



ICASA 2015 NARRATIVE REPORT

HARARE
ZIMBABWE
29 NOV - 4 DEC 2015

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The Mawungira Enharia Mbira Group performing at the Opening Ceremony

ACRONYMS AND ABBREVIATIONS

UNAIDS	United Nations Joint Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Emergency Fund
WHO	World Health Organization
ICASA	International Conference on AIDS and STI's in Africa
ICASA 2015	18 th International Conference on AIDS and STI's in Africa
ISC	International Steering Committee
IT	Information technology
SAA	Society for AIDS in Africa
CPC	Community Programme Committee
LPC	Leadership Programme Committee
SPC	Scientific Programme Committee
STI	Sexually Transmitted Infection
NAC	National AIDS Council

A. EXECUTIVE SUMMARY

The International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) is a biennial conference that alternates between Anglophone and Francophone African countries. The 18th ICASA (ICASA 2015) was held in Harare, Zimbabwe from 29th November to 4th December 2015. The theme of ICASA 2015 was "AIDS in Post 2015 Era: Linking Leadership, Science & Human Rights". The hosting of this conference in Zimbabwe was highly symbolic as it was the first time in the history of ICASA that a host country was shortlisted 4 months to the main event. It took the unprecedented commitment of the Government of Zimbabwe supported by the international community to give Africa its platform where convened, Scientists, Researchers, Civil Society, Activists and leaders to share experiences, latest information and impact on the global agenda to end AIDS in our continent.

ICASA 2015 was organised by the Society for AIDS in Africa (SAA), and the Ministry of Health & Child Care, Zimbabwe. Since its inception the SAA has opted for a system of an International Steering Committee, to steer the affairs of ICASA and to allow the inclusion of all stakeholders. The ICASA Steering Committee is made up of representatives from SAA, representative of the host country, Regional representatives from National AIDS Councils, community representatives, representatives from international and national science institutes and representatives from other international organisations.

Various organisations provided financial support to ICASA 2015 either through sponsoring the conference or by organizing satellite sessions and exhibitions.

The Conference Scientific Programme Committee under the leadership of Prof James Akim and Prof Seni Kouanda, was responsible for the ICASA 2015 Scientific programme. However all the three components of the program such as Leadership, Community and Scientific, developed the ICASA 2015 abstract and non-abstract driven sessions. A total of 1,545 abstracts were submitted to the Scientific Committee for review. 241 abstracts were accepted for oral presentations and another 983 abstracts were accepted for poster presentations. Abstract-driven sessions and non-abstract driven sessions made up the ICASA 2015 programme. Abstract-driven sessions were divided into five tracks. Non-abstract driven sessions consisted of plenary sessions, special sessions, symposia and skills building workshops.

The ICASA 2015 Community program led by Dr Morenike Ukpong and Mme Lois Chingandu ensured proper inclusion and mobilisation of all the various community groups into the ICASA program, before and during ICASA 2015. A total of 20% of scholarships were allocated to community applicants. The ICASA Youth Front organised the youth programme for ICASA 2015 youth programme. The core mandate of the Youth Front was to ensure effective and active participation of young people. The Community Village provided a wide range of activities.

The ICASA 2015 leadership Program committee was chaired by Prof Sheila Tlou and co-chair by Dr Owen Mugurungi. This Committee brought the innovative way to have all plenaries sessions with 3 speakers' representative of the 3 program; community, leadership and scientific in one session.

The ICASA 2015 Secretariat was a combination of a Local Secretariat in Harare – Zimbabwe, headed by Mr Raymond Yekeye and the International secretariat represented by SAA Permanent Secretariat located in Accra- Ghana. Both Secretariat were under the leadership of the Conference Director, Mr Luc Armand Bodea the SAA Permanent Secretariat Coordinator. The Local Secretariat whose mandate was to assure local component into ICASA program, liaise with the Government of

Zimbabwe to maintain its strong commitment towards logistics, conference center and more than 300 free local registrations were provided by the Government. The local secretariat delivered an outstanding services to ICASA 2015. The onsite free Wifi and ICT was managed by the Ministry of ICT, Zimbabwe. Logistic support, communication and accommodation were also managed under the local secretariat. The SAA Permanent secretariat was in charge of the program, the development of the book of Abstract, the registration, design and implementation of the marketing strategy, exhibition and satellite, the fund raising and scholarship, the design and development of ICASA 2015 website. Scholarship funding was provided by SAA, PEPFAR and UNICEF. The total of 86 fully funded scholarships were awarded and 136 partially funded scholarships were also awarded. Finance and procurement was managed according to the international standard practice provided by the ICASA 2015 Finance Policy and Procedure Manual.

ICASA 2015 was attended by 5,400 delegates who included paid delegates, scholarships, exhibitors and community village participants.

B. ICASA 2015 AND ITS FOCUS

Zimbabwe was selected with less less than 5 months to host the 18th ICASA which was held at the Rainbow Towers & Conference Centre from 29th November to 4th December 2015.

The conference theme “AIDS in Post 2015 Era: Linking Leadership, Science & Human Rights” came out after a The 2015 ICASA Conference was an opportunity, to renew, the global commitment, by drawing the world’s attention to the fact that AIDS in not over yet in Africa, new infection on key population is given more threat and sustainability of the response need more funding. ICASA 2015 was a platform for the international community, and all Africans, to join efforts in committing to achieving an AIDS-free Africa. The conference convene world’s leading scientists, policy makers, activists, PLHIV, government leaders to promote inter-sectoral achievements in the AIDS response and to strengthen the partnership among governments, civil society, and development partners in order to achieve the vision of and AIDS-free Africa.



Mr. Michel Sidibe, UNAIDS Executive Director delivering his speech

The conference was chaired by Dr. Ihab Ahmed, the President of the Society for AIDS in Africa (SAA) and co-chaired by Dr. Pagwesese. David Parirenyatwa, the Minister for Health & Child Care of Zimbabwe.



To the Left, Dr. David Parirenyatwa, Minister of Health & Child Care, His Excellency, Cde. Emmerson D. Mnangagwa, Vice President of Zimbabwe & Dr. Ihab AbdelRahman Ahmed, ICASA 2015 President

The objectives of ICASA 2015:

- Increase African leadership and ownership, as well as investment in financing to support the continental health response.
- Strengthen the interaction between the public health, science and human right approaches in the control and elimination of the HIV/AIDS and associate diseases.
- Improve awareness and learning on knowledge, skills, best practices from the response to AIDS and other emergent epidemics (EBOLA, HEPATITIS, SRAS and NCD's)
- Promote the development and scale up of evidence-based interventions for HIV/AIDS and associate diseases in the post 2015 era.

C. OVERVIEW OF PRE-ICASA 2015 PREPARATION

1. ICASA 2015 ORGANISERS AND ORGANISING STRUCTURES

The Society for AIDS in Africa (SAA), the custodian of ICASA, and the Government of Zimbabwe partner are the organisers of ICASA 2015.

SOCIETY FOR AIDS IN AFRICA

The Society for AIDS in Africa (SAA) was founded in 1989, at the fourth International Symposium on AIDS and Associated Cancers in Africa (now ICASA) held in Marseilles, France, by a group of African scientists, activists and advocates. The establishment of the Society was the result of advocacy by African scientists, started in 1988, for the ICASA conference to be organised by Africans – a cause supported by the then Executive Director of UNAIDS, Dr. Peter Piot. This movement eventually led to the establishing of SAA, a non-governmental- and not-for-profit organisation.



Founding members of the SAA were: Prof. Souleymane Mboup from Senegal, Prof. Kaptue from Cameroon, Dr. Okware from Uganda, Prof. Soyinka from Nigeria, Prof. Kadio and Prof. Gershey-Damet from Côte d'Ivoire, Dr. Patrick and Dr. B. Owili from Kenya, Dr. Pelle from Congo Brazzaville, Dr. Kalenganyi and Dr. Kapita from Democratic Republic of Congo, Prof. Mhalu from Tanzania, Prof. Luo from Zambia, Prof. Latif from Zimbabwe, Dr. Abdulrahman Sow from Mauritania, Dr. Phyllis Kanki from the USA, Prof. Benslimane from Morocco, Dr. Mahmoud from Sudan and Prof. Zribi from Tunisia. (For additional information on SAA please access the website <http://saafrica.org>)

THE GOVERNMENT OF ZIMBABWE

The Government of Zimbabwe through its Ministry of Health & Child Care were the Co-organizers of ICASA 2015 Zimbabwe.



ICASA 2015 SECRETARIAT STAAF

ICASA 2015 was organised in partnership between ICASA International Secretariat (SAA) and the Government of Zimbabwe. The Government of Zimbabwe provided the in-country Secretariat in Zimbabwe based in Harare while the international Secretariat operated from the SAA Offices in Ghana and coordinated all activities with regards to ICASA 2015. UNICEF provided the in-country secretariat with fully furnished office space.

ICASA INTERNATIONAL SECRETARIAT

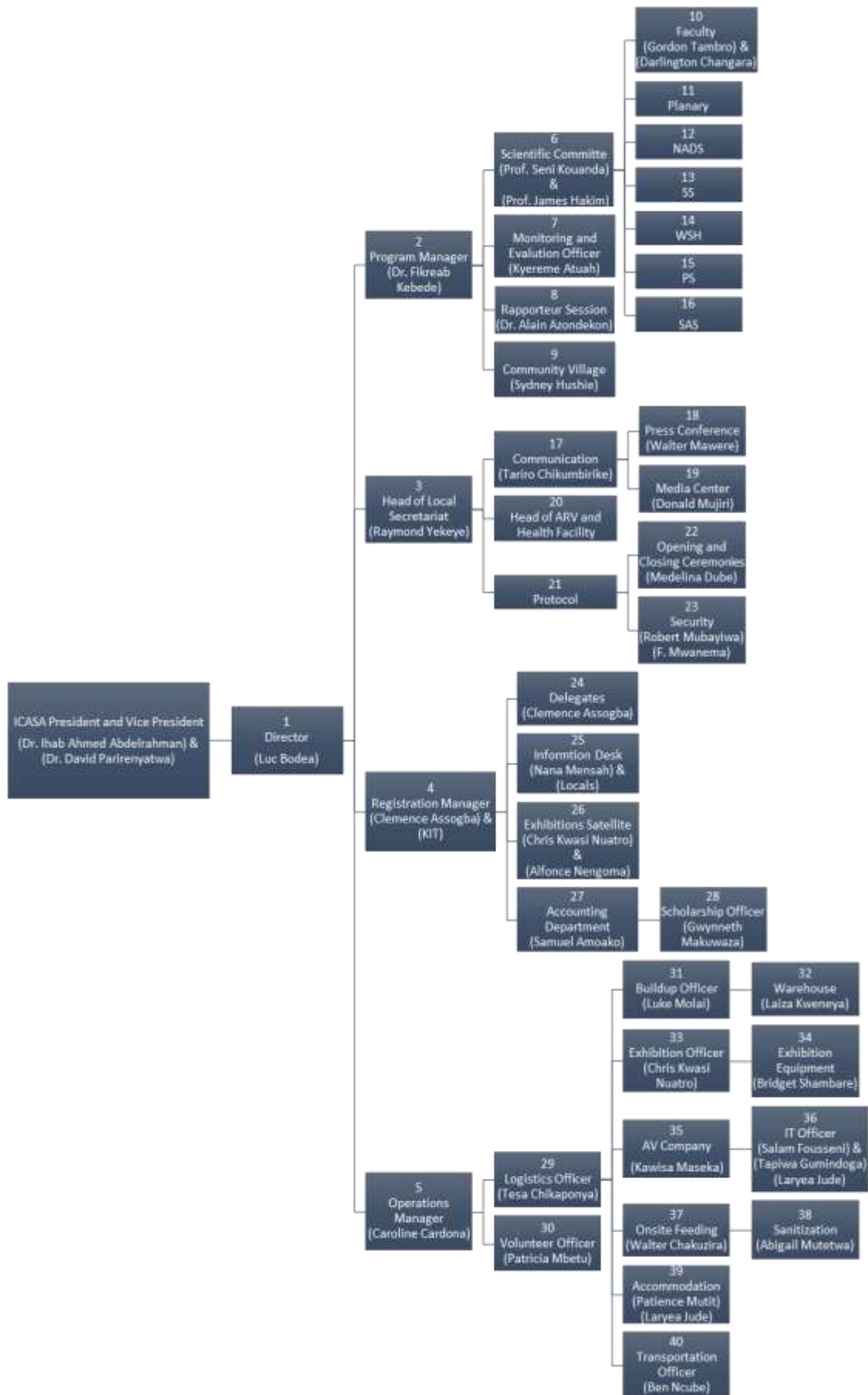
Mr Luc Armand Bodea	ICASA 2015 Director
Ms. Clemence Assogba	Registration Manager
Mr. Samuel Amoako	Project Accountant
Dr. Fikreab Kebede	Onsite Program Manager
Mme. Caroline Cardona	Onsite Operation Manager
Mr Fousseni Salami	Onsite IT Manager
Mr. Elvis Kasapa	IT / Webmaster Administrator
Mr Ibrahim Gado	Head of Partnership & Translation
Mr. Sydney Hushie	Community/Youth Programs Coordinator
Mr. Nana Yaw Osam Mensah	Registration Officer
Mr. Nuatro Chris Kwasi	Partnership & Fundraising Officer
Mr. Gordon Tambro	Program Officer
Mr. Jude Laryea	IT/ Web Officer
Mr. Kyeremeh Atuahene	Head of Monitoring and Evaluation
Mr. Abdul Manaf	Help Desk

LOCAL ICASA SECRETARIAT

Mr. Raymond Yekeye	Head of Local Secretariat
Mr. Darlington Changara	Technical Program Adviser
Mme. Tesa Chikaponya	Logistics Manager
Mme. Tariro Chikumbirike	Media & Communications Manager
Mme. Medelina Dube	Fundraising and Marketing Manager
Mr. Ben Ncube	Transport Logistics Officer

Ms. Patience Mutiti	Accommodation Officer
Ms. Laizah Kweneya	Procurement Officer
Mr. Alfonse Nengoma	Finance and Administration Manager
Mr. Edmore Muchena	Accounts Officer
Mr. Walter Mawere	Press & Communications Officer
Mr. Donald Mujiri	Press Liaison Officer
Mr. Walter Chakwizira	Visa Officer
Ms. Bridget Shambare	Logistics Officer
Ms. Abbigail Mutetwa	Admin Assistant
Ms. Constance Tavaguta	Admin Assistant
Ms. Angie Machiya	Admin Assistant
Ms. Basilia Tinarwo	Admin Assistant

ICASA 2015 SECRETARIAT ONSITE ORGANOGRAM



2. INTERNATIONAL STEERING COMMITTEE

The International Steering Committee (ISC) was made up of 91 members. The committee was a combination of representatives of the following disciplines:

- Society for AIDS in Africa
- Government of Zimbabwe
- Chairs and Co-chairs
- Regional (National AIDS Councils)
- International Organisations
- Community
- Science organisations
- National Science organisations



Executive Board Members of The Society For AIDS in Africa

INTERNATIONAL STEERING COMMITTEE

Dr. Ihab Ahmed Conference Chair

Dr. Pagwesese David Parirenyatwa Conference Co-Chair

SAA REPRESENTATIVES:

Dr. Ihab Ahmed

Dr. Namwinga Chintu

Mr. Luc Bodea

Mrs. Lois Chingandu

GOVERNMENT OF ZIMBABWE REPRESENTATIVES:

Dr. Pagwesese David Parirenyatwa

Dr. Gerald Gwinji

Dr. T. Magure

Dr. O. Mugurungi

CHAIRS AND CO-CHAIRS:

Prof. Sheila Tlou Chair: LPC

Dr. O. Mugurungi Local Co-Chair: LPC

Prof. Seni Kouanda Chair: SPC

Prof. James Hakim Local Co-Chair: SPC

Dr. Morenike Ukpong Chair: CPC

Mrs. Lois Chingandu Local Co-Chair: CPC

REGIONAL REPRESENTATIVES (NATIONAL AIDS COUNCILS):

Dr. Angela El Adas

Prof. John Idoko

Dr. Bouyagui Traore

Prof. Vincent P. Pitche

Dr. Fareed Abdullah

REPRESENTATIVES OF INTERNATIONAL NGO'S: COMMUNITY:

Mr Innocent Liaison

Mr Jean Marc Boivin

Mr Marcos Sahlu

Mad. Angeline Chiwetani

Mrs. Lois Chingandu
Mr. Franck DeRose
Mr. Kene C. Esom
Mr. Nadhem Oueslati

REPRESENTATIVES OF INTERNATIONAL SCIENCE ORGANISATIONS:

Prof. Jean Francois Delfrais
Prof. Joseph Drabo
Prof. Serge Eholie
Mr. Bernard Kadasia
Dr. Louis Pizarro
Dr. Alain Azondekon
Mad. Brigitte Bazin
Mr. Mark Troger
Mr. Anthony Daly
Mad. Lina Wahrner
Mr. Jorge Pereiro-Pinon
Mad. Staci Leuschner
Mr. Edward Brown
Mr. Jan Vossen
Mr. Tanja Lubbers
Mr. Willian Mutero
Mad. Amy Herman-Roloff
Mr. Christopher Zishiri
Mr. Jo Keatinge
Dr. Eka Williams
Mr. Lawrence Musa Lewis
Mad. Muchaneta Mukamuri

REPRESENTATIVES OF DONOR ORGANIZATIONS:

Mr. Craig Mcclure
Mad. Linda Mafu
Dr. Fode Simaga
Mad. Sarah Mascheroni
Mr. Iyade Khalaf
Mr. Jose Mauricio Cysne

REPRESENTATIVES OF INTERNATIONAL ORGANISATIONS:

Dr. Amina Chakkar
Dr. Asamoah-Odei Emil Jones
Mrs. Yves Souteyrand
Dr. Iris Semini
Dr. Francis Kasolo
Mr. Niyi Ojuolape
Dr. David Okello
Mr. Baba Goumbala
Dr. Benjamin Djoudalbaye
Dr. Justin Coffie
Mad. Delphine Serumaga
Mr. Nicholas Nyamapfeni
Mr. Hubert Gijzen
Mad. Caroline Kun
Mr. Hopolang Pharoro

Mad. Verity Nyagah
 Dr. Morissanda Kouyaté
 Mr. Tewodros (Teddy) Tadesse
 Dr. Frank Lule
 Mr. Cheikh Tidiane Cisse
 Mr. Reza Hossain

ICASA 2015 STRUCTURES & GOVERNANCE



• DONORS AND SUPPORTERS

The following organisations financially supported the conference either through sponsoring various aspects of the conference or paying for satellite sessions or exhibitions:

- The Joint United Nations Programme on HIV/AIDS (UNAIDS)
- The President’s Emergency Plan for AIDS Relief (PEPFAR)
- The United Nations Children's Emergency Fund (UNICEF)
- United Nations Development Programme (UNDP)
- United Nations Populations Fund (UNFPA)
- International Labour Organisation (ILO)
- World Health Organization (WHO)
- The Global Fund
- CAVIDI
- GILEAD
- ViiV Healthcare
- Mylan
- Roche Diagnostics
- Avacarehealth
- Janssen Pharmaceutica
- Hologic

The following organisations were Co -Organizers:

- The Joint United Nations Programme on HIV/AIDS (UNAIDS)
- United Nations Populations Fund (UNFPA)
- The President’s Emergency Plan for AIDS Relief

- World Health Organization (WHO)
- The United Nations Children's Emergency Fund (UNICEF)
- GILEAD
- ViiV Healthcare
- Mylan

The following organisations were Partners:

- Hologic
- United Nations Populations Fund

The following organisations were Co Partners:

- Avacarehealth
- Janssen Pharmaceutica

The following organisations were Supporters:

- International Labour Organisation
- The Global Fund

The following organisations were Co Supporters:

- CAVIDI
- Roche Diagnostics

3. SCIENTIFIC PROGRAMME

Developing the ICASA 2015 programme was the responsibility of the Conference Scientific Programme Committee (SPC). The committees were responsible for the development of the programme structure, content, session and track themes and also nominating speakers.



SCIENTIFIC PROGRAMME COMMITTEE

Prof. Seni Kouanda Chair
Prof. James Hakim Co Chair

TRACK A BASIC SCIENCE

Prof. John Idoko
Dr. Angela Mushavi
Prof. Tandakha Dieye
Dr. Almoustapha I. Maiga

MEMBERS

Chair
Co- Chair
Member
Member

Prof. Kakou R. Aka	Member
Prof. L. Gwanzura	Member
Prof. Kambarami	Member
Prof. Tagwireyi	Member
Dr. Lynda Stranix-Chibanda	Member

TRACK B CLINICAL SCIENCE, TREATMENT AND CARE MEMBERS

Prof. Serge Eholie	Chair
Dr. Tapiwanashe Bwakura	Co-Chair
Ide Moussa	Member
Alberto Matteli, WHO/ TB	Member
Dr. Henry Nagai	Member
Papa Salif Sow	Member
Dr. H. Mujