



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



ICASA 2023 CONFERENCE REPORT

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Contents

4	Acronyms and Abbreviations
5	Foreword
6	ICASA 2023 Conference in focus
7	ICASA 2023 Conference Highlights
8	Delegate Attendance
10	Opening Ceremony Speakers
13	ICASA 2023 Plenary Speakers
18	Key Findings
30	ICASA 2023 Best Abstract Recipients
31	ICASA / GILEAD Awards Female Health Care Practitioners
32	Exhibition
33	Satellite Sessions
37	ICASA 2023 High Level Meeting
42	ICASA 2023 Community Village
44	ICASA 2023 Youth Programme
45	Communication And Social Media
52	Evaluation
57	Annex

Acronyms and Abbreviations

AGYW	Adolescent, Girls and Young Women	LPC	Leadership Programme Committee
AHD	Advanced HIV Disease	M&E	Monitoring and Evaluation
AIDS	Acquired Immune Deficiency Syndrome	MDGs	Millennium Development Goals
AMR	Anti Microbial Resistance	MSM	Men who have sex with men
ART	Antiretroviral therapy	NAC	National AIDS Council
ARV	Antiretroviral	NCDs	Non-Communicable Diseases
AYP	Adolescent And Young People	NTD	Neutral Tube Defect
bNAbs	Broadly Neutralizing Antibodies	PEP	Post Exposure Prophylaxis
CDC	Centres for Disease Control and Prevention	PPP	Public Private Partnerships
CLM	Community Led Monitoring	PrEP	Pre-Exposure Prophylaxis
COVID-19	Corona Virus Disease	PWDs	Persons With Disabilities
CPC	Community Programme Committee	R & D	Research and Development
DOT	Directly Observed Treatment Management	SAA	Society for AIDS in Africa
DSD	Differentiated Service Delivery	SDGs	Sustainable Development Goals
DTG	Dolutegravir	SPC	Scientific Programme Committee
EAC	Enhanced Adherence Counselling	SPSS	Statistical Package for the Social Sciences
GBV	Gender Based Violence	SRHR	Sexual reproductive health and rights
GPMB	Global Preparedness Monitoring Board	SRHS	Sexual Reproductive Health Services
HCV	Hepatitis C Virus	SSA	Sub Saharan Africa
HIV	Human Immunodeficiency Virus	STIs	Sexually Transmitted Infections
HIVST	HIV Self Testing	TAF	Tenofovir Alafenamide Fumarate
HPV	Human Papillomavirus infection	TB	Tuberculosis
HSS	Health systems strengthening	U=U	Undetectable Equals Untransmittable
ICASA	International Conference on AIDS and STIs in Africa	UHC	Universal Health Coverage
ICC	International Coordinating Committee	UNAIDS	Joint United Nations Programme on HIV/AIDS
ISC	International Steering Committee	UNFPA	United Nations Population Fund
LAD	Long Acting Drugs	UNICEF	United Nations Children Emergency Fund
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual +	VLS	Viral Load Suppression
LMIC	Low Middle Income Countries	VMMC	Voluntary Medical Male Circumcision
		WHO	World Health Organization

Foreword

The International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) is a biennial conference that alternates between Anglophone and Francophone African countries. ICASA 2023, the 22nd edition, returned to Harare, Zimbabwe, from 4th to 9th December 2023 after 8 years (ICASA 2015). This is the second time ICASA is being hosted by Zimbabwe. The theme for ICASA 2023 was “**AIDS IS NOT OVER: Address inequalities, accelerate inclusion and innovation.**” The conference was attended by 8118 delegates from 105 countries. ICASA 2023 Zimbabwe was fully hybrid and a success.

In December 2023, ICASA marked yet another historic moment for the African continent: the first fully hybrid gathering of the international Conference on AIDS and STIs in Africa in the post COVID era having successfully organised the first fully virtual conference in Durban, South Africa in 2021 (ICASA 2021).

Overall, 8118 delegates made up of scientists, policymakers, and advocates from around the world gathered in person in Harare for the second time in 8 years to spotlight African science and innovation, and strengthen local, regional and global collaboration. About 1,571 virtual participants joining the main conference online. The energy and passion for transforming and strengthening health systems was reflected in dozens of sessions, over 815 poster exhibitions, 78 accepted oral presentations, 23 pre-conferences and 67 satellite sessions and 19 non-abstract driven sessions, 13 special sessions and 8 skill building workshops over a period of six days.

While ICASA 2021 was focused on the funding and programmatic gaps as well as the lessons learned from the pandemic, ICASA 2023 built upon those discussions to identify more concretely, what we need to do collectively from the national, regional and sub regional levels to secure a future free of HIV and its associated co-morbidities in Africa. The conference was an opportunity to reflect on the progress made since 2021, including the areas of vaccine manufacturing capacity, innovative domestic financing solutions like public-private partnerships as well as convening a high level gathering of African First Ladies to commit towards the elimination of Mother-to-Child Transmission (eMTCT) and New-born Infections in Africa.

We express our heartfelt appreciation firstly to the Government of Zimbabwe and all those who have collaborated with us in the organization of ICASA 2023. Convening over 8118 delegates to Harare was a testament of the concerted efforts of our delegates, committee members, leaders, partners, supporters and donors. Significant notable advancements have been realized in pursuit of our collective vision to eliminate HIV as a global public health threat, raising awareness on prevention and emerging viral diseases while putting the limelight on the dangers of HIV-comorbidities namely, Hepatitis, Malaria, TB whilst strengthening health systems towards universal health coverage. The collaborative efforts have been pivotal to the realization of a healthier, sustainable future.

Despite commendable progress substantial amount of work still remains. By leveraging on evidence-based data, supported by impactful innovative initiatives and interventions as well as empowering individuals in all their diversities, we are poised to attain health equity for all and achieve our long sought after dream of an AIDS free continent.

We invite you to review the rich narrative, data, and insights presented in this report and the result of our our collective endeavor.

Hon. Dr. David Pagwesese Parirenyatwa
ICASA 2023 President

ICASA 2023 In Focus

The 22nd edition of ICASA which was held at the Rainbow Towers Hotel and International Conference Centre, Zimbabwe from 4th December to 9th December 2023 was fully hybrid.

The Conference theme was “AIDS IS NOT OVER: Address inequalities, accelerate inclusion and innovation”. ICASA 2023 was organized in partnership with the Government of Zimbabwe and was held from 4th to 9th December 2023. The Society Against AIDS in Africa was extremely pleased to partner with the Government of Zimbabwe, and various scientific and community leaders from the host country, as well as from Africa and the world at large, with a long and impressive history of leadership in health systems strengthening. We look forward to continuing our focus on sustaining strong partnerships among science, global and national leadership, and across ALL communities in building a conference programme that will advocate for the end of AIDS by 2030.

ICASA 2023 comes a year into the UNAIDS Global AIDS Update 2022 Report entitled: In Danger- revealing the potentially catastrophic impacts of COVID-19 on health systems worldwide if we don't take stock and shore up HIV health systems immediately. The International Conference on AIDS and STIs in Africa, ICASA 2023, offers a unique platform for Leaders, Activists, Scientists and Community to take stock of the multiple and overlapping crises and examine the devastating impact on people living with and affected by HIV.

OBJECTIVES

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



ICASA 2023 Conference Highlights



8,118 participants from 105 countries attended ICASA 2023 Zimbabwe



Women represented **45%** of delegates



75% of ICASA 2023 plenary speakers were women



ICASA awarded **200** scholarships to attend on-site and **1,571** to attend the conference virtually. **517** scholarships awarded by host country for on-site attendance.



2,600 abstracts were received



78 abstracts were selected for oral presentation



815 abstracts were selected for poster exhibition



95,606 people were reached through social media posts for the duration of the conference

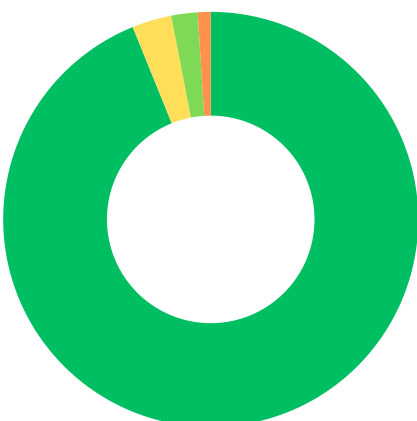
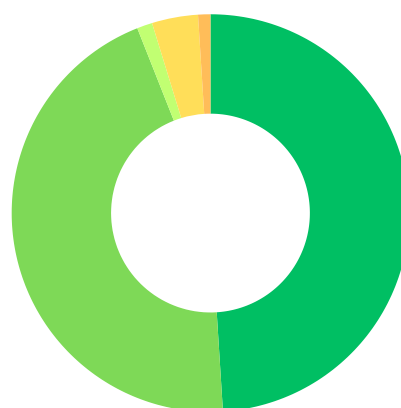
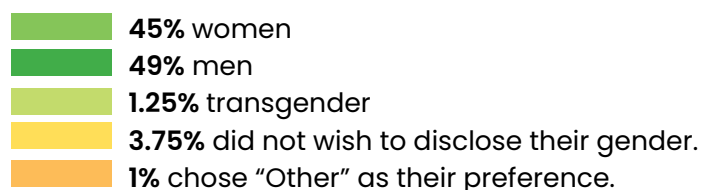


Over **8,481** booth visits to our virtual exhibition booths for the duration of the conference

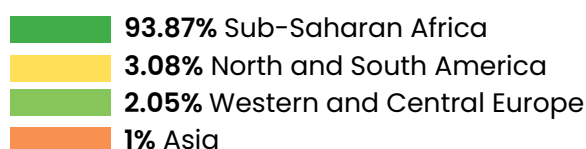


547 speakers presented at ICASA 2023 Zimbabwe

Gender breakdown of on-site attendance



Breakdown of regional attendance on-site

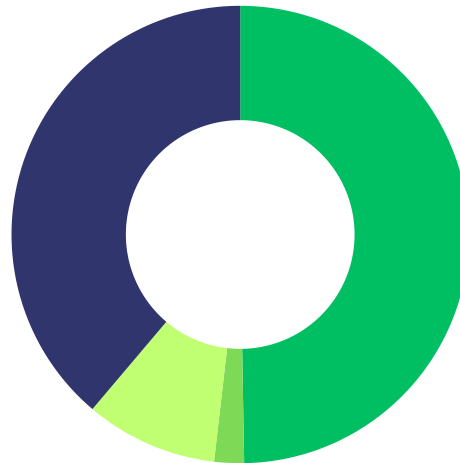


Delegate Attendance

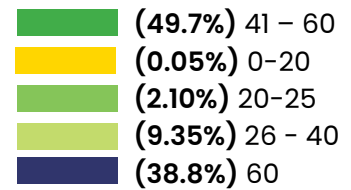
ICASA 2023 convened a total of **8,118** participants from **105** countries. The remaining categories included staff, pre-conference participants, media representatives and in-person exhibitors.

AGE GROUP

Majority of the delegates were between the age ranges of 41 – 60 years (49.7%). Delegates between the ages of 0-20 (0.05%) and 20-25 constituted 2.10%, 26 – 40 years (9.35%) with 38.8% of delegates above 60 years.



Age breakdown (yrs)

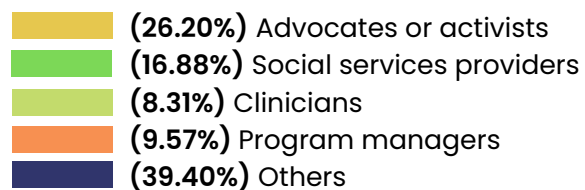


DELEGATES OCCUPATION

In terms of professions, most of the delegates were from the category of advocates or activists (26.20%), health care workers or social services providers (16.88%), clinicians (8.31%), and program managers (9.57%). The researcher community and students constituted 8.56% and 11.84% respectively, showing a drop in participation by researchers (2.58%) and a significant increase for students (6.6%) as compared to the ICASA 2021 South Africa. The data shows a higher response rate from the health care providers and program managers categories as compared to the previous two ICASA conferences where a higher number of delegates were researchers, students, clinicians, and activists.



Breakdown of delegate by occupation

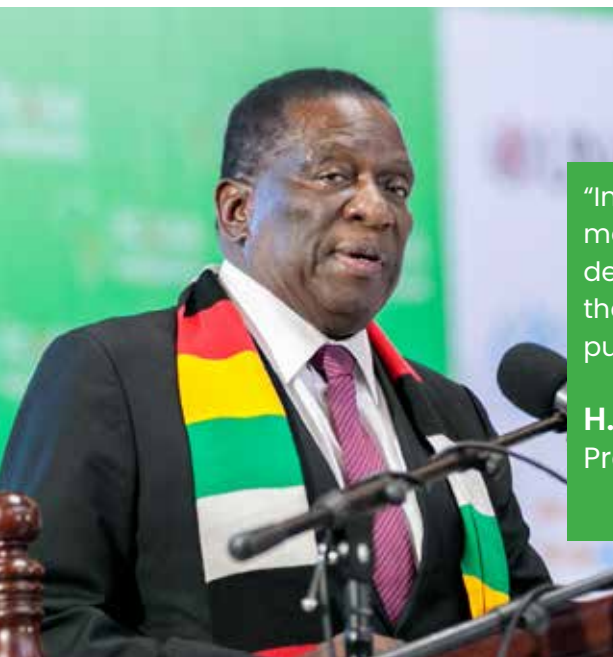


ICASA 2023 Scholarship

ICASA 2023 awarded **1,771** scholarships. Scholarship funding was provided by the ICASA 2023 conference. 200 in person scholarship recipients with **1,571** scholarships for virtual attendees. The host country supported **517** local delegates who attended in person. All scholarship recipients were granted registration and full virtual access to the conference. Scholarship recipients were from the five geographical regions of Africa. Very high scoring oral and poster presenters who applied for scholarship were selected and awarded scholarships. Media and activity organizers were also awarded scholarships. Scholarships were awarded to general delegates, abstract presenters, media and programme activity organizers.



Opening Ceremony Speakers



"In the case of Zimbabwe, between 2018 and 2022, our country managed to reduce new HIV infections as well as AIDS related deaths. We are committed to addressing the gaps and inequalities that exist in access to HIV services to sustain this progress and push-back the HIV frontiers, to end AIDS by 2030".

H. E. Emmerson Dambudzo Mnangagwa
President of Zimbabwe

"ICASA is anchored on three principles. Communities, Leadership and Science. We fight HIV/AIDS through evidence-based science and innovation. We provide a platform for communities which are very key to the HIV response. The communities must lead. Political leadership and political will, through the collaboration of the Government of Zimbabwe and SAA have successfully brought ICASA to Zimbabwe".

Hon. Dr. David Pagwesese Parirenyatwa
ICASA 2023 President / SAA President



"The discussions from this conference will remain etched in our memories. I will also wish to take this opportunity to thank our speakers for the unanimous call for strengthening domestic financing of health sectors of Africa. Such an initiative will ensure sustainable financing of programmes in health".

H. E. Col (Rtd.) K. C. D. Mohadi
Honourable Vice President of Zimbabwe



Opening Ceremony Speakers

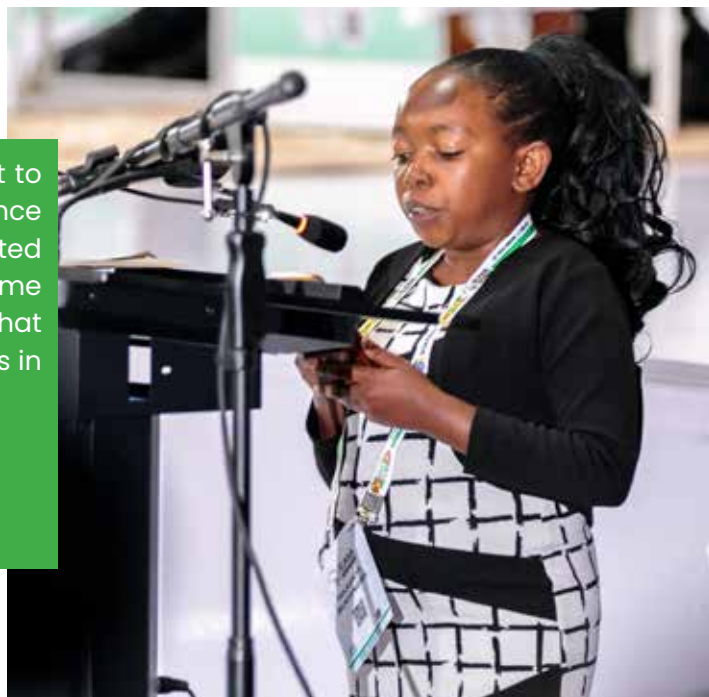


"Zimbabwe's response to HIV has been resilient over the years offering best practices in HIV prevention and treatment as well as domestic financing which have led to continuous reduction of disease burden and achievement of 95-95-95 targets".

Hon. Dr. Douglas Mombeshora
Minister of Health and Childcare, Zimbabwe

"As we gather here today, let us renew our commitment to the cause. Let us revolutionize prevention strategies, enhance access to treatment, and eliminate the stigma associated with HIV/AIDS. Let us accelerate progress, knowing that time is of the essence. And let us build resilience, recognizing that our ability to adapt and overcome will define our success in the face of future challenges".

Yolanda Munyengwa
Community and Youth Representative



"Zimbabwe has witnessed first-hand the transformative potential of devolution and community approach to addressing inequality and accelerate inclusions and innovations in various aspects, such as the mobilization of resources under the AIDS Levy, the establishment of schools and teachers throughout the country, efforts in combating natural disasters like Cyclone Idai, and more recently, in tackling the challenges posed by COVID-19".

H.E Edward Kallon
UN Resident and Humanitarian Coordinator in Zimbabwe

Opening Ceremony Speakers



"I remember the many ordinary people who have done extraordinary things to fight AIDS over the years in the African region. Theirs are stories of hope and courage, touch our souls and call us to act now to end AIDS".

Dr. Matshidiso Moeti
WHO AFRO Regional Director

"I am delighted that #ICASA2023 is being held in Zimbabwe, because Zimbabwe is one of the countries making the fastest progress in the world...I salute H.E Emmerson Mnangagwa and H.E. Auxillia Mnangagwa for your sustained leadership and engagement in the response to HIV & AIDS".

Winnie Byanyima
UNAIDS Executive Director



"Ending AIDS will be determined by what happens in Africa. We have the tools to end new HIV infections in Africa and make AIDS history. Inequalities remain the biggest barrier to reducing new HIV infections. That's why prevention efforts must tackle inequalities especially gender discrimination and uphold the rights of adolescent girls and women in Africa".

Dr. Natalia Kanem
UNFPA Executive Director

Plenary Speakers



Joy Phumaphi

Topic : Pandemic Preparedness Framework, implication for Africa

Recommendations

Monitoring and Accountability
Financing
Research and Development
Multi-sectoral, multistakeholder engagement

Monitoring & Accountability

Universal periodic peer-review and Conference of Parties in WHO Pandemic Agreement .
Countries invest in data collection and analysis for Pandemic Prevention, Preparedness and Response (PPPR).

International organizations, funders, and others invest in data collection and analyses.
WHO and World Bank Group carry out independent review of GPMB.

Financing

G20 Joint Finance and Health Task Force assesses PPPR financing needs and flows.
Funding Pandemic Fund to meet US \$10 billion goal.
Financial resources outside of Official Development Assistance (ODA) and elimination of earmarked funding aligned with countries' priorities and needs.
Countries develop domestic contingency funds for health emergencies.

Research & Development

Build sustainable regional capacity
Adopt strong rules for Research and Development in the WHO Pandemic Agreement
WHO publishes updated list of Research and Development Blueprint priority pathogens
Funders ensure terms for equitable access
Private sector supports equitable access and does not create intellectual property barriers

Multi-sectoral, multistakeholder engagement

WHO, Quadripartite, and partners develop multisectoral, multisectoral approaches

Dr. Nertila Tavanxhi

Topic: Innovative financing for HIV in the context of Universal Health Coverage:
What works?

Recommendations

Principles for assessing Innovative Financing:
Sustainability
Stability
Progressivity
Administrative efficiency
Side effects

Using principles and lessons learned, well-designed Innovative Financing has significant potential to drive programmatic impact when Linked to priority areas:

Raising Finance for Delivery
Fostering Innovation
Increasing efficiency





Maximina Jokonya

Topic : We are still getting HIV: Addressing the HIV barriers, prevention crisis, accelerate access to biomedical prevention services/tools for Women, AGYWs and young people

Recommendations

Ensure that HIV prevention choice is enshrined in all programs for women, especially young women
Governments and donors urgently invest in roll-out and delivery
Communicate new HIV prevention options as self-care

Continue to fund the development of other options



Dr. Lynda Stranix-Chibanda

Topic: Optimising innovations in paediatric treatment and prevention

Recommendations

Access to universal testing and treatment for all children and adolescents living with HIV and support them to remain virally suppressed.
Access to treatment and care for all pregnant and breastfeeding women and support them to stay in care.
Preventing new HIV infections among pregnant and breastfeeding women.
Addressing rights, gender equality, and the social & structural barriers that

hinder access.

Find the children through case finding especially family index testing.

Link children living with HIV to care and treatment.

Scale up Dolutegravir (DTG) among children to improve viral load suppression rates.

Close the treatment gap & prevent new HIV in pregnant & breastfeeding women.



Gerald Macharia

Topic: Delivery and access to innovative biomedical interventions, removing barriers, and building capacity in Africa

Recommendations

With our share of more than 50% of total investment in HIV space, re-think policy shifts in favour of making or buying locally produced medicines and grow local enterprise for sustainable supply security and rational utilization of national resources.

Embrace innovation at par with High Income Countries (e.g. Long-acting prevention/therapy and/or diagnostics/monitoring driven largely by self-care-based efficiencies).

Leverage “precision-public-health approaches/tools” to end Pediatric HIV.

Decisively address the rising new infections among Adolescent and Young People (e.g. aggressive behaviour change communication, awareness raising and demand creation strategies).



Yatma Fall

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

Recommendations

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

Resolutely including disability in the continuum of care with a cross-impairment approach.
 Make health care facilities more accessible by complying with architectural construction standards
 Adapt medical equipment and materials
 Include modules on disability in the training of healthcare staff and providers
 Promote the implementation of basic research, studies and data collection that integrate HIV/AIDS and disability.
 Identify lessons learned and best practices
 Implement inclusive programs integrating the themes of HIV/AIDS, sexual and reproductive health and gender-based violence.



Dr. Ann Phoya

Topic : Refocusing HIV financing to close HIV equity gaps in Africa

Recommendations

Accelerate public-private partnership in HIV response in Africa.
 Countries to prioritize health financing, especially for HIV response.
 Aid to focus on capital investments and equipment in HIV response.
 Time to implement tried and tested approaches.
 Establishment of compulsory universal health insurance.

- Private sector engagement
- Financial protection – increase health insurance programs.
- Public financial management: Imposing taxation on social services, food products, drinks, and mobile phone bundles
- Debt swap agreements/Buy-Down arrangements.
- Yet to be explored further – remittance and diaspora bonds, social and development impact bonds, and risk and credit guarantees.



Christine Kafando

Topic: People living with HIV- led responses – gaps in domestic resource mobilization/financing towards ending new HIV infections in Africa.

Recommendations

Put an end to the HIV epidemic: drastic reduction in new infections
 Redirect priorities (PTF, Donors, FM).
 Encourage our governments to take ownership of financing the fight against HIV/AIDS.

Focus (sustainable) resources on HIV/AIDS.
 PLHIV must take their rightful role.
 Fight against persistent stigma/discrimination.
 Strengthen the leadership of young PLHIV in the fight against HIV.



Dr. Mehdi Karkouri

Topic : Human centered inclusion of key and vulnerable populations and implementation of differentiated service delivery approaches to overcome barriers

Recommendations

Human centered inclusive services:
 Meeting global health needs.
 Providing a differentiated service delivery models.

Including the community at all stages: Key and Vulnerable Populations community-led programming, implementation, monitoring and evaluation.

Addressing barriers to service access and discrimination
Ensuring health equity for key and vulnerable populations



Dr. Lilian Benjamin Mwakyosi

Topic: Africa, where are our SRHR? – understanding the importance of youth involvement in developing and implementing national, regional, and continental SRHR policies.

Recommendations

Intentionally establish comprehensive frameworks to facilitate diverse youth engagement, recognizing the heterogeneity within this demographic group. Prioritize mentorship and intergenerational learning to foster knowledge transfer.

Invest significantly in enhancing the capabilities of young individuals to actively participate. Extend support to youth-led initiatives and organizations, acknowledging their unique perspectives. Leverage digital advancements and innovation to create more accessible and inclusive platforms for involvement in SRH policies.



Professor Glenda Gray

Topic: Fast tracking pandemic vaccines: lessons learnt from covid-19 to HIV vaccine development.

Recommendations

Disease surveillance and data collection for precise forecasts and statistics of the burden of disease is critical.

Africa is a critical to delivering definitive results on HIV vaccine research in both sexual transmission of HIV & PMTCT.

Governments in Africa must start investing in vaccine Research and Development.



Richard Lusimbo

Topic: Community-led data driven responses: what works and what doesn't. The case of key and vulnerable populations during COVID-19.

Recommendations

Community-led data-driven responses are effective in addressing the challenges and needs of key and vulnerable populations even beyond the COVID-19 pandemic .

Community-led data collection and analysis can provide timely, accurate, and relevant information to inform policy and program decisions. This should always be prioritised Community-led data dissemination and advocacy can increase awareness, engagement, and accountability among stakeholders and decision-makers especially when there is absence of data .

Community-led data-driven responses require adequate resources, capacity, and support from governments, donors, and partners .

Community-led data-driven responses can contribute to the achievement of the Sustainable Development Goals and the Universal Health Coverage agenda .



Prof. Quarraisha Abdool Karim

Topic: Finding the missing targets: what more to do for HIV, Tuberculosis, STIs and Hepatitis?

Recommendations

In pandemics and epidemics, scientific evidence has importance in decision-making: providing guidance & challenging misinformation

In HIV/AIDS, consistent political leadership strengthened responses; scientific evidence provided a path forward, e.g. with ARV treatment.

Equitable access is key to ensure everyone is safe and benefits from advances; Investments in research, infrastructure and health care delivery key.

Important lessons on the costs of incomplete epidemics and pandemics – MDR and XDR TB; COVID-19 VoC, etc.

The HIV and COVID-19 pandemics have provided a new lens for the nexus between science, politics and global health as we pursue the path of the sustainable development goals.



Dr. Ruth Laibon Masha

Topic: From Boutique to systemic and sustainable scale up: The case of HIV prevention

Recommendations

Apply a precision and differentiated HIV prevention approach based on incidence, prevalence, and changing epidemic typology in the geography
Develop tools to measure quality, coverage and impact of interventions to address coverage and utilization gap.

Strengthen and expand community-led HIV prevention services.

Integrate HIV prevention by strengthening health systems and leveraging multiple sectors.

Improve utilization of programme data.

Invest and prepare for adoption of HIV prevention choices and technology.



Ms. Anne Githuku-Shongwe

Topic: Supporting innovation and people-centred, integrated responses to end AIDS.

Recommendations

Inequality and the capability to access to health services

Safety and security.

Inequality and the capability access to Education and information

Inequality and the capability to access to livelihoods or economic

independence.

Inequality and the capability to access to secure living conditions.

Inequality and the capability to enjoy family life/freedom and self-respect.

Inequality and the capability to access and opportunity to participate to decision making/ to have voice and choice (Agency).

Integrating health and community systems into resilient systems for health will help us to reach communities with people centred care.

Establish more harm reduction programmes and centres within communities.

Community led monitoring.

Integrated health services across multiple diseases

Integrated services require that attention is not paid to a single intervention, but critical wrap around services.

Structure programmes to encompass Innovations in science and technology and innovations in integrated services to include the appropriate mix of health and non-health based community led interventions (precision interventions).

Let communities lead.

Key Findings

Introduction

The 22nd International Conference on AIDS and Sexually transmitted Infections in Africa (ICASA) was held in Harare Zimbabwe from December 4th to 9th, 2023. The theme of the conference was "AIDS is not over: Address inequalities, accelerate inclusion and innovation". Specific objectives of ICASA 2023 are as follows:

- 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

This document is intended to present the reporting of community and scientific program, its findings and major recommendations.

Scientific Program

TRACK A : Basic Science (Biology & Pathogenesis)

Findings

HIV and Infectious diseases

- Latest reports show that there is a general decrease in the new HIV infection rate (approximately 5%), however the burden of the effects remains high during the Covid pandemics (2019-2021)
- Experiences shared from Zimbabwe in their HIV prevention cascades re-emphasise **PREVENTION IS BETTER THAN CURE**.
- Alarming results of the high incidence of drug resistant HIV variants from two studies (Benin and Cameroon), which places emphasis on genetic monitoring, testing for resistance and effectiveness of DTG based ARV regimens.
- Study conducted in Kilimanjaro showed that 55% of women living with HIV co-infected with bilharzia but more research needs to be conducted to determine the links between bilharzia and HIV

Are vaccines capable of controlling STI's? Bacterial STI Vaccines

- Large study which reviewed the development of vaccines for the Four Major Treatable STIs (gonorrhoea, syphilis, Trichomonas vaginalis and Chlamydia) and their stages of testing.
- **Mathematical Modelling:** "Even a vaccine with limited effectiveness will have a significant decrease in incidence – some diseases can even be eradicated"
- However, these trials conducted in developed western nations: **Africa needs to be involved** with STI vaccine trials
- HPV vaccinations rolled out are undertaken in over **136 countries** with an effectiveness of over 90%, but double dose regimen introduces complications; only 33% of the target population (females aged 9-14) globally have received their first dose, with even lower rates predicted for the second dose
- Developing the vaccine wasn't the problem: the **logistics** behind manufacturing, distribution and administration are the real challenges.
- **RESULT:** Several countries have changed to single dose, however there is limited evidence that single dose is enough to protect your people!

mRNA Vaccines

- A South African based company has pioneered new mRNA vaccine development technology
- Marketed at low-middle incomes
- Will allow **local vaccine development** – as an urgent need in Africa

Give me a choice! Introducing blood-based HIV self-test kits

- Blood based self-test kits have newly been introduced, alongside the more commonly used oral kits. They have widely been accepted by the consumers.
- Experiences from Uganda and Nigeria:
 - Be wary of cheaper unapproved test kits on the market
 - Tests should ideally be more easily available – aim for supermarket shelves not just pharmacies.
 - Price competitiveness is key to successful uptake

Accelerating viral hepatitis elimination by 2030

- Hepatitis C rising in incidence especially within the HIV population.
- **DETECTION** (screening) is the key to elimination – the development of new HepA + B + C self-test kits will improve this.

Screening and detection needs to be rolled out at the lowest possible level of care

Fast tracking pandemic vaccines: HIV vaccine development

- A detailed South African review – Rapid development of COVID vaccines during pandemic
- Analysed numerous efficacy and mortality studies – **vaccines and their boosters worked!**

No effective HIV vaccine has yet been developed: however promising results in trials of Immunoglobins and antibody-based vaccines.

Empowering Africa in HIV vaccine development

- HIV vaccine research hampered by **inadequate funding** from our own governments.
- **None** of the analysed African countries met the 15% GDP allocation for health and Research and Development (R&D)
- We have **failed our promise** to meet the Abuja and Bamako commitments
- Domestic funding is critical to advance R&D in Africa – we should not be relying on handouts from other continents

Pandemic preparedness Framework: Implications for Africa

- The **Global Preparedness Monitoring Board** has deemed Africa **UNREADY** for another pandemic (we failed to meet ANY of the criteria adequately).
- Africa is not ready to deal with another pandemic: Need to address
- The GPMB have identified a lack of accountability as the major reason

Recommendation: Target setting is an easy but effective first step (eg 95-95-95 goals)

Major recommendations

1. Active monitoring and testing for resistant HIV strains is a need as resistance to most NRTIs and NNRTIs are being identified, DTG still effective against resistant variants; more preventive measures should not be neglected.
2. Self-testing should remain an effective tool for screening Hepatitis as it is crucial for the goal to eliminate Hepatitis. Moreover approved and widely accepted oral and blood-based kits need to be developed and distributed to populations and places where it will be more effective.
3. Africa Health System needs to be focused on vaccination development and trial as newly developed mRNA vaccine technology is available and aimed to be affordable.
4. Africa needs to free financial domestic resources for research and development in HIV and Healthcare in order to fulfill Abuja and Bamako commitments; Africa seems not be prepared for the next pandemics as there is a lack of strong leadership as the continent is still depending on international donors.

TRACK B: Clinical Science, Treatment and Care

Findings

Treatment of HIV in infants and adolescents

- Several presentations, from studies, personal experience, and/or symposiums, recognized pediatric treatment as a key aspect of HIV treatment and control for future elimination, but also highlighted the **important gaps remaining** between pediatric and adult programs to achieve this goal.
- Indeed, although important efforts have been done over the past last years to improve pediatric diagnostic strategies and tools, access to universal testing and treatment in this population is still challenging, resulting into high level of virological failures, development of drug resistance and potential deaths.
- To overcome these matters, innovations were presented as an important way where we should move, especially to:
 1. Develop and assess **new ART pediatric combinations** (TAF/DTG, etc...). This aspect was very well developed and presented in Dr. Lynda Stranix-Chibanda's plenary presentation.
 2. More access to monoclonal antibodies
 3. Assess Long Acting (LA)-drugs and develop strategies for better access in low- and middle-income countries (LMICs).
 4. Implement more studies involving the pediatric population with the goal to develop specific drugs and strategies for this population.
 5. Poor services integration and poor training of staffs were also identified as major obstacles to achieve good outcomes.

Mother to child transmission of HIV

- Overall, it was recognized that better management of HIV treatment in infants and women is essential to reach more Equity and Justice for these highly vulnerable populations. More studies need to be conducted to know how to better prevent new infections in this population and how PrEP should be considered for pregnant & breastfeeding women

Treatment outcome in the key populations

- Successful treatment and prevention strategies in the key populations are absolutely essential to better control the infection in any setting
- Important efforts such as:
 1. Advocacy for **adapted treatment & prevention** approaches for this population. e.g. Study from Senegal in injection drug users showed the relevance of this approach and its outcome.
 2. Better prevention and treatment strategies for other viral infections, as HBV, HCV e.g. Study from Haiti showed low prevalence for this two infections, but low coverage of HBV vaccination.

Challenges to meet the 2030 goals and beyond...

- As we move towards the 2030 goal of 95/95/95 and potentially HIV elimination, presentations, highlighted major issues that we need to solve to improve ART access and outcome:
 1. **Low adherence and retention** in care are still leading causes of virological and treatment failure. As part of potential solutions, experiences were presented from different countries, showing some strategies that can be used. In Uganda, experience with the (directly observed treatment management- DOT) was presented for example, showing improvement in both adherence outcome, increasing from 82% to 97%, and viral load suppression, increasing from 72% to 93%. It will be interesting to assess such strategies in other settings, countries and determine its feasibility and cost/effectiveness.
 2. **Evolution of the ART population should be considered:** Aging (PLWHIV are living longer, thanks to ART):As access to ART is increasing and people are living longer with their infection (thanks to ART), new challenges are emerging in the population of older patients (>50 years), with some of them taking ART for years. Indeed, in its 2023 report, Spectrum estimated that in 2026, non-AIDS

related deaths will surpass AIDS- related deaths in this population (52% vs 48%), indicating that we should be prepared to face these new challenges. The AFRICOS network that includes several African countries (Kenya, Tanzania, Uganda, Nigeria) also presented studies from this network, highlighting the growing burden of NCDs in this population.

3. Risk of resistant organisms in PLWHIV

Emergence and circulation of resistant organisms remain a growing issue. And during this conference, not only HIV drug resistance was considered, but the global issue of antimicrobial resistance (AMR) in people living with HIV.

A study in Zimbabwe illustrated this showing in a cohort of PLWHIV, that up to 29% had urinary tract infections, and almost 2.13 increased risk of resistance to all antibiotics. In addition, studies from Benin, Cameroon, and Gabon, reported high rates of Resistance to NRTI backbone, currently included the new DTG-based ART and illustration the importance of continuous surveillance of drug resistance in national programs.

4. Improved pharmacovigilance in the DTG era...

More than 20 million people are now receiving DTG-containing ART in Low and Middle Income Countries, and although studies have indicated very low risk concerning the Neutral Tube Defect (NTD) (also confirm in a study from Ghana which showed no NTD in a cohort of 36 deliveries, presented at this conference), an ongoing pharmacovigilance is still very important to make sure that the long-term side-effects and other related complications are better known and addressed.

TB and other co-infections

- During this conference, tuberculosis was still recognized as the lead HIV opportunistic infections and as a major public health threat in Africa. The ongoing dissemination of the disease was reported, mostly driven by missed cases, that represent up to 30% of incident TB cases. To better control the infection, new tools and strategies are reported as essential, and may include:
 1. Novel tools as transcriptomic TB signatures to assess disease severity
 2. Use of nano particles to improve diagnosis and also test for resistance
 3. Other tools as Point of Care ultrasound that are current under evaluation.
- Cryptococcal meningitis was also part of discussions, with clinical studies presented on optimization of treatment. - e.g. Clinical trial from Zimbabwe showing promising treatment strategy with Liposomal amphotericin B and flucytosine.

Major recommendations

1. Innovation in treatment is urgently needed for the pediatric population.
2. New HIV prevention strategies should be assessed for infants/women.
3. Novel strategies should be assessed and implemented to improve adherence and retention in care.
4. We should be better prepared to manage Aging populations living with HIV, not only for HIV infection, but including other infections and Non Communicable Diseases (NCDs).
5. Surveillance of antimicrobial resistance is essential and should be reinforced.

TRACK C: Epidemiology and Prevention Science

Findings

Epidemiology

1. HIV/AIDS remains a significant global health challenge

- Key populations remain disproportionately affected
- Women, Adolescent, Girls and Young Women (AGYW) make up 63% of new infections (WHO, 2022)
- Women living with HIV have 6 times higher rates of cervical cancer compared to HIV-negative women

2. Pediatric HIV/AIDS

- 90% of all new pediatric and children HIV infections occurred in Sub Saharan Africa (SSA)
- The majority of HIV/AIDS related deaths are among children & infants in SSA
- It was reported that there remains a 20% gap in ART between adults & children

There is a lack of easy access to early infant diagnosis and point-of-care tests for children

3. Prevention strategies for HIV

- 35,000 new HIV infections among Adolescent and Young People (AYP) in Mozambique
- 180,000 – 2million condoms are used in Uganda

4. Non Communicable Diseases & HIV AIDS

- Cardiovascular diseases are prevalent among PLHIV in Zambia (median age 44yrs) with 21% PLHIV over 50yrs. 14.5% prevalence of Hypertension

Prevention Science

1. Advancing integrated biomedical prevention services

- **Voluntary Male Medical Circumcision** uptake among adolescents in Zimbabwe – 98.9% acceptability and 81% chose Shang ring over surgery
- The Stepped Care Approach: Defragmenting digital SRHR for young people
- Help to provide health information & services and provide specialized support

2. Adolescents and Youth highlighted as a key group for epidemic control

- Women, Adolescent, Girls and Young Women (AGYW) a vulnerable group to the triple threat of incident HIV, Sexual and Gender Based Violence and unintended pregnancies
- Tailored, Afrocentric preventive interventions driven by community needs are urgently required to drive control of the triple threat in this population

3. Making PrEP delivery work for people: community based interventions

- Studies in Kenya and South Africa highlighted the success and acceptability of PrEP delivery through private pharmacies
- Significant gaps in awareness and knowledge of PrEP, including Shang ring and long-acting injectable carbogravir noted in communities
- Effective PrEP delivery requires precision and differentiated strategies to suit the needs of diverse populations

4. Stigma and Social discrimination

- The magnitude of HIV and other STIs among key populations in SSA has been difficult to estimate due to significant barriers such as restrictive legislation, stigma and social discrimination
- The need for improved access and continuity of services across delivery sites for young people who may experience challenges with consistent and convenient health service access given their lifestyles and mobility remains critical.

Major Recommendations

1. Prevention strategies and interventions

- Shang ring was demonstrated to be a safe option for adolescent boys in Zimbabwe. Governments urged to take up Voluntary Medical Male Circumcision (VMMC) led by civil society organizations
- Investment in condom programming has yielded fantastic results and should be encouraged
- The fourth 95% will become critical as PLHIV age.

2. Integration of services

- Integration of NCDs into HIV care is not only about funding but building simple diagnoses into treatment and care
- Educational videos on screens in treatment center waiting rooms encourages care-seeking

3. Key Populations

- Include gender-affirming services and trans-affirming language (in Africa region) in health services to improve cervical and prostate cancer screening uptake

4. NEW WHO 2023 recommendations

- NEW: HIV self-testing may be used to deliver PrEP, including initiation, re-initiation and continuation (conditional recommendation, low-certainty evidence)
- NEW: HIV self-testing may be offered as an additional option for testing at facilities (conditional recommendation, low-certainty evidence)
- NEW: Caregiver-assisted testing using HIVST: There is insufficient evidence to support caregiver-assisted testing using HIVST kits.
- NEW: On-demand dosing is now available for all men and not just MSM - including transwomen who are not taking hormonal therapy
- NEW: Hep B is no longer contraindicated for PrEP
- UPDATED: Social network testing approaches may be offered as an additional approach to HIV testing as part of a comprehensive package of care and prevention (conditional recommendation, low-certainty evidence)

5. Overall

- To end AIDS in pediatrics and children by 2030, we need comprehensive- policies, strategies, fundings and services.
- Optimizing community involvement to improve how Key Populations (KP) can be treated and represented.
- Epidemic control cannot be achieved without involving the KPs as a significant stakeholder
- To end AIDS by 2030, there is a need to maximize the use of digital technology including artificial intelligence

TRACK D : Law, Human Rights, Social and Political Science

Findings

Global statement

- Despite remarkable progress, there has been a global increase (37%) in new HIV infections among young people
- Key populations continue to be disproportionately affected
- Lesbian, gay, bisexual, transgender, and queer (LGBTQ) persons
- People with disabilities
- People who use drugs
- Prison inmates
- Sex workers
- Young people especially Adolescent girls and young women (AGYW)
- Only 2/3rds of adolescents are on ART, with viral suppression - clearly AIDS is NOT over

Law, Human Rights, and Political Science

- Key populations have been systematically and judicially persecuted/discriminated against – this is not considered acceptable on a human rights basis
- Some African governments have not shown enough commitment to decriminalize same-sex relationships and sex work
 - Enacting anti-rights laws (e.g., Ugandan law against, same-sex marriages)
- Engagement of youths in programme processes leads to sustainable development, this represents a paradigm shift.
- An international commitment by UNAIDS and WHO was made in 2023 to end AIDS in children by 2030
- Children accounted for 13% of global deaths due to HIV – obviously children must not be left behind!

Social Science

- In the maiden report of the stigma index, internalized stigma was very high (84.8%) among key populations.
 - The implication of people living with HIV and AIDS who hide their HIV status can be affected by depression, stress, and social isolation.
- Keeping one's HIV status secret limits access to life-saving treatment and presents adherence challenges.
- The UNAIDS highlighted inequalities as driving HIV/AIDS in Africa.
 - socio-economic inequalities have been presented as a major driver of HIV.
 - Ending social and economic inequalities was proposed as key to ending HIV.
- High infections among prison inmates: People enter the prison negative and leave positive.
 - this is an exclusively important population, because they are underrepresented population – The voice of these prison inmates matter.
- Exclusion race line for Persons with Disabilities (PWDs)
 - ICASA - two sessions for PwDs had no sign language interpreters.
 - Limited materials in braille, some session venues are not accessible (Jacaranda)
- In some African communities, influencers such as traditional leaders and faith-based organizations play a crucial role in the HIV response.
- Traditional/faith-based leaders are custodians of culture.
 - In the words of Minister Robert Serwanga of Uganda, culture is born, culture grows, culture falls sick, and culture dies.
- To eradicate HIV/AIDS by 2030, this is a duty for everyone because all lives matter.
 - The rest of society will be vulnerable if key populations are left behind.

Major recommendations

1. There is a need to review laws and policies to address the specific needs of key populations
2. Like Sustainable Development Goals (SDGs) and the UNAIDS goal of 95-95-95, African governments

should set new targets upon which citizens can hold them accountable.

3. Citizens, communities, and political authorities should not assume the roles of moral judges as far as KP are concerned.
4. Inclusion of young people as panellists, chairs, and facilitators is a recognizable commitment in order to get young people and KP more and fully involved in ICASA; this must be continued at an increased level.

TRACK E: Health Systems, Economics, and Implementation Science

Findings

Health system strengthening and implementation science

- Need to increase population level understanding of HIVST and also promote greater use of HIVST within HFs along with other targeted testing approaches such as HIV index testing and social network testing
- Address age of consent barriers that limit use of HIVST by adolescents
- Expand HIVST distribution approaches to reach underserved population
- Community led monitoring (CLM) implementation in many countries is still missing key components of the model—there is a need for full scale up of CLM
- There should be a political will to engage the voices of the community including opening the facilities for community led monitoring
- Scarcity of data on transgender people is a barrier to providing adequate health and psychosocial services tailored to them. This highlights the need for more research and attention
- Stakeholders are urged to fully adopt district based system approach (Decentralization) for HIV service delivery. A good example is the Regional Acceleration Strategy in Tanzania and Malawi
- Good governance, technical leadership, multisectoral partnership, civil society and community engagement and robust data systems are crucial for strengthening the national and subnational health systems for a sustainable HIV response
- Need for full integration of other services into HIV services such as TB, NCDs, Cancer, Gender Based Violence (GBV), Sexual and Reproductive Health Services (SRHS) and Neglected Tropical Diseases (NTDs) to save costs and improve efficiency
- To address poor data quality at health facilities will require strengthening and adopting innovative M&E systems such as automation of HIV recency surveillance system to provide signals for demographic groups and geographical areas with elevated HIV infections to inform targeted HIV programming efforts.
- Adopting a whole school health promotion using a participatory co-adaptation will increase GBV awareness among AGYW in a more holistic approach
- Stigma and discrimination index data should be used to inform targeted interventions and also in development of national policies against stigma
- Faith leaders should be empowered on HIV/AIDS issues and also on faith related challenges preventing the priority population from accessing and remaining on HIV treatment
- Community based digital screening tool called “Youth BOOST” is increasing the number of young people accessing HIV, sexual and mental health services in Zimbabwe
- National TB programs should support adaptation and scale up high impact practices (such as establishing smear testing points, community drug distribution points, designated clinic days at health facilities, stock visibility system dashboard etc) to optimize TB service delivery
- Countries should monitor and report the 5 minimum WHO priority indicators for Differentiated Service Delivery (DSD) ART (Multi month dispensing of ART, uptake of ART DSD models, Retention and viral load suppression)
- There is a need to scale up electronic medical records to all facilities providing HIV services

Health economics and resource mobilization

1. Challenges in HIV financing

- There is a widening HIV funding gap in Africa due to various reasons such as reduced external funding, heavy debt repayment, limited engagement of private sector, wars, post COVID 19 struggles, inflation, food insecurities etc.
- Inequitable allocation of funding; Young people have the highest burden of HIV and yet youth led organisations are not trusted by governments and donors and are regarded as incapable of managing funds.
- Donors and governments should ensure a fair funding process by lowering funding requirements in order to accommodate youth led organisations
- There is inadequate and erratic funding for CLM.
- Only small proportion of the total HIV spending goes for HIV prevention for key population.
- Funding for VMMC has reduced significantly and also limited funds for Advanced HIV Disease (AHD) management and SRHS.

2. Resource optimization

- Need for a shift towards an integrated health service model,
- Integrating HIV services into national health financing,
- Engaging in Public Private Partnerships (PPP).
- Partner alignment to prevent duplication of efforts.
- Focusing investments where they make the maximum impact.
- Moving resources from programs that are not effective to HIV programming.
- Task shifting

3. Opportunities in domestic resource mobilization

- Debt2health (Debt swaps); Converting debt repayment into funding health
- Blended financing; Combining funding from across different stakeholders
- Social impact bonds: Paying only upon achieving particular outcomes
- Learn and adopt other financing models such as Tanzania's successful direct health facility financing and CHF; Zimbabwe AIDS levy; Botswana alcohol tax (sin taxes)
- Establish compulsory universal health insurance in order to improve health system efficiency in service delivery, procurement and management

Major Recommendations

1. Countries should ensure maximum resources optimization through integrated health services model, engaging public private partnerships, partner alignment, task shifting and focusing resources where they make the most impact.
2. Countries should develop a sustainability road map for HIV services and devise/adopt innovative domestic financing mechanisms such as debt to health, blended financing, social impact bonds and universal health insurance.
3. Stakeholders are urged to fully adopt district based system approach (decentralization) for HIV service delivery.
4. Countries should monitor and report at least the 5 minimum WHO priority indicators for DSD ART (multi month dispensing of ART, uptake of ART DSDmodels, retention and viral load suppression)
5. Countries should prioritize advanced HIV management through adopting various innovations in screening, treatment and prophylaxis for main opportunistic infections

Community Program

Findings

- There was Free Access for All, Diverse structure of sessions, Music and Dance, Freedom of expression
 - Various activities were conducted in the exhibition booths which were categorised according to the networking zones.
 - The exhibition stands were transformed into places of meaningful dialogue which showcased the central role communities play in the health sector as a whole.
- **Community Led Monitoring**
 - Adopt and use the principles of Community Led Monitoring
 - Strengthen mentorship and capacity building
 - Simplify the technical language
 - Holistic and meaningful community engagement
- **Community and persons with disabilities**

Communities with disabilities deserve:

 - Inclusion
 - Subsidized assistive devices
 - Access to employment opportunities
 - Access to education
 - A seat at the decision making table when policies are made
 - Disability friendly infrastructure
- **Platforms for community dialogue**
 - Sex workers engaging conference participants “We matter in the fight to end HIV/AIDS”
 - Gender equity, inclusiveness, leadership, gender based violence, SRHR discussed Women Networking Zone
- **The voices of women matter**
 - Let women lead- allow them to sit at the decision making tables
 - End Gender-Based Violence
 - Our children and men matter too
 - Address mental health issues
 - Recognise and pay for work they do
- **Let youth lead as leaders of today and tomorrow**

Youth deserve:

 - Policies and legal frameworks that enable them to access to SHRH services
 - An End to Child Marriages
 - Access to timely and correct information on their health
 - To be heard and sit at the decision making tables
 - Not to be judged
- **Community leading prevention, testing and treatment**
- **Faith Based Organizations matter**
 - Bridge the gap between faith and science
 - Harness the health expertise within faith based organisations through collaborations
 - Reach families and communities with public health interventions through trusted structures within faith based organisations

- **Community engagement through music and dance**
- **Sex workers zone**
 - It is important to design interventions that target sex workers
 - Engagement of sex workers is critical if we are to end HIV/AIDS
- **Economic empowerment for healthy communities : the craft markets**
 - A mini-market was established with stalls throughout the community village
 - Members of the community were given a platform to market various goods

Major Recommendations

Let Communities lead: When Communities lead, HIV responses succeed

1. Let communities lead to end HIV/AIDS through embracing and acknowledging the critical role each player has in the fight against HIV/AIDS all including key vulnerable populations especially those that have been traditionally marginalized such as sex workers and LGBTQIA+ (lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more).
2. Create the platforms for Faith Based Organisations to be central and key collaborators in the fight against HIV/AIDS as they are better placed to and have expertise within their structures to bridge the gap between faith and science and are able to reach families and communities with public health interventions through their trusted structures.
3. Strengthen community led monitoring initiatives through holistic adaption of community led monitoring to increase community involvement and accountability in the HIV/AIDS response. This will accelerate implementation of interventions to reach global goals for the fight against HIV/AIDS
4. Create enabling environment for youth.
5. Apply gender lens to programming whilst recognizing the contribution of women in the fight and let women lead and allow them to sit at the decision-making tables as this will enable us to address the challenges they face holistically. Addressing only HIV/AIDS is not enough. There is need to End Gender-Based Violence, address mental health issues, recognize and compensate women for unpaid work they do, and prioritize men and children too.

Conclusion

This conference was said to be a successful because it showed that HIV/AIDS is not over, considering the major recommendations stated from findings. The conclusions herein are expected and should be used by healthcare providers, stakeholders, public health leaders, community organizations and policy makers in order to contribute to strengthening the health systems in Africa.



ICASA Honours Dr. Matshidiso Moeti

The Society for AIDS in Africa (SAA) secretariat, organizers of the International Conference On AIDS & STIs in Africa has awarded the World Health Organisation African Region (WHO-AFRO) Director, Dr Matshidiso Moeti the prestigious SAA Excellence award.

The award was handed to her during a plenary session at the International Conference for AIDS and Sexually Transmitted (STIs) in Africa (ICASA) conference running from December 4 to December 9, 2023 at the Harare International Conference Centre (HICC).

Presenting the award, SAA president, Dr David Parirenyatwa said it was in appreciation for her dedicated years of leadership and a symbol of her personal and professional achievements.

"This is an honour to a friend who has dedicated her time and efforts to improve health outcomes for the African region. From the days of Ebola, Zika Virus, the Cholera outbreaks and even the HIV and AIDS epidemic, she has stood with us" said Dr. Parirenyatwa.

Dr. Moeti is a distinguished clinician who has served in leadership positions for more than 35 years within WHO, UNAIDS, UNICEF and the Botswana Ministry of Health. She was appointed WHO-AFRO Director on January 27, 2015, making her the first woman to hold that WHO Africa region directorship post.

In her acceptance speech following her award, Dr. Moeti said the award was a reminder of how she is not only the Director for WHO in the region but also a symbol of her connection to the African continent.

"I would like to express my profound thanks to the Society for AIDS in Africa, brothers, leaders, and different generations. I recall being a program manager from Botswana attending a conference that had been organised by SAA and how that has evolved. I am very humbled, thank you for this recognition of a girl who grew up in one of the most unequal societies in the world, South Africa where I originated from and migrated to Botswana in childhood," said Dr Moeti.

She is renowned for having led WHO's "3 by 5" Initiative in Africa at the height of the HIV/AIDS epidemic, resulting in a significant increase in access to antiretroviral therapy among people living with HIV. This helped to shift HIV from a death sentence to a chronic illness in Africa.



Dr. Pierre Mpele presenting the award for best abstract Track A category to Madame Edwige Hermione Dagba Gbessin from Benin



The award for best abstract Track B category presented to Dr. Nkazimulo Immaculate Tshuma from Zimbabwe



Prof. Mike Chirenje presenting the award for best abstract Track C category to Mr. Wayne Otieno from Kenya



Dr. Safiatou Thiam presenting the award for best abstract Track D category to Miss. Princess Rudo Mharire from Zimbabwe



Mr. Luc Armand Bodea presenting the award for best abstract Track E category to Dr. Clorata Gwanzura from Zimbabwe

ICASA 2023 Abstract Winners

Abstracts were accepted for all 5 conference tracks at ICASA 2023, with a total of 2600 submissions. Each submitted abstract underwent a blind review process conducted by at least three members of the ICASA Scientific Programme Committee. Of these submissions, 815 were selected for poster, and a further 78 were selected for oral presentations. 26 Abstract Driven sessions was organized. All presenters were allocated 10 minutes to share their findings. The following Abstract presenters received an amount of **\$1000** the best awards in the 5 tracks. This Award was sponsored by African Union.

- Madame Edwige Hermione Dagba Gbessin, Benin -Track A
- Dr. Nkazimulo Immaculate Tshuma, Zimbabwe -Track B
- Mr. Wayne Otieno, Kenya- Track C
- Miss. Princess Rudo Mharire, Zimbabwe – Track D
- Dr. Clorata Gwanzura, Zimbabwe – Track E

Abstract Statistics



2600

abstracts were received from across all regions of Africa and around the world



78

abstracts were selected for oral presentation



815

abstracts were selected for poster exhibition



26

abstracts driven sessions



GILEAD Awards Female Health Care Practitioners

GILEAD awarded 20 emerging female healthcare professionals to attend ICASA 2023. This sponsorship included covering the registration fees for the selected individuals. Additionally, each recipient received financial support of \$500 from GILEAD to facilitate their participation at the conference.

The administration of this scholarship program was handled by ICASA. ICASA oversaw the selection process of the scholarship recipients based on predetermined criteria.

This sponsorship initiative aimed to promote gender diversity and empower emerging female healthcare professionals by providing them with the opportunity to participate in ICASA 2023. By supporting their attendance, GILEAD sort to foster networking, knowledge exchange, and professional development within the healthcare community.



