clinics, however these data are useful to inform critical management issues in OPLHIV.

NEXT STEPS: Prevention of geriatric syndromes and NCDs is key, we therefore intend to expand our service to all patients ≥50 years attending NC. Every patient will be offered an annual CGA as part of routine HIV-care. Follow up of outcomes and quality-of-life scores at baseline and 12 months will be collected to inform future service development and contribute to defining a gold-standard model of care for OPLHIV.

TIME	14:05 - 14:50 hrs	ROOM	VIP Lounge	DATE	Friday, 08 Dec. 2023

Track C: Epidemiology and Prevention Science
C3- PrEP
Moderator: Tamisayi Chinhengo, UNFPA

FRAC2001 - La PreP : Un Esprit tranquille dans un Corps sans VIH

14:05 -14:15 hrs

Presenting authors: *Dr. ALMAHDI AG ALITINI[1], Dr Soumaila Dembele[1], Mr Fadiala Sidiba[1], Dr Karambe Oumar[1], Dr Soumba Kanoute1, Dr Mahalmoudou Sidi Coulibaly[1], Dr Mamadou Keita[2], Dr Madani Tall[3], M Andrew Lambert[4], Dr Djbril Bore[5]*
[1]SOUTOURA, Bamako, Mali, 2CSLS-TBH, Bamako, Mali, [3]FHI360 , Bamako, Mali, [4]FHI360, Pretoria, South Africa, [5]USAID, Bamako, Mali

CONTEXTE: Au Mali l'USAID et le PEPFAR soutiennent le projet EpiC pour l'offre des services de prévention, de soins de traitement du VIH auprès des populations clés. La situation épidémiologique du VIH chez les MSM demeure préoccupante au mali avec une prévalence au VIH de 12,6%. Pour réduire les nouvelles infections au VIH en diversifiant l'offre de services de prévention aux populations clés, le Mali a mis en place des lignes directrices pour la mise en œuvre de la PrEP orale. SOUTOURA a assuré la mise en œuvre de la phase d'introduction des services de la PreP auprès des MSM.

DESCRIPTION: En collaboration avec le gouvernement, SOUTOURA a permi d'élargir l'accès à des interventions efficaces de prévention du VIH en introduisant la PreP orale comme outil supplémentaire de prévention dans trois régions sanitaires du Mali : Bamako ; Sikasso et Ségou. Pour une mise en œuvre optimale de cet outil, FHI360 a renforcé les capacités de Soutoura sur la sensibilisation et la prestation des services PreP.
Les pairs éducateurs formés créent la demande de services au niveau de la communauté, réfèrent les clients aux cliniques et assurent leur rétention sous PrEP. Les médecins formés évaluent l'admissibilité des clients, les initient et assurent leur suivi clinique. Les données agrégées sont issues des rapports générés par KOLOCHI (DHIS2 e-tracker) désagrégés par âge couvrant la période de septembre 2021 à septembre 2022.

LEÇONS APPRISES: Un total de 2028 (99,80%) de la cohorte de 2032 MSM séronégatifs ont été évalués pour la mise sous PreP avec respectivement 816 MSM (40,3%) âgés de 18 à 24 ans et 1212 âgés de 25 ans et plus (59,7%). 2012 (99,2%) MSM évalués étaient éligibles à la PrEP.Le taux d'acceptation globale de la PrEP était de 42,30% (P=0,05) mais légèrement plus élevé chez les 18 à 24 ans avec un taux de 46,50% contre 39,50 % chez les 25 ans et plus.100% des MSM ayant accepté ont été initiés à la PrEP orale.32,60% (278) des MSM ont opté pour la PrEP à la demande contre 67,30% (574) pour la PrEP continue. Parmi les MSM qui prenaient régulièrement la PreP,837 ont fait leur test de dépistage du VIH au cours de leur troisième(M3) et sixième(M6) visites médicale ;2 cas(1%) de séroconversions ont été identifiés parmi les MSM de moins de 25 ans sous régime à la demande du fait d'inobservance à la PreP; aucun cas de séroconversion n'a été retrouvé chez les MSMS sous régime de PreP à la demande. Le suivi de la cohorte sous Prep continue a parmi d'obtenir des résultats variables en termes de rétention avec successivement 100% de taux de rétention au M1;51% au M3 et 34% au M6.

CONCLUSION: La PrEP est une intervention efficace dans la prévention du VIH et devrait être proposé à toute personne exposée à un risque élevé d'infection par le VIH dans le cadre d'une approche combinée de prévention du VIH et devrait permettre au programme national de lutte contre le VIH de réduire les nouvelles infections au VIH.

FRAC2002 - Preferences for PrEP implementation models among adolescent girls and young women vulnerable to HIV in Tanzania

12:15 -12:25 hrs

Presenting authors: *Mrs. Lila Sheira[1,2], Ms Agatha Mnyippembe[3], Dr Jenny Liu[2], Dr Amon Sabasaba[3], Dr Prosper Njau4, Ms Lisa Richard3, Dr Sandra McCoy1*

[1]University of California, Berkeley, Richmond, United States, [2]University of California, San Francisco, San Francisco, United States, [3]Health for a Prosperous Nation, Dar es Salaam, Tanzania, [4]Ministry of Health, Dodoma , Tanzania

BACKGROUND: Despite high efficacy, uptake and effective use of oral pre-exposure prophylaxis (PrEP) is stymied by low awareness, cultural and social barriers, stigma, and user dissatisfaction. We sought to understand preferences for potential PrEP implementation models which may address these barriers for adolescent girls and young women (AGYW) aged 15-24.

METHODS: We used a discrete choice experiment (DCE), a quantitative technique that elicits user preferences over a defined choice set, to evaluate different PrEP modalities and components of potential delivery models for AGYW in Lake Zone, Tanzania. From March to July 2023, we enrolled and surveyed AGYW recently or currently vulnerable to HIV per Tanzanian PrEP eligibility guidelines across 41 health catchment areas. The survey included an educational module on PrEP, followed by the DCE to evaluate 5 attributes with varying levels: (i) PrEP modality [daily oral, vaginal ring, injection]; (ii) screening location [HIV clinic, mobile clinic, pharmacy]; (iii) refill location [pharmacy, mobile clinic, community health worker]; (iv) provider identity [anyone, old/young female, old/young male]; and (v) cost per refill [free, 1000-5000 Tanzanian shillings [TSh]]. We presented each respondent with 9 random choice sets. Conditional mixed logit regression models with effects coding produced preference weights (PW) for each level compared to the mean effect of that attribute.

RESULTS: We enrolled 538 AGYW who met the criteria of being recently (n=109) or currently (n=429) eligible for PrEP. Median age was 20 (IQR 18-22), 90% completed at least primary school, 15% were ever married, and 61% were nulliparous. Overall, 77% of respondents had never heard of PrEP. The vaginal ring (PW= -0.12; 95% CI: -0.18, -0.070; p<0.001) was less preferred while the daily oral (PW= 0.56; 95% CI: -0.00093, 0.11; p=0.054) and injection (PW= 0.070; 95% CI: 0.013, 0.13; p=0.016) were more preferred. Pharmacies were the most preferred locations for screening (PW =0.035; 95% CI = -0.0020, 0.090; p=0.21) and community health workers for refills (PW=0.035; 95% CI = -0.0020, 0.090; p=0.21). Respondents preferred younger female providers (PW=0.07; 95% CI: -0.015, 0.16; p=0.11) while both older profiles were not preferred. Preference weights for potential price points were negative when at

or greater than 4,000 TSh and positive for <2,000 or free although not significant.

CONCLUSIONS AND RECOMMENDATIONS: Despite the majority of AGYW being eligible for PrEP, PrEP knowledge was very low. Oral and injectable PrEP had nearly equal and positive preference weights, whereas the vaginal ring for PreP had much lower preference. While preferences were stated, there were no dominating preferences in the screening or refill attributes, suggesting that AGYW may require a diversity of approaches to fit different contexts rather than a singular delivery model. The clear preference for younger female providers may be representative of an innate need for youth friendliness by healthcare providers. The positive preference for the low price point may demonstrate the subconscious perception of free items having low quality and highlight a level of willingness to pay for HIV prevention. Analyses by behavioral risk factors may further illuminate sub-group differences, supporting targeted HIV prevention programming.

FRAC2003 - Barriers and Facilitators of accessing Pre-exposure prophylaxis (PrEP) services among young people in Gauteng, South Africa.

12:15 -12:25 hrs

Presenting authors: *Ms. Constance Mongwenyana[1], Mr. Siyabonga Dubazana[1], Ms. Mbali Mazibuko[1], Ms Refiloe Motaung[1], Dr. Lawrence Long[1,2], Mrs. Cheryl Hendrickson[1,3], Dr. Jacqui Miot[1]*

[1]Health Economics and Epidemiology Research Office, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, [2]Department of Global Health, Boston University School of Public Health, Boston, USA, [3]Department of Medical Microbiology, Academic Medical Centre, University of Amsterdam, Amsterdam, Netherlands

BACKGROUND: Oral pre-exposure prophylaxis (PrEP) is a novel biomedical intervention that can prevent HIV transmission, and its efficacy has been well established in literature. However, despite its availability, uptake and persistence has been disappointingly low in South Africa. Understanding the factors that influence PrEP uptake is crucial for promoting its use and maximizing its impact on HIV prevention efforts.

METHODS: Focus group discussions (FGDs) were conducted in April and May 2023 in the City of Johannesburg district in South Africa. Participants were recruited from the Indlela Behavioural Hub (B-Hub). The B-Hub consists of a group of individuals who have consented and enrolled for behavioural studies. Participants were adult males and females (ages 18-35) self-reporting as HIV negative with or without previous PrEP use and exposure. FGDs were stratified by prior PrEP use and gender. We analysed transcripts using a team-based thematic approach. Two transcripts were coded by three coders to test reliability.

FINDINGS: We conducted six FGDs with a total of 32 participants. Females comprised 13 (40.6%) of those interviewed, while 80.3% (n=26) had no prior experience using PrEP. PrEP experienced participants cited having the desire to stay HIV negative, a high level of PrEP awareness and support from friends and family as facilitators to PrEP uptake, while stigma and lack of confidentiality were cited as barriers. Among PrEP naïve participants, limited knowledge, negative staff attitude and misconception about side-effects served as barriers. The PrEP naïve group also highlights several facilitators of PrEP uptake, such as increased awareness and knowledge about PrEP, access to comprehensive sexual health services, positive attitudes towards PrEP efficacy, and strong support from healthcare providers. Moreover, Structural factors such as healthcare provider bias and lack of culturally sensitive interventions posed additional hurdles to PrEP uptake.

CONCLUSION: Encouragingly, participants cited several facilitators to PrEP uptake, indicating that some PrEP knowledge and motivation for use already exists within the youth population in South Africa. However, this study also identified several key barriers to PrEP uptake among HIV negative youth. Addressing these barriers requires a multifaceted approach that includes comprehensive education campaigns, training for healthcare providers and reducing financial barriers to promote PrEP

accessibility. By identifying and addressing these facilitators and barriers, healthcare systems and policymakers can foster increased PrEP uptake among both PrEP-naive and PrEP experienced individuals, thereby reducing HIV transmission rates and improving public health outcomes.

TIME	14:05 - 14:50 hrs	ROOM	Diamond 1 & 2	DATE	Friday, 08 Dec. 2023

Track C: Epidemiology and Prevention Science
C1 - HIV and Testing
Moderator: Peter Mudiope

FRAC2101 - Peer-led HIV self-testing among male fisherfolk in Ugandan fishing communities: implementation experiences and implications for scale-up

14:05 -14:15 hrs

Presenting authors: *Miss. Dorah Nalukenge[1], Dr. Joseph KB Matovu[1,2]*
[1]Makerere University School of Public Health, Kampala, Uganda, [2]Busitema University Faculty of Health Sciences, Mbale , Uganda

BACKGROUND: Peer-led HIV self-testing (HIVST) has got the potential to improve HIV testing rates in unreachable men in diverse settings, including fishing communities. However, this approach is yet to be scaled-up to reach more populations. We describe our HIV self-testing implementation experiences in two rural fishing communities in Uganda in order to inform future programming and scale-up.

METHODS: Between May and July 2022, we implemented a social network-based, peer-to-peer model in which 22 trained male volunteers (hereafter referred to as "peer-leaders") in two rural fishing communities in two island districts within the Lake Victoria region in Uganda were given oral fluid HIV self-test kits to distribute to male members of their social networks. Men were eligible to receive HIV self-test kits from their peer-leaders if they were initially HIV-negative or of unknown HIV status, and last tested for HIV at least three months from the time of interview. Each peer-leader nominated up to 20 members from their social networks and recommended them to the study. Recommended men were screened for study eligibility and administered a baseline interview if eligible. After the baseline interview, men could pick two kits from their peer-leaders, one for themselves and one for someone else, including their sexual partners. Peer-leaders had up to one month to distribute the kits to their members, and a follow-up interview was conducted in September 2022 to determine HIV self-test kits use experiences and document any challenges experienced by the users. Data were analyzed using STATA version 16.0.

RESULTS: Of the 400 men interviewed at baseline, 252 (63%) were aged between 15 and 24 years; 257 (64%) had primary education while 58% (233) were currently married. Ninety percent (361) of the men interviewed at baseline were also interviewed at follow-up. Of these, 355 (98.3%) received HIV self-test kits from their peer-leaders; 234 (66%) on the same day or the next day after the interview. Of the 355 who received kits from their peer-leaders, 283 (79.7%) received two kits while 72 (20.3%) received only one kit. Ninety-nine percent (352) of those who received kits from their peer-leaders used them to self-test for HIV. Of these, 340 (96.6%) conducted the self-test unsupervised. However, 43 men (12.2%) found difficulties in understanding the user instructions; 38 (10.8%) found it difficult to read the test results while 21 (6%) read the results before 20 minutes. When asked if they needed any additional support before, during or after HIVST, 131 (37.2%) reported that they needed pre-test counseling; 119 (33.8%) needed post-test counselling; 105 (29.8%) needed help to read the results, while 102 (29.0%) needed help to interpret results.

CONCLUSION: Our study proves that the peer-led HIV self-testing model is feasible and acceptable and can successfully reach men in rural fishing communities. However, challenges in the use of kits and the interpretation of results still abound. These findings suggest a need for additional approaches to train men in how to read and interpret HIV self-test results before the peer-led HIV self-testing model is scaled-up to other fishing communities.

FRAC2102 - Using the Community Awareness, Screening, Testing, Prevention and Treatment (CAST) approach for targeted tuberculosis case finding in Central Uganda.

14:15 -14:25 hrs

Presenting authors: *Miss. Resty Leonie Nanyonjo[1], Mr Peter Amutungire[1], Dr Josephine Nakakande[1], Dr Catherine Senyimba[1], Dr Deus Lukoye[1], Dr Jennifer Nel[1], Dr Alex Mulindwa[1]*

[1]Mildmay Uganda, Kampala, Uganda

Using the Community Awareness, Screening, Testing, Prevention and Treatment (CAST) approach for targeted tuberculosis case finding in Central Uganda.

Resty Leonie Nanyonjo[1], Peter Amutungire1, Josephine Nakakande1, Catherine Ssenyimba1, Deus Lukoye[2], Jennifer Nel[2], Mulindwa Alex3.*

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[2]Division of Global HIV and TB, US. Centers for Disease Control and Prevention, Kampala, Uganda

[3]National TB & Leprosy Control Program, Ministry of Health, Kampala Uganda

BACKGROUND: Timely tuberculosis (TB) diagnosis in communities with a higher TB burden remains a challenge in Uganda. Major patient-level contributors to delayed diagnosis of TB include lack of awareness and sensitization about TB, spiritual beliefs, myths, lack of transport to health facilities and consideration of other differential diagnoses for TB such as pneumonia or Coronavirus disease (COVID-19) by clinicians. We conducted a "Creating Awareness, Screening, Testing, prevention, and Treatment (CAST)" approach in communities with higher TB burden as defined by a high TB incidence of 202/100,000, in eight districts in Central Uganda. We assessed the contribution of CAST approach by comparing TB cases identified before and after CAST implementation.

METHODS: In the pre-CAST period (26th – 30th, September 2021), we conducted outreach in 60 TB high-burden communities (informed by the data in the unit TB registers) characterized by human crowding such as markets, gold mines, taxi parks, prisons, bars, and homesteads. During the CAST intervention 27th – 31st, December 2021, we conducted TB community awareness using community radios, door-to-door sensitization by village health team members and distributed TB educational materials, did TB symptom-screening for all persons present, collected sputum samples, and did HIV testing for all presumptive TB patients. We used two-sample t-tests to compare the mean difference in TB cases identified during the two periods. Significance was considered at $P<0.05$.

RESULTS: In the pre-CAST period, 8,288 persons were screened for TB, 37% (3,093) were presumptive with a 10% (305) TB positivity yield of whom 9.8% (30) were co-infected with HIV. During the CAST period, 6,414 persons were screened for TB, 38% (2,427) were presumptive with a 25% (610) TB positivity yield, of whom 21% (130) were co-infected with HIV. There was a significant mean difference of 38 TB patients, $P=0.039$ between the two periods and 13 of the TB/HIV coinfected cases identified, $p=0.048$.

CONCLUSION: The CAST approach improved TB case identification in the targeted communities. This was achieved through support to communities to utilize resources to identify presumptive TB patients correctly. This approach will be beneficial for TB patient identification and prevention in communities.

FRAC2103 - Evaluating the feasibility and effectiveness of HIV self-testing (HIVST) among children, adolescents, and youth in select facilities in Nigeria

14:25 -14:35 hrs

Presenting authors: *Brianna Lee[1], Chizoba Mbanefo[2], Leeleebari Sibor[2], Jane Nmam-Boms[2], Dike Kachiside[2], Emeka Anoje[2], Akudo Ikpeazu[3], Deborah Carpenter[1], David Mabirizi[4], Dan Oliver[4], Joseph Inyang[5], Kehinde Balogun[6], Solomon Ejike[6], Obinna Ogbanufe7, Chibuzor Onyenuobi7, Omodele Johnson Fagbamigbe[7], Chidozie Meribe[7], Dennis Onotu[7], Jerry Gwamna[7], David Miller[1], Mrs. Jessica Gross[1]*

[1]Division of Global HIV and TB (DGHT), U.S. Centers for Disease Control and Prevention (CDC), Atlanta, United States, [2]Catholic Relief Services (CRS), Abuja, Nigeria, [3]Nigeria Ministry of Health (MOH), Abuja, Nigeria, [4]CRS, Baltimore, USA, [5]ProHealth International, Abuja, Nigeria, [6]APIN Public Health Initiatives, Abuja, Nigeria, [7]DGHT, CDC, Abuja , Nigeria

BACKGROUND: HIV self-testing (HIVST) is a screening tool with the potential to identify undiagnosed and hard-to-reach individuals. HIVST has high acceptability among adolescents and youth with increasing evidence among children. We evaluated the feasibility and effectiveness of oral HIVST, and factors associated with programmatic implementation of HIVST among children, adolescent, and youth populations in Nigeria.

METHODS: HIVST data were collected from October 2020-September 2021 across eight states through the Faith-based Action for Scaling-up Testing and Treatment for Epidemic Response (FAST-ER) initiative among children (2-14 years), older adolescents (15-19 years), and youth (20-29 years). Outcome measures included HIVST return, screening reactivity, confirmed positivity, and treatment linkage. We assessed the difference in screening reactivity and confirmed positivity by several risk factors for HIV infection, including: sex, testing location (facility vs community), previously tested, referral through their social network, and marital status (for adolescents and youth only).

RESULTS: Among the 92,484 HIVST clients, 46.8% (n=43,240) were children, 36.9% (n=34,088) were adolescents, and 16.4% (n=15,156) were youth. HIVST result return was high across all age-groups: children 97.7%, adolescents 98.5% and youths 98.0%. A total of 3,826 HIVST clients had a reactive HIVST (n=487 children; n=1,809 adolescents and n=1,530 youth), for an overall reactivity of 4.1%. HIVST reactivity increased with age: children (1.1%), adolescents (5.3%), and youth (10.1%). The majority (96.5%, n=3694) of clients with a reactive HIVST received confirmatory testing and most of these (95.8%, n=3,666) were confirmed HIV-positive using a blood-based serological HIV test (n=427 children; n=1764 adolescents and n=1475 youths). Of the 3,666 confirmed HIV-positive, 3,610 (98.5%) were linked to treatment.
Children who were screened in a facility, or were tested for the first time, had higher odds of being confirmed positive (odds ratio [OR] 2.91, 95% confidence interval [CI] 2.38-3.55; OR 2.83, CI 2.04-3.92). Adolescents who were male, tested for the first time, were referred via social network, or were married, had higher odds of being confirmed positive (OR 1.97, CI 1.76-2.20; OR 2.95, CI 2.54-3.42; OR 2.58, CI 2.16-3.08; OR 1.57, CI 1.08-2.29). Youth who were male, tested for the first time, referred via social network, and were not married, had higher odds of being confirmed positive (OR 1.88, CI 1.69-2.10; OR 2.44 CI 2.16-2.77; OR 1.79 CI 1.45-2.22; OR 0.23 CI 0.19-0.28). Results were similar for screening reactivity across all categories except children who were referred via social network had higher odds of screening reactive (OR 1.72, CI 1.04-2.85).

CONCLUSIONS AND RECOMMENDATIONS: Our findings confirm oral HIVST is feasible among pediatric, adolescent, and youth populations with high rates of result return, confirmatory testing for those screening reactive, and linkage to treatment for those confirmed HIV-positive. Across all age groups, individuals screened reactive and confirmed positive were more likely to be testing for the first time while other factors varied across groups. Understanding these factors by age group may help target messaging and HIVST testing strategies to increase identification of undiagnosed children, adolescents, and youth and link them to treatment.

TIME	14:05 - 14:50 hrs	ROOM	Sapphire	DATE	Friday, 08 Dec. 2023

Track B: Clinical Science, Treatment and Care
B3-Co-infections (TB, Hepatitis, STIs, Cryptococcus, bacterial diseases, leishmanosis, Malaria, others)
Moderator: Ruth Laibon-Masha, Chief Executive Officer,

NATIONAL SYNDEMIC DISEASES CONTROL COUNCIL

FRAB2201 - Community-based TB screening using artificial intelligence (AI) software-aided chest X-ray improves Tuberculosis case finding in Katakwi district, Northeastern Uganda.

14:05 -14:15 hrs

Presenting authors: *Dr. SAADICK SSENTONGO[1], Dr. Susan Alwedo, Dr. Baker Bakashaba[1], Mr. Lameck Bukenya[1], Dr Kenneth Kwenya[1], Dr. Yunus Miya[1], Dr Andrew kazibwe[1], Mr Lilian Onega[1], Dr Gerald Ochieng[1], Mrs Cathy Aeko[1], Dr Emanuel Tweyongyere[3], Dr Norbert Adrawa[1], Dr Deus Lukoye[2]*

[1]The AIDs Support Organization, Kampala, Uganda, [2]Division of Global HIV and TB, US Centers for Disease Control and Prevention (CDC), Kampala, Uganda, [3]Ministry of Health National TB and Leprosy Program, Kampala, Uganda.

INTRODUCTION: The National TB/Leprosy Program Uganda (NTLP) reported only 75% (62,328/82,942) of the estimated number of tuberculosis (TB) were diagnosed in 2019 leaving a gap of almost 25% (4800) cases. In the Teso region, 44.9% (1,569/3,49) of the estimated TB cases were missed in the same year. This is due to patients' low reporting of TB symptoms and inadequate implementation of traditional symptom screening tools. This study demonstrates how community-based screening of TB with the artificial intelligence software-aided X-ray (AI CXR) TB machine increased TB case finding in the Katakwi district in northeastern Uganda.

METHODS: In June 2020, The AIDS Support Organization (TASO) oriented a team of health workers (HWs) (1 clinical officer, 1 nurse & 1 data clerk) on the use of the AI CXR. Using the trained staff, TB hotspots were mapped and outreach activities were organized accordingly. This was supported by community-owned resource persons who conducted door-to-door mobilization a week prior to the scheduled outreach. We adopted the WHO 4-symptom screening (WHSS) for TB and those found symptomatic were subjected to AI CXR and those with a positive computer-aided detection for TB screening (CAD4TB) ≥50 score had their sputum samples collected for GeneXpert testing. HWs returned test results to patients and initiated TB treatment at a nearby facility.

RESULTS: From June 2020 to September 2022, 1,064 individuals were screened with AI CXR for TB at the facility and 3,328 at the community. Of these, 11% (482) had a positive CAD4TB score of ≥50, and 154 of these were confirmed with TB disease by GeneXpert. This contributed to 25% (154/611) of the total TB cases identified, meanwhile, 75% was identified through the previously established screening tools that included four symptom screen, chest X-rays, and molecular WHO-recommended rapid diagnostic tests alone or in combination. AI CXR screening identified 57% (88/154) TB cases from community hotspots and 43% (68/154) at the facility. The TB case notification (the number of TB cases identified in that quarter/estimated TB cases) increased from 70% (67/95) in July -September 2019 to 110.5% (105/95) in July-September 2022 during the intervention. All the TB patients were linked to treatment.

CONCLUSIONS: Using community-based AI CXR systematic TB screening significantly improved TB case identification. Ending the TB epidemic calls for the implementation to scale, of novel interventions such as AI CXR in addition to the traditional approaches to finding missing TB.

FRAB2202 - High yield of cryptococcemia and cryptococcal meningitis for inpatients at Kamuzu Central Hospital, Lilongwe, Malawi

14:15 -14:25 hrs

Presenting authors: *Dr. Jacqueline Huwa[1], Mr Davis Kapenga[1], Miss Thandeka Banda[1], Miss Felicity Mangulenje1, Mr Chikaiko Malunda[1], Dr Lilian Gondwe-Chunda[2], Miss. Agness Thawani[1], Dr Tom Heller[1,3], Dr Claudia Wallrauch[1], Dr Ethel Rambiki[1]*

[1]Lighthouse Trust, Lilongwe, Malawi, [2]Department of Medicine, Kamuzu Central Hospital, Lilongwe, Malawi, [3]International Training and Education Center for Health, University of Washington, Seattle, United States of America

BACKGROUND: Despite widespread use of antiretroviral therapy (ART), advanced HIV disease (AHD) is still common in Sub-Saharan Africa. Defined by CD4 count <200 cells/mm3, it is associated with higher rate of opportunistic infections including cryptococcal meningitis (CM). Malawi's AHD care package includes screening for cryptococcal meningitis using cryptococcal antigen (CrAg) test in serum and CSF. National HIV program data reports an average of 4,309 serum-CrAg tests conducted per quarter with 4.5% a positivity rate. Prevalence of CM is not routinely reported. The aim of this survey was to determine frequencies of cryptococcemia and CM from routine data collected from in-patients at Kamuzu central hospital, a tertiary hospital supported by Lighthouse (LH).

METHODS: Lighthouse operates large referral ART outpatient clinics in all tertiary hospitals in Malawi including at Kamuzu Central Hospital. Besides the outpatient services, LH established a service model for comprehensive support of patients living with HIV admitted to the medical wards ("HIV inpatient service"). This service ensures HIV status ascertainment of all in-patients, screening and diagnosis of AHD through CD4 count testing, urine lipoarabinomannan antigen (LAM) and serum/CSF CrAg tests,) as well as daily availability of ART, anti-tuberculous and anti-fungal drugs for immediate treatment initiation. For this analysis, all patients with positive serum-CrAg were identified in registers located in the medical wards; demographic data, CD4 results and CSF-CrAg results were extracted and analyzed.

RESULTS: During the period July 2021 – June 2023, 2,325 patients were screened and tested for CD4 counts by the "HIV inpatient team" 988 (42.5%) had CD4 count results of <200 cells/mm3. Serum-CrAg test results were documented for 877 (88.8%), 83 (9.4%) had a serum CrAg positive result. 41 were male, 42 female; median age was 39 years [IQR 30-46]; the median CD4 count was 65 cells/mm3 [IQR 39-106.5]. Two additional serum-CrAg+ patients had CD4 counts >200 cells/mm3 (207 and 344, respectively) and were excluded from analysis. 69 (83.1%) had a lumbar puncture (LP) done. 43 (62.3%) had CSF CrAg positive result. 14 (16.9%) patients had no LP done; common reasons cited were "death before LP attempt", "LP unsuccessful" or "patient not found". No statistically significant differences in sex, age or CD4 count distribution between CSF-CrAg+ and CSF-CrAg- patients.

CONCLUSION: AHD is common among hospitalized patients at Kamuzu Central Hospital and cryptococcemia is very common in this patient population. More than half of all serum-CrAg+ inpatients were diagnosed with CM if an LP was done timely and successfully. The reported "death before LP" highlights the time-sensitivity of further diagnostic steps to provide adequate treatment. With the country attaining epidermic control, more emphasis should be channeled to supporting advanced HIV diseases diagnosis and management at all levels of health care especially at tertiary level.

FRAB2203 - Anogenital wart infection in young people living with HIV receiving care at Newlands Clinic, Zimbabwe

14:25 -14:35 hrs

Presenting authors: *Dr. Tapiwanashe Adelaide Chawafambira[1], Dr Margaret Pascoe[1], Dr Tarisai Kufa[1]*
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INTRODUCTION: Anogenital warts (AGW) are a common disease, 90% being caused by non-oncogenic HPV types 6 or 11. AGW are associated with significant morbidity and mental health challenges. Risk factors for the development of AGW include vertical HIV infection, immunosuppression and multiple sex partners. Treatment depends on the number, size, and location of warts, and includes the following modalities: pharmacotherapy (podophyllin and imiquimod), cryotherapy and surgical treatments (laser therapy, excision and cauterization). We describe the characteristics of young patients with AGW, the treatment modalities and outcomes.

METHODOLOGY: A cross-sectional analysis of 169 medical records of young people living with HIV (YPLHIV 15-24 years old) diagnosed with AGW between July 2018 and June 2023 was conducted at

Newlands Clinic, Zimbabwe. Routinely collected demographic data and HIV disease parameters were abstracted from the patient electronic medical records. Key statistics are presented.

RESULTS: Of the 169 patients, 39 were male, 130 were female. 8 (5%) were vaccinated against HPV. The median age at diagnosis of AGW was 20 years (IQR 15-24).
At the time of diagnosis 103 (61%) were virologically suppressed (VL < 50 cp/ml). 40 (24%) had severe immune suppression (CD4 < 200 cells/mm3).
25 (15%) used pharmacotherapy(podophyllin and imiquimod), 103 (61%) used cryotherapy, 4 (2%) had excision and cauterization and 4 (2%) had laser therapy. 9 (5%) had mixed therapy, 6 (4%) were not actively treated and 18 (11%) had missing treatment data .
Outcomes of various treatment showed that 94 (56%) were cured, 33 (20%) were lost to follow up, 18 (11%) had residual disease, 13 (8%) were still undergoing treatment, 5 (3%) had recurrence and 6 (4%) were not treated.

CONCLUSION: Genital warts occur more frequently in young women living with HIV. Antiretroviral therapy and optimal HIV disease control did not prevent the development of AGW in this cohort. Treatment resulted in fair outcomes for most patients, and a minority of patients had residual or recurrent disease. The use of quadrivalent HPV vaccine is recommended to prevent the development of AGW in YPLHIV.

TIME	10:45 - 11:30 hrs	ROOM	Sapphire	DATE	Saturday, 09 Dec. 2023

Track E: Health Systems, Economics and Implementation Science
E7 - Innovative responses to resource needs for health system strengthening
Moderator: Michael Ruffner

SAAE2301 - Differentiated Service Delivery Programme Monitoring during Scale – Up _ A description of Innovations from Zimbabwe, 2017 - 2022

10:45 -10:55 hrs

Presenting authors: *Dr. Clorata Gwanzura[1], Dr Chiedza Mupanguri[1], Mr Takura Matare[1], Mr Japhet Mabuku[1], Dr Tsitsi Apollo[1]*
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BACKGROUND: Differentiated Service Delivery (DSD) is a client-centered approach that simplifies and adapts HIV services to reflect clients' preferences and expectations while reducing unnecessary burdens on the health system. Zimbabwe started implementing DSD models for ART in 2017 after some pilot projects in addition to the outreach model.

ISSUES: Zimbabwe expanded DSD models and also became a member country of the CQUIN learning network that is convened by ICAP at Columbia University. Through this network, the country together with other member countries co-created a monitoring framework for DSD implementation from which countries could prioritize specific indicators to track. Zimbabwe, after multi-stakeholder consultations, selected 13 indicators on DSD models uptake, coverage, client satisfaction and health care worker (HCW) workload. However, despite having had an operational outreach model, the national Monitoring and Evaluation (M and E) system was not fully adapted to collect and report on DSD implementation; thus, innovations were needed to track progress whilst M and E systems were being developed. In this paper we describe the processes that the country pursued to achieve this goal.

DESCRIPTION: Zimbabwe has 10 provinces covering 63 districts in total with 1700 health facilities offering ART services. Implementing partners (IPs) support 1165 facilities in 44 districts across all the 10 provinces accounting for approximately 80% of the PLHIV enrolled on ART in the country. Knowing that the processes for the adaptation of the national M and E system cannot be divorced from the rest of the tools development and would thus take time, we developed a data collection tool

for quarterly reporting by implementing partners (IPs). The IPs were sensitized on the tool, followed by its deployment as a standard DSD reporting tool from April, 2018. Effectively the country moved from having no DSD data to receiving quarterly reports on uptake and coverage of DSD among 80% of PLHIV on ART in the country. The national M and E officers consolidated and analysed the data working together with the IP officers. DSD coverage in 2019 was 32%, 2020 - 36%, 2021 - 40% and 2022 - 44%. As this tool was in place, the program adapted the national paper based tools for DSD including adding data points for DSD in the patient care booklet and the electronic medical record, as well as DSD uptake and coverage indicators in the monthly return form and the DHIS2.

LESSONS LEARNT: The country was able to monitor DSD program performance and growth through this innovation, allowing timely interventions and course correction during the time of DSD implementation. Experience with the quarterly reporting tool, further informed the best indicators to include in the national M and E system and the way to collect and report.
Next Steps: Data reporting will continue to run parallel to the IPs reporting system for another year to enable data triangulation until reliable data quality is guaranteed through the national health information system. Patient level data analysis from facilities using the electronic medical records system will also be commenced for further triangulation and improvement.

SAAE2302 - Optimizing Sample Courier for improved Health outcomes on the Copperbelt: Integration of Viral Load courier to incorporate other sample types.

10:55 -11:05 hrs

Presenting authors: *Mr. Hilary Lumano[1], Mr Whelan Mutalange[1], Mr David Chisompola[1], Mr Andrew Simutowe[1], Mr Tioni Banda[1], Mr Alex Maleti[1], Mr Micheal Kasonde[2], Mr Sylvester Chisala[2]*
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BACKGROUND: To facilitate the movement of samples in support of the ART program JSI SAFE developed a robust sample courier mechanism. The courier mechanism was designed for referring Viral load (VL) and Early Infant Diagnosis (EID) samples via inter and intra district routes. However, other tests required to monitor clients on ART were neglected and needed to ride on the same courier mechanisms to improve access. The courier mechanism, was, therefore, adapted to include other sample types. Sample types integrated included HIV-1 Recency, Drug Resistance Testing (DRT), TB and TB Culture, CD4, Human Papilloma Virus (HPV), COVID-19, Haematology, Chemistry and Histopathology. These are picked up at the same time as VL and EID samples. This integration facilitated for the efficient use of resources as multiple sample types are picked up by one vehicle.
METHODS: Riding on the baseline physical geographical assessment conducted and road mapping across all the 9 districts and 148 supported Health facilities in the Copperbelt, a descriptive overview of courier services was described. The VL and EID courier mapping was assessed to appreciate sample movement and the distances covered which ranged from 5 to 152 km. To service these routes 20 motor bikes and 3 vehicles were assigned to move samples from facilities to hubs and from hubs to PCR Laboratories. Also included in the assessment was the storage and shipment requirements of the samples. The e_Labs dashboard was used to determine VL baseline TAT. Transportation of other sample types such as HIV-1 Recency, DRT, HPV,COVID -19,TB and TB Culture, Chemistry, Haematology and Histopathology using the VL and EID system was coincided to ensure that they moved at the same time. This required comprehensive discussions with clinicians responsible with managing respective clinics.

RESULTS: Recency HIV-1, TB, TB Culture DRT, HPV and Histopathology samples have been successfully integrated into the courier system, while CD4, Chemistry and Haematology have not. Covid-19 samples have a separate mechanism of movement. TAT for Recency HIV-1 was maintained at between 3-7 days while TB, TB Culture and Histopathology improved from 20 – 24 days to 8-16 days while HPV remained at 6-10 days. VL and EID have been maintained at 9 -12 days.

CONCLUSION AND RECOMMENDATIONS: The successful integration of Recency HIV-1, DRT, TB, HPV and Histopathology samples into the courier system should improve health outcomes. Access to these tests is being strengthened by MOH and partners. However, Chemistry and Haematology samples have not been successfully integrated due to inconsistent availability of reagents and consumables and facilities charging for these tests. With this background there is need for periodic review of courier matrices.

Key Words: Courier system, Integration, health outcomes.

SAAE2303 - Using visual, interactive B-OK bead bottles to support HIV counselling among people living with HIV in KwaZulu Natal province, SA

11:05 -11:15 hrs

Presenting authors: *Dr. Neo Ndlovu[1], Ms Caroline Govathson[1], Ms Letitia Rambally-Greener[2], Ms Laura Schmucker[3], Dr Candice Chetty-Makkan[1], Dr Jacqui Miot[1], Prof Harsha Thirumurthy[3], Dr Sophie Pascoe[1], Mr Shawn Malone[2], Prof Alison Buttenheim4*

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BACKGROUND: Affirming and clear messaging is needed to better communicate the benefits of "Undetectable equals untransmissible" (U=U) and other complex HIV-related concepts to HIV care recipients. However, finding clear and relatable ways to communicate these concepts has been difficult. Using a visual health communication tool, called B-OK Bead bottles, healthcare workers (HCWs) can explain complex HIV concepts in any language, to care recipients who have little to no literacy or familiarity with clinical terminology. We explored the acceptability and appropriateness of integrating these tools into HIV counselling.

METHODS: The BOK tool consists of three bottles of beads, with black beads representing healthy cells and red beads representing HIV, and each bottle representing different stages of viral suppression. We conducted a study among PLHIV in KwaZulu-Natal between Nov and Dec 2022. B-OK bead bottles were used during individual counselling to explain concepts like viral load, viral suppression, and U=U. Twenty participants were purposively selected for in-depth interviews to understand participants' experiences of the counselling session and perceptions of the B-OK bottles. Using an iterative process, we identified key themes.

RESULTS: Twenty participants were enrolled (15 male; median age 36 yrs). Fifteen participants were newly diagnosed and initiating ART while the remaining 5 were re-engaging after cycling out of HIV care. Five themes emerged from the qualitative findings about the B-OK bead bottles how they: (1) change what I know (2) change how I feel (3) change how I learn, (4) change my priorities and decision-making, and (5) help with starting conversations around HIV and ART. The colorful beads caught participants' attention and sparked curiosity. Participants felt happy to have improved understanding and were motivated to initiate/re-initiate treatment. The B-OK bottles offered an engaging way to learn about HIV treatment and adherence that may influence decisions related to treatment. Lastly, participants said they could be used to initiate conversations about HIV treatment with others.

CONCLUSIONS AND RECOMMENDATIONS: Participant's reported that B-OK bottles improved understanding of concepts like U=U and viral load. PLHIV said the bottles enhanced their counselling experience. B-OK bottles are a low-cost intervention that can be easily integrated into existing HIV treatment adherence counseling programs to support clear messaging around complex HIV concepts. Further research is needed to evaluate the impact of using the B-OK bottles during counselling

sessions on HIV treatment outcomes.

TIME	10:45 - 11:30 hrs	ROOM	VIP Lounge	DATE	Saturday, 09 Dec. 2023

Track D: Law, Human Rights Social Science and Political Science
D1 -Digital media, social networking and HIV prevention, treatment, care and support
Moderator: Mr. David Sunderland, UNFPA

SAAD2401 - SOCIO-DEMOGRAPHIC ANALYSIS OF USERS OF AN ONLINE SOCIAL SUPPORT TOOL (DR. DAVE) IN HIV SELF-TESTING: GUIDE FOR TARGETED DIGITAL INTERVENTION.

10:45 -10:55 hrs

Presenting authors: *Mrs. Offiong Moore[1], Mr Dennis Aizobu1, Godpower Omoregie[1], Mariam Luyiga[2], Omokhodu Idogho[1], Jennifer Anyanti[1], Boluwatife Adesina[1], Delafrida Ukaga[1], Oshioke Abu[1], Nneoma Nnannah[1]*
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ISSUE: HIV self-testing (HIVST) as an innovative tool in the prevention of HIV requires innovative strategies such as an online social support tool to promote its wide acceptance and uptake and also meet the testing needs of its users. in order to close the existing testing gap through digital interventions like this, an understanding of the sociodemographic characteristics of online users is pertinent to drive targeted response. Hence, we explored the effectiveness of an online social support tool in identifying socio-demographic archetypes of users for targeted HIVST digital interventions during a pilot implementation in Nigeria.

DESCRIPTION: A WhatsApp Chatbot (Dr. Dave) was created and curated to support users with health information and aid test result reporting. Dr. Dave was marketed via paid ads on social media, influencer marketing, Information, Education, and Communication materials displayed in pharmacies/PPMVs, and packaging stickers on HIVST kits. These strategies targeted individuals 18 years and above. Users' personal information was collected while interacting with the chatbot and described using Microsoft Excel 365.

LESSONS LEARNED: Within 8 months of implementation (October 2022-May 2023), 481 individuals landed/registered on the WhatsApp chatbot, however, we recorded a 1% drop-out rate after registration. Ninety-nine percent who successfully interacted with the WhatsApp Chatbot did for different reasons. Dr. Dave experienced more female interaction (55.9%) than males. Typical young adults aged 21-25 (49.3%) interacted the most with Dr. Dave with less interaction from individuals aged 40 and above (2.7%). The highlight of our lessons was Dr. Dave's ability to identify 47% of users who had never tested for HIV and who showed a willingness to self-test for HIV as well as 24% who had last tested over 12 months prior to their engagement with Dr. Dave.

NEXT STEPS: WhatsApp Chatbot is an effective tool for reaching young persons and offers additional insight into identifying first-time testers. This has significant implications for digital program designers and program managers seeking to close the existing HIV testing gap in Nigeria.
Keywords: Chatbot, WhatsApp, Digital, HIVST, self-test

SAAD2402 - Harnessing Digital Media and Social Networking for HIV Prevention, Treatment, Care, and Support among Young Sex Workers in Kenya.

10:55 -11:05 hrs

Presenting authors: *Miss. Nicole Oduya[1]*
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INTRODUCTION: This study investigates the potential of digital media and social networking platforms in improving HIV prevention, treatment, care, and support among young sex workers in Kenya.

With the increasing popularity and accessibility of digital platforms, leveraging these technologies can effectively address the unique challenges faced by this vulnerable population. This research aims to evaluate the effectiveness and feasibility of utilizing digital media and social networking to enhance HIV-related outcomes among young sex workers in Kenya.

METHODOLOGY: A mixed-methods approach was employed, combining quantitative surveys and qualitative interviews. A sample of 250 young sex workers aged 18-25 was recruited from various regions in Kenya. The quantitative surveys collected data on participants' demographics, patterns of digital media usage, and knowledge of HIV prevention and treatment. Qualitative interviews provided in-depth insights into the experiences and perspectives of young sex workers regarding the use of digital media for HIV-related support. The data collection took place over a period of six months, from January to June 2023.

RESULTS: The quantitative surveys revealed that 50% (n=125) of the participants reported using smartphones, and 40% (n=100) engaged with social media on a regular basis. Moreover, 25% (n=63) of the participants acknowledged using digital media platforms to access information on HIV prevention, treatment, care, and support. The qualitative interviews provided valuable insights into the effectiveness of online platforms in delivering timely and accurate information, facilitating connections with support networks, and accessing healthcare services. However, the study also identified significant barriers, including stigma, privacy concerns, and limited access to digital technologies, that hindered the full potential of digital media for this Young Female Sex Workers.

CONCLUSION: The findings of this study demonstrate the potential of harnessing digital media and social networking platforms to enhance HIV prevention, treatment, care, and support among young sex workers in Kenya. The rates of smartphone usage and engagement with social media among Young Sex Workers in Kenya, provide an opportunity to leverage these platforms for targeted interventions and the dissemination of relevant information. However, there is a need in addressing the barriers of stigma, and privacy concerns, Security and limited access to digital technologies are which play a crucial role in maximizing the effectiveness of digital media in reaching and engaging young sex workers in HIV-related support programs and Sexual Reproductive Health Rights information. Future research should focus on developing tailored digital interventions that are Sex Workers Led specifically addressing these barriers and evaluating their long-term impact on the health outcomes of the Young Sex Workers in relation to HIV prevention, treatment, care, management, and support.
Keywords: HIV prevention, treatment, care, support, young sex workers, digital media, social networking, Kenya

SAAD2403 - The use of ArcGIS to map at-risk populations in KwaZulu Natal's male population

11:05 -11:15 hrs

Presenting authors: *Mr Maiyuran Vethakuddikurukka[1], Mr. Shepherd Nyamhuno[1]*
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The use of ArcGIS to map at-risk populations in KwaZulu Natal's male population

ISSUES: South Africa remains the epicentre of the epidemic with people living with HIV/AIDS (PLWHA) towering nearing 8.5 million. Furthermore, KwaZulu Natal (KZN) is the epicentre of the epicentre having the highest HIV prevalence in the country. KZN has a high population of uncircumcised men which predisposes them to HIV infection. This paper demonstrates the use of geographical information systems (GIS) to assist in targeted intervention by geolocation of residential places and suburbs of men with unmet needs.

DESCRIPTION: We used the GIS to map out the entire KZN province combined with our systems. we are able to see use the latest census survey to assess the highest concertation of men in KZN. We then juxtapose the census results with the total number of men that we circumcised to identify key aspects of the program as saturation for VMMC. We are further able to check on areas with unmet needs thereby assisting with ensuring maximum coverage of HIV prevention. Moreover, we can see

sub-places where most HIV-positive men are coming from by collecting the addresses of men that come for HIV testing. This translates to strategic information that is passed on to other service providers who are into HIV testing and treatment.

LESSONS LEARNED: There are easier and cheaper ways to identify men with unmet health needs. The use of GIS spatial mapping helps identify men that are uncircumcised. Moreover, the system is able to identify sub-places that have a high HIV incidence amongst men which gives the province very essential data to combat the disease. These systems are effective in bringing quick and effective systems for epidemic control

NEXT STEPS: Machine learning and training of systems is the next step. This enables the automation of systems and the ability to monitor these trends and systems.

TIME	10:45 - 11:30 hrs	ROOM	Diamond 1 & 2	DATE	Saturday, 09 Dec. 2023

Track E: Health Systems, Economics and Implementation Science
E6 - Interventions for increase uptake of and retention in HIV services
Moderator: Dr Hiba Boujnah, African Union

SAAE2501 - Community feedback for ART and PrEP initiation experiences among MSM in Kenya

10:45 -10:55 hrs

Presenting authors: *Mr. Pascal Irungu[1], Mr. Jeffrey Walimbwa[2], Mr. Silvano Tabbu[3], Miss. Jennifer Zech[4]*
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BACKGROUND: Men who have sex with men (MSM) are at heightened risk for HIV infection because of biological, behavioral, and structural vulnerabilities. In Kenya, HIV prevalence is estimated at 18.2% among MSM. Guidelines state that initiation on ART or PrEP should happen as soon as possible for those who test positive or are considered high risk. Numerous studies have documented substantial barriers and challenges to reaching MSM and linking them to HIV prevention and treatment services. We conducted a qualitative study to explore perceived barriers and experiences initiating care among MSM enrolled in ART and PrEP care and other stakeholders in Kenya.
METHODS: The cross-sectional qualitative study was conducted in three counties in Kenya: Kisumu, Nairobi and Mombasa from March 2020 to July 2021. A total of 49 in-depth interviews were conducted with: MSM registered for ART (n=15) or PrEP (n=15) and receiving services through community-led organizations, as well as healthcare providers (n=8), programmers (n=5) and county policy makers (n=6). Data was transcribed, translated and analyzed thematically using Word and Excel to perform question and preliminary thematic coding and content analysis.

RESULTS: MSM ART and PrEP clients initiated on care at their current community-led facility or at another facility where they previously sought services. Some clients reported positive initiation experiences which included: (1) high quality pre-counseling which was conducted from the first contact with the program by peer educators and outreach workers and scaled up by qualified counsellors; (2) immediate post-testing counseling; (3) sensitive healthcare providers who understand the unique needs of MSM; (4) immediate initiation of ART or PrEP and continued follow-up post-initiation; and (5) access to peer support groups and mental health and other healthcare services. Negative inflation experiences included: (1) inadequate counseling and preparation for post-testing results; (2) poor post-testing counseling and support from healthcare providers; (3) delay in initiation on care; (4) lack of follow-up post-initiation; (5) side effects of medications.
Key barriers to initiation highlighted by clients and the healthcare provider, programmer, and county

policy maker stakeholders included: lack of adequate information about treatment and prevention care; fear of new medication (PrEP); lack of test kits and drugs at facilities; anticipated and experienced stigma (self-stigma and provider/community-related stigma); and long distance from home to facilities.

CONCLUSIONS AND RECOMMENDATIONS: Information remains a huge gap in initiation for ART and PrEP. Providing clients with adequate and sensitive pre-counseling, including clearing outlining the potential outcomes post-testing and the key steps of initiation process, is essential to ensuring immediate initiation. Continued counseling and MSM-specific sensitivity training is necessary to equip healthcare providers with the skills to execute follow-up procedures and support MSM during the initiation process. Scaling up peer support groups and community-based service delivery for newly initiated clients may improve retention in care.

SAAE2502 - "I came for pads and later got tested, HIV positive."–Integrating menstrual health and HIV services improves HIV testing among women

10:55 -11:05 hrs

Presenting authors: *Dr. Mandikudza Tembo[1,2,3], DR VICTORIA SIMMS[1,2], DR CONSTANCE MACKWORTH-YOUNG[1,3], PROF RASHIDA FERRAND[1,4], PROF HELEN WEISS[2], MISS LEYLA LARSSON[6], DR CHIDO DZIVA CHIKWARI[1,2], DR CONSTANCIA MAVODZA[1,5], DR SARAH BERNAYS[7], MRS ETHEL DAUYA[1], MRS TSITSI BANDASON[1], MISS NICOL REDZO[1]*

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BACKGROUND: Menstrual health (MH) and sexual and reproductive health (SRH) are intrinsically interlinked. However, these health services are rarely provided together. Integrating MH and SRH services may provide an acceptable and intuitive pathway to increase access to and uptake of SRH services such as testing and treatment for HIV. This study examined HIV services (testing, treatment, and adherence support) and MH services uptake (including information, analgesics, and a choice of MH products - the menstrual cup and reusable pads) among women aged 16 – 24 years old within an integrated SRH intervention for young people in Zimbabwe.

METHODS: This study was embedded within a cluster randomised trial of integrated HIV and SRH services (CHIEDZA) in three provinces in Zimbabwe (Harare, Mashonaland East, and Bulawayo). Qualitative and quantitative data from female clients aged 16-24 years, who accessed CHIEDZA from April 2019 – March 2022 were collected. Uptake of MH, HIV, and other SRH services were tracked using a biometric system for each client. Descriptive statistics were used to investigate MH and HIV service uptake and the factors associated with these. Thematic analysis of three focus group discussions and 12 interviews were used to explore providers' and participants' experiences of the MH and HIV services and the CHIEDZA intervention.

