

SOCIETY FOR AIDS IN AFRICA



FIVE-YEAR STRATEGIC PLAN (2011-2015)

Promoting HIV/AIDS Policy and Research in Africa



February 2011

ACKNOWLEDGMENTS

The Society for AIDS in Africa (SAA) five-year Strategic Plan was formulated with substantial support of the SAA's Administrative Council, key stakeholders and partners. This action plan is the second of its kind since the inception of SAA. It focuses at enhancing the management system of ICASA conferences, and the strengthening of the SAA Permanent secretariat. The action plan provide equal opportunity for all stakeholders to actively participate in SAA program implementation.

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Prof Robert Soudre

SAA President

FOREWORD by the Executive Director of UNAIDS

As we are embarking on the 30th year of the AIDS epidemic, considerable progress has been made towards achieving universal access to HIV prevention, treatment, care and support services. Fewer people are dying from AIDS. The rate of new HIV infections has dropped by 20% in the past 10 years and the number of people living with the virus has stabilized. These achievements would never have been possible without the dynamic drive of the scientific community, which is guiding our action.

However, the progress made remains fragile. Sub-Saharan Africa still accounts for 69% of new infections and more than 10 million Africans have no access to the treatment they need. We are convinced that science has the power to transform things and at this stage of the epidemic, in a context of increasingly limited resources Africa needs more than ever a transformation of the response to HIV.

With regards to prevention, new bio-medical interventions and their application can reshape prevention approaches, if informed by further research, local knowledge and human rights. Regarding treatment, the “treatment 2.0” initiative was launched in 2010 and aims to accelerate access to diagnostics and to cheaper, more efficient and better tolerated drugs. We encourage Africa to produce generic drugs through South-South cooperation and new and enhanced public-private partnerships. It is also necessary to pursue efforts to promote essential innovation in the development of new drugs and to support new approaches in the area of intellectual property rights.

These innovations depend on groups of universities, think-tanks and the implementers to find solutions to specific obstacles that hold back progress. The Society for AIDS in Africa (SAA) custodian of The International Conference of AIDS and STs in Africa (ICASA) therefore offer researchers, policy-makers and communities a platform for exchange, mobilization and promotion of scientific innovation, - in delivering new tools ranging from treatment advances to logistics and application of new social media. The strategic plan of the SAA gives particular attention to these strategic and results-based partnerships.

In this context, we can achieve the objectives of universal access to HIV prevention, treatment, care and support. Furthermore, we should all renew our commitment to ensure that the objective of “Zero new infections, Zero discrimination, Zero AIDS-related deaths” becomes a reality

Dr Michel Sidibe

Executive Director of UNAIDS

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
AU	African Union
CP	Collaborating Partners
CSO	Civil Society Organisation
ECOWAS	Economic Community of West African States
ED	Executive Director
HIV	Human Immunodeficiency Virus
IAS	International AIDS Society
ICASA	International Conference for AIDS and STIs in Africa
IGA	Income Generating Activities
M &E	Monitoring and Evaluation
MDG	Millennium Development Goals
MOU	Memorandum of Understanding
MPR	Monthly Progress Report
NAC	National AIDS Commission
NGO	Non-Governmental Organization
PLHIV	People Living with HIV
QPR	Quarterly Progress Reports
SAA	Society for AIDS in Africa
SADC	Southern Africa Development Commission
SSA	Sub-Saharan Africa
STI	Sexually Transmitted Infection
SWOT	Strengths, Weaknesses, Opportunities & Threats
TB	Tuberculosis
UN	United Nations
UNAIDS	United Nations Joint Programme in HIV/AIDS
WHO	World Health Organization

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EXECUTIVE SUMMARY

Society for AIDS in Africa (SAA) is a non-profit organization dedicated to promote HIV/AIDS research and advocacy to fight the epidemic. SAA envisions an African continent free of HIV, TB and Malaria and their debilitating effects on our communities, where there is no stigma and discrimination against PLHIV and their families, and where social justice and equity to accessing treatment prevails.

This Five-Year Strategic Plan (2011-2015) recognizes the need for increased evidence-informed interventions to respond to HIV in Africa. It capitalizes on SAA's strength of having an acknowledged forum for sharing HIV and AIDS research to drive policy, to advocate for an enabling environment to further prevent and control the spread of the virus.

Goal

SAA's goal is to contribute towards the reduction of halve new HIV infections by 2015 in Africa.

Strategic Direction

The strategic direction of SAA for the next 5 years is focused on its mission, stakeholder expectations, and comparative advantage to create and reinforce an organizational culture of *efficiency, transparency, accountability, results-oriented* and *information sharing* in rolling out its response. The scope of SAA's interventions from 2011 to 2015 will build on the successes and strengths of the 16th past ICASAs, to include proactive measures to promote research, information sharing, advocacy and an enabling environment, and strengthen institutional capacity to create excellent.

Strategic Objectives

- Sufficiently strengthened institutional and coordination capacity to enhance SAA corporate image.
- ICASA utilized as an effective platform to promote research and knowledge exchange, and advocate for policy implementation.

Thematic Areas and Strategies

Two thematic areas constitute the pillars on which the SAA strategic plan has been elaborated as thus:

Institutional Management and Strengthening

- *Strengthen Institutional Capacity and Governance System*
- *Establish and Maintain Strong Partnerships*
- *Enhance the Image of SAA*
- *Improve Coordination and Management of ICASA and Mid-ICASA*
- *Mobilize, Manage and Account for Resources*

Research, Policy and Enabling Environment

- *Promote Research through ICASA*
- *Promote Membership Development*
- *Promote Policy, Advocacy and Enabling Environment*

Strategy Implementation, Monitoring and Evaluation

The response of the Society for AIDS in Africa will be implemented by the Secretariat, which will put in place *effective, efficient, accountable* and *transparent* systems to win the trust of all its stakeholders. The Secretariat in collaboration with Africaso, SWAA, UNAIDS, IAS, WHO and other partners will have implementation roles. They will largely be involved in coordination and monitoring of ICASA and Mid-ICASA, and in advocacy and capacity building programs, actively supported by collaborative partnerships. The Secretariat shall ensure that adequate human and logistical capacities are in place to drive a successful program.

Annual Operational Plans will be developed by the Secretariat indicating the scale and extent of work to be undertaken. Lessons learned during the first year of implementation will be used in enhancing subsequent plans.

Monitoring and Evaluation

A monitoring and Evaluation system will be established by the Secretariat to monitor progress and ensure that projected results are achieved, and corrective actions taken where necessary. Monthly, quarterly and annual reports including audit reports will be produced and submitted to the Administrative Council.

A mid-term review will be undertaken in 2013 to determine the extent to which earmarked activities have been implemented. A final evaluation in 2015 will be conducted to assess the efficiency, effectiveness and the outcomes of implemented interventions. Lessons learned through the evaluations will provide input for fine-tuning activities to guide the design of subsequent strategic plans.

CHAPTER ONE: THE CONTEXT OF OUR WORK

1.1 Responding to HIV and AIDS in Africa

The impact of HIV and AIDS in Africa is deeply felt in every aspect of human life due to its devastating effects on economy and society. Africa is the worst affected continent by HIV and AIDS with the highest prevalence concentrated in Southern Africa. Although progress has been made in the global fight against HIV and AIDS, the epidemic continues to devastate Africa with over 22 million people living with the virus, and an estimated 2 million infections in 2008.

HIV and AIDS have defied the most aggressive scientific battles to combat it. The nature of the epidemic in Africa requires evidence-informed and proven interventions to scale up efforts to mitigate its impact, provide universal access to treatment, care and support to people living with HIV and AIDS (PLHIV) and affected persons.

As the leading African organization fostering HIV and AIDS research, the Society for AIDS in Africa (SAA) is committed to coordinating and supporting research efforts through the synergy of different scientific approaches to fight the epidemic. SAA's contribution to this fight is the provision of a critical platform to allow evidence to drive Africa's response to HIV and AIDS, by assembling and disseminating information on operations and scientific research to enable the development of evidence-informed policies, prioritization of programs and the proper allocation of resources to HIV and AIDS.

1.2 Two Decades of Fighting HIV and AIDS in Africa

Already disadvantaged by poverty and other development issues, the African continent saw its chances of development compromised by HIV/AIDS, with the disease rapidly becoming a big barrier to the attainment of the Millennium Development Goals (MDGs) in Africa. To date, Sub-Saharan Africa remains the region with the highest number of infected persons and deaths from HIV and AIDS. AIDS is partially responsible for the decrease in life expectancy and child mortality affecting the attainment of MDG 4¹. The pandemic has aggravated weak economic growth in many countries and is depleting human capital, the very foundation of social development.

The early 1990s was a bleak period in the history of AIDS in Africa. Prevention campaigns were having minimal effect and there was no visible prospect for effective treatment in Africa. The international community was yet to take efficient action and many national government programs were ill-equipped to deal with the escalating crisis. By the middle of the decade, the seriousness of the epidemic was obvious. In 1993, there was an estimated 9 million people in SSA infected, out of the global total of 14 million. The spread of HIV/AIDS peaked in 1996, with 3.5 million newly infected persons.

¹ reduce child mortality

As at 1998, 70% of all infected persons were from the region, with an estimated one in seven infections in South Africa. The disease emerged as a health and development crisis over the past decade, with about 90% of children orphaned by AIDS.

In 2001, there were more than 20 million people living with AIDS in Sub-Saharan Africa (SSA), with only 8,000 people accessing treatment. The early response to HIV/AIDS by African governments was slow resulting in a silent spread of the virus. The response has over the years gained more political commitments, making possible for those living with the virus to have access to treatment. In 2003, the World Health Organization (WHO) initiated an ambitious response aimed at putting 3 million people in developing countries on Anti-Retroviral Therapy (ART) by the end of 2005. Although the '3 by 5' target was not met, the campaign managed to substantially increase the number of people on treatment in Africa, and raise political support and financial commitment for HIV/AIDS in resource poor countries. Between 2003 and 2005 the number of people receiving treatment for HIV/AIDS in SSA increased by more than eight-fold to 810 000 from 100 000 people. According to the UNAIDS, about 17% of those in need of ART in Sub-Saharan Africa received them in 2006.

It is increasingly clear that access to drugs to treat HIV/AIDS reduces fear and changes social perceptions of people living with the disease. Although HIV related stigma still exists, it is reducing as fear surrounding the disease lessens and people are more willing to speak openly about AIDS.

AIDS mortality peaked in 2004, with 2.2 million deaths. The number dropped to an estimated 2 million in 2008. Reduction in the prevalence rate of HIV/AIDS is being achieved, but not at the rate to reverse the spread of the disease to meet the MDG 6².

Sub-Saharan Africa accounts for two-thirds (67%) of all people living with HIV, and for nearly three quarters (72%) of AIDS related deaths in 2008. An estimated 1.9 million people were newly infected with HIV in SSA in 2008, bringing to 22.4 million the number of people living with HIV. In 2008, more than 14 million children in SSA had lost one or both parents to HIV/AIDS. The total number of people living with the virus in 2008 was more than 20% higher than the number in 2000, and the prevalence was roughly threefold higher than in 1990. While the rate of new HIV infections in SSA has slowly declined, with the number of new infections in 2008 approximately 25% lower than at the epidemic's peak in the region in 1995, the number of people living with HIV slightly increased in 2008. This is partly due to increased longevity from improved access to HIV treatment. Adult (15–49) HIV prevalence declined from 5.8% in 2001 to 5.2% in 2008. In 2008, an estimated 1.4 million AIDS-related deaths occurred in SSA, representing an 18% decline in annual HIV-related mortality in the region since 2004.

Access to Treatment

² MDG 6 calls on countries to stop and reverse the spread of HIV/AIDS and to secure universal access to antiretroviral drugs for people living with HIV/AIDS by 2015.

By 2008, an estimated 2.9 million people in SSA were receiving ART, compared to about 2.1 million in 2007, an increase of 39%. However, the rate of new infections continues to outstrip the expansion of treatment, drawing attention to the urgent need to intensify both prevention and treatment measures. By the end 2008, 44% of adults and children in the region in need of ART had access to treatment. Five years earlier, the regional treatment coverage was only 2%. As in the case of increased access to antiretroviral therapy, Sub-Saharan Africa has made remarkable strides in expanding access to services to prevent mother to child HIV transmission. In 2008, 45% of HIV-positive pregnant women received antiretroviral drugs, compared with 9% in 2004.

Reducing Stigma and Discrimination

HIV-related stigma and discrimination remains an enormous barrier to the fight against AIDS. Fear of discrimination often prevents people from getting tested, seeking treatment and admitting their HIV status publicly. Since laws and policies alone cannot reverse the stigma that surrounds HIV infection, AIDS education in Africa needs to be scaled-up to combat the ignorance that causes people to discriminate.

1.2.1 Sub-Regional Overview

Sub-Saharan Africa's epidemic varies significantly by sub-region and by country, with most appearing to have stabilized, although often at very high levels, particularly in **southern Africa**. Women and girls continue to be affected disproportionately by HIV in SSA, accounting for approximately 60% of estimated HIV infections³. Their vulnerability to HIV in the region stems not only from their greater physiological susceptibility to heterosexual transmission, but also to the severe social, legal and economic disadvantages they are often confronted with.

North Africa

Lack of timely and reliable epidemiological and behavioural data makes it difficult to obtain a clear state of the epidemic in North Africa. HIV prevalence remains very low compared to SSA⁴. Although overall numbers of reported HIV cases in the region remain small, they have been increasing in several countries partly due to expanded HIV testing efforts. In Algeria, reported HIV cases doubled between 2001 and 2008. Coverage of ART throughout the region also remains low with 14% of people in need of treatment receiving it in 2008. The epidemic in North Africa is concentrated among injection drug users (IDUs), men who have sex with men (MSMs), sex workers and their clients.

Southern Africa

³ UNAIDS, 2008; Garcia- Calleja, Gouws, Ghys, 2006

⁴ In 2008, an estimated 35 000 people in the Middle East and North Africa became infected with HIV, compared to 200,000 in 2001. AIDS-related deaths increased from 11,000 in 2001 to 20,000 in 2008. The total number of people living with HIV in the region at the end of 2008 was estimated to be 310 000.

The nine countries in southern Africa continue to bear a disproportionate share of the global AIDS burden. Each of them has an adult HIV prevalence greater than 10%. People living with HIV were 5.7 million in 2007, with an adult HIV prevalence of 26%. Swaziland has the most severe level of infection in the world. For southern Africa as a whole, HIV incidence appears to have peaked in the mid-1990s. In most countries, HIV prevalence has stabilized at extremely high levels, although evidence indicates that HIV incidence continues to rise in rural Angola. There is still no evidence of a decline in infections among pregnant women in South Africa, where more than 29% of women accessing public health services tested HIV-positive in 2008⁵. However, while national adult HIV prevalence in South Africa has stabilized, prevalence among young people (aged 15–24) started to decline in 2005 as shown among antenatal clinic attendees (from about 25% in 2004–2005 to 21.7% in 2008) and young men and women included in the national population-based surveys (from 10.3% in 2005 to 8.6% in 2008)⁶.

East Africa

The available evidence suggests that HIV prevalence in East Africa has stabilized and in some settings may be declining. Between 1992 and 1998 prevalence rates in Uganda were estimated to have dropped from 30% to 12% of adults in Kampala. Declines in HIV prevalence reported in Uganda in the past decade appear to have reached a plateau⁷, although these trends may partly be related to the roll-out of antiretroviral therapy programs. In Burundi, HIV prevalence fell among young people aged 15 to 24 in urban areas between 2002 and 2008 (4% to 3.8%) and in semi-urban areas (6.6% to 4%) during the same period, while HIV prevalence increased in rural areas from 2.2% to 2.9%.

West and Central Africa

West Africa has been relatively less affected by HIV infection than other regions of SSA. Although HIV prevalence in West and Central Africa is much lower than in southern Africa, the sub-region is faced with several serious national epidemics. While adult HIV prevalence is below 1% in three West African countries (Cape Verde, Niger and Senegal), nearly one in 25 adults (3.9%) in Côte d'Ivoire and 1.9% of the general population in Ghana are living with HIV⁸. While HIV prevalence in the general population in Ghana has remained stable, prevalence among 15–24-year-olds fell from 3.2% in 2002 to 2.5% in 2006⁹. Other national epidemics also appear to have stabilized, including Sierra Leone, where population-based surveys in 2005 and 2008 both found an overall HIV prevalence of 1.5%.

1.3 Objective of the Strategic Plan

⁵ Department of Health, 2009

⁶ Shisana et al., 2009

⁷ Wabwire-Mangen et al., 2009

⁸ UNAIDS, 2008

⁹ Bosu et al., 2009

The Strategic Plan presents the course of action by SAA for intensifying its response to fight HIV and AIDS over the next five years (2011-2015). It is a road map that describes our vision and mission, the objectives we try to achieve, and the principles and strategies that guide our interventions.

1.4 Our History

The Society for AIDS in Africa is a non-governmental and not-for profit organization founded in 1989 at the fourth International Symposium on AIDS and Associated Cancers in Africa (now ICASA¹⁰) held in Marseille France by a group of African scientists, activists and advocates in response to the HIV and AIDS epidemic. The establishment of SAA was in response to agitations by some African scientists for the conference to be organized in Africa, which had begun the previous year (1988) at the third meeting in Arusha, Tanzania. The conference had until then been organized outside the African continent. The cause of these scientists was supported by the Executive Director of UNAIDS, Peter Piot.

In 1990, an Executive Committee was established during the conference held in DR Congo to oversee the establishment of the Society, and to coordinate subsequent ICASA meetings. The Society was officially registered in Nairobi, Kenya, and the first election of regional delegates was held in October 1990 in Kinshasa, DR Congo. During the SAA inaugural meeting in Kinshasa, Nairobi was selected as the Secretariat headquarters and the Society was officially registered there.

At the Morocco meeting in 1993, a unanimous decision of biennially organized ICASA was adopted by the SAA Council. The first biennial ICASA was held in Kampala in 1994 and thereafter in Cote d'Ivoire in 1997, Zambia in 1999, Burkina Faso in 2001, Kenya in 2003, Nigeria in 2005 and Senegal in 2008. Ethiopia was elected in 2009 as the host of ICASA 2011 after a rigorous evaluation of various countries that bid to host the conference.

The first SAA International Scientific Symposium, also known as the Mid-ICASA was held in Sudan in 2007.

1.5 Our Structure and Governance System

The Society for AIDS in Africa is governed by an Administrative Council that acts within the confines of the constitution. The Administrative Council is made up of 15 members who represent all 5 regions in Africa as follows: Southern Africa -3, West Africa-3, Eastern Africa-3, Northern Africa-2, Central Africa-2, and 2 international members.

Members of the Administrative Council are elected every four years. Four members comprising a representative of civil society, NAP+, SWAA, Africaso and African Youth Network have observer status on the Council.

¹⁰ International Conference on AIDS and STIs in Africa (ICASA)

The Administrative Council is responsible for electing the Executive Council which is made up of the President, Vice President, Treasurer, Vice Treasurer and Administrative Secretary. The Executive Council takes decisions on behalf of the Administrative Council. The Administrative Secretary is an ex-officio and non-voting member who heads the Secretariat, with direct responsibility for the day to day administration of the Secretariat. The Administrative Council leverages its influence by inspiring membership engagement and helping with fundraising and advocacy among others.

The Executive Council is ultimately responsible for governing SAA. It is made up of members who collaborate to set the strategic direction of the organization, providing oversight and supervision to ensure that the management and operations of Society are legal, effective and appropriate. It is responsible for executing decisions made by the Administrative Council at the bi-annual meeting. The Executive Council is empowered to take decisions on behalf of the Administrative Council. The President presides over the Executive Council.

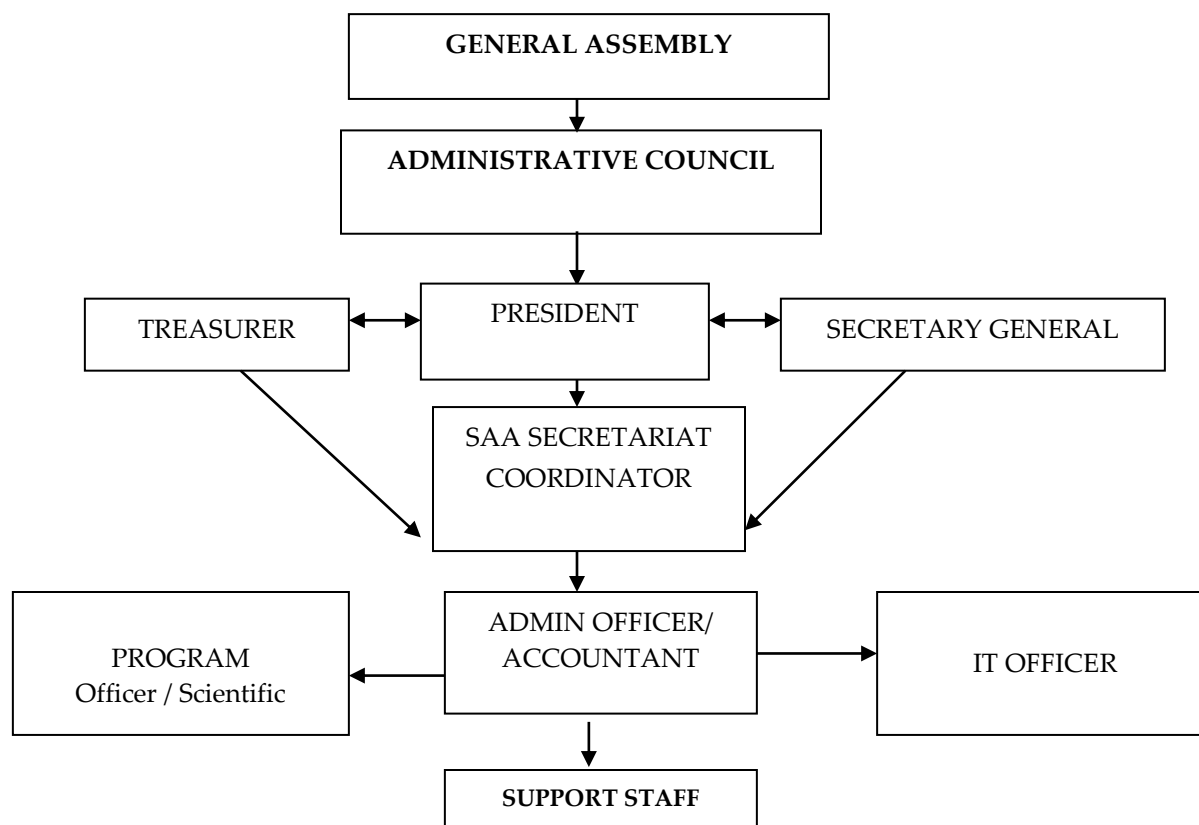
The President represents the Society and his/her responsibilities include presiding over all Executive Council meetings, the Administrative Council and the General Assembly, calling extraordinary meetings as necessary and appointing members of committees.

The Vice President undertakes responsibilities as directed by the President, and is designated Chairman if the President vacates his/her office, or is incapacitated to function.

The Administrative Secretary liaises with all key stakeholders and handles administrative issues. He/she is responsible for processing membership applications and tabulates votes in all elections, and undertakes any other duties specified by the President.

The Treasurer in collaboration with the Administrative Secretary collects and administers all funds of SAA, and submits annual budget and annual financial reports to the Administrative Council.

Fig. 1 Our Organogram



1.6 Achievements, Challenges and Lessons Learnt

Achievements

Over Two Decades of Experience in Organizing ICASA

The Society for AIDS in Africa has over the past 20 years provided a forum for African scientists, health providers, social leaders, political leaders and communities to come together to share experiences and updates on the response to the HIV and AIDS pandemic in the continent and around the world. ICASA is well respected and acknowledged as the principal conference on HIV in Africa. SAA has so far conducted 15 successful ICASAs which have taken place in 12 African countries and twice in Europe.

Overall, more than 80,000 participants have benefitted from research knowledge throughout the period. The 15th International Conference on AIDS and STIs in Africa (ICASA 2008) was held in Dakar, Senegal. The conference was attended by approximately 6,500 participants, of whom 3,721 were regular, paid delegates representing 86 countries, the majority in the African region. High profile personalities and political figures such as Jacques Chirac, Graca Mandela and the wife of the Moroccan President have been guests to ICASA.

With support from the government and people of Sudan, SAA organized its first Scientific Symposium¹¹, in Sudan in 2007 on anti-retroviral drug resistance in Africa. Outcomes of this conference included recommendations on strategies to address care, treatment, drug resistance and adherence to anti-retroviral therapy, as well as strategies for dealing with cervix cancer.

Ethiopia was elected the host of ICASA 2011 after a rigorous evaluation of various countries that bid to host the conference. SAA has established clear processes and procedures to more effectively control and coordinate ICASA in the form of a Memorandum of Understanding (MOU) signed with Ethiopia, which is being enforced by the Secretariat.

Undertook Electoral Reforms

There has been recent progress in revitalizing governance through electoral reforms with the encouragement and support of the International AIDS Society (IAS). Through this effort, an electronic voting system was put in place and successfully utilized to conduct elections in October 2008.

Establishment of SAA Permanent Secretariat

With support from ICASA 2005; Prof Femi Soyinka, and the IAS Grant, SAA established and acquired a permanent secretariat in Accra, Ghana in November 2009. The secretariat will coordinate and support a collaborative response that makes research, capacity building, advocacy, transparency and accountability more effective, and will play a role of permanent secretariat to ICASA.

Challenges

Lack of Funds

The major challenge that has beset SAA is lack of funds. Apart from a few partners such as UNAIDS, WHO and IAS who have provided support, and the meager funds from ICASA, there has not been a concerted effort towards mobilizing funds for operations.

Lack of Enforcement of Control Systems of ICASA

SAA has not been able to effectively enforce the control systems set up for the management of ICASA. As such, some host countries have refused to use the prescribed software for technical and financial reporting, thereby making it extremely difficult for the Secretariat to know the true state of affairs, and the corresponding revenue due to the Society.

¹¹ The Scientific Symposium is also known as Mid-ICASA

Lessons Learnt

ICASA is a Viable and Major Source of income

ICASA is still regarded as the most important conference on HIV and AIDS in Africa, and attendance is very high, with a total average of over 80,000 people participating in 15 conferences. It is a quality forum presenting the best assessments and analysis of the status of the epidemic in Africa, and on the progress in the response. Experience in organizing ICASA for two decades shows that a well managed conference can be a sustainable source of mobilizing revenue for SAA. With over 6,500 participants attending the 2008 conference, the potential for revenue accruing from participating fees and merchandise can be substantial. Developing and maintaining professional conference organizing capacity in SAA through its permanent secretariat will ensure tremendous advantages in this endeavor.

1.7 The Strategic Planning Process

An eight member Strategic Planning Steering Committee was set up by SAA to help formulate a five-year plan to guide program implementation, with a Consultant as the facilitator. An extensive desk review was conducted, and a SWOT Analysis undertaken in consultation with the Steering Committee and other partners to determine the strategic position of SAA and its environment to help chart out the plan.

A draft Strategic Plan was developed and validated by stakeholders after which consensus was built on the core elements of the plan, including the prioritization of interventions and activities to be undertaken.

This document presents the new direction and focus of SAA from 2011 to 2015, in support of efforts towards achieving Millennium Development Goal (MDG) 6, which calls for reversing the spread of HIV and AIDS by 2015.

CHAPTER TWO: OUR COMMITMENT TO COMBAT HIV AND AIDS

2.1 Our Vision

SAA envisions an African continent free of HIV, TB and Malaria and their debilitating effects on our communities, where there is no stigma and discrimination against PLHIV and their families, and where social justice, and equity to accessing treatment prevails.

2.2 Our Mission

An African-led and owned organization that collaborates with other national, sub-regional, regional, continental and international organizations and partners, to promote research and policies to fight HIV and co-infections on the continent.

2.3 Our Goal

To contribute towards the reduction of halve new HIV infections by 2015 in Africa.

2.4 Our Guiding Principles and Core Values

The following principles and values underpin and guide our actions:

1. **Independent:** The organization shall be independent. Its policies, vision, and activities shall not be determined by any for-profit corporation, donor, government, government official, political party, or other NGO.
2. **Not-for-profit:** SAA shall be organized and operated as a not-for-profit organization. Any resources generated through its operations shall be utilized solely to help the organization fulfill its mission and objectives.
3. **Respect for Human Rights and Dignity:** As the Universal Declaration of Human Rights states, all human beings are born free and equal in dignity and rights, are endowed with reason and conscience, and should act towards one another in a spirit of brotherhood. Everyone has the right of freedom of thought, conscience and religion; this right includes freedom to make choices including participating in researches either alone or in community with others and in public or private, to manifest his ability to make suggestions and decisions. (Universal Declaration of Human Rights, Article 18).

4. **Accountability and Achieving Results:** SAA shall be accountable to its stakeholders through transparent processes in the use of resources, and operate an efficient system that fosters management excellence in achieving results.
5. **Building Partnerships:** SAA shall build and maintain strong partnerships with key actors in mutual trust, share responsibilities and combine resources to fight HIV/AIDS, TB and Malaria in Africa.
6. **Networking:** The organization shall network with other ethical NGOs as a means of promoting the growth, effectiveness and efficiency of African governments, individuals, organizations and the NGO sector, and the ability to respond to HIV and AIDS effectively.
7. **Information Sharing:** SAA recognizes organizations and individuals with overlapping missions, values and target groups and shall promote information sharing with other NGOs and civil society organizations.
8. **Cooperation beyond Borders:** SAA shall express solidarity with campaigns and actions of other NGOs, and promote the effectiveness and success of other NGOs, when it does not compromise the integrity or values of the NGO.

CHAPTER THREE: ENVIRONMENTAL SCAN

As part of critical steps towards formulating the five-year strategic plan to guide the Society for AIDS in Africa (SAA) in implementing its programs, a Strengths, Weaknesses Opportunities and Threats (SWOT) Analysis was undertaken. This was necessary to audit the overall strategic position of SAA and its environment to help chart out the strategic plan. Findings from the analysis helped to capitalize on the strengths and opportunities, while addressing those obstacles that must be overcome to achieve desired results.

3.1 Objective of the SWOT Analysis

The SWOT Analysis presents a situational analysis of the internal and external environments of SAA to identify the:

- internal strengths or capabilities that help in accomplishing its mandate
- internal weaknesses that prevent it from attaining its mandate
- external factors that affect it in a favorable way
- external factors that affect it in a negative way

The SWOT Analysis was undertaken through a desk review of available materials and information on SAA and its programs, as well as the development of question guides for in-depth interviews with key stakeholders. Due to the difficulty of reaching many of the stakeholders directly, most of them answered the questions and sent them via emails, while Individual In-depth Interviews were held with others.

Information collected was collated, and reduced by selecting, focusing and simplifying them according to the questions posed. Responses were grouped under relevant headings and displayed in an organized and compressed manner to facilitate the drawing of conclusions.

3.2 Summary of SWOT Analysis

The following presents a synopsis of the SWOT Analysis¹².

<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none">• Committed and experienced leadership• Diversity of leadership• Custodian of ICASA• Good database of membership• Establishment of a permanent Secretariat• Good electoral system	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none">• Draft constitution not ratified• Lack of funds• Inadequate control of ICASA, lack of in house Conference software
<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none">• Potential to spearhead HIV and AIDS agenda in Africa• ICASA is a viable source of sustainability• Mobilizing committed partners• Innovative use of technology	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none">• Donor Fatigue• Competition from other organizations• Lack of financial resources

3.3 Our Comparative Advantage

Our comparative advantage lies in over 20 years of organizing ICASA, a brand that is highly recognized and globally acknowledged as a reputable platform for HIV and AIDS development discussions and updates in Africa on scientific and operations research among others.

We also pride ourselves in the quality and experience of our leadership, and their commitment to ensure the attainment of the vision of SAA. Their diverse backgrounds and representation from regional blocks on the continent provide us with the technical backstopping needed to roll out an expanded response.

Effectively mobilizing our members from across the continent to contribute their quota in driving the agenda of SAA will create a pool of human and financial resources needed to strengthen programming and provide financial streams to sustain our activities to help overcome those weakness that undermine our operations.

We shall harness our strengths to overcome our weaknesses and take advantage of the opportunities available to us to pitch SAA as the main organization spearheading HIV and AIDS research, capacity building and advocacy in Africa.

¹² See Appendix I for full details

SECTION FOUR: OUR STRATEGIC DIRECTION

Focusing on our mission and stakeholder expectations, we capitalize on our strengths and launch this strategy on the foundation of our comparative advantages of:

- *being the custodian of vibrant platform for developing and sharing evidence-informed initiatives and interventions on HIV and AIDS*
- *having experienced leadership with high quality technical expertise in HIV and AIDS*
- *having a growing membership to financially support our efforts*

The Society for AIDS in Africa will work to create and reinforce an organizational culture of ***efficiency, transparency, accountability, results-oriented*** and ***information sharing***. It will take advantage of information technology to drive its activities.

The scope of SAA's interventions from 2011 to 2015 will build on the successes and strengths of ICASA, to include proactive measures to promote research, advocacy and an enabling environment, and strengthen institutional capacity to deal with the inefficiencies that undermine our operations.

This five-year plan will focus on HIV/AIDS and co-infections, while subsequent plans will cover malaria based on successes chalked in implementing the strategy.

4.1 Thematic Areas and Strategies

SAA will focus its efforts on and resources in areas that will make maximum impact. Thematic areas have been identified through the support of stakeholders, and interventions ***prioritized*** based on the SWOT analysis, capitalizing on our comparative advantage, and undertaking those activities that are feasible to result in improvements in SAA's response in an efficient manner.

Each of these areas has an objective, expected results, and strategies for achieving the objectives. Activities have also been earmarked for implementation with support from key actors. SAA will meet its strategic objectives by implementing programs and projects across two (2) Thematic Areas:

- Institutional Management and Strengthening
- Research, Advocacy and Enabling Environment

4.2 Institutional Management and Strengthening

4.2.1 Strategic Objective

Sufficiently strengthened institutional and coordination capacity of SAA, and an enhanced corporate image.

4.2.2 Strategies

1. Strengthen Institutional Capacity and Governance System

The necessary logistical, human and financial resources to fully equip the Permanent Secretariat to more effectively live up to its responsibilities of managing and coordinating ICASA as well as programs of SAA will be provided. The designation of the Coordinator of the Secretariat needs to be changed to an Executive Director to provide the leadership, political and motivational clout that befits an organization like SAA in a global environment.

By 2015, SAA Secretariat would have built adequate capacity to take full and direct management (technical and financial) of ICASA in close collaboration with specialized organizations such as UNAIDS, Global Fund, WHO, and other partners; AfricASO, SWAA, NAP+. SAA will spearhead the management of ICASA, with host countries providing support services and logistics. This will ensure that SAA has full control of ICASA.

The ultimate goal of good governance is to ensure the effectiveness, credibility and viability of the organization. This means ensuring that the appropriate processes and structures are in place to direct and manage its operations and activities to function well. The ability of the Secretariat to function properly largely depends on the *governance system* in place to provide policy guidance and oversight to ensure that management and operations are effective and appropriate. SAA has been in existence for over 20 years, and its future sustainability largely depends on the quality of governance pursued by the Council. Despite two decades of its existence, the Society does not have a ratified constitution. In order to strengthen the governance system and ensure that actions by the Administrative Council are legitimate, the draft constitution will be ratified, adopted and widely disseminated.

2. Establish and Maintain Strong Partnerships

The magnitude of HIV and AIDS in Africa is unparalleled, and the only way SAA can respond effectively to this crisis at the required scale is to partner with key allies. In this regard, SAA will continue to maintain strong relationships with its current partners, and establish new partnerships in mutual trust, share responsibilities, combine skills and resources to fight the epidemic to achieve a common goal. These partnerships will provide a sustained opportunity to support and complement SAA's interventions.

Regional tours will be undertaken by the Administrative Council to broker partnership agreements and undertake joint advocacy initiatives with collaborating partners in each of the five sub-regions.

One key ally of SAA is its membership. In order to inspire membership engagement and involvement, SAA will embark on an aggressive membership development drive to register new members and get existing ones to continue to show interest and support the Society's activities. An avenue will be created on-line to enable members/potential members to register and pay their dues electronically. This will ensure a good database of members, promote accountability of revenue mobilized, and enable members to indicate their capacity building needs. Other partners from across the continent will register members on behalf of SAA.

3. Enhance the Image of SAA – Rebranding

Although the custodian of ICASA, SAA is hardly known as the bedrock on which ICASA evolves. This is because ICASA has been better branded over the years, out-shining SAA in the process. This strategy will earmark activities to brand and enhance the public image of SAA to effectively undertake its mandate, increase its visibility, and improve the public's trust and confidence in the Society. Key to the image enhancement strategy is the ratification and adoption of SAA's constitution to enable stakeholders appreciate the tenets of the society.

4. Improve Coordination and Management of ICASA and Mid-ICASA

Inefficiencies associated with organizing ICASA shall be addressed through the use of comprehensive and robust software for event registration, program and financial management. A Conference Coordinator will also be recruited to provide direct oversight. A standard operations manual for planning, coordinating and evaluating ICASA will be developed. Memorandum of Understanding (MOU) signed with country hosts of ICASA shall be duly enforced to ensure that the interest of SAA is upheld.

5. Mobilize, Manage and Account for Resources

Financial sustainability for HIV and AIDS programming remains an on-going challenge as donors keep reducing their support in the wake of the 2008 recession and other pressing developmental challenges, increasing the challenge for SAA to find innovative means of becoming self-sustainable. A significant amount of resources will be needed to roll out the strategic plan. Raising the required resources demands effective coordination and the implementation of a resource mobilization strategy to ensure sustainability of programs.

SAA will mobilize streams of revenue from within and outside the organization to ensure adequate funding for programs earmarked for implementation. Multiple sources of funding will increase SAA's independence and flexibility to implement programs and reduce reliance on external funding.

Overall, a positive reputation of an accountable and transparent entity will make donors more confident to continue supporting the organization.

SAA will mobilize funds both internally and externally. Internally generated resources will be mobilized from revenue accruing from membership dues and ICASA. Once mechanisms are strengthened and improved for managing ICASA, other auxiliary events such as Pre-ICASA workshops and clinics will be organized to rope in income. Merchandise and sponsorships will form a critical component of all events organized with the aim of mobilizing funds. External resources will be generated from grant writing, fund raising activities, recruiting volunteers, and organizing other events.