Exhibition

ICASA 2023 Exhibition was hybrid (in-person and virtual). The total number of virtual booth visits was 8481. The total number of in-person exhibition is 62 exhibitors. The following organisations exhibited at ICASA 2023 Zimbabwe:

- ABBOTT
- ACCUBIO LTD
- AHF ZIMBABWE
- AIDS AND RIGHTS ALLIANCE FOR SOUTHERN AFRICA
- AUROBINDO PHARMA LTD
- AVACARE HEALTH
- BIOCENTRIC
- BIOLYTICAL LABORATORIES INC.
- CABS
- CEPHEID
- CHEMONICS INTERNATIONAL
- CIVIL SOCIETY INSTITUTE
- COALITION PLUS
- COSPHARM
- DRUGS FOR NEGLECTED DISEASES INITIATIVE
- EGPAF
- EXPERTISE FRANCE
- FAMILY AIDS CARING TRUST- FACT ZIMBABWE
- GATES FOUNDATION
- GILEAD
- GLOBAL BLACK GAY MEN CONNECT
- GLOBAL FUND
- GRASSROOT SOCCER
- GUANGZHOU WONDFO BIOTECH CO. LTD
- HETERO LABS LIMITED
- HIV VACCINE TRIALS NETWORK
- HIVOS
- HUMANA PEOPLE TO PEOPLE
- IAS
- IMMY
- INTEC PRODUCTS INC.
- JHPIEGO
- JOHN SNOW, INC. (JSI)
- KAREX INDUSTRIES SDN BHD
- LAURUS LABS LTD.
- MEDICINES PATENT POOL
- MERIL DIAGNOSTICS PRIVATE LIMITED
- MOLBIO DIAGNOSTICS PVT LTD
- MSD
- NATIONAL AIDS COUNCIL-ZIMBABWE
- NATIONAL AGENCY FOR THE CONTROL OF AIDS-NIGERIA
- ORASURE TECHNOLOGIES
- ORGANIZATION FOR PUBLIC HEALTH INTERVENTIONS & DEVELOPMENT
- PAEDIATRIC AIDS TREATMENT FOR AFRICA
- PHARM ACCESS AFRICA LIMITED
- PLAN INTERNATIONAL ZIMBABWE
- POPULATION SOLUTIONS FOR HEALTH
- PREMIER MEDICAL CORPORATION PVT. LTD.
- SATEWAVE TECHNOLOGIES
- SAYWHAT
- SD BIOSENSOR, INC.
- THE CHILDRENS INVESTMENT FUND FOUNDATION
- THE FEMALE HEALTH COMPANY
- THERMO FISHER SCIENTIFIC
- UNAIDS
- UNDP
- UNFPA
- VIATRIS
- VIIV HEALTHCARE
- WHO AFRO
- YOUNG PEOPLE'S NETWORK ON SRHR, HIV AND AIDS



Satellite Sessions

Sixty-seven (67) satellite meetings were convened during the conference. Meetings were entirely organized by commercial and non-commercial organisations. The content and speakers of the satellite meetings were organized and coordinated by the party proposing the satellite. The proposed satellite sessions were reviewed by appropriate committees to ensure they met with conference specifications.

SATELLITE ORGANIZERS	SATELLITE SESSION TITLES
Accelerating Viral Hepatitis Elimination by 2030	<ul style="list-style-type: none"> Unlocking the Power of Case Detection, Testing, and Diagnostics organized by WHO/UNITAID/PSI-STAR
Africaid- Zvandiri/NAC ZIMBABWE	<ul style="list-style-type: none"> 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.
AIDSFONDS	<ul style="list-style-type: none"> The Stepped Care approach: Join us in defragmenting digital SRHR for young people Ending AIDS by 2030: Protecting Advancements in the HIV Response against the Anti-Rights Movement
AVAC	<ul style="list-style-type: none"> Shaping the future of choice in prevention: Gearing up for the rollout of the Dual Prevention Pill, the newest MPT in the toolbox
Biomedical Research & Training Institute/NAC/Zimbabwe Ministry of Health and Childcare's health AIDS and TB department	
Clinton Health Access Initiative	<ul style="list-style-type: none"> Making Up for Missed Targets in HIV Prevention: People, Products, and Systems Lessons from Zambia and Zimbabwe: Building Resilient, Sustainable and Integrated HIV Prevention
Coalition Plus: RISE UP	<ul style="list-style-type: none"> Results from the community RISE study to measure and promote community involvement and ownership in Global Fund CCMs
Elizabeth Glaser Pediatric AIDS Foundation	<ul style="list-style-type: none"> Successful pathways for Local Government Leadership in sustaining HIV program and services. Lesson learnt from the PEPFAR funded program.
FRONTLINE AIDS	<ul style="list-style-type: none"> United for Prevention: How communities across Africa are holding governments to account on their global HIV commitments
GBGMC	<ul style="list-style-type: none"> Sustaining Key Populations Programs and Movements in Africa: A Thought-Provoking Dialogue with African KP Activists and Organizations
GILEAD	<ul style="list-style-type: none"> 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
Global Network Of Young People Living With HIV	<ul style="list-style-type: none"> Inclusion Drives Results: AGYW Meaningful Engagement and Leadership in the Global Fund Grant Cycle 7

SATELLITE ORGANIZERS**SATELLITE SESSION TITLES**

IAS	<ul style="list-style-type: none"> • Re-engagement in HIV treatment services • The future of HIV testing in east and southern Africa – how to realize the potential of HIV self-testing • Global initiatives to eliminate HIV-related stigma and discrimination
IAVI	<ul style="list-style-type: none"> • Engaging hidden, hard-to-reach and unreached populations under HIV prevention and vaccine research – unpacking challenges and potential strategies
ICWEA	<ul style="list-style-type: none"> • Empowering Intergenerational Leadership for Women-Controlled HIV Prevention Options: A Path to Ending AIDS by 2030
Indlela@HE2RO	<ul style="list-style-type: none"> • Rapid Learning To Better Inform Behavioural Interventions For HIV Programmes
Jhpiego	<ul style="list-style-type: none"> • New PrEP Provider Training Resource: Long-Acting Injectable Cabotegravir (CAB-LA) for HIV Pre-Exposure Prophylaxis (PrEP)
John Snow, Inc. (JSI)	<ul style="list-style-type: none"> • Fostering adolescent and youth health resilience: Engaging diverse populations in HIV programming
MEDECINES PATENT POOL	<ul style="list-style-type: none"> • Ensuring successful introduction of pALD and sustainability of DTG • Leveraging Communications for Advocating for PrEP in Africa
MSD	<ul style="list-style-type: none"> • Unlocking the public health benefits of U=U in Africa: A call to action
NAHPA	<ul style="list-style-type: none"> • Encouraging health seeking behaviour of men and boys, high-level political leadership and FBO engagement
Pediatric Adolescent Treatment	<ul style="list-style-type: none"> • Driving Community Responses through partnerships: Learnings from implementation
PEPFAR	<ul style="list-style-type: none"> • Sustainably strengthening health systems for HIV and more through PEPFAR support • Improving HIV Treatment Continuity with Integrated Care: examples from best practices in the region • Catalyzing a sustainable HIV prevention agenda: Approaches to expand local action on global commitments • Key population-led organizations and community-led monitoring: sustaining the future HIV response • Breaking down barriers: Empowering adolescents and youth in PEPFAR-supported countries to access HIV testing, treatment, and prevention services
Population Solutions For Health	
PSH/PSI Zimbabwe and Bill and Melinda Gates Foundation	<ul style="list-style-type: none"> • Advancing Integrated Biomedical Prevention: Best Practices from Zimbabwe
PSI & PSH	<ul style="list-style-type: none"> • Strengthening National KP Programs: Lessons from Zimbabwe's Collaborative Leadership
SAA	<ul style="list-style-type: none"> • How to write an abstract • Memorial lecture prof. James Hakim • How to write a grant proposal • U=U and PrEP • Hepatitis
SAA & Coalition Plus	<ul style="list-style-type: none"> • Pre-conference on the certification of paired education professions

SATELLITE ORGANIZERS**SATELLITE SESSION TITLES**

SAA/WHO

- Can vaccines control STIs? A public health perspective

SADC

The Childrens Investment Fund Foundation

- 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
- Give me a choice! Introducing blood-based HIV self-testing kits: lessons learned from Nigeria and Uganda.
- Making PrEP delivery work for people: community-based innovations

UNAIDS

- New Generation Condom Programming
- Gender Norms, Discrimination and Criminal Law: The Common Underlying Determinants of Health for Children, and LGBT Youth in Africa
- Accelerating the Global Alliance Country Action Plans to end AIDS in children: From Political Commitment to Strategic Partnerships and Meaningful Community Engagement
- UNAIDS dialogue with civil society on the path to end AIDS
- Leadership towards effective and sustainable national HIV prevention programs in Africa: Country-led, Community-led, Precise and People-Centered

UNFPA

- Rights and livelihoods: partnerships for sex work programming in development and emergency contexts

UNICEF

- Child Budgeting Series on HIV Sustainability in Zimbabwe

VIIV Healthcare

- The role of partnership in ending paediatric AIDS/ le rôle joué par le partenariat dans l'éradication du SIDA chez les enfants
- 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 ?

SATELLITE ORGANIZERS

WHO

SATELLITE SESSION TITLES

- 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.
- How we can provide dignified, diverse, equitable and inclusive services and reduce stigma and discrimination in the healthcare setting. (Why do we need a renewed focus on S&D in the health sector)
- A call for data use for evidence-based decision making to optimize differentiated service delivery implementation
- Innovation in epidemics predictions for better preparedness for emerging and reemerging diseases in AFRO
- It's all about choices PrEP and PEP
- Where are we on TB, what can be done to accelerate the TB responses?
- Introducing the new WHO framework for implementing integrated programmes and services for triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus
- What's new from WHO?

WHO, UNITAID and PSI-STAR

- Self-Testing Revolution: Eight Years of STAR Self-Testing – Lessons Learned and the Road Ahead organized



Cross section of delegates attending a special session during in Harare, ICASA 2023 Zimbabwe

ICASA 2023 High Level Meeting



Addressing the Prevention of Mother-to-Child Transmission (eMTCT) and Elimination of New-born Infections in Africa Meeting Report ELEPHANT HILLS HOTEL, VICTORIAL FALLS, ZIMBABWE 2nd December 2023

1.0 BACKGROUND

Preventing mother-to-child transmission of HIV and eliminating new-born infections remain major public health priorities in Africa. The burden of MTCT and new-born infections remains high on the continent due to various factors. These include limited access to quality healthcare services, inadequate awareness among healthcare providers and communities, and weak healthcare systems.

Pregnant women often face difficulties in accessing timely and comprehensive services, including HIV testing and treatment. During the early stages of life, new-born infections, particularly bacterial and viral infections, pose significant threats to the health and survival of infants.

Addressing these is crucial, not only for the well-being of mothers and children, but also for Africa's objective of reducing the number of infants living with HIV to zero and achieving sustainable development.

The Society for AIDS in Africa (SAA) aims at contributing to the UNAIDS goal and the African Union's (AU) catalytic framework of ending the AIDS epidemic by 2030, and to achieving the 95-95-95 targets by 2025 in Africa. It also strives to support the AU Agenda 2063 and strengthen healthcare systems in Africa towards Universal Health Coverage. To fulfil this mandate, the Society proposes a comprehensive approach that involves enhancing healthcare systems and human resources, promoting community engagement and empowerment, and implementing robust monitoring and evaluation systems.

In January 2018, the AU Commission and the Organization of African Ladies for Development (OAFSLAD) co-launched the **Free to Shine Campaign** to reinforce the political commitment of African nations to end childhood AIDS and keep mothers healthy. The campaign is being implemented in 24 countries by Ministries of Health and the respective Offices of the First Ladies, national stakeholders, and community leaders.

Recognizing the critical situation of vertical transmission of HIV and paediatric HIV in Africa, the Society of AIDS in Africa, in partnership with OAFSLAD, national and international partners, organized a High-Level Meeting on **Addressing the Prevention of Mother-to-Child Transmission (PMTCT) and Elimination of New-born Infections in Africa**.

The goal of the meeting was to galvanize the political commitment of policy and decision makers towards making greater efforts in preventing and eliminating vertical transmission and preventable child infections across the continent.

The objectives of the meeting were to:

- Share the leadership roles that African First Ladies have been playing in eliminating vertical transmission and strengthening paediatric HIV services, and discuss their achievements, challenges, lessons learned and new and emerging opportunities.
- Build and strengthen partnerships to advance the elimination of vertical transmission agenda with other global and regional initiatives and movements, such as the Global Alliance to End AIDS in Children and the Triple Elimination of HIV, Syphilis and Hepatitis B.
- Agree on a way forward and renew vows to eliminate vertical transmission of HIV, Syphilis and Hepatitis B.

The meeting brought together high-level representatives from key constituents, including members of OAFLAD; Senior Ministry of Health officials, including Permanent Secretaries and Directors-General of health ministries; Partners, including multilateral organizations, donors, and other stakeholders; and Communities, including women living with HIV and community-based organizations.

The meeting offered an opportunity for African First Ladies to renew their commitment towards an AIDS-free Africa and 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.

2.0 PROCEEDINGS

Opening Ceremony

The meeting was held under the high patronage of the First Ladies of the Republics of Zimbabwe, Botswana, Mozambique and Nigeria and the representatives of the First Ladies of the Republics of Angola, Burundi and Egypt. Also present were representatives of the Ministry of Health and the Ministry of Tourism, the Executive Director of UNAIDS, the WHO Representative to Zimbabwe, who represented the WHO Regional Director for Africa, and the Executive Director of the National AIDS Council of Zimbabwe.

The meeting was called to order by Dr. David Parirenyatwa, the President of SAA. In his welcome address, the SAA President expressed his gratitude to the President and people of the Republic of Zimbabwe and to the Minister of Health and Childcare for hosting the meeting. He extended a special thank you to the First Lady of Zimbabwe for hosting the other First Ladies and their representatives. He commended the First Ladies for their leadership and commitment towards the prevention of mother-to-child transmission and the elimination of new-born infections in Africa and Zimbabwe for being one of the five countries in sub-Saharan Africa that has achieved the 95-95-95 HIV targets.

The Minister of Provincial Affairs and Devolution of the Matabeleland North Province, Honourable Richard Moyo, welcomed the participants to Victoria Falls, which is located in the Matabeleland North Province. In her solidarity remarks to the meeting, which were delivered by the WHO Representative to Zimbabwe, the WHO Regional Director for Africa, recalled the launching of the Global Alliance to end AIDS in Children by 2030 in Tanzania on 1 February 2023. The four key focus areas of the alliance are early testing and quality treatment for infants living with HIV; addressing the treatment gap for pregnant and breastfeeding women; preventing and detecting new HIV infections; and addressing rights, gender equality and structural barriers that hinder access to services.

The Regional Director informed the meeting that WHO has introduced significant changes in guidance, emphasizing a multi-pronged approach, including testing and treating, thus providing immediate treatment for pregnant women testing positive. She called for the empowerment of women and the promotion of gender equality; the recognition of communities and community-based organizations in the promotion of community engagement and mobilization to reduce stigma and promote testing and treatment uptake among women; the establishment of robust monitoring and evaluation systems to

track progress and to share best practices to scale-up successful interventions; and the importance of partnerships between government, civil society organizations and the private sector.

The Regional Director reiterated that the sustainability of elimination efforts will require continued financial, political, and programmatic commitments for the long term, including increased domestic funding and strengthening health systems to ensure availability and accessibility of high-quality PMTCT services, even in resource limited settings.

Ms. Lillian Mworeko, a representative of International Community of Women living with HIV/AIDS (ICW/Africa) spoke on behalf of the community, and thanked the First Ladies and appreciated them for their important roles in supporting the Heads of State in their high functions. She urged them to continue advocating for increased domestic resources for the fight against HIV/AIDS.

Hon. Dr. Douglas T. Mombeshora, the Minister of Health and Childcare of Zimbabwe, commended the First Lady of Zimbabwe for leading public health campaigns that are aligned to the National Health Strategic Plan of the country. He pledged the support of his ministry to the work of the First Lady, including the “We are equal campaign” initiated by her.

The keynote address was delivered by Her Excellency the First Lady of Zimbabwe. She reiterated the commitment of OAFLAD to the elimination of HIV/AIDS, with a focus on women and children. She recalled the expansion, 5 years ago, of the mandate of OAFLAD beyond HIV/AIDS to development, advocacy, building partnerships and resource mobilization in countries and called for concerted actions to ending AIDS in women and children by 2030.

Panel Discussions I

The first panel discussions were dedicated to global and regional initiatives for children (the Global Alliance to end AIDS in children by 2030) and mothers (eMTCT), their impact, country action plans and how they will contribute to shape the global AIDS architecture to end AIDS by 2030. It was moderated by UNFPA East & Southern Africa Regional Director (Ms. Lydia Zigomo).

A joint presentation by WHO (Meg Doherty) and UNICEF (Anurita Bains) provided updates and progress on ending AIDS in children by 2030 and the triple Elimination of vertical transmission of HIV, Syphilis and Hepatitis B virus. It was indicated that progress for children was stalling and the biggest burden remains in Sub-Saharan Africa. In 2022, almost half of all new infections in children were in 11 high burden countries; for children living with HIV ART coverage was below 50% in 4 of these; and progress in achieving viral suppression was even worse – few countries provide data for children, but only one reported viral suppression rates above 70% among children living with HIV and in 3 countries viral suppression was below 40%. It was stated that the transition to dolutegravir has been successful in Africa and had improved viral load suppression in children. The presenters called for better use of data to improve eMTCT interventions – to prevent new infections among pregnant and breastfeeding women, including with PrEP; to retain mothers living with HIV and their babies in care; and to reach all pregnant women with HIV testing.

The presenters commended the work of OAFLAD as it has continued to champion mothers and children affected by HIV; its **Free to Shine Campaign** has enshrined the principles of mother-centred care to end new infections in children; and shares a common vision to end AIDS in children and adolescents by 2030 and to do it in a way that builds resilience, empowers communities and strengthens health systems. They called upon the First Ladies to raise their voices to reduce stigma and gender inequity, including gender-based violence; to speak out to support the needs of health workers, including at community level; and to support efforts to prioritize funding for a sustainable response for children, adolescents and women.

The representative of PEPFAR (Michael Ruffner) spoke on “**Health financing for triple elimination (HIV, syphilis and HBV) and comprehensive care among pregnant women and babies – PEPFAR’s Role**”. PEPFAR’s strategies and priorities include routinized maternal HIV retesting protocols, to quickly identify and link mothers with new HIV infections to treatment or combination prevention services, including pre-

exposure prophylaxis (PrEP), if they test HIV negative; innovations should focus on expanding community models; introducing proven interventions to improve treatment continuity and viral load suppression; and forming strategic partnerships to improve and comprehensively integrate maternal health services into service delivery platforms. He underscored the importance of understanding the epidemic by regions and enhancing efforts to closing the gaps, while focusing on increasing the numbers of health staff and improving monitoring and evaluations systems. He informed the meeting that the Coalition for Children Affected by AIDS was creating a roadmap of financial investment to end AIDS in children by 2030.

Panel Discussions 2

The second panel highlighted country actions and experiences in achieving the 95-95-95 targets for children and mothers, including the challenges faced. The panelists were the First Ladies of Zimbabwe, Botswana, Mozambique and Nigeria and the representatives of the Republics of Angola, Burundi and Egypt. The moderator for the session was the Regional Director for Eastern and Southern Africa, UNICEF (Ms. Etleva Kadilli).

In setting the scene for the discussions, the Executive director of UNAIDS (Winnie Byanyima), commended the First Ladies for their work, including the “Free to Shine Campaign”, and for the uniqueness of OAFLAD. She also commended all stakeholders for the progress made in the fight against HIV/AIDS, including averting 3.4 million new HIV infections since 2000. She singled out for mention the 5 African countries – Botswana, Eswatini, Rwanda, Namibia and Zimbabwe – that had already achieved the UNAIDS HIV 95-95-95 targets for 2025.

She however expressed concern that children and adolescents were being left behind, with approximately 660,000 children not getting treatment globally, 90% of which were in Africa. She lamented that even in the five 5 African countries that had achieved the 95-95-95 targets, these targets were not achieved in children. She called on the technical agencies to work with countries to understand why children and adolescents were not being reached.

The Executive Director informed the meeting that 12 countries had so far joined the Global Alliance to end AIDS in Children by 2030 and that these countries accounted for about 61% of the children not on treatment, with half of them being in Nigeria, South Africa and Mozambique. She stated that ending AIDS in children was a low hanging fruit and that with the science and tools available, no baby should be born with HIV. She issued a clarion call to all stakeholders – “LET’S FIND OUR KIDS”.

The First Ladies of Zimbabwe, Botswana, Mozambique and Nigeria then took the floor and highlighted the major initiatives they are spearheading in their respective countries. For example, in Zimbabwe, the First Lady was leading efforts aimed at promoting gender equality, reducing gender-based violence, increasing male involvement in the health-seeking behaviours of pregnant wives, keeping adolescent girls in school after delivery, empowering women, and getting the “Ladies of the night” – female sex workers in some villages off the street and into farming, including linking them to the Grains Marketing Board.

The First Lady of Botswana spoke about the strong political leadership and commitment that the past presidents and the current president have shown in the fight against HIV/AIDS, starting from as far back as 2001. The country has already reached the 95-95-95 targets and the current president is pushing towards 100-100-100 targets.

She apprised the meeting of some of the initiatives she has been leading in health and development, including HIV/AIDS, drug abuse, and gender-based violence. Among the target groups she has been working with include young women and girls, schools, traditional leaders, community leaders, drug users and men. She recognized the key roles international and local partners have been playing in support of her work and underscored the importance of transparency and accountability while emphasizing that “Honesty is the best policy”.

The First Lady of Mozambique spoke about the successes in the fight against HIV/AIDS in her country, highlighting reductions in adult HIV prevalence from 33% in 2018 to 10% in 2022 and hoped to see further

reductions by 2025. There had also been a 26% reduction in HIV infection among adolescents between 2019 and 2022. More HIV positive pregnant women were achieving viral suppression. She said the reductions were due to improvements in interventions being implemented in both health facilities and in communities and targeted at reducing mother-to-child transmission. There also has been a more multi-sectoral and integrated approach adopted by the country in its fight against HIV/AIDS. Some of the initiatives she was championing include advocating for the stoppage of early marriages and promoting vocational training for young girls. She called on her country to do more in the fight against syphilis and Hepatitis.

The First Lady of Nigeria, being new in her office, committed to learning from the experiences of her colleague first ladies. She has launched the “Renewed Hope Initiative”, covering areas such as health, agriculture, economic empowerment, education and support for the elderly, and will lead efforts to deeply analyze and understand the underlying causes of HIV infections among children in order to effectively find all and treat all.

The representatives of the first ladies of Angola, Burundi and Egypt also spoke about the initiatives their respective first ladies have launched and were leading. These included the “100 Million Healthy Lives” campaign in Egypt, the launching and implementation of the integrated national integrated plan against HIV and Hepatitis in Burundi, and the “Mobile Health” project in Angola that is being supported by the mobile network UNITEL. Special mention was made of Egypt for its unprecedented progress towards eliminating Hepatitis C, making it the first country to achieve the “gold tier” status on the path to eradicating this virus.

3.0 Closing

A summary of the key conclusions of the meeting was presented by the Executive Secretary of OAFLAD (Dr. Nardos Berhanu) on behalf of the Society for AIDS in Africa the Custodian of ICASA and OAFLAD Secretariats. The Executive Secretary observed that the deliberations had shown that a lot of progress had been made in the efforts to prevent Mother-to-Child Transmission of HIV and to eliminate newborn infections. However, the deliberations had also shown that despite the progress made, much more needs to be done.

The Executive Secretary also observed that that despite the challenges faced, there is a lot of hope as the meeting had expressed high level commitment to contribute to achieving the 95-95-95 targets by 2025 and to the African Union’s catalytic framework of ending the AIDS epidemic by 2030 and in Africa. The meeting had also committed to strengthen healthcare systems in Africa towards universal coverage and OAFLAD has specifically affirmed its support to the Global Alliance to End AIDS in Children and the Triple elimination of HIV, Syphilis and Hepatitis B agenda.

She expressed the expectation of SAA and OAFLAD that these renewed commitments would be translated to specific efforts that will accelerate the implementation of strategies and interventions aimed at addressing, preventing, and eliminating vertical transmission and preventable child infections across the continent. She called on all countries, partners and other stakeholders to accelerate their efforts to eliminate vertical transmission of HIV, Syphilis and Hepatitis B and improve paediatric HIV services.

In his closing remarks, the SAA President after highlighting that the HLM is a pre-conference to ICASA 2023 Zimbabwe thanked the First Lady of Zimbabwe and the Government of Zimbabwe, for hosting this prestigious HLM, he expressed his greatest appreciation to the First Ladies of Botswana, Mozambique, Nigeria who were physically in attendance and congratulate the representatives of Angola, Burundi and Egypt for their participation in this meeting. He informed the meeting that the SAA and OAFLAD Secretariats will work together to follow up and promote implementation of the commitments made during the High-Level Meeting. He commanded all stakeholder, especially Africans leadership to prioritize the strengthening of the health system in Africa.

The SAA President invited the participants to the 22nd International Conference on AIDS and Sexually Transmitted Infections which was scheduled for 4 – 9 December 2023 in Harare, Zimbabwe and then closed the meeting

ICASA 2023 Community Village

The ICASA 2023 Community Village transpired in-person, marking a departure from its virtual organization during ICASA 2021 necessitated by the prevailing COVID-19 pandemic. The aggregate count of Community Village attendees surpassed 2,000 over the course of the conference, which unfolded from opening of the village from the 5th to the 8th of December 2023. A distinctive addition to the ICASA 2023 Community Village was the incorporation of a novel networking zone designated as the Malaria/TB/Hepatitis Networking Zone. This addition augmented the total number of networking zones to nine (9). Each networking zone was allocated the prerogative to coordinate three sessions, thereby culminating in a total of 27 sessions within the Community Village. The ensuing breakdown delineates the distribution of sessions per networking zone.

ICASA 2023 NETWORKING ZONE TITLE OF SESSION

SEX WORKERS ZONE	<ul style="list-style-type: none"> • SWEAD Changing the Lives of sex workers • Helping women in crises, display of fascinating handicrafts made by women (IDUs), Quetta, Pakistan • From sex work to a skilled tailor
YOUTH NETWORKING ZONE	<ul style="list-style-type: none"> • Condomize! Campaign • Youth corner at icasa community village • Edutainment using Drama, Dance, spoken word and Music
DISABILITY ZONE	<ul style="list-style-type: none"> • Embracing disability and sign language in hiv and covid 19: zimbabwe national response towards universal health coverage by 2025 • Communication, dialogue et Diagnostic Communautaire pour réduire la prévalence du Paludisme • An informed person with disability, a healthier constituency
DIASPORA ZONE	<ul style="list-style-type: none"> • The Community-Led Accountability Working Group (CLAW) • Compass advocacy
KEY POPULATION ZONE	<ul style="list-style-type: none"> • Can drug use criminalization be a panacea to end drug use in Sub Saharan Africa? in Southern Africa • Operation Break Through • Anything for us without us is not for us
FAITH BASED ORGANIZATION ZONE	<ul style="list-style-type: none"> • Breaking Down Stigma and Discrimination Through Dialogue: A congregational Response Approach • The HVTN Faith Initiative: The Role of Faith Communities in the Quest for an HIV Vaccine • Beat HIV with Faith based healers
PLHIV ZONE	<ul style="list-style-type: none"> • See Me • Voices of excellence: experiencing the hiv continuum of care at parirenyatwa centre of excellence • 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
HEPATITIS/TB/MALARIA NETWORKING ZONE	<ul style="list-style-type: none"> • Ending inequalities to end TB and HIV • Tuberculosis - Multiplier effect on People Living with HIV (PLHIV) • Tuberculosis - The multiplier effect on People Living with HIV (PLHIV) TB poems and songs by artists and TB Champions.

ICASA 2023 NETWORKING ZONE TITLE OF SESSION

ICASA 2023 NETWORKING ZONE	TITLE OF SESSION
WOMEN NETWORKING ZONE	<ul style="list-style-type: none">• United in Diversity to address inequalities, accelerate inclusion and innovation• Linking GBV, HIV & AIDS to social protection A case of Tony Waite Kapenta Project in Kariba.• Safe Spaces: A Strategy for Young Women's Meaningful Participation in HIV Prevention and Response

COMMUNITY VILLAGE BOOTH ORGANIZERS LIST

1. AfNHi, APHA, AVAC, PZAT
2. AIDSFONDS
3. ARASA
4. ARASA
5. COPPER ROSE ZAMBIA
6. Eastern Africa National Networks of AIDS and Health Services Organizations
7. Frontline AIDS
8. INERELA+ Kenya
9. INTEREST
10. Katswe Sistahood
11. LOVE ALLIANCE
12. Medecins Sans Frontiers
13. O'Neill Institute for National and Global Health Law
14. Plan International Zimbabwe
15. PROLINK GHANA
16. Stop TB Partnership Zimbabwe
17. Sunrise Sign Language Academy
18. UNESCO
19. Youth Alive Uganda
20. Youth Gate Zimbabwe Trust
21. Zimbabwe Civil liberties and drug Network
22. Zimbabwe National Network of People Living with HIV (ZNNP+)
23. Zim-TTECH



ICASA 2023 Youth Programme

The ICASA 2023 Youth Programme Planning Committee was a dynamic committee made up of 30 passionate and driven adolescent and youth advocates, both within and beyond Africa.

This committee served as a powerful platform for the voices and perspectives of youth, harnessing their collective experience, to provide strategic input in the development and implementation of the ICASA 2023 Youth Programme by co-leading with the ICASA international secretariat, the development, selection and validation of all aspects of the ICASA 2023 youth programme and serving as a consultative body on youth engagement at ICASA 2023. Primarily, the committee lead in the design and development of:

- Youth Pre-Conference, a space for youth to learn from their peers, share knowledge and skills, and network before WD2023 officially began.
- Youth networking zone, a physical space with youth-focused and intergenerational programming dedicated to young people to encourage networking, dialogue, and idea-sharing at the community village.
- Capacity-sharing and networking activities during the Conference, such as four special sessions dedicated to the youth programme at ICASA 2023 during the conference. ICASA through our partners and donors and mobilized from across the 5 regions of Africa and outside Africa to partake and engage in these sessions in-person in Harare



Communication & Social Media

Social media

485,000+

people reached through
social media posts

185,000+

people reached from official
ICASA 2023 Tweets

500,000+

Total number of unique
visitors on the official ICASA
2023 website

19 press conferences

All live streamed on ICASA Facebook

All photographs on ICASA Facebook

7 live streamed sessions (plenary etc)

Live streamed on ICASA Facebook

Photographs on ICASA Facebook

Press conferences

1. Curtain-raiser press conference of 22nd ICASA:

- **Organised by:** 22nd ICASA official secretariat
- **Date:** 30th October 2023
- **live stream link:** <https://www.facebook.com/icasa2023/videos/2110525169295473/>
- **Summary:** In lead up to the 22nd International Conference on AIDS and STIs in Africa (ICASA), a curtain-raiser press conference was held on 30th October 2023, in which 86 people registered. Speakers included: Dr David Parirenyatwa, 2023 ICASA President and President of Society for AIDS in Africa (SAA – official organizers of ICASA); Honourable Dr Douglas Mombeshora, Minister of Health and Childcare, Zimbabwe and Vice President of ICASA 2023 (Secretary of Health spoke on his behalf), Dr Bernard Madzima, head of 22nd ICASA local secretariat and Chief Executive Officer of National AIDS Council (NAC) Zimbabwe; Dr Thomas Joseph, Head of Antimicrobial Stewardship and Awareness Unit at World Health Organization (WHO) HQ; Dr Ishwar Gilada, International AIDS Society (IAS) Governing Council member, and President Emeritus AIDS Society of India (ASI); Sriram Natarajan, thought leader on new innovative diagnostics for HIV, STIs, TB and other diseases; and Shobha Shukla (moderator) Managing Editor and Executive Director, CNS.

2. Opening press conference of 22nd ICASA

- **Organised by:** 22nd ICASA official secretariat
- **Date:** 4th December 2023
- **Live stream link:** <https://www.facebook.com/icasa2023/videos/375957154900532/>
- **Summary:** Opening press conference of 22nd ICASA was held on 4th December 2023. As ICASA was to open in Harare on the theme of "AIDS is not over: Address inequalities, accelerate inclusion & innovation" this press conference was addressed by: Mr Luc Armand Bordea, Director of ICASA; Ms Winnie Byanyima, Executive Director of UNAIDS; Dr Matshidiso Rebecca Moeti, World Health Organization (WHO) Regional Director for Africa; Dr David Parirenyatwa, 2023 ICASA President and President of Society for AIDS in Africa (SAA – official organizers of ICASA); Ms Lydia Zigomo, UNFPA Regional Director for East and Southern Africa; Ms Tariro Makanga (moderator) and Ms Anna Miti (co-moderator).

3. Press conference addressed by 22nd ICASA plenary speakers of 5th December 2023

- Organised by: 22nd ICASA official secretariat
- Date: 5th December 2023
- Live stream link: <https://www.facebook.com/icasa2023/videos/2044841339230195/>

- Summary: This press conference featuring ICASA 2023 plenary speakers of 5th December 2023 featured: Dr. Nertila Tavanxhi, Manager, Health Financing High Impact & Southern Eastern Africa Health Finance Department Global Fund who spoke on “Innovative financing for HIV in the context of UHC. What works?”; Dr. Lynda Stranix-Chibanda, Department of Paediatrics, College of Health Sciences, University of Zimbabwe who spoke on “Optimization of innovative Paediatric therapeutics and prevention (DTG, TAF, bNABs, etc)”, and Yatma Fall, President, National Federation of Disabled People’s Association of Senegal who spoke on “Recognizing disability in the HIV continuum of care with a cross-impairment approach.” Moderator: Tariro Makanga

4. Launch of Global Key Population HIV Prevention Roadmap

- Organised by: Global Key Population HIV Prevention Advisory Group
- Date: 5th December 2023
- Live stream link: <https://www.facebook.com/icasa2023/videos/2335760610147567/>
- Summary: This roadmap outlines a strategy for the equitable expression and delivery of HIV prevention services to key populations (KPs) globally and regionally. It introduces a critical, coordinated approach led by KPs to accelerate the implementation of existing and new HIV prevention interventions. Panelists included: Micheal Ighodaro, co-Executive Director, HIV Prevention Access Campaign Washington DC (moderator); Cindra Feuer, AVAC; along with members of HIV key populations from different nations in Africa.

5. Call for action for Voluntary Medical Male Circumcision for HIV prevention

- Organised by: AVAC
- Date: 5th December 2023
- Live stream link: <https://www.facebook.com/icasa2023/videos/664666232508840/>
- Summary: The Voluntary Medical Male Circumcision (VMMC) Call to Action is a joint report from AVAC, Azali Healthcare, Bill and Melinda Gates Foundation, Jhpiego, the Coalition for Health Promotion and Social Development (HEPS-Uganda), Treatment Advocacy and Literacy Campaign (TALC) Zambia, the Joint United Nations Program on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) to call on stakeholders to to reprioritize VMMC as an important part of combination prevention in our collective efforts towards a future without HIV and AIDS. Scientific evidence has unequivocally demonstrated that VMMC significantly reduces the risk of HIV acquisition in men, making it a vital strategy in HIV prevention efforts. The report makes eight specific calls to action to various stakeholders including to ministries of health and other government departments, multilateral funding agencies, civil society, manufacturers and other stakeholders to ensure that VMMC is brought to scale in the priority countries and sustained. Panel of experts for this press conference included: Angelo Kaggwa-Katumba, AVAC; Chilufya Hampongo Kasanda, TALC; Kenneth Mwehonge, HEPS-Uganda; and Cindra Feuer of AVAC (moderator).

6. Press conference addressed by 22nd ICASA plenary speakers of 6th December 2023

- Organised by: 22nd ICASA official secretariat
- Date: 6th December 2023
- Live stream link: <https://www.facebook.com/icasa2023/videos/1565573647517315/>
- Summary: This press conference was addressed by ICASA 2023 plenary speakers of 6th December 2023, which included: Prof Mehdi Karkouri (Morocco) who spoke on “human centered inclusion of key and vulnerable populations and implementation of differentiated service delivery approaches to overcome barriers”; Mme. Christine Kafando (Burkina-Faso) who spoke on “People living with HIV-led responses – gaps in domestic resource mobilization/ financing towards ending new HIV infections in Africa”; and Dr Ann Phoya (Malawi) who spoke on “refocusing HIV finance in closing HIV equity gaps in Africa and prevention for youth.” Moderator: Tariro Makanga

7. Prof Ann Phoya live from 22nd ICASA Press Conference room

- Date: 6th December 2023
- Live stream link: <https://www.facebook.com/icasa2023/videos/342999451672160/>
- Summary: Prof Ann Phoya of Malawi is the Plenary Speaker of 22nd ICASA. She 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; and as 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.

8. Wakakosha: from self-stigma to self-love for young people and adolescents living with HIV

- Organised by: Beyond Stigma and Zvandiri
- Date: 6th December 2023
- Live stream link: <https://www.facebook.com/icasa2023/videos/696972042406141/>
- Summary: “Wakakosha: from self-stigma to self-love for young people and adolescents living with HIV” press conference was organised by Beyond Stigma and Zvandiri with the following panel of experts: (moderator) Nadine Ferris France, CEO Beyond Stigma Speakers; Takudzwa Dongo, Zvandiri, Zimbabwe; Shaun Mellors, Viiv Healthcare; Sylvia Vumbumu, Beyond Stigma and Zimbabwe National Network of Positive people (ZNNP)’s Vimbayi, Zvandiri, Zimbabwe

9. Mobilizing people of faith to build networks to protect human rights and overcome homophobia

- Organised by: AVAC
- Live stream link: <https://www.facebook.com/icasa2023/videos/366851999168054/>
- Summary: Panel of experts shared details about the “Call to greater action: Mobilizing people of faith to build networks to protect human rights and overcome homophobia” which was launched earlier at 22nd ICASA. It directly builds upon a September 2020 public statement by faith leaders at the HIV Interfaith Conference, Resilience & Renewal: faith in the HIV response. The session was moderated by Angelo Kaggwa-Katumba, AVAC; and other speakers included faith leaders from across African region.

10. Press conference addressed by Plenary Speakers of 22nd ICASA on 7th December 2023

- Organised by: 22nd ICASA official secretariat
- Date: 7th December 2023
- Live stream link: <https://www.facebook.com/icasa2023/videos/1037337307537402/>
- Summary: Press conference was addressed by the plenary speakers of 22nd ICASA who spoke on 7th December 2023: Prof. Glenda Elisabeth Gray, CEO and President of the South African Medical Research Council Soweto, South Africa, who spoke on “Fast tracking pandemic vaccines: lessons to learn from COVID-19 to HIV vaccine development”; Hon. Joy Johannah Phumaphi, Executive Secretary of the African Leaders Malaria Alliance and former Minister of Health of Botswana, who spoke on “Pandemic Preparedness Framework, Implications for Africa”; Richard Smith Lusimbo, Director General, The Uganda Key Populations Consortium, who spoke on “Community-Led data Driven responses: What works and what does not: The case of Key and Vulnerable Populations during COVID-19”. Moderator: Tariro Makanga

11. Hon. Joy Johannah Phumaphi, Executive Secretary of the African Leaders Malaria Alliance and former Minister of Health of Botswana live from 22nd ICASA Press Conference room

- Date: 7th December 2023
- Live stream link: <https://www.facebook.com/icasa2023/videos/1427532191440639/>

12. Joint report by the O'Neill Institute, UNDP, and GNP+ analyzes 194 countries and finds decriminalization of consensual same-sex has advanced the global HIV/AIDS response

- Date: 7th December 2023
- Organised by: O'Neill Institute, UNDP, and GNP+
- Live stream link: <https://www.facebook.com/icasa2023/videos/671634515090659/>
- Summary: A joint report by the O'Neill Institute, UNDP, and GNP+ was shared which analyzes 194 countries and finds decriminalization of consensual same-sex has advanced the global HIV/AIDS response. Speakers included: Matthew M Kavanagh (moderator), who directs Georgetown University's Center for Global Health Policy & Politics (a cross-campus collaboration across the School of Health and O'Neill Institute for National and Global Health Law) and is also Assistant Professor of Global Health and Visiting Professor of Law; Cindy Kelemi, Executive Director of Botswana Network on Ethics, Law and HIV/AIDS (BONELA); among others.

13. Update on progress and pitfalls in preventing Advanced HIV Disease (AHD) and AIDS deaths, including commitments from global health actors and governments

- Organised by: The Fight AIDS Coalition and GNP+
- Date: 7th December 2023
- Live stream link: <https://www.facebook.com/icasa2023/videos/904438817752420/>
- Summary: The Fight AIDS Coalition and GNP+ experts gave an update on progress and pitfalls in preventing Advanced HIV Disease (AHD) and AIDS deaths, including commitments from global health actors and governments. Speakers who addressed the press conference included: Donald Tobaiwa, Advocacy Core Team (ACT), Zimbabwe; Patricia Asero, Dandora Community AIDS Support Association (DACASA), Kenya; Kenneth Mwehonge, Health Promotion and Social Development (HEPS), Uganda; and Wim Vandavelde, GNP+ (moderator).

14. Boost your "Plan B" in order to achieve an objective while recognizing its limits, redefine the term "Solidarity" in a context of financial crisis

- Organised by: Jeunesse du Monde en Action
- Date: 7th December 2023
- Live stream link: <https://www.facebook.com/icasa2023/videos/717933366634051/>
- Summary: (most session was in French language so we are unable to summarise) Key speaker was: Jean-Paul Ngueya, President of Jeunesse du Monde en Action, Health mediator at Afrique Avenir, User representative at Hôpital Louis Mourier AP-HP

15. Press conference addressed by plenary speakers of 22nd ICASA on 8th December 2023

- Organised by: 22nd ICASA official secretariat
- Date: 8th December 2023
- Live stream link: <https://www.facebook.com/icasa2023/videos/6877883852298000/>
- Summary: Plenary Speakers of 22nd ICASA on 8th December 2023 who addressed a press conference right after the plenary, were as follows: Lilian Benjamin Mwakyosi, Medical Doctor, DARE/EMPOWERING Project Dar es Salaam Tanzania who spoke on "Africa, where are our SRHR? – Understanding the importance of youth involvement in developing and implementing national, regional, and continental SRHR policies"; Professor Quarraisha Abdool Karim, Associate Scientific Director, Center for the AIDS Programme of Research in South Africa (CAPRISA) who spoke on "Finding the missing targets: What more to do for HIV, TB, STIs, and Hepatitis"; and Dr Ruth Laibon Masha, CEO of the National Syndemic Diseases Control Council (formerly known as the National AIDS Control Council), Nairobi, Kenya who spoke on "From boutique to systemic and sustainable scale up: The case for HIV prevention". Moderator: Tariro Makanga.

16. Declaration reaffirming the rights and needs of African women who use drugs and their allies

- Organised by: Africa Network of People Who Use Drugs (AfricaNPUD)

- Date: 8th December 2023
- Live stream link: <https://www.facebook.com/icasa2023/videos/226638733794004/>
- Summary: a press conference on “Declaration reaffirming the rights and needs of African women who use drugs and their allies” was organised by African Network of People who use drugs (AfricaNPUD). It has the following panel of speakers: Ahmed Mohamed, Regional Coordinator for the African Network of People Who Use Drugs (AfricaNPUD); Tania, woman who uses drugs, Zimbabwe; and (moderator) Richard Muko.

17. Find all TB and HIV to stop TB and end AIDS: Africa launch of Global Call to #FindAllTB

- Date: 8th December 2023
- Organised by: CNS and Global Antimicrobial Resistance Media Alliance (GAMA)
- Live stream link 1: <https://www.facebook.com/icasa2023/videos/317136921240814/>
- Live stream link 2: <https://www.facebook.com/icasa2023/videos/366086775953277/>
- Summary: Africa launch of the Global call to #FindAllTB was done by TB People (Zimbabwe) and partners. Early and accurate TB and HIV diagnosis is not only a critical gateway to TB and HIV care pathway, but also a public health and human rights imperative. It helps stop the spread of TB and HIV infection (Undetectable equals Untransmittable) as well as reduces unnecessary human suffering and risk of untimely deaths due to TB and AIDS. Speakers included: Daxa Patel, TB People (India)’s message for TB People (Zimbabwe); Tariro Kutadza, founder TB People Zimbabwe; Dr Lucica Ditiu, Executive Director, Stop TB Partnership, Geneva; Sumit Mitra, President, Molbio Diagnostics; Dr Ann Phoya, ICASA 2023 Plenary Speaker, & former Malawi MOH Director of Planning and Policy Development; Donald Tobaiwa, Executive Director, Stop TB Partnership Zimbabwe; Sabyasachi Das, Strategic Partnership Lead, Dure Technologies; Albertina Nyatsi, TB HIV community rights leader from Eswatini; Rodrick, #EndTB advocate, Tanzania TB Community Network, Tanzania; Catherine Morembedzi, Executive Committee member of Global AMR Media Alliance (GAMA), senior journalist and Vice Chair of Health Communicators Forum of Zimbabwe; and (moderator) Shobha Shukla, founder Executive Director CNS and coordinator GAMA.

18. Taking lab to the people: People-centred responses to TB and HIV

- Date: 8th December 2023
- Organised by: TB People (Zimbabwe)
- Live stream link: <https://www.facebook.com/icasa2023/videos/1529087311274285/>
- Summary: Bringing “lab to the people” (and not people to the lab) is the first vital step towards finding all TB and HIV. If we fail to do this, we will keep missing TB and HIV cases despite having the best of tools in the labs. Additionally, we must ensure that the full cascade of TB and HIV care services is people centred. Speakers included: Daxa Patel, TB People (India)’s message for TB People (Zimbabwe); Tariro Kutadza, founder TB People Zimbabwe; Dr Lucica Ditiu, Executive Director, Stop TB Partnership, Geneva; Sumit Mitra, President, Molbio Diagnostics; Dr Ann Phoya, ICASA 2023 Plenary Speaker, & former Malawi MOH Director of Planning and Policy Development; Donald Tobaiwa, Executive Director, Stop TB Partnership Zimbabwe; Sabyasachi Das, Strategic Partnership Lead, Dure Technologies; Albertina Nyatsi, TB HIV community rights leader from Eswatini; Rodrick, #EndTB advocate, Tanzania TB Community Network, Tanzania; Catherine Morembedzi, Executive Committee member of Global AMR Media Alliance (GAMA), senior journalist and Vice Chair of Health Communicators Forum of Zimbabwe; and (moderator) Shobha Shukla, founder Executive Director CNS and coordinator GAMA.

19. Press conference addressed by Plenary Speakers of 22nd ICASA on 9th December 2023

- Organised by: 22nd ICASA official secretariat
- Date: 9th December 2023
- Live stream link: <https://www.facebook.com/icasa2023/videos/307106985123063/>
- Summary: ICASA 2023 Plenary Speakers of 9th December 2023 addressed a press conference on the concluding day of Africa’s largest AIDS conference. These were as follows: Gerald Macharia, Vice President, Regional Director for East and Southern Africa, and the Country Director in

Kenya for Clinton Health Access Initiative (CHAI), spoke on “Delivery and access to innovative biomedical interventions, remove barriers and build capacity in Africa (prevention, diagnostics and therapeutics, adherence)”; Ms Anne Githuku-Shongwe, Director, Regional Support Team, East and South Africa, USAID, Johannesburg, spoke on “Supporting Innovation and People-centred, Integrated Responses to end AIDS”; and Maximina Chipso Jokonya, Coordinator, Her Voice Fund, Yplus Global, Zimbabwe, spoke on “We are still getting HIV: Address the HIV Prevention crisis, accelerate access to biomedical prevention services/tools for women, adolescent girls, and young people.” Moderator: Tariro Makanga.

Live streamed sessions

1. ICASA Plenary Session of 5th December 2023

- Live stream link: <https://www.facebook.com/icasa2023/videos/1177375876561657/>
- Summary: ICASA 2023 plenary session on 5th December 2023 had the following speakers: Dr. Nertila Tavavxhi, Manager, Health Financing High Impact & Southern Eastern Africa Health Finance Department Global Fund who spoke on “Innovative financing for HIV in the context of UHC. What works?”; Dr. Lynda Stranix-Chibanda, Department of Paediatrics, College of Health Sciences, University of Zimbabwe who spoke on “Optimization of innovative Paediatric therapeutics and prevention (DTG, TAF, bNAb, etc)”, and Yatma Fall, President, National Federation of Disabled People’s Association of Senegal who spoke on “Recognizing disability in the HIV continuum of care with a cross-impairment approach.”

2. ICASA Plenary Session of 6th December 2023

- Live stream link: <https://www.facebook.com/icasa2023/videos/3753735924903534/>
- Summary: ICASA 2023 plenary session on 6th December 2023 had the following speakers:
- Topic: “Human-centred inclusion of key and vulnerable populations and implementation of differentiated service delivery approaches to overcome barriers”
 - Speaker: Prof Mehdi Karkouri (Morocco)
 - Topic: “People living with HIV-led responses - gaps in domestic resource mobilization/ financing towards ending new HIV infections in Africa”
 - Speaker: Mme. Christine Kafando (Burkina-Faso)
 - Topic: “Refocusing HIV finance in closing HIV equity gaps in Africa and prevention for youth”
 - Speaker: Dr Ann Phoya (Malawi)

3. ICASA Plenary session of 7th December 2023

- Date: 7th December 2023
- Live stream link: <https://www.facebook.com/icasa2023/videos/1061314998453610/>
- Summary: Plenary session on 7th December 2023 featured the following speakers and topics: Prof. Glenda Elisabeth Gray, CEO and President of the South African Medical Research Council Soweto, South Africa, who spoke on “Fast tracking pandemic vaccines: lessons to learn from COVID-19 to HIV vaccine development”; Hon. Joy Johannah Phumaphi, Executive Secretary of the African Leaders Malaria Alliance and former Minister of Health of Botswana, who spoke on “Pandemic Preparedness Framework, Implications for Africa”; Richard Smith Lusimbo, Director General, The Uganda Key Populations Consortium, who spoke on “Community-Led data Driven responses: What works and what does not: The case of Key and Vulnerable Populations during COVID-19”.

4. ICASA Plenary session of 8th December 2023

- Date: 8th December 2023
- Live stream link: <https://www.facebook.com/icasa2023/videos/345338954800833/>
- Summary: Plenary Speakers of 22nd ICASA on 8th December 2023 were as follows: Lilian Benjamin Mwakyosi, Medical Doctor, DARE/EMPOWERING Project Dar es Salaam Tanzania who spoke on

“Africa, where are our SRHR? – Understanding the importance of youth involvement in developing and implementing national, regional, and continental SRHR policies”; Professor Quarraisha Abdool Karim, Associate Scientific Director, Center for the AIDS Programme of Research in South Africa (CAPRISA) who spoke on “Finding the missing targets: What more to do for HIV, TB, STIs, and Hepatitis”; and Dr Ruth Laibon Masha, CEO of the National Syndemic Diseases Control Council (formerly known as the National AIDS Control Council), Nairobi, Kenya who spoke on “From boutique to systemic and sustainable scale up: The case for HIV prevention”.

5. ICASA Plenary Session of 9th December 2023

- Date: 9th December 2023
- Live stream link: <https://www.facebook.com/icasa2023/videos/852112273360566/>
- Summary: ICASA 2023 Plenary Speakers of 9th December 2023 were as follows: Gerald Macharia, Vice President, Regional Director for East and Southern Africa, and the Country Director in Kenya for Clinton Health Access Initiative (CHAI), spoke on “Delivery and access to innovative biomedical interventions, remove barriers and build capacity in Africa (prevention, diagnostics and therapeutics, adherence)”; Ms Anne Githuku-Shongwe, Director, Regional Support Team, East and South Africa, USAID, Johannesburg, spoke on “Supporting Innovation and People-centred, Integrated Responses to end AIDS”; and Maximina Chipso Jokonya, Coordinator, Her Voice Fund, Yplus Global, Zimbabwe, spoke on “We are still getting HIV: Address the HIV Prevention crisis, accelerate access to biomedical prevention services/tools for women, adolescent girls, and young people.”

6. Closing ceremony of ICASA 2023 and Rapporteur session

- Date: 9th December 2023
- Live stream link: <https://www.facebook.com/icasa2023/videos/738611421065309>
- Summary: Rapporteur session and closing ceremony of ICASA 2023 on the theme “AIDS is not over: Address inequalities, accelerate inclusion & innovation” took place on the last day.

Evaluation

INTRODUCTION

For the past fifteen years, the International Conference on AIDS and STIs in Africa (ICASA) has produced conference evaluation reports. The 22nd ICASA conference was held at the Rainbow Towers Hotel in Harare, Zimbabwe from 4th to 9th December 2023. The conference was conducted in a hybrid format (online and in-person), with COVID-19 precautions observed during the conference.

The evaluation activities relied on both in-person and online evaluation activities set up by the team, which covered pre-activities, pre-test, daily onsite assessment and post-tests. Post-test evaluation was done from the end of the conference for a period of one month, to enable participants provide discussions and recommendations, among other important issues, on the conference.

OBJECTIVE OF EVALUATION

The objective of the ICASA 2023 evaluation was to identify the strengths and weaknesses of the Conference and assess its immediate outcomes for sustainability, quality improvements in planning and delivery of future ICASAs as well as responding to the objectives of the conference. The tracks for the conference were:

- Track A – Basic Science (Biology and Pathogenesis)
- Track B – Clinical Science, Treatment and Care
- Track C – Epidemiology and Prevention Science
- Track D – Law, Human Rights, Social Science and Political Science
- Track E – Health Systems, Economics and Implementation Science

METHODOLOGY

The evaluation used mixed methods to collect a range of quantitative and qualitative data which were triangulated to provide holistic understanding of the ICASA 2023 participants' views. The evaluation was mostly conducted through one-on-one and focus group discussions, with options for participants to fill in the online versions at their own convenience. QR codes were generated and placed at vantage points of the conference center, in addition to links shared through email and social media.

Main activities of the evaluation included:

- Review of previous ICASA 2021 report.
- Consultation with members of relevant ICASA 2023 Committees and with staff of the Conference Secretariat.
- Survey of delegates online and onsite at ICASA 2023, and inclusion of daily feedback from volunteers.
- Full online assessments of the various stages of the conference.

DATA COLLECTION

All questionnaires designed by the team were administered both online and in-person using Survey Monkey and printed questionnaires respectively. The array of respondents comprised of delegates, scholarship awardees, researchers, funders, some volunteers, and online/in-person exhibitors. The collection of questionnaires was designed to be administered before (pre-activities), during (daily onsite assessment, pre and post-test) and after (post conference) the ICASA 2023 conference.

Qualitative data was collected through the online portals. All questionnaires, just as was done in previous conferences, were designed in both English and French, with both versions administered on-line and in-person.

DATA ANALYSIS

Data from questionnaires were analyzed from exported data in the online application called Survey Monkey. All questions filled on the printed questionnaires were entered into Survey Monkey to enable a uniformed analysis of the questionnaires. Descriptive analysis is based on the data received.

OBSERVATIONS AND KEY FINDINGS

Pre-conference activities survey

The pre-conference activities questionnaire was launched online five (5) days before the commencement of the conference. The aim was to gather detailed information from all attendees (delegates, scholarship awardees and exhibitors) on their appreciation of services received prior to the Conference. The online survey was posted via email to all registered participants from 30th November to 5th December 2023. The questions focused on all services made available prior to the commencement of the conference, to enable participants in-country, those yet to arrive and those participating online prepare themselves adequately for effective and impactful participation in the conference.

Socio-demographic characteristics of respondents

A total of 397 respondents from 39 countries (an increase from 386 respondents from thirty (30) countries in 2021) filled the online questionnaire for this activity. The highest respondents were from the host country Zimbabwe, with Kenya, Nigeria and Uganda having the other highest number of respondents. There were 43.8% females, 52.4% males, 3.7% transgender.

Majority of the respondents were between the age ranges of 21 to 29 years (42.3%) and 31 to 39 years (29.5%). In terms of professions, most of the respondents were from the category of advocates or activists, other health care workers or social services provider and students. The data shows a higher response rate from the advocates or activists category as compared to the previous two ICASA conferences where the higher number of respondents were other health care workers, researchers, students, clinicians and activists.

Sources of information on ICASA 2023

Prior to the 2023 ICASA Conference, most of respondents got to know about the conference through work colleagues, social media or the ICASA 2023 Conference website.

The SAA Secretariat website was one of the least sources considered for information about the Conference.

Quality of Services Received Prior to the Conference

The ICASA 2023 Conference website proved to be the easiest way to find information about the conference. In general, delegates found the website to be the most useful place to find information on abstract submission and guidelines on submission, program outline, visa application and booking accommodation among other important issues. There were however low comments on ease of obtaining documentation for visas.

We noted a general appreciation of pre-conference activities. However, there were mixed appreciation of most of the pre-conference activities. Some of the main challenges were:

1. Some respondents who were Persons Living with HIV believed strongly that they should have been given more priority during the registration process.
2. Very poor internet connectivity at the conference venue during registration process
3. Enforcement of wearing nose masks was not seen, although it was a strong pre-requisite for being part of the conference.
4. The conference package should include tickets for tea and meals for each day.
5. Registration for local participants was too expensive.
6. "Please provide clear guidelines on oral presentations like what other conferences do. Communicate about deadlines for submission of presentations if they are there in terms of travelling and accommodation arrangements, please communicate about these on time for planning purposes".
7. "Next time organize how everyone will get food. People are starving and they are on ART. Sad indeed".

Some of the notable successes and positive comments shared by respondents were:

1. There were timely responses in queries and troubleshooting participants issues or inquiries.
2. The conference experience was better than when it was held in 2015 in Zimbabwe.

3. "ICASA program is the best program I have followed".
4. "Keep up the good work ...I love your efforts and I know much will come in the near future from you guys".

Onsite activities surveys

Onsite activities were assessed from 5th to 9th December 2023 through a mixture of the online survey portal and printed questionnaires in both English and French. The questions provided were based on the activities that occurred during the conference. A QR code was later provided around the conference venue to enable persons who preferred answering the questionnaires online via their mobile devices, while attending the conference in-person.

Socio Demographic characteristics of respondents

The questionnaires for the onsite assessment saw a dip in respondents for the process. A total of 237 respondents filled in the questionnaires, a drop from 180 respondents from the previous conference. From the data evaluated, respondents generally rated their expectations as excellent or good, for access to exhibition booth and community village, connectivity to sessions online and in-person, feedback from secretariat, timeliness of sessions and finding food in and around the conference venue.

Quality of Services Received during the Conference

Respondents were asked to rate the quality of services provided during the conference. Information received from the information desk, site map, conference volunteers and the document download site were generally rated as useful. These ratings were also replicated for the information and quality of the conference abstract book. About 65% of respondents confirmed using the mobile app, with some respondents not satisfied with app, because it was either not "user friendly", or faced difficulties loading some pages on the app.

Proposed additional sessions for future ICASA Conferences

This section was introduced to find out from respondents if there were possibly new areas to be introduced in future ICASA Conferences. As the world evolves towards both 2025 and 2030 global goals to end the HIV Pandemic, it was important to find out from respondents what new areas or tracks should be considered for ICASA 2025.

The suggestions in descending order of ratings are as follows:

- a. Domestic financing of HIV interventions
- b. Pandemic Preparedness and HIV
- c. Artificial Intelligence, Digital Health and Rights
- d. Drug use and abuse.
- e. Human Rights and LGBTQIA+
- f. Hepatitis
- g. Malaria

Volunteers survey

Volunteers always have a very important role to play in the ICASA Conferences. In this year's ICASA conference, they formed an integral part of the daily feedback mechanism process. They assisted with one-on-one and Focus Group Discussions to solicit information on perceptions and daily challenges faced during the ICASA Conference. In Durban 2021, the M&E team could not benefit from such an important feedback mechanism due to COVID-19 restrictions. A total of nine volunteers were made available for this conference's M&E team.

Post-test survey

The posttest assessment for the conference was conducted through both printed questionnaires and online survey from the day of the closing ceremony on the 11th December 2023 to 31st January 2024. The lowest number of respondents throughout the conference was recorded for this test (26) being mostly delegates (21), with the rest being exhibitors (2) and scholarship recipients (2) and others (1).

Usefulness of the contents of the abstract book

Respondents who participated in the survey were asked to indicate the usefulness of the information found in the abstract book. A high percentage of respondents (44.1%) found it “useful”, with a bit more than one third of the respondents (37.4%) finding the information provided to be “very useful”.

Mobile application

More than half of the respondents (57.7%) who used the mobile application for the conference, had problems with connectivity, and 26.9% of the respondents thought the app was not user friendly.

Comprehension of the objectives of the conference.

All but one respondent were in the affirmative (96.2%) on understanding the objectives of the conference. Feedback for the Secretariat for future conferences:

The organization of the ICASA conference for 2023 was seen generally as a successful event, just as we saw with the conference held in 2021. The conference held in Durban, South Africa was conducted fully online, as compared to this version which was fully hybrid. However, the conference as organized did not change some expectations from the respondents who communicated their sentiments through the questionnaires, and the volunteers. Here are some of the key feedback and comments shared by the respondents at the end of the conference’s survey:

Recommendations and conclusions

The organization of the 22nd ICASA in Zimbabwe was generally seen as successful, despite some challenges encountered. From the opening ceremony which saw the Honorable President Emerson Mnangagwa exuding national and high level commitment to the HIV and AIDS response in his country.

The robust collaboration between the SAA Secretariat and the Zimbabwean National AIDS Council’s (Local Organizing Committee) and general feedback received from respondents showed some critical areas that would need improvement in upcoming conferences.

- A. Food and drinks for participants:** this is the most important recommendation the team would like to bring forth to the SAA Secretariat. To summarize, delegates strongly suggest the inclusion of daily food and beverages into the registration cost for subsequent ICASA. This should be done as follows:
- Ticket for water, tea and snack of choice
 - Ticket for lunch

These could be provided on a daily basis from the registration booths, or for convenience, a QR code per participant/delegate.

- B. Communication:** This is a recurring issue and came up as a very important aspect of the conference.
- Prompt responses from the secretariat on sponsorships, visas, and other logistical issues were highlighted in the feedback from the survey conducted.
 - Find other effective ways of communicating to participants attending the conference in-person about upcoming and ongoing events (social media, LED advertisement screens at vantage points in the conference center, community village, etc.
 - Provide adequate training for volunteers to ensure they have enough information about the conference.
 - Enquiry booths be made available at vantage points for ease of access to information for participants, and to have bilingual options (especially volunteers) to cater for Francophone participants.

- C. Logistics:** The Secretariat had made provisions for movement of participants from their hotels or other points of residence to the venue of the conference. Per post survey meetings held with the M&E volunteers, participants strongly suggested that the bus movement times should be boldly

displayed at the main entrance of the venue.

Secondly, the cost of transportation (conference pass) should be discounted and incorporated in the amount to be paid by participants attending the conference. This is also a recurring recommendation highlighted from the previous ICASA, but with the further suggestion of a conference pass.

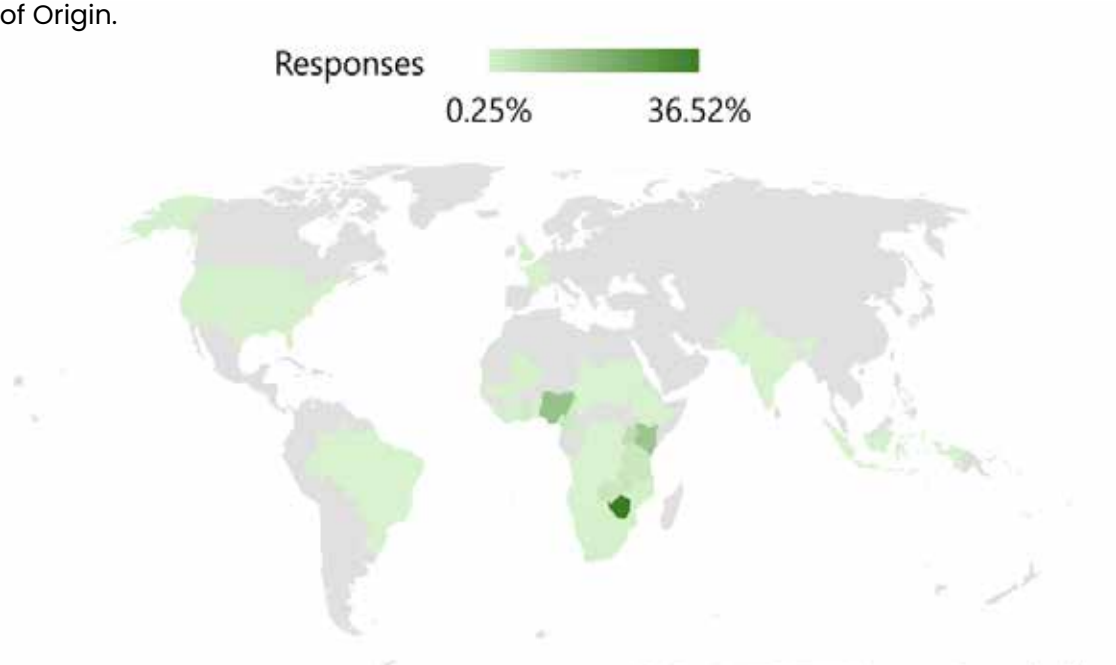
- D. Internet Connectivity for all participants:** This was one major issue for all who took part physically in the conference. Connectivity at the venue was poor, which led to interruption in services that heavily relied on internet services, such as registration, logging into sessions, etc. We recommend that the IT team, in addition to the Local Organizing Committee of future ICASA conferences, explore having robust failover options available in the host country and run adequate tests before the commencement of the conference.
- E. ICASA Mobile App:** the M&E team would like to re-echo the high importance of the use of the ICASA Mobile App at this conference. The challenges faced were mixed, as it was a culmination of functionality vs. internet connectivity, with the latter posing a much major factor in the usage of the app. User friendliness and inability to load some pages also posed a big problem for users, hence the reluctance of some participants to patronize it during the conference.
- F. Reduction of cost of participation for local population's participation:** there were concerns of the cost of registration for local participants, especially the youth. Feedback from volunteers indicated that a much-subsidized cost or full scholarship for the youth would have led to more of them participating in the conference.
- G. Translation for all sessions:** It very much appeared that there was not enough translation to cover all the official languages in Africa. Some participants complained about some sessions not having French translations at all. We however recommend that high quality translation services for all three official African languages (English, French, Portuguese) be made available for subsequent conferences. This, we believe, would significantly increase participation in future conferences.
- H. Security at conference venue:** per feedback from participants and the M&E volunteering team, security levels at the conference venue dwindled with time, leading to unidentified persons streaming in and out of the conference venue. This was changed over time, using the volunteers, but it would have been better to have a professional security enforcement agency ensuring non-registered participants were not allowed into the hotel. This would have been also curbed through:
- Directing hotel visitors to the reception for tags/identifiers, without which the security force would prevent the visitor from entering any part of the hotel.
 - Ensuring all delegates always wore their tags and having separate unique identifiers after the closure of the meeting for the day.

Annex

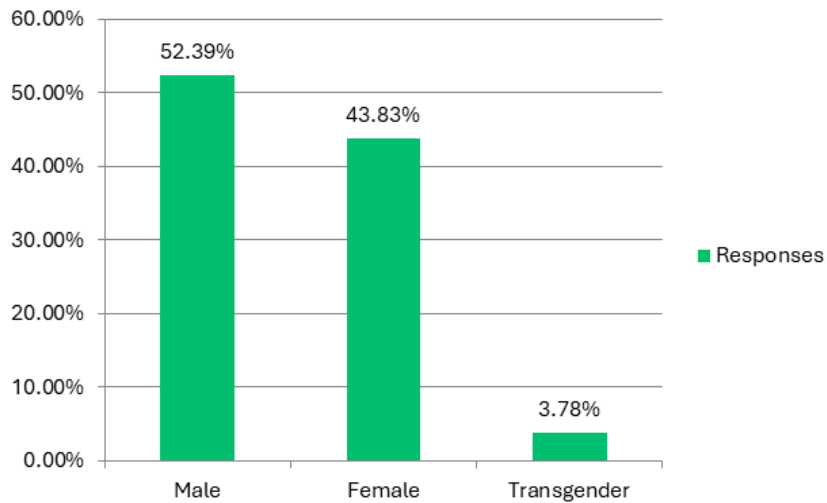
Charts: Key responses from survey respondents

Pre-ICASA

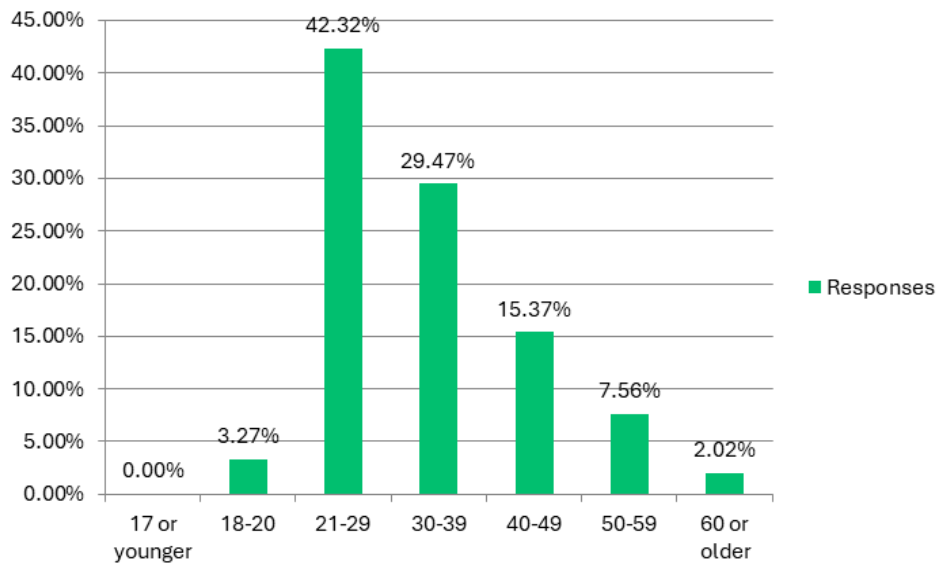
1. Country of Origin.



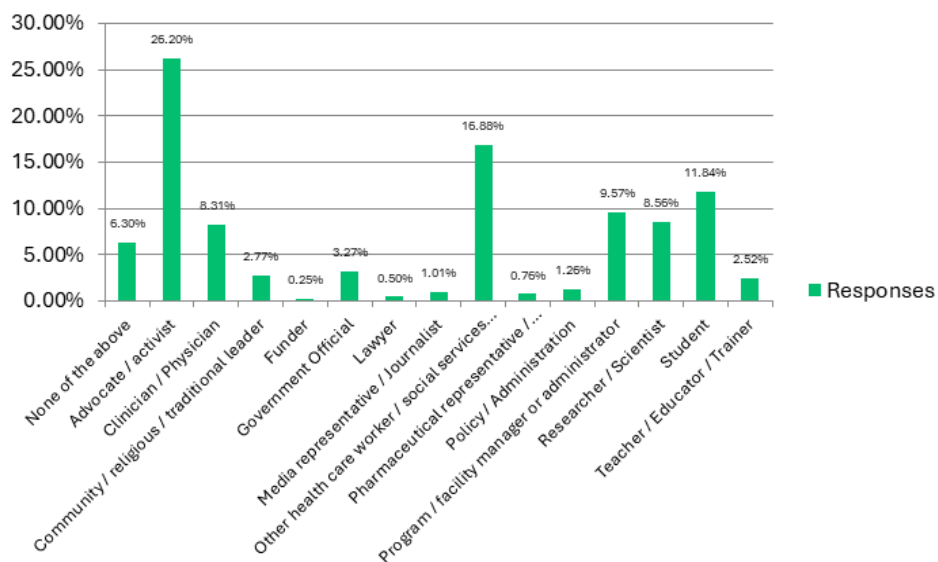
2. Gender



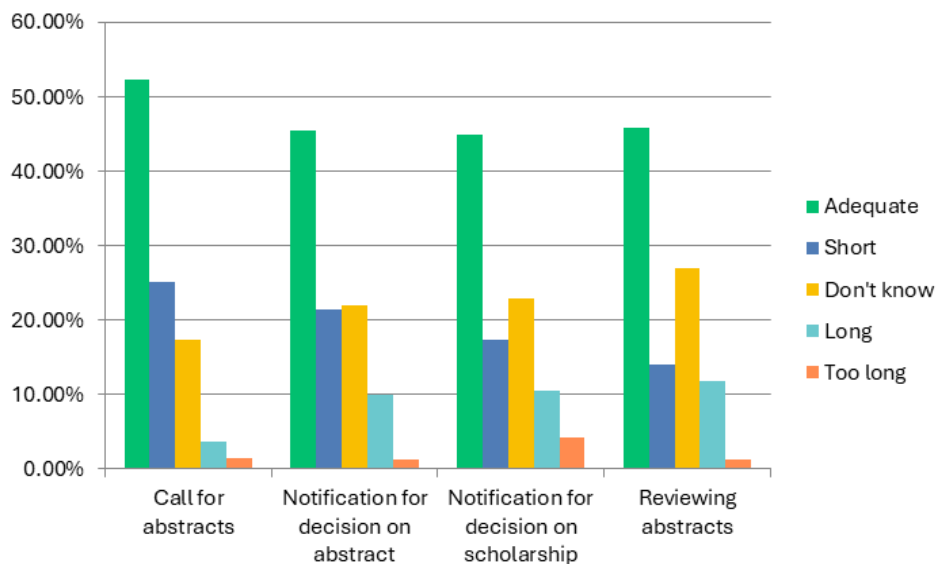
3. Age



4. Occupation

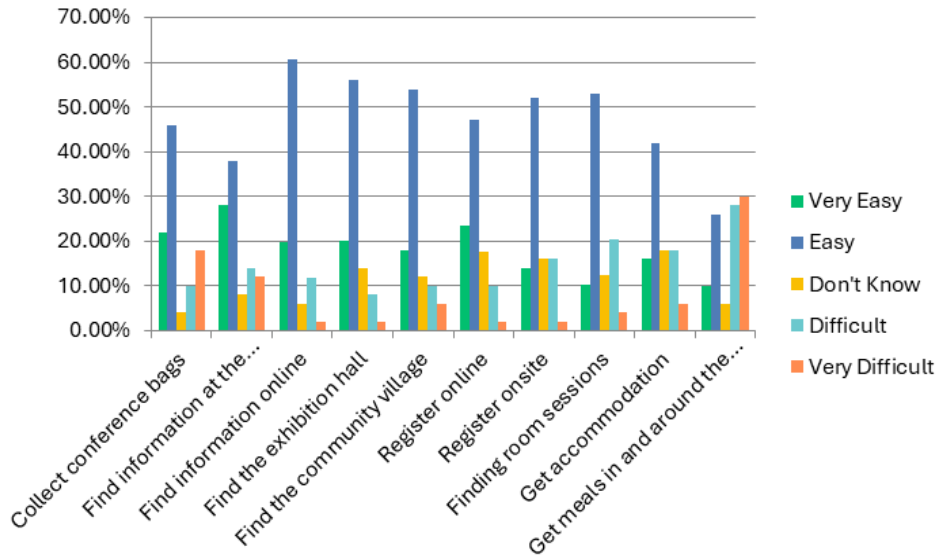


5. Finding time for:

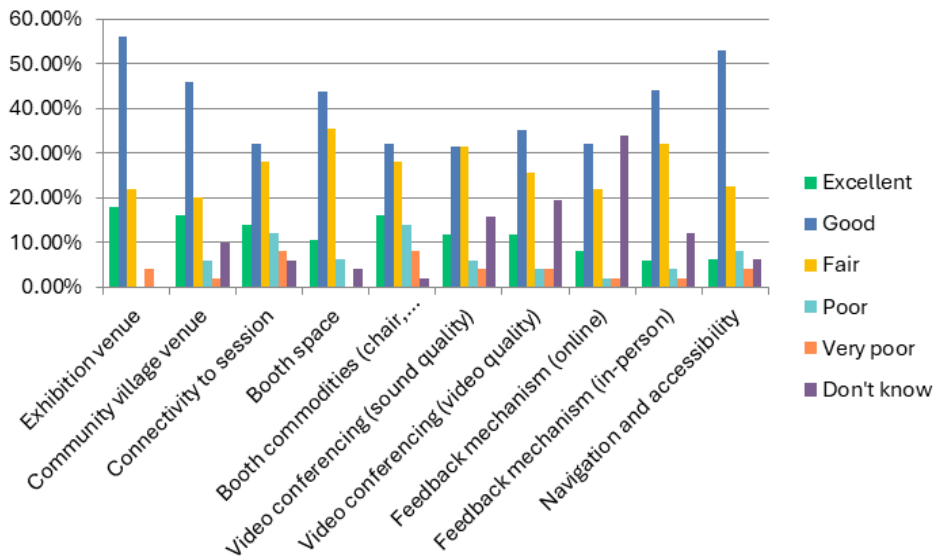


Pre-tests

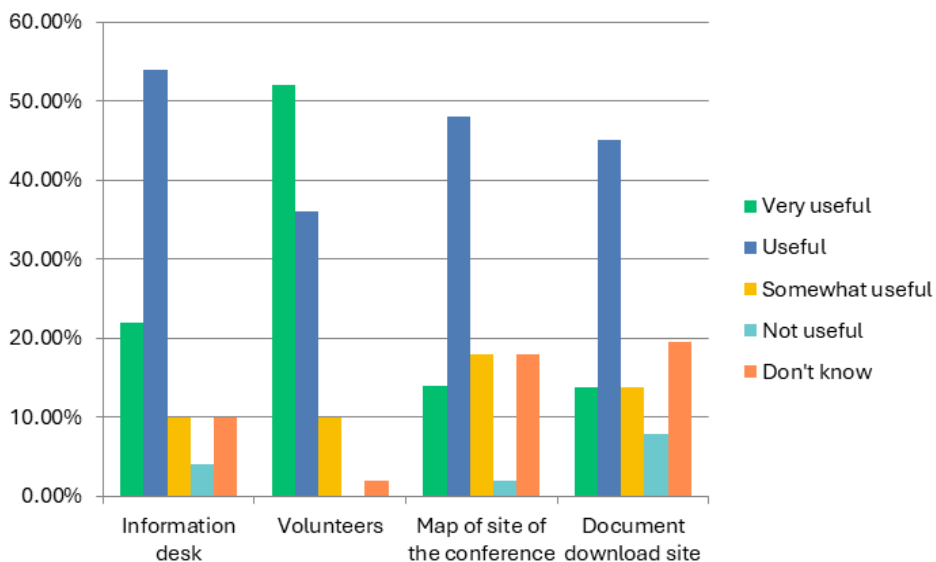
1. How easy was it for participants to:



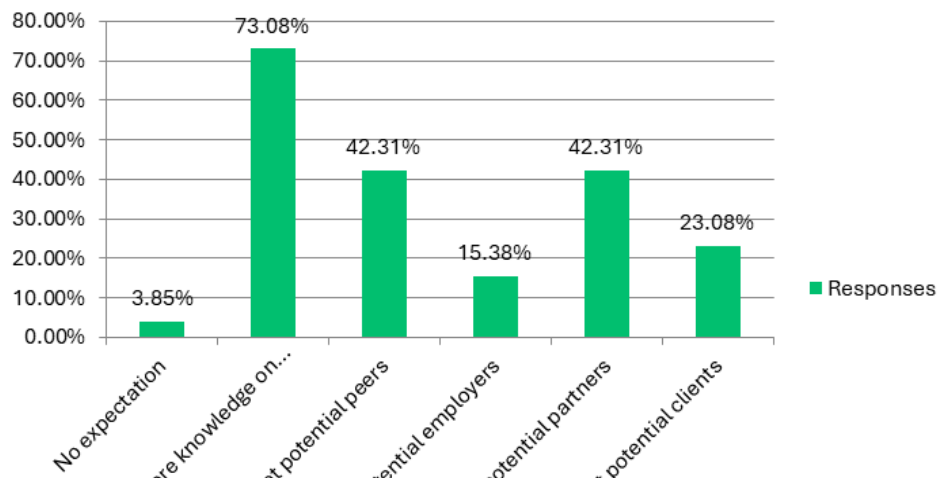
2. Rating of conference activities



3. Rating information received from:

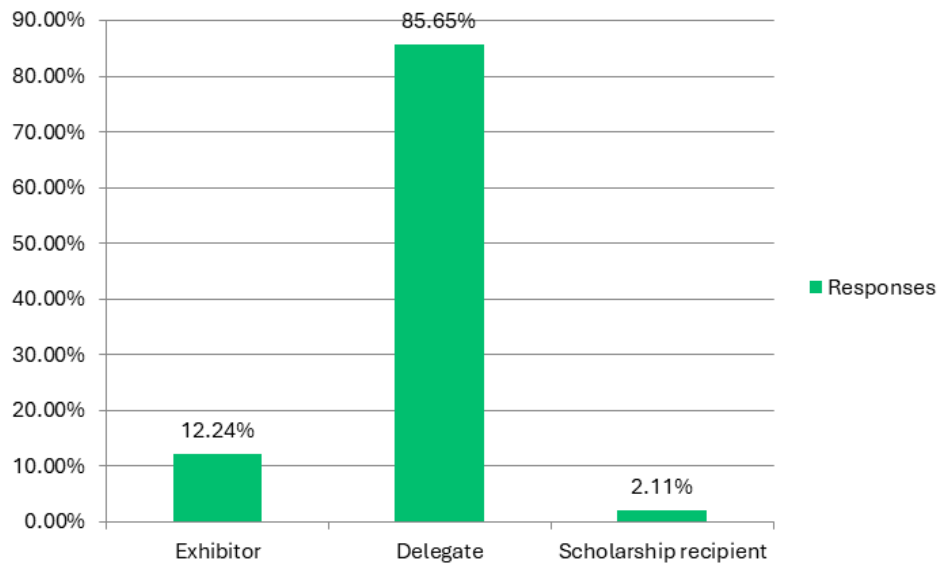


4. Participant expectations from ICASA 2023

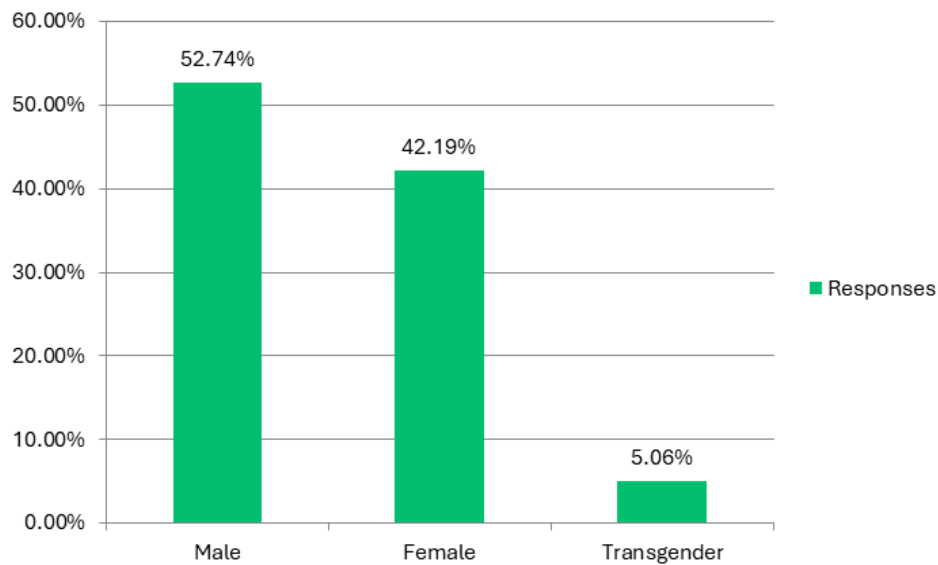


Daily Onsite Assessments

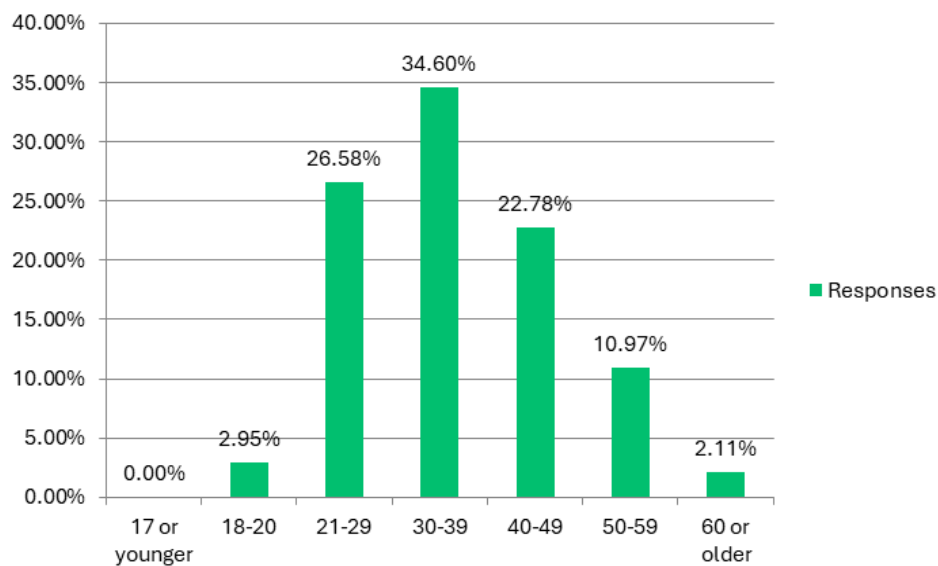
1. Profile of participants



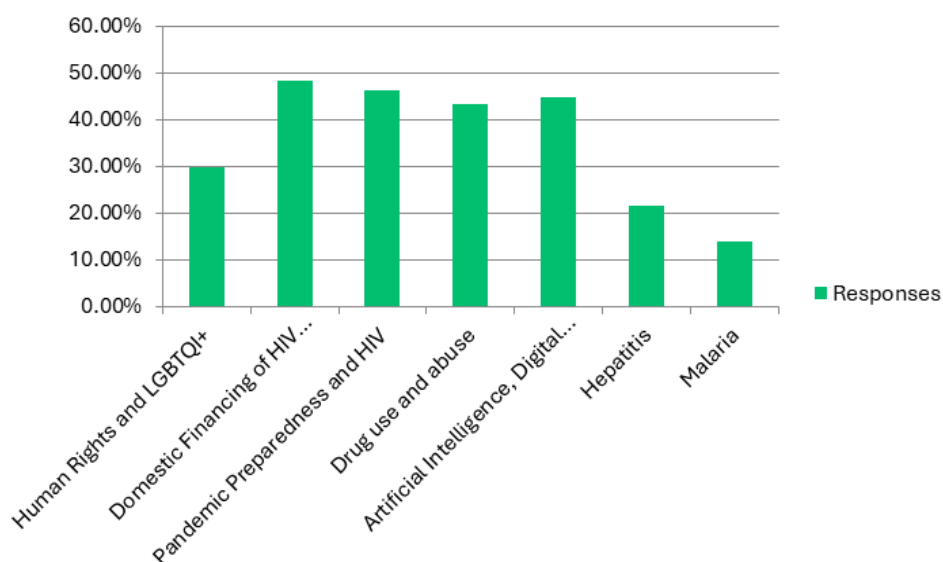
2. Gender



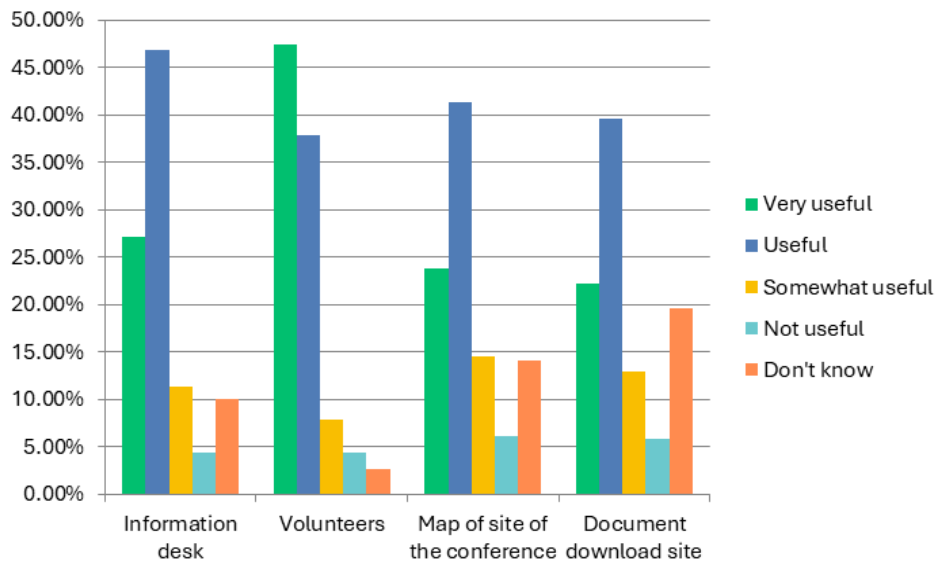
3. Age



4. Additional sessions / tracks to be added to future ICASA conferences (more than one answer was allowed).

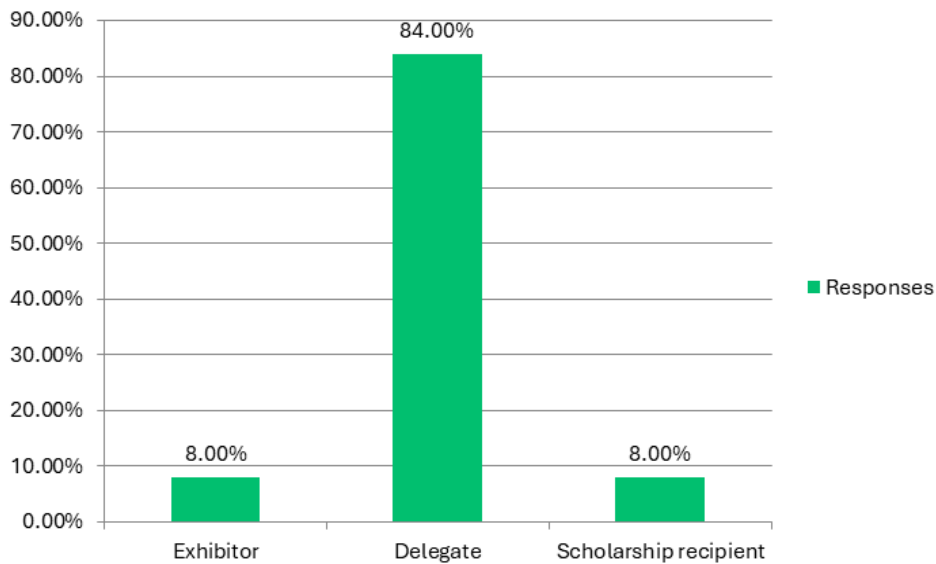


5. Rating of participants on information received from:

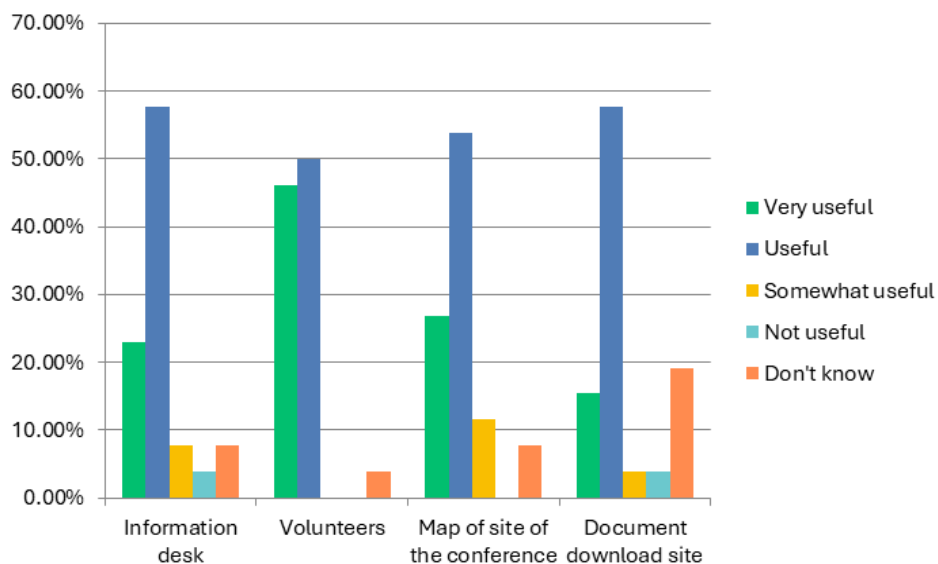


Post-test

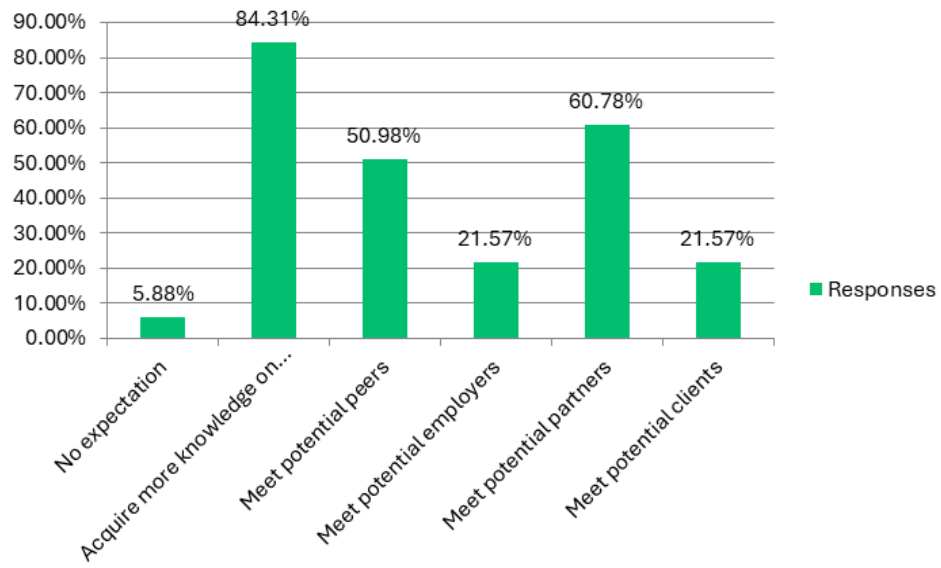
1. Profile of Attendees



2. Rating of information received from:



3. Participant expectations from ICASA 2023





...
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more pictures
from ICASA 2023



ICASA 2023 Report Review Committee



From left: Col. Dr. Alain Azondekon – ICASA 2023 Chief Rapporteur, Madam Jewel Lamptey – Research Officer, Ghana AIDS Commission, Prof. Kwasi Torpey – Dean of Public Health, University of Ghana, Dr. Nyaradzo Mgodzi – Clinical Pathologist, University of Zimbabwe Clinical Trials Research Centre, Dr. Aliou Sylla – SAA Secretary-General, Mr. Luc Armand H. Bodea – ICASA Director/SAA Coordinator, Madam Medelina Dube – Communications Director, National AIDS Council, Ministry of Health Zimbabwe, Dr. Munya Saruchera – Director, Africa Centre for HIV/AIDS Management, Stellenbosch University, and Clemence A. Assogba – Head of Admin/Finance, Society for AIDS in Africa



Thank you for your efforts
toward making ICASA 2023 a
reality!



SAA PERMANENT SECRETARIAT

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