RESULTS: Overall, 36,991 clients accessed CHIEDZA of whom 27,725 (74.9%) were female. Most female clients (n=16,600; 59.9%) only visited CHIEDZA once. At this one visit, 48.8% (n=8,095) took up both HIV and MH services, 18.7% (n=3108) took up HIV, MH, and family planning services, and 15.4% (n=2,552) took up only MH services. Of all female clients to visit CHIEDZA, almost all (n=26,448; 95.4%) took up the MH service at least once. Of these, 20,576 (77.8%) also took up HIV testing and 25,433 (96.2%) took up an MH product, with most (n=23,346; 92.8%) choosing reusable pads rather than the menstrual cup. Similarly, most female clients (n=23,068; 83.2%) took up HIV testing at some point

during the intervention. Qualitative findings highlighted that young women initially came to CHIEDZA to seek MH services and then also took up HIV testing at their first or subsequent visits. The provision of free MH services that included a choice of products and analgesics in a youth-friendly environment were central to young women's engagement with and acceptability of HIV and other SRH services.

CONCLUSIONS AND RECOMMENDATIONS: Using MH as an incentive that brought young women to CHIEDZA, the MH service proved central to increasing service attendance and HIV testing uptake among young women. This highlights the importance of integration of both MH and HIV services within an SRH intervention. This study also highlights the high unmet need for MH information, products, and analgesics among young women, and the importance of SRH services to meet this need.

SAAE2503 - The impact of financial incentives on viral suppression among adults starting ART in Tanzania: a cluster randomized controlled trial

11:05 -11:15 hrs

Presenting authors: *Dr. Prosper Njau[1], Dr. Emmanuel Katabaro[2], Solis Winters[3], Dr. Amon Sabasaba[2], Professor Sandra Irene McCoy[3], the Afya II Study Team[1,2,3,4,5]*

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BACKGROUND: Financial incentives can motivate engagement in beneficial health behaviors and improve short-term HIV prevention and care outcomes. However, few studies have assessed their impact on both short- and longer-term engagement in HIV care and viral suppression.

METHODS: We conducted a Type I Hybrid Implementation-Effectiveness trial (NCT04201353) in Tanzania to evaluate the effectiveness of short-term financial incentives on viral suppression among adults initiating antiretroviral therapy (≥18 years, ≤30 days on ART). In four regions, 32 health facilities were randomly assigned 1:1 to usual care or the intervention, the opportunity to receive ≤6 consecutive monthly cash incentives (22,500 TZS each; ~$9.50), conditional on visit attendance. After extensive tracing, we assessed the proportion retained on ART with viral suppression (<1000 cp/mL) at 6 and 12 months (primary outcome) using an intent-to-treat (ITT) regression analysis and a cluster-based permutation test. The effect of intervention fidelity (% of eligible visits with timely incentive delivery) was assessed using an instrumental variable analysis.

RESULTS: Between May 2021 and March 2022, 1990 participants enrolled (mean=62 per site; n=1059 intervention, n=931 comparison). Participants were, on average, 36 years, 60% female, 61% married or partnered, and on ART for 3.5 days [99.8% on dolutegravir (DTG)-based regimens]. Overall, 87% and 82% of participants were on ART with viral suppression at 6 and 12 months, respectively. At 6 months, 674 (84%) participants in comparison facilities were on ART with viral suppression, compared with 848 (89%) in the intervention group (risk difference [RD]=4.3, 95% CI 0.5, 8.1). At 12 months, six months after the intervention had ended, 693 (80%) participants in comparison facilities were on ART with viral suppression, compared with 841 (84%) in the intervention group (RD=3.7, 95% CI: -1.7, 9.0; p=0.36). Clinic-level intervention fidelity was high (range: 0.79-0.89) and did not dramatically change the ITT results (6 months: RD=5.1, 95% CI: 0.6, 9.5; 12 months: RD=4.3, 95% CI: -2.0, 10.5).

CONCLUSIONS: Retention on ART with viral suppression is high in the era of DTG-based ART in Tanzania. In this setting, financial incentives yielded modest but significantly improved outcomes at 6 months; the effect of incentives waned by 12 months but did not harm retention in care after their removal. These findings suggest the need to understand subgroups who would most benefit from incentives to support engagement in HIV care.

TIME	10:45 - 11:30 hrs	ROOM	Sapphire	DATE	Saturday, 09 Dec. 2023

Track E: Health Systems, Economics and Implementation Science
E4 - Technologies for HIV care delivery
Moderator: Mr Michael Mynhardt, AVACARE GLOBAL

SAAE2601 - Digital Intervention Platform: A demand creation tool to raise HIV awareness among men in Zambia even during pandemics.

10:45 -10:55 hrs

Presenting authors: *Mr. Mubiana Muhau[1], Mr Chinema Chiliboyi[1], Dr Khozya Zyambo[2], Dr James Zulu[1], Dr Daniel Mwamba1, Ms Mutinta Munamwimbu1, Dr Carolyn Bolton[1,5], Ms Linah Mwango[4], Ms Memory Kachimbe[3], Mr Chipo Nkwemu[1], Dr Surge Mwanza wa Mwanza[1], Mr Chimuka Sianyinda2, Dr Eric Mpoyi6, Dr Pricilla Mulenga2, Dr Job Mwanza7, Dr Natalie Vlahakis1, Dr Izukanji Sikazwe1*
1Center for Infectious Disease Research in Zambia (CIDRZ), Lusaka, Zambia, 2Ministry of Health Zambia, Lusaka, Zambia, 3Catholic Relief Services , Lusaka, Zambia, 4Ciheb Zambia, Lusaka, Zambia, 5University of North Carolina, North Carolina, United States of America (USA), 6AIDS Healthcare Foundation (AHF), Lusaka, Zambia, 7ICAP, Lusaka, Zambia

ISSUES: Zambia's achievements towards UNAIDS targets are 88.7-98-96.3. The proportion of adult men living with HIV who know their HIV status is 86.6% compared to 89.9% women and viral suppression among men on treatment aged 15-34 years is 70.1% (ZAMPHIA 2021). Between June 2020 and March 2022, community outreach services were halted due to covid-19 outbreak and the country prioritized scale-up of digital interventions. We highlight the implementation of a WhatsApp demand creation tool developed to raise HIV risk awareness among men 18-49 years and facilitate access to HIV services.

DESCRIPTION: The intervention uses a WhatsApp business cloud API. Access using QR code or link starts a self- assessment 2-way interaction between the client and the system through 6 interactive modules that include messages on sexual reproductive health, HIV testing and HIV prevention. Development was from October 2021- March 2023 and involved 5 stages. These included scoping digital interventions and selecting the preferred platform, developing message and flow charts, validating messages through the social, behavior change, and communication technical work group, inputting the validated messages into the system, and finally, testing and disseminating the system to the target population.

LESSONS LEARNT: Through Facebook advert, 379, 305 were reached of which, 50.2% (190,790) were men, the majority aged18-44 years. Of the men reached, 15.9% were aged 18-24 years; 34.8% (25-34); 22.7% (35-44);12.1% (45-54) and 14.5% <65yrs. A total of 22,450 had post engagement (clients that responded). From the post engagements, 409 men interacted on the WhatsApp platform with 101 interacting with system more than once, leaving 308 single interactions. Out of the single interactions, 69% had completed at least a module. Erectile disfunction was the most accessed module with 39.9% followed by Prostate Cancer 17.6%, HIV self-assessment 16.9%, STIs 10%, PrEP 8.5% and male infertility was the lowest with 7.1%. The number of interactions were distributed 8/10(80%) provinces. A useful demand creation tool applicable even during pandemics like COVID to raise awareness.

NEXT STEPS: To expand coverage, there is need to advertise the link on several social media platforms and broadcast through Ministry of Health SMS. The platform can be expanded to include messaging tailored to other population groups, though the limitation of ascertaining linkage to SRH and HIV services needs to be resolved.

SAAE2602 - Interventions for improving TB LAM uptake in South Africa

10:55 -11:05 hrs

Presenting authors: *Miss. Siphiwe Ngwale[1], Ms Alya Omar[1]*
[1]Clinton Health Access Initiative, Pretoria, South Africa

ISSUES: Following guidance from the World Health Organization on the use of lateral flow urine lipoarabinomannan (LF LAM) assays for tuberculosis (TB) case finding among patients with advanced HIV disease (AHD), South Africa introduced the Determine™ LF LAM antigen (TB LAM) test in 2017. The initial procurement of 3,000 tests was distributed to select hospitals in packs of 100 strips per kit. However, many sites were not able to absorb these volumes which resulted in high rates of wastage. CHAI worked with the provinces to share feedback with the supplier and negotiate for a reduced pack size of 25 tests. This new pack size inadvertently came with a 96% price in South Africa, significantly higher than the Global Access Price which rose by ~5%. Following these challenges, several interventions were executed to increase TB LAM uptake nationally.

DESCRIPTION: To challenge the price increase, a price memo was drafted by CHAI, together with the South African National Department of Health, for engagements with the local supplier. The success of this memo led to the 25% price reduction of TB LAM (94 ZAR p/unit to 68 ZAR p/unit).
Following these negotiations, trainings across the provinces were conducted on the updated guidelines for administering TB LAM. These trainings capacitated all cadres of staff to administer TB LAM in inpatient and outpatient settings.

LESSONS LEARNED: Following the price reduction, uptake increased the decentralization of the test from hospitals to facilities including primary healthcare facilities and private facilities. Showing that uptake is largely dependent on price and upscaled training. Provinces such as Eastern Cape, Limpopo and Mpumalanga have reported decentralization to over 817 facilities. The number of eligible HIV positive patients tested for TB using TB LAM increased from 1,768 in 2021 to 54,239 in 2022, a 2967.82% increase. TB LAM is now included in regular supply planning and quantification with sustainable funding by provincial conditional grants.

NEXT STEPS: South Africa should consider expanding access to more point of care diagnostics like TB LAM to enable immediate screening and linkage to care for AHD patients. To do this, health systems need to be strengthened and sensitized to point of care tests. Monitoring and evaluating uptake of TB LAM has been a challenge as it is captured manually through the TB identification register, and the data capturers often do not capture data accurately or upload it on digital systems such as Tier. Net, thus making reporting challenging.
Additionally, infrastructure capacity also needs to be improved. Many health care facilities report not having enough room or bandwidth to conduct multiple point of care tests at the same time while tending to patients, as such tests are to be run in a consultation room by the clinician. Most facilities have a limited number of consultation rooms and thus it becomes a limiting factor to the number of tests that are conducted a day in certain provinces.

SAAE2603 - Use of a digital platform to empower adolescents and young people to access HIV and mental health services in Mombasa

11:05 -11:15 hrs

Presenting authors: *Mr. Stanley Nyoro[1] Mokete A.N. Phungwayo[1]*
[1]Triggerise, Nairobi, Kenya

BACKGROUND: Mombasa has a HIV prevalence rate of 5.6%. Adolescents and young people contribute 47% of new infections in the county and key populations have an elevated risk of HIV infection (NASCOP, 2018). Knowledge of how HIV is transmitted in the county is lower among adolescent females (45.3%) than males (60.9%) and having multiple sexual partners is common among adolescent males (40.8%) than females (24.2%) (KDHS, 2022). Among adults aged 15-49 years, only 44.3%

have taken a HIV test and received a test result. Living with HIV has been linked to mental health illnesses. Studies show that the stress associated with living with a serious illness or condition, such as HIV, can affect a person's mental health and that people living with HIV have a higher chance of developing mood, anxiety, and cognitive disorders (CDC, 2021; National Institute of Mental Health, 2022). To address this multidimensionality related to HIV and mental health, Triggerise is implementing a programme in Mombasa, Kenya and in Ekhuruleni in South Africa that supports adolescents and young people's access to screening and treatment for mental health issues as well as HIV services (testing, ART and PrEP). Triggerise, in collaboration with Elton John AIDS Foundation, appreciates the importance of integrating HIV and mental health services in order to improve adherence

METHODS: Triggerise has integrated HIV and mental health services in the existing 'In Their Hand' programme, which uses a digital app, Tiko, that connects adolescent people and other key populations to participating public and private health facilities in Mombasa and Ekhuruleni where they receive high quality services. The platform empowers young people to decide if, when, and where to access services, giving them control over their own health choices and also rate the quality of service they receive. The programme, in Kenya, has brought onboard 34 health facilities to offer mental health and HIV services and has trained 150 providers on using the Tiko app. Further, 30 community mobilizers have been trained to screen young people for mental health issues. The programme incorporates young key populations and supports their access to pre-exposure prophylaxis and antiretroviral therapy.

RESULTS: The Tiko platform has improved young people's access to HIV services. In 2022, nearly 29,187 family planning and HIV testing services were accessed through Tiko, with 60% of those July 2023, 526 adolescents and young people had received PrEP through Tiko while another 978 had been screened for mental health and 1,233 enrolled on ART. A majority of those accessing services through Tiko are satisfied with the quality of services - those rating the quality of services were either satisfied or very satisfied with the quality of service received.

CONCLUSIONS AND RECOMMENDATIONS: Through connecting adolescent young people to youth-friendly participating facilities and training of health providers and community mobilizers the programme has enabled access to quality and affordable services. Organisations needs to leverage digital technologies to offer youth friend HIV services.

Poster Session / Session d'affiches

THEME
AIDS IS NOT OVER: Address inequalities, accelerate inclusion and innovation

OBJECTIVES
- Mainstream respect for equity, inclusion and diversity in the control and mitigation of the impact of diseases.
- Sustain and increase domestic financing and community response.
- Respond to HIV/AIDS, COVID-19, Monkey-pox, Ebola and any other emerging diseases.
- Mitigate the impact of Hepatitis, Tuberculosis and Malaria through health systems strengthening.
- Generate and provide evidence-based data for policy formulation

THÈME VALIDÉ POUR ICASA 2023 :
Le SIDA est toujours là : Eliminons Les inégalités, accélérons l'inclusion et l'innovation.

OBJECTIFS DE ICASA 2023, ZIMBABWE
- Intégrer le respect de l'équité, de l'inclusion et de la diversité dans le contrôle et l'atténuation de l'impact des maladies.
- Consolider et accroître le financement national et la riposte communautaire.
- Accélérer la réponse au VIH/SIDA et faire face à la COVID-19, la variole du singe, Ebola et toutes autres maladies émergentes.
- Réduire l'impact de l'hépatite, de la tuberculose et du paludisme grâce au renforcement des systèmes de santé.
- Produire et fournir des données factuelles évidentes pour la formulation des politiques.

TIME	11:30 - 11:50 & 15:30 - 16:10 hrs	ROOM	Exhibition Hall & Online Platform	DATE	Tuesday, 05 Dec. 2023

TUPEA001 - Improved TB/HIV Detection: A promising child-focused, community-based contact investigation model.
Dr. Algy ABDULA[1]

TUPEA002 - HIV treatment and follow up through Local Tuberculosis Response (LTBR) in Mozambique, 2020-2022.
Dr. Algy ABDULA[1]

TUPEA003 - Drivers and Influencers of COVID-19 Vaccine Hesitancy in Nigeria.
Dr. David Segun Adeniyi[1]

TUPEA004 - Immunological Changes in CD4 and CD8 T Cells Persist in Vertically Infected Adolescents with HIV, Despite Successful ART.
Dr. Georgia Ambada[1]

TUPEA005 - Altered glucose utilization and disrupted mitochondrial homeostasis in CD4+ T cells from HIV-positive individuals on cART.
Dr. Magdalene Ameka[1]

TUPEA006 - Prevalence and correlates of tuberculosis urine lipoaribomannan assay (TB-LAM) positivity among HIV-positive patients with CD4 count ≥200cells/uL in Kampala, Uganda
Dr. Shanita Ankunda[1]

TUPEA007 - Mobility is associated with lower HIV testing among fishermen on Lake Victoria in Kenya. ***Mr. Benard Ayieko[1]***

TUPEA008 - APPLICATION OF VALIDATED MATHEMATICAL MODEL IN ESTIMATING ART FOR TREATMENT. ***Dr. Vincent Bulinda[1]***

TUPEA009 - Association between ACE2 Gene Polymorphisms and SARS-CoV-2 infection in Burkina Faso, sub-Saharan Africa.
Dr. Tegwinde Rebeca COMPAORE[1]

TUPEA010 - APOBEC3G role on HIV infection in Africa
Dr. Tegwinde Rebeca COMPAORE[1]

TUPEA011 - Evaluation of HIV&AIDS testing and treatment services in The Gambia, 2017-2021.
Mr. Musa N. Corr[1]

TUPEA012 - The Impact of Viral Diversity on the HIV-1 Vaccine Trials: A Systematic Review
Mr. Wanzi Daka[1], Ms Kangwa Bwalya Mulenga[2]

TUPEA013 - Lésions précancéreuse du col de l'utérus dans une population VIH positif
Prof.. Moussa Younoussou DICKO[1]

TUPEA014 - TB incidence amongst People Living with HIV (PLHIV), 1 year post Tuberculosis Preventive Treatment (TPT) completion in Zimbabwe.
Madam. Bongani Dube[1]

TUPEA015 - Lipid Profile Trends in HIV, TB and TB/HIV Co-Infected Patients at Three-Day Care Centres in Fako Division, SouthWest Region Cameroon. ***Dr. Jude Eteneneng Enoh[1]***

TUPEA016 - Genotyping of pharmacogenetic variants of HIV/TB/malaria and association of variants with HIV/TB drug-induced hepatotoxicity in patients with HIV/AIDS in Cameroon.
Dr. Jude Eteneneng Enoh[1]

TUPEA017 - Lack of Proper Protective Measures Exposes Young Women and Teenage Mothers into Vulnerability of Contracting HIV/AIDS and STIs in Kibera.
Mrs. Bridged Faida[1]

TUPEA018 - Effect of co-Infection with intestinal parasites on Covid-19 severity: A prospective observational cohort study.
Mr. Teklay Gebrecherkos[1]

TUPEB001 - Prévalence de la maladie rénale chronique chez les patients infectés par le VIH sous traitement antirétroviral à Bouaké.
Dr. Khatibat Ôlamidé Anikè ABDUL[1]

TUPEB002 - Hospital and household-based support factors associated with Antiretroviral therapy adherence among Adolescents living with HIV in Western Kenya.
Miss. EMILY Abuonji[1]

TUPEB003 - Influencing Factors of Linkage to HIV Care Services among Newly Diagnosed HIV-Positive Individuals.
Miss. Naadu Awuradwoa Addico[1]

TUPEB004 - Understanding HIV and Asymptomatic Malaria Parasitemia (AMP) Co-Infection: A Panacea for Pediatrics HIV Treatment and Care.
Dr. David Segun Adeniyi[1]

TUPEB005 - Predicting Cardiovascular Risk among Perinatally Infected Adolescents on Antiretroviral Therapy; the role of the Body Mass Index.
Dr. Raphael Adu-Gyamfi[1]

TUPEB006 - Place de l'Education Thérapeutique du Patient dans le suivi des Personnes vivantes avec le VIH au Mali.
Dr. ALMAHDI AG ALITINI[1]

TUPEB007 - Efficacité virologique d'un traitement antirétroviral à base de Dolutegravir dans le contexte d'un pays du sud : Cas du Mali.
Dr. ALMAHDI AG ALITINI[1]

TUPEB008 - Connaissances, attitudes et pratiques en matière de WHO-PEN, des prescripteurs d'antirétroviraux dans le district sanitaire du golfe à Lomé.
Dr. Komivi Mawusi AHO[1]

TUPEB009 - Repeat viral load outcomes for people living with HIV who are virally non-suppressed in rural Central Uganda.
Mr. Peter Amutungire[1]

TUPEB010 - Community-based psychological and social support model to improve retention in care among Cameroonian adolescents perinatally infected with Human Immunodeficiency Virust
Dr. Francis Ateba Ndongo[1]

TUPEB011 - Continuité des services de dispensation des antirétroviraux durant la COVID19 au Sénégal : Expérience vers la prestation des services différenciés.
M Ibrahima Ba[1], Mme Oumy NDIAYE[1], Mme Magatte KA[1]

TUPEB012 - Atteindre les populations stigmatisées au Sénégal : les stratégies du projet EpiC efficaces pour le contrôle de l'épidémie du Sid.
M Ibrahima Ba[1]

TUPEB013 - Successful Integration of screening and management of depression among PLHIV in a community HIV program in Ethiopia.
Mr. Asayehegn Tekeste Berhanu[1], Mr Merid Kalayu[1], Dr. Legesse Alemayehu[1], Mrs Liyu Wegayehu[1]

TUPEB014 - Emerging 3rd Line Antiretroviral Therapy Failure in Zimbabwe: A Cross Sectional Descriptive Study.
Dr. Sandra Bote[1]

TUPEB015 - Atteintes rénales chez les PVVIH à l'HMO : étude rétrospective entre 2006 et 2021
Dr. Ismail BOURAHIMA BARKIRE[1,2]

TUPEB016 - Viral load suppression and resistance upon introduction of Dolutegravir: A Cross-Sectional Study in HIV Patients in Carnot, Central African Republic.
Mrs. Valentina Carnimeo[1]

TUPEB017 - Reasons and associations for oral pre-exposure prophylaxis (PrEP) adherence among adolescents and young people in South Africa.
Dr. Glory Chidumwa[1], Dr Catherine E Martin[1], Ms Ruvimbo Forget[1], Ms Pelisa Nongena[1], Mr Hlologelo Ramatsoma[1], Prof. Saiqa Mullick[1]

TUPEB018 - Minimizing Interruption in Treatment (IIT) through Peer Connections of Adolescents and Young People Living with HIV in Zimbabwe.
Ms Vivian Chitiyo[1]

TUPEB019 - Closing the gap, virological suppression among Young People living with HIV in Midlands and Manicaland, Zimbabwe: A Quality Improvement Project.
Ms Vivian Chitiyo[1], Mr Llyod Moyo[1], Dr Billiart Tapesana[1], Dr Tafadzwa Sibanda[1], Dr Ann Sellberg[1], Ms Nicola Willis[1]

TUPEB020 - Burden of acute and early HIV infection in an outpatient setting in Shiselweni, Eswatini
Dr. Iza Ciglenecki[1]

TUPEB021 - Can Burkina Faso reach the 95-95-95 UNAIDS target by 2030? Analysis of HIV cascades of care among MSM and FSW. ***Dr. Kadari Cissé[1]***

TUPEB022 - Décentralisation communautaire des ARV: Egalité dans la prise en charge des PVVIH à Salémata, région aurifère de Kédougou. ***M Fodé Coly[1]***

TUPEB023 - DEVENIR DES ENFANTS COMMENÇANT LE TARV AVANT 2 ANS (2010 – 2022) A LA PEDIATRIE DE GABRIEL TOURE, BAMAKO (MALI). ***Dr. Yacouba Aba Coulibaly[1]***

TUPEB024 - Décentralisation du diagnostic des enfants exposés au VIH au Sénégal : Impact des Point-Of-Care. ***Mme Khady Diatou Coulibaly[1]***

TUPEB025 - Building economic self-reliance of breastfeeding mothers living with HIV to optimize viral suppression and prevent vertical transmission.
Mr Obert Darara[1]

TUPEB026 - Risk factors to lost to follow up in children, adolescents and young people living with HIV: matched case control study.
Dr. Rumbidzai Dhliwayo[1]

TUPEB027 - Risk factors to lost to follow up in CAYPLHIV in two districts of Zimbabwe: A matched case control study.
Dr. Rumbidzai Dhliwayo[1]

TUPEB028 - Assessing implementation and outcomes of screening for Advanced HIV Disease among persons living with HIV in five provinces of Zimbabwe
Dr. Rumbidzai Dhliwayo[1]

TUPEB029 - "Leveraging Community-Centered Technology for Enhanced HIV Care in Rural Zimbabwe with Lay Expert Patients: The T-MIS Experience.
Dr. Efison Dhodho[1]

TUPEB030 - Implementation of Enhanced Adherence Counselling Clinics among key populations across New Start Centres from January 2022-March 2023: Successes and Challenges.
Mr. Munyaradzi Dhodho[1]

TUPEB031 - Perceptions des jeunes vivant avec le VIH sur la prise en charge médicale après un processus de transition.
Dr. Aïchatou Dia[2]

TUPEB032 - Gestion multidisciplinaire des patients en échec virologique sous traitement antirétroviral suivis au CESAC de Bamako: Bilan de 06 ans d'activité.
Docteur Zoumana Diarra[1]

TUPEB033 - Décentralisation des ARV-Prestation de Services Différenciés: Moyen de renforcer la prise en charge dans la région aurifère de Kédougou
Mr. Abdoulaye Konate[1]

TUPEB034 - Consolidation des associations de populations clé Pôles d'Excellence : un atout majeur pour arriver à l'égalité dans le traitement VIH
Mr. Abdoulaye Konate

TUPEB035 - Pôle de Référence : Système de parrainage pour améliorer le traitement des PVVIH dans la région aurifère de Kédougou.
Mme. Astou DIOP[1], Mr. Abdoulaye Konate[1]

TUPEB036 - Organisation et dynamique relationnelle, déterminants d'un suivi optimal des enfants VIH au Sénégal.
Mme. Seynabou Diop[1]

TUPEC001 - Assessing the uptake of HIV pre-exposure prophylaxis among Adolescent Girls and Young Women in the DREAMS program in Malawi
Mr. Abdulmalik Abubakar[1], Maryanne Ombija[1], Linda Malilo[1], Victor Kanje[1], Angella Mtimuni[1], Collins Mhango[1], Andrew Mganga[1], Dr. Jimmy Dixon-Gama1, Owen Kumwenda[1]

TUPEC002 - PREVALENCE OF ORAL HUMAN PAPILLOMAVIRUS INFECTION IN A COHORT OF HIV POSOTIVE INDIVIDUALS.
Dr. Olawande Adebayo[1]

TUPEC002 - PREVALENCE OF ORAL HUMAN PAPILLOMAVIRUS INFECTION IN A COHORT OF HIV POSOTIVE INDIVIDUALS
Dr. Olawande Adebayo[1]

TUPEC004 - Successes in TB case finding and Prevention among Children Living with HIV in Nigeria: The role of Multiple Diagnostic Methods
Dr. Opeyemi Adebayo[1], Dr Helen Omuh[1], Dr Victoria Adejo[1], Dr Emeka Ezieke[1], Dr Karima Yusuf[1], Dr Joshua Gotom[1], Dr Adeyemi Adeyemo[1]

TUPEC005 - Comparing PrEP adherence via objective and self-reported measures among fishermen working on Lake Victoria in Kenya
Mr. Daniel Adede[1], Antony Ochung'[1], Benard Ayieko[1], Phoebe Olugo[1], Dr. Kawango Agot[1]

TUPEC006 - Post-Exposure Prophylaxis and its Significance in HIV Prevention: An Analysis of Nigeria's National Strategic Framework for HIV and AIDS 2021-2025
Miss. Moriam Adegbite[1]

TUPEC007 - COMPARISON OF VALIDITY OF CERVICAL CANCER SCREENING TOOLS AMONG WOMEN LIVING WITH AND WITHOUT HIV IN LAGOS TERTIARY HOSPITAL, NIGERIA
Dr. Adebola Adejimi[1], Prof. Akin Osibogun[1]

TUPEC009 - Recent HIV Infection among Key Populations and their Sexual Partners, Lagos, Nigeria, 2020-2023.
Mr. Adebola Adekogbe[1], Dr Abimbola Phillips[1], Mr Ray-Desmond Umechinedu[1], Mr Lukebest Okenu[1], Mr Christian Onyia[1], Mr Adewale Ogunnaike[1], Mr David Barnabas[1], Mrs Ezinne Akinola[1], Dr Pius Christopher-Izere[1], Dr Francis Ogirima[1], Dr Collins Imarhiagbe[1], Dr Bolanle Oyeledun[1]

TUPEC010 - Sexual Behaviour of HIV-Positive Female Sex Workers in Oyo State, Nigeria
Dr. Ademola Adelekan[1]

TUPEC011 - Programmatic Mapping of Men Who Have Sex with Men (MSM) on Virtual Platforms in Nigeria: Implications for Public Health Interventions
Mr. Adediran Adesina[1], Mr Akan Udoete[1], Ms Oletta Ogio1, Mr Jerry Ejembi[1], Mr Kufre Ndueso[1], Mr Chukwuebuka Ejeckam[1], Mr Osayende Ayewah[1], Mr Kelechukwu Amadi[1], Ms Juanita Ejiofor[1]

TUPEC012 - ASSESSING COMPLIANCE WITH PREVENTIVE PRACTICES OF HIV/AIDS AMONG BARBERS IN THE NEW JUABEN NORTH MUNICIPALITY OF GHANA USING THE HBM
Miss. Erica Elorm Adika[1]

TUPEC013 - Increasing incidence of recent HIV infections and associated factors in Southwest Ethiopia:Evidence from Case-Based Surveillance data analysis (2019 to 2022)
Mr. Nigatu Admasu[1]

TUPEC014 - Stratégies d'adaptation pour le maintien des services VIH dans un contexte d'insécurité :Cas de la région de Niono au Mali
Dr. ALMAHDI AG ALITINI[1], Dr Soumaila Dembele[1], M Fadiala Sidibe[1]

TUPEC015 - DETERMINANTS SOCIAUX DES TROUBLES PSYCHOLOGIQUES CHEZ LES PVVIH SUIVIS A L'HOPITAL DE ZONE D'ABOMEY CALAVI, BENIN
M Igor Agbannoussou[1]

TUPEC016 - Understanding the Sources and Distribution of New HIV Infections in Nigeria: 2020 Mode of HIV Transmission Study
Dr. Rose Aguolu[1], Tosin Adebanjo[1]

TUPEC017 - Willingness to Take Pre-Exposure Prophylaxis (PrEP) among High-Risk Young Men aged 10-24 years in Masese Fishing Community, Jinja District, Uganda
Miss. Winnie Agwang[1,2], Mr. Andrew K. Tusubira[1], Ms. Sherifah Nabikande[1], Ms. Joan Tusabe[1], Dr. Simon Kasasa[1]

TUPEC017 - Willingness to Take Pre-Exposure Prophylaxis (PrEP) among High-Risk Young Men aged 10-24 years in Masese Fishing Community, Jinja District, Uganda
Miss. Winnie Agwang[1], Mr. Andrew K. Tusubira[1], Ms. Sherifah Nabikande[1], Ms. Joan Tusabe[1], Dr. Simon Kasasa[1]

TUPEC019 - A market-led, client-centered, economic strengthening approach as structural HIV prevention: Results from Namibia
Mrs. Ndeutalala Amulungu[1], Ms. Rosanne Kahuure[1], Ms. Bernadette Harases[1], Ms. Rosalia Indongo[1]

TUPEC020 - EMPOWERING KENYAN YOUTH FOR HIV PREVENTION: A COMPREHENSIVE APPROACH
Miss. Veronica Aono[1]

TUPEC021 - Urgent Action Needed: Delayed Dried Blood Spot Testing Putting HIV-Positive Infants at Risk in Western Ghana
Mr. Thomas Ayuomah Azugnue[1], Miss Lucy Anaman[1], Mr. Edward Adiibokah[1], Mr. David Tetteh Nartey[1], Mr. Abdul Wahab Inusah[1], Mr. Zakaria Dindan[1], Mr. Yussif Ahmed Abdul-Rahman[1], Dr Henry Nagai[1]

TUPEC022 - Amélioration de la prévention combinée du VIH/Sida grâce à un système d'identification unique et de gestion des données intégré/DHIS2
Dr Ezzouhra Azza[1], Dr Lahoucine Ouarsas[1], Dr Amal Ben Moussa[1], Mme NAoual Laaziz[1], Pr Mehdi Karkouri[1], Pr Mustapha Sodqi[1]

TUPEC023 - Acceptability of pharmacy-based delivery model of Pre-Exposure Prophylaxis among adolescents and young adults in Nigeria: insights from a participatory study
Mr. Yusuf Babatunde[1], Mr. Oluwakorede Adedeji[1], Mr. Abdulmumin Ibrahim[1]

TUPEC024 - Optimiser l'accès équitable aux services de PTME et de PECP dans un contexte d'insécurité via l'approche communautaire
Mr. Abdoulaye Bagayoko[1], Mme Fatoumata Traore[1], Mr Clement Djumo[1], Mme Boussiratou Maiga[1], Mme Francine Kimanuka[1]

TUPEC025 - Suicidal Ideation and Attempts among Youth at Botswana-Baylor Children's Clinical Centre of Excellence
Dr. Leyla Baghirova-Busang[1], Dr Mooketsi Molefi[1]

TUPEC026 - L'approche intégrée de santé communautaire du VIH à la clinique de santé sexuelle (CSS) de Kayes au Mali
Dr. Amadou Bane[1], M. DRISSA KONE[1], M. YOUSSOUF FOMBA[1]

TUPEC027 - Closing the pediatric HIV testing gap through entry point opportunities: EpiC project experience in Senegal
Mr Ibrahima Gaye[1], Mr Ousmane Dieng[1], Docteur Aminata Thiam[1], Mr Abdul Mazid Dione[1], Docteur Jules Bashi[1]

TUPEC028 - Models of Hope: Overcoming Stigma among Interrupting Treatment Clients
Mr. Samuel Benefour[1]

TUPEC029 - Epidemiological Findings from Recent Infection Surveillance Program in Burundi
Madam. Reshma Bhattacharjee[1], Lemlem Baraki[1], Shreya Desai[1]

TUPEC030 - Predictors of Second Dose tetanus toxoid vaccination uptake among voluntary medical male circumcision clients in Mubende region, Uganda
Mr. Christopher Bwanika[1], Dr. William Musoke[1], Dr Josephine Nakakande[1], Mr. Wilberforce Mugwanya[1], Ms Winnie Oyenboth[1], Mr Abdul Sssebaggala[1], Mr. Mukasa Robert[1], Mr. Wilfred Alineitwe[1], Dr. Simon Muhumuza[1], Mr Job Nanyiri[1]

TUPEC031 - Identifying appropriate distribution models of HIV self-test kits for Adolescents and Young People in Sub-Saharan Africa: a rapid evidence review
Ms. Monica Carvalheiro[1], Dr Pertina Nyamukondiwa, A/Professor Brendan Maughan-Brown, A/Professor Elona Toska

TUPEC032 - Congenital syphilis case-based surveillance system evaluation in Goromonzi District, Zimbabwe, 2022
Dr Ernest Tsarukanayi Mauwa[1], Ms Tsitsi Juru[1], Dr. Addmore Chadambuka[1], Dr Gerald Shambira[1], Prof Mufuta Tshimanga[1]

TUPEC033 - Progress in implementing TB/HIV collaborative activities in Zimbabwe, 2022
Dr Nathan Chiboyiwa[1], Ms Tsitsi Patience Juru[1], Dr Gerald Shambira[1], Dr. Addmore Chadambuka[1], Prof Mufuta Tshimanga[1]

TUPEC034 - Active surveillance of adverse events in patients on novel Drug Resistant Tuberculosis medicines in Zimbabwe, 2023: Successes and implementation challenges
Dr Nathan Chiboyiwa[1], Dr Gerald Shambira[1], Dr. Addmore Chadambuka[1], Dr Gibson Mandozana[1], Ms Tsitsi Patience Juru[1], Prof Mufuta Tshimanga[1]

TUPEC035 - Costs of Follow up One-on-One IPC sessions in VMMC Demand Creation
Mr Musarurwa Hove[1], Miss. Letwin Chanakira[1], Ms. Caroline Chitsungo[1], Mr Adolf Mavheneke[1]

TUPEC036 - Comparing baseline viral load of persons with recent and long-term HIV infections in Zambia, 2021-2022
Dr. Kelly Chapman[1]

TUPEC037- The association between depressive symptoms and psychological wellbeing among adolescent girls and young women (AGYW) during COVID-19 in South Africa
Miss. Leona Racheal Chazanga[1], Miss Audrey Moyo[1], Miss Darshini Govindasamy[2]

TUPEC038 - Utilizing DHIS2 for Improved Partner Testing in Community-Based Projects: Case EX-CAB Project FY22
Mr Innocent Gadilatolwe

TUPEC039 - A qualitative study assessing the acceptability of HIV self-testing through distribution at marketplaces in Harare, Zimbabwe
Ms. Kudzai Chidhanguro[1], Nancy Ruhode[1], Claudius Madanhire[1], Constancia Watadzaushe[1]

TUPEC040 - Baseline factors associated with reactogenicity to a preventive HIV vaccine regimen in HVTN 702
Dr. Rachel Chihana[1], Sufia Dadabhai[1], Johnstone Kumwenda[1]

TUPEC041 - PrEPARING' WELLNESS CENTERS WITH ANTIRETROVIRAL DRUGS FOR PrEP: A MODEL OF REACHING KEY AND UNDERSERVED POPULATIONS WITH HIV PREVENTION INTERVENTIONS
Mr. Lubinda Chingumbe[1], Ms. Amy Casella[1], Dr. Kalasa Mwanda[1]

TUPEC042 - Lessons learned from engagement with small business transport operators on PrEP in Malawi's four cities
Miss. Mirriam Chipanda[1], Dr. Ethel Rambiki[1], Mr. Ishmael Nkosi[1], Mr. Thom Chaweza[1]

TUPEC043 - THE EFFECTIVENESS OF PCC MODEL IN ADDRESSING MYRIAD CHALLENGES FACED BY AGYW IN HIV PROGRAMMING
Miss. Kudakwashe Ruth Chipoya, MR EDGAR MUZULU[1]

TUPEC044 - A Mobile and Web-Based Tool to Monitor HIV/Syphilis Testing in Zambia.
Ms. Miyoba Chipunza[1], Ms Lindiwe Nchimunya[1], Mrs Namwaka Mungandi Mulenga[1,]
Ms Yucheng Tsai[1]

TUPEC045 - Location of Adolescent CAB-LA Delivery: Insights from HPTN084-01 study Participants and Parents in 3 African nations
Mrs. miria chitukuta[1], Mrs Kudzai Matambanadzo[1], Doctor Bekezela Siziba[1], Doctor Lynda Stranix-Chibanda[1], Doctor Nyaradzo N Mgodi[1], Doctor Felix G Mhlanga[1]

TUPEC046 - Exploring experiences of oral pre-exposure prophylaxis (PrEP) use among heterosexual men accessing sexual and reproductive health services in South Africa
Miss. Fatima Abegail Cholo[1], Dr. Siphokazi Dada[1], Dr. Catherine Elizabeth Martin[1], Prof. Saiqa Mullick[1]

TUPEC047 - Poverty Alleviation through Entrepreneurship Education,a determinant to Epidemiology and prevention science in Ebonyi State Nigeria in April,2023
Mr. Darlington chiemezie Chukwukere[1]

TUPEC048 - Geospatial Patterns of Progress towards UNAIDS "95-95-95" Targets and Community Vulnerability in Zambia and Zimbabwe
Dr. Diego Cuadros[1], Tuhin Chowdhury[1]

TUPEC049 - Using Microsimulation Modelling To Maximize The Impact Of Prevention And Treatment Interventions On The HIV Epidemic At The Population Level.
Mr. Wanzi Daka[1], Mr. Chipo. A Mupeso[1]

TUPEC050 - Successful recruitment and retention of Adolescent Girls and Young Women (AGYW) in sexual reproductive health research in Harare, Zimbabwe
Mrs. Adlight Dandadzi[1], Miss Natasha Sedze[1], Miss Monica Thompson[1], Mrs Caroline Murombedzi[1], Mrs Prisca Mutero[1], Mrs Netsai Muungani[1], Ms Petina Musara[1], Dr Nyaradzo Mgodi[1]

TUPEC051 - Analysis of Sexual Behaviours and HIV Risk Profiles between Persons with Visual and Hearing Impairments in Lagos State, Nigeria
Mr. Olukunle Daramola[1]

TUPEC052 - HIV self-testing scale-up: Impact on conventional testing and linkage to HIV treatment in Tanzania.
Mr. Japhet Daud[1], Mr. Majaliwa Ngailo[1], Dr. Cornelius Boke[1], Dr. Mwedi Mohamed[1], Mr. William Paul[1], Dr. Kiteleja Benjamin[1], Mr. Ramadhani Baruti[1], Mr. Geofrey Ndapisi[1], Ms. Roda Leopord[1], Mr. Thomas Kasiku[1], Dr. Julius Zelothe[1], Dr. John Roman[1], Dr. Amos Scott[1], Dr. Ola Farid[1], Dr. Eva Matiko[1], Dr. Redempta Mbatia[1]

TUPEC053 - Scaling-up social network strategy to increase HIV testing among key & vulnerable population in Tanzania
Mr. Japhet Daud[1], Mr. Majaliwa Ngailo[1], Mr. Damian Laki[1], Dr. Cornelius Boke[1], Dr. Mwedi Mohamed[1], Mr. William Paul1, Dr. Julius Zelothe[1], Dr. John Roman[1], Dr. Amos Scott[1], Dr. Appolinary Bukuku[1], Dr. Fredrick Ndossi[1], Dr. Alexander Christopher[1], Dr. Eva Matiko[1], Dr. Redempta Mbatia[1]

TUPEC054 - Hepatitis B seroprevalence: A sub-analysis from Reference Ranges study in Zimbabwe
Mr. Nicholas Dhibi[1], Dr Allen Taguma Matubu[1], Ms Elaine Mwandiwata[1], Ms Dorinda Mukura[1], Dr Patricia Mandima[1]

TUPEC055 - Collaboration avec le secteur privé dans l'offre de service, une approche efficace pour l'atteinte des 3*95 au District de Pikine
Mme. NAPHY Dia[1]

TUPEC056 - Prévalence et facteurs associés au VIH chez les utilisateurs de drogues injectables : analyse secondaire des données ESCOMB 2022 Guinée
Dr Thierno Saidou Diallo[1], Dr KAMANO PASCAL[1], Mrs. Souleymane Sekou Youla[1]

TUPEC057 - Dépistage VIH de cas index ; une stratégie prometteuse pour booster le 1er 95 : Expérience du CESAC de Bamako/Mali
Docteur Zoumana Diarra1, Mme Hawa Dicko[1], Mme Penda Kanouté1, Mme Victoria Koita1, Docteur Gaoussou Haidara[1], Docteur Bintou Dembélé[1], Docteur Mamadou Cissé[1], Docteur Luis Sagaon Teyssier[1]

TUPEC058 - Levée des barrières à l'utilisation de la Prophylaxie Préexposition à destination des populations clés: expérience de l'organisation AIDES au Sénégal
M. El Hadj Malick Diouf[1]

TUPEC059 - Dépistage différencié du VIH :Phase pilote de dispensation de l'auto-dépistage VIH (ADVIH) chez les populations clés en Guinée
Dr. Mamadou Samba Dioum[1], Dr. Septime HESSOU, M. Anthony Vautiier, Dr. Sandra OUEGANG FONKUI, Dr. Amadou Bella Diallo, M. Faya Benjamin Tolno, Dr. DIOUKHANE Elhadji Mamadou, Dr. Magali NELSON, M. CAMARA Ousmane Germain, Mme Fatoumata DIALLO, Dr. Youssouf KOITA, Dr. Denise SAM, Dr. Odé KANKU KABEMA

TUPEC060 - HIV self-testing in community post settings in Harare, Zimbabwe, 2022-2023
Dr. Onai Diura-Vere[1], Dr Talent Maphosa[2], Mr Wedzerai Chikari[1], Dr Chidzewere Nzou[1]

TUPEC061 - Uptake of HIV pre-exposure prophylaxis (PrEP) in community posts setting in Zimbabwe.
Dr. Onai Diura-Vere[1], Mr Wedzerai Chikari[1], Dr Annamore Mutisi[1], Ms Patience Netsai Nyandoro[1], Dr Chidzewere Nzou[1]

TUPEC062 - Evaluating the Effectiveness of incentives to improve HIV prevention outcomes for young females in Eswatini: Sitakhela Likusasa randomized control trial
Ms. Tengetile Dlamini[1], Mr Khanyakwezwe Mabuza[1], Dr Mbuso Mabuza1, Mr Muziwethu Nkambule[1]

TUPED001- Pattern and risk factors for suicidal behaviours: a cross-sectional survey of people accessing HIV care in Ogun State, Nigeria
Dr. Olumide Abiodun[1], Dr Oluwatosin Olu-Abiodun, Dr Olabisi Bamidele

TUPED002 - Effect of COVID-19 on risky behaviours of female sex workers in Ga South Municipal of Ghana and its wider implications
Mr. Nana Amoako Acheampong[1], Mrs Eunice Odoso Ankrah[1]

TUPED003 - PREVENTING AND TREATING HIV: REACHING FEMALE SEX WORKERS THROUGH MOONLIGHT TESTING
Mrs. Mary Addison-Fynn[1], Mr. Thomas Kweku Owoo[1]

TUPED004 - Safe Clinic Network Health Application For Hard To Reach Key Population in Nairobi, Kenya
Miss. Joyce Adhiambo[1]

TUPED005 - Operation Storm: How a Community Campaign Linked More to HIV Testing and Treatment
Cecilia Oduro[1], Ato Abakah[1], Alfred Asiedu[1]

TUPED006 - Stakeholder Analysis of Harm Reduction Programming in Ghana: Addressing Key Challenges and Opportunities
Mr. Edward Adiibokah[1], Dr Henry Nagai[1], Dr Henry Tagoe[1], Yussif Ahmed Abdul-Rahman[1], Abdul-Wahab Inusah[1], David Tetteh Nartey[1]

TUPED007 - Review of Antiretroviral therapy coverage among prisoners living with HIV In 10 African Countries
Dr. Progress Agboola[1]

TUPED008 - Addressing HIV Healthcare Challenges in Ghana: A Ghanaian Hospital's Experience
Miss. Theresa Agyapong[1]

TUPED009 - Community based approaches- the role of Youth leaders in eliminating Stigma and discrimination against Young people living with HIV .
Mrs. Sarah Akampurira[1]

TUPED010 - Trends in criminalizing same-sex sex: Where do sub-Saharan African countries stand?
Varsha Srivatsan[1], Abigail Rossenbaum[1], Yu-Wei Chen[1], Dr. Agrata Sharma[1], Vishakh Unnikrishnan[1], Sharonann Lynch[1], Dr. Matthew Kavanagh[1]

TUPED011 - Mapping anti-discrimination protections for sexuality, gender identity, and HIV status in the African continent
Varsha Srivatsan[1], Yu-Wei Chen[1], Dr. Agrata Sharma[1], Vishakh Unnikrishnan[1], Sharonann Lynch[1], Dr. Matthew Kavanagh[1]

TUPED012 - AHD Dashboard: Policies for optimal care for Cryptococcal Meningitis (CM)
Dr. Agrata Sharma[1], Varsha Srivatsan[1], Yu-Wei Chen, Vishakh Unnikrishnan[1], Dr. Matthew Kavanagh[1], Ms. Banda Amanda[1]

TUPED013 - Global Landscape of HIV Decriminalization Laws with a Focus on African Countries
Yu-Wei Chen[1], Varsha Srivatsan[1], Vishakh Unnikrishnan[1], Dr. Agrata Sharma[1], Ms. Banda Amanda[1], Dr. Matthew Kavanagh[1], Cedric Nininahazwe[1], Lesgeo Tlhwale[1]

TUPED014 - Meaningful Community Participation on Global Fund Country Coordinating Mechanisms: Lessons from the RISE Study
Kuraish Mubiru[1]

TUPED015 - Facilitating adolescent access to HIV interventions through age of access policy reform
Dr. Agrata Sharma[1], Varsha Srivatsan[1], Yu-Wei Chen[1], Vishakh Unnikrishnan[1], Ms. Banda Amanda[1], Amanda Banda[1], Dr. Matthew Kavanagh[1]

TUPED016 - Decriminalizing Sex Work: Africa and Global Comparisons
Matthew Kavanagh[1], Vishakh Unnikrishnan[1], Varsha Srivatsan[1], Yu-Wei Chen[1], Dr. Agrata Sharma[1], Ms. Banda Amanda[1]

TUPED017 - Examining the impact of social media abuse on the mental health of men who have sex with men in Ghana.
Mr. Francis Antohino[1]

TUPED018 - Examining the impact of the sperm for ritual documentary video on activities of female sex workers in western region, Ghana
Mr. Francis Antohino[1]

TUPED019 - Personal Characteristics and Abusive Relationship Tolerance among Women living with HIV in Akwa Ibom State, Nigeria
Ms. Gloria Archie[1]

TUPED020 - Breaking Boundaries: A Cutting-Edge Approach to HIV Client Retention in Cross-Border Migori County during COVID-19
Miss. Eugene Ariya[1]

TUPED021 - Exploring the Influence of Intersectional Stigma on ART Adherence for Selected Young Key Populations Southern Africa: A Mixed Methods Analysis
Mr. Russell Armstrong[1], Mr. Patrick Nyamaruze[1], Professor Kaymarlin Govender[1]

TUPED022 - Building Community Sexual Prevention Initiatives to Address Gender-based Violence in Cross River State, Nigeria
Mrs Esse Nwakama[1]

TUPED023 - AT THE CROSSROADS: WHERE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS MEET UGANDA'S HUMAN ORGAN DONATION AND TRANSPLANT ACT
Ms. Mary Immaculate Dinymoi Auma[1], Dr Moses Mulumba

TUPED028 - Breaking boulders in the path of children living with HIV; lessons from socio-economic empowerment of rural communities in Uganda
Dr. David Bitira[1]

TUPED029 - Experiences of Adolescent Youth Persons in accessing HIV and SRHR services during the COVID-19 pandemic. Experiences from Harare, Zimbabwe
Miss. Chrystal Bonzo[1]

TUPED030 - Des jeunes sénégalais se racontent dans des podcasts sonores pour lutter contre la stigmatisation liée au VIH : «POSITIFS !»
MR Cheikh Seck[1], MR Joachin Mendy[1], MS Aminata Kane[1], MR Gorgui Mohamed Camara[1]

TUPED031 - Developing an integrated women empowerment PMTCT model for resource-constrained areas in rural Zimbabwe from a community psychology perspective.
Dr. Rosemary Chigevenga[1]

TUPED032 - Impact of the SASA! Programme in responding to gender based violence (GBV) and HIV in Shamva District, Zimbabwe.
Mr. Prosper Obvious Chikondowa[1]

TUPED033 - Awareness of HIV/AIDS among Persons with Disabilities in Lagos State, Nigeria: ACIOE Experience
Mr. Olukunle Daramola[1]

TUPED034 - Social media is a powerful tool for targeted MSM HIV services demand creation and community building
Mr. Luiz De Barros[1], Mr Sive Mjindi[1]

TUPED035 - Naitre garçon ou fille avec le VIH au Sénégal : représentations des mères sur le devenir de leurs enfants
Mme. Maimouna Diop[1,2]

TUPED036 - Profils et Motivations des populations clés en mobilité transfrontalière pour le recours aux services de santé VIH à Ziguinchor (Sénégal).
Mr. BOUBACAR DIOUF[1]

TUPED037 - Multisectoral Coordination of TB response: A key to addressing TB morbidity and mortality amongst People Living with HIV
Miss. Sthembile Dlamini[1]

TUPED038 - REPRODUCTIVE INTENTIONS AND FAMILY PLANNING NEEDS AMONG WOMEN LIVING HIV IN THE KINGDOM OF ESWATINI
Mrs Nompumelelo Dlamini-Mthunzi[1], Mrs Sebentile Myeni[1], Mrs Bonisile Nhlabatsi[1], Mr Mgcineni Ndlangamandla[1]

TUPED039 - Have a Heart, Save my liver: Fighting HIV/HCV coinfection by addressing barriers to HCV care
Ms. Joelle Dountio Ofimboudem[1]

TUPED040 - Embracing Disability and Sign Language in HIV and COVID 19: Zimbabwe National Response towards Universal Health Coverage by 2025
Dr. Beatrice Dupwa[1]

TUPED041 - Impact of the Naira redesign policy on Accelerating the Control of HIV Epidemic in Nigeria: Northcentral Experience
Dr. Francis Eluke[1], Mrs Patricia Igweike[1], Dr Andrew Etsetowaghan[1], Dr Saliu Idris[1], Dr Dotun Olutola[1], Mrs Blessing Anaja-Iyaji[1]

TUPED042 - Supporting the Supporter- the Unintended Outcome
Mrs. Epie Fanny[1], Dr. Mboh Khan Eveline[1], Dr. Pascal Atanga, Mr Awa Jacques Chirac, Mrs Anagnkeng Justine[1]

TUPED043 - Opening the black box: Process evaluation of a community-based intervention to promote parent-child sexual and reproductive health communication in Uganda
Miss. Danielle Fernandes

TUPED044 - Impact of Covid-19 on people living with HIV in Lusophone sub-Saharan Africa: findings from the EPIC community-based research programme
Luís Mendão[1,5], Océane Apffel Font[1], Rokhaya Diagne[1], Juliana Castro Avila[1], Rosemary M. Delabre[1]

TUPED045 - Making the Case for Intersectional Harm Reduction Services in Kenya: Community Perspectives
Miss. Rita Gatonye[1]

TUPEE001 - Predictors of favorable tracing outcomes after interruption in treatment of people living with HIV in Ethiopia
Mr. Meried Abrha[1], Professor Gashaw Adargie[1], Mr Asayehegn Tekeste[1], Dr Dawit Tsegaye[1], Ms. Adrienne Hayes[1], Dr Legese Mekuria[1]

TUPEE002 - Identifying, and treating depression among PLWHIV in the community setting in Ethiopia:
Mr. Meried Abrha[1], Ms Liyu Wegayehu[1], Dr Dawit Tesgaye[1], Ms Emily Liddell[1], Dr Legese Mekuria[1], Mr Asayehgen Tekeste[1]

TUPEE003 - Healthcare Workers' Confidence in providing the Advanced HIV Disease Package of care in Nigeria
Dr. Opeyemi Abudiore, Pharm. Williams Eigege[1], Pharm. Oluwakemi Sowale[1], Dr. Nere Otubu[1],

Ms Folu Lufadeju[1], Dr. Owens Wiwa[1], Prof. Ochei Agbaji[1]

TUPEE004 - Role of Communications in Creating an Enabling Environment for Key Population Programming in South Sudan
Miss. Gladys Achan[1]

TUPEE005 - Digital Drone Tech-A strategy to Improve Differentiated Service Delivery of HIV commodities in hard-to-reach and Insecure Regions in Bayelsa State,Nigeria
Mr. Osilade Adewole

TUPEE006 - Treatment outcomes among children and adolescents receiving 1,3,6 months ART refills: a program data review in Eastern Uganda
Dr. Bridget Ainembabazi[1,2]

TUPEE007 - Considerations to Maximize Impact of Point-of-Care Early Infant Diagnosis
Dr. Muhammad-Mujtaba Akanmu[1], Dr Nere Otubu[1], Chiedozie Nwafor[1], Dr Olusegun Adewole[1], Michael Obioma[1], Tombari Gbarabon[1], Foluso Lufadeju[1], Owens Wiwa[1]

TUPEE008 - Integrating Electronic Medical Records with Laboratory Information Management Systems shortens the average viral load turnaround time in Southern Nigeria.
Mrs. Uduak Akpan[1], Dr. Otoyo Toyo[1], Dr. Esther Nwanja[1], Maria Unimuke[1], Dr. Ogheneuzuazo Onwah[1], Dr. Okezie Onyedinachi[1], Dr. Adeoye Adegboye[1], Andy Eyo[1]

TUPEE009 - On Treatment But Not Suppressing; Enhancing Treatment Outcomes through A Collaborative Client Engagement Pathway for Children With HIV 5-15yrs
Mr. Muhamed Akulima[1], Mr. Samuel Kahura, Ms. Tabitha Muthoni, Ms Linda Makana

TUPEE010 - Maximizing private pharmacies for PrEP delivery to increase uptake: Lessons learnt from the Community Retail Pharmacy Drug Distribution Point
Miss. Ruth Akulu[1]

TUPEE011 - "Youth-Powered Transformation: Catalyzing Change in SRHR/HIV Services through Youth-Led Advocacy and Community Scorecards"
Miss Cindy Amaiza

TUPEE012 - Community responses on Advanced HIV Disease (AHD) services and products; Knowledge assessment survey in Uganda
Mrs. Catherine Amulen, Mr Raymond Kwesiga, Dr. Stephen Watiti, Dr. Vennie Nabitaka, Mr Aston Nuwagira, Ms Rachel Sapire, Ms Benvy Caldwell, Ms Carolyn Amole, Dr. Proscovia Namuwenge, Dr. Cordelia Katureebe

TUPEE013 - THE ROLE OF THE MOBILE CLINIC IN IDENTIFICATION, RE-INITIATION AND RETENTION OF HIV TREATMENT DEFAULTERS IN AN ARMED-CONFLICT SETTING
Dr. Achua Awah Kenneth[1,2], Mr. Agbor Patrick Agbor[1], Dr. Ekokobe Azua Wilfred[1], Ms. Kombe Ngube Belinda[1], Ms. Nkume Uzoma Vanessa[1], Ms. Eyong Omalle Velma[1]

TUPEE014 - Assessing Effectiveness of Key and Vulnerable Populations Community Engagement in the HIV response through Zimbabwe Key and Vulnerable Populations Forum
Mr. Ricardo Bako[1]

TUPEE015 - Community healthcare worker implementation of HIV self-testing increases HIV testing and case finding in Mpumalanga, South Africa
Ms Silinganiso Chatikobo[1], Dr. Ivana Beesham[1], Dr Claire Serrao[1], Ms Dhirisha Naidoo[1], Mr Ayisolwainkosi Ncube[1], Mr Goodman Ntshangase[1], Mr Todd Malone[1]

TUPEE016 - SPREADING /EMBRACING/PREACHING COMPASSION AS AWAY OF CURBING DOWN THE SPREAD OF HIV-AIDS AMONG CHILDREN, YOUTHS AND ADULTS.
Miss. Sarah Birungi[1], miss Victoria Nalukwago

TUPEE017 - Burundi National Defense Force's essential role with ending HIV/AIDS as a public health threat by 2030
Dr. Jeremie Biziragusenyuka[1], Mr. Franck Kavabushi[1]

TUPEE018 - Reaching men left behind: Using the private sector to reach a 'missing' population with HIV self-testing.
Mr Jude Oriokot[1], Ms Deborah Kyamagwa[1], Dr Dennis Chemonges[1], Dr Mariam Luyiga[1], Mr Baker Lukwago[1], Mr. Peter Buyungo

TUPEE019 - ACTIVATING COMMUNITY-BASED ART DELIVERY FOR TIMELY ARV REFILLS AMONG PLHA IN UGANDA; LESSONS FROM COVID-19
Mr. James Byarugaba[1], Ms. Mary Immaculate Akiteng[1], Ms. Gladys Nakasinde[1], Mr. Adrian Kalemeera[1]

TUPEE020 -Improving and sustaining access to Viral Load Testing (VLT) among children and adolescents through the active community-Facility linkage triangle
Mr. James Byarugaba[1], Mr Francis Bukenya Wamala Mugote

TUPEE021 - Advancing Community-Based Maternal & Child HIV Prevention, Treatment, and Care in Rural South Africa: Insights from Scaling Up
Dr. Kudzai Emma Chademana Munodawafa[1]

TUPEE022 - Taking a Proactive Approach to Proficiency Testing; A Case Study of the National Microbiology Reference Laboratory HIV DTS PT Programme
Mrs. Agnes Chibango[1], Mr Stanford Mupandasekwa[1], Mrs Lucia Sisya[1]

TUPEE023 - Take charge from the bottom: Bottom-up, integrated district HIV prevention planning in Zimbabwe, 2021 -2022
Ms Getrude Ncube[1], Mr Sinokuthemba Xaba[1], Ms Patience Kunaka[1], Ms Felisiya Gwarazimba[1], Ms Susan Gwashure[1], Mr Lawrence Nyazema[1], Mr Shemiah Nyaude[1], Dr Takunda Sola[1], Ms Miriam Mutseta[1], Dr Owen Mugurungi[1]

TUPEE024
- Utility of community case managers in strengthening engagement and reintegration of clients in HIV care in Mozambique
Dr. Zaina Cuna[1], Dr Walter Chaquila[1], Mr Ceserino Mucavele[1]

TUPEE025 - Improving Advanced HIV Disease Screening in Malawi: Implementation Strategies and Outcome Evaluation
Miss. Rosalia Dambe[1], Dr Eddie Matiya1, Mr Laywell Nyirenda[1], Dr Lucky Makonokaya[1], Mr Lloyd Chilikutali[1], Dr Allan Ahimbisibwe[1], Mr Kwashie Kudiabor[1], Dr Thulani Maphosa[1]

TUPEE026 - ETUDE SUR LA MISE EN PLACE DE L'OBSERVATOIRE INTEGRÉ DES 3 MALADIES (VIH, TUBERCULOSE, PALUDISME) AU SENEGAL : OCASS
M. Dia1, M. Saliou Mbacké Gueye[1], M. Mandiaye Niang

TUPEE027 - Promotion de l'autonomisation des jeunes vivant avec le VIH à Dakar : formation en saponification/javellisation
Mme. Christine Awa Diouf[1], Mme. Khady Ndom[1], Mme. Fatou Bintou Cissé[1], Mme. Fatim Sy[1], Mme. Ndèye Fatou Senghor[1], M. Amadou Rassol Diouf[1], Mme. Madjiguène Gueye[1], M. Thierno Madiou Diallo[1]

TUPEE028 - Collaborative Care Leads to Continuity of HIV Treatment at 20 priority facilities in Burundi
Mrs. Gillian Dougherty1

TUPEE029 - Empowering Associations of Youth Living with HIV to Enhance Care and Treatment Services
Maru Mergia[1], Asmamaw Silesh[1]

TUPEE030 - Optimizing HIV prevention for the 95-95-95 though Social Contracting in Zimbabwe
Mr. Freeman Dube[1], Mr T K Kombora[1]

TUPEE031 - Economic costs of professional COVID-19 rapid antigen testing in low-income settings
Yasmin Dunkley[1,2]

TUPEE032 - Affordability of COVID-19 Testing in Healthcare Centers: A Client's Perspective in Two Sub-Saharan African Countries
Dr. Obinna Ekwunife[1]

TUPEE033 -Renforcement des capacités organisationnelles de la Société civile dans la mise en oeuvre des subventions du FM liées au VIH
Monsieur. NDAWATCHA Elkana[1]

TUPEE034 - Reaching the underserved Pregnant Women with PMTCT services through expansion to communities in Kwara state, Northcentral Nigeria: A systematic review
Dr. Francis Eluke[1], Mr Adebisi Adeniji[1], Mrs Nike Kehinde[1], Dr Saliu Idris[1], Dr Andrew Etsetowaghan[1], Dr Dotun Olutola[1]

TUPEE035 - Leveraging Tuberculosis-GeneXpert Systems to improve Early Infant Diagnosis among HIV-Exposed Infants in Resource Constrained Settings - Northcentral Nigeria.
Dr. Francis Eluke[1], Mr Chinedu AkaOkeke[1], Mr Gabriel Chima[1], , Dr Andrew Etsetowaghan[1], Dr Saliu Idris[1], Dr Dotun Olutola[1], Mrs Pamela Gado[3]

TUPEE036 - Improving Continuity of Treatment among People living with HIV using Continuous Quality Improvement approach across 16 High-volume sites, Northcentral Nigeria.
Dr. Francis Eluke[1], Dr Saliu Idris[1], Dr Andrew Etsetowaghan[1], Mrs Nike Kehinde[1], Ms Ameenat Abdulazeez[1], Mr Adesoji Amusan[1], Dr Dotun Olutola[1]

TUPEE037 - Implementation of Electronic Quality Management Systems (eQMS) in laboratories for HIV vaccine clinical trials in Eastern and Southern Africa.
Mr. Bashir Farah[1], Dr Kundai Chinyenze[1]

TUPEE038 - Effectiveness of social media for HIV Prevention among Adolescents with Hearing Impairment in Oyo and Osun States, Nigeria
Mrs. Yemisi Fatokunbo[1]

TUPEE039 - EGPAF's Experience Bolstering Quality Improvement Capacity in National HIV/AIDS Programs Across 12 Countries: Nine Capacity-Building Strategies
Miss. Nimasha B. Fernando[1], Mr. Ivan E. Teri[1]

TUPEE040 - APPORT DE L'AUTO TEST SALIVAIRE DANS LE CADRE DE LA MISE EN OEUVRE DU MENTORING PAR LES PAIRS
M. Patrick Alain FOUDA[1], Mme Marie Chantal AWOULBE, M Parfait KEDI

TUPEE041 - Guinea-Bissau community-led mobilization for integrated testing: Results from International Testing Week
Osvaldo Coutinho[3], Emmanuel Cook[1], Estelle Tiphonnet[1]

TUPEE042 - The impact of low socio-economic status on increasing HIV vulnerability among older female sex workers in South Sudan
Mr Patrick Zema[1], Mr Moses Galla[1], Miss Anne Kinuthia[1], Mr Stephen Alemi[1], Miss Gladys Achan[1], Mr Patrick Buruga[1]

TUPEE043 - Social, economic, political, human right impact of the COVID-19 pandemic and the response in Rwanda
Mr. Giovanni Giordana[1], Mr Isaac Omondi[1], Dr. Mutinta Hambayi[1], Ms Asana Miyanishi

TIME 11:30 - 11:50 & 15:30 - 16:10 hrs | ROOM Exhibition Hall & Online Platform | DATE Wednesday, 06 Dec. 2023

WEPEA001 - Profil de mutations des gènes pol et S du VHB chez des patients VIH-VHB sous ARV à Abidjan
Dr. Leto Olivier Gogbe[1,2], Dr Thomas d'Aquin Toni[1], Dr Jean Renaud DECHI[1], Dr Jean Louis N'din[1], Dr Henri Chenal[1]

WEPEA002 - THE IMPACT OF DOLUTEGRAVIR ON VIRAL LOAD SUPPRESSION AND TB/HIV CO-INFECTION RATES IN CHILDREN AT KARONGA DISTRICT HOSPITAL IN MALAWI
Mr. Yamikani Gumulira[1], Mr Gabriel Saemisch, Dr Bilaal Wilson, Mr Dyson Telela, Mrs Elinat Matupa, Mrs Tamara Mwenifumbo

WEPEA003 - EVALUATION OF HEMASURE OMICS COLLECTION TUBES AT DIFFERENT TIME INTERVALS FOR HIV VIRAL LOAD QUANTIFICATION
Dr. Alyssar Hachem[1,2]

WEPEA004 - Pediatric participation in HIV cure research: a systematic review of clinical studies
Mr. Yusuf Hassan Wada[1]

WEPEA005 - Adherence to Prevention-of-Mother-to-Child HIV Transmission Services among Pregnant and Breastfeeding Women: Effect on Infant Status in Cross River State, Nigeria
Miss. Othomjah Ibitham[1], Osasere Anika[1], Joshua Etowa[1], Babatunde Oyawola[1], Iorwakwagh Apera[1]

WEPEA006 - One-Stop Clinic: Integrating Specialist Care for Hypertension and Diabetes among the Elderly Infected with HIV in Lagos, Nigeria.
Dr. Ifeoma Idigbe[1], Dr Abideen Salako[1], Dr Titilola Gbajabiamila[1], Dr Zaidat Musa[1], Dr Oluwatosin Odubela[1], Ms Joy Ogunwale[1], Prof Oliver Ezechi[1], Prof Babatunde-Lawal Salako[1]

WEPEA007- AIDS IS NOT YET OVER
Mr. Reagan Jowi[1]

WEPEA008 - Inflammatory Profile of Vertically HIV-1 Infected Adolescents Receiving ART in Cameroon: A Contribution Toward Optimal Pediatric HIV Control Strategies
Mrs. Aude Christelle Ka'e[1], Dr Aubin Joseph Nanfack[1], Dr Georgia Ambada[1] , Mr Desire Takou[1], Dr Ezechiel Ngoufack Jagni Semengue[1], Dr Alex Durand Nka[1], Dr Marie Laure Mpouel[1], Dr Nadine Fainguem[1], Mr Michel Carlos Tommo Tchouaket[1], Dr Joseph Fokam[1]

WEPEA009 - Characterization of HIV-1 reservoirs in children and adolescents: A systematic review and meta-analysis toward paediatric HIV cure
Mrs. Aude Christelle Ka'e[1], Dr Aubin Nanfack[1], Dr Ezechiel Ngoufack Jagni Semengue[1], Dr Alex Durand Nka[1], Dr Georgia Ambada[1], Dr Marie-Laure Mpouel[1], Prof Alexis Ndjolo[1]

WEPEA010 - Prevalence, Antibiotic Resistance and Associated Factors of Neisseria gonorrhoeae among patients attending non-profitable private clinics in Mekelle, Tigrai, Ethiopia
Mr. Atsebaha Gebrekidan Kahsay[1]

WEPEA011 - Comfort Corner : Bridging the Gap of Romance and ART Adherence Among Youth Living with HIV in Blantyre City.
Miss. Thokozani Kasiya[1], Miss Madalitso Juwayeyi[1]

WEPEA012 - Management of COVID-19 in Cameroon: male gender and elderly person stand at risk of prolonged positivity duration
Miss. Aurelie Minelle Kengni Ngueko[1,4,5], Mr DESIRE TAKOU[1], Dr NADINE FAINGEUM[1], Mrs GRACE ANGONG BELOUMOU[1], Mrs SANDRINE CLAIRE DJUPSA NDJEYEP[1], Mr DAVY-HYACINTHE GOUISSI ANGUECHIA[1], Miss RACHEL AUDREY NAYANG MUNDO[1], Dr SAMUEL MARTIN SOSSO[1],Prof ALEXIS NDJOLO[1]

WEPEA013 - EFFECTIVE ANTIRETROVIRAL THERAPY DOES NOT PREVENT ARCHIVED HIV-1 DRUG RESISTANCE MUTATIONS IN ADOLESCENTS
Miss. Leslie Kenou Djionang[1,2], Mr Nelson Sonela[1], Miss Georgia Ambada[1], Miss Gabriella Takedoh[1], Mrs Jelove Lontsi[1], Mr Bertrand Sagnia[1], Mr Aubin Nanfack[1]

WEPEA014 - Low level of HIV-1C integrase strand transfer inhibitor resistance mutations among recently diagnosed ART-naive Ethiopians.
Mr. Mulugeta Kiros[1]

WEPEA015 - Effect of endogenous and exogenous female sex hormone levels on human immunodeficiency type 1 subtype C (HIV-1C) latent reservoir reactivation
Miss. Mamokoena Kuali[1], Dr Paradise Madlala[1]

WEPEA016 - Addressing Information Gaps within TB Programming by Leveraging the Intellectual Capacity of Students In 10 State Universities in Zimbabwe
Mr Elliard Kupfuma[1]

WEPEA017 - Building Demand For TB Preventive Therapy Among Children And Household Contacts In Sanyati District
Mrs Tendayi Westerhof

WEPEA018 - Comparative analysis of women's cancer screening methods and their relationship with HIV at the Buea regional hospital in Cameroon
Miss. Moko Larissa[1], Dr Sosso Samuel martin[1], Dr Kamgaing Simo Rachel[1], Mr Takou Désiré[1], Miss Ka'e Aude Christelle[1], Miss Abba Aissatou[1]

WEPEB001 - CALL TO SCALE-UP DTG-BASED REGIMENS AMONG CHILDREN, ADOLESCENTS AND YOUNG-ADULTS IN CAMEROON: A MULTICENTRE BASELINE ASSESSMENT FOR THE CIPHER-ADOLA STUDY
Doctor Bouba Yagai[1,2], Mr. Guebiapsi Tameza Dominik[1], Doctor S Essamba, L.Yacouba[1], N.B Mbengono[1], A.Djomo[1], E.M Temgoua[1], C.Medouane[1], R.A Ajeh[1], H.H. Hadja[1]

WEPEB001 - Acceptability of COVID-19 self-testing in community pharmacies and patent medicine stores in Abuja: A cross-sectional Study
Elvis Efe Isere[2], Miss. Yasmin Dunkley[1], John Samson Bimba[1], James Nbege Ekwu[1], Ambi Mamman Ibrahim[1], David Atuwo[1]

WEPEB002 - Impact of community-based enhanced adherence counseling on viral load suppression among people on ART in Ethiopia
Mr. Endris Seid Ebrahim[1], Dr Legese A. Mekuria[1], Dr. Dawit A. Tsegaye[1], Professor Gashaw A. Biks[1], Mr. Asayehegn Tekeste[1]

WEPEB003 - Effectiveness of caregiver mentor directly observed treatment and support model on viral load suppression in Uganda
Mr. Katto Edward[1]

WEPEB004 - 'Oublier la prise du traitement antirétroviral': un marqueur prédictif de l'Echec thérapeutique chez l'enfant âgée de 2 à 17ans.
Dr. Martin Herbas Ekat[1], Pr BR Ossibi Ibara[1], Pr Judicael Kambourou[1], Dr Tatia Adoua Doukaga[1], Dr Gilius Axel Aloumba[1], Dr Gyesse Poaty[1], Pr Gaston Ekouya Bowasa[1]

WEPEB005 - Multifaceted Approach to improve ARTregimen Optimization and Viral suppression among Children Living with HIV aged less than 10years in Nigeria
Dr. Franklin Emerenini[1], Dr Prince Anyanwu[1], Mmenyene-Abasi Udom[1], Omokhudu Omo-eboh[1], Adewale Akinjeji[1]

WEPEB006 - Prevalence and treatment outcomes of advanced HIV disease among children and adolescents living with HIV in Midwestern Uganda.
Dr. Calvin Epidu[1], Mr. Rogers N Ssebunya[1], Mr. Edgar Sserunkuma[1], Mr. Conrad Kagoro[1], Dr. Micheal Juma[1], Mr. Albert Maganda[1], Dr. Peter Elyanu[1], Dr. Dithan Kiragga[1]

WEPEB007 - Alternate Distribution System (ADS), a Model to enhance condom last-mile distribution to community hotspots in Uganda.
Mr. Boniface Epoku[1], Head HIV Prevention Peter Mudiope[1]

WEPEB008 - Optimisation des plateformes de communication et des espaces d'apprentissage virtuel continu pour les adolescents
Madame. Odette Etame[1], Monsieur Ivan Nsame Tchawa[1]

WEPEB009 - La paire éducation chez les adolescents infectés du VIH : Cas de l'ONG AED-Lidaw de la région Kara au Togo
M Koudjoulma Bakoma Tatiyéne GNANSA[1]

WEPEB010 - High HIV disease burden among older clients aged ≥50years attending selected health facilities in Zimbabwe, Oct 2020 through March 2023
Dr. Gloria Gonese[1], Mr Peter Mujuru[1], Dr Ponesai Nyika[3], Dr Rumbidzai Dhliwayo[1], Mr Lenox Dziva[1], Dr Welcome Mlilo[1], Dr Talent Maphosa[3], Dr Chiedza Mupanguri[4], Dr Tsitsi Apollo[4], Dr Batsirai Makunike-Chikwinya[1], Ms Ruth Levine[2], Dr Owen Mugurungi[4], Mrs Haddi Jatou Cham[3], Prof Stefan Wiktor[2]

WEPEB011 - Implementation of a Collaborative Quality Improvement at scale to improve Viral Load Testing Coverage in Zimbabwe, 2022
Dr EMMANUEL Govha[1], Mr Japhet Mabuku[1], Dr Chiedza Mupanguri[1], Dr Tsitsi Apollo[1]

WEPEB012 - Mise en œuvre des services de prévention de prise en charge pour les populations prioritaires. Expérience du projet EpiC Mali
M Amey Mathurin GUE[1]

WEPEB013 - Contribution des acteurs communautaires dans la rétention des patients aux soins VIH dans le Centre de Santé de Saint-Louis
Mme Rokhaya GUEYE[1], Dr Oumy Kaltome BOH[1], Dr Fodé Danfakha[1], M. Ama Gueye[1]

WEPEB014 - Mobilisation pour la prise en charge sociale des enfants vivant avec le VIH : un defi pour le CNLS
Mme Sop Gueye[1]

WEPEB015 - Facilitators and Barriers in Scaling-up Intensive Combination Approach to Rollback the Epidemic in Nigerian Adolescents (iCARE)
Dr. Lisa Hirschhorn[1], Ms. Arthi Kozhumam[1], Ms. Revika Singh[1], Dr Babefemi Taiwo[1], Ms Ogochukwu Okonkwor[1], Ms Baiba Berzins[1], Dr Patrick Janulis[1]

WEPEB016 - High early mortality and good Antiretroviral therapy continuity of care in first 12 months of ART using treatment buddy approach
Mr Danneck Kathumba[1], Miss Micrina Mwandeti[1], Mr Collings Mtumodzi[1], Miss. Agness Thawani[1], Dr Claudia Wallrauch[1], Dr Ethel Rambiki[1]

WEPEB017 - Pairing Unsuppressed Teen-Club Adolescents Receiving Antiretroviral-therapy (ART) to Treatment-Mentors to Improve Viral-Suppression at Lighthouse Trust Umodzi-Family-Center, Blantyre-Malawi: A Pre-Posttest Study
Mr Moffo E. Phiri[1], Mr Edmond Munthali[1], Mr Boniface Chione[1], Mr Lalio Chigaru[1], Miss Nakari Osman[1], Miss Agnes Thawani[1], Miss. Agness Thawani[1], Miss Angelina Nhlema1, Dr Kennedy Malisita1, Mr Safari Mbewe[1]

WEPEB018 - A Phase 1 bioavailability study of sustained-release oral flucytosine in healthy, fed participants
Dr Edrich Krantz[1], Dr. Nabila Ibnou Zekri Lassout[2]

WEPEB019 - Respectful maternity care (RMC) in women living with HIV/AIDS in Rivers state Nigeria: Determinants of unmet needs.
Mrs. Chukwunonso Igboamalu[1], Mr Chigozie Ibe[1], Mrs. Chinasa Ugwu[1], Miss Chiegena Edeh[1]

WEPEB020 - Virological non-suppression among adult males attending HIV care services in the fishing communities in Bulisa district, Uganda.
Dr. Senteza Ignatius[1], Dr. Rita Makabayi Mugabe[1], Dr. Stella Zawedde Muyanja[1], Dr Mary G. Nabukenya Mudiope[1]

WEPEB021 - Modeling Time to Recovery of Diabetic Patients from COVID-19: A Retrospective Cohort study at Eka Kotebe General Hospital in Ethiopia
Dr. Mulualem Tadesse Jano[3], Dr Tadele Akeba Diriba[1], Mr. Jaleta Abdisa Fufa[1]

WEPEB022 - Infections du système nerveux central dans un service de maladies infectieuses: profil étiologique et facteurs associés au décès
Prof. Daye Ka[1]

WEPEB023 - Assessment of ART Outcomes among Young Adults Living with HIV after transitioning from Adolescent to Adult Care at Tisungane Clinic
Mr. Gabriel Kamowatimwa[1], Mr Pachalo Chaula[1], Mr Brown Gagamsataye[1], Mr Clement Dziwe[1], Mr Thom Chaweza[1], Mr Richard Mali[1], Dr Jacqueline Huwa[1], Ms Agness Thawani[1]

WEPEB024 - Aptitude à la transition chez les adolescents et jeunes adultes vivant avec le VIH en Afrique de l'Ouest
Dr. Mariama Kane[1], Dr Ndeye Fatou Diallo[1], Dr Jean Baptiste Niokhor Diouf[1], Mme Aissatou Diallo[1]

WEPEB025 - Causes d'inobservance au traitement ARV des HSH vivants avec le VIH suivis au CTA Walé
Dr. Boubacar Bamba KEITA[1], Dr en pharmacie Aly SOUMOUTERA[1], Médecin Mama TRAORE[1], Dr en Pharmacien Moussa DIAKITE[1]

WEPEB026 - Viral load eligibility triaging by subpopulation: An overlooked approach for improving viral load coverage among children on antiretroviral therapy (ART).
Mr. Gabriel Kibombwe[1]

WEPEB027 - Accelerating Knowledge Flow: The Master TOT Program's Impact on Guideline Dissemination in Kenya's HIV Healthcare Setting
Mr. Julius Kisio[1], Mr David Gitau Kinyanjui[1]

WEPEB028 - Consommation de drogues injectables et vulnérabilité socio-sanitaire des personnes usagères de drogues dans les prisons au Mali
M Moussa KONATE[1]

WEPEB030 - Prognostic Value of BIOSYNEX® CryptoPS Rapid Semi-quantitative Antigen Testing in HIV-associated Cryptococcal Meningitis
Dr. Tshepo Leeme[1], Ms Kwana Lechiile[1], Ms Tshepiso Mbangiwa[1]

WEPEB031 - Piloting a Quality Improvement Collaborative to Improve Viral Load Turn-Around Time and Documentation in Zimbabwe, 2020
Mr Japhet Mabuku[1], Dr Emmanuel Govha[1], Dr Chiedza Mupanguri[1], Dr Tsitsi Apollo[1]

WEPEB032
Effective Strategies for Operating COWLHA Support Groups of Adolescents Living with HIV: Case of Mangochi and Chikwawa Districts of Malawi ***Mr. Harry Madukani[1]***

WEPEB033
Les cliniques communautaires, un modèle innovant de couverture sanitaire pour les populations clés au Sénégal
Mr. Micailou Magassouba[1], Mrs Magatte Mbodj[1], ANCS Magath Pouye[1]

WEPEB034 - The impact of mentor mothers towards improving HIV early infant diagnosis in Kigoma, Pwani and Shinyanga regions, Tanzania
Dr. Butesi Mahimbo[1], Dr Redempta Mbatia[1], Dr Alexander Christopher[1], Dr Ola Jahanpour[1], Dr Amos Scott[1], Dr John Roman[1], Mr Joshua Chale[1]

WEPEB035 - Peer Navigators Support Led to Increased Linkage to HIV Care and Treatment Continuity among Key and Vulnerable Populations in Kilimanjaro,Tanzania
Mr. Baraka Maliaki[1], Ms Dafrosa Itemba[1], Mrs Julieth Maina[1], Mr Benson Minja[1], Mr Nikas Nziku[1]

WEPEB036 - Centralized External Quality Assessment Monitoring Across African Clinical Research Centers
Miss. Moureen Maraka[1], Miss Mercy Mshai[1], Mr Bashir Farah[1], Dr Kundai Chinyenze[1]

WEPEB037 - Prevalence and uptake of point-of-care testing for sexually transmitted infections in antenatal care in Harare, Zimbabwe
Dr. Kevin Martin[1,2], Ethel Dauya[1], Tsitsi Bandason[1]

WEPEC001 - Co-creation of human papillomavirus self-sampling delivery approaches for cervical cancer screening in a rural setting in Zimbabwe: nominal group technique
Mr Mathias Dzobo[1], Dr Tafadzwa Dzinamarira[1], Professor Tivani Mashamba-Thompson[1]

WEPEC002 - Geographical Distribution of Key Populations - Findings from the 2022 Size Estimation Study through Programmatic Mapping in 20 states.
Mr. Chukwuebuka Ejeckam[1], Dr Kalada Green[1], Mr Adediran Adesina[1]

WEPEC003
Leveraging Peak Days/Time at Hotspots To Improve Key Population Program Delivery in Nigeria–Result from the Size Estimation Study in20 states.
Mr. Chukwuebuka Ejeckam[1], Dr Kalada Green[1], Mr Akan Udoete[1], Mr Adediran Adesina[1], Mr Jerry Ejembi[1], Mr Kufre Ndueso[1], Ms Oletta Ogio[1], Mr Kelechi Amadi[1]

WEPEC004 - Using human centered design approach in the development of consolidated HIV/ STIs service delivery guideline for Key Populations in Nigeria.
Mr. Kingsley Onyekwere Essomeonu[1], Mrs Ezinne Okey Uchendu[1]

WEPEC005 - HIV-Testing Services delivery to males with unknown HIV-status through regional male-friendly clinics in Haiti: Evaluation-analysis for the Ministry of Health
Dr. Marie Lina Excellent[1,2], Dr Mariline Laguerre[1], Dr Emmlyne Emmanuel[1], Dr Guethina Galbaud1, Dr Daniel Lauture[1], Ms Bernadine Neptune[1], Dr. JeanWysler Domercant[1]

WEPEC006 - Improving access to HIV-Testing-Services(HTS) and PrEP Uptake for Men Having Sex with Men(MSM):Lessons Learned from Haiti Stigma-free Clinics for Equity
Dr. Marie Lina Excellent[1,2], Dr. Mariline Laguerre[1], Dr. Emmlyne Emmanuel[1], Dr. Maureen Léonard Galbaud[1], Dr. Guéthina Galbaud[1], Dr. Daniel Lauture[1], Dr. Jean Wysler Domercant[1]

WEPEC007 - ASSESSING KNOWLEDGE AND APPLICATION OF PREVENTIVE PRACTICES OF BARBERS ON HIV/AIDS IN THE NJN MUNICIPALITY, GHANA -A CROSS SECTIONAL STUDY
Mr. Matthew Venunye Fianu[1], Dr. Mawuli Kushietor, Miss Erica Elorm Adika, Mr. Jerry Kekeli Fiave, Mr Ebenezer Kye-Mensah

WEPEC008 - Age-specific female and male fertility rate estimates for African countries and implications for all-cause-, AIDS- and COVID-19-associated orphanhood
Mr Joel-Pascal Ntwali N'konzi[1,2]

WEPEC009 - Higher acceptability of the monthly dapivirine ring versus daily oral PrEP among AGYW in sub-Saharan Africa in the REACH trial
Ms. Barbara Friedland[1]

WEPEC010 - Factors Associated with HIV Pre-exposure prophylaxis Uptake Among Female Sex Workers in Decentralized Health Facilities Karongi District: A Cross-Sectional Study.
Mr. Twagirimana Gabriel[1]

WEPEC011 - Quality management and improvement approach to optimize quality of cervical cancer screening images and proper interpretation in Zimbabwe health facilities.
Dr. Ngonidzashe Ganje[1], Dr Tafadzwa Priscillah Sibanda[1], Mr Munyaradzi Dhodho[1], Mr Emmaculate Hlungwani[1], Mr M Ndhlovu[1], Mr Tendai Samushonga[1], Dr Taurayi Tafuma[1], Mrs Auxillia Muchedzi[1], Dr Morgen Muzondo[1], Mr Joseph Muguse[1], Mrs Belinda Chindove[1], Dr Tichaona Nyamundaya[1], Dr Emmanuel Tachiwenyika[1]

WEPEC012 - Results from a Combination HIV Testing and Linkage-to-Care Intervention for Young Men Who Have Sex with Men (YMSM) in Nigeria
Dr. Robert Garofalo[1], Dr. Lisa M. Kuhns[1], Marbella Cervantes[1], Dr. Amy K. Johnson[1]

WEPEC013 - Successes and challenges of DREAMS implementation over 6 years in Kenya. Findings from an in-depth evaluation (2017-2022)
Dr. Annabelle Gourlay[1], Ms Venetia Baker[1], Ms Sarah Mulwa[1], Ms Faith Magut[1], Mr Thomas Gachie[1], Dr Sian Floyd[1], Dr Isolde Birdthistle[1]

WEPEC014 - Social Network Strategy as the gateway to HIV case identification Among MSM in four districts of Malawi
Miss. Kristina Grabbe[1]

WEPEC015 - Closing Gaps on Unmet Needs in HIV Testing among Men in Blantyre District, Malawi: Lessons from a Mobile Wellness Program
Miss. Kristina Grabbe[1], Cyndi Murray1, Hannah Gibson[1]

WEPEC016 - Survey Measurements of Community Norms on AGYW's Sexual Behaviour and Use of Condoms for HIV Prevention in East Zimbabwe
Dr Constance Nyamukapa[1], Mr Tawanda Dadirai[1], Mr Rufurwokuda Maswera[1], Dr Louisa Moorhouse1, Ms Phyllis Magoge[1], Mr Freedom Dzamatira[1], Mr Blessing Tsenesa[1], Professor Morten Skovdal1, Prof. Simon Gregson[1]

WEPEC017 - Prévalence et déterminants de l'infection à VIH auprès des professionnelles de sexe en 2022 en Guinée
Dr. Pepin Septime Hector Hessou[1]

WEPEC018 - Assessment of Tuberculosis Treatment Outcomes and correlated characteristics among HIV/TB co-infected adults in a Major Public Health Facility in Malawi
Miss. Agness Thawani[1], Mr John Bosco Mwafilawo[1], Mr Aubrey Kudzala[1], Dr Ethel Rambiki[1], Mr Geldert Chiwaya[1], Miss Jane Chiwoko[1], Mr Joseph Chimtedza[1], Mr Layout Gabriel Kachere[1], Miss Agnes Thawani[1]

WEPEC019 - Can self HIV risk assessment scale up PrEP uptake: A case of Zambia
Mr. Justine Jose[1], Ms. Lackeby Kawanga[1], Dr. Adamson Ndlobvu[1]

WEPEC020
THE UNTAPPED POWER OF USING TARGETED INTERVENTIONS TO CREATE AWARENESS ON THE TRIPLE THREAT AMONG AYP IN RURAL KENYA
Miss. Damaris Juma[1], Miss Lucy Achieng, Mr Zedekiah Okechi

WEPEC021 - Improving Pre-Exposure Prophylaxis (PrEP) Uptake among Adolescent Girls, Young Women, Pregnant, and Breastfeeding Women in Olenguruone Sub County Hospital
Miss. Beatrice Kabugi[2], MRS SALINA YEGO[1]

WEPEC022 - Prévention du VIH chez les hommes ayant des rapports sexuels avec des hommes (HSH) et les transgenres au Burkina Faso
Mme. Eve Arlette KAMBIRE/ SOMDA[1], Mme Daniela ROJAS CASTRO

WEPEC023 - Distribution of vaccine-preventable HR-HPV genotypes and association with cervical cytology patterns among women living with HIV at Kenya's referral hospital
Mr. James Kangethe[1,2,3], Dr Stephen Gichuhi[1], Mr Kenneth Mutai[1]

WEPEC024 - Predictors of intention to continue HIV Pre-Exposure Prophylaxis among men who have sex with men in Benin.
Monsieur. Jean Marie Karidioula[1], Monsieur Souleymane Diabaté[1], Monsieur Michel Alary[1]

WEPEC025 - Lessons Learnt on Rolling out PrEP initiation strategies in community dices and public health facility through referral services.
Mr. Alfred Karisa[1]

WEPEC026 - ACHIEVING EQUITY IN HIV EPIDEMIC CONTROL: ANALYSIS FROM A LARGE MULTICENTER PEPFAR PROGRAM IN NIGERIA
Dr Moses Katbi, Dr Adefisayo Adedoyin, Dr Adeoye Adegboye, Doreen Magaji, Dr Amalachukwu Ukaere, Angela Agweye, Rachel Goldstein, Dr Iyiola Faturiyele

WEPEC027 - Pre-exposure prophylaxis discontinuation and associated factors among high risk HIV negative clients attending Kiruddu National referral Hospital in Kampala, Uganda.
Dr. Samuel Kawuma[1], Mr Praise Ankunda, Dr Nelson Kalema, Dr Stella Alamo, Ms Christabella Namugyenyi, Dr Rodgers Katwesigye, Dr Grace Namayanja, Prof Moses Kamya, Dr Charles Kabugo, Dr Fred Semitala

WEPEC028 - Impact of DREAMS interventions on Adolescent Girls and Young Women's empowerment for HIV risk reduction in Kenya: a qualitative evaluation
Dr. Elizabeth Kemigisha[1], Ms Jane Osindo[1], Ms Venetia Baker1, Dr Annabelle Gourlay[1], Dr Franz Wong1, Mr Stephen Gakuo1, Ms Sarah Mulwa[1], Ms Faith Magut[1], Mr Thomas Gachie[1], Mr Moses Otieno[1], Dr Sammy Khagayi[1], Dr Daniel Kwaro[1], Prof Sian Floyd1, Dr Abdhalah Ziraba[1], Ms Vivienne Kamire[1], Prof Isolde Birdthistle[1]

WEPEC029 - Impact of Age, Treatment-Adherence and Other Factors On Cervical-Cytology-Progression and High-Grade Cervical Intraepithelial Neoplasia (Cin2+) at Post-CIN Management in Northwestern-Nigeria
Dr Opiti John[1], Dr Alozie Ananaba[1], Dr Nkata Chuku[1], Dr Dayo Popoola[1], Dr Lan Terhemba[1], Dr Alau Kenneth[1], Mr Alimi Oyidamola[1], Mr Steven Takwi[1], Mrs Chizoba Umeh[1], Mr Nyam Iorhen[1], Mr Christopher Agada[1], Mr Abdulmumuni Abdullahi[1], Dr Dahiru Bello[1], Pharm Na'inna Kabir[1]

WEPEC030 - IMPLEMENTATION SCIENCE DESCRIBING NOVEL APPROACHES IN ACHIEVING HIGH VIRAL LOAD SUPPRESSION AMONG PEOPLE LIVING WITH HIV IN HIGH-RISK SECURITY ENVIRONMENTS
Dr Lan Terhemba[1], Dr Alozie Ananaba[1], Dr Nkata Chuku1, Dr Dayo Popoola[1], Dr Opiti John1, Col (Rtd) Tanko Abdulrazak[1], Mr Alimi Oyidamola[1], Pharm Steven Takwi[1], Mr Abdulmumuni Abdullahi[1], Dr Dahiru Bello[1], Pharm Na'inna Kabir[1], Mr Nyam Iorhem[1]

WEPEC031- ETUDE COMPORTEMENTALE SUR LE VIH CHEZ LES TRAVAILLEUSES DE SEXE (TS) AU BURKINA FASO EN 2022
Docteur Josiane KIEMDE[1]

WEPEC032 - Enhancing COVID-19 Vaccination Coverage among PLHIV in Middle- and Low-Income Countries: A Case of Taita Taveta County- Kenya.
Mr. Urbanus Kioko[1], Ms Charity Mwabili[1]

WEPEC033 - HIV Knowledge And Practices Among youth in tertiary institutions in Africa: A Cross-Sectional Multi-National Study
Mohammed Terra[1], Miss. Monicah Kitonga[4]

WEPEC034 - Understanding Complexities of Accessibility and Utilization of HIV Bio-medical Prevention Interventions in the Context of Long-term Programming in Nairobi, Kenya
Miss. Bernadette Kina Kombo[1], Dr Leigh McClarty[1], Dr Shajy Isac[1], Dr Souradet Shaw[1], Dr Faran Emmanuel[1], Dr Marissa Becker[1], Dr James Blanchard[1]

WEPEC035 - Analyse de survie chez les patients coinfectés TB/VIH des cohortes de 2016 à 2020 en Côte d'ivoire
M. Tiassigué KONE[1], M. ABOUDRAMANE KABA[1], M. IBODE VALERI OULAI[1], M. KOUASSI SAINT ANDRE KOUADIO[1], M. EDOUARD KAMBOU[1]

WEPEC035
Hormonothérapie chez les personnes transgenres à Abidjan : Analyse des raisons d'abandon du TARV au profit de la prise d'hormones
M. Foungnigue Kone[1]

WEPEC036 - Effectiveness of economic support interventions in improving education and HIV-related outcomes in AYA in Sub-Saharan Africa: a rapid scoping review
Miss. Robyn Kruyer[1], Dr. Rachel Yates, Mrs. Monica Carvalheiro, Dr. Pertina Nyamukondiwa, A/Professor Brendan Maughan-Brown, A/Professor Elona Toska

WEPEC037 - Increasing uptake of PrEP through Integration of HIV Prevention into Family planning: A case study of five counties in Kenya.
Mr. JOHN KURIA[1], Mr. Brandwell Mwangi, Dr. Jonah Onentia, Mrs. Ruth Kamau

WEPEC038 - Using the LIVES framework to capacitate healthcare providers on integration of gender-based violence and HIV prevention services.
Mrs. Alison Kutywayo[1], Mr Terence Modiba[1], Ms Glynis Moll[1], Mr Sean Arries[1], Dr Catherine E

Martin[1], Prof Saiqa Mullick[1]

WEPEC039 - The impact of DREAMS on HIV incidence during 2017-2022 among adolescent girls and young women in urban and rural Kenya
Dr. Daniel Kwaro[1], Mr. Moses Otieno[1], Sammy Khagayi[1], Vivienne Kamire[1]

WEPEC040 - High burden of sexually transmitted infections and poor diagnostic performance of syndromic approaches within decentralized HIV care setting in Eswatini
Dr. NGUEFACK LEKELEM Skinner[1], Dr Bernhard Kerschberger[1], Mrs Nombuso Ntshalintshali[1], Mr. Mano Isaac Mafomisa[1], Mr. Edwin Mabhena[1], Miss Michelle Daka[1], Dr. Esther Mukooza[1], Mr. Mpumelelo Mavimbela[1], Dr. Hayk Karakozian[1]

WEPEC041 - Incidence du VIH/Sida chez les enfants de moins de 5 ans en République Démocratique du Congo(RDC)
Dr. Patricia Lelo[1], Pediatre Cathy Akele[1], Dr. Virgine Lembe[1], Dr. Faustin Kitetele[1]

WEPEC042
ASSESSMENT OF KNOWLEDGE AND ATTITUDE OF PROSTATE CANCER AMONG MALE PATIENTS ATTENDING AMPATH CLINIC OF MOI TEACHING AND REFERRAL HOSPITALELDORETKENYA
Miss. Janet Lidweye[1], Mr. ANTHONY NGERESA[1], Miss MAUREEN KURUI[1]

WEPEC043 - Prophylaxie préexposition chez les travailleuses du sexe au Burkina Faso : les principales raisons d'abandon après un mois de traitement
Docteur Adama Lingane[1], Dr Wilfrid Bazier, Dr Souleymane Tassembedo, Dr Isidore Traoré, Mr Lucien Vebemba, Martine Nacoulma, Dr Josine Sawadogo, Daho Al Hassan, Dr José Ouedraogo, Djeneba Ouedraogo, Djakaria Karambiri, Dr Rolande Tapsoba

WEPEC044 - Modeling to Predict Adolescent Girls and Young Women at Risk of HIV in 13 sub-Saharan African Countries
Dr. Joseph Logan[1], Dr. Steve Gutreuter[1], Dr. Jesse Blanton[1], Ms. Langan Denhard[1], Ms. Haddi Cham[1]

WEPEC045 - Enhancing HIV Services through establishment of Key Populations Hubs as a Differentiated Service Delivery Model in Zambia's Copperbelt Province
Mr. Frank Chishala[1], Dr. Christopher Dube[1]

WEPEC046 - HIV prevention indexing for adolescents on PrEP to increase uptake of prevention and treatment services in Copperbelt province of Zambia
Mr. Frank Chishala[1], Dr Christopher Dube[1]

WEPEC047 - Prevalence of Depression and Associated Factors among People Living with HIV in Care and Treatment Clinics in Tanzania
Mr. Gift Lukumay[1]

WEPEC048 - Estimation Taille et Enquête Biocomportementale chez les Consommateurs de Drogue Injectables : Burkina Faso, Cap-Vert, Cote d'Ivoire, Guinée Bissau, Sénégal
Mr. Micailou Magassouba[1], Mrs Magatte Mbodj[1], Mr Magath Pouye[1], Mr Massogui Thiandoum[1]

WEPEC049 - Prevalence and correlates of probable common mental disorders among young women who sell sex in Zimbabwe: respondent driven-sampling surveys
Mr. Jaspar Maguma[1]

WEPEC050 - Addressing social determinants of health in children with high viral load using the case conference approach in Gutu District, Zimbabwe
Mr. Shelton Maguri[1]

WEPEC050 - Addressing social determinants of health in children with high viral load using the case conference approach in Gutu District, Zimbabwe
Mr. Shelton Maguri[1]

WEPEC052 - High HIV and HSV-2 incidence among Adolescent Girls and Young Women who sell sex in Rural South Africa
Miss. Faith Magut[1], Lusanda Mazibuko[1], Nondumiso Mthiyane[1], Mr Jaco Dreyer[1], Nonhlanhla Okesola[1], Dr Osee Behuhuma[1], Carina Herbst[1], Theresa Smit Smit[1]

WEPEC053 - Measuring inequalities in AGYW programmes in Africa using Polling Booth Survey method
Ms Lize Aloo[1]

WEPEC054 - Examining the effects of contextual factors on the implementation of the AMETHIST trial: a qualitative study
Mrs. Memory Makamba[1], Dr Fortunate Machingura[1], Mrs Gracious Madimutsa-Jamali[1], Ms Tatenda Kujeke[1], Professor Frances

WEPEC055 - Contribution of Total Quality Leadership and Accountability approach towards achieving first and second 95 HIV goals in Sakania, Congo-Kinshasa
Dr. Partick. Makelele[1], Dr T. Malebe[1], Mr G. Kibombwe[1]

WEPEC056 - Perceptions on the new biomedical HIV prevention methods among adolescent girls and young women in tertiary institutions in Zimbabwe
Miss. Cleopatra Makura[1], Miss Imelda Mahaka[1], Mr Joseph Murungu[1], Miss Barbra Ncube[1], Miss Definate Nhamo[1]

WEPEC057 - SUSTAINING THE GAIN! Integrating mental health in HIV programming among People Who Inject Drugs in 9 regions in Tanzania.
Mrs. Neema Makyao[1], Mr Amani Maro[1], Ms Mary Ngowa[1], Mr Hashim Sasya[1], Mrs Malisela Kawogo[1], Dr Frida Ngalesoni[1] , Mr Tumaini Mashina[1], Dr Aisa Muya[1], Dr Amos Nyirenda[1]

WEPEC058 - Uptake and acceptability among adolescents of sexual and reproductive health services integrated within an adolescent health check-up intervention: Y-Check Zimbabwe.
Mrs. Salome Manyau[1,4], Ms Faith Kandiye[1], Ms Chipo Nyamayaro[1]

WEPEC059 - Comprendre la vie des patients sous ARV plus de dix ans au CM Oasis de l'ONG AAS au Burkina Faso
Mme. Ouedraogo/nassa Marcelline1, Mr Abdoulazziz Soundiata Traore

WEPEC060 - The Magnitude of TB Infection among Recipients of Care Who Have Completed TPT at St Francis Referral Hospital, Morogoro Region-Tanzania
Mr. Godbless Mariki[1], Mr Edgar Namfua, Dr Leodegard Benedict, Dr. Beatrice Christian, Dr. Marina Njelekeka, Ms Zahra Nensi, Dr. Selina Mathias, Dr. Neway Fida

WEPEC061 - Prevention method preferences and factors influencing choice among women in South Africa: a survey exploring opportunities for multi-purpose technology implants
Dr. Catherine Martin[1], Ms Alison Kutywayo[1], Ms Paballo Mataboge[1], Dr Glory Chidumwa[1], Ms Nqaba Mthimkhulu[1], Ms Rutendo Bothma[1], Prof Saiqa Mullick[1]

WEPEC062 - Influence of socio-demographic characteristics and risk-perception on uptake of oral HIV self-testing among pregnant HIV negative women for Secondary distribution.
Miss. Mary Marwa[1], Phd Patrick Onyango[1]

WEPED001 - The Horn of Africa drought and HIV in the context of Somalia
Mr. Giovanni Giordana[1], Mr Isaac Omondi[1], Dr. Mutinta Hambayi[1]

WEPED002 - Associations between ART Adherence, Nutrition Status and Socio-economic factors among PLHIV in Karamoja, Uganda
Mr. Giovanni Giordana[2], Mr Mark Lule[1], Mr Edgar Twinomujuni[1], Ms Juliana Muiruri[1]

WEPED003 - Poverty, social and socio-economic vulnerability among people living with HIV in Somalia
Mr. Giovanni Giordana[1], Mr Isaac Omondi[1], Dr. Mutinta Hambayi[1], Ms Nicoliene Oudwater

WEPED004 - Poverty, social and socio-economic vulnerability among people living with HIV in Rwanda
Mr. Giovanni Giordana[2], Mr Damien Nsengiyumva[1], Mr Edgar Gatete[1], Ms Vera Kwara[1], Ms Asana Miyanishi[1]

WEPED005 - Subnational HIV epidemic appraisal in Kenya: approach for identifying priority geographies, populations, and programs for optimizing coverage for HIV prevention
Mr. Joshua Gitonga[1], Mr Japheth Kioko[1], Dr Ruth Laibon Masha[1]

WEPED006 - Material and relational stressors of frontline providers in the paediatric-adolescent HIV response: Insights from thirteen high HIV-prevalence countries in Africa
Dr. Lesley Gittings[1], Ms. Nokuzola Ncube[1]

WEPED007 - HIV stigma may not a barrier to use of male condoms in east Zimbabwe, despite high levels of stigma persisting?
Mr Harrison Goldspink[1], Dr Louisa Moorhouse[1], Miss Katherine Davis[1]

WEPED008 - Policy analysis of adolescent age of access to HIV services in 10 African countries
Dr. Rachel Golin[1,2], Hilary Wolf[1]

WEPED009 - Advocating for practice and policy reform to help child survivors of sexual abuse and exploitation
Ms. Chingasiyeni Govhati[1]

WEPED010 - Addressing the HIV Epidemic Among Marginalized Groups: Insights from a Pilot Phase in Rwanda
Mrs. Louange Gutabarwa[1], Dr Aflodis Kagaba[1], Mr Gustave Muhire[1], Dr Ruth Byukusenge[1], Mr Egide Niyotwagira[1]

WEPED011 - Gauging the integration of needle and syringe program's impact with harm reduction services in Abia, Gombe, and Oyo state, Nigeria.
Miss. Nime Gwan[1], Mr Oluwabori Samuel[1]

WEPED012 - Lessons in translating co-created life skills learning material into local languages to increase acceptance, cultural approval, relatability, and ownership
Ms. Tinashe Madamombe[1]

WEPED013 - Bridging the gap in paediatric HIV care through using the child-friendly KidzAlive model to promote HIV disclosure services in Nigeria
Mrs. Nokuthula Heath[1], Mrs Aisha Dadi

WEPED014 - Viral load suppression, SRHR services, adolescent and treatment clubs at St. Francis health care services Njeru after Covid19.
Mr. Nyanzi Huzairu[1]

WEPED015 - Comparative Analysis of the Action Plans to accelerate HIV Prevention options for Persons with Disability in West Africa
Mr. Abdulmumin Ibrahim[1,2]

WEPED016 - ICHSSA 2 Promotes Financial Inclusion in HIV affected Households through Village Savings and Loan Association in Lagos, Nigeria
Mr. Elijah Idoko[1], Dr Felix Iwuala[1], Mrs Esther Broderick-Shehu[1], Mrs Stellamaris Moronkeji[1], Ms Kemi Obalisa[1], Mr Gbadegesin Alawode[1]

WEPED017 - Advocating for the decriminalization of sex work in Rwanda: sharing lessons learned in the penal code review process
Miss. Emery Jocelyne Ingabire[1], Mrs Louange Gutabarwa Twahirwa[1], Dr. Aflodis Kagaba[1]

WEPED018 - School Health Continuum of Care for Learners: A pilot study of Mutasa District
Mrs. Hamida Ismail Mauto[1]

WEPED019 - Understanding HIV and Healthcare Needs of Lesbian, Bisexual, Queer, Transgender, and Intersex (LBQTI) Population in Nigeria
Miss. Grace Isong Akpan[1]

WEPED020 - Assessment of Nutritional Status among Children Living with HIV in Kibuye Referral Hospital Cachement Area, Karongi district - Rwanda,2023
Dr. Bucyanayandi Jean Pierre[1], Dr Michel ISHIMWE[1]

WEPED021 - Ensuring ethical engagement of AGYW in the Global Fund GC7 process in Mozambique using a participatory approach
Mrs. Marcia Jeiambe[1]

WEPED022 - Application of Human Centered Designed (HCD) to increase uptake of Medical Circumcision in Resistant Men in Western Province in Zambia.
Mr Bright Jere[1], Mr Lane Lee Lyabola[1]

WEPED023 - Incorporating HIV Self-Testing in the lifestyle of sexually active men and women in Kampala city to improve uptake
Miss. Flavia Kabasuga[1], Mr. Stephen Alege[1]

WEPED024 - Leveraging digital platforms as a tool to increase treatment literacy and Adherence to ART among PLHIVs in Awach sub-county,Northern Uganda
Mr. Edward Kagguma, Kakooza[1]

WEPED025 - Associations of same-sex criminalisation laws and targeted HIV-policy with HIV-testing in African MSM: a cross-sectional study of sub-Saharan African countries
Dr. Ngozi Kalu[1]

WEPED026 - What next as program after successfully advocacy campaigns targeting Police officers: Lessons Learnt from RCT, HAPA Kenya and Hope Network.
Mr. Alfred Karisa[1]

WEPED027 - Prospective acceptability of a novel vaginal inflammation point-of-care test to identify sexually transmitted infections in Zimbabwe and South Africa.
Mr. Jayjay Karumazondo1,7, Tinashe Mwaturura1, Mrs Maureen Tshuma1,

WEPED028 - Sharing Best Practices in incorporating Legal Empowerment into HIV programs to build community Agency and advance Human Rights
Mrs. Melba Katindi[1], Miss Joanne Machagah[1]

WEPED029 - HIV-related stigma among people living with HIV/AIDS in Botswana: A national picture from the 2022 PLHIV Stigma Index Survey 2.0
Mrs. Stella Keipeile[1], Ms. Gladness Diana Meswele[1], Mrs Matshelo Matlhaga[1], Ms Mumsy Themba[1], Mr. Robert Selato[1]

WEPED030
Gender-Based Violence and HIV: Conversation on possible reasons behind increased GBV and HIV impact on inmates in prisons in KwaZulu-Natal
Mrs. Samukele Khumalo-Dludla[1]

WEPED031 - Engagement des Leaders communautaires/religieux dans la prévention et la prise en charge des violences faites aux femmes en Côte d'Ivoire
Mr. Adou Kouadio Alexis[1], Miss. Kouamé Adjo Clémentine[1], Mr Kinyungu Shamamba Leonardo[1], Mr. Kouassi Max Elie Arsène[1]

WEPED032 - Utilizing Participatory Artistic Approaches to Promote Human Rights and Access to HIV Services for LGBTI People
Mr. Rodger Kumalire Phiri[1]

WEPED033 - Integrating Research Techniques with Human Centered Design to Improve Treatment Adherence Amongst People Living with HIV: Lessons from Zimbabwe
Mr. Nigel Kunaka1, Mrs Kumbirai Chatora1, Mr Jabulani Mavudze1, Mr Malvern Munjoma1, Mr Munyaradzi Dhodho1,

WEPED034 - Conducting research with female sex workers during COVID-19: ethical considerations, challenges, and lessons learned from the MaishaFiti study, Nairobi, Kenya
Miss. Mary Kung'u[1], Miss Rhoda Kabuti[1], Miss Hellen Babu[1], The The Maisha Fiti Study Champions[1], Mr Chrispo Nyamweya[1], Miss Monica Okumu[1], Miss Anne Mahero[1], Miss Zaina Jama[1], Miss Polly Ngurukiri[1], Dr. Emily Nyariki[1], Mr Erastus Irungu[1], Mrs Wendy Adhiambo[1], Mr Peter Muthoga[1], Dr Joshua Kimani[1]

WEPED035 - Considerations for community engagement prior to the introduction of new HIV prevention methods.
Mrs. Alison Kutywayo[1], Ms Fatima Abegail Cholo[1], Ms Thato Mothibi[1], Ms Bongai Mundeta[1], Ms Maserame Mojapele[1], Ms Vusile Butler[1], Prof Saiqa Mullick[1]

WEPED036 - Socioeconomic inequality, health inequity and well-being of transgender people during the COVID-19 pandemic in Nigeria
Prof Morenike Oluwatoyin Folayan, Mrs Anna Yakusik, Mrs Amaka Enemo, Mr Aaron Sunday, Mrs Amira Muhammad, Mrs Hasiya Yunusa Nyako, Mrs Rilwan Mohammed Abdullah, Mr Henry Okiwu, Dr. Erik Lamontagne[1]

WEPED037 - Stakeholder perceptions of community-owned data: perspectives from community-led monitoring
Ngqabutho Mpofu[1]

WEPED038 - Driving Change, Ending AIDS: Harnessing the power of youth advocacy
Ms Clare Morrison[1]

WEPED039 - Innovation and collaboration through sport: Adaptation and contextualization of two evidence-based HIV and violence prevention programmes for boys in Zimbabwe
Happy Ncube[1], Godknows Ngwenya[1], Chikwanka Mubanga[1], Miss. Devyn Lee[1]

WEPED040 - Impact of Social Media Exposure on HIV Services Uptake among Tanzanian Young People: Implications for Enhancing the HIV Response
Mr. Francis Luwole[1]

WEPED041 - Journalist Training: A Key Advocacy Strategy
Miss. Catherine Madebe[1]

WEPED042 - Importance of reporting sexual abuse within 72 hours in reducing the risk of HIV infection among orphans and vulnerable children.
Mr. Shelton Maguri[1]

WEPED043 - Growing up on streets with HIV vulnerabilities!
Miss. Amna Mahfooz[1], Miss Mariyam Sarfraz, Miss Anum Waheed, Miss Tahira Reza, Mr Khalid Jamil, Mr Faran Emmanuel

WEPED044 - Understanding Youth, Globalization, and HIV: Insights for HIV Prevention and Policy
Mr. Lamas Maiyah[1]

WEPED045 - Leveraging research literacy for effective HIV biomedical prevention research advocacy
Ms. Ethel Makila[1]

WEPEE001
Scaling HIV viral load coverage while maintaining high HIV viral suppression in Zimbabwe
Mr. Juan Flores[1,2]

WEPEE002 - The foundation for NGS implementation has been laid; what are the challenges and opportunities and what does the future hold?
Mr Aloysius Bingi Tusiime[1], Mr Tim Meehan[1]

WEPEE003 - Strengthening National Monitoring and Evaluation Systems for Integrated HIV Service Delivery for Key Population in Zimbabwe
Miss. Caroline Gosho[1]

WEPEE004 - A Chronic Disease Model for HIV Policy Analysis
Dr. Markus Haacker[1,2,3]

WEPEE005 - The impact of healthcare worker attrition in optimal HIV response in fragile systems: A case study of Beitbridge district, Zimbabwe
Mr. Rashid Hamisi[1], A/Prof Jill Olivier, Doctor Joseph Murungu

WEPEE006 - Using mobile digital X-ray and Xpert MTB/RIF in a van for tuberculosis diagnosis among pastoralists and artisanal workers in Tanzania
Dr Mandala Adam[2], Dr. Frederick Haraka[1], Mr Julius Mkumbo[1], Mr Paul Manani[1], Mr Alphaxard Lwitakubi[1]

WEPEE007 - Use of mystery shopping strategies to assess HIV Self Testing quality of care in private sector in Kenya.
Mr. Harrizon Harrizon[1], Dr. Charlotte Pahe[1], Mr Harmon Momanyi[1]

WEPEE008 - Use of WhatsApp chatbot technology to support effective use of HIV Self testing among youths the private sector in Kenya
Mr. Harrizon Harrizon[1], Mr Israel Nzuki[1], Dr Charlotte Pahe[1]

WEPEE009 - Using pharmacy activations to create demand for HIV self-testing in the private sector in Kenya
Mr. Harrizon Harrizon[1], Dr Charlotte Pahe[1], Mr Israel Nzuki[1], Mr Joseph Njoroge[1]

WEPEE010 - COVID-19 Integrated Services in HIV, TB and MNCH Clinics and Timely Data Use: Lessons from the Catalyzing COVID-19 Action Project
Mrs. Nelia Hoffman[1], Mr. Shabbir Ismail[1], Mrs. Aida Yemane Berhan[1]

WEPEE011 - Realist evaluation of a community-based antiretroviral therapy (CBART) programme for key populations in Benue State in Nigeria
Dr. Olujuwon Ibiloye[1,2,3], Plang Jwanle[1], Prosper Okonkwo[1]

WEPEE012 - Directly observed therapy support system: An innovative approach to improve Pediatric Viral Suppression in Ekiti State
Dr. Olufemi Blessing Ibitoye[1], Dr. Yewande Odu[1]

WEPEE013
USAID Supported Integrated Child Health and Social Services Award (ICHSSA 2) Decentralized HIV Testing for Increased Case Finding among Children.
Mr. Elijah Idoko[1], Dr Iwuala Felix[1], Mrs Esther Broderick-Shehu[1], Mrs Stellamaris Moronkeji[1], Dr Ayokanmi Mobereade[1], Mr Olakunle Osinowo[1]

WEPEE014 - Assessment of PLHIV Interests in accessing Differentiated Service Delivery (DSD) through the Private Service Providers
Dr. Cletus Ifeka[1]

WEPEE015- Self-assessment of AGYW programming at a sub-national level: Learning from Zimbabwe
Miss. Ayesha Ismail[1], Kerry Mangold[1], Renay Weiner[1], Mohamed Khan[1], Sarah Magni[1]

WEPEE016 - Implementation of fingerprint technology for unique identification in Burundi military healthcare facilities
Dr. Karemera Jeanne Marie Francine[1], Dr Nunu Blaise[1], Mr Nsabimana Loic[1]

WEPEE017- Amélioration de l'accès au traitement des Personnes vivant avec le VIH : 5 ans d'expérience de l'ONG Alliance Côte d'Ivoire
Dr Madiarra OFFIA-COULIBALY[1], M. Gohidé Alexis GUEU[1], Mr. Aboudramane KABA[1], M. Tiassigué KONE1, M. Kambou Edouard SANSAN[1]

WEPEE018 - Approche multi-maladies pour le dépistage du VIH chez les hommes âgés de 25 ans: Expérience de l'ONG Alliance Côte d'Ivoire
Dr Madiarra OFFIA-COULIBALY[1], Mr. Aboudramane KABA[1], M. Gohidé Alexis GUEU[1]

WEPEE019 - Navigating the complexities of advocacy work through building alliances between community cadres and traditional leaders
Mr. Gilton Kadziyanike[1], Mr Clarence Mademutsa[1], Mrs Abgail Nhapi[1], Mr Tatenda Makoni[1], Mr Liberty Muremba[1]

WEPEE020 - Why I stopped ART: Client's perspective on treatment interruption and returning to care
Mr. Gilton Kadziyanike[1], Mr Tatenda Makoni[1], Mr Clarence Mademutsa[1], Mr Liberty Muremba[1], Mrs Abigail Nhapi[1]

WEPEE021 - Improving the health and wellbeing of children and adolescents living with HIV through OVC comprehensive program in Zambia
Mr. Rabson Kanyinji[1], Mr Roy Mwilu[1], Ms Batuke Walusiku-Mwewa[1]

WEPEE022 - OVC comprehensive interventions to increase case finding, treatment, and viral suppression for Children and Adolescents Living with HIV
Mr. Rabson Kanyinji[1], Mr Roy Mwilu[1], Ms Batuke Walusiku-Mwewa[1]

WEPEE023 - Fidelity and acceptability of an mHealth and financial incentive intervention to assess scalability.
Dr. Emmanuel Katabaro[1], Agatha Mnyippembe[1], Babuu Joseph[1], Hamza Maila[1], Janeth Msasa[1], Kassim Hassan[1], Dr Amon Sabasaba[1]

WEPEE024 - Improving Access to Quality Improvement Training through Off-line Electronic Learning: A Case study from Zimbabwe
Miss. Romana Rugare Katekwe[1], Dr Edson Chidovi[1], Dr Batsirai Makunike-Chikwinya[1], Dr Gloria Gonese[1], Ms Mirriam Mugwise[1]

WEPEE025 - Implementing community-led monitoring for improved quality of HIV services in Tanzania
Mr. Mathew Kawogo[1], Mr. Deogratius Rutatwa, Mr. Jackson Makoyola, Mr. Last Mlaki, Ms. Sophia Liundi, Mr. Sigstance Michael, Mr. Japhet Kakwezi, Mr. Filemon Tenu, Ms. Annamagreth Mukwenda, Ms. Scholastica Williams

WEPEE026 - EFFECTIVE STAKEHOLDERS' ENGAGEMENT AS THE KEY TO SUSTAINABLE HIV PROGRAM IMPLEMENTATION IN HIGH SECURITY RISK COMMUNITIES IN ZAMFARA STATE
Dr Dayo Popoola[1], Dr Alozie Ananaba[1], Dr Nkata Chuku[1], Dr Lan Terhemba[1], Dr Alau Kenneth[1], Mr Alimi Oyidamola[1], Dr Opiti John[1], Col (Rtd) Tanko Abdulrazak[1], Mr Christopher Agada[1], Dr Adeadebayo Shuaib[1], Mr Dadu Gwong[1], Pharm Na'inna Kabir[1], Mss Faiza Labaran[1], Mr John Aji[1], Mr Tanko Mikhail[1]

WEPEE027 - How sustainable are HIV prevention programs in Africa? Reflections from HIV prevention self-reflection tools
Mr. Mohamed Istiaak Khan[1], Dr. Thomas Ofem[1], Ms. Missie Oindo[2], Ms. Kerry Mangold[1]

WEPEE028 - Assessing Thirty Civil Society Organizations Gaps in Organizational Development Systems Strengthening for the Non-governmental Organizations Constituency, in Kenya
Miss. Pamela Kibunja[1], Ms. Faith Mwende[1], Mr. Alfred Chedeye[1]

WEPEE029 - Measuring the association between multi-month dispensing and interruption in treatment among clients receiving ART in 2022 in Morogoro, Tanzania
Mr. Tumaini Kilimba[1], Mr John Ritte[1]

WEPEE030 - Exploring the Impact of Donor Partners in Enhancing Sub-Saharan Africa's Pandemic Preparedness and the Implications of Support Withdrawal.
Mr. Michael Kimani[1], Miss Karen Kamau

WEPEE031 - Empowering Together: Community ART Groups Transforming HIV Care in Kirwara Sub-County Hospital, Murang'a County, Kenya
Mr. Julius Kisio1, Miss Linet Makena, Miss Sarah Ngugi

WEPEE032 - Nurse-led PrEP delivery: results related to expanding access for more vulnerable populations in Brazil.
Dr. Ana Kolling[1], Dr. Tiago Benoliel Rocha[1], Dr. Ana Roberta Pati Pascom[1], Dr. Angélica Espinosa Miranda[1]

WEPEE033 - Les Associations d'Epargne et de Crédit des Adolescentes/Jeune Filles dans la réduction de la vulnérabilité au VIH en Côte d'Ivoire
Mr. Adou Kouadio Alexis[1], Miss. NGuessan Marina[1], Mr. Kinyungu Shamamba Leonardo[1], Mr. Kouassi Max Elie Arsène[1]

WEPEE034 - Combinaison outils nationaux/ internationaux de renforcement de capacités des Organisations Non Gouvernementales (ONGs) nationales pour une meilleure localisation, Côte d'Ivoire.
Mr. Adou Kouadio Alexis[1], Miss. Yao Amenan Irène[1], Mr. Kinyungu Shamamba Leonardo[1]

WEPEE035 - A GEOSPATIAL ANALYIS OF THE NEWLY DIAGNOSED HIV POSITIVES IN SENEGAL
Dr. Cheikh Tidiane Koulibaly[1], Dr Safietou Thiam[1], Dr Cheikh Bamba Dieye[1], Dr Abdoulaye Sagna[1], Mr Djibril Niang[1], Prof Cheikh Tidiane Ndour

WEPEE036 - Assessing levels of research trust among households in a potential research community on the shore of Lake Victoria in Kenya
Dr. Zachary Kwena[1], Ms Catherine Makokha[1], Mr. Bernard Dajo[1], Prof. Elizabeth Bukusi[1]

WEPEE037 - Operational feasibility and acceptability of integrating affordable blood-based HIV Self-testing product into national testing program: Results from Uganda implementation pilot
Mr. Marvin Lubega[1], Mr. Micheal Lyazi[1]

WEPEE038 - ENHANCING HIV SELF-TESTING (HIVST) USER SUPPORT: LEVERAGING CHATBOT AND TOLL-FREE LINE FOR EFFECTIVE LINKAGE TO SUPPORT SERVICES
Mr. Baker Lukwago[1], Mrs. Deborah Nangendo Kyamagwa[1], Dr. Mariam Luyiga[1], Mr. Peter Buyungo[1], Dr. Karin Hatzold[1]

WEPEE039 - Improving Viral Load Coverage through an automated real-time monitoring tool: Luanshya and Mufulira Districts Pilots, Copperbelt Province, Zambia.
Mr Andrew Simutowe[1], Mr. Hilary Lumano[1]

WEPEE040 - Evaluation of HIV Viral Load and Early Infant Diagnosis Point of Care testing in the Copperbelt Province, Zambia.
Mr David Chisompola[2], Mr Mark Munyangabe[1]

WEPEE041 - A partnership to free up hospital resources and drive retention in care, adherence, and school attendance in Butere, Kenya
Miss. Dorothy Mabunde[1]

WEPEE042 - High acceptability of integrated HIV and sexual and reproductive health service among youth clients in Zimbabwe
Dr. Constance Mackworth-young[1,2]

WEPEE043 - Leveraging the influence of Traditional Medicine Practitioners to encourage ART adherence.
Miss. Victoria Magero[1], Miss Pamela Magero[1]

TIME	11:30 - 11:50 & 15:30 - 16:10 hrs	ROOM	Exhibition Hall & Online Platform	DATE	Thursday, 07 Dec. 2023

THPEA001 - Drug resistance and genetic characterization of Mycobacterium tuberculosis complex strains from pulmonary tuberculosis patients co-infected with HIV at Jamot Hospital
Mr. Tiani Lionel Ulrich, Mr Axel Cyriaque Ambassa

THPEA002 - Prevalence of HIV drug resistance in adult population in Copperbelt province, Zambia: A Retrospective Study.
Mr. Hilary Lumano[1], Mr George Chishinji[1], Mr Alex Maleti[1], Ms Foster Chewe[1], Mr Mark Munyangabe[1], Mr Moses Chakopo[1]

THPEA003 - Multimorbidity among ageing people living with HIV at Newlands Clinic, Harare, Zimbabwe: A Cross Sectional Analysis
Miss. Ardele Mandiriri[1], Dr Cleophas Chimbetete[1]

THPEA004 - CURRENT RESISTANCE OF HIV-1 STRAINS ISOLATED FROM NEWLY DIAGNOSED HIV-POSITIVE VOLUNTEER BLOOD DONORS IN GABON
Dr. Christian MANGALA[1]

THPEA005 - Aging well in the HIV Epidemic: Are we there yet?
Mr. Kenneth Masiye[1], Mr Obey Shoko, Mr Khumbulani Moyo, Dr Trudy Mhlanga, Dr Effison Dhodho

THPEA006 - Celebrating Longevity on Antiretroviral Therapy, New Challenges for the Ageing HIV Population in Zimbabwe, 2023
Mr. Takura Matare[1], Mr Japhet Mabuku[1], Dr Ronald Nyabereka[1], Dr Clorata Gwanzura[1], Dr Govha Emmanuel[1], Dr Alex Ingwani[1], Dr Mupanguri Chiedza[1], Dr Apollo Tsitsi[1]

THPEA007 - Uptake of Hepatitis B vaccination among Health Care Workers in Kabondo sub county, Homabay County, Kenya.
Miss. Everlyne Mboga[1]

THPEA008 - In-Silico Screening of Potential SARS-CoV-2 Main Protease Inhibitors from Thymus schimperi
Mr. Hylemariam Mihiretie Mengist[1], Dr Fentahun Adane[1]

THPEA009 - Assessment of epitope breadth and depth of CD8 T cell responses to HIV-1 gag antigens responsible for early viral control
Dr. Clive Michelo[1], Meya Muwowo[1], Dr William Kilembe[1]

THPEA010 - Maternal Retesting Coverage Among Adolescent Girls and Young Pregnant Women (AGYPW - 15–24years) in Southern Regions of Tanzania
Dr. Karim Mohamed Mizungumiti[1]

THPEA011 - High Prevalence of HIV-1 Drug Resistance Mutations Among ART-Naïve and ART-Experienced Non-citizens Living with HIV In Botswana
Mr. Patrick Mokgethi[1]

THPEA012 - Excellent performance of INDICAIDTM Ag-RDT test on COVID-19 clinical samples with high viral-loads during the Omicron epidemiological wave in Cameroon
Mr. Evariste Molimbou[1], Mr Desire TAKOU[1], Dr Ezechiel Jagni NGOUFACK SEMENGUE[1] Dr Alex Durand NKA[1], Mrs Sandrine DJUPSA NDJEYEP[1], Mrs Grace BELOUMOU ANGONG[1], Mrs Audrey Rachel MUNDO NAYANG[1], Mrs Minelle Aurelie KENGNI NGUEKO[1], Mrs Pamela Patricia TUEGUEM[1], Dr Nadine FAINGUEM[1], Mr Cyrile ABEGA ABEGA[1], Dr Georges TETO[1], Dr Beatrice DAMBAYA[1]

THPEA013 - SARS-CoV-2 antibody seropositivity rates among essential healthcare staff during the first COVID-19 wave in Zimbabwe.
Mrs. Dorinda Mukura[1], Dr. Allen Taguma Matubu[1], Ms. Nicol Nicodimus[1], Ms. Bernadette Malunda[1], Dr. Lynda Stranix[1]

THPEA014 - Unlocking the Power of Choice: Advancing Biomedical HIV Prevention in Africa
Mrs. Gloria Mululu[1], Ms Joyce Nganga[1]

THPEA015 - Assessing the Outcomes of Prevention of Mother-to-child transmission of HIV among children born from HIV Positive mothers from Jul/2019-Jun/2021,Kibilizi Hospital,Rwanda
Mrs. Alice Musabyeyezu[1]

THPEA016 - Lessons from Crisis Response from TANPUD in enhancing harm reduction from 2015 to 2018
Mr. Marineus Mutongore[1]

THPEA017 - HIV Post-exposure Prophylaxis: In-take, Completion rates and Reasons for non-completion among health care workers at a Regional Referral Hospital (HIPPOCREC).
Dr. Dan Musiime Muzoora[1]

THPEA018 - Increased levels of Caspase-1 and IL-1beta among adults with persistent Immune activation after 12 years of suppressive ART
Dr. Rose Nabatanzi[1], Mr. Phillip Ssekamate[1], Professor Damalie Nakanjako[1]

THPEB001 - Improving ART uptake and retention for key populations through Decentralized service delivery (DSD) and integration of psychosocial support.
Miss. Fikile Masango[1], Mr Vusi Dlamini[1], Ms Ncamsile Dlamini[1], Ms Makhosazana Matsebula[1], Ms Philisiwe Dlamini[1]

THPEB002 - La promotion combinée chez les professionnelles du sexe de la ville de Bouar en république centrafricaine.
Mme. De La Joie Mbaidikiang[1]

THPEB003 - Screening of Renal disease amongst HIV clients on Tenofovir (TDF) at Rachuonyo County Hospital
Mr. Joash Mbuya[1], Mrs. Effie Obiero[1], Mr. Brian Inda[1], Mr. Isaac Otieno[1], Mrs. Penninah Mauda[1]

THPEB004 - Opportunity for STI testing during couples HIV testing and counselling (Igugu Lethu study) in rural South Africa
Prof. Nuala McGrath[1,2], Dr Emmanuel Olamijuwon[1], Dr Fatma Abdelkhalek[1], Prof. Victoria Hosegood[1]

THPEB005
Comparative Prevalence of High-Risk Human Papilloma Virus Among HIV Positive and HIV Negative Cameroonian Women.
Ms. Mucho Meekness[1], Dr Atanga Pascal, Dr Simon Manga, Mrs Kathleen Nulah, Mrs Florence Manjuh

THPEB006 - Interruption in treatment and tracing outcomes among children and adolescents on antiretroviral therapy in Ethiopia
Dr. Legese A. Mekuria[1], Mr Endris Seid[1], Mr Asayehegn Tekeste[1], Mr Merid Kalayu[1], Dr Dawit Tsegaye[1]

THPEB007 - The impact of COVID-19 on HIV treatment and medical male circumcision among medical scheme members in South Africa:2019 to 2021
Mr Matlou Martin Moabelo[1]

THPEB008 - Co-infection VIH-SARS-CoV-2 : Profils epidémiologique, diagnostique et évolutif des patients vivant avec le VIH hospitalisés pour une COVID-19 à Abidjan
Dr. Wardatou Dine Mourtada[1], Dr. Arouna Gnamou[1], Dr. Sara Muriel Kane Ndaw[1]

THPEB009 - Méningo-encéphalites à cytomégalovirus chez les patients infectés par le VIH suivis au service des maladies infectieuses et tropicales d'Abidjan
Dr. Wardatou Dine Mourtada[1], Dr. Axelle Lila Gansou[1], Dr. Hermann Faitey[1], Dr. Marie Nicole Konan[1]

THPEB010 - Improving the high viral load management cascade among ART clients through tele-based enhanced adherence counselling in TASQC-supported districts
Mr. Owen Mpofu1, Dr Kudzai Masunda1, Miss Nomagugu Ndlovu1, Miss Kudzanai Mateveke1, Dr Gerald Katsamba1, Mr Sipho Mathuthu1, Mrs Thenjiwe Sibanda1, Mrs Julita Magura1

THPEB011 - PREVALENCE AND FACTORS ASSOCIATED WITH VIRAL LOAD SUPPRESSION AMONG ADOLESCENTS LIVING WITH HIV IN RWANDA, 2019-2021
Dr. Hugues Valois Mucunguzi[1,2]

THPEB012 - RATE OF ART ADHERENCE AND CLINICAL OUTCOME AMONG HIV PATIENTS WITH OPPORTUNISTIC INFECTION IN AN URBAN HOSPITAL IN EASTERN DRC
Dr. Olivier Mulisya[1]

THPEB013 - High viral load cascade in Eleven Sub-Saharan African countries: Increased attention to services for clients failing treatment is needed
Dr. Reuben Musarandega1, Dr Shabbir Argaw1, Dr Cathrien Alons1, Dr Shalom Dunga1, Dr Lieketseng Masenyetse1, Dr Puseletso Maja1, Dr Lydia Mpango1, Dr Roland Van de Ven1, Dr Appolinaire Tiam1
1Elizabeth Glaser Pediatric AIDS Foundation

THPEB014 - Fostering sustainability of HIV prevention among AGYW through integration of DREAMS program with schools: lessons from Insiza district of Zimbabwe.
Mr. Ityai Mushayi1
1Q. Mguni, T. Masoka

THPEB015 - Mitigating HIV treatment challenges faced by children and adolescents through the triple case management model in Chingola and Chililabombwe, Zambia.
Mr. James Mwanza1, Dr. Adamson Paxon Ndhlovu1, Ms. Lackeby Kawanga1, Ms. Sarah Hatchard1, Dr. Dariot Mumba1, Dr. Mutinta Nyumbu1

THPEB016 - Reducing mother to child HIV transmission among children (0-24 months) through a dedicated case manager model in Zambia.
Mr. James Mwanza1, Dr. Adamson Paxon Ndhlovu1, Ms. Lackeby Kawanga1, Dr. Dariot Mumba1, Ms. Sarah Hatchard1, Dr. Mutinta Nyumbu1

THPEB017 - Breaking barriers: Addressing Gender-Based Violence, Improving Treatment outcomes among Sero Positive Women in Discordant Relationships in Kuria East Sub County
Miss. Nancy Mwita1

THPEB018 - Applicability and acceptability of differentiated HIV service delivery among men who have sex with men in Kenya: a qualitative study
Mr. Enzi Pascal Mwore

THPEB019 - Increasing Uptake of COVID-19 Vaccine Among People Living with HIV at Joint Clinical Research Centre in Uganda
Miss. Catherine Nakabugo1

THPEB020 - Faibles taux d'échec virologique et de résistance acquise chez les enfants au Centre Mère-Enfant de Yaoundé à l'ère du Dolutégravir
Dr. Marie Laure Ndjolo Ada1,2

THPEB021 - Characteristics of clients not initiating ART on the same day of HIV diagnosis in Kwekwe and Mutasa districts, 2023.
Mr. Mathamsanqa Ndlovu[1], Dr. Emmanuel Tachiwenyika[1], Dr. Ngonidzashe Ganje[1], Dr. Taurayi Tafuma[1], Mrs. Auxilia Muchedzi[1], Dr. Khulamuzi Nyathi[1], Dr. Admire Maravanyika[1], Mr. Tendai Samushonga[1], Mr. Joseph Muguse[1], Miss. Belinda Chindove[1], Dr. Tafadzwa Sibanda[1], Dr. Tichaona Nyamundaya[1]

THPEB022 - Inhibiteurs de Protéase du VIH et Lipodystrophie chez le Patient infecté par le VIH sous Thérapie Antiretrovirale
Mr Marcellin NDOE GUIARO1

THPEB023 - Characteristics of People Living with HIV with a history of Tuberculosis preventive therapy who develop Tuberculosis in Nairobi Kenya
Miss. Alatinah Ngaira1

THPEB024 - Profil évolutif de l'insuffisance rénale chronique chez les personnes vivant avec le VIH au Sénégal
Monsieur. Ababacar Niang[1], Dr Papa Alassane Ndiaye[1], Dr Houley Saou[1], Dr Kine Ndiaye/Toure[1], M. Ahmadou Mboup[1]

THPEB025 - HIV LOW-LEVEL VIREMIA AMONG PATIENTS IN CAMEROON SUGGESTS A REVISED THRESHOLD FOR VIRAL SUPPRESSION IN THE ERA OF DOLUTEGRAVIR-BASED ART
Dr. Alex Durand Nka[1], Dr. Joseph Fokam[1], Dr. Collins Ambe Chenwi[1], Mr. Efakaki Gabisa Jeremiah[1], Mss. Flore Yollande Mamgue Dzukam[1], Dr. Michel Carlos Tommo Tchouaket[1], Pr. Vittorio Colizzi[1], Dr. Samuel Martin Sosso[1], Pr. Alexis Ndjolo[1]

THPEB026 - Comparative analysis of viral load suppression by differentiated service delivery models among children living with HIV in South-South Nigeria
Dr. Chiagozie Nwangeneh[1], Babatunde Oyawola[1] , Iorwakwagh Apera[1]

THPEB027 - Patterns and Treatment Outcomes of Persons Re-engaging HIV Care and Treatment After a Period of Treatment Interruption in Southern Nigeria.
Dr. Esther Nwanja1, Ogheneuzuazo Onwah1, Uduak Akpan1, Otoyo Toyo1, Chukwuemeka Okolo1, Okezie Onyedinachi1, Adeoye , Adegboye1, Andy Eyo1

THPEB028 - Peer-led interventions improve Treatment Outcomes among young persons living with HIV who transitioned to adult care in Southern Nigeria
Dr. Esther Nwanja[1], Uduak Akpan[1], Otoyo Toyo[1], Ogheneuzuazo Onwah[1] , Chukwuemeka Okolo[1], Okezie Onyedinachi[1], Adeoye Adegboye[1], Andy Eyo[1]

THPEB029 - EVALUATING THE EFFECTS OF POINT-OF-CARE HIV NUCLEIC-ACID-TESTING VERSUS CONVENTIONAL TESTING IN IMPROVING UPTAKE OF SERVICES BY HIV EXPOSED INFANTS
Dr. Justice Nyakura[1]

THPEB030 - Progress towards 90 90 90 and 95 95 95 strategy implementations and HIV positivity trends in the City of Johannesburg
Dr Juliet Nyasulu[1,2]

THPEB031 - The road to Paediatric Viral-suppression is paved with Dolutegravir: Lessons from DTG transition among OVCs Living with HIV in Kano-Nigeria
Mr. Innocent Pius[2], Mr. Caleb Eselema Odonye[1]

THPEB032 - Review of adherence to antiretroviral therapy in selected populations in South Africa
Dr. Modupe Ogunrombi[1], Ms Tiki Mashaba[1], Prof Chikwelu Lawrence Obi[1]

THPEB033 - Lessons from COVID-19 Lockdown:An Assessment of the Virtual Viremia Clinic in Achieving Viral Suppression amongst Virally Unsuppressed Recipients of Care.
Mr. Irikefe Oharume[1], Mr. Mukhtar Ijaiya[1], Mr. Erasmus Odima[1], Dr. Kenneth Onukuba[1], Mr. Akanimo Essien[1], Miss Anwulichukwu Enebeli[1], Miss Winnifred Okafor[1] Mr. Valentine Ogar[1], Mr. Babafemi Dare[1], Miss Yemisi Ogundare[1], Mr. Emmanuel Atuma[1]

THPEB034 - Predictors of Retention Among Individuals With HIV Initiating Antiretroviral Therapy in Ghana
Dr. Ivy Okae[1]

THPEB035 - Assessment of the diagnostic accuracy of B21147-01 a point of care HIV-HCV-HB-sAg-Syphilis Combo Rapid Test
Dr. Rita Oladele[1], Dr Emuobor Odeghe[1], Mrs Augustina Nwosu[1], Dr Kehinde Okunade[1]

THPEB036 - Integration of Human papilloma Virus Deoxyribonucleic Acid Cervical Cancer Testing in Two HIV Viral Load Polymerase-Chain-Reaction Laboratories in Nigeria
Dr. Ughweroghene Kingston Omo-Emmanuel[1], Mrs Pamela Nenpanmwa Gado[1], Mr Peter Egena[1]

THPEB037 - Completion Rates and Factors Associated with Non-completion of Tuberculosis Preventive Therapy among People Living with HIV In Southern Nigeria
Dr. Ogheneuzuazo Onwah[1], Dr. Esther Nwanja[1], Mrs Uduak Akpan[1], Dr. Otoyo Toyo[1], Dr. Chukwuemeka Okolo[1], Dr. Adeoye Adegboye[1], Dr. Okezie Onyedinachi[1], Mr. Andy Eyo[1]

THPEC001 - Exploring social economic determinants and HIV prevalence among women in heterosexual relationships who sell sex in Chirundu District, Zambia.
Mr. Jossen Masedza[1], Dr. Kalasa Mwanda[1], Mrs. Elizabeth Banda[1], Mr. Lubinda Chingumbe[1], Miss Brenda Sakala[1], Mrs. Pamela Shawa[1]

THPEC002 - Pre-exposure prophylaxis initiation and adherence in female sex workers, New Africa House Clinic in Harare,2020-2021
Mr. Tidings Masoka[1], Dr Emmanuel Tachiwenyika[1], Mr Haurovi William Mafaune[1]

THPEC003 - Factors associated with mother-to-child transmission of HIV in Kisumu County Kenya
Mrs. Jane Maswan[1], Mr Samuel Ochwonyo[1], Dr. Anita Bisera[1], Dr. Sam Wafula[1], Dr. Emily Koech[1]

THPEC004 - Assessing the effect of age at sexual debut among adolescent and young people in Botswana
Mrs. Matshelo Tina Matlhaga[1]

THPEC005 - Undiagnosed HIV infection and linkage to care among partners of index clients enrolled in the Assisted Partner Notification Program, Uganda
Dr. Joseph KB Matovu[1,2], Mr. John Baptist Bwanika[1], Mr. Dickson Kasozi[1], Ms. Rebecca Nuwematsiko[1], Dr. Rhoda K. Wanyenze[1]

THPEC006 - PrEP use and willingness to use PrEP among at-risk HIV-negative male fisherfolk in two fishing communities in rural Uganda
Dr. Joseph KB Matovu[1,2], Ms. Aisha Twahiri Namwama[1], Dr. Peter Olupot-Olupot[1]

THPEC007 - Strategies to reach out of school adolescent girls and young women through DREAMS in South Sudan.
Mr. Peter Mawora[1], Mr Kumbirai Mazaiwana[1], Mr Francis Eriga[1]

THPEC008 - HIV pre-exposure prophylaxis amongst most-at-risk populations in Cameroon: Lessons learnt from strategy and policy change.
Dr Oscar Leuyou Gayou[1], Mr Lawson Ngwagwe Mbolueh[1], Mr Albert Bonnet[1], Dr Gilbert Andrian-andrasana[1]

THPEC009 - Contribution des leaders religieux et des responsables des camps de prière dans la réponse nationale contre le VIH
Dr. HELENE AYABA MEMAIN YENOU[1]

THPEC010 - Leveraging social networks to understand Intimate Partner Violence (IPV) Among Young People in Kenya: A Cross-Sectional Study Utilizing Respondent-Driven Approach.
Dr. Peter Memiah[1]

THPEC011 - Booster la Prophylaxie Pré-Exposition dans les cliniques communautaires de l'ANCS grâce aux prestations de services différenciées au Sénégal
Dr. Reinaldo Mendes[1]

THPEC012 - PREVALENCE OF PRECANCEROUS CERVICAL LESION, HPV, AND ASSOCIATED FACTORS AMONG HIV INFECTED WOMEN, DURH, ETHIOPIA: A HOSPITAL- BASED CROSS-SECTIONAL STUDY.2023
Dr. Abinet Meno[1]

THPEC013 - High prevalence of Sexually Transmitted Infections among HIV-negative young women in a PrEP acceptability trial in Zimbabwe
Dr Nyaradzo Mgodi[1], Dr Sheu Matimbira[1], Mrs Caroline Murombedzi[1], Dr Muchaneta Bhond-ai-Mhuri[1], Mr Mugowe Nkhoma[1], Ms Vanessa Gatsi1, Ms Thelma Tauya[1], Miss Tsitsi Zinyengere[1], Miss Natasha Sedze[1], Ms Jane Jambaya[1]

THPEC014 - Dépistage des syndromes gériatriques et parcours de soins des personnes âgées vivant avec le VIH en Afrique de l'Ouest
Dr Roland Konan Oussou[1]

THPEC015 - Factors associated with Hepatitis B vaccine dose incompletion among healthcare workers in Unguja. - 2023
Miss. Sharifa Mohamed[1], PROFESSOR ROSE Mpembeni[1]

THPEC016 - Peer - led HIV self-testing increases case identification and linkage to treatment services among men in Pwani region, Tanzania
Mr. Mwedi Mohamedi[1], Mr Philipo Mwambuga1, Dr John Roman[1], Mr Damian Laki[1], Dr Ola Farid[1], Mr Japhet Daudi[1], Dr Appolinary Bukuku[1], Dr Frederick Ndossi[1], Dr Eva Matiko[1], Dr Redempta Mbatia[1]

THPEC017 - Pre-exposure prophylaxis (PrEP) services delivery preferences of young adults in Gauteng, South Africa
Ms. Constance Mongwenyana[1], Ms. Mbali Mazibuko[1], Mr. Siyabonga Dubazana[1], Ms Motaung Cele[1], Dr. Jacqui Miot[1]

THPEC018 - Technology for prevention among adolescents & young people in Nigeria; A case study of UNICEF #YAaHNaija project.
Mr. Isaac Moses[1], Mr. Sunday Aaron[1]

THPEC019 - Prevalence of mental health conditions among People Living with HIV on Antiretroviral therapy in Zimbabwe, September 2022-April 2023
Dr. Idah Moyo[1], Dr Tafara Moga[1], Mr Munyaradzi Dhodho[1], Mr Munyaradzi Pako[1], Mrs Nindi Shoko[1], Mr Malvern Munjoma[1], Mr Jabulani Mavudze[1], Dr Blessing Mutede[1], Dr Noah Tarubere-kera[1]

THPEC020 - Navigating the Fourth Wave: Lessons and Progress in Managing the COVID-19 Pandemic's Impact on Higher Education Institutions in South Africa
Mr Ramneek A.[1]

THPEC021 - E-STRATEGIES ADOPTED BY FACT ZIMBABWE TO SUPPORT C/ALHIV CONTINUITY OF HIV TREATMENT DURING COVID 19 INDUCED LOCKDOWN
Mr. Valentine Mubaiwa

THPEC022 - Prevalence and correlates of HIV testing among adolescents 10–19 years in pastoralist post conflict area of Karamoja sub region, Uganda
Miss. Dorothy Mubuuke[1]

THPEC023 - Monitoring achievement of HIV prevention interventions outcomes among adolescent girls and young women enrolled in the DREAMS program in Zimbabwe
Mr. Fungai H. Mudzengerere[1], Ms Dominica Dhakwa[1], Mr Kennedy Yogo[1], Ms Florence Mudokwani[1], Mr Tidings Masoka[1], Dr Taurai Tafuma[1], Mr Haurovi Mafaune[1], Dr Emmanuel Tachiwenyika[1]

THPEC024 - Reducing vulnerabilities to HIV infection among adolescent girls and young women through social asset building clubs in Zimbabwe
Ms Dominica Dhakwa[1], Dr Emmanuel Tachiwenyika[1], Mr. Fungai H. Mudzengerere[1], Mr Edewell Mugariri[1], Ms Florence Mudokwani[1], Mr Tidings Masoka[1], Mr Kennedy Yogo[1], Ms Blessing Ncube[1], Ms Nomusa Makwembere[1], Dr Taurayi A. Tafuma[1], Mr Haurovi W. Mafaune[1]

THPEC025 - Retention of adolescent girls and young women in HIV prevention interventions in selected Provinces of Zimbabwe, 2022.
Mr. Edewell Mugariri[1], Dr Emmanuel Tachiwenyika[1], Ms Dominica Dhakwa1, Mr Fungai Mudzengerere[1], Dr Taurai Tafuma[1], Mr Haurovi Mafaune[1], Mr Kennedy Yogo[1], Mr Tidings Masoka[1], Ms Auxillia Muchedzi[1]

THPEC026 - Counting the Gains of Integrating HIV Services with Reproductive Health: Experiences from Urban Family Planning Clinics in Zimbabwe, 2023.
Mr. Hamufare Dumisani Mugauri[1], Ms Getrude Ncube[1], Mr Ishmael Chikondowa[1]

THPEC027 - Index testing Implementation Dynamics in High-gap and Low-gap Districts of Zimbabwe, A Program Process Evaluation, 2022.
Mr. Hamufare Dumisani Mugauri[1,2], Dr Owen Mugurungi[1]

THPEC028 - Enhanced PrEP Implementation Strategies Improves Retention among fisherfolks in Uganda
Mr. Semei Christopher Mukama[1], Ms Stella Alupo[1], Doctor William Musoke[1], Doctor Barbara Mukasa[1], Ms Sharon Namasambi[1]

THPEC028 - Enhanced PrEP Implementation Strategies Improves Retention among fisherfolks in Uganda
Mr. Semei Christopher Mukama[1], Ms Stella Alupo[1], Doctor William Musoke[1], Doctor Barbara Mukasa[1], Ms Sharon Namasambi[1]

THPEC030 - A qualitative exploration of women's choices and experiences of using oral and vaginal HIV pre-exposure prophylaxis in Eswatini.
Dr. Esther Mudduawulira Mukooza[1], Ms Nqobile Mmema[1], Mr. Velibanti Dlamini[1], Ms. Sinikiwe Dlamini[1], Mr. Edwin Mabhena[1], Ms. Michelle Daka[1], Dr. Hayk Karakozian[1], Dr. Bernhard Kerschberger1

THPEC031 - Creating demand for PrEP through social networks amongst key populations in Zambia
Miss. Nkole Mulenga[1]

THPEC032 - Online and phone support services to promote HIV/AIDS Services for Men who have sex with Men and Transgenders in Uganda
Mr. Moses Mulindwa[1]

THPEC033 - What combination of interventions can optimise HIV prevention for adolescent girls and young women? Analysis of DREAMS participation in Kenya
Miss. Sarah Mulwa[1], Ms Faith Magut[1], Dr Annabelle Gourlay[1], Dr Isolde Birdthistle[1], Prof Sian Floyd[1]

THPEC034 - Intensified community case finding to identify new HIV infections among children and adolescents and improve linkage to care in Malawi.
Mrs. Lucy Munthali[1], Ms Joyce Jere[1], Mr. Nelson Khozomba[1], Mr Chawanangwa Mwale[1]

THPEC035 - High retention among key populations initiated on HIV pre-exposure prophylaxis in Rwanda
Mr Athanase Munyaneza[1,2], Mr Benjamin Muhoza[1], Mr Gallican Kubwimana[1], Dr Gad Murenzi[1]

THPEC036 - The Art of Street Quiz: Going HIV Prevention !!:
Mr. Munorwei Munyikwa[1]

THPEC037 - "Who has never tested for HIV? Associated factors among people living in rural areas of Zimbabwe".
Mr. Wellington Murenjekwa[1,2]

THPEC038 - Urban Fragility and proliferation of HIV amongst child sex workers in Ushewekunze .An intersectionality analysis of social positionality and gender.
Mr. Michael Musaka[1], Mr Charles Mfiri, Mr Calvin Kunaka

THPEC039 - Use of electronic platforms to track social asset building clubs: Lessons from the DREAMS program in Insiza district, Zimbabwe.
Mr. Ityai Mushayi[1]

THPEC040 - Low-rates of offer but good uptake of PrEP among clients who test negative for HIV in Malawi and South Africa
Dr. Nyasha Mutanda[1], Ms Idah Mokhele[1], Dr Sophie Pascoe[1], Dr Amy Huber[1]

THPEC041 - SKILLZ Influence on HIV testing outcomes
Miss. Kabwe Mwamba[1]

THPEC042 - Pre-Exposure Prophylaxis – A case of increasing STI incidence and HIV seroconversion among PrEP users in Kenya
Mr. Jafred Mwangi[1], Ms Janet Musimbi[1], Ms Memory Melon[1], Dr Peter Arimi[1]

THPEC043 - Integrated HIV/STI research among young gay, bisexual and other men who have sex with men in Kenya: leveraging scarce resources
Dr. Samuel Mwaniki[1], Mr. Peter Mwenda[1]

THPEC044 - Young women want choice: Understanding Preferences of HIV Prevention of AYGYW in Zambia
Miss. Natasha Mwila[1]

THPEC045 - Trends and correlates of sexually transmitted infections among sexually active Ugandan female youths: evidence from demographic and health surveys, 2006–2016
Mrs. Patricia Najjemba1

THPEC046 - A qualitative synthesis exploring PrEP discontinuation among rural female sex workers in rural Uganda.
Miss. Lydia Nakiganda[1], Dr Benjamin Bavinton[1], Prof. Andrew Grulich Grulich[1], Dr Steve Bell[1]

THPEC047 - RISK FACTORS FOR INCIDENT TUBERCULOSIS AMONG PEOPLE LIVING WITH HIV STARTING TB PREVENTIVE THERAPY IN SOUTH AFRICA, MOZAMBIQUE, AND ETHIOPIA
Mr. Felex Ndebele[1], Prof Violet Chihota1

THPEC048 - Knowledge of HIV and/or AIDS and HIV testing services among young men in KwaZulu-Natal Province, South Africa
Mr. Sithembiso Ndlovu[1,2], Prof. Andrew Ross[1]

THPEC049 - Autotest VIH : solution pour l'accès au dépistage chez les travailleuses de sexe réticentes au dépistage classique à Yaoundé, Cameroun.
Manquer. Pasma Rosalie NGOUMJOUEN[1], Mr. Aymard D'Aquin KUIDJEU, Mrs. Denise NGATCHOU épse TOUKO, Mrs. Carole TOCHE

THPEC050 - UN ENVIRONNEMENT FAVORABLE A LA REPONSE AU VIH EN LIEN AVEC LES POPULATIONS CLES : APPROCHE OBLIGATOIRE
Monsieur. Djibril Niang[1]

THPEC051 - The Dual HIV/Syphilis Rapid Diagnostic Tests: A pathway to Improving HIV Maternal Retesting and Partner Notification Services. ***Mr. Chiedozie Nwafor[1], Dr Johnson Nw-iue[1], Mr Sorbari Igbiri[1], Obiageli Alintah[1], Andrew Storey[1], Dr Owens Wiwa[1]***

THPEC052 - Reaching the last mile among adults and children in South-South Nigeria through different HIV testing approaches
Dr. Chiagozie Nwangeneh[1], Babatunde Oyawola[1], Iorwakwagh Apera[1]

THPEC053 - Comparative Analysis of Differentiated PMTCT Approach for Improving Access to HIV Testing and Antiretroviral Therapy among Pregnant Women in Nigeria.
Dr. Esther Nwanja[1], Maria Unimuke[1], Ogheneuzuazo Onwah[1], Otoyo Toyo1, Uduak Akpan[1], Helen Ofem[1], Chukwuemeka Okolo1, Okezie Onyedinachi[1], Adeoye Adegboye[1], Andy Eyo[1]

THPEC054 - Turning the Tide on Sexual Violence Against Adolescent Girls through the No Means No Violence Prevention Curriculum: Experience from Manicaland
Mr. Trevor Nyatsanza[1]

THPEC055 - SCALING UP CERVICAL CANCER SCREENING AMID CHALLENGES IN ZIMBABWE USING A HYBRID HUB AND SPOKE MODEL, OCTOBER 2018-SEPTEMBER 2022
Dr. Phibion Manyanga[1]

THPEC056 - Breaking barriers to thriving: Multimorbidity burden among adolescents living with HIV in Chitungwiza, Zimbabwe
Dr. Farirai Peter Nzvere[1,2], Mrs Tsitsi Bandason[1]

THPEC057 - Unveiling the Realities of Female Sex Workers(FSW) In Nigeria- Key Population Mapping And Size Estimation 2023(KPSE 2023)
Miss. Oletta Ogio[1], Mr Adediran Adesina1, Mr Chukwuebuka Ejeckam[1], Mr Akan Udoette[1], Mr Kufre Ndueso[1], Mr Jerry Ejembi[1], Mr Kelechukwu Amadi[1]

THPEC058 - Impact of Community Management Committee on Improving HIV Testing Services in Community HIV Prevention
Mr. Love Ogundipe[1], Mrs Jumoke Ekundayo

THPEC059 - Identifying the Barriers encountered by Adolescent Girls, Young Women and Key Populations while utilizing HIV Prevention Services
Dr. Pasquine Ogunsanya[1], Dr Adebiyi Ogunsanya[1], Dr Elizabeth Kihika[1], Mr David Mpagi[1], Ms Alice Nabanoba[1]

THPEC060 - Community led HIV Prevention: Integrated Use of HIV Self-Testing and Pre Exposure Prophylaxis For Vulnerable And Key Populations
Dr. Pasquine Ogunsanya[1], Dr Adebiyi Ogunsanya[1], Dr Elizabeth Kihika[1], Mr David Mpagi[1]

THPEC061 - Advanced HIV disease and high mortality rates among HIV-positive patients at a tertiary facility in Ghana post "Treat All" recommendation.
Dr. Vincent Ganu[1], Dr. Emmanuella Amankwa[1], Dr. Oluwakemi Oladele[1]

THPEC062 - Prevalence and risk factors of cervical cancer among women living with HIV in sub-Saharan Africa: a systematic review
Miss. Motunrayo Olalere[1], Mr Temitayo Lawal[1], Mrs Victoria Etuuk[1], Mr Oyewole Oyedele[1], Dr Nifarta Andrew[1]

THPED001 - Promoting Sexual and Reproductive Health and Rights for prevention of HIV in Universities: A case of Zimbabwe
Mrs. EDINAH DAMBUDZO MASIYIWA[1]

THPED002 - National framework reviews supporting HIV prevention among AGYW in 4 countries in Sub Saharan Africa
Ms Jane Ferguson[1]

THPED003 - Supporting optimal HIV and wellbeing outcomes for adolescents: Examining the production of positive psychological constructs through peer-based support in Zimbabwe
Dr. Webster Mavhu[1,2], Sharon Sibanda[1], Pueshpa Shaba[1], Rufaro Mbundure[1]

THPED004 - Post-trial experiences, perceptions and opinions of young people living with HIV, and their providers in the CHIEDZA trial in Zimbabwe
Dr. Constancia Mavodza[1], Mrs Ethel Dauya[1], Ms Rangarirayi Nyamwanza[1], Ms Portia Nzombe[1]

THPED005 - Integrating an HIV, TB, and Harm Reduction Module for Key Populations into the National Law Enforcers Training Curriculum.
Mrs. Memory Melon[1], Mr. Timothy Kilonzo[1], Dr. Peter Arimi[1]

THPED006 - Human Rights And Affecting Change: PLHIV Experiences from Stigma Index Survey 2.0 in Botswana
Miss. Gladness Diana Meswele[1], Mrs Stella Keipeile[1], Mr Robert Selato[1]

THPED00 - Storytelling Reduces Provider Biases against Gay and Bisexual Men and Transgender Women
Prof. Robin Miller[1]

THPED008 - Putting a pleasure-inclusive approach at the centre of effective sexual health information
Mr. Simon Moore[1], Ms Yael Azgad[1], Ms Florence Roff[1]

THPED009 - Building a trusted health literacy brand to support HIV prevention and sexual health, and counter misinformation
Mr. Simon Moore[1], Ms Yael Azgad[1], Ms Florence Roff[1]

THPED010 - Adherence to two HIV programs in a conflict-affected setting: lessons learnt from South Sudan
Dr. Laura Moretó Planas[1], Mrs. Drew Aiken[1], Dr. Paula Cuenca[1], Dr. Eva Farreras[1]

THPED011 - Underlying factors of low access and utilization of contraceptives among adolescents in Zimbabwe
Mr. Christopher Morris[1]

THPED012 - Causes of occupational stress among HIV programme nurses in facilities and outreach sites using the ENSS Psychometry questionnaire.
Dr Kudzai Masunda[1], Miss Kudzanai Mateveke[1], Mr. Owen Mpofu[1]

THPED013 - Accelerating Mental health strategies as the road map to realizing HIV/STI epidemic control
Miss. Sheilarita Mugo[1], Mr Nelson Mutugi[1]

THPED014 - Climate adaptation in OVC most at risk : Findings from Climate Change Vulnerability Analysis in Manicaland, Masvingo Provinces of Zimbabwe
Madam. Tariro Mugoni[1], Mr. Moreblessing Manditsera[1], Mr. Simba Munyonho[1], Mr. Tinashe Chimbidzikai[1], Mr. Valentine Mubaiwa[1], Mr. Brighton Kashiri[1], Mr. Tinashe Takaidza[1], Mr. Learnmore Matsikira[1], Mr. Renias Munding[i1], Mr. Gainmore Mavheneke[1], Mrs. Bertha Mukome[1], Mrs. Gertrude Shumba[1], Mrs. Delia Chimedza[1], Mrs. Jennifer Tavengerwei[1], Mr. Tinotenda Kabai[1], Mr. Trevor Nyatsanza[1]

THPED015 - DREAMS Come True: The impact of economic strengthening on AGYW enrolled in FACT's USAID-funded DREAMS Program in Manicaland Province, Zimbabwe
Madam. Tariro Mugoni[1], Mr. Renias Mundingi[1], Mr. Gainmore Mavheneke[1], Mr. Brighton Kashiri[1], Mr. Tinashe Takaidza[1], Mr. Moreblessing Manditsera[1], Mr. Learnmore Matsikira[1], Mrs. Bertha Destiny Mukome[1], Mr. Tinashe Chimbidzikai[1], Mrs. Gertrude Shumba[1], Mrs. Delia Chimedza , Mrs. Jennifer Tavengerwei[1], Mr. Valentine Mubaiwa[1], Mr. Tinotenda Kabai[1], Mr. Trevor Nyatsanza[1]

THPED016 - Advocacy with law enforcement to improve the protection and right to health for key nda
Mr. Sulemani MUHIRWA[1]

THPED017 - IMPACT OF A PEER-BASED EDUCATION PROGRAM ON THE SEXUAL AND REPRODUCTIVE HEALTH KNOWLEDGE AND ATTITUDES AMONG KENYAN MEDICAL STUDENT VOLUNTEERS
Mr. Nicolas Kioko Munywoki[1,2]

THPED018 - 'I CAN' A treatment literacy campaign among PLHIV in Zimbabwe and Malawi
Dr. Mercy Murire[1]

THPED019 - Assessing behavioural Economic Biases Among Refugees with Increased Likelihood of Acquiring TB: A mixed methods Study in UG and KE
Dr. Tom Muyunga-mukasa1

THPED020 - A study on The unmet Sexual and Reproductive Health and Rights (SRHR) Needs of Young Sex Workers in Southern Africa
Mr. Bonface Mwaganu1

THPED021 - Breaking Barriers: Empowering Transgenders through Technology for Safe and Inclusive Sexual Reproductive Health and Rights: Case Study of the ICRHK
Mr. Simon Mwangi[1], Ms Dorah Kobags[1], Ms Aurelia Vose[1], Mr. Mathew Ogutu[1], Mr. David Muchiri[1], Dr. Patricia Owira[1]

THPED022 - Assessment of Adolescent Girls and Young Women HIV Prevention Program Using the Prevention Self-Assessment Tool in Uganda, 2023
Dr. PATIENCE MWINE[1], Dr Peter Mudiope[1]

THPED023 - The influence of the political crisis on HIV/AIDS treatment in Nguti health district of the South West region of Cameroon.
Mrs. Nimbom Nadine Mughain[1,2]

THPED024 - Multi-modal innovations in condom messaging in KwaZulu-Natal, South Africa
Dr. Linda Naidoo[1]

THPED025 - Building self-resilience among Adolescent Girls and young women living with HIV to fight self-stigma- The ICWEA experience.
Miss. Dorothy Namutamba[1]

THPED026 - Zvandiri radio show, championing and strengthening the National Case Management System for the Welfare and Protection of Children in Zimbabwe
Mr. PAUL MAVESERE NDHLOVU[1], Mrs Nicola Willis[1], Mrs Vivian Chitiyo[1], Mrs Abigail Mutsinze[1], Mr Tanyaradzwa Napei[1], Mrs Mather Mawodzeke[1], Ms Sungano Bondayi[1]

THPED027 - Prescription médicamenteuse: évaluation de la polypharmacie dans un centre de prise en charge de PVVIH à Dakar
Dr Alassane Ndiaye[1,2], Dr Kiné NDIAYE[1], Dr Betty FALL[1], Mme Agnès Anna MBAYE[1], Dr Sophiétou Male[1]

THPED028 - Community-mobilization of law enforcement officers and community leaders to address gender-based-violence among female sex workers and reduce HIV/AIDS in Cameroon.
Manquer. Pasma Rosalie NGOUMJOUEN1

THPED029 - Strengthen the 95-95-95 cascade focusing on recently released individuals, Program description in Maputo Municipality
Dr. Teles Nhanombe[1]

THPED030 - Challenges Transgender Individuals Face in Accessing HIV Healthcare in Kenya
Mr. Kelly Njokah1

THPED031 - Mental Health Challenges Faced by Young LGBTQIA Community Members Living with HIV in Kenya's Informal Settlements
Mr. Kelvin Njoroge1

THPED032 - Breaking Barriers: The Power of Chisquares in Seamless Web-Paper Surveys.
Miss. Lungile Nkosi[1], Dr Israel Agaku[1]

THPED033 - Exploring the sexual behavior of male students at a University in South Africa.
Dr. Sinakekelwe Khanyisile Nkwanyana[1]

THPED034 - Public Prejudices Against Key Population HIV Programming in Nigeria: Analysis of the Underlying Opinions Hindering Inclusivity and Driving Rights Violations.
Mr. Ikenna Nwakamma[2], Ms Amber Erinmwinhe[1], Ms Deborah Agbo[1]

THPED035 - Impact Assessment of a Transformational Faith-based Model for HIV-Related Stigma Mitigation
Mr. Ikenna Nwakamma1, Ms Amber Erinmwinhe1, Ms Deborah Agbo1, Ms Princess Okorie[1], Ms Sandra Eke[1], Mr Samson Goyit[1], Dr. Olaniyi Afolabi[1], Dr Charles Okolie[1], Dr Chukwuemeka Amuta1

THPED036 - Assessing Time-to-Diagnosis and Time-to-Antiretroviral Treatment among Infants Exposed to HIV with timely sample collection for Early Infant Diagnosis in Nigeria
Dr. Esther Nwanja[1], Ogheneuzuazo Onwah[1], Otoyo Toyo[1], Uduak Akpan[1], Maria Unimuke[1], Chukwuemeka Okolo[1], Okezie Onyedinachi[1], Adeoye Adegboye[1], Andy Eyo[1]

THPED037 - Selling VMMCs services on virtual platforms: Experiences of Jhpiego South Africa in demand generation
Mrs Wandile Sibisi, Mr Vincent Madlopha, Ms Sibonisiwe Shezi, Mr. Shepherd Nyamhuno[1]

THPED038 - Swimming amongst crocodiles: Rendering VMMC services amongst rival gangs Cape Town, South Africa
Mr Zolani Barnes, Mr Kwezi Shumi, Mr. Shepherd Nyamhuno[1]

THPED039 - Preparedness for emerging infectious disease outbreaks within the military health facilities in Uganda.
Dr. Abdul Nyanzi[1], Dr Denis Bwayo[1], DR MICHAEL SSEMANDA[1]

THPED040 - Title: Addressing Gender-Based Violence and HIV through the Global Fund Program: A Comprehensive Approach in Kisii County
Ms Jeanne Nyapola[1]

THPED041 - Restoring Dignity and Improving the Mental Health of Survivors of Violence through fostering justice for children and young women
Mr. Trevor Nyatsanza[1]

THPED042 - Enhanced Adherence Counselling and Disclosure for children adolescents and young people with virological non-suppression
Dr Beatrice Dupwa[1], Mr Wellington Murenjekwa[1], Dr O Mugurungi[1]

THPED043 - "Where can I get a HIV self-testing Kit?" Social media engagements experiences from HIVST and Self-care campaign in Kenya.
Mr. Israel Nzuki[1]

THPED044 - Effectiveness of audio ADs in influencing uptake of HIVST, linkage to treatment and prevention in Kenya.
Mr. Israel Nzuki[1], Dr Charlotte Pahe[1], Mr Harrizon Ayallo[1]

THPED045 - De stigmatizing the sale of HIV self-testing kits through product bundling: lessons from implementation science in Kenya.
Mr. Israel Nzuki[1], Dr Charlotte Pahe[1], Mr Harrizon Ayallo[1]

THPEE001 - "Inclusive and Innovative Approaches to Overcome AIDS: Empirical Findings from African Interventions"
Mr. Tafara Magidi[1]

THPEE002 - Championing advocacy for domestic resource mobilization for health research and development in Africa
Ms. Ethel Makila1, Mr William Kidega[1]

THPEE003 - South Africa Integrated Differentiated Service Delivery (DSD) Treatment Capability Maturity Model (CMM) and AHD Self-Assessment: Platform to Optimize DSD Scale-Up
Mrs. Lufuno Malala[1]

THPEE004 - Factors associated with oral PrEP use amongst men and women surveyed in three provinces in South Africa, a cross-sectional analysis
Ms Samantha Louise Jack[1], Dr. Catherine Martin[1], Ms Alison Kutywayo[1], Prof Saiqa Mullick[1]

THPEE005 - COVID-19 QuickStart Test & Treat Program: Country Experience, Ghana.
Dr. Alexander Martin-Odoom, Ph.D[1], Mr. Leslie Emegbuonye[1], Dr. Maame Asamoa-Amoakohene[1], Mr. Anthony Dogbedo[1]

THPEE006 - A randomised trial of two-way behaviourally informed text messaging to improve re-engagement in HIV care in South Africa
Ms Christine Njuguna[1], Ms Cara O'Connor[1], Mr Barry Mutasa[1]

THPEE007 - Assessing Minimum Program Requirements Implementation in Liberia: A Comparative Analysis of PEPFAR and Non-PEPFAR Sites for Improved HIV Response.
Mr. Gaspar Mbita[1], Ms. Lauretta W. Nagbe[1], Mr. Saysay M. Kpadeh[1], Dr. Julia Toomey Garbo[1], Dr. Lucretia T. Gbe-Fully[1], Dr. Pius Essandoh[1], Dr. Birhanu Getahun[1]

THPEE008 - Leveraging HIV to Build a Global Health Research and Development (R&D) Equity Advocacy Agenda
Mr. John Meade[1,2], Mrs. Jamie Nishi[1], Ms. Anum Adrees[1]

THPEE009 - CD4 still counts: the changing landscape of near patient CD4 diagnostics
Dr. Timothy Meehan[1], Xuan-Mai Hua Hurpy

THPEE010 - AGILE (Accelerating access to Gender-Based Violence Information and Services Leveraging on Technology Enhanced) Chatbot for high-risk groups
Dr. Peter Memiah[1], Mr Robert Kimathi, Ms Anne Ngunjiri

THPEE011 - Unplanned pregnancy and access to reproductive health during the COVID-19 pandemic among HIV-positive and HIV-negative women in South Africa
Ms. JEWELLE JOANNA SARDIS METHAZIA[1], Mrs Tshegofatso Bessenaar[1]

THPEE012 - Enhancing Pediatric HIV Case Detection and Integrated Service Delivery through a Family-Centered Approach: Lessons from a Community-Based Project in Tanzania
Dr. Mary A Mmweteni[1]

THPEE013 - Community-Led Monitoring for Healthcare Improvement in South Africa: Unveiling Successes, Bottlenecks, and Ongoing Efforts
Mr. David Mnkandla[1], Mr Melikhaya Soboyiso

THPEE014 - Youth programme focused, provincial technical officer placement within the provincial council of AIDS (PCA) structure.
Mrs. Nthabiseng Mogowe[1]

THPEE015 - Differentiated Service Delivery – HIV treatment outcome among people in less intensive models of care in Akwa-Ibom, Nigeria
Mrs. Halima Momodu[1], Dr Oluwafunke Odunlade[1]

THPEE016 - Layering Enhanced Economic Strengthening Interventions to Reduce Vulnerabilities Among Sexually Exploited Minors and Young Women Selling Sex in Zimbabwe.
Mrs. Precious Moyo[1], Mr Hera Casper[1], Dr Joseph Murungu[1], Mrs Shamiso Nyakuwa[1], Ms Imelda Mahaka[1],

THPEE017 - Key Populations outreach activities for scaling up HIV prevention care and treatment services in Harare, Zimbabwe
Mrs. Precious Moyo[1], Dr Joseph Murungu[1], Mrs Shamiso Nyakuwa[1], Mr Casper Hera[1], Ms Imelda Mahaka[1]

THPEE018 - Evaluating the Implementation bottlenecks point of care viral load monitoring as perceived by healthcare workers in Tanzania: A qualitative study
Miss. Perry Perry1,2,3, Mr Alan Mtenga[1]

THPEE019 - Implementing a National Unique Patient Identification System among HIV-Positive Female Sex Workers in Kilifi, Kenya
Mr. David Muchiri[1], Mr Simon Mwangi[1], Miss Marion Asike[1], Mr Gerald Githinji[1], Dr. Patricia Owira[1]

THPEE020 - Using WhatsApp messaging platform to improve weekly reporting in private not-for-profit facilities managed by the Uganda Episcopal Conference in Uganda
Mr. Justus Muhangi[1], Mr. Louis Ocen[1], Dr. Henry Suubi[1], Dr Patrick Kabagambe[1], Mr Ronald Kamara[1], Dr Sam Orach[1]

THPEE021 - Client Satisfaction with service Provision at 6 selected HIV Clinics in Zimbabwe
Mr. Brighton Murimira[1]

THPEE022 - "It's not me alone" Insights from Somois Iguais for improving ART Adherence in Mozambique
Dr. Mercy Murire[1], Dr Paul Bouanchaud[1], Dr Nina Hasen[1]

THPEE023 - Harnessing technology and AI to advance comprehensive STIs and HIV prevention, and treatment. The Zimbabwean story.
Mr. Dean Mutata[1]

THPEE024 - Leveraging faith community competencies to increase HIV service uptake among men in Zambia
Mr. Simon Noah Mutonyi[1]

THPEE025 - Contributing to Improved Viral Load Coverage in Zimbabwe. "Strategies Leading to improved Viral load Coverage"
Mr. Kudzaishe Mutungamiri[1]

THPEE026 - Improved appointment keeping through integration of income generating activities in decentralized ART delivery models,in Mathare North Hospital, Nairobi, Kenya
Mrs. Lilian Mwangi[1], Dr. Susan Arodi[1], Mrs Faith Ruria[1], Dr Reson Marima[1], Dr Elizabeth Kubo[1]

THPEE027 - Increasing HIV prevention services uptake using virtual and safe spaces for key populations to fast track ending AIDS in Zambia.
Mr. James Mwanza[1], Dr Adamson Paxon Ndhlovu[1], Dr Dariot Mumba[1], Ms Lackeby Kawanga[1], Dr Mutinta Nyumbu[1]

THPEE028 - Lessons Learned From A Systems Approach to Effective Grant Management of HIV Investments in Malawi
Mrs. Tamara Mwandira[1], Mr Dyson Telela[1], Mr Andrews Gunda[1]

THPEE029 - How embracing technology and integrating it into health service delivery is reaching underserved young people with HIV services in Zambia
Miss. Mwiche Nachilongo[1]

THPEE030 - Building Data Analytic Skills for Health Information Officers to Improve Decision-Making in HIV Care at Facility Level in Ghana
Mr. David Tetteh Nartey[1], Mr Abdul-Wahab Inusah[1], Mr Yussif Ahmed Abdul Rahman[1], Mr Edward Adiibokah[1], Dr. Henry Tagoe[1], Mr. Alex Angel[1], Mr Zakaria Dindan Issifu[1], Miss Kristin Eifler[1], Dr. Henry Nagai[1]

THPEE031 - Addressing Social and Structural Drivers of HIV, TB, and STIs: Achievements, Challenges, and Best Practices in Mbombela Local Municipality
Ms Priscilla Khethiwe Simelane[1]

THPEE032 - Behavioural barriers to using an interactive voice response system for reporting HIV self-testing results in South Africa
Dr. Neo Ndlovu[1], Ms Caroline Govathson[1], Dr Candice Chetty-Makkan[1], Dr Jacqui Miot[1], Dr Sophie Pascoe[1]

THPEE033 - Programmatic Mapping as a Tool for Scaling Up Key Population Programs: Lessons from the KPSE 2023 Study in Nigeria
Mr. Kufre Ndueso[1,2]

THPEE034 - The Role of Programmatic Mapping in Optimizing Resource Allocation and Target Setting for Key Population Programs in Nigeria.
Mr. Kufre Ndueso[1]

THPEE035 - Co-adaptation of the Safer Choices SRH and HIV program: Schools as platforms for delivery in rural KwaZulu-Natal, South Africa
Miss. Sithembile Ngema[1], Miss Bongimpilo Zulu[1]

THPEE036 - Drivers for Shang Ring (SR) preference over Surgical Dorsal Slit (SDS) method for male circumcision among Zimbabwean boys 13-16 years
Dr. Nehemiah Nhando[1], Mr Handrick Chigiji[1], Dr Brian Maponga[1], Dr Blessing Mutede[1]

THPEE037 - Assessing a multi-pronged strategy to Improve Syphilis Testing Uptake among Pregnant Women in Southern Nigeria, using the RE-AIM Framework
Dr. Esther Nwanja[1], Ogheneuzuazo Onwah[1], Otoyo Toyo[1], Maria Unimuke[1], Uduak Akpan[1], Akudo Alli[1], Chukwuemeka Okolo[1], Okezie Onyedinachi[1], Adeoye Adegboye[1], Andy Eyo[1]

THPEE038 - Effectiveness of the "bring back to care" campaigns in Ugandan military-run HIV antiretroviral therapy (ART) clinics.
Dr. Abdul Nyanzi[1], Dr Bwayo Denis[1], Dr Ssemanda Michael[1], Dr Juliet Akao[4], Mr Twaha Rwegyema[1],

THPEE039 - Enhancing Community-based Case Management of Orphans and Vulnerable Children through Vernacular Audio Job-aid
Mr Lispoh Rugaro, Mr Carrington Mukwekwezeke

THPEE040 - Development of Interactive Web Dashboards for Tuberculosis Control using Open Sources -National Tuberculosis Control Programme (NTP), Zimbabwe
Mr. Handsome bongani nyoni[1]

THPEE041 - Leveraging concerts and festivals to Influence uptake of HIVST and HIV prevention in Kenya.. ***Mr. Israel Nzuki[1], Dr Charlotte Pahe[1], Mr Harrizon Ayallo[1]***

THPEE042 - Impact of Research and Advocacy in Shaping Sexual Reproductive Health and HIV Policies: The Empowered for Change Case Study, Kenya.
Mr. Nicholas Odhiambo[1], Mrs. Patriciah Jeckonia[1], Annrita Ikahu[1]

THPEE043 - Young Advocates Engagement through a Remunerated Approach: A Case Study of the Empower for Change (E4C) Project in Homabay County.
Mr. Nicholas Odhiambo[1], Mrs Patriciah Jeckonia[1], Mrs. Jane Nderi[1],Mrs. Annrita Ikahu[1]

TIME	11:30 - 11:50 & 15:30 - 16:10 hrs	ROOM	Exhibition Hall & Online Platform	DATE	Friday, 08 Dec. 2023

FRPEA001 - Prevalence and correlates of HIV infection among vulnerable older women in rural Uganda: an opportunity for policy HIV prevention interventions
Dr. Gertrude Ddamulira Namale[1], Mr Emmanuel Sendaula[1], Ms Hilda Achayo[1], Mr Silas Masari[1], Ms Josephine Kaleebi[1]

FRPEA002 - Utilization of prevention of mother-to-child transmission (PMTCT) services among pregnant women in HIV care in Uganda
Miss. Rebecca Namyalo[1]

FRPEA003 - services among PLHIV in care and their infants. Improved provider–client .8% vs. 41.7%; p = . POPULATION-BASED SURVEILLANCE OF ANTI-SARS-COV-2 ANTIBODIES ACCORDING TO VACCINE-STATUS IN CAMEROON: EVIDENCE FROM THE EDCTP PERFECT-STUDY RIA2020-EF3000
Desire Takou[1], Grace Beloumou Angong[1], Dr Alex Durand Nka[1]

FRPEA004 - Predictors of deaths in Bacteriologically TB/HIV co-infected patients on Tuberculosis Drug susceptibility in Rwanda: Cross-sectional study
Mr. KIZITO NSHIMIYIMANA[1], Mr. ALBERT NDAGIJIMANA[1]

FRPEA005 - Theory-based intervention on knowledge, Attitude and Acceptance of COVID-19 vaccine among People living with HIV in Ogun state, Nigeria
Dr. Oluwatosin Olu-abiodun1

FRPEA006 - Partner notification services (PNS) a game changer in tracking new HIV Infections at Nyahera sub county hospital, Kisumu County, Kenya
Mr. Duncan Ongayi[1], mrs everlyne metobwa[1]

FRPEA007 - SARS-CoV-2 rapid antigen testing and real-time RT-PCR screening of asymptomatic individuals Living with HIV in Ogbomoso, Nigeria.
Prof. Oluyinka Opaleye[1], Miss Olorunfemi Adedolapo[1], Mr James Oguniran[1], Professor Olusola Ojurongbe[1]

FRPEA008 - Evaluating the Usage of HIV Self-Testing (HIVST) Kits in Selected High Burden Districts in Ghana: A Cross-Sectional Pilot Survey
Mr. Ernest Amoabeng Ortsin[1]

FRPEA009 - SARS-CoV-2 seroprevalence and factors associated in People Living with HIV over the first 12 months following the outbreak of COVID-19
Prof. Abdoul-salam Ouedraogo[1]

FRPEA010 - Anti-SARS-CoV-2 antibodies in people living with HIV in Burkina Faso
Dr. Tani SAGNA[1,2,3]

FRPEA011 - THE EFFICIENCY OF USING COMMUNITY MOBILIZATION IN DENOUNCING COVID 19 VACCINATION MISCONCEPTION IN TURBO SUB COUNTY , UASIN GISHU COUNTY
Miss. Alice Saina[1]

FRPEA012
Willingness of clients attending HIV counseling and testing centers to participate in HIV vaccine trials in FCT, Nigeria.
Mrs. Charity Sanni[1], Mr. Oluwafemi Omonijo[1], Mr. Olawole Ayorinde[1], Ms Chinye Osa-Afiana[1], Mrs. Sussan Israel-Isah[1], Mrs. Stella Ijioma[1], Mrs. Victoria Etuk[1], Prof. Alash'le Abimiku[1], Dr. Evaezi Okpokoro[1]

FRPEA013 - Clinical Performance Evaluation of a CE-IVD Test for Detection of SARS-CoV-2, Flu A/B and RSV Infections in Respiratory Tract Specimens
Lee Wink[1], David New[1], Lakshmi Nellore[1], Erika Pitts[1]

FRPEA014 - HIV-2 drug resistance genotyping and viral load among HIV-2 infected adults in Burkina Faso, West Africa
Dr. Serge Theophile Soubeiga[1]

FRPEA015 - Expanding access to low-priced blood-based HIV self-testing: preliminary findings from Nigeria
Ms. Oluwakemi Sowale[1], Mr. Jibrin Kama[1], Mr. Ameh Adole[1], Mrs. Ngozi Adibe[1], Dr. Opeyemi Abudiore[1], Ms. Folu Lufadeju[1], Dr. Owens Wiwa[1]

FRPEA016 - District-led case finding and onsite mentorship improve tuberculosis case notification among children in Teso region, North Eastern Uganda, 2020-2022
Dr. SAADICK SSENTONGO[1], Dr. Susan Alwedo[1], Dr. Baker Bakashaba[1], Mr. Lameck Bukenya[1], Mr Norbert Adrawa[1], Dr Kenneth Kwenya[1], Mr Gerald Ochieng[1], Mrs Lilian Onega[1] Dr Bonny Oryokot[1], Dr Yunus Miya[1], Dr. Benard Etukoit[1]

FRPEA017 - Integrating NCD screening into routine HIV care among older adult enrolled on ART: Lessons learnt from a project in Zimbabwe
Dr. Kudakwashe Takarinda[1], Dr Efison Dhodho[1], Dr Pugie T Chimberengwa[1], Dr MacDonald Hove[1], Mr Kenneth Masiye[1], Mr Nqabutho Nyathi[1], Mrs Sara Page-Mtongwiza[1], Dr Theonevus Chinyanya[1], Dr Tafadzwa Bepe[1]

FRPEA018 - OPTIMISATION OF AN IN-HOUSE HIV-1 POLYMERASE GENOTYPING PROTOCOL IN CAMEROON
PHD Ezechiel NGOUFACK JAGNI SEMENGUE[1], PHD Georges TETO[1], Msc Desire TAKOU[1], Msc Grace BELOUMOU ANGONG[1], Msc Sandrine DJUPSA DJEYEP[1], PHD Alex Durand NKA[1], Msc Rachel Audrey NAYANG MUNDO[1], Msc Willy Le Roi TOGNA PABO[1], Michel Carlos TOMMO TCHOUAKET[1]

FRPEA019 - Site Directed Mutagenesis Experimental Approach for the Study of the Molecular Mechanism of the Assembly and Formation of HIV-1
Dr. Lakew Temeselew[1]

FRPEB001 - Trends in tuberculosis treatment success rate and associated factors in St.Kizito Matany Hospital, Napak district-Karamoja region. A retrospective cohort study.
Dr. Ronald Opito[1]

FRPEB002 - Déterminants de la suppression virale chez les adolescent (e) s vivant avec le VIH à Ouagadougou au Burkina Faso.
Dr. Sylvie Armelle Panogobné Ouedraogo[1]

FRPEB003 - Gestion des patients présentant une charge virale VIH détectable : expérience de l'hôpital de jour de Bobo-Dioulasso au Burkina Faso
Prof. Gandaaza Euthyme Armel Poda[1], Dr Stephane Sanou[1], Pr Jacques Zoungrana[1], Pr Abdoul-Salam Ouédraogo[1]

FRPEB004 - Profil des personnes vivant avec un handicap et le VIH à Bobo-Dioulasso au Burkina Faso
Prof. Gandaaza Euthyme Armel Poda[1], Pr Jacques Zoungrana[1], Dr Richard RAMDE[1]

FRPEB005 - Prévalence des principaux facteurs de risque communs aux maladies non transmissibles chez les PvVih sous ARV au Burkina Faso
Prof. Gandaaza Euthyme Armel Poda[1], Pr Jacques Zoungrana[1]

FRPEB006 - Le profil des perdus de vue selon le nombre de mois de dispensation des médicaments antirétroviraux au Sénégal en 2022
Dr ABDOULAYE SAGNA[1]

FRPEB007 - Stratégie de dépistage communautaire du virus de l'hépatite B à partir de cas index : exemple du programme CARES
M Benjamin Amaye SAMBOU[1], M Boubacar DIOUF[1], M Chabi Leaonard BINDIA[1], Mme Sally CAMARA[1]

FRPEB008 - Improving the health and wellbeing of HIV positive children under 10: case study in Cabo Delgado, Nampula and Zambezia, Mozambique
Mrs Petronella Chirawu[1], Mr. TONDERAI SENGAI[1]

FRPEB009 - High seroprevalence and factors associated with Hepatitis B virus infection: A snapshot from HIV-1 infected pregnant women population in Tanzania
Mr. Vulstan Shedura1

FRPEB010 - Understanding trends in viral suppression among children living with HIV in Malawi, Uganda and Zimbabwe
Mrs Laurie Gulaid

FRPEB011 - Mortality among people living with HIV in Manicaland and Midlands provinces of Zimbabwe: October 2021 to April 2022.
Dr. Tafadzwa Sibanda[1], Dr Emmanuel Tachiweyika[1], Mr Munyaradzi Dhodho[1], Dr Taurayi Tafuma[1], Mrs Auxilia Muchedzi[1], Dr Morgen Muzondo[1], Mr Talent Tapera[1], Mr Tendai Samushonga[1], Mr Joseph Muguse[1], Ms Belinda Chindove[1], Dr Tichaona Nyamundaya[1]

FRPEB012 - Tuberculosis case finding and advanced HIV disease management using TB Lipoarabinomannan screening: lessons from Manicaland and Midlands provinces, Zimbabwe, 2023.
Dr. Tafadzwa Sibanda[1], Mr Mathamsanqa Ndlovu[1], Dr Emmanuel Tachiwenyika[1], Dr Taurayi Tafuma[1], Dr Khulamuzi Nyathi[1], Mr Tendai Samushonga[1], Mr Joseph Munguse[1], Dr Morgen Muzondo1, Ms Belinda Chindove[1], Dr Tichaona Nyamundaya[1]

FRPEB014 - Unveiling the Journey: A Decade of Survival - Long-term Mortality Among HIV-Positive Patients on Antiretroviral Therapy in Malawi (2011-2021)
Mr. Geoffrey Chiyuzga Singini[1], Dr Thulani Maphosa[1], Mr. Kwashie Kudiabor[1], Mr. Charles Maere[1]

FRPEB015 - Optimizing HIV Care: Targeted Strategies to Mitigate ART Drop-Out in Malawi
Mr. Geoffrey Chiyuzga Singini[1], Dr. Thulani Maphosa[1], Dr. Allan Ahimbisibwe[1], Mr. Kwashie Kudiabor[1], Dr. Charles Maere[1], Ms. Veena Sampathkumar[1]

FRPEB016 - Causes and Characteristics of HIV related in-patient deaths after achieving the 90-90-90 targets: findings from in-patient mortality audits in Zambia
Mr Robert Chirwa[1]

FRPEB017 - Expérience du District Sanitaire de Kolda dans la mise en œuvre du modèle familial de prestation de services différenciés
M. Saloum DIEME[1], Dr Thierno Cherif SY[1], Dr Dame NDIAYE[1]

FRPEB018 - Using Machine Learning to Predict Interruption in HIV Treatment in Uganda.
Mr. Rogers Ssebunya1

FRPEB019 - TB Treatment Outcomes in Ugandan Military Health Facilities: Assessing Success Rates in HIV and Non-HIV Infected Individuals
Dr. Michael Ssemmanda Kyambadde1, Dr. Denis Bwayo1, Mr. Filbert Akatukunda1, Mr. Benjamin Lutimba1, Mr. Twaha Rwegyema1

FRPEB020 - Effectiveness of Community-Owned Resource Persons in Improving TB Case Finding in Teso region, North Eastern Uganda, 2020-2022.
Dr. SAADICK SSENTONGO[1], Dr. Susan Alwedo[1], Dr. Baker Bakashaba[1], Mr. Lameck Bukenya[1], Dr Kenneth kwenya1, Mrs Lilian Onega1, Dr Yunus Miya1, Mr Gerald Ochieng[1], Dr Andrew Kazibwe[1], Mr. Norbert Adrawa[1]

FRPEB021 - Les déterminants de non observance aux ARV chez les patients en rebond virologique au CTA de Dakar
Dr Bessoume Sy[1], Professeur Ndeye Fatou Ngom[1], Dr Kiné Ndiaye[1], Dr Alassane Ndiaye[1], Dr Betty Fall[1], Biologiste Ibrahima Diao[1], assistant social Astou Diagne[1], dispensateur Agnés Anna Mbaye[1],

FRPEB022 - Risk factors for treatment interruption among people on antiretroviral therapy in Manicaland and Midlands provinces of Zimbabwe, 2022.
Dr. Emmanuel Tachiwenyika[1], Mr Munyaradzi Dhodho[1], Mr Brilliant Nkomo[1], Dr Taurayi Tafuma[1], Ms Auxilia Muchedzi1, Dr Khulamuzi Nyathi[1], Dr Morgen Muzondo[1], Mr Tendai Samushonga[1], Mr Mathamsanqa Ndlovu1, Mr Joseph Muguse1, Ms Belinda Chindove1, Dr Tafadzwa Sibanda[1], Dr Tichaona Nyamundaya[1]

FRPEB023 - SOCIODEMOGRAPHIC AND HEALTH SYSTEMS DETERMINANTS OF ART ADHERENCE AMONG HIV PATIENTS IN THE VOLTA REGION OF GHANA: A MULTI-CENTRE STUDY
Prof. Elvis Tarkang[1], Dr Emmanuel Manu[1], Ms Fortress Aku[1], Prof Judith Anaman-Torgbor[1]

FRPEB024 - Expanding access to ART among patients living with HIV through offering flexible and convenient ART clinic operating hours in Malawi. ***Miss. Agnes Thawani[1], Mr Layout Gabriel[1], Mr Johnbosco Mwafilaso[1], Dr Ethel Rambiki[1], Dr Jacqueline Huwa[1]***

FRPEB025 - Weight gain among treatment-naïve persons with HIV starting integrase inhibitors in 12 urban ART facilities in Malawi.
Miss. Agnes Thawani[1], Mrs Jacqueline Huwa[1], Mr Layout Gabriel[1]

FRPEB026 - Coverage of differentiated HIV service models in Burkina Faso
Dr. Ousseni Wendlassida Tiemtore1

FRPEB027 - Missed Opportunities with WHO Criteria for diagnosing Advanced HIV Disease among individuals initiating antiretroviral therapy in Nigeria
Dr. Otoyo Toyo[1], Uduak Akpan[1], Dr Esther Nwanja[1], Dr Ogheneuzuazo Onwah[1], Maria Unimuke[1], Dr Okezie Onyedinachi[1], Dr Adeoye Adegboye[1]

FRPEB028 - Impact de la COVID 19 sur les services de lutte contre le VIH : Expérience de l'Association African Solidarité
Mr. Abdoulazziz Soundiata Traore[1]

FRPEB029 - Recherche active de cas positifs VIH pour l'atteinte du 1er 95 : Stratégie du Centre Médical Oasis de AAS
Mr. Abdoulazziz Soundiata Traore[1]

FRPEB030 - Improving Quality of Care for Recipients of Care (ROC); Case Presentation Masvingo Zimbabwe 2023.
Mr. Charles Uzande[1], Miss Vimbai Ngorima[1], Mrs Noline Mangezi[1], Mr Kudakwashe Jimu[1], Mrs Agatha Chiumburu[1], Mr Munyaradzi Dodo[1], Mr Nehemiah Nhando[1], Mr Jabulani Mavudze[1]

FRPEB031 - TB Treatment Outcome among TB/HIV co-infection and associated factors in Anambra State Nigeria.
Dr. Chukwuemeka Uzoigwe[1], Dr. Chike Ezeanya[1]

FRPEB032 - Acceptance of free cervical cancer screening among Zimbabwean WLHIV: Implications for integration of HPV testing into routine HIV care
Miss. Anjali Vasavada[1], Stefan Wiktor[1], Kerry Thomson[1]

FRPEB033 - HOW DO I OPEN UP? FACTORS ASSOCIATED WITH INTENSIVE ADHERENCE COUNSELLING SESSIONS COMPLETION AMONG HIGH VIRAL LOAD PATIENTS IN NENO0
Mr. Jimmy Villiera[1]

FRPEB034 - Auto Évaluation du rôle des acteurs communautaires et perception des PVVIH et PC dans la réponse au VIH au Mali
Mrs. Mariam Yebedie[1], Mrs Kanuya Coulibaly[1], Mrs Bintou Dembele Keita[1], Mr Mamadou Cissé[1]

FRPEB035 - Dépistage tardif de l'infection à VIH à l'ère du Tester et traiter : un obstacle à l'optimisation du traitement antirétroviral
Docteur Jacques Zoungrana[1], M. Richard S Traore[1], Dr Dogbèponé Somé[1], Dr Lea DA[1], Pr Armel Poda[1]

FRPEC001 - Enhancing HIV testing and treatment services among young bisexual men in Nairobi, Kenya.
Mr. Derrick Omondi[1]

FRPEC002 - A Systematic Review of Methods for Key Population Size Estimation in sub-Saharan Africa
Dr. AMOBI ONOVO[1,2]

FRPEC003 - Bridging the Silos: A Spectrum of Equitable Interventions to address the HIV/ Non-Communicable Syndemic in Kenya
Dr. Susan Onyango[1]

FRPEC004 - Distribution of HIV Recent Infections in Benue State: A Guide to Targeted HIV Prevention Services
Mr. Chukwuemeka Onyenezi[1], Dr. Kelechi Ngwoke[1], Mr. Izuchukwu Ibeagha[1], Mr. Friday Peter1, Mr. Enebi Achimugu[1], Mrs. Lucy Tembe[1], Miss Joy Idawor[1], Mr. Sunday Onoja[1], Dr. Sunday Inya[1], Pharm. Uche Okezie[1], Dr. Prosper Okonkwo[1]

FRPEC005 - Uptake and acceptability of cervical cancer screening among female sex workers in Eastern Uganda, a cross sectional study.
Dr. Ronald Opito[1]

FRPEC006 - GBV in North East Nigeria: Assessing Resettled Migrants in Borno, Adamawa, and Yobe States
Mr. Oluwaseun Oshagbami[1], Dr James Anenih[1], Dr Ishaq Saidu Saadu[1], Mr Paul Obasi, Dr Babayemi Olakunde[1], Miss Joy Egwounu[1], Mr Yomi Olatunji[1], Dr Greg Ashefor[1], Dr Gambo Gumel Aliyu[1]

FRPEC007 - Beyond Clinic Walls: Empowering AYPLHIVs through External Non-Clinical Facilitators in Health Education in Siaya County, Kenya
Mr. Wayne Otieno[1], Mr Hilary Ngeso[1], Mr Dennis Menya[1]

FRPEC008 - Empowering Together: Enhancing Retention and Viral Suppression for Adolescents Living with HIV in Siaya-Kenya through Peer-led Community Adolescent Treatment Supporters
Mr. Wayne Otieno[1]

FRPEC009 - L'impact de la recherche active de la tuberculose associé au dépistage VIH pour l'atteinte du premier 95 de l'ONUSIDA
Dr. Sylvie Armelle Panogobné Ouedraogo[1], Dr Boureima Koumbem[1], Dr Aïssata Kabore[1,2], Mr Ollé Paul Palm[1]

FRPEC010 - Evolution inquiétante de la prévalence du VIH chez les HSH au Burkina Faso : une urgence pour l'action.
Prof. Henri Gautier Ouedraogo[1], Dr Kadari Cisse[1], Dr Sylvie Zida[1], Dr Odette Ky-Zerbo[1], Dr Théophile Soubeiga[1], Dr Dinanibè Kambiré[1], Prof. Tani Sagna[1], Prof. Abdou Azaque Zoure[1], Dr Simon Tiendrebeogo[1], Dr Rebeca Compaoré[1], Mr Charlemagne Dabire[1], Ms Fatou Sissoko[1], Mr Alexandre Yugbaré[1], Prof. Seni Kouanda[1]

FRPEC011 - Séroprévalence du VIH, de la syphilis et de l'hépatite B selon l'identité de genre chez les HSH au Burkina Faso
Prof. Henri Gautier Ouedraogo[1], Dr Kadari Cisse[1], Dr Sylvie Zida[1], Dr Odette Ky-Zerbo[1], Dr Théophile Soubeiga[1], Dr Dinanibè Kambiré[1], Prof. Abdou Azaque Zoure[1], Dr Rebeca Compaore[1], Prof. Tani Sagna[1], Dr Simon Tiendrebeogo[1], Mr Charlemagne Dabire[1], Ms Fatou Sissoko[1], Mr Alexandre Yugbare[1], Prof. Seni Kouanda[1]

FRPEC012 - Impact du COVID-19 sur le bien-être économique, la santé mentale et le risque de VIH chez les HSH au Bénin
M Yemalin Kayode Jeannot Ouessou[1]

FRPEC013 - Improving Sexual and Reproductive Health Outcomes for Adolescent Girls in the kenya through an Integrated HIV Prevention Program
Mr. Stephen Ougo[1]

FRPEC014 - Engaging men to champion better menstrual hygiene management and reduce 'sex for pads' among young women in Mombasa County, Kenya.
Mr. Evance Ouma[1]

FRPEC015 - Men championing PrEP support among male partners of young women to enhance PrEP adherence among young women in Kenya.
Mr. John Oginga[1]

FRPEC016 - Closing case finding gaps in Eswatini through the pharmacy distribution model for HIV self-testing
Phumzile Mndzebele[1], Ryne Paulose[1], Munyaradzi Pasipamire[1], Samuel Kudhlande[1]

FRPEC017 - Expanding Access to Voluntary Medical Male Circumcision for HIV Prevention in Eastern and Southern Africa: program achievements, 2007 - 2022
Dr. Megan Peck[1], Dr. Katherine S. Ong[1], Dr. Todd Lucas[1], Anuska Bhandari[1]

FRPEC018 - Male Circumcision Coverage Increases in Zambia from 2016 – 2021: Findings from the Zambia Population-Based HIV Impact Assessment Surveys
Dr. Megan Peck[1], Megan Bronson[1], Dr. Todd Lucas[1], Dr. Katherine Ong[1], Dr. Carlos Toledo[1]

FRPEC019 - Cervical Cancer and Screening: Knowledge, Awareness, and Attitude among HIV-Infected Women in Nigeria.
Mr. Caleb Peter[1]

FRPEC020 - Factors associated with recent HIV infection in four Nigerian States, 2020–2022
Dr. ABIMBOLA PHILLIPS[1], Mr. Collins Imarhiagbe[1], Mr. Adewale Ogunnaike[1], Mr. Ikpomwonsa Omogun[1], Mr. David Barnabas[1], Mrs. Obioma Azunrunwa[1], Mr. Ray-Desmond Umechinedu[1], Mr. Adebola Adekogbe[1], Mr. Lukebest Okenu[1], Miss. Rose Ibanichuka[1], Mrs. Ezinne Akinola[1], Dr. Francis Ogirima[1], Dr. Pius Christopher-Izere[1]

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Mr. Arnold Pinias[1], Ms Charity Giyava[1], Ms Nicole Kawaza[1]

FRPEC022 - Are Monitoring and Evaluation Systems Ready for Integration of HIV Prevention and Contraception? A Review of Challenges and Opportunities
Miss. Danielle Resar[1]

FRPEC023 - Factors influencing exclusive breastfeeding among children born to HIV positive mothers attending public health facilities in western Ethiopia: Cross-sectional study.
Mr. Elias Roro[1]

FRPEC024 - Longitudinal patterns of PrEP use among young women who sell sex in Uganda: a group-based trajectory modeling approach
Dr. Joseph Rosen[1], Dr. Amrita Rao[1], Dr. Katherine Rucinski[1]

FRPEC025 - Adolescent girls and young women in mining and road construction are at risk of HIV infection: Lessons from Ruvuma, Tanzania
Miss. Jacqueline Ruhundwa[1], Ms. Debora Frank[1], Ms. Dorica Boyee[1], Miss. Agness John[1], Mrs. Grace Daniel[1], Mr. Bernard Ogwang[1]

FRPEC026 - Services for Sexually Exploited Minors and Young Women Selling Sex Enrolled in DREAMS program, Matabeleland North, Zimbabwe
Miss. Sitshengisiwe Ruzibe[1], Mr Casper Hera[1], Mrs Precious Moyo[1], Dr Joseph Murungu[1], Mrs Shamiso Nyakuwa[1], Ms Imelda Mahaka[1]

FRPEC027 - Prise en charge des lésions précancéreuses du Cancer Col de l'Utérus (LPCCU) chez les femmes séropositives au CM OASIS
Mme. Kindo S Safietou[1]

FRPEC028 - Examining the Tuberculosis (TB) Incidence in Children, Adolescents and Adults Living with HIV Compared to Those without HIV in Jinja-City.
Miss. Halima Sairo[1], Mr. Pacificus Kwesiga[1]

FRPEC029 - Geographic variation in structural factors driving HIV risk among Adolescent Girls and Young Women in five Sub-Saharan Africa countries
Miss. Dineo Sekgobela[1], Professor Elona Toska[1], Dr Pertina Nyamukondiwa[1], Dr Martina Mchenga[1], Dr Brendan Maughan-Brown[1], Ms Grace Gwini[1], Dr Bolade Banougnin[1], Mr Denis Okova[1], Ms Rita Tamambang[1]

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Mr. TONDERAI SENGAI[1]

FRPEC031 - Isisekelo Sempilo Randomised Controlled Trial: HIV prevention integrated with sexual reproductive health or peer support for youth in KwaZulu-Natal
Prof. Maryam Shahmanesh[1]

FRPEC032 - Perceptions of new long-acting HIV Pre-exposure Prophylaxis formulations among South African students: A qualitative study
Mrs. Patience Shamu[1], Professor Saiqa Mullick[1]

FRPEC033 - Prevalence of hepatitis B virus and associated factors among youth in southern-central Ethiopia: A community based cross-sectional study
Dr. Tarekegn Shanka[1], Mr Zeleke Tadesse[1], Mr Desalegn Tsegaw[1], Ms Selam Fenta[1]

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Dr. Danielle Sharpe[1], Rebecca Laws[1], Christine West[1], Gaston Djomand[1]

FRPEC035 - Realities faced by street children predisposing them to HIV and STIs in Dodoma and Dar es Salaam Cities in Tanzania.
Mr. Simon Shilagwa[1], Ms. Elizabeth Msuya[1], Mr. Pelezi Nducha[1], Mr. George Vedasto[1], Mr. Amir Mchangi[1], Mr. Erasto Mzena[1], Mr. Godfrey Slavius[1]

FRPEC036 - Factors associated with HIV in adolescents and young adults in Zambia: Findings of the 2021 Population based HIV Impact Assessment
Ms Mwiche Siame[1], Mr. Mukuka Mwamba[1], Mr. Peter Funsani[1], Dr. Suwilanji Sivile[1], Mr. Mwango Mutale[1], Dr. Bupe Musonda[1]

FRPEC037 - Séroprévalence de l'hépatite virale B chez les donneurs de sang en Afrique : revue systématique et méta-analyse
Dr. Abibou Simpore[1], Msc Patrice A. Soubeiga[1], Pr Elie Kabre[1]

FRPEC038 - Verification of dried blood spot as sample type for HIV VL and early infant diagnosis on Hologic Panther in Zambia
Miss. Precious Simushi[1], Miss Mukoshya Kalunga[1], Miss Tuku Mwakyoma[1], Miss Mulenga Mwewa[1], Mr Lweendo Muchaili[1], Miss Nchimunya Hazeemba[1], Miss Chileshe Mulenga[1], Miss Patience Mwewa[1], Dr Kaseya O Chiyenu[1], Dr John Kachimba[1]

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Dr. Shannon Allen[1]

FRPEC040 - Facilitators and Barriers to Adolescent LARC use: Insights from HPTN 084-01 study
Dr. Bekezela Siziba[1], Mrs Miria Chitukuta[1], Dr Lynda Stranix-Chibanda[1]

FRPEC041 - High Rates of STIs among Female Sex Workers on Oral PrEP in Harare, Zimbabwe
Dr. Bekezela Siziba[1], Mr Bernard Ngara[2], Ms Miria Chitukuta[1], Dr Tariro Chawana[1], Dr Felix Muhlanga[1], Dr Nyaradzo Mgodi[1]

FRPEC042 - Le partage du statut VIH dans le couple, une stratégie efficace pour l'atteinte des 3x95 dans le district de Kolda.
M. Mahamady SOUANE[1], Dr Thierno Cherif SY[1]

FRPEC043 - Is there a correlation between Recent HIV Infection and Advanced HIV Disease: Findings from Nigeria
Ms. Oluwakemi Sowale[1], Dr. Opeyemi Abudiore[1], Mr. Williams Eigege[1], Dr. Nere Otubu[1], Ms. Folu Lufadeju[1], Dr. Owens Wiwa[1].

FRPEC044 - Identification of advanced HIV disease among newly enrolled clients on ART in Teso region, North-Eastern Uganda: A quality improvement Intervention.
Dr. SAADICK SSENTONGO[1], Dr. Susan Alwedo[1], Dr. Baker Bakashaba[1], Dr. Muhairwe Ninsiima[1], Mr Lameck Bukenya[1], Dr. Connie Nait[1], Dr Charles Oboti[1], Dr William Okello[1], MR Joshua Kamulegeya[1], Dr. Simple Ouma[1], Dr Bonniface Oryokot[1], Mrs Norbert Adrawa[1], Dr Yunus Miya[1].

FRPEC045 - Engaging Indigenous Kraal leaders to improve HIV Testing and Treatment in a Nomadic population; Case of Karamoja region, North-Eastern Uganda.
Dr. SAADICK SSENTONGO[1], Dr. Denis Olweny[1], Dr. Godfrey Muzaaya[1], Dr. Baker Bakashaba[1], Dr Susan Alwedo[1], mr lameck Bukenya[1], Dr Badru Sematta[1], Dr. Yunus Miya[1], Dr Bonniface Oryo-

kot[1], Dr. Norbert Adrawa[1]

FRPEC046 - Factors associated with suboptimal continuation of HIV pre-exposure prophylaxis medicines among HIV negative clients in Manicaland and Midlands provinces, 2023.
Dr. Emmanuel Tachiwenyika[1], Mr Mathamsanqa Ndlovu[1], Dr Taurayi Tafuma[1], Ms Auxilia Muchedzi[1], Dr Khulamuzi Nyathi[1], Dr Morgen Muzondo[1], Mr Tendai Samushonga[1], Mr Joseph Muguse[1], Ms Belinda Chindove[1], Ms Jennifer Mafara[1].

FRPEC047 - FACTORS INFLUENCING THE UPTAKE OF COVID-19 VACCINE AMONG HEALTHCARE WORKERS IN SOUTH TONGU DISTRICT, GHANA: AN INSTITUTIONAL-BASED CROSS-SECTIONAL STUDY
Prof. Elvis Tarkang[1], Ms Melody Bedi[1]

FRPEC048 - Cervical Cancer Screening and Treatment Among Women Living with Human Immuno-deficiency Virus in Malawi
Mr. Timothy Tchereni[1], Mrs. Chifundo Makwakwa[1], Ms. Frehiwot Birhanu[1], Mr. Andrews Gunda[1]

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VARIABILITY OF HIGH-RISK HUMAN PAPILLOMAVIRUS AND ASSOCIATED FACTORS AMONG WOMEN IN SUB-SAHARAN AFRICA: A SYSTEMATIC REVIEW AND META-ANALYSIS
Dr Samuel Martin Sosso[1], Dr Rachel Kamgaing Simo[1], Mrs Aissatou Abba[1]

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Dr. Catherine Toure Cormont[1], Dr Zinsou Selom DEGBOE DEGBOE[1], Mme Mekeda GRUNITZKY[1], Dr Kouassi Emmanuel MESSANVI MESSANVI[1], Mr Yves EDRITH[1], Mr Proper Denis NADOR[1]

FRPEC051 - Adverse Childhood Experiences and Disengagement from HIV Care: A Case-Cohort Study in Tanzania
Miss. Sydney Tucker[1], Miss Solis Winters[1], Dr. Patrick Bradshaw[1], Dr. Laura Packel[1], Dr. Sandra McCoy[1]

FRPEC052 - The use of index triage nurses and expert clients in improving index testing uptake
Dr. Basil Uguge[1], Dr Musa Idris Maiyamba[1], Dr Alice Kisakye[1], Ramathan Nsubuga[1], Alrine Cole[1], Chika Okongwu[1], Potho Kamara Mohamed[1], Kanja Lawrence[1], Khadija Bangura[1], Brian Tuboku-Metzger[1], Matthew Conteh[1], Musa Koroma[1], Victoria Kamara[1], Baindu Kosia[1]

FRPEC053 - Moonlight Outreach: An effective approach for Reaching Female Sex Workers with HIV Testing and PrEP Services: The Sierra Leone Experience
Dr. Basil Uguge[1], Dr Alice Christensen[1], Dr Godswill Agada[1], Dr Silvia Kelbert[1], Dr Muniru Salifu Wills[1], Dr Musa Idris Maiyamba[1], Musa Koroma[1], Baindu Kosia[1]

FRPEC054 - Enhanced Peer Led Contact Tracing and Testing – A Promising HIV Case Finding among Adolescent Girls and Young Women.
Dr. Peris Urasa[1] 1Health and Medical Foundation

FRPEC055 - Leveraging on peer IPC recruitment to accelerate VMMC demand for men between 15-29 age group. Masvingo Multi-Level Marketing 2023.
Mr. Charles Uzande[1], Mr Trymore Mandangu[1], Mrs Noline Mangezi[1], Mr Elshadai Mahuda[1], Dr Nehemiah Nhando[1]

FRPEC056 - VIH ET SYPHILIS CHEZ LA FEMME ENCEINTE AU BURKINA FASO : RESULTATS DE LA SEROSURVEILLANCE DANS LES SITES SENTINELLES 2020
M. Ouedraogo W Théophile[1]

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Mr. Ricardo Walters[1], Mrs. Zuki Ntshuntsha[1]

FRPEC058 - Enhanced Polling Booth Survey (ePBS) – A novel methodology to assess programme outcomes in HIV prevention programmes
Mrs. Rodah Wanjiru[1]

FRPEC059 - Evidence Generation on Ageing Women Living with HIV in Zimbabwe. An Investment Case to Close the Gap in Ending AIDS
Ms Tendayi Westerhof[1]

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Mrs. kidist Zealiyas[1,2], Dr. Nega Berhe[1], Dr. Aklilu Feleke[1]

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Dr. Sylvie Zida[1], Dr. Kadari Cissé[1], Dr. Odette Ky-Zerbo[1], Dr. Dinanibè Kambiré[1], Dr. Théophile Soubeiga[1], Dr. Simon Tiendrebéogo[1], Mme Fatou Sissoko[1].

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Miss. Olendo Obondo[1], Mr Timothy Wafula, Miss Pauline Omoto
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Miss. Geogina Obonyo[1], Miss Shillah Mwaniga[1], Mr Joseph Kathono[1], Miss Edith Nyambura[1], Mr Vincent Nyongesa[1], Dr. Obadia Yator[1], Miss Marcy Levy[1], Miss Joanna Lai[1], Dr Manasi Kumar[1]
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Miss. Geogina Obonyo[1], Mr Seif Mali Jira[1], Mr Enos Opiyo[1]

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Miss. Eunice Odera[1]

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Mr Charles Emma Ofwono

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Miss. Jessica Oga[2], Mr Olamide Omigbile

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Mr. Vincent Ogolla[1], Mr. Gabriels Kotewas[1]

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Miss. Grace Mmesomachi Oji[1]

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Dr. Temitope Oke[1], Dr. DeMarc Hickson[1]

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Mr. Melody Okereke[1]

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Dr. Lillian Okui1

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Mr. Isaac Omondi[1], Mr Giovanni Giordana[1], Mrs Mutinta Hambayi[1]

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Mr. Wayne Otieno[1], Mr Dennis Menya[1], Mr Hilary Ngeso[1]

FRPED014 - Fostering Resilience: Community Trauma Response Hubs Amplifying Access to Psychosocial Support for Sexual Gender-Based Violence Survivors in Siaya, Kenya
Mr. Wayne Otieno[1], Mr Hilary Ngeso[1], Dr. James Kisia[1], Mr. Dennis Menya[1]

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Mr. HARRISON OUMA[1]

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Mrs. Immaculate Owomugisha Bazare[1]

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Mrs. Edna Maura De Castro Paunde Xavier[1], Mrs Aleny Couto[1], Mr Irenio Gaspar[1]

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Dr. Nankie Makapane Ramabu[1], Ms Rebecca Nkalanga[1], Mrs Bridget Lorato Mphusu[1], Mrs Bopedzo Moalosi[1], Mrs Bonolo Kelefang[1], Mrs Boitumelo Morapedi[1], Mr Goitsemodimo Majaha[1]

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Miss. Letitia Rambally Greener[1], Ms Lungile Zakwe[1]

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Miss. Emily Reitenauer[1]

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Ms. Carmen Roebersen[1]

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Mr Matthew Wolfe[1], Dr. Bintou Tioté[1], Miss. Samantha Royle[1]

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M Souleymane SAMAKE[1]

FRPED024 - Emerging issues affecting the fight against the HIV epidemic and the implications in Malawi
Others. Eric Sambisa[1]

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M. Arthur Jean Christian Sawadogo[1]

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Ms. Delphine Schlosser[1], Mr Ronald Tibiita[1]

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Dr. Ann Sellberg[1], Mrs Vivian Chitiyo[1], Mrs Audrey Shava[1]

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Mr. Paul Sixpence[1]

FRPED029 - Rural youth: Underserved and Unsafe When Seeking Care
Miss. Liyema Somnono[1]

FRPED030 - Addressing HIV&AIDS, Violence, stigma and discrimination among vulnerable women in workplaces in Uganda
Mr. George Tamale[1]

FRPED031 - Extending SRHR services to vulnerable and most-at –risk workers in Uganda through private sector business operations.
Mr. George Tamale[1], Mr Geoffrey Oggutu

FRPED032 - Collaborative Monitoring & Evaluation to Support Learning and Strengthen Advocacy Coalitions: The MERL Hub
Miss. Grace Tetteh[1]

FRPED033 - Accelerating Sexual Reproductive Health and Rights for Key Population Members as comprehensive approach for service delivery for AIDs.
Mr. Joe Thomas[1]

FRPED034 - Gender-Based Violence in the Context of HIV Service Provision: Prevalence and Care Considerations in Ghana
Mrs. Shirley Akyere Thompson[1], Mr. David Tetteh Nartey[1], Mr. Abdul-Wahab Inusah[1], Mr. Thomas Ayuomah Azugnue[1], Mr. Edward Adiibokah[1], Dr. Henry Tagoe[1], Mr. Zakaria Dindan Issifu[1], Dr. Felicia Amihere[1], Ms Jessica Posner[1], Mr. Alex Angel[1], Mr. Yussif Ahmed Abdul Rahman[1], Dr. Henry Nagai[1]

FRPED035 - Turning the tide for HIV among AGYW in a mixed epidemic: HIV risk determinants among 15-24 year-old AGYW in Cameroon
Prof. Elona Toska[1]

FRPED036 - Investing in Girls and Young Women: Breaking the Silence and Advocating for Women's Rights in HIV Response in Rwanda
Mr. Jean Berchmans TUGIRIMANA[1]

FRPED037 - Role of stigma in PrEP use among adolescent girls and young women in southern and east Africa: Framework for action
Dr. Waimar Tun[1]

FRPED038 - Understanding the barriers to accessing PrEP and PEP by adolescents and youths in Nigeria's underserved community: A healthcare providers' perspective
Miss. Blessing Ujam[1]

FRPED039 - Empowering Teenage Mothers: The Impact of Gender-Based Violence Clinical Outreach in Addressing Their Challenges
Mrs. Marie Olive Uwera[1]

FRPED040 - Health Programming on Radio: A drive for increased HIV case finding and linkage to care in Port Harcourt, Nigeria
Mr Lawrence Linus Wakdet[1]

FRPED041 - When digital networks become physical: heightened HIV risk for adolescent girls and young women in South Africa ***Dr. Melissa Wallace[1]***

FRPED042 - HIV and People Living with HIV: A Comprehensive Study on the Challenges and Implications for Prevention, Treatment, and Support
Miss. Roselyne Wandaki[1]

FRPED043 - Upholding Human Rights and Improving HIV Services for Migrant Sex Workers in Kenya
Miss. Veronica Were[1]

FRPED044 - HIV & AIDS RELATED STIGMATIZATION & DISCRIMINATION EXPERIENCES OF PLHIVS IN THE UPPER WEST REGION
Mr. Dramani Yakubu[1]

FRPED045 - Reliving stigma: Exploring the impact of HIV-ARV stigma on Covid-19 vaccination uptake among women in Kisa West in Kenya.
Miss. Mariam Florence Yusuf[1]

FRPEE001 - Facilitating cross-country learning in HIV prevention through virtual platforms- Lessons from the south-to-south learning network's Link & Learn Sessions.
Dr. Thomas Okoi Ofem[1]

FRPEE002 - Examining HIV Essential Medicines Access in Nigeria: A Comparative Study of South-South and North-East Regions Through WHO Health Systems Framework
Miss. Yemisi Ogundare[1]

FRPEE003 - Enhancing the capacity of the Malawi Ministry of Health's responsiveness to HIV/AIDS through on-the-job training and supportive supervision.
Charles Nzawa[1], Kondwani Shaba[1], Charles Chimenya[2], Daniel Tadesse[1], Lumbani Makwakwa[3]

FRPEE004 - Adult Antiretroviral Therapy Optimization and Multi-Month Dispensing Scale-up, Putting Nigeria On Track to Achieve HIV Epidemic Control.
Matthew Attah[1]

FRPEE005 - Community Health Volunteers as key drivers of Access to Primary Health Care(PHC) Services by People Living with HIV(PLHIV) in Lamu,Kenya
Mr. Dalmas Onyango[1]

FRPEE006 - Leveraging partnerships to sustainably grow private sector market for HIV Self Testing (HIVST) in Uganda.
Mr. Jude Oriokot[1], Mr. Baker Lukwago[1], Mrs Debora Kyamagwa[1], Mr. Geoffrey Taasi[2], Mrs Mariam Luyiga[1], Mr Peter Buyungo[1]

FRPEE007 - De-Medicalizing HIV Self Testing: Expanding Access through Supermarket Channel in Uganda.
Mr. Jude Oriokot[1], Mr. Geoffrey Taasi[2], Mr Baker Lukwago[1], Mrs. Debora Kyamagwa[1], Mrs Mariam Luyiga[1]

FRPEE008 - Assessing readiness for long-acting HIV treatments: findings from Kenya, Nigeria, and South Africa
Dinesh Rathakrishnan[1]

FRPEE009 - Is it Important to ART Clients? Assessing the Content Validity of a Person-Centered Care Assessment Tool in HIV Treatment Settings
Mrs. Jessica Posner[1], Dr Henry Tagoe[2], Amy Casella

FRPEE010 - Do ART Providers and Clients Agree? Assessing the Score Consistency of a Person-Centered Care Assessment Tool in HIV Treatment Settings
Mrs. Jessica Posner[1], Amy Casella1, Henry Tagoe[2]

FRPEE011 - Exploring the Feasibility of a Quality Improvement tool to improve PCC service delivery among health facility staff in HIV Treatment
Mrs. Jessica Posner[1], Dr Henry Tagoe[2], Malia Duffy, Amy Casella[1], Caitlin Madevu Matson[1]

FRPEE012 - Using Digital Solutions to increase HIV services uptake among children, adolescents and young women in Botswana. ***Miss. Mathabo Relebohile Pule, Miss Thandi Tumelo, Mr Clement Tawanda Murambi, Mrs Dorothy***

FRPEE013 - 'We are family': The value of client-centred approaches to supporting retention among key populations living with HIV in Nigeria
Ms. Carmen Roebersen[1], Henry Okiwu[2], Shannon Thomson[3]

FRPEE014 - Untapped community mobilisers for improving paediatric HIV in Nigeria
Ms. Carmen Roebersen[1], Aisha Nantum Dadi[2], Godpower Omoregie[2], Shannon Thomson[3]

FRPEE015 - The last mile: Finding and caring for children living with HIV in Zimbabwe
Ms. Carmen Roebersen[1], Musa Hove[2], Sazilinah Makumbe[2], Runyararo Mutariswa[2], Shannon

FRPEE016 - Together we stay on: Lessons learned from a people-driven approach to support retention in care among PLHIV in Mozambique
Ms. Carmen Roebersen[1], Shepherd Chimurambe[2], Helen Hallstrom[2], Shannon Thomson[3]

FRPEE017 - Potential promises and pitfalls of point-of-care viral load monitoring to expedite HIV treatment decision-making in rural Uganda: a qualitative study
Dr. Joseph Rosen[1]

FRPEE018 - Integration of hypertension and diabetes care with HIV care in primary healthcare clinics in Zambia
Dr. Linda Sande[1]

FRPEE019 - Collaborative Continuous Quality Improvement Approach to Enhance Early Infant Diagnosis: Multi-country Secondary Analysis
Dr Emile Nforbih Shu[1]

FRPEE020
DREAMS Ambassadors increase HIV self-testing uptake by male partners of young women in Zimbabwe
Dr. Langalokusa Sibanda[1]

FRPEE021 - mHealth strategies to engage youth in HIV prevention and clinical trials in Zimbabwe: Consultative co-design workshops findings
Mr. Marvelous Sibanda[1]

FRPEE022 - The Effectiveness of Social Network Strategy in HIV Case Finding among Key Populations
Dr. Mainza Bubala[1], Dr. Mainza Bubala[1]

FRPEE023 - Attaining Pediatric Viral Load Suppression through OVC Programming in Western Province, Zambia
Dr. Mainza Bubala[1], Mr. Alex Machaye[1]

FRPEE024 - Long-term effects of donor transition on HIV diagnostic services at sub-national level in Uganda: a qualitative study.
Dr. ERIC SSEGUJJA[1]

FRPEE025 - What are the Costs of HIV Programs for Adolescent Girls and Young Women? – Need for a Unit Cost Database
Mr. Peter Stegman[1]

FRPEE026 - Redefining Coalition Governance and Leadership in Support of Decolonizing Global Health: The Evolution of the COMPASS Coalition
Mr. Richard Muko[1]

FRPEE027 - Contribution des acteurs communautaires dans la prévention de la transmission mère enfant de l'infection VIH
M Moussa Traore[1]

FRPEE028 - Towards Pandemic Preparedness: Setting up a Regional Emergency Operations Center in Eastern Uganda
Dr. Esther Angelina Joyce Machakaire[1]

FRPEE029 - An effective monitoring and evaluation system improves service delivery and completion of primary and secondary (DREAMS) services among enrolled AGYW.
Mr. Alfred Tumusiime[1]

FRPEE030 - Let's Chat! A digital chatbot tool for self-assessing HIV risk and prevention for cisgender women and transgender men in Nigeria
Dr. Waimar Tun[1]

FRPEE032 - Assessing the Role of Digital Health Technologies in Improving HIV Prevention and Care Services in Refugee Communities in Uganda
Dr. Muhumuza Umar[1]

FRPEE033 - Effect Of Men's Clinic Initiative As A Differentiated Service Delivery Model For Men Living With HIV: A Retrospective Cohort Design
Dr. Natalie Vlahakis[1]

FRPEE034 - From beneficiaries to Rightsholders: good practices in civic participation to link monitoring, accountability, quality improvement and retention in care.
Mr. Ricardo Walters[1], Ms. Zuki Ntshuntsha[1]

FRPEE035 - Utilizing Telehealth Services to Address HIV Spread in Kenya's LGBTQ+ Communities within Slum Settings.
Mr. Harrison Wanjohi[1]

FRPEE036 - Optimal Placement of Point-of-Care Infant HIV Testing Platforms in Zimbabwe: Maximizing Life Expectancy and Ensuring Equitable Resource Distribution
Dr Carolina Vivas-Valencia[2], Dr. Karen Webb[1], Clare Flanagan[3], Dr Kudakwashe Takarinda[1], Anesu

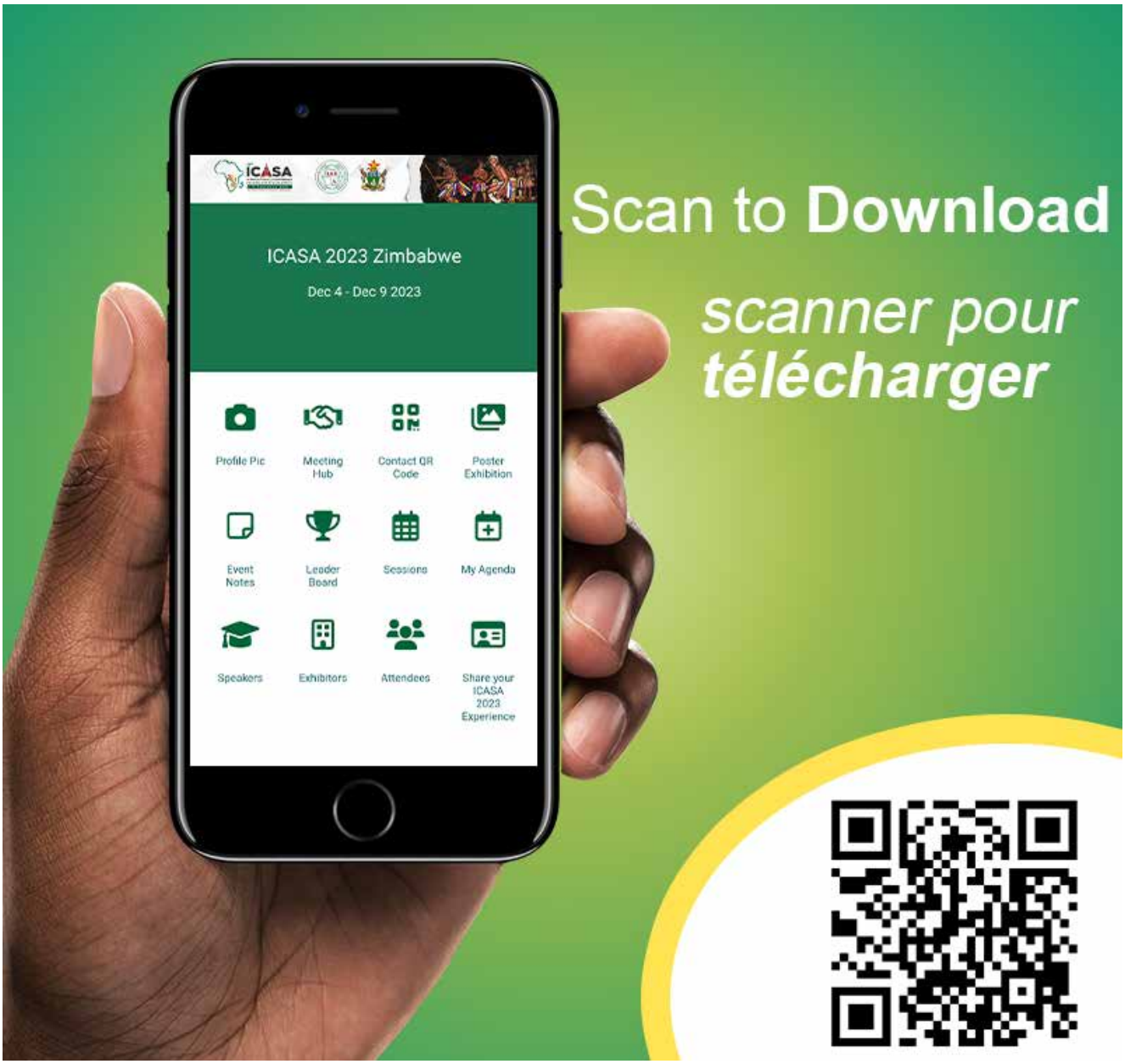
FRPEE037 - Where to from here?: Role of NGOs in the HIV response and implications for transitional funds and implementation science
Dr. Karen Webb[1,4]

FRPEE038 - Evaluation des associations Trans* dans une démarche de capacitation pour la réduction de leur vulnérabilité face au VIH
M N'dri Joachin Yao[1]

FRPEE039 - Strengthening Key Population Data Reporting in Ghana's National Reporting System: Insights from the USAID Strengthening the Care Continuum Project
Mr. Paul Yikpotey[1]

FRPEE040 - Facilitators and barriers to access of HIV prevention and treatment service delivery among MSM in Kenya
Mr. Silvano Tabbu[1]

FRPEE041 - Misconceptions and sexual-norms that pre-dispose learners to teenage pregnancy and HIV: Opportunities for school-based interventions in rural KwaZulu-Natal, South Africa
Ms. Bongimpilo Zulu[1]



SPECIAL SESSION/ SESSION SPÉCIALE

Date	Tuesday, 05 December 2023
Session Title	Education Plus investment cases for transformative results –"Leveraging girls completion of secondary education for HIV prevention".
Time	10:45 AM - 11:30 AM
Session Room	Diamond 1 & 2
Session Chair	Diene Keita, *Deputy Executive Director (Programmes), UNFPA*
Session Co-Chair	Pertulla Ezigha, *Leap Girl Africa, Cameroon*
Speaker(s)	• Hon. Pauline Nalova Lyonga Egbe, *Minister of Secondary Education, Cameroon* • Hon. Franz Fayot, *Minister, Development Cooperation and Humanitarian Affairs, Grand Duchy of Luxembourg* • Doreen Moraa, *Education Plus Women's Leadership Hub* • Hon. Douglas Syakalima, *Minister of Education Zambia*

Session Title	Ending AIDS in pediatric and children by 2030
Time	10:45 AM - 11:30 AM
Session Room	Jakaranda 1 2 3
Session Chair	Miss. Kyomuhangi Lillian Mworeko
Session Co-Chair	Prof. Morenike Folayan, ***SAA Treasurer, SAA***
Speaker(s)	• M. Patrick Alain FOUDA, *Réseau des Jeunes Positifs du Cameroun* • Anne Githuku–Shongwe, *Regional Director UNAIDS – East and Southern Africa* • Ana Sango, *GNP+*

Session Title	Making it last longer: considerations for HIV treatment optimization for children
Time	12:05 PM - 12:50 PM
Session Room	VIP Lounge
Session Chair	Dr. Lynda Stranix-Chibanda
Session Co-Chair	Dr. Nicaise Ndembi, *Africa CDC*
Speaker(s)	• Dr. Aleny Couto, *STI and HIV/AIDS Program, Ministry of Health, Mozambique* • Dr. Victor Musiime, • *Makerere University, College of Health Sciences, School of Medicine, Department of Paediatrics and Child Health, in Kamp* • Dr. Natella Rakhmanina, • *The George Washington University, Division of Pediatric Infectious Diseases, Washington, DC, USA*

Session Title	CLM as part of national monitoring: Are we ready?
Time	2:05 PM - 2:50 PM
Session Room	Diamond 1 & 2
Session Chair	Chris Mallouris, *UNAIDS*
Session Co-Chair	Dr. Aliou Sylla, ***SAA Treasurer, SAA***

Speaker(s)	• Solange Baptiste, *ITCP Global* • Humphrey Ndondo, *National Aids Council Zimbabwe* • Donald Denis Tobaiwa, *Jointed Hands Welfare Organisation (JHWO)*

Date	Wenesday, 06 December 2023
Session Title	Socio-Economic empowerment policies for HIV prevention among adolescent girls and young women: End Gender inequalities to end AIDS
Time	12:05 PM - 12:50 PM
Session Room	Jakaranda 1 2 3
Session Chair	Dr. Nyaradzai Gumbonzvanda, *AU Goodwill Ambassador*
Session Co-Chair	Mrs. Itumeleng Komanyane, *Frontline AIDS*
Speaker(s)	• Anne Githuku–Shongwe, *Regional Director, UNAIDS– East and Southern Africa,* • Silindokuhle Hlazo, *Coordinator, Young Women for Life Movement, South Africa* • Hon. Jean Sendeza, *Minister of Gender, Malawi* • Precious Ntombifuthi Shongwe, *Acting Coordinator, SNYP+* • Duduzile Simelan, *Director, DSD, SADC Secretaria*

Session Title	Human Rights & Legal Environment
Time	1:05 PM - 1:50 PM
Session Room	Plenary
Session Chair	Brian Kanyemba, *Advocates for Prevention of HIV and AIDS in Africa(APHA)*
Session Co-Chair	Chris Mallouris, *UNAIDS*
Speaker(s)	• Ricki Kgositau, *AQYI* • Frank Mugisha, *Sexual Minorities Uganda (SMUG)* • Fadzai Traquino, *Women Lawyers Organisation*

Session Title	Gender Based Violence among young people at risk for HIV or living with HIV: impact on mental health, sexual risk behaviour and PrEP/ART uptake/ adherence/persistence
Time	1:05 PM - 1:50 PM
Session Room	VIP Lounge
Session Chair	Niyi Oluolape, *Country Representative, UNFPA Somalia*
Session Co-Chair	Dr. Ignatia Nonhlanhla Ndlovu, *SAA*
Speaker(s)	• Dr. Linda Barlow-Mosha, *Makerere University - Johns Hopkins University Research Collaboration Uganda)* • Tafadza Clemence Mhakakora, *WRHI* • Dr. George Odwe, *Head of the GBV program Population Council*

Date	Thursday, 07 December 2023
Session Title	Diagnosis and management of Advanced HIV disease.
Time	1:05 PM - 1:50 PM
Session Room	Jakaranda 1 2 3
Session Chair	Vuyiseka Dubula
Session Co-Chair	Wim Vandevelde, *Global Network Of People Living With HIV - GNP+*
Speaker(s)	• Dr. Cleophas Chimbetete, *Ruedi Luethy Foundation* • Kenneth Mwehonge, *HEPS UGANDA* • Patricia Asero Ochieng, *Ringa Women, Fighting Aids Group*

Date	Friday, 08 December 2023
Session Title	Shortening the time for access to new HIV, tuberculosis and malaria prevention technologies in Africa
Time	10:45 AM - 11:30 AM
Session Room	Diamond 1 & 2
Session Chair	Prof. Chiratidzo Ndlovu, *Faculty of Medicine and Health Sciences University of Zimbabwe*
Session Co-Chair	Dr. Frank Lule, *WHO Ghana*
Speaker(s)	• Dr. Vonai Teveredzi Nee Chimhamhiwa, *UNICEF South Sudan* • Prof. Quarraisha Abdool Karim *ASSOCIATE SCIENTIFIC DIRECTOR,* *CENTER FOR THE AIDS PROGRAMME OF RESEARCH IN SOUTH AFRICA (CAPRISA)* • Dr. Wadzanai Samaneka, *University of Zimbabwe*

Session Title	The triple burden of HIV, Hepatitis and Tuberculosis in Africa
Time	10:45 AM - 11:30 AM
Session Room	Sapphire
Session Chair	Dr. Moeketsi Joseph Makhema, *Botswana Harvard Health Partnership*
Session Co-Chair	Prof. Mohamed Chakroun, *Vice President, SAA*
Speaker(s)	• Dr. Francesca Conradie, *Wits, SA* • Dr. Ahmed Esmael,*Assistant professor of Medical Microbiology, Debre Markos University, Ethiopia* • Dr. Nigel Garrett, *Head of Pathogenesis and Vaccine Research, CAPRISA, University of KwaZulu-Natal*

Session Title	Aging and HIV
Time	1:05 PM - 1:50 PM
Session Room	Sapphire
Session Chair	Dr. Trust Zaranyika, *University of Zimbabwe*
Session Co-Chair	Dr. Gugulethu Yvonne Ngubane, *The Aurum Institute*
Speaker(s)	• Dr. Helen Bygrave, *International Aids Society* • Dr. Barbara Data Castelnuovo, *Makerere University College of Health Sciences, Uganda* • Dr. Cleophas Chimbetete, *Ruedi Luethy Foundation*

Session Title	Diversity, Tolerance and Equity at the heart of the HIV/AIDS response
Time	2:05 PM - 2:50 PM
Session Room	Jakaranda 1 2 3
Session Chair	Oluwakemi Gbadamosi, AIDS Healthcare Foundation
Session Co-Chair	Miss. Kyomuhangi Lillian Mworeko
Speaker(s)	• Dr. Kihika Elizabeth, *Alive medical Services* • Hon. Irène Diata Esambo, *Ministry of charge people living with desability and other vulnerables People (DRC)* • Mr. Innocent Modisaotsile, *UNFPA*

Session Title	Knowledge and Access to SRHR Services to Prevent HIV/AIDS among youth
Time	2:05 PM - 2:50 PM
Session Room	Plenary Room
Session Chair	Dr. Nyaradzai Gumbonzvanda
Session Co-Chair	Martha Clara Nakato, Sexual Reproductive Health and Rights (SRHR) Alliance Uganda
Speaker(s)	• Toyin Chukwudozie, Education as a Vaccine • Jean Serge Lumu Shabani, Provincial Government Of Lualaba • Joseph Njowa, Pangaea Zimbabwe AIDS Trust

Session Title	Management of Cervical Cancer among women living with HIV
Time	3:05 PM - 3:50 PM
Session Room	VIP Lounge
Session Chair	Dr. Nyaradzo Mgodi, University of Zimbabwe
Session Co-Chair	Makaita Gombe, *Senior Programme Manager The Aurum Institute*
Speaker(s)	• Dr. Sabrina Bakeera-Kitaka, Makarere University, Uganda • Dr. Lameck Chinula, Organization: Global Women's Health at the University of North Carolina • Dr. Sharon KAPAMBWE, WHO

Date	Saturay, 09 December 2023
Session Title	Promoting criminal justice reform and prison health reform in Africa
Time	Jakaranda 1 2 3
Session Room	10:45 AM - 11:30 AM
Session Chair	Dr. Ehab Salah, UNODC
Speaker(s)	• Helen Akpanamah, *Head of Health unit and HIV/ADIS Manager, Nigerian Correctional Service* • Moses Chihobvu, *Commissioner-General, The Zimbabwe Prisons and Correctional Services (ZPCS)* • Namyalo Doreen Kyazze, *Regional Director, Penal Reform International -Sub-Saharan Africa* • Helen Savva, *Key Populations Lead, CDC South Africa*

WORKSHOP / ATELIER

Date	Tuesday, 05 December 2023
Session Title	CLM (community-led monitoring) – a good tool to support HIV response in the region
Time	1:05 PM - 1:50 PM
Session Room	Jakaranda 1 2 3
Session Chair	Gang Sun, *UNAIDS*
Speaker(s)	• Helena BADINI YENDIFIMBA, *UNAIDS Regional Community Support Advisor* • Dr. Anna Grimsrud, *IAS* • Butho Mpofu, *Treatment Action Campaign, South Africa*

Date	Wednesday, 06 December 2023
Session Title	Lifting Our Voices: Human Rights, Community Engagement And Gender Equality On The Path To World Health Organisation (WHO) Validation For EMTCT
Venue	Diamond 1 & 2
Session Room	8:45 AM - 9:30 AM
Session Chair	Aditi Sharma
Session Co-Chair	Miss. Kyomuhangi Lillian Mworeko
Speaker(s)	• Madam. Sophie Brion • Kgoreletso Molosiwa, *Bonepwa +*

Session Title	Sexual and reproductive health for Persons with disabilities
Venue	VIP Lounge
Session Room	2:05 PM - 2:50 PM
Session Chair	Bruce Nyoni, *Albino Trust of Zimbabwe*
Session Co-Chair	**Dr Sara Touirsi,** *AGH, Morocco*
Speaker(s)	• Mr. Musarurwa Hove, SAfAIDS • Mr. Innocent Modisaotsile, UNFPA • Beauty Nyamwanza, National AIDS Council, Zimbabwe

Date	Thursday, 07 December 2023
Session Title	Digital health and Rights: Participatory Action Research Project
Time	10:45 AM - 11:30 AM
Session Room	Plenary Room
Session Chair	Cedric Nininahazwe, *Global Network Of People Living With HIV - GNP+*
Speaker(s)	• Irene Kpodo, *NAP+ GHANA* • Nerima Were, *KELIN*

Session Title	Optimizing HIV self-testing and PREP to expand access and address inequities in HIV prevention response among young people from Key Populations
Time	2:05 PM - 2:50 PM
Session Room	Diamond 1 & 2
Session Chair	Cedric Nininahazwe, *Global Network Of People Living With HIV - GNP+*

Speaker(s)	• Dr. Ujam Chukwugozie, *Nigeria Ministry of Health* • Prof. Eboi Ehui, Coordonnateur, *PNLS Côte d'Ivoire* • Yedmel Esso, *UNICEF*
Session Title:	Diagnosis and management of Cryptococcal Meningitis
Time	2:05 PM - 2:50 PM
Session Room	Sapphire
Session Chair	Prof. Chiratidzo Ndlovu, *Faculty of Medicine and Health Sciences University of Zimbabwe*
Speaker(s)	• Prof. Joseph Jarvis, *London School of Hygiene & Tropical Medicine* • Dr. David Lawrence, *London School of Hygiene & Tropical Medicine*

Date	Friday, 8 December 2023
Session Title:	Men and HIV: Breaking Barriers, Empowering Change!
Time	12:05 PM - 12:50 PM
Session Room	Sapphire
Session Chair	Nelson Otwoma, *Executive Director, NEPHAK, Kenya*
Speaker(s)	• Dr. Wole AMEYAN, *Lead on Men and HIV, WHO, Geneva* • H.E Mayiga Charles Peter, *Prime Minister, Buganda Kingdom, Uganda* • Dr. Dayanund Loykissoonlal, *National Department of Health, South Africa*

Session Title:	Le suivi dirigé par les communautés en Afrique de l'Ouest
Time	12:05 PM - 12:50 PM
Session Room	Jakaranda 1 2 3
Session Chair	Nelson Otwoma, *Executive Director, NEPHAK, Kenya*
Speaker(s)	• Kokou Hlomewoo, *Coordonnateur, RAS+* • Akouavi Maboudou, *ONUSIDA Bureau Togo* • Alain Manouan, *ITPC*

NON ABSTRACT DRIVEN SESSIONS / SESSIONS NON-DIRIGÉES

Date	Tuesday, 05 December 2023
Session Title	HIV Financing: resources optimization to meet the 2030 targets amid the global health financing crisis
Time	12:05 PM - 12:50 PM
Session Room	Diamond 1 & 2
Session Chair	Cedric Nininahazwe, *Global Network Of People Living With HIV - GNP+*
Session Co-Chair	Brice Bambara, *The Global Fund*
Speaker(s)	• Jaime Atienza, *UNAIDS* • Rosemary Mburu, *WACI Health* • Mr. Aaron Sunday, *African Network of Adolescents and Young Persons Development (ANAYD)*

Session Title:	Nécessité de la prise en compte des problèmes de droits humains et genre pour mettre fin au Sida en 2030.
Time	2:05 PM - 2:50 PM
Session Room	VIP Lounge
Session Chair	Jeanne Gapiya, *Presidente, l'ANSS-Sante Plus et Administrative de Coalition PLUS*
Session Co-Chair	Prof. Eboi Ehui, *Coordonnateur, PNLS Côte d'Ivoire*
Speaker(s)	• Damien KEGNIDE AMOUSSOU, *CNLS* • Hon. Afi Boko, *Ministère des Affaires Sociales et de la Promotion de la Femme* • Nguissali Turpin, *Directrice Exécutive, ENDA Santé*

Date	Wednesday, 06 December 2023
Session Title:	High HIV incidence for AGYW: What are the programming gaps?
Time	12:05 PM - 12:50 PM
Session Room	VIP Lounge
Session Chair	Annaliese Limb, *USAID*
Session Co-Chair	Dr. Gugulethu Yvonne Ngubane, *The Aurum Institute*
Speaker(s)	• Dr. Natsayi Chimbindi, *Africa Health Research Institute (AHRI)* • Dr. Constance Mackworth-young, *Biomedical Research and Training Institute (BRTI)* • Dr. Monica Chibesakunda, *CIDRZ*

Session Title:	A Whole Government Approach: Addressing a multi-layered Challenge of New HIV Infections, SGBV and Adolescent Pregnancy (Triple Threat)
Time	12:05 PM - 12:50 PM
Session Room	Sapphire
Session Chair	Dr. Charles Holmes, *Georgetown University*
Session Co-Chair	Dr. Izukanji Sikazwe, *CIDRZ*

Speaker(s)	• Grace Kumwenda, *Regional Program Manager for Research Engagement, AVAC* • Dr. Ruth Laibon-Masha, *Chief Executive Officer, National Syndemic Diseases Control Council* • Dr. Rose Nyirenda, Director, *HIV Program Malawi*

Session Title:	Accelerating HIV prevention through a continuum lens:
Time	1:05 PM - 1:50 PM
Session Room	Diamond 1 & 2
Session Chair	Lydia Zigomo, *UNFPA ESARO Regional Director*
Session Co-Chair	Olerato Keegope, *Country Lead, HVF*
Speaker(s)	• Dr. Celestine Mugambi, *NSDCC, Kenya* • Dr. Rose Nyirenda, *Director, HIV Program Malawi*

Session Title:	Accelerating combination prevention for key Populations; Addressing structural barriers, provision of services and social inclusion for People who use Drugs, Sex Workers and Trans Communities
Time	1:05 PM - 1:50 PM
Session Room	VIP Lounge
Session Chair	Oratile Moseki, *Frontline AIDS*
Session Co-Chair	Michael Akanji, *African Key Populations Experts Group*
Speaker(s)	• Sam Ndlovu, TREAT Zimbabwe • Richard Nininahazwe, AFRICAN PUD Burundi • Lala Maty Sow, ANNDOSSPEKU

Session Title:	Youth-led Change: Youth Networks Accelerating the SRHR and HIV Response
Time	2:05 PM - 2:50 PM
Session Room	Sapphire
Session Chair	Memory Chikombo, *Girls Pride Zambia* Mr. Dumisani Ngwenya, *Zimbabwe AfriYAN*
Speaker(s)	• Barth Muyengo, *AfriYAN, DRC* • Dianarose Leonce, *ICPD process and social accountability* • Nthabeleng Ntsekalle, *HVF ambassador, Lesotho* • Poeletso Mahloko, *Young Mother Peer Mentor, South Africa* • Ntombi Ncube, *ZNY+*

Session Title:	Improving Data utilization to better address stigma and discrimination: Fixing the Gap of financial resources, policies, strategies, and ownership
Time	2:05 PM - 2:50 PM
Session Room	Jakaranda 1 2 3
Session Chair	Tonderai Mwareka, *Zimbabwe National Network of People Living With HIV (ZNNP+)*
Speaker(s)	• Rev. Gideon Byamugisha, *International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (INERELA+)* • Abdulkadir Ibrahim, *Network of people Living with HIV/AIDS in Nigeria (NEP-WHAN)* • Fatou Mbacké Sy, *UNAIDS*

Date	Thursday, 07 December 2023
Session Title:	Managing Tuberculosis in children and adolescents
Time	10:45 AM - 11:30 AM
Session Room	VIP Lounge
Session Chair	Dr. Angela Mushavi
Speaker(s)	• Dr. Agatha David, *Nigerian Institute of Medical Research* • Dr. Anthony Enimil, *Kwame Nkrumah University of Science and Technology, Kumasi, Ghana* • Dr. Mkhokheli Ngwenya, *WHO*

Session Title:	Role of civil society and community actors in the resilience of HIV programs during the COVID-19 pandemic in Togo
Time	10:45 AM - 11:30 AM
Session Room	Diamond 1 & 2
Session Chair:	Dr. Meskerem Bekele- Grunitzky, *UNAIDS*
Session Co-Chair:	Papa Abdoulaye DEME, *Coalition Plus Afrique*
Speaker(s)	• Simplice Anato, *Président, La Plateforme De La SociéTé Civile* • Oluwatoyin Chukwudozie, *Education As A Vaccine* • Augustin Dokla, *Président, RAS+*

Session Title:	Lessons learned about leveraging sub-regional strategies to strengthening community programmes in decolonizing context
Time	10:45 AM - 11:30 AM
Session Room	Jakaranda 1 2 3
Session Chair:	Serge DOUOMONG YOTTA, *Coalition Internationale Sida*
Speaker(s)	• Dr. Bintou KEITA DEMBELE, *Coalition Plus* • Dr. Lamboly Kumboneki, *SADC* • Allan Maleche, *KELIN*

Session Title:	Tuberculosis, HIV and the challenges with managing migrants, refugees and internally displaced population in Africa
Time	1:05 PM - 1:50 PM
Session Room	VIP Lounge
Session Chair:	Dr. Tsitsi Apollo
Speaker(s)	• Dr. Tom Ellman, *MSF Capetown* • Dr. Abena Foe Lean Louis, *WHO* • Dr. Erik Lamontagne, *Senior Economist, Equitable Financing,UNAIDS, Johannesburg, South Africa*

Session Title:	Are People living with HIV (PLWH) at increased risk of infections with resistant organisms?
Time	1:05 PM - 1:50 PM
Session Room	Sapphire
Session Chair:	Dr. Henry Nagai, JSI

Speaker(s)	• Prof. Michael Jordan, *Tufts University* • Prof. Katherina Kranzer, *BRTI Zim, London School of Hygiene and Tropical Medicine* • Dr. Mirfin Mpundu, *ReAct Africa, Zimbabwe*
Session Title:	Management of Advanced HIV disease and opportunistic infections
Time	2:05 PM - 2:50 PM
Session Room	Diamond 1 & 2
Session Chair:	Dr Marco Antonio De Avila VITORIA, *WHO*
Session Co-Chair	Makaita Gombe, *Senior Programme Manager, The Aurum Institute*
Speaker(s)	• Dr. Halima Dawood, *Infectious Diseases Unit, Department of Medicine, Greys Hospital and Center for the AIDS Programme of Research in South* • Tariro Makadzange, *CRMG Research* • Dr. Ferrand Rashida, *BRTI Zim, London School of Hygiene and Tropical Medicine*

Date	Friday, 08 December 2023
Session Title:	The growing epidemic of non-communicable diseases in Africa and considerations for HIV management
Time	10:45 AM - 11:30 AM
Session Room	VIP Lounge
Session Chair:	Dr. Meg Doherty, *WHO*
Session Co-Chair	Dr Rania Mamdouh, *AGH, Egypt*
Speaker(s)	• Dr Florence Baingana, *WHO/AFRO* • Dr. Christopher Pasi • Prof. Kwasi Torpey, *University of Ghana*

Session Title:	Strengthen integration for better SRHR outcomes
Time	10:45 AM - 11:30 AM
Session Room	Jakaranda 1 2 3
Session Chair:	Lydia Zigomo, *UNFPA ESARO Regional Director*
Speaker(s)	• Kesaobaka Dikgole, *SRH/HIV Linkages Coordinator, UNFPA Botswana* • Prof. Catriona Macleod, *Rhodes University* • Yvette Raphael, *Advocates for Prevention of HIV and AIDS in Africa(APHA)*

Session Title:	HIV Prevention-Right Place, Right time
Time	1:05 PM - 1:50 PM
Session Room	Jakaranda 1 2 3
Session Chair:	Maureen Luba, *AVAC*
Speaker(s)	• Definate Nhamo, PZAT • Yvette Raphael, Advocates for Prevention of HIV and AIDS in Africa(APHA)

ICASA 2023

Satellite Symposia / Symposium Satellites

THEME

AIDS IS NOT OVER: Address inequalities, accelerate inclusion and innovation

OBJECTIVES

- Mainstream respect for equity, inclusion and diversity in the control and mitigation of the impact of diseases.
- Sustain and increase domestic financing and community response.
- Respond to HIV/AIDS, COVID-19, Monkey-pox, Ebola and any other emerging diseases.
- Mitigate the impact of Hepatitis, Tuberculosis and Malaria through health systems strengthening.
- Generate and provide evidence-based data for policy formulation

THÈME VALIDÉ POUR ICASA 2023 :

Le SIDA est toujours là : Eliminons Les inégalités, accélérons l'inclusion et l'innovation.

OBJECTIFS DE ICASA 2023, ZIMBABWE

- Intégrer le respect de l'équité, de l'inclusion et de la diversité dans le contrôle et l'atténuation de l'impact des maladies.
- Consolider et accroître le financement national et la riposte communautaire.
- Accélérer la réponse au VIH/SIDA et faire face à la COVID-19, la variole du singe, Ebola et toutes autres maladies émergentes.
- Réduire l'impact de l'hépatite, de la tuberculose et du paludisme grâce au renforcement des systèmes de santé.
- Produire et fournir des données factuelles évidentes pour la formulation des politiques.

Date:	Monday, 4 December 2023
Session Title:	HIV & AGEING
Session Room:	VIP Lounge
Time:	9:45 AM - 10:30 AM
Organisers:	SAA

Session Title:	Re-engagement in HIV treatment services
Venue:	Diamond 1 & 2
Time:	9:45 AM - 10:30 AM
Organiser:	IAS

Session Title:	Advancing Integrated Biomedical Prevention: Best Practices from Zimbabwe (Session 1)
Session Room:	Sapphire
Time:	9:45 AM - 10:30 AM
Organiser:	PSH and PSI Zimbabwe and Bill and Melinda Gates Foundation

Session Title:	U=U Africa Summit The time to scale up the U=U campaign in Africa is now!
Session Room:	Jakaranda 1 2 3
Time:	9:45 AM - 10:30 AM
Organisers:	SAA & U=U Summit

Session Title:	How to write an abstract
Session Room:	VIP Lounge
Time:	10:40 AM - 11:25 AM
Organiser:	SAA

Session Title:	New PrEP Provider Training Resource: Long-Acting Injectable Cabotegravir (CAB-LA) for HIV Pre-Exposure Prophylaxis (PrEP)
Session Room:	Diamond 1 & 2
Time:	10:40 AM - 11:25 AM
Organiser:	Jhpiego

Session Title:	Empowering Intergenerational Leadership for Women-Controlled HIV Prevention Options: A Path to Ending AIDS by 2030
Session Room:	Sapphire
Time:	10:40 AM - 11:25 AM
Organiser:	ICWEA

Session Title:	U=U Africa Summit The time to scale up the U=U campaign in Africa is now!
Session Room:	Jakaranda 1 2 3
Time:	10:40 AM - 11:25 AM
Organiser:	SAA & U=U Summit

Session Title:	MEMORIAL LECTURE PROF. JAMES HAKIM
Session Room:	VIP Lounge
Time:	11:35 AM - 12:15 PM
Organiser:	SAA

Session Title:	Inclusion Drives Results: AGYW Meaningful Engagement and Leadership in the Global Fund Grant Cycle 7
Session Room:	Diamond 1 & 2
Time:	11:35 AM - 12:15 PM
Organiser:	Global Network Of Young People Living With HIV

Session Title:	Successful pathways for Local Government Leadership in sustaining HIV program and services. Lesson learnt from the PEPFAR funded program
Session Room:	Sapphire
Time:	11:35 AM - 12:15 PM
Organiser:	Elizabeth Glaser Pediatric AIDS Foundation

Session Title:	U=U Africa Summit The time to scale up the U=U campaign in Africa is now!
Session Room:	Jakaranda 1 2 3
Time:	11:35 AM - 12:15 PM
Organiser:	SAA & U=U Summit 3

Session Title:	MEMORIAL LECTURE PROF. JAMES HAKIM 2
Session Room:	VIP Lounge
Time:	12:25 PM - 1:10 PM
Organiser:	SAA

Session Title:	PRE-CONFERENCE ON THE CERTIFICATION OF PAIRED EDUCATION PROFESSIONS
Session Room:	Diamond 1 & 2
Time:	12:25 PM - 1:10 PM
Organiser:	SAA & Coalition Plus

Session Title:	Shaping the future of choice in prevention: Gearing up for the rollout of the Dual Prevention Pill, the newest MPT in the toolbox
Session Room:	Sapphire
Time:	12:25 PM - 1:10 PM
Organiser:	AVAC

Session Title:	Key population-led organizations and community-led monitoring: sustaining the future HIV response
Session Room:	Jakaranda 1 2 3
Time:	12:25 PM - 1:10 PM
Organiser:	PEPFAR

Session Title:	Managing HIV/AIDS in Africa in Times of a World Polycrisis: Challenges and Opportunities
Session Room:	VIP Lounge
Time:	1:20 PM - 2:05 PM
Organiser:	Stellenbosh University

Session Title:	Lessons from Zambia and Zimbabwe: Building Resilient, Sustainable and Integrated HIV Prevention
Session Room:	Diamond 1 & 2
Time:	1:20 PM - 2:05 PM
Organiser:	Clinton Health Access Initiative

Session Title:	Strengthening National KP Programs: Lessons from Zimbabwe's Collaborative Leadership
Session Room:	Sapphire
Time:	1:20 PM - 2:05 PM
Organiser:	PSI & PSH

Session Title:	Breaking down barriers: Empowering adolescents and youth in PEPFAR-supported countries to access HIV testing, treatment, and prevention services
Session Room:	Jakaranda 1 2 3
Time:	1:20 PM - 2:05 PM
Organiser:	PEPFAR

Session Title:	
Session Room:	How to write a grant proposal
Time:	2:15 PM - 3:00 PM
Organiser:	SAA

Session Title:	Accelerating access to better medicines for children: Ensuring successful introduction of pALD and sustainability of DTG
Session Room:	Diamond 1 & 2
Time:	2:15 PM - 3:00 PM
Organiser:	MEDECINES PATENT POOL

Session Title:	Strengthening National KP Programs: Lessons from Zimbabwe's Collaborative Leadership
Session Room:	Sapphire
Time:	2:15 PM - 3:00 PM
Organiser:	PSI & PSH

Session Title:	United for Prevention: How communities across Africa are holding governments to account on their global HIV commitments
Session Room:	Jakaranda 1 2 3
Time:	2:15 PM - 3:00 PM
Organiser:	FRONTLINE AIDS

Date	Tuesday, 05 December 2023
Session Title:	Advancing Integrated Biomedical Prevention: Best Practices from Zimbabwe (Session 2)
Session Room:	Diamond 1 & 2
Time:	8:45 AM - 9:30 AM
Organiser:	PSH and PSI Zimbabwe and Bill and Melinda Gates Foundation

Session Title:	Fostering adolescent and youth health resilience: Engaging diverse populations in HIV programming
Session Room:	Sapphire
Time:	8:45 AM - 9:30 AM
Organiser:	JSI

Session Title:	RISE UP: Results from the community RISE study to measure and promote community involvement and ownership in Global Fund CCMs
Session Room:	Jakaranda 1 2 3
Time:	8:45 AM - 9:30 AM
Organiser:	Coalition Plus

Session Title:	Catalyzing a sustainable HIV prevention agenda: Approaches to expand local action on global commitments
Session Room:	Sapphire
Time:	10:45 AM - 11:30 AM
Organiser:	PEPFAR

Session Title:	Improving outcomes from TB and HIV through integration of prevention treatment and care for NCD co-morbidities: Diabetes CVD, cervical cancer screening and treatment and mental health.
Session Room:	Sapphire
Time:	12:05 PM - 12:50 PM
Organiser:	WHO

Session Title:	The Stepped Care approach: Join us in defragmenting digital SRHR for young people
Session Room:	Diamond 1 & 2
Time:	1:05 PM - 1:50 PM
Organiser:	AIDSFONDS

Session Title:	New Generation Condom Programming
Session Room:	1:05 PM - 1:50 PM
Time:	Sapphire
Organiser:	UNAIDS

Session Title:	UNAIDS dialogue with civil society on the path to end AIDS
Session Room:	Plenary Room
Time:	2:05 PM - 3:15 PM
Organiser:	UNAIDS

Session Title:	Enabling interventions to address structural barriers for key populations in accessing HIV, hepatitis and STI services: the foundation of the effective response
Session Room:	Sapphire
Time:	2:05 PM - 2:50 PM
Organiser:	WHO

Session Title:	Ending AIDS by 2030: Protecting Advancements in the HIV Response against the Anti-Rights Movement
Session Room:	Jakaranda 1 2 3
Time:	2:05 PM - 2:50 PM
Organiser:	AIDSFONDS

Session Title:	Leadership towards effective and sustainable national HIV prevention programs in Africa: Country-led, Community-led, Precise and People-Centered
Session Room:	Plenary Room
Time:	3:15 PM - 4:15 PM
Organiser:	UNAIDS

Session Title:	SAA & ACCOUNTABILITY INTERNATIONAL
Session Room:	VIP Lounge
Time:	3:05 PM - 3:50 PM
Organiser:	SAA & ACCOUNTABILITY INTERNATIONAL

Session Title:	Young women and sex work - how do we prioritize this frequently overlooked population?/ Jeunes femmes et travailleurs du sexe : comment donner la priorité à cette population souvent négligée ? (with simultaneous translation English and French)
Session Room:	Diamond 1 & 2
Time:	3:05 PM - 3:50 PM
Organiser:	VIIV Healthcare

Session Title:	Design, implementation and analysis plans for three trials in one
Session Room:	Sapphire
Time:	3:05 PM - 3:50 PM
Organiser:	PrEPVacc

Session Title:	Rights and livelihoods: partnerships for sex work programming in development and emergency contexts
Session Room:	Jakaranda 1 2 3
Time:	3:05 PM - 3:50 PM

Organiser:	UNFPA
Date	Wednesday, 06 December 2023
Session Title:	Leveraging Communications for Advocating for PrEP in Africa
Session Room:	Sapphire
Time:	8:45 AM - 9:30 AM
Organiser:	Medicines Patent Pool
Session Title:	The future of HIV testing in east and southern Africa – how to realize the potential of HIV self-testing
Session Room:	Jakaranda 1 2 3
Time:	8:45 AM - 9:30 AM
Organiser:	IAS
Session Title:	Child Budgeting Series on HIV Sustainability in Zimbabwe
Session Room:	Sapphire
Time:	10:45 AM - 11:30 AM
Organiser:	UNICEF
Session Title:	Can vaccines control STIs? A public health perspective
Session Room:	Jakaranda 1 2 3
Time:	10:45 AM - 11:30 AM
Organiser:	SAA/WHO
Session Title:	It's all about choices PrEP and PEP
Session Room:	Diamond 1 & 2
Time:	12:05 PM - 12:50 PM
Organiser:	WHO
Session Title:	Where are we on TB, what can be done to accelerate the TB responses?
Session Room:	Diamond 1 & 2
Time:	2:05 PM - 2:50 PM
Organiser:	WHO
Session Title:	Getting to the heart of HIV-related stigma: A call to action
Session Room:	Plenary
Time:	3:05 PM - 3:50 PM
Organiser:	IAS
Session Title:	Driving access to effective HIV treatment and prevention and leaving no one behind: Making the most of U=U and PrEP to decrease HIV transmission in Africa
Venue:	VIP Lounge
Time:	3:05 PM - 4:10 PM
Organiser:	SAA/MPP

Session Title:	Preventing Deaths from Advanced HIV Disease: the science, lessons learned from implementation, and partnership approaches to support a comprehensive package of advanced HIV disease care
Session Room:	Diamond 1 & 2
Time:	3:05 PM - 3:50 PM
Organiser:	GILEAD

Session Title:	A call for data use for evidence-based decision making to optimize differentiated service delivery implementation
Session Room:	Sapphire
Time:	3:05 PM - 3:50 PM
Organiser:	WHO

Session Title:	Unlocking the public health benefits of U=U in Africa: A call to action
Session Room:	Jakaranda 1 2 3
Time:	3:05 PM - 3:50 PM
Organiser:	MSD

Date	Thursday, 07 December 2023
Session Title:	Driving Community Responses through partnerships : Learnings from implementation
Session Room:	Diamond 1 & 2
Time:	8:45 AM - 9:30 AM
Organiser:	Pediatric Adolescent Treatment

Session Title:	Sustainably strengthening health systems for HIV and more through PEPFAR support
Session Room:	Sapphire
Time:	8:45 AM - 9:30 AM
Organiser:	PEPFAR

Session Title:	Give me a choice! Introducing blood-based HIV self-testing kits: lessons learned from Nigeria and Uganda.
Session Room:	Jakaranda 1 2 3
Time:	8:45 AM - 9:30 AM
Organiser:	The Childrens Investment Fund Foundation

Session Title:	GATES FOUNDATION
Session Room:	Sapphire
Time:	10:45 AM - 11:30 AM
Organiser:	GATES FOUNDATION

Session Title:	Accelerating Viral Hepatitis Elimination by 2030: Unlocking the Power of Case Detection, Testing, and Diagnostics
Session Room:	Plenary Room
Time:	12:05 PM - 12:50 PM

Organiser:	WHO/Unitaid/PSI-STAR
Session Title:	AFRIHEALTH
Session Room:	VIP Lounge
Time:	12:05 PM - 12:50 PM
Organiser:	SAA

Session Title:	Bringing the product to the people: lessons learned from implementing differentiated service delivery models for HIV Self Testing in Uganda, South Africa, Nigeria and Tanzania
Session Room:	Diamond 1 & 2
Time:	12:05 PM - 12:50 PM
Organiser:	The Childrens Investment Fund Foundation

Session Title:	Shaping the future: Unveiling Africa's role in HIV vaccine research and the dynamics of domestic funding
Session Room:	Sapphire
Time:	12:05 PM - 12:50 PM
Organiser:	IAS

Session Title:	Accelerating the Global Alliance Country Action Plans to end AIDS in children: From Political Commitment to Strategic Partnerships and Meaningful Community Engagement
Session Room:	Jakaranda 1 2 3
Time:	12:05 PM - 12:50 PM
Organiser:	UNAIDS

Session Title:	Biomedical Research & Training Institute/NAC/Zimbabwe
Session Room:	Diamond 1 & 2
Time:	1:05 PM - 1:50 PM
Organiser:	Ministry of Health and Childcare's AIDS and TB Department

Session Title:	What's new from WHO ?
Session Room:	Jakaranda 1 2 3
Time:	2:05 PM - 2:50 PM
Organiser:	WHO

Session Title:	Self-Testing Revolution: Eight Years of STAR Self-Testing – Lessons Learned and the Road Ahead
Session Room:	Plenary Room
Time:	3:05 PM - 3:50 PM
Organiser:	WHO, Unitaid and PSI-STAR

Session Title:	Hepatitis
Session Room:	VIP Lounge
Time:	3:05 PM - 3:50 PM
Organiser:	SAA / WHO

Session Title:	Gender Norms, Discrimination and Criminal Law: The Common Underlying Determinants of Health for Children, and LGBT Youth in Africa
Session Room:	Diamond 1 & 2
Time:	3:05 PM - 3:50 PM
Organiser:	UNAIDS

Session Title:	The role of partnership in ending paediatric AIDS/ le rôle joué par le partenariat dans l'éradication du SIDA chez les enfants (with simultaneous translation English and French)
Session Room:	Sapphire
Time:	3:05 PM - 3:50 PM
Organiser:	VIIV Healthcare

Session Title:	SADC
Session Room:	Jakaranda 1 2 3
Time:	3:05 PM - 3:50 PM
Organiser:	SADC

Date	Friday, 08 December 2023
Session Title:	
Session Room:	Diamond 1 & 2
Time:	8:45 AM - 9:30 AM
Organiser:	Population Solutions For Health

Session Title:	Making Up for Missed Targets in HIV Prevention: People, Products, and Systems
Session Room:	Sapphire
Time:	8:45 AM - 9:30 AM
Organiser:	Clinton Health Access Initiative

Session Title:	Making PrEP delivery work for people: community-based innovations
Session Room:	Jakaranda 1 2 3
Time:	8:45 AM - 9:30 AM
Organiser:	The Childrens Investment Fund Foundation

Session Title:	Encouraging health seeking behaviour of men and boys, high-level political leadership and FBO engagement
Session Room:	Diamond 1 & 2
Time:	12:05 PM - 12:50 PM
Organiser:	NAHPA

Session Title:	Engaging hidden, hard-to-reach and unreached populations under HIV prevention and vaccine research – unpacking challenges and potential strategies
Session Room:	Diamond 1 & 2
Time:	1:05 PM - 1:50 PM
Organiser:	IAVI

Session Title:	Beyond Surviving, to Thriving Scaling Government-led, peer-delivered services for adolescents living with HIV to prevent poor mental health to achieve optimal HIV outcomes.
Session Room:	Plenary Room
Time:	3:05 PM - 3:50 PM
Organiser:	Africaid- Zvandiri/NAC ZIMBABWE

Session Title:	Introducing the new WHO framework for triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus
Session Room:	Diamond 1 & 2
Time:	3:05 PM - 3:50 PM
Organiser:	WHO

Session Title:	Innovation in epidemics predictions for better preparedness for emerging and remerging diseases in AFRO
Session Room:	Sapphire
Time:	3:05 PM - 3:50 PM
Organiser:	WHO

Session Title:	Sustaining Key Populations Programs and Movements in Africa: A Thought-Provoking Dialogue with African KP Activists and Organizations
Session Room:	Jakaranda 1 2 3
Time:	3:05 PM - 3:50 PM
Organiser:	GBGMC

Date	Saturday, 09 December 2023
Session Title:	ICASA Focal point meeting
Session Room:	VIP Lounge
Time:	8:45 AM - 9:30 AM
Organiser:	SAA

Session Title:	Empowering Health, Embracing Choices: Harm Reduction for People who use Drugs
Session Room:	Diamond 1 & 2
Time:	8:45 AM - 9:30 AM
Organiser:	Genesis Analytics
Session Title:	Improving HIV Treatment Continuity with Integrated Care: examples from best practices in the region
Session Room:	Sapphire
Time:	8:45 AM - 9:30 AM
Organiser:	PEPFAR

YOUTH PRE-CONFERENCE/ PRÉ-CONFÉRENCE DES JEUNES

TIME	ACTIVITY	DESCRIPTION	SPEAKERS/ORGANIZATIONS
08:00AM – 9:00AM	Arrival and Registration	Online Registration and validation of credentials	ICASA Youth pre-conference organizing Team
		OPENING CEREMONY	
09:00AM – 9:20AM	Musical/Cultural performance		TBD
09:20AM – 9:40AM	Opening remarks		• Hon. Dr. Pagwesese David Parirenyatwa, *SAA/ICASA 2023 President* • Hon. Tino Machakaire, *Minister of Youth Empowerment and VTC* • *UNFPA* • *UNICEF* • *Representative of Young people living with HIV* • Rodrigue Koffi, *Representative of the ICASA Youth programme committee*
09:40AM – 10:40AM		Opening Plenary	
10:40AM – 11:00AM		BREAK	
		SESSIONS	
11:00AM – 11:40PM	Session 1	• We matter, value us • Youth voices matter: Meaningful Youth Engage and Participation in the HIV Response • "NOTHING FOR US WITHOUT US ": Building HIV research capacity of youth in Eastern and Southern Africa	• **Elias Samb,** *Association of Positive Youth Living With HIV/AIDs in Nigeria* • **Luckmore Pamhidzai,** *Young People's Network on Sexual Reproductive Health, HIV and AIDS* • **Gerald Ochieng Owuor,** *Impact research and Development Organization.*
11:40PM – 12:25PM	Session 2	• In the Daily Life of Adolescent and Young People living with HIV: focusing on HIV, SRHR and GBV • Power of My Reality with #LoveAlliance: innovative ways of storytelling for advocacy	• **Luckmore Pamhidzai,** *Young People's Network on Sexual Reproductive Health, HIV and AIDS* • **Ozla Nuh,** *Global Network of Young People Living with HIV (Y+ Global)*
12:25PM – 12:55PM	Session 3	Effects of climate change on SRHR	Thubelihle Rosyln Ndhlovu
12:55PM – 13:15PM	Session 4	Creating Pathways to Prevention: Community Health Workers and PrEP Initiation Strategies for Youth and Key Populations	Anthony Sebastien Charles

13:15PM – 13:45PM	Session 5	• L'animation et l'éducation des LGBTQ des zones rurales à Kpalimé, Aneho et Togoville au Togo à travers l'art, sur la santé les droits humains et les droits sexuels • La caravane Faso Jeunes: une opportunité privilégiée pour maximiser l'accà¨s des adolescents et des jeunes aux services de santé sexuelle en renforàsant de manià¨re novatrice et inclusive la triple élimination du VIH, l'hépatite et la syphilis	**Dzidoula Anane David Doh,** *Association Big Mama* **Dr. Marie Marcos,** *UNICEF Burkina Faso*
13:45PM – 14:00PM	Session 6	Empowering Youth Engagement through Sport for HIV, Gender Equality and Mental Health Outcomes	**Matthew Wolfe,** *TACKLE*
14:00PM – 14:20PM	Session 7	METTRE FIN A L'EPIDEMIE A VIH/FORUM: Quelles stratégies pour le contrà´le des nouvelles infections à VIH chez les jeunes ?	Mustapha Dieng Conseil National de Lutte contre le SIDA/SENEGAL
CLOSING CEREMONY			
14:20PM – 14:40PM		Closing remarks	**Mr. Luc Armand H. Bodea,** *ICASA Director* **UNFPA**
GROUP PHOTOGRAPH & LUNCH			

YOUTH SPECIAL SESSION/ SESSION SPÉCIALE JEUNES

Date	Tuesday, 05 December 2023
Session Title	In the Daily Life of Adolescent and Young People with Disabilities: focusing on HIV, SRHR and GBV
Time	8:45 AM - 9:30 AM
Session Room	VIP Lounge
Session Chair	Meron Neguisse, *UNFPA*
Speaker(s)	• Tafara Magidi, *Young People's Network on Sexual Reproductive Health On HIV and AIDS Zimbabwe* • Chidadiso Francisca Mbazo • Yolanda T. Munyengwa

Date	Wednesday, 06 December 2023
Session Title	Young People Unite: Addressing Inequalities, Ending AIDS!
Time	8:45 AM - 9:30 AM
Session Room	VIP Lounge
Session Chair	Ricki Kgositau, ***AQYI***
Session Co-chair	Honourable Bright Chimedza, *SADC Youth Parliament*
Speaker(s)	• Leeroy Gumpo, *Southern African Sex Workers Alliance Regional Coordinator* • Lusungu Harawa • Judith Kapinga, *Africa REACH Leadership Council Member, Deputy Minister of Energy -Member of Parliament, Youth* • Mrs. Itumeleng Komanyane, *Frontline AIDS* • Christine Stegling, *Deputy Executive Director, Policy, Advocacy and Knowledge Branch*, UNAIDS • Mike Reid, *PePFAR* •

Date	Thursday, 07 December 2023
Session Title	Youth PrEPared - Financing Youth-Led Organisations to End HIV
Time	8:45 AM - 9:30 AM
Session Room	VIP Lounge
Session Chair	Prof. Morenike Folayan, *SAA Treasurer, SAA*
Speaker(s)	• Onward Chironda • Agenda Item Image • Catherine Madebe • Elizabeth Onyango

Date	Friday, 08 December 2023
Session Title	Pocketing the 2030 Agenda: Empowering Youth Advocacy for SRHR through Digital Innovation
Time	8:45 AM - 9:30 AM
Session Room	VIP Lounge
Session Chair	Bidia Deperthes, UNFPA
Speaker(s)	• Takudzwa Shoko • Thato Thinyane • Moses Chibamba

COMMUNITY VILLAGE PROGRAMME / PROGRAMME DU VILLAGE COMMUNAUTAIRE

Date	Tuesday, 05 December 2023
Time/ heure:	**10:30 AM - 11:15 AM**
Programme:	**COMMUNITY VILLAGE OPENING CEREMONY**

Time/ heure:	11:30 AM -12:15 PM
Programme:	EMBRACING DISABILITY AND SIGN LANGUAGE IN HIV AND COVID 19: ZIMBABWE NATIONAL RESPONSE TOWARDS UNIVERSAL HEALTH COVERAGE BY 2025 **Organizer:** DISABILITY ZONE **Venue:** Community Village Stage

Time/ heure:	12:30 PM- 13:15 PM
Programme:	Can drug use criminalization be a panacea to end drug use in Sub Saharan Africa? in Southern Africa **Organizer:** KEY POPULATION ZONE **Venue:** Community Village Stage

Time/ heure:	13:30 PM- 14:15 PM
Programme:	Breaking Down Stigma and Discrimination Through Dialogue: A congregational Response Approach **Organiser:** FAITH BASED ORGANIZATION ZONE **Venue:** Community Village Stage

Time/ heure:	14:30 PM- 15: 15 PM
Programme:	Ending inequalities to end TB and HIV **Organizer:** HEPATITIS, TB and MALARIA NETWORKING ZONE **Venue:** Community Village Stage

Time/ heure:	15:30 PM - 16:15 PM
Programme:	See Me **Organizer:** PLHIV ZONE **Venue:** Community Village Stage

Time/ heure:	16:15 PM - 17:00 PM
Programme:	Condomize! Campaign **Organizer:** YOUTH NETWORKING ZONE **Venue:** Community Village Stage

Date	Wednesday, 06 December 2023
Time/ heure:	10:30 AM - 11:15 AM
Programme:	United in Diversity to address inequalities, accelerate inclusion and innovation **Organizer:** WOMEN NETWORKING ZONE **Venue:** Community Village Stage

Time/ heure:	11:30 AM -12:15 PM
Programme:	The HVTN Faith Initiative: The Role of Faith Communities in the Quest for an HIV Vaccine **Organizer:** FAITH BASED ORGANIZATION ZONE **Venue:** Community Village Stage

Time/ heure:	12:30 PM- 13:15 PM
Programme:	SWEAD Changing the Lives of sex workers **Organizer:** SEX WORKERS ZONE **Venue:** Community Village Stage

Time/ heure:	13:30 PM- 14:15 PM
Programme:	VOICES OF EXCELLENCE : EXPERIENCING THE HIV CONTINUUM OF CARE AT PARIRENYATWA CENTRE OF EXCELLENCE **Organizer:** PLHIV ZONE **Venue:** Community Village Stage

Time/ heure:	14:30 PM- 15: 15 PM
Programme:	The Community-Led Accountability Working Group (CLAW) **Organizer:** DIASPORA ZONE **Venue:** Community Village Stage

Time/ heure:	15:30 PM - 16:15 PM
Programme:	ANYTHING FOR US WITHOUT US IS NOT FOR US **Organizer:** KEY POPULATION ZONE **Venue:** Community Village Stage

Time/ heure:	16:15 PM - 17:00 PM
Programme:	Tuberculosis - Multiplier effect on People Living with HIV (PLHIV)Tuberculosis - Multiplier effect on People Living with HIV (PLHIV) **Organizer:** HEPATITIS, TB and MALARIA NETWORKING ZONE **Venue:** Community Village Stage
Date	Thursday, 07 December 2023
Time/ heure:	10:30 AM - 11:15 AM
Programme:	YOUTH CORNER AT ICASA COMMUNITY VILLAGE **Organizer:** YOUTH NETWORKING ZONE **Venue:** Community Village Stage
Time/ heure:	11:30 AM -12:15 PM
Programme:	Cross Border movement of HIV positive women and Health challenges in the Southern African region,with a focus on STIs,TB, Malaria and emerging diseases **Organizer:** PLHIV ZONE **Venue:** Community Village Stage
Time/ heure:	12:30 PM- 13:15 PM
Programme:	Operation Break Through **Organizer:** KEY POPULATION ZONE **Venue:** Community Village Stage
Time/ heure:	13:30 PM- 14:15 PM
Programme:	An informed person with disability, a healthier constituency **Organizer:** DISABILITY ZONE **Venue:** Community Village Stage
Time/ heure:	14:30 PM- 15: 15 PM
Programme:	Safe Spaces : A Strategy for Young Women's Meaningful Participation in HIV Prevention and Response **Organizer:** WOMEN NETWORKING ZONE **Venue:** Community Village Stage
Time/ heure:	15:30 PM - 16:15 PM
Programme:	Beat HIV with Faith based healers **Organizer:** FAITH BASED ORGANIZATION ZONE **Venue:** Community Village Stage
Time/ heure:	16:15 PM - 17:00 PM
Programme:	Helping women in crises, display of fascinating handicrafts made by women (IDUs), Quetta, Pakistan **Organizer:** SEX WORKERS ZONE **Venue:** Community Village Stage

Date	Friday, 08 December 2023
Time/ heure:	10:30 AM - 11:15 AM
Programme:	Communication, dialogue et Diagnistic Communautaire pour réduire la prévalence du Paludisme **Organizer:** DISABILITY ZONE **Venue:** Community Village Stage
Time/ heure:	11:30 AM -12:15 PM
Programme:	FROM SEX WORK TO A SKILLED TAILOR **Organizer:** SEX WORKERS ZONE **Venue:** Community Village Stage
Time/ heure:	12:30 PM- 13:15 PM
Programme:	Linking GBV, HIV & AIDS to social protection A case of Tony Waite Kapenta Project in Kariba. **Organizer:** WOMEN NETWORKING ZONE **Venue:** Community Village Stage
Time/ heure:	13:30 PM- 14:15 PM
Programme:	COMPASS ADVOCACY **Organizer:** DIASPORA ZONE **Venue:** Community Village Stage
Time/ heure:	14:30 PM- 15: 15 PM
Programme:	Tuberculosis - The multiplier effect on People Living with HIV (PLHIV) TB poems and songs by artists and TB Champions. **Organizer:** HEPATITIS, TB and MALARIA NETWORKING ZONE **Venue:** Community Village Stage
Time/ heure:	15:30 PM - 16:15 PM
Programme:	Edutainment using Drama, Dance, spoken word and Music **Organizer:** YOUTH NETWORKING ZONE **Venue:** Community Village Stage

MAIDEN EDITION OF ICASA YOUNG WRITERS SERIES

As part of efforts to amplify youth voices across the continent, the ICASA Secretariat launched the maiden edition of the ICASA Young writers series. The ICASA Secretariat received 125 Applications from 23 Countries covering the following thematics:

- Sexual Gender-Based Violence (SGBV)
- HIV (Prevention & PrEP)
- Mental Health
- Harm reduction
- Sexual Transmitted Infections (STIs)

The best stories were evaluated during the 1st International steering committee meeting.

AWARD

The award winner of the 14 selected entries will receive:
- The First award: $250.00
- The first runner-up: $150.00
- The second runner-up: $100.00

LA SÉRIE DES JEUNES ECRIVAINS DE ICASA - PREMIÈRE ÉDITION

Dans le cadre des efforts visant à amplifier les voix des jeunes sur le continent, le secrétariat de ICASA a lancé la première édition de la série des jeunes écrivains de ICASA. Le Secrétariat de ICASA a reçu 125 candidatures de 23 pays couvrant les thèmes suivants :

- Violence sexuelle et sexiste (VSS)
- VIH (Prévention et PrEP)
- Santé mentale
- Réduction des risques
- Infections sexuellement transmissibles (IST)

Les meilleurs narratifs ont été notés lors de la 1ère réunion du Comité Directeur International.

PRIX

Les 14 lauréats sélectionnés recevront :
- Premier prix : 250 $
- Deuxième prix : 150 $
- Troisieme prix : 100 $

HIV (PREVENTION & PREP)

JAYSON YIGA EDGAR, UGANDA
WINNER - HIV (PREVENTION & PREP)

My Story

I will never let HIV stop me I suppose it was the best day of my mother's life to have me in her arms on December 25, 2001..The day I was born After all, it was Christmas day.

My grandmother recently told me that I made my parents happy, and hearing that makes me want to live every day because I know how important I am. As far as I can recall, everything seemed to be going well until my mother started suffering from repeated illnesses and needed to visit the hospital. She was informed that she had contracted HIV, which was not the best news she could have received from the hospital results. At the time, HIV infection was at its peak, but treatment was limited, and it was considered a curse.

My parents argued, accusing each other of adultery, and separated when I was just three years old. My mother and I were not on any HIV medication, and this resulted in a variety of infections and illnesses. Life got so bad that we were made homeless and could not afford even one meal a day.

My mother abruptly left me with a note reading: “if Jayson comes back tell him to find his way, for he has become a burden to my life, and he shouldn’t look for me,” I went crazy and had no idea where to go or who to talk to. I tried to ask some of our neighbors for assistance, but they turned me down because I was filthy and ill. They knew I had HIV because it was evident all over my body. Some people claimed I had AIDS. I was forced to sleep on the street because I had no other choice but to sleep outside. I met a few kids who made sleeping on the street a little more comfortable and acceptable; I joined them in collecting scrap, to earn something to eat. They didn't treat me well because of my skin, and sometimes after I collected the scrap, I didn't get a fair share. They were the only family I had, so it didn't bother me as much. My life started over be saved thanks to Ray of Hope, an orphanage that rescues street kids. HIV testing was required, so I was taken to Alive Medical Services and started medication. I’ve been in care since 2010. I've told my story to other young people in order to inspire them.

This has given me hope, self-assurance, a sense of direction in life, and motivation to take my medication consistently. HIV became a part of me, I am now at ease in my own body and skin. In 2019, I even participated in a beauty pageant for young people living with HIV and was named an HIV ambassador. I want to inspire other young people living with HIV and work to end the stigma. My past experiences on the streets do not have to define my future.

BERO PHIONA PATRICIA, UGANDA

1ST RUNNER UP - HIV (PREVENTION & PREP)

My Story

"Recent reports say, more adolescent girls, and young women under 15 years are at risk of contracting HIV and the percentage of HIV infections amongst them is 7.6% in Uganda, and I am one of them.

I am Phiona Bero and I was diagnosed with HIV in 2016. When I graduated from high school, I got interested in a boy because I didn't have much to do at home during the long holiday before start of college. It became more of an intimate sexual relationship. Since we were in a committed relationship, I simply suggested that we get ourselves tested for HIV out of curiosity and responsibility.

We both agreed to take our initial tests separately. My results were negative, while his were positive, but he withdrew from telling me. I didn't demand his outcome because I was in love with him. Not long after, I started experiencing strange, recurring illnesses, which my mother soon noticed and suggested I get tested for HIV because she knew about my boyfriend. I was tested three months ago, I replied, and she advised me to get tested again in a loving and concerned tone.

When I found out that I was positive, I was too afraid to begin treatment because I struggled with self-stigma and constantly worried about how others would perceive me taking such medications. To relieve all the trauma, I engaged in alcohol and drug abuse to help me cope with my circumstances. Even though I knew in the back of my mind that none of this would change my situation, at this point all I was thinking about was killing myself. Living in denial only made my situation worse.

In 2019, I experienced a turning point when I attended the Y+(Young Positives) Beauty Pageant. I learned that the only time I could compete in this pageant was if my viral load was undetectable. This pushed me to start following through on my treatment plan. I made certain that I never missed a single dose, and I made every effort to be on time for my appointments. I began equipping myself with HIV-related general knowledge. Despite the stigma I experienced at home, I used the same information to begin my awareness and sensitization campaigns there before going public with my HIV status.

In 2021, I competed in the Y+ beauty pageant, which aims to eliminate stigma and discrimination among people living with HIV. This initiative provides a platform for young people to become leaders and change-makers in their communities by raising awareness and sensitizing people about HIV prevention and treatment through various channels.

As Miss Y+ Central 2021â€"2022, I have used my position to educate others, particularly about HIV/AIDS-related myths and misconceptions. I've taken part in discussions to emphasize the importance of PREP and PEP. I hope to use my story, both nationally and internationally, to touch and change the lives of all young people, regardless of HIV status."

CHINYERE URSLAR, NIGERIA

2ND RUNNER UP - HIV (PREVENTION & PREP)

My Story

As a young girl of 11 years old, I started taking my medication when my mother died and my family nurse conducted a HIV on my father,me and my siblings and we were found positive 3 out or 5 children of my father.

At first it wasn't easy for me taking my medication on daily basis and knowing it going to be till life time as I was taught, it wasn't easy as I most times forget or reluctantly don't take it but with series of advises from the health case manager,I pick up never to stop taking it everyday.

I was also taught to taking balanced diet to go perfectly with the medication which I find difficult to do because we manage in my family and being it a one parent survivor, we manage what he provides and I never fall to take my medicine

Even not having my balance diet as I should. As a young adolescent, I totally wasn't interested in sexual activity because it's not a good idea when I know HIV and other STD are real even if I should, I have to use protections to never contract another stages of the virus which I was taught. I lived with it secretly away from friends and relations for my mental health and others consequences of getting depressed.

As years goes by, I'll keep living knowing it that I'm healthy because I take my medication everyday and even though I have seen and heard people who stopped taking their medication and the messy condition that they got them selves which involves death of one of them, the other been blind and boils all over the body,I keep doing what I have to do because that's the choice everyone who's found positive should do if he/she wills to live a comfortable life among friends and the society without suspect of been infected with such deadly disease.

Seriously till now I don't see it as something i should be bothered again and that it can not take anything from me, the opportunities,my career dreams, my marital future life and everything it cannot unless I stopped my medication which I will never try.

In addition to my story, I was taught that certain foods should be avoided, foods like coconut, caffeine drinks, cola nuts, alcohol etc.that I shouldn't take them so the medication can work perfectly, also I should take it with a stipulated duration of time everyday for a good viral suppress.

My advice to the young adolescents out there is to keep moving,keep living, keep believing and keep trusting God for a cure of the virus as we all should never stop our medication so we stay healthy, beautiful/handsome and promising".

SEXUAL GENDER-BASED VIOLENCE (SGBV)

AYA ROXANE KOFFI, CÔTE D'IVOIRE
WINNER - SEXUAL GENDER-BASED VIOLENCE (SGBV)

LE CYCLE DE LA VIOLENCE

L'université, est une occasion parfaite pour s'évader, n'est-ce pas ? Ce sont, paraît-il, les « meilleures années de notre vie ». Je n'ai jamais vécu autant de violences sexuelles et sexistes que là.

Dès les premiers jours, l'ordre était établi. Nos aînées s'assuraient qu'on sache la hiérarchie de ces prédateurs et on savait aux regards lubriques des profs quand on passait d'étudiante à friandise étudiée …Là encore, il fallait savoir se protéger. Malgré tout, on n'y échappe jamais vraiment. Imaginez donc, une étudiante qui se fait peloter en classe avec l'approbation des uns et le silence des autres, par des hommes de sa classe, et qui après s'être défendue, se retrouve moquée et compromise par des enseignants?

Une succession d'évènements suffisent souvent à faire perdre le sens de ses droits. Un jour, une main s'appuie allègrement contre mes fesses alors que j'explique un exercice à un autre camarade en classe. Une gifle éclate. Ce n'est pas normal.

Un autre jour, un responsable me fait corriger des copies en plein weekend et ne cesse de passer ses mains sur mon corps. Mes mains, mes bras, mes épaules, tout mon corps se débat appuyé d'oppositions verbales qui peinent à être considérées. Je ne suis pas seule, j'ai demandé à une amie de m'accompagner. Elle me regarde impuissante et désolée. Ses sommations ne sont pas plus considérées. Il tente de m'embrasser, je n'en peux plus, je menace de laisser les copies et rentrer. Il se marre. Nous rentrons 1h après. Ce n'est pas normal.

On s'habitue plus vite qu'on ne l'imagine à toutes ces agressions, on perd la force de réagir jusqu'à ce qu'un drame arrive…En stage, je me retrouve coincée 3 mois avec cette main qui a bouleversé mes premiers jours d'étudiante rêveuse. Je m'endors, j'ai oublié le danger. Nous nous retrouvons seuls à attendre l'ascenseur. La main restée trop tactile malgré la gifle, se dote d'une bouche : « Imagines que je te viole dans l'ascenseur, nous sommes seuls, je n'aurai qu'à soulever ta jupe, imagine, je ferai ce que j'ai à faire, ce serait facile, imagine ! J'ai vu un film comme ça [raconte le viol]. Imagine! ». Je tremble. Tout mon corps tremble, mon cœur me lâche presque et j'entend chaque battement qui me crie de fuir. Je ne sais que faire.

L'ascenseur arrive. Nous montons. Je me sens mourir de l'intérieur, la bouche figée par la peur, l'humiliation et la haine. La main, dotée d'une bouche est maintenant un corps tout entier qui m'a violée psychologiquement en rigolant plein de joie et de fierté tout en expliquant comment il me possèderait par la force. J'occulte cette histoire.
Le temps passe, voilà cette main encore sur mes seins. JE PORTE PLAINTE. Mes camarades de classe se moquent de moi, ils trouvent que je ne sais pas m'amuser.

Les responsables me font comprendre la même chose, ils me disent d'être plus souple et plaisantent sur notre « future union ». C'est ça la normalité ici.

MATEENAH ODOI, GHANA

1ST RUNNER UP - SEXUAL GENDER-BASED VIOLENCE (SGBV)

My Story

FREEING THE CAGED BIRD.
I was raped and got pregnant as a 14-year-old. My experience with the stigmatization I faced during childbirth heightened my zeal to reduce teenage pregnancy and help the youths make informed choices when it comes to their sexual reproductive health and rights (SRHR). I use many approaches to achieve these goals but family planning is the major one. The young urban women's movement is in Kpobiman, a suburb of Accra, the capital of Ghana. We use capacity building workshops, focus group discussions, and community engagements to educate the youth on SRHR.

However, due to the COVID-19 pandemic most of our activities are on hold and most of our meetings are online. About two(2) years ago, I was harassed sexually at my place of work. The situations following that incident moved me to form the "Sugar Circle" with other victims of sexual harrasment, which indicents sky rocketed during the pandemic when the home was no longer a "safe space". In the circle, we sensitise the public on various forms of harassment and advocate for the ratification of the International Labour Organisation (ILO) Convention 190 which talks about the elimination of violence and harassment in the workspace.

We educate the public and the youths about family planning in person, through social media, in communities, schools, and churches. We inform them about 'abstinence', which we consider as the first choice and best family planning method as it delays sex among youth. We also inform them about 'condom use', the second best family planning method as it is the only double barrier method to prevent both unintended pregnancies and Sexually Transmitted Infections (STIs). My organisation also lobbied and acquired a ''youth friendly centre'' in my community. We lobbied for that because a survey we conducted showed that the major reason why young people did not visit the existing ones was because they were operated by adults. We have a call number to guide young people who need counselling on sexual reproductive health and are currently working on making it toll free.

My organisation also has liaison with external organizations like Marie Stopes to provide safe and comprehensive abortion care. Among us, the survivors share their experiences to empower other people; Anonymity is used when necessary.Personally, I have distributed free condoms to my peers and whoever reaches out for it especially during the pandemic when movement was limited. I bought some of the condoms myself and some were sponsored. I also run a sexual reproductive health club on campus that helps students stay informed to help them make informed decisions on their body. In 4 years, we saw that the teenage pregnancy rate has reduced from 70% to 15% in our 10 communities of work/implementation. Even among married people and some adults, unintended or unwanted pregnancies and unsafe abortion has also reduced due to confidenciality, affordability of service and adequate information. Helping people go through what I went through and beyond has helped me heal from my Post-Traumatic Stress Disorder (PTSD) by raising my self esteem and building up my courage to share my stories.

ANA PAULA SAMUEL BOTOMANE, MOZAMBIQUE

2ND RUNNER UP - SEXUAL GENDER-BASED VIOLENCE (SGBV)

My Story

"My name is Ana Paula Samuel Botomane, I am 20 years old. I'm from Niassa, Mozambique. I was tested HIV positive when I was 15. All my family members are HIV negative.

In 2017, I got very sick and was taken to hospital in Cuamba district and stayed for 7 days. Two days later, the health providers counseled me to carry out the HIV test and my mother and I gave the permission and for my surprise, the result was positive. Then my mother also did it was negative.

My mother asked for how long I should take the treatment and the technician said that would be forever. At that time, my mother could not believe what was going. I was thinking a lot and the only thing that came in my mind was that was the end of my life.

I was discharged from hospital, and I returned home. Upon our arrival, my mother did not give me those pills, she called my 5 older brothers, told them everything that happened in the health facility without asking me first, and simply told them that I have "AIDS'.

HARM REDUCTION

MUTIAT AMAO, NIGERIA

WINNER - HARM REDUCTION

My Story

The morning sun forced its way into the semi-closed window, casting its orange glow throughout the room. She managed to open her eyes but shut them quickly as the sun reflected directly on her face. Re-adjusting herself, she opened her eyes and took a quick glance at the wall-clock.

It was past 8, she jumped up, her mother would be at her door, any moment from now. The sudden knock at the door earned her clearing everywhere quickly, hiding her belongings as fast as she could, she composed herself and opened the door. “Mama, good morning,” she knelt in front of her mother, saying her salutations. A typical Yoruba lady, standing to greet would only get her tongue-lashed. “Did you sleep well?”

“Y-yes ma, I did.” The truth was far from it, she barely closed her eyes to sleep before her alarm rang for morning prayers.
“Have you prayed?” Her mother’s voice dragged her out of her reverie.

“Yes mama, but I went back to sleep after praying,” she lied. Her alarm rang but she turned it off almost immediately. “Good,” mother walked away to wake her siblings.
Her heart tightened at the lie she told, guilt swallowed her. She sat at the back of the door, burying her head between her knees, she sobbed quietly.

This was not the life she wished for; lately, everything she tried doing, proved abortive. She recently finished secondary school as the head girl yet every effort to enter the next phase fell through. Every colleague of hers moved forward, and there she was, still in her father’s house.

The pain from last night ached, she had dragged the blade across her skin again. It stung badly, reminding her of what she had done. Her mind, occupied with the failures of her life; cutting herself proved to be her only way to heal.

She is Nigerian, they rarely believed in depression and suicide but here she was, at the very edge of taking her own life. She needed help, she knew. She wasn’t the type that opened up, everyone would believe she was possessed if she dared say a word.
**** **** ****
It was mid-day, the sun in its intensity could melt iron, people walked about with umbrellas. She took a walk and found a quiet place to sit. She pulled the sleeves of her cloth, covering her wounds, she wanted no attention on it.
“I’ve been there once,” a fair looking man said. He accommodated the other side of the bench.
“Sorry?”
“The weather is so hot, yet you wear long sleeves. I know the feeling, it’s draining but please help yourself and talk to people you trust. They won’t see you as a mad person, they will understand that you need help,” he said and showed a part of his skin, his scars were healed.
**** **** ****
Anytime she looked back to that day, she always prayed for that man. She’s still healing; family helped, friends did too. Don’t wallow in pain. Life is worth living.

PITER MATIAS PEDRO, MOZAMBIQUE

1ST RUNNER UP - HARM REDUCTION

My Story

"My name is Piter Matias Pedro, I'm 22 years old. I'm from Cuamba District, Niassa Province, Mozambique. I was diagnosed HIV positive when I was 14 years old. Before that, I got very sick, for few years, what worried my entire family about my health, because I stayed sick for long time.

I decided to go a health facility to do HIV test and for my surprise the result was positive. At that time, I felt very bad when I received the test result and when I noticed that I have HIV. That was shocking for me. I have imagined how I would live with the HIV virus in my body, how the people around me who live without HIV would treat me, I even thought I was going to die.

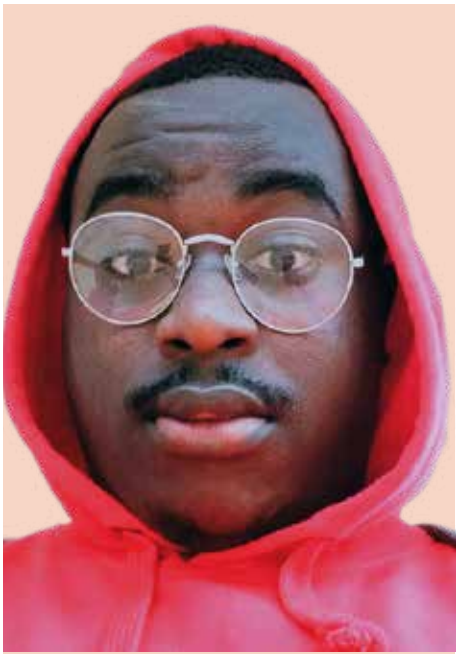
I have received a very strong support from health providers in those difficult moments of my life, but even with that, I didn't think about anything other than death, because I always heard that it is a dangerous disease, at that moment I couldn't believe what was happening to me, it was terrible.

With support received from the health providers and the advice to move forward, I started to do antiretroviral therapy. When I got home, I tried to hide the pills, afraid of my father that would find out, because I didn't want him to know and humiliate me about my serostatus. I have isolated myself for a long time, I lost weight, my friends and family started asking what was happening to me and I always answered "nothing", because that was my personal secret. As I wasn't taking the ARVs correctly, the disease started to take over me.

One certain day, my father decided to take the hospital where I ended up hospitalized and they tested me for the second time, and from that time, my father knew from that I was HIV+ and it was not easy for him accept that situation.

With advice of the health providers, he ended up realizing and supported me to be strong. Also, with the help of a friend, who is HIV+, I managed to move on. I started the treatment in 2014 and till today I have not stopped medicating, thanks to the support of my friend and my teacher who ended up helping me. I still remember his the words saying that "HIV does not kill.

MENTAL HEALTH



MARVYNG ASSY-ASSAMOUA, CÔTE D'IVOIRE

WINNER - MENTAL HEALTH

My Story

À toi qui me trouvera avec mon beau collier, Ne me le retire pas. Maintenant tout va mieux. Les suçons de cette corde m'étaient bien douloureux Mais tellement agréables... J'en ai tellement rêvé. Mais je le sais très bien, tu me l'enlèveras. Comme à ton habitude, tu ne m'écouteras pas. Mais ce qui me rassure, tout sera terminé. Mais d'abord avant ça, laisse moi te raconter [Comment ça s'est passé...

Ce soir-là, finalement, j'en ai été lassé ; Les ruisseaux sous mes yeux ont fini par séché. Météo si changeante, dans mes yeux toute la pluie A laissé sa place à du brouillard toute la nuit. J'ai parlé à la nuit, hier avant le sommeil. Ces ruisseaux qui perlaient en cachette tous les soirs, Ces ruisseaux qu'elle cachait pour ne pas qu'on les voie Elle, n'a fait que les voir mais d'un très mauvais œil... « Tout ça finira mal » a-t-elle finit par dire Avant de s'en aller, accrocher des étoiles À son doux manteau bleu pour espérer me voir Éviter la bêtise, éviter de faire pire. Elle s'inquiétait tant pour le fantôme que j'étais, Errant et invisible à l'œil nu des humains, Ces humains qui l'oreille ne prêtent jamais très bien Ils ne pourraient pas voir le malheur s'il était [De chair.

Pourtant je les aimais, ces humains si étranges. Alors je souriais pour ne pas gâcher leurs [photos. On riait tous ensemble, sans même regarder l'heure Avant de me rappeler que je perdais au change. Ces jolis tatouages que m'ont faits toutes ces lames Que je leur ai caché pour ne pas inquiéter, Ils ont juste apprécié. « Tu attireras les femmes » M'a dit ce jeune garçon. J'ai l'air un brin gangster. Et puis je suis rentré, fatigué de sourire, Épuisé de ce manque, de ce trou dans le cœur.

Ce vide qui s'accentue quand je joue à l'acteur, Ce truc qui continue à chaque jour me pourrir. Ce soir-là, j'ai eu mal beaucoup plus fort qu'avant. Je ne respirais plus et mon âme suffoquait. Pourquoi aurais-je encore dû tout ça supporter ? J'en ai même oublié souvenirs d'auparavant, Avant qu'il n'y ait ce vide, ce creux dans la famille. Que les regards du monde me dévorent, tous curieux, Que je finisse par boire tristesse jusqu'à la lie, Que je pense à finir avec ce petit jeu... Et la nuit se cacha pour pleurer son ami Elle seule m'avait vu faire, m'offrir ce collier Je l'avais fait moi-même avec mes draps de lit Et je l'ai porté, sans même pas hésiter.

Et j'ai senti sur moi les suçons de la fée, Et malgré la douleur, j'en ai été accro Abandonnant mon souffle, qui me fuyait plus tôt, Abandonnant conscience, qui tenta de lutter Abandonnant ma vie, ma plus fidèle amie, Ma plus fidèle conquête, ma plus fidèle ennemie Et j'ai fermé les yeux pour ne plus jamais Regarder ce monde d'où je me suis enlevé ...

VAN OUALEMBO TENDART, CONGO

1ST RUNNER UP - MENTAL HEALTH

My Story

Marly est une étudiante de 18 ans qui vit chez ses parents. Elle est en couple avec Jersie âgé de 24 ans. Etant très belle, elle attire l'attention de certains de ces professeurs qui lui font des avances qu'elle refuse poliment. Il n'y a pas longtemps, elle s'est rendu compte que ses parents se trompaient et cela l'a beaucoup bouleversé. Les disputes s'enchaînent sans cesse entre ses parents, ce qui la rend malheureuse. Elle ne se confie qu'à Keliane sa meilleure amie et à Jersie qui tous les deux la remonte le moral. Etant sensible, ces événements combinés au stress de l'école et au manque de sommeil lorsqu'elle lit la nuit lui cause des dépressions. Elle est hospitalisée durant deux jours mais, ne se confie pas aux médecins lorsqu'on lui demande si tout va bien à la maison. On en conclut que c'est le stress et le manque de sommeil qui sont à l'origine de son état. De retour chez elle, la première semaine se passe pour une fois dans le calme.

Dès la deuxième semaine, tout reprend et elle décide de s'enfermer dans sa chambre et mettre la musique à fond pour ne pas écouter les disputes. La semaine d'après, le professeur de sa matière de base la menace de lui mettre une mauvaise note qui la ferait redoubler si elle n'accepte pas d'être sa concubine. Troublée, elle rentre chez elle et décide d'en parler à ses parents mais ces derniers sont encore dans une dispute et en arrivent même aux mains. Elle explique la situation par message à Keliane et Jersie mais personne ne répond. Elle quitte la maison sous le choc et décide d'aller chez son petit ami, arrivée chez Jersie, la porte ouverte, le salon est vide. Dans la chambre, elle découvre Jersie en plein relation intime avec une autre. Elle crie son prénom en pleurant et les deux amants s'arrêtent en la voyant. C'est à ce moment qu'elle se rend compte que la femme avec qui Jersie la trompe n'est personne d'autre que Keliane sa meilleure amie. Elle crie à nouveau et s'évanouit.

A son réveil, à l'hôpital, elle voit ses parents, Jersie et keliane et elle s'affole. Les médecins questionnent tout le monde et se rendent compte que les événements lui avait fait perdre la raison. Le professeur est arrêté, les parents divorcent, Jersie et Keliane voyagent dans différents pays et Marly est mise dans un établissement psychiatrique.

Marly s'est affolée car contrairement à ce que certains croient la santé n'est pas seulement le bien être physique mais aussi mental et social.De ce fait,la santé mentale est donc un pilier pour le bien être des hommes.

LAURA MAISVOREVA, ZIMBABWE

2ND RUNNER UP - MENTAL HEALTH

My Story

Mental health is receiving much attention nowadays, helping people all over the world speak freely about their internal struggles and receive the help they need. However, stigma sounding the topic still exists, which is counterproductive and means people still shy away from speaking out, much to their detriment. That was my situation for a long time.

Growing up, I have been academically gifted. But while that may seem like something to brag about, it does pose other challenges: the need to always perform, achieve excellent grades and be validated. Through much of my high school experience, I did well to ensure my grades were above par, but this came at a cost: I had to give up my social life and spend less time on non-academic activities. While I had the opportunity to participate in extra-curricular activities, I always felt as though I was 'borrowing time' from studying to do other activities. Consequently, I developed anxiety and became severely depressed, to the point of wanting to take my own life just after I turned 18. The pressure to get good grades could not be overstated. I needed to get straight A's to get into medical school. My mom was hospitalized for almost half of my final high school year and I barely saw her, often wondering if she would make it to the next day. I was miserable. Being the eldest of three girls, I felt it necessary to keep composed, to hold my sisters together. I couldn't take the pressure of seeming as though all was well and keeping up appearances. I eventually sought professional help.

Visiting a psychologist every Wednesday after school was something I did in secret, as I didn't want anyone to know I was suffering, or burden anyone for that matter. After a couple of visits, I was informed that being in a fragile or unstable mental state would compromise and perhaps completely jeopardize my chances of making it into medical school. The expectations for health professionals are so high, and a stable mental state is one of them. In fear of being 'caught' on the wrong side of things and minimizing my chances of achieving my dreams, I decided to stop seeing my psychologist and went on to deal with the anxiety and depression alone.

Fortunately, I did well and was accepted into medical school. But it's common knowledge that medical school is not easy. Endless exams, having to deal with failure (something uncommon to me given my track record of excellent academic achievements), and having no time for stress-relieving activities. I am now in third year, and have found a way to balance school and leisure. Intentionally creating time to explore my hobbies has been such a healing process, and I now have a positive outlook on life. I prioritize my mental well-being, and am in a much happier and healthier state. I still work hard, but I also create time to nurture the garden of my mind. I love it here.

SEXUAL TRANSMITTED INFECTIONS(STIs)

BRIGHTON MAVUSA, ZIMBABWE

WINNER - SEXUAL TRANSMITTED INFECTIONS

BASED ON A PERSONAL TRUE STORY

I had a crush on this guy, his name was Tino. He was well built and he had a devil-may-care outlook and a stellar smile. He had a hawkish nose. He was fair enough to make me fall for him.

Tino was wonderfully and fearfully made. The fairer sex adored him for his Teutonic-gold hair and he was a male model. Sometimes it was a casual muddle, but mostly it was orderly and fluid. He had thin, angular eyebrows that resembled a crescent moon. His angular cheekbones descended sharply into a flinty jaw, and he carried his domineering nose effectively.

He possessed a Samson-like figure, which was unusual for a model. He slid with athletic grace and without missing a beat which the catwalk adored. I fell for him.

His round, blue eyes were always darting and beaming with a joyful and youthful vvigour Everyone praised his vibrant personality and his kind disposition. Tino took my heart and I really loved him.

We started dating and everything was dexterously moving. He called me on the first day of July 2021 and we had a congruence that we were going to have a night together at a cocksure five-star hotel in the capital. With so much jubilation I drove and met my 'Tino'. We drank glasses of wine until we got drunk. We went to bed because it was late and we really needed to rest. With his smooth hands, he touched me and slowly removed my clothes. I failed to say a single word because I was ready to have him and at the same time I was drunk. Nothing like 'protected sex' rang in my mind and neither did he care about it. He bedded me and, after the encounter ,he drove me home and that was the last time we saw each other. Two weeks down the line, I started having blisters and an itchy feeling around my sphincter ani. Cauliflower-like bumps started appearing around my orifice. I got depressed and I was diffident to go for medical attention. My appetite for food vanished. I contacted my friend and told him about what I was going through. He told me about STIs which later made me confident that I contracted an HPV and I had anal warts. Despairing being judged, I resorted to not going to the hospital. The warts grew bigger and I started feeling discomfort when walking. I started having suicidal thoughts and went on a trial to execute myself.

On a cool morning of the second Monday of November 2021, I took a walk to shops with an intent of buying buy poison. I bought rat-killing tablets. I consumed them, and unfortunately, my attempt was unsuccessful as I was found lying on the floor crying in pain. I was rushed to a nearby hospital where I got treatment. I got a cryotherapy for the warts.

I got a counselling session and empowerment from SAYWHAT. I was educated and empowered to stand for my sexual and reproductive health and rights.

I am now free from the anal warts and I encourage youths and young people to seek medical attention when they suspect an STI as well as avoid unprotected sex.

Our health, our right. Our health, our responsibility.

NYAKO CINTHIA, CAMEROON

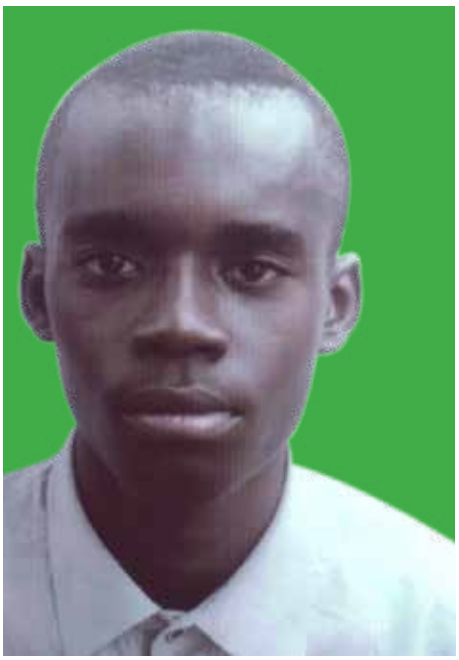
1ST RUNNER UP - SEXUAL TRANSMITTED INFECTIONS (STIs)

MY STORY

I am called Nyako Cinthia, 23 years old, I was born at Ngarum in the Nort west region of Cameroon and presently reside in Bamenda town. Completed my primary school in 2011, completed my secondary in 2017 at the Government Bilingual High School Atiela and completed my high school in 2019. I am at the University level almost completing my Bachelor's degree.

I discovered I was HIV positive at 14 years and began treatment immediately and was given the opportunity to work with Adolescents and young people living with HIV at the CBCHS (Cameroon baptist convention health services) in 2019 till date, where I counselled and used myself as an example to those living with HIV since I had overcome stigma and went public about my status. Since I did my disclosure I have been able to touch a lot of people with my stories and work with other organizations to fight against AIDS, stigma and discrimination.

My achievements, which I am most proud of are the number of people I have touched their life's and the number of suppressed viral loads I have had over the years and how free I became.



EVANS KOLELA, CONGO

2ND RUNNER UP - SEXUAL TRANSMITTED INFECTIONS (STIs)

MY STORY

Je ne croyais jamais qu'un jour je pouvais avoir une IST, vu leurs conséquences et surtout leurs places dans nos sociétés. C'était une honte d'avoir une IST pas seulement pour le souffrant mais surtout pour la famille qui perdait sa dignité. Pourtant j'étais le genre de fille qui se protégeait à chaqu'un de mes rapports sexuels, qui prenait sa douche tout le temps, qui changeait régulièrement ses sous-vêtements, et surtout les objets tranchant (gillettes, …) , je m'assurait toujours qu'ils soient personnels.

Mais je ne pensais pas qu'une erreur pouvait autant me faire regretter, un homme en qui j'avais confiance, qui ne présentait aucun symptôme m'avait transmis une IST. J'avais trop confiance en lui que je négligeait le port du préservatif avant l'acte, car pour moi il était sain. Et parmis toute les différentes type d'IST qu'on trouve, il m'a transmis la gonococcie, une IST très gênante et surtout très remarquée. Je l'avait su au bout de quelques jours après l'acte sexuel, suite à l'apparition des symptômes. D'abord des prurit au niveau de la vulve qui s'intensifiaient et dont mon entourage commençait à remarquer, puis des pertes blanches abondantes et odorantes qui m'obligeaient à fuir mon entourage de peur qu'ils se disent que pour une fille je m'occupait mal de mon corps, et enfin

l'écoulement du pu et des brûlures à la miction qui m'ont tellement fait souffrir et honte, car c'était à travers ces signes que mon entourage su définitivement que j'avais la gonococcie. Ensuite des rumeurs ont commencé à circuler dans mon quartier que j'étais une prostituée c'est pour cela que j'avais attrapé la gonococcie, cela m'obligeait à me cacher car j'avais honte et peur qu'on me pointe du doigt en disant que j'étais une prostituée.

J'avais même honte d'en parlé à mes amies pour qu'ils puissent m'aider , car certaines avaient déjà commencé à se moquer de moi, mais je eu la force d'en parler à une amie qui me proposa d'aller à l'hôpital sinon la conséquence c'était la stérilité, mais ma mère insistait pour que je suive un traitement traditionnel. Mais après avoir bien réfléchi, j'ai préféré le chemin de l'hôpital car je ne voulais pas finir stérile. Mais le jour où j'étais arrivé à l'hôpital, je croyais qu'en disant ce dont j'avais, on devait se moquer de moi ou me traiter de pute comme dans mon quartier, mais non. Pour le médecin qui m'avait consulté, comme si ce n'était rien par rapport à la façon dont on dramatise dans la cité. Il me posait quelques questions comme, comment j'étais infecté, si je suis mariée, (…), et ensuite il m'avait recommandé un traitement simultanée d'antibiotiques, puis il m'avait donner quelques conseils, mais qui pour moi était de nouvelles mesures de prévention, comme par exemple exiger toujours le port du préservatif peu importe le partenaire sexuel, rester fidèle à un seul partenaire, si possible s'abstenir des rapports sexuels avant le mariage. En fin de compte j'avais appliqué cela, et je n'avais plus Jamais eu d'IST.

ICASA 2023

Sponsors & Exhibitors / Sponsors & Exposants

THEME
AIDS IS NOT OVER: Address inequalities, accelerate inclusion and innovation

OBJECTIVES
- Mainstream respect for equity, inclusion and diversity in the control and mitigation of the impact of diseases.
- Sustain and increase domestic financing and community response.
- Respond to HIV/AIDS, COVID-19, Monkey-pox, Ebola and any other emerging diseases.
- Mitigate the impact of Hepatitis, Tuberculosis and Malaria through health systems strengthening.
- Generate and provide evidence-based data for policy formulation

THÈME VALIDÉ POUR ICASA 2023 :
Le SIDA est toujours là : Eliminons Les inégalités, accélérons l'inclusion et l'innovation.

OBJECTIFS DE ICASA 2023, ZIMBABWE
- Intégrer le respect de l'équité, de l'inclusion et de la diversité dans le contrôle et l'atténuation de l'impact des maladies.
- Consolider et accroître le financement national et la riposte communautaire.
- Accélérer la réponse au VIH/SIDA et faire face à la COVID-19, la variole du singe, Ebola et toutes autres maladies émergentes.
- Réduire l'impact de l'hépatite, de la tuberculose et du paludisme grâce au renforcement des systèmes de santé.
- Produire et fournir des données factuelles évidentes pour la formulation des politiques.

Abbott

Abbott is a global leader in in vitro diagnostics with one of the broadest portfolios of businesses spanning nearly every segment – point of care, immunoassay, clinical chemistry, hematology, blood screening, molecular, and informatics. Abbott's life-changing tests and diagnostic tools provide accurate, timely information to better manage health. We're empowering smarter medical and economic decision making to help transform the way people manage their health at all stages of life.

AccuBio

AccuBio are a UK-based *in vitro* diagnostics company focussed on delivering rapid, cost-effective diagnostic solutions to expedite clinical management, improve patient outcomes and promote equitable access to healthcare for everyone. In addition to our comprehensive infectious disease and drugs of abuse lateral flow test portfolio for either self-testing or use in near-patient settings AccuBio's VISITECT® CD4 Advanced Disease test, the world's first rapid, instrument-free, semi-quantitative lateral flow test, supports same day identification of advanced disease in people living with HIV.

ARASA AIDS & Rights Alliance for Southern Africa

The AIDS and Rights Alliance for Southern Africa (ARASA) was founded in 2003 and works with 115 partners within 18 countries in East and Southern Africa aiming to amplify voices regarding Health Financing, HIV/TB prevention and Sexual Reproductive Health and Rights for marginalised groups in their diversities as women, adolescent girls, people on the move, people who use drugs, and key populations through a human rights-based approach. ARASA's 2023-2028 Strategy is centred on Increased Capacity, Coordination and Accountability (ICCA) for Equality and dovetails with developmental megatrends which include climate change, digital divide and migration and their intersectionality human rights.

AUROBINDO
Committed to healthier life!

Aurobindo Pharma's mission is to provide wide range of high-quality ARVs (USFDA Approved) for PLHIV & CLHIV with high accessibility to over 125 countries. Aurobindo Pharma is a knowledge driven company with strong R&D infrastructure to develop generic versions of state-of-the-art latest molecules. Our R&D capabilities includes both active pharmaceutical ingredients (APIs) and finished dose formulations (FDFs), thus

being a reliable vertically integrated company for assuring uninterrupted global supplies. Our ARV journey started more than 2 decades ago and have been consistently participating in global HIV programmes. Aurobindo Pharma has filed more than 38 ANDAs so far with USFDA. Aurobindo Pharma has developed range of products and have several other molecules in pipeline. eg. Tenofovir alafenamide, Cabotegravir long-acting injectable/tablet, Paediatric Abacavir/Lamivudine/Dolutegravir etc., Aurobindo Pharma's commitment to paediatric HIV is demonstrated through uninterrupted supplies of products like Abacavir, Nevirapine & Zidovudine to selected markets, where it is still being used for PMTCT and other therapies.

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avacarehealth
caring for africa

Avacare is a leading healthcare organization dedicated to improving access to quality healthcare services in Africa. With a strong focus on innovation, Avacare aims to create sustainable healthcare solutions that address the unique challenges faced by the African population and beyond. Established in 1996, Avacare Health has developed a significant footprint across Africa, emerging as a prominent player in the healthcare industry. With a formidable presence in 22 countries, the company has grown exponentially, boasting a workforce of 1500 employees dedicated to delivering quality healthcare solutions. Avacare Health's extensive network includes 47 sales offices, 15 manufacturing sites, and 25 warehouses, strategically positioned to efficiently serve the continent's diverse healthcare needs. With a product portfolio of over 2500 healthcare solutions, the company caters to a vast array of medical requirements, touching the lives of over 600 million people in Africa. Notably, the establishment of Afrigen, the mRNA Hub in Cape Town and FARMOVS, a cutting-edge clinical research facility further highlights Avacare Health's commitment to innovation and advancing medical breakthroughs, solidifying its influential impact on healthcare throughout the region.

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biocentric
A BRUKER COMPANY

BIOCENTRIC and the BRUKER Group offer complete solutions in microbiology and diagnostics: in vitro diagnostic reagents, instrumentation, training, maintenance; with applications in virology, bacteriology, mycobacteriology, mycology and human genetics.

For over 20 years, BIOCENTRIC has been Africa's partner in the fight against AIDS and viral hepatitis, as well as chronic and emerging infectious diseases.

BIOCENTRIC collaborates actively with National HIV Programs, NGOs, Reference Centers and Ministries of Health to support healthcare professionals in patient management.

BIOCENTRIC et le groupe BRUKER proposent des solutions complètes en microbiologie et diagnostic : réactifs de diagnostic in vitro, instrumentation, formation, maintenance ; avec des applications en virologie, bactériologie, mycobactériologie, mycologie et génétique humaine.

Depuis plus de 20 ans, BIOCENTRIC est le partenaire de l'Afrique dans la lutte contre le SIDA et les Hépatites virales et contre les maladies infectieuses chroniques et émergentes.

BIOCENTRIC collabore activement avec les Programmes Nationaux de Lutte contre le VIH, les ONG, les Centres de Référence, les Ministères de la Santé pour accompagner les professionnels de santé dans la prise en charge des patients.

bioLytical empowers clinicians and the public to make informed health decisions, faster. Combining made-in-Canada quality with a global focus, bioLytical is a leader in the field of rapid in vitro medical diagnostics.

Its range of one-minute INSTI® tests provide instant, accurate results for infectious diseases including COVID-19, HIV, Hepatitis C (HCV) and Syphilis among others.

Cepheid's GeneXpert® systems and Xpert® tests automate highly complex and time-consuming manual procedures, providing A Better Way for institutions of any size to perform world-class PCR testing. Cepheid's broad test portfolio spans respiratory infections, blood virology, women's and sexual health, Tuberculosis and emerging infectious diseases, healthcare-associated infectious diseases, oncology, and human genetics. The company's solutions deliver actionable results where they are needed most – from central laboratories and hospitals to near-patient settings. We call this the PCRplus advantage.

Chemonics International Inc. is a development firm with more than 40 years of experience working in more than 150 countries. Chemonics is a trusted implementing partner that is committed to solving the world's toughest development challenges with multidisciplinary teams working across sectors. Most notably, Chemonics and partners lead the implementation of the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project. GHSC-PSM has offices in 35 countries and collaborates with ministries of health (MOHs) to advance and sustain efficient and resilient health supply chains, thereby increasing access to lifesaving health commodities to the people who need it most.

The Children's Investment Fund Foundation (CIFF) is one of the world's largest independent funders of children, with offices in Addis Ababa, Beijing, London, Nairobi, and New Delhi. Established in 2002, CIFF's mission is to create a world where every child can live a healthy, fair and safe life. With a rigorous and evidence-driven mindset, CIFF supports bold interventions that focus on making systemic change. This includes programmes on child health, sexual and reproductive health and rights, opportunities for girls and young women, as well as tackling the climate emergency.

The Civil Society Institute for Health in West and Central Africa, comprising of over 150 NGOs and CSOs, is a first of its kinds regional mechanism launched in 2019 to develop an effective and sustainable health response in both sub-regions. Operating in 21 countries, its objectives include developing capacity, coordinating and harmonizing actions of civil society organizations in the health sector, with a focus on promoting inclusive financing mechanisms, strengthening civil society to influence health policies, and optimizing resources. In 2024, the CSIH-WCA's key priorities revolve around political engagement, addressing pediatric HIV, ensuring fair remuneration for healthcare workers, and providing ongoing support to CSOs through Community-led Monitoring.

L'Institut de la Société Civile pour la Santé en Afrique de l'Ouest et du Centre est un mécanisme régional inédit regroupant plus de 150 organisations de la société civile dans 21 pays. Lancé en 2019 pour développer une réponse sanitaire efficace et durable, il met l'accent sur la promotion de mécanismes de financement inclusifs, le renforcement des OSC pour influencer les politiques de santé et l'optimisation des ressources. En 2024, ses efforts s'articuleront autour de l'engagement politique, de la prise en charge du VIH pédiatrique, de la rémunération équitable des travailleurs de la santé et du soutien au Community-led Monitoring.

CNLS-TP
CONSEIL NATIONAL DE LUTTE CONTRE LE VIH/SIDA, LA TUBERCULOSE, LE PALUDISME, LES HÉPATITES, LES INFECTIONS SEXUELLEMENT TRANSMISSIBLES ET LES ÉPIDÉMIES.
PRÉSIDENCE DE LA RÉPUBLIQUE DU BÉNIN

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Créé par décret en 2017 et actualisé en 2023 (décret N°2023-079 du 15 mars 2023), le Conseil National de Lutte contre le VIH/Sida, la Tuberculose, le Paludisme, les Hépatites, les Infections Sexuellement Transmissibles et les Epidémies (CNLS-TP) est l'instance de veille, d'orientation et de coordination en matière de riposte à ces maladies cibles ainsi que de coordination de l'approche « One Health » au Bénin. Il est présidé par le Ministre de la Santé. Son organe délibérant comprend un Représentant du Président de la République, une quinzaine de ministres, préfets, partenaires, société civile et représentants de populations cibles, des cadres. Il dispose d'un Secrétariat Exécutif, de programmes sectoriels dans les ministères, de démembrements dans les 12 départements et 77communes du pays.

PLUS COALITION INTERNATIONALE SIDA

Coalition PLUS est une union internationale d'associations communautaires de lutte contre le VIH/sida et les hépatites virales créée en 2008, intervenant dans 52 pays et auprès d'une centaine d'organisations de la société civile. Nos associations membres et partenaires impliquent les communautés les plus vulnérables au VIH/sida et aux hépatites dans la définition et la mise en œuvre de programmes de prévention, de soins et de plaidoyer. Elles font la promotion de méthodes innovantes, adaptées aux personnes les plus discriminées dans l'accès à la santé. Nos valeurs : solidarité, respect de la diversité et du non-jugement, innovation.

The Cospharm group of companies has physical presence in Botswana, Namibia, Zimbabwe, South Africa, and has remote operations in Zambia.

The Group sells, markets, distributes and manufactures healthcare products throughout these countries.

The business now has 19 outlets in Namibia, Botswana, Zimbabwe, and South Africa.

More than 400 products have been registered in more than 4 countries and new products are under registration with various regulatory authorities in Southern Africa.

In 2021 Cospharm Zimbabwe ventured into generic pharmaceutical development and was licensed to manufacture.

Our goal is to be a fully integrated generic pharmaceutical company.

The growth success of the company is attributed in part to highly qualified personnel with a clear pharmaceutical market understanding and in part to its practice of partnering the best manufacturers globally.

Cospharm endeavours to be better always. In every area of society, the company invests in projects that promote better standards for all. This is because we "Believe in Good".

The Drugs for Neglected Diseases initiative (DNDi) is a not-for-profit medical research organization that discovers, develops, and delivers safe, effective, and affordable treatments for neglected people. DNDi is developing medicines for sleeping sickness, leishmaniasis, Chagas disease, river blindness, mycetoma, dengue, paediatric HIV, advanced HIV disease, cryptococcal meningitis, and hepatitis C. Its research priorities include children's health, gender equity and gender-responsive R&D, and diseases impacted by climate change. Since its creation in 2003, DNDi has joined with public and private partners across the globe to deliver twelve new treatments, saving millions of lives. dndi.org

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The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a proven leader in the global fight to end HIV and AIDS, and an advocate for children to live full and healthy lives into adulthood. Founded more than 30 years

ago through a mother's determination, EGPAF is committed to a comprehensive response to fighting HIV and AIDS through research, global advocacy, strengthening of local health care systems, and growing the capacity of governments and communities in the world's most affected regions to respond to urgent needs. Each stage of life brings new and different challenges, and EGPAF is driven to see a world where no other mother, child, or family is devastated by this disease

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L'INITIATIVE
sida, tuberculose, paludisme

Launched in 2011, L'Initiative is a French facility that complements the Global Fund against AIDS, tuberculosis and malaria. It provides technical assistance and support to catalytic projects in around 40 to Global Fund recipient countries to improve the effectiveness of grants and strengthen the health impact of the programs funded.

L'Initiative's recent evolution has demonstrated its catalytic effect through building the capacity of health stakeholders, improving institutional, political and social frameworks, supporting innovative approaches to respond to pandemics and strengthening systems for health.

Implemented by Expertise France, it is fully funded by the French Ministry for Europe and Foreign Affairs.

GILEAD

At Gilead, we set – and achieve – bold ambitions to create a healthier world for all people. From our pioneering virology medicines to our growing impact in oncology, we're delivering innovations once thought impossible in medicine.

Our focus goes beyond medicines, and we also strive to remedy health inequities and break down barriers to care. We empower our people to tackle these challenges, and we're all united in our commitment to help millions of people live healthier lives.

FACT

Family AIDS Caring Trust Zimbabwe (FACT Zimbabwe) is a Christian based organisation that was instituted in 1987 as Zimbabwe's first AIDS Service Organisation pioneering the HIV response in Zimbabwe.

36 years down the line since establishment, FACT Zimbabwe continues to compliment Government of Zimbabwe's efforts in responding to HIV and AIDS through direct services to local communities. FACT Zimbabwe through partnerships has contributed immensely to the national, regional, and international responses to HIV and AIDS and continue to play a pivotal role in building capacities of Community Based Organisations (CBOs) in Zimbabwe and regionally.

The Female Health Company (FHC) was founded in the 1980s during the AIDS epidemic as a socially responsible enterprise to develop and pioneer the use of the world's first female condom, providing female initiated dual protection against both sexually transmitted infections, such as HIV, as well as unplanned pregnancy.

FHC continues to support and facilitate public-private partnerships around the world, working with governments, civil society representatives and the private sector to empower women through an integrated approach to sexual health and wellness. Since our foundation, we have been distributed in 150 countries around the world.

Throughout our 25 years of experience, we have continued to provide to African countries with the necessary educational and technical support to both raise the awareness of the female condom and to provide greater choice to people as part of a well-trained network of health service providers, community agents and peer educators.

Genesis Analytics/Health Practice

Genesis Analytics is a global African firm that has worked in more than 95 countries across the world. Our roots are firmly in Africa, with offices in South Africa, Kenya, Nigeria, Ethiopia, and Côte d'Ivoire. As a firm, we work across sectors, including Health, WASH, nutrition, education, climate finance, women's economic empowerment, digital, and others.

Within the Genesis Health Practice, we work with our clients to develop solutions aimed at improving the health of populations throughout Africa. Our areas of expertise are in research, monitoring and evaluation, health financing and economics, and programme implementation support. Visit our website to find out more: genesis-analytics.com

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Global Black Gay Men Connect (GBGMC) is an international advocacy and networking organization

committed to improving the health, well-being, and rights of black gay men globally, GBGMC aims to address the unique challenges faced by gay men in the region, particularly related to HIV prevention, treatment, and rights. This International AIDS Conference in Harare,

Zimbabwe, presents a vital opportunity for GBGMC to engage, share expertise, and collaborate with stakeholders from around the world.

GRASSROOTSOCCER
Playing for Life.

Grassroot Soccer (GRS) is an adolescent health organization that leverages the power of soccer to equip young people with the life-saving information, services, and mentorship they need to live healthier lives. Since 2002, GRS has reached over 18 million adolescents and youth globally and brings expertise in adolescent social and behavior change, sexual and reproductive health and rights, HIV prevention and adherence support, violence prevention, mental health, and positive youth development.

Wondfo

Guangzhou Wondfo Biotech Co., Ltd., founded in 1992, a company with 3,000+ employees worldwide, has been focusing on the R&D, production, sales and service of point-of-care testing (POCT) products and providing customers with professional rapid diagnosis and chronic disease management solutions for 30 years. Building upon the solid research level and technological innovation capabilities, Wondfo has multiple products for the rapid identification of cardiovascular diseases, inflammation, tumor, infectious diseases, drug abuse, pregnancy etc. widely provided to 140+ countries and regions.

HETERO

Hetero is one of the world's leading producers of key Active Pharmaceutical Ingredients (APIs) and generic formulations with a strong footprint in 145+ countries. Backed by 30 years of presence, 38 state-of-the-art manufacturing facilities and a dedicated workforce of 25,000+ employees, we are serving the world by moulding science and technology into high-quality therapies.

With unparalleled strengths in pharmaceutical research, manufacturing and marketing, we are continually expanding our reach and capabilities to meet the ever-evolving healthcare needs at affordable costs.

Catering to 40% of the existing global demand for Anti-Retroviral (ARV) APIs and Finished Dosage Forms (FDFs) critical for HIV/AIDS treatment, remains an illustrious hallmark of our legacy.

Hologic is an innovative medical technology company primarily focused on improving women's health and well-being through early detection and treatment. We deliver life-changing and life-saving detection, diagnostic and surgical innovations that are rooted in science, driven by technology and inspired by a desire to improve the health of women and families around the world.

While we focus on women's health and well-being, we are committed to having an even broader benefit for the world. Together, we advocate for better health and wellness through solutions that provide ever greater certainty and peace of mind.

HUMANA People to People (HUMANA) is an international network of 29 local NGOs working for the sustainable development of vulnerable communities, particularly from Sub-Saharan Africa, Europe, the Americas, and Asia. In our unwavering commitment to tackling some of the world's major health, socioeconomic, environmental, and humanitarian challenges, we spearhead community-driven holistic development programmes that harness the power of education and collaboration. Moreover, our teams are comprised by people hailing from the very communities we serve, offering invaluable local insights and expertise.

The HIV Vaccine Trials Network (HVTN) is an international collaboration of scientists, clinical trial sites, and community representatives working with governments and industry in the global search for an HIV vaccine with the goal of speeding the development and evaluation of HIV vaccine candidates. The HVTN is the world's largest publicly funded clinical trials program dedicated to finding an effective HIV vaccine. The HVTN helps advance the fields of vaccinology, social and behavioral sciences, statistics, and immunology, as well as tuberculosis and COVID-19 vaccines.

IAS – the International AIDS Society – convenes, educates and advocates for a world in which HIV no longer presents a threat to public health and individual well-being. After the emergence of HIV and AIDS, concerned scientists created the IAS to bring together experts from across the world and disciplines to promote a concerted HIV response. Today, the IAS and its members unite scientists, policy makers and activists to galvanize the

scientific response, build global solidarity and enhance human dignity for all those living with and affected by HIV. The IAS also hosts the world's most prestigious HIV conferences: the International AIDS Conference, the IAS Conference on HIV Science and the HIV Research for Prevention Conference.

IMMY

IMMY focuses primarily on bringing rapid, high-quality fungal diagnostics closer to the patient. We have a long history of delivering accurate and affordable solutions that can be implemented in any laboratory setting, on any shift, around the world. IMMY is bridging the gap between fungal infections and proper treatment through rapid diagnostics for Aspergillosis, Cryptococcosis, Histoplasmosis, Coccidioidomycosis, and Blastomycosis.

InTec PRODUCTS, INC.

InTec is a world leading manufacturer in infectious disease diagnostics focusing on screening at the Point of Care. In past 34 years we have focused on rapid diagnostics for infectious diseases and other tests for low resourced settings. InTec has a good reputation globally for quality and performance. We have focused on quality products and ensure all certifications are in place. InTec obtained the WHO PreQualification for HIV and HCV rapid tests in 2019, and continually supports NGOs globally.

We are a global leader in HIV and Hepatitis screening, and are dedicated to the continued development of innovative testing.

IPM SOUTH AFRICA NPC

AN AFFILIATE OF THE POPULATION COUNCIL

The IPM South Africa, an affiliate of the Population Council is a nonprofit organization which works to develop HIV prevention products and other sexual and reproductive health technologies for women, and to make them available and accessible where they are urgently needed.

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jhpiego

Johns Hopkins University Affiliate

A Johns Hopkins University affiliate, Jhpiego is a nonprofit global leader in the creation and delivery of transformative health care solutions that save lives. Through our close partnerships with local communities, policymakers, donors and health providers, we are able to transform health care systems, leading to better health across a lifespan—from pregnancy to delivery, and beyond. By embedding our know-how and skills into everyday practice, we are creating lasting change that improves the health of some of the world's most disadvantaged for generations to come.

JSI is public health care and health systems consultants and researchers driven by a passion to improve health services and outcomes for all. Our fundamental goal is to ensure that all individuals can live their best and healthiest life.

In pursuit of our goal, we provide innovative management consulting and technical assistance incorporating a broad range of skills. Founded in 1978, we collaborate with government agencies, the private sector, and local nonprofit and civil society organizations to identify and implement solutions to public health challenges. These partnerships improve the quality, accessibility, and equity of health systems and lead to better health outcomes.

With more than 3 decades of manufacturing experience in the healthcare industry, Karex is known as the World's Largest Condom Manufacturer with the ability to produce more than 5 billion pieces of condoms annually. Its other offerings include Personal Lubricants, Probe Covers, Foley Balloon Catheters, Nitrile Gloves & Oral Dams. Along with 3,500 employees and four advanced manufacturing facilities in Malaysia and Thailand, Karex conforms to major international standards and holds various global certifications enabling exports to more than 140 countries. Karex sales and distribution channels are also supported by offices in the UK, USA, Thailand, and Malaysia.

Laurus Labs is a leading generic pharmaceutical company in India. In the late 2000s, Noting the lack of affordable ARV treatments for the PLHIVs in the developing world, we embarked on a journey to expand ART access through sustained R&D efforts for process improvements of key ARV molecules like Efavirenz and Tenofovir along with continuous investments in establishing dedicated manufacturing facilities enabling multi-ton production equivalent to supporting the needs of 6 mn PLHIVs across the globe. Today, Laurus Labs caters to customers of more than 100 countries across the globe with one in three PLHIVs relying on a Laurus Labs product either directly or indirectly. Laurus Labs is also foraying into pediatric ARV treatment with innovative formulations to expand access for the underserved CLHIV population.

The Medicines Patent Pool (MPP) is a United Nations-backed public health organisation working to increase access to and facilitate the development of life-saving medicines for low- and middle-income countries. Through its innovative business model, MPP partners with civil society, governments, international organisations, industry, patient groups, and other stakeholders to prioritise and license needed medicines and pool intellectual property to encourage generic manufacture and the development of new formulations. To date, MPP has signed agreements with 20 patent holders for 13 HIV antiretrovirals, one HIV technology platform, three hepatitis C direct-acting antivirals, a tuberculosis treatment, a cancer treatment, four long-acting technologies, three oral antiviral treatments for COVID-19 and 15 COVID-19 technologies. MPP was founded by Unitaid, which continues to be MPP's main funder. MPP's work on access to essential medicines is also funded by the Swiss Agency for Development and Cooperation (SDC). MPP's activities in COVID-19 are undertaken with the financial support of the Japanese Government, the French Ministry for Europe and Foreign Affairs, the German Agency for International Cooperation and SDC. More information at https://medicinespatentpool.org/ and follow us on Twitter, LinkedIn and YouTube.

Founded in 2006, Meril is a global medical device company located in India, Meril was launched in line with the health-care diversification plan for global healthcare. Today, Meril is a global medical device company (distributing in over 120 countries) dedicated to the design and development of novel clinically relevant, state-of-the-art and best-in-class devices to alleviate human suffering and improve quality of life. We span a broad operational canvas ranging from Vascular Interventions, Orthopedics, Robotics, Endo-Surgery, In-vitro-Diagnostics & ENT.

We have RDTs in our product portfolio which are WHO PQ including HIV RDT, Malaria Pf/Pan RDT & Malaria Pf/Pv RDT. Also, we have COVID-19 rapid antigen as well as antibody tests with CE approval in place.

Headquartered in India with a manpower of more than 7000, Meril currently conducts business in more than 120 countries. We have 100% subsidiaries in more the 22 countries including the USA, Germany, Brazil, Russia, South Africa, Bangladesh, Malaysia and Turkey.

Molbio Diagnostics, an innovative Indian In-Vitro Diagnostics (IVD) company, aims to decentralize and democratize access to high quality, affordable diagnostics across the world through novel, near patient and point-of-care solutions. Molbio's widely acclaimed Truenat® - a point-of-care Real Time PCR system, is the first such

platform to be commercialized that has enabled even highly resource limited settings such as Primary and Community Health Centers to conduct sophisticated molecular diagnostics as the frontline tool for multiple diseases.

Truenat® has brought in a paradigm shift to disease control and management and created a huge impact on patient and societal well-being. Over the years, Truenat® has proven the ability to work at all levels of the healthcare sectors and has been established as a trusted brand that is creating impact cross the globe. Today, Molbio with a staff strength of about 700, is already the largest IVD company in India with over 6000+ installations in the public and private sector. Globally, with an installation base of around 1000 systems, the distribution of Truenat® is spread across 77+ countries.

Molbio aims to be a leading global player in the point of care diagnostics segment, continuing to innovate and bring new technologies for social betterment. Lets bring the lab to the people rather than people to the lab.

MSD

MSD's Commitment to HIV

For more than 35 years, MSD has been committed to scientific research and discovery (R&D) in HIV. Today, we are developing a series of antiviral options designed to help people manage HIV and protect people from HIV, with the goal of reducing the growing burden of infection worldwide. We remain committed to working hand-in-hand with our partners in the global HIV community to address the complex challenges that impede progress toward ending the epidemic.

National AIDS Council

Co-ordinating The National Multi Sectoral Response To HIV & AIDS

National AIDS Council is a parastatal under the Ministry of Health and Child Care established through the Act of Parliament, National AIDS Council Act Chapter 15:14 of 1999. The Act mandates NAC to provide for measures to combat the spread of the Human Immuno Deficiency Virus & mitigate the impact of the Acquired Immune Deficiency Syndrome & the promotion, coordination and implementation of programmes. It is also mandated to administer the National AIDS Trust Fund (NATF) collected through the AIDS Levy.

The organization has a vision of having a Zimbabwe free from HIV infections, stigma & AIDS related deaths by 2030.

OraSure Technologies, Inc.

OraSure Technologies empowers the global community to improve health and wellness by providing access to accurate, essential information. Together with its wholly-owned subsidiaries, DNA Genotek, Diversigen, and Novosanis, OraSure provides its customers with end-to-end solutions that encompass tools, services and di-

agnostics.

The OraSure family of companies is a leader in the development, manufacture, and distribution of rapid diagnostic tests, sample collection and stabilization devices, and molecular services solutions designed to discover and detect critical medical conditions.

OraSure's portfolio of products is sold globally to clinical laboratories, hospitals, physician's offices, clinics, public health and community-based organizations, research institutions, government agencies, pharma, commercial entities and direct to consumers.

OPHID
Organization for Public Health Interventions & Development

Organization for Public Health Interventions and Development (OPHID) is a Zimbabwean organization that develops and implements innovative approaches and strategies to strengthen the provision of quality HIV prevention, care and treatment services. We collaborate closely with the Ministry of Health and Child Care and have partnerships with local and regional organizations and research institutions to ensure Zimbabweans have enhanced access to quality HIV, Tuberculosis, Prevention of Mother-To-Child Transmission of HIV, Sexual Reproductive Health and Maternal, Neonatal and Child Health services. Currently we implement the Target Accelerate Sustain Quality Care program, a PEPFAR-supported 5-year grant supporting 333,620 PLHIV on antiretroviral therapy.

PATA

Paediatric - Adolescent &Treatment Africa (PATA) is PATA is an action network of frontline healthcare providers, who work in partnership with communities providing access to HIV prevention services, treatment, and comprehensive people-centred care; that is rights-based, friendly and stigma free. Our goal is to effect positive change in paediatric and adolescent HIV policy and service delivery on the frontline.

PATA does this by facilitating a powerful platform and processes for regional collaboration, capacity building, peer-to-peer exchange and learning, and advocacy for practice, programme and policy improvements in the HIV response.

Pharm ACCESS AFRICA
"Better Health, Better Lives"

Pharm Access Africa Limited (PAAL) is dedicated to transforming access to quality healthcare through innovation and strategic global partnerships. We bridge the gap between public, private and the NGO/FBO sectors, by

tackling supply chain complexities, ensuring healthcare commodity availability, and creating a collaborative ecosystem that fuels sustainable health solutions. Our approach unites everyone on principles of humanity, at all levels, focusing on key areas like Essential Medicines (EM), HIV/AIDS, Non-Communicable Diseases (NCD), and Sexual & Reproductive Health (SRH) among others. We ensure that our partnerships remain impactful and fully embody our vision: "Better Health, Better Lives." Join us in building better health for tomorrow.

Population Solutions for Health (PSH) is a locally registered trust with a 23-year track record of supporting the Zimbabwean Ministry of Health and Child Care (MoHCC) in implementing high-impact HIV and Sexual and Reproductive Health Rights (SRHR) programs. PSH is a leader in community-based and differentiated HIV service delivery, serving AGYW, men and boys, and Key Populations. PSH's HIV programming spans the clinical cascade including social marketing of male condoms; Voluntary Medical Male Circumcision; HIV Testing (focusing on case finding and HIVST); community-based HIV treatment; STI management, PrEP and post-exposure prophylaxis (PEP).

Premier Medical Corporation Private Limited is a private manufacturer of medical diagnostic products and a marketing company founded in New Jersey in 1996. Premier Medical Corporation Private Limited was incorporated as a Delaware Corporation in March 1996. The company developed a strategic alliance with several diagnostic companies to develop, manufacture, and market a wide range of rapid diagnostic products in India and other developing countries. The company selected India as its worldwide transnational operational site to transfer critical technologies and provide its services to customers in India and developing markets. The company has obtained the necessary government approvals to manufacture and market its products. The company has agreements with different distributors for the distribution of manufactured diagnostic kits in various countries.

SAYWHAT (Students and Youth Working on reproductive Health Action Team) is a Southern African public health advocacy institution established in 2003. SAYWHAT focuses on promoting young people's access to health and education rights, services, and commodities. SAYWHAT operates through student structures in over 30 tertiary institutions in Zimbabwe and coordinates regional influence through the Southern African Regional Students and Youth Consortium on sexual and reproductive health (SARSYC). The organization engages in capacity building, research, documentation, advocacy, and child protection initiatives. SAYWHAT's Studio

of Choice nurtures artistic talents and produces initiatives such as debate competitions, quiz challenges, and the CONDOMIZE campaign. The organization aims to become a pan-African organization with continental coverage by 2050.

SD BIOSENSOR

SD Biosensor, Inc., with its slogan 'Beginning of all things that protect lives,' is a global in-vitro diagnostics company that contributes to improving everyone's quality of life by diagnosing diseases quickly and accurately. SD Biosensor is a Total Solution Provider in the IVD industry that develops and researches innovative diagnostic platforms. In 2020, SD Biosensor, Inc. began supplying numerous WHO prequalified for global public health diagnostic products, especially those for malaria, HIV, HCV, and COVID-19. SD Biosensor, Inc. will continue to grow as a global biotech company by creating new value through accumulating data using AI as well as in the areas of diagnosis, products, and services.

SOCIETY FOR AIDS IN AFRICA
SOCIETE AFRICAINE ANTI-SIDA
SAA

The Society for AIDS in Africa (SAA) was established in Kinshasa in October 1990 during the 5th International Conference on AIDS and Associated Cancers in Africa, a precursor to the International Conference on AIDS and STIs in Africa (ICASA). The SAA envisions an HIV-free Africa with the capacity to confront HIV/AIDS and its consequences as well as its related diseases (such as Tuberculosis and Malaria). The Society also promotes a positive environment and research on HIV and health system strengthening in Africa. The SAA is governed by an Executive Council drawn from South, North, East, West, and Central Africa. The International Conference on AIDS and STIs in Africa (ICASA), organised by the Society for AIDS in Africa (SAA), is the largest conference on HIV/AIDS in Africa with a target attendance of delegates ranging between 5,000 and 10,000 delegates. The permanent secretariat of the Society for AIDS in Africa (SAA) was established in Ghana since 2009.

SATEWAVE
TECHNOLOGIES

Satewave Technologies was founded in 2008 as a comprensive solution provider , mainly engaged in health sector ,IT sector,telecommunications , smart city , internet of things ,photovaitic sector, products and services.

Our main customers are government departments and state owned enterprises for example ministry of health providing health equipment and medicals and private organisations

With the core values of innovation, customer orientation and excellent quality, we are committed to provide efficient customized solutions and establishing long term partnership with customers, through our skilled team members.

THE GLOBAL FUND

The Global Fund is a partnership to defeat HIV, TB and malaria and ensure a healthier, safer, more equitable future for all.

We raise and invest US$4billion a year to fight the deadliest infectious diseases, challenge the inequity which fuels them and strengthen health systems in more than 100 countries.

We unite world leaders, communities, civil society, health workers and the private sector to find out what works and take it to scale – so the world makes more progress, more rapidly.

It's working. Since 2002, we have saved 50 million lives. We won't stop until the job is finished.

ThermoFisher SCIENTIFIC

Our Mission is to enable our customers to make the world healthier, cleaner and safer. Whether our customers are accelerating life sciences research, solving complex analytical challenges, increasing productivity in their laboratories, improving patient health through diagnostics or the development and manufacture of life-changing therapies, we are here to support them. Our global teams delivers an unrivaled combination of innovative technologies, purchasing convenience and pharmaceutical services through our industry-leading brands, including Thermo Scientific, Applied Biosystems, Invitrogen, Fisher Scientific, Unity Lab Services, Patheon and PPD. We are truly global with >125,000 employees worldwide (including 5,700 scientists). Across the African continent, we have scaled up our business operations across our distributor networks, partner organizations, and sales and technical services support.

UNAIDS

UNAIDS leads the global effort to end AIDS as a public health threat by 2030 as part of the United Nations Sustainable Development Goals.It provides the strategic direction, advocacy, coordination and technical support to catalyse and connect governments, the private sector and communities to deliver life-saving HIV services. UNAIDS provides the most extensive data collection on HIV epidemiology, programme coverage and finance and publishes the most authoritative and up-to-date information on the epidemic—vital for an effective HIV response. UNAIDS draws on the experience and expertise of 11 United Nations system cosponsors, with civil society represented on its governing body.

UNFPA is the United Nations sexual and reproductive health agency. Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. We promote gender equality and empower women, girls and young people to take control of their bodies and their futures. We work with partners in more than 150 countries to provide access to a wide range of sexual and reproductive health services. Our goal is ending unmet need for family planning, preventable maternal death, and gender-based violence and harmful practices including child marriage and female genital mutilation by 2030.

UNICEF works in the world's toughest places to reach the most disadvantaged children and adolescents – and to protect the rights of every child, everywhere. Across more than 190 countries and territories, UNICEF does whatever it takes to help children survive, thrive and fulfil their potential, from early childhood through adolescence. Before, during and after humanitarian emergencies, UNICEF is on the ground, bringing lifesaving help and hope to children and families. Non-political and impartial, UNICEF is never neutral when it comes to defending children's rights and safeguarding their lives and futures.

Viatris Inc. (NASDAQ: VTRS) is a global healthcare company empowering people worldwide to live healthier at every stage of life. We provide access to medicines, advance sustainable operations, develop innovative solutions and leverage our collective expertise to connect more people to more products and services through our one-of-a-kind Global Healthcare Gateway®. Formed in November 2020, Viatris brings together scientific, manufacturing and distribution expertise with proven regulatory, medical, and commercial capabilities to deliver high-quality medicines to patients in more than 165 countries and territories. Viatris' portfolio comprises more than 1,400 approved molecules across a wide range of therapeutic areas, spanning both non-communicable and infectious diseases, including globally recognized brands, complex generic and branded medicines, and a variety of over-the-counter consumer products. Find out more at Viatris.com

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ViiV Healthcare is a global specialist pharmaceutical company 100% dedicated to HIV medicines and research and focused on people living with HIV and AIDS. Born out of a partnership between GSK and Pfizer in 2009,

with Shionogi joining in 2012, at ViiV Healthcare we are determined to help end the HIV epidemic. From our unique origins to our innovative medicines, we push the boundaries of what people think is possible in HIV treatment and care. Our one focused goal unites our employees located across the globe, with their expertise in research, manufacturing, policy and more, all guided by our mission to be here until HIV isn't.

Visit www.viivhealthcare.com to find out more about who we are, what we do and how we do it.

World Health Organization
African Region

The WHO Regional Office for Africa (WHO/AFR) is one of WHO's six regional offices around the world. It serves the WHO African Region, covering 47 countries comprising all sub-Sahara African countries and Algeria. Dedicated to the well-being of people and guided by science, the World Health Organization leads and champions efforts to give everyone in the region, an equal chance at a safe and healthy life. We are the UN agency for health that connects nations, partners, and people across the region, leading the response to health emergencies, preventing disease, addressing the root causes of health issues and expanding access to medicines and health care. Our mission is to promote health, keep the world safe and serve the vulnerable. More at www.afro.who.int

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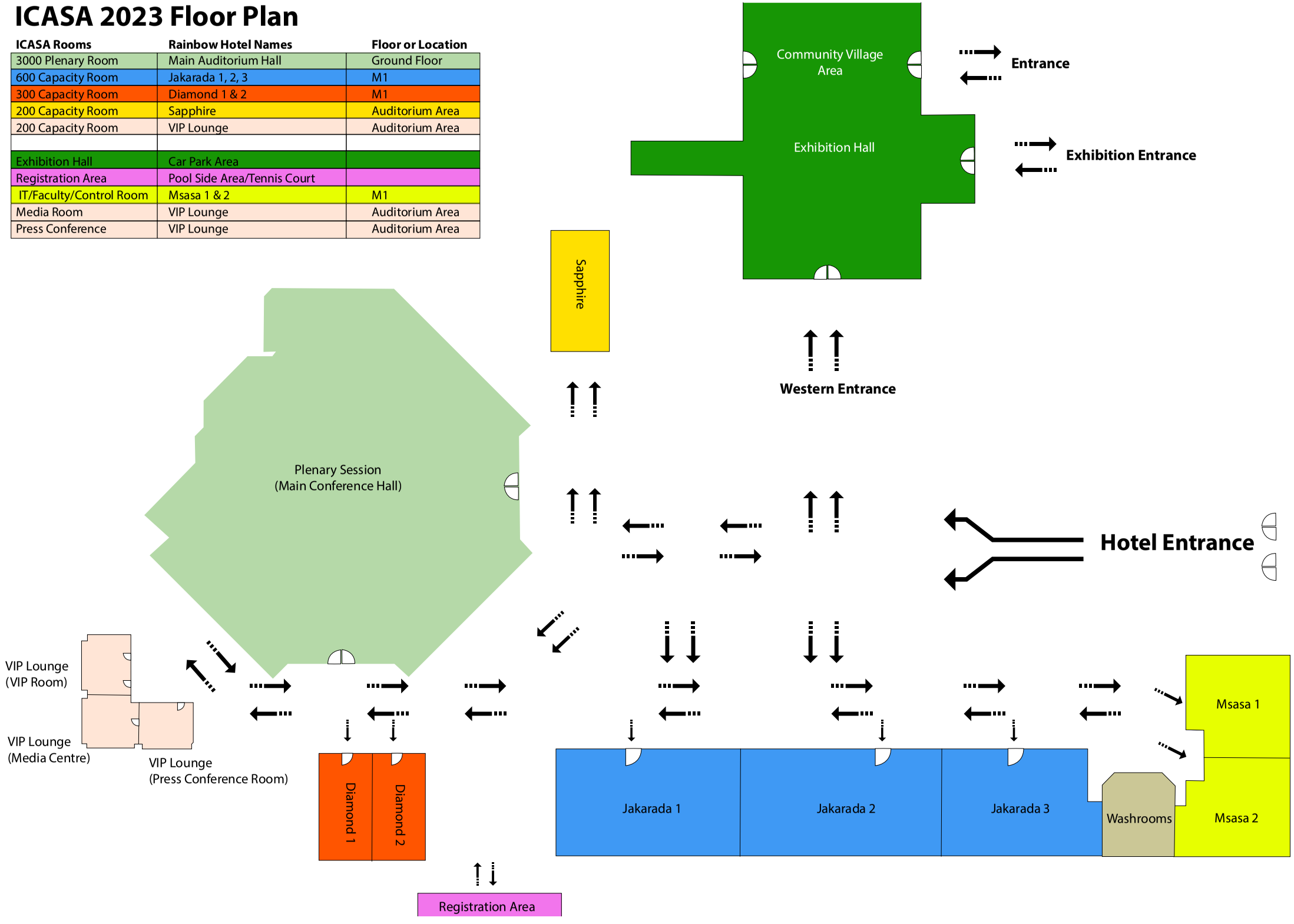
ICASA 2023 Floor Plan

ICASA Rooms	Rainbow Hotel Names	Floor or Location
3000 Plenary Room	Main Auditorium Hall	Ground Floor
600 Capacity Room	Jakarada 1, 2, 3	M1
300 Capacity Room	Diamond 1 & 2	M1
200 Capacity Room	Sapphire	Auditorium Area
200 Capacity Room	VIP Lounge	Auditorium Area
Exhibition Hall	Car Park Area	
Registration Area	Pool Side Area/Tennis Court	
IT/Faculty/Control Room	Msasa 1 & 2	M1
Media Room	VIP Lounge	Auditorium Area
Press Conference	VIP Lounge	Auditorium Area



Powered by pride.

We use the power of leading-edge science
to save and improve lives around the world.

Diversity is part of our DNA.

MSD