4.2.3 Expected Results

- A well governed, transparent and accountable organization with a highly professional and well functioning secretariat
- SAA Constitution ratified and adopted
- SAA's capacity adequately built to directly manage ICASA
- SAA rebranded and positioned as an African voice on HIV and AIDS
- Strong partnerships established and maintained
- Institutional memory of SAA preserved
- An improved visibility and enhanced image of SAA
- A good database of membership developed
- Adequate financial resources mobilized, well managed and accounted for
- Financial structures and systems in place for transparency and accountability

4.3 Research, Advocacy and Enabling Environment

4.3.1 Strategic Objective

ICASA is effective as a platform to promote research and knowledge exchange, and advocate for policy implementation.

4.3.2 Strategies

1. Promote Research through ICASA

Africa needs evidence-based operations and scientific research into HIV and AIDS programmatic areas to drive interventions to meet MDG 6. SAA will continue to provide the forum for discourse and information sharing through ICASA and Mid ICASA. The Permanent Secretariat will follow up and undertake projects from recommendations from ICASA. Other events such as *Pre-ICASA*

Workshops and *Clinics* on specialized topics will be organized once coordination issues with managing ICASA have been addressed.

2. *Promote Membership Development*

SAA will undertake a membership development initiative to meet the capacity building needs of members, health professionals, social workers, PLHIV and new researchers. SAA is committed to supporting its members in their professional careers through training programs, networking and dissemination forum on new findings in HIV/AIDS. Workshops and clinics will be organized during ICASA and Mid ICASA, based on a needs assessment to be undertaken online by SAA. The Society will also endeavor to map out training programs across the continent and disseminate them to members. Members of SAA will benefit from scholarships and discounts for ICASA, training programs among others.

3. *Promote Policy, Advocacy and Enabling Environment*

The Society for AIDS in Africa's approach to creating an enabling environment to tackle HIV and AIDS will be to make crucial policy relevant information widely available to all key stakeholders, with the active participation of PLHIVs. SAA will bring African countries together under the auspices of ICASA to discuss dialogue and develop a common policy agenda to support HIV/AIDS laws that contribute to an enabling environment, ensuring that the rights of PLHIVs are upheld. This will ensure the removal of punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV and AIDS. SAA will further inspire African leaders and their partners to take collaborative steps and contribute more resources to overcome the dire problems and challenges faced by the continent due to the grave impact of HIV and AIDS.

Advocacy sessions will be held during ICASA with regional organizations, national governments, and civil society organizations to promote policy initiatives. SAA will collaborate with its partners to advocate for the delivery of resources by the international community, and increased commitment of more resources by African leaders to fight HIV/AIDS and co-infections. Also high on the agenda will be advocacy for enhanced social protection for people living with, and affected by HIV, as well as global action to improve access to affordable treatment to help make the attainment of MDG 6 by 2015 a reality. Although access to treatment has increased significantly overtime, many more people in Africa lack equitable access to treatment. The cost of treatment and issues such as stigma and discrimination continue to impede progress towards universal access.

4.3.3 Expected Results

- Strengthened and empowered SAA to lead continental response on HIV and AIDS research and advocacy.
- Research and programmatic information on HIV and AIDS made accessible
- An enabling policy environment promoted in close collaboration with other partners

- Improved advocacy among governments of Africa on swift implementation of policies
- Key partnerships and alliances formed with national and regional authorities to facilitate advocacy on key issues
- A rich database of research projects/networks/activities in Africa mapped out and documented
- A repository of research works including conference materials and reports maintained on an interactive web library
- Enhanced institutional image and reputation of SAA as the driver of key advocacy initiatives in Africa on HIV and AIDS

CHAPTER FIVE: STRATEGIC RESULTS FRAMEWORK

Thematic Area 1: Institutional Management and Strengthening				
	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Risk/Assumptions
Goal	To contribute towards the reduction of new infections in Africa by 50% by 2015.	HIV incidence among people aged 15-49 reduced	<ul style="list-style-type: none"> UNAIDS Report on AIDS epidemic Sentinel surveillance @ country level 	<ul style="list-style-type: none"> African countries continue to aggressively pursue responses to fight HIV & AIDS Commitment by international/donor community does not wane.
Outcome	Stronger SAA; Enhanced SAA image; ICASA significantly contributes to SAA growth and sustainability by 2015	<ul style="list-style-type: none"> Increased institutional capacity of SAA ICASA effectively managed & coordinated by SAA Increased visibility of SAA 	<ul style="list-style-type: none"> Appointment letters of hired staff Monthly/Quarterly /Annual Reports Branding materials 	<ul style="list-style-type: none"> Availability of funds Commitment of leadership to pursue plan Inefficiencies in managing ICASA addressed
Outputs	1. Strengthened institutional capacity & governance system of SAA	By 2015 SAA should have: 1.1 Ratified & adopted draft constitution 1.2 Hired at least 5 high caliber personnel 1.3 Type & quantity of logistics procured	<ul style="list-style-type: none"> Copy of ratified & adopted constitution Monthly/Quarterly /Annual Reports Financial Reports 	<ul style="list-style-type: none"> Availability of funds Commitment of leadership to pursue plan
	2. Strong partnerships established & maintained	2.1 Fostered at least 20 Partnerships across 5 sub-regions 2.2 20,000 fully paid up members registered 2.3 Types of capacity building needs identified	<ul style="list-style-type: none"> Monthly/Quarterly Annual Reports Copies of partnership agreements signed Need assessment report 	
	3. Enhanced corporate image of SAA	3.1 SAA Secretariat branded with logo & directional signage 3.2 # of policy papers presented 3.3 SAA's website updated & re-launched 3.4 Historical information, research materials & publications published on website 3.5 # of Media events organized 3.6 Quarterly Newsletter produced & widely distributed	<ul style="list-style-type: none"> Minutes of Council Meeting Monthly/Quarterly Annual Reports Footage of media events (copies of audiovisual materials) Monthly/Quarterly/Annual Reports Copies of Newsletter 	

Thematic Area 1: Institutional Management and Strengthening				
	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Risk/Assumptions
Outputs (cont.)	4. Management & coordination of ICASA/Mid-ICASA improved	4.1 Caliber of Conference Coordinator recruited 4.2 Type of software adopted for managing events 4.3 Quality of Operational manual developed 4.4 # of people trained to use manual 4.5 MOU signed with country host enforced 4.6 ICASA evaluated & findings shared for future improvements	<ul style="list-style-type: none"> • Monthly/Quarterly/Annual Reports • CV of staff • Appointment letter • Reports generated from software • Copies of manual • Copy of signed MOU • Conference evaluation report 	Commitment of SAA to enforce MOU
	5. Resources effectively mobilized & managed in a transparent & accountable manner.	5.1 Amount of funds mobilized internally 5.1.1 # of fully paid up membership 5.1.2 Amount of funds realized from ICASA/Mid-ICASA 5.1.3 Amount of funds realized from other events 5.2 Amount of funds mobilized externally 5.2.1 # of grants proposals written & successful 5.2.2 # of fund- raising activities undertaken 5.2.3 Amount of funds realized from fund-raising activities 5.3 Robust financial system in place	<ul style="list-style-type: none"> • Monthly/Quarterly/Annual Financial Statements • Bank Statements • Monthly/Quarterly/Annual Financial Statements • Bank Statements • Monthly/Quarterly/Annual Financial Statements • Purchase order for procuring financial system • # of people trained to use software • Support & maintenance agreement • Sample of report generated from software 	In-house capacity for fundraising exists & logistics to undertake activities available

Thematic Area 1: Institutional Management and Strengthening			
	Narrative Summary	Inputs	Key Actors
Activities	1.1 <ul style="list-style-type: none"> • Ratify & adopt constitution • Recruit a Programs/ Fundraising Manager, Finance Manager, Conference Coordinator, Webmaster, Research Monitoring & Evaluation Specialist to address capacity requirements for the expanded response. • Recruit volunteers to support human capacity • Develop a capacity building plan & provide periodic skills enhancement programs for staff • Resource Secretariat with funds, equipment & logistics • Establish a system for coordinating programs including conferences • Establish a system for financial accountability, monitoring & evaluation 	See budget estimates	<ul style="list-style-type: none"> • Admin. Council • SAA Permanent Secretariat • Donor Partners
	2.1 <ul style="list-style-type: none"> • Identify & create a database of partners in Africa & beyond • Undertake regional tours to network with them & establish relationships • Identify key allies & establish close ties by signing agreements on collaborative actions • Elicit commitments from governments, bilateral & multilateral organizations through mission tours & visits by Admin Council & management of SAA 	See budget estimates	<ul style="list-style-type: none"> • Executive Council • SAA Permanent Secretariat • Bilateral/Multilateral organizations • Regional/sub-regional organizations • African governments • Collaborating partners
	3.1 <ul style="list-style-type: none"> • Boldly brand the SAA office with logo & position signage to Secretariat • Update website with conference materials, research reports, publications, newsletter etc, make it more interactive, & re-launch • Document & publish historical information about SAA to preserve its institutional memory • Develop & publish position papers & research outcomes in relevant media globally • Prominently feature SAA's logo in every promotional material & platforms • Produce & widely distribute quarterly newsletter 	See budget estimates	<ul style="list-style-type: none"> • SAA Secretariat Permanent • Executive Council • Media

Thematic Area 1: Institutional Management and Strengthening			
	Narrative Summary	Input	Key Actors
Activities (cont.)	3.1 (cont) <ul style="list-style-type: none"> Actively co-opt media & engage them in every activity to publicize SAA Orchestrate well coordinated media encounters at the regional & country levels to discuss SAA & its programs Ensure adequate media coverage for all events Develop & distribute publicity & promotional materials such flyers, posters & stickers Participate in HIV & AIDS research fora, presenting policy positions & papers for the benefit of Africa Network with like-minded organizations at national, regional & global levels 	See budget estimates	<ul style="list-style-type: none"> SAA Permanent Secretariat Executive Council Media
	4.1 <ol style="list-style-type: none"> Recruit a Conference Coordinator to manage & enforce agreement on ICASA Sign MOU with host countries of ICASA/Mid-ICASA Adopt & use a standard software for financial and technical management, transparency and accountability of ICASA and other projects Develop an operational manual for planning, coordinating & evaluating ICASA & Mid-ICASA 	See budget estimates	<ul style="list-style-type: none"> SAA Secretariat Executive Council Host Countries IT Company
	5.1 <ul style="list-style-type: none"> Create online platform for members to pay their dues Use Collaborating Partners to create an avenue for members to pay dues Recruit volunteers Organize fund raising activities Undertake grant writing Organize Pre-ICASA Workshops & Clinics 	See budget estimates	<ul style="list-style-type: none"> SAA Permanent Secretariat Executive Council Host Countries Collaborating partners

Thematic Area 2: Research, Advocacy and Enabling Environment				
	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Risk/Assumptions
Outcome	ICASA effective as a platform to promote research & knowledge exchange, & advocate for policy implementation	<ul style="list-style-type: none"> • Research promoted through ICASA • Policy actively advocated for an enabling environment 	<ul style="list-style-type: none"> • Database of abstracts/research finding • Conference Reports/ Evaluation Reports • Monthly/Quarterly/Annual Reports • Advocacy Reports 	<ul style="list-style-type: none"> • ICASA well organised • ICASA recommendations implemented • SAA leadership undertake advocacy initiatives
Outputs	1. Research promoted through ICASA	1.1 ICASA organized biennially 1.2 Mid-ICASA alternated with ICASA biennially 1.3 # of abstracts documented 1.4 Database of research networks/projects/activities in Africa mapped out & documented 1.5 Database of abstracts/research finding & networks maintained 1.6 Virtual library created for information sharing 1.7 # of ground-breaking research findings disseminated 1.8 Recommendations from ICASA/Mid-ICASA pursued	<ul style="list-style-type: none"> • Conference Reports/ Evaluation Reports • Monthly/Quarterly/Annual Reports • Financial statements • Database of research & networks • Virtual library 	<ul style="list-style-type: none"> • Availability of funds • Commitment of leadership to pursue plan • Inefficiencies in managing ICASA addressed
	2. Promote membership development	2.1 Capacity building needs of members identified 2.2 # of Workshops organized to address capacity needs 2.3 Quality of modules developed for training 2.4 Types of trainings mapped out @ regional level	<ul style="list-style-type: none"> • Needs assessment report • Training reports • Annual reports 	<ul style="list-style-type: none"> • Availability of funds • Commitment of leadership to pursue plan
	3. Policy, Advocacy & enabling environment promoted	3.1 Advocacy sessions held during ICASA 3.2 # of follow-up country/regional level meetings held 3.3 Quality of outcomes from meetings 3.4 # of Advocacy campaigns/programs held/ supported at country, sub-region and regional levels (Mid ICASA) 3.5 Changes realized as a result of advocacy initiatives	<ul style="list-style-type: none"> • Advocacy session report • ICASA report • Annual report • Mid ICASA report 	<ul style="list-style-type: none"> • Availability of funds • Commitment of leadership to pursue plan

Thematic Area 2: Research, Advocacy and Enabling Environment

	Narrative Summary	Inputs	Key Actors
Activities	<p>1.1</p> <ul style="list-style-type: none"> • Provide resources to pursue recommendations from ICASA in close collaboration with other partners • Widely publish research papers & outcomes from ICASA • Keep & manage a good database of abstracts, research resources & findings • Undertake conference evaluation & share findings for future improvements • Disseminate research approaches & best practices in HIV/AIDS/STIs • Develop & maintain a database of research/ research networks & other HIV and AIDS information • Develop a virtual library to improve access to information • Document research outcomes & disseminate findings in appropriate media • Map out & develop a database of research networks/projects/activities in Africa • Undertake projects from ICASA recommendations 	See budget estimates	<ul style="list-style-type: none"> • Host countries • SAA Secretariat • Administrative Council • Donor partners • Collaborating partners
	<p>2.1</p> <ul style="list-style-type: none"> • Conduct needs assessment • Map out training programs in all sub-regions for MID- ICASA • Disseminate information on trainings to members etc • Organize workshops to address capacity needs during ICASA/ Mid ICASA 	See budget estimates	<ul style="list-style-type: none"> • Host countries • SAA Secretariat • Administrative Council • Collaborating partners
	<p>3.1</p> <ul style="list-style-type: none"> • Hold Advocacy sessions with governments/sub-regional/regional bodies etc during ICASA • Hold follow-up country/sub-regional/regional level advocacy meetings(MID ICASA) • Undertake & support advocacy campaigns/programs at country, sub-regional & regional levels 	See budget estimates	<ul style="list-style-type: none"> • Executive Council • SAA Secretariat • Bilateral/Multilateral organizations • Regional/sub-regional organizations • African governments • Collaborating partners

CHAPTER SIX: STRATEGY IMPLEMENTATION, MONITORING AND EVALUATION

6.1 Program Implementation

The response of the Society for AIDS in Africa will be implemented by the Permanent Secretariat, which will put in place *effective, efficient, accountable* and *transparent* systems to win the trust of all its stakeholders. The Secretariat's role in implementation will largely involve coordination and monitoring ICASA/ Mid-ICASA, and advocacy and capacity building programs in each of the five regions in Africa; North, South, East, West and Southern Africa.

The Permanent Secretariat shall collaborate with all 53 countries of the continent through its partners, led by an Executive Director who will provide leadership and spearhead operations on behalf of SAA. The Executive Director (ED) must be results-oriented and provide effective operational and inspirational leadership to help SAA carve and build a reputation of transparency and accountability to engender high level of trust and loyalty from its funders and members. The ED will work directly with regional organizations (AU, ECOWAS, SADC etc), bilateral and multilateral agencies.

SAA shall engage with Collaborating Partners (CPs) across the continent whose scope and operations are in line with that of Society to drive SAAs agenda at the regional, sub-regional and country levels. Regional Representatives on the Administrative Council will have oversight responsibilities on the CPs and report periodically to the Council. The CPs will collaborate closely with the Secretariat in implementing prioritized programs and activities towards the attainment of SAA's overarching goal. The Permanent Secretariat shall provide the requisite funds and technical assistance for CPs to implement program activities. They will have clear terms of reference, and will liaise with the National AIDS Councils (NACs) and allied agencies in promoting ICASA and other events, undertaking advocacy programs, registering members, conducting training programs, and in projecting the image of SAA.

The Secretariat is evolving from coordinating ICASA and Mid-ICASA every two year, to undertaking programs in advocacy and capacity building across the five sub-regions in Africa. An enormous task that necessitates the use of a robust system in the form of a software to track technical progress and financial status of projects being undertaken. As such, appropriate software shall be adopted by the Secretariat which will be used for all program activities, and by host countries for transparency, technical and financial accountability.

The Permanent Secretariat shall ensure that adequate and high caliber human capacity is in place to drive a successful program. A Programs Manager¹³, Finance Manager, Conference Coordinator,

¹³ Programs Manager will be responsible for grants writing and fundraising

Webmaster and a Research, Monitoring and Evaluation Specialist will be recruited to help beef up the current capacity of the Permanent Secretariat.

6.2 Annual Operational Plan

Annual Operational Plans will be developed by SAA Permanent Secretariat indicating the scale and extent of work to be undertaken. Lessons learned during the first year of implementation will be used in enhancing subsequent plans. The operational plan will specify:

- Thematic Areas
- Strategic objective for each thematic area
- Activities to be implemented
- Outputs to be produced
- Responsible people/partner/unit etc to implement activities
- Timeline for each activity and
- Cost of each activity

6.3 Monitoring and Evaluation

6.3.1 Monitoring

A monitoring mechanism will be put in place by the Secretariat to monitor progress of implementation to ensure that projected results are attained. The monitoring system will track progress of outputs from activities undertaken to enable corrective action where necessary, for the attainment of expected results.

Reporting Requirements

SAA is accountable for the operational success of the strategic plan. The Secretariat will report periodically to the Administrative Council on the status of implementation. These will include: monthly, quarterly and annual reports including audit reports. An annual audit is a very important component of reporting, and must be conducted by an independent certified auditor to test the completeness of the financial statements, accounting practices and controls.

6.3.2 Evaluation

A mid-term review will be undertaken in 2013 to determine the extent to which earmarked activities have been implemented and progress made towards the achievement of intervention activities.

A final evaluation will be conducted at the end of the five-year period (2015) to assess the efficiency, effectiveness as well as the outcomes of implemented interventions. Lessons learned through the evaluations will provide input for fine-tuning activities and to guide the design of subsequent strategic plans.

CHAPTER SEVEN: BUDGET ESTIMATES

THEMATIC AREA 1: INSTITUTIONAL MANAGEMENT & STRENGTHENING								
	Strategy	Inputs	Cost per Year (US Dollars)					Total Amount
			Year 1	Year 2	Year 3	Year 4	Year 5	
1	Strengthen Institutional Capacity & Governance System	Staff salaries & emoluments	200,000	200,000	405,000	565,500	632,050	2,002,550
		Staff capacity building	20,000	44,000	40,000	12,000	58,564	174,564
		Admin expenses	70,000	70,000	100,000	100,000	150,000	490,000
		Vehicles	45,000	-	-	-	-	45,000
		Office equipment & furniture	20,000	-	-	-	-	20,000
		Event mgt. software	-	50,000	100,000	50,000	50,000	250,000
	Sub-Total		355,000	364,000	645,000	727,500	890,614	2,982,114
2	Establish & maintain strong partnerships	Regional Tours	20,000	20,000	20,000	20,000	50,000	130,000
		Advocacy initiatives		20,000	60,500	25,000	73,205	178,705
	Sub-Total		20,000	40,000	80,500	45,000	123,205	308,705
3	Enhance the image of SAA	Office branding & directional signage	10,000	-	-	10,000	-	20,000
		Website redesign & hosting	5,000	-	-	-	-	5,000
		Annual hosting & maintenance	500	500	500	500	500	2,500
		Newsletter	10,000	10,000	10,000	10,000	20,000	60,000
		Posters/leaflets/stickers etc		10,000	10,000	10,000	20,000	50,000
		Conferences & workshops		55,000	60,500	66,550	73,205	255,255
	Sub-Total		45,500	95,500	141,500	117,050	186,910	586,460

	Strategy	Inputs	Cost per Year (US Dollars)					Total Amount
			Year 1	Year 2	Year 3	Year 4	Year 5	
4	Improve management & coordination of ICASA & Mid-ICASA	In house Software copyright & maintenance fee	150,000	112,000	100,000	112,000	100,000	574,000
		Evaluation of ICASA 2011	20,000	-	-	-	-	20,000
	Sub-Total		170,000	112,000	100,000-	112,000	100,000	594,000
5	Mobilize, manage & account for resources	Online interactive/database platform	5,000	-	-	-	-	5,000
		Fund raising activities		33,000		39,930	43,923	116,853
		Pre-ICASA Workshops/Clinics	50,000		60,500		73,205	183,705
	Sub-Total		55,000	33,000	60,500	39,930	117,128	305,558
THEMATIC AREA 2: RESEARCH, ADVOCACY & ENABLING ENVIRONMENT								
1	Promote research through ICASA	Volunteer allowance		20,000	60,500	20,000	73,205	173,705
		Initiative from ICASA		55,000	60,500	66,550	73,205	255,255
		Virtual library		10,000	1,000	1,000	1,000	13,000
		Dissemination workshops	20,000	33,000	36,300	39,930	43,923	173,153
	Sub-Total		20,000	118,000	158,300	127,480	191,333	615,113
2	Membership Development	Training mapping/ needs assessment	5,000	-	-	-	-	5,000
		Organize training workshops		44,000		53,240		97,240
	Sub-Total		5,000	44,000		53,240		102,240
3	Promote Policy, Advocacy and Enabling Environment	Advocacy meetings		20,000	20,000	20,000	20,000	80,000
		Advocacy campaigns/programs		50,000	100,000	100,000	200,000	450,000
	Sub-Total			70,000	120,000	120,000	220,000	530,000
	GRAND-TOTAL		670,500	876,500	1,305,800	1,342,200	1,829,190	6,024,190

CHAPTER EIGHT: CONCLUSION

The Society for AIDS in Africa has over the past 20 years provided a forum for sharing knowledge on operations and scientific research in Africa through ICASA. ICASA has proven to be a solid platform for galvanizing support of stakeholders in Africa for increased advocacy at creating enabling environment to fight HIV and AIDS.

Although SAA has been beset with financial difficulties and inadequate capacity to effectively live up to its mandate, the Society is committed now than ever before to implement the strategies earmarked for implementation for a marked improvement in its response to fight HIV and AIDS on the continent.

SAA's role within the next five years will be challenging. It will harness the varied experiences of its leadership, and live a culture of efficiency, transparency and accountability to build trust and engender support from its stakeholders. SAA will continue to maintain good relationships with its existing partners, foster partnerships and collaborate with new ones to further promote research, advocacy and enabling environment in the African response to HIV and AIDS. The next five years will also focus on strengthening the institutional capacity of SAA, and enhancing its image.

The earmarked strategies and activities, coupled with adequate funding and the commitment of the Administrative Council and partners of SAA, will result in increased progress towards reducing new infections in Africa, and ultimately, the attainment of millennium development goal 4, 5 and 6.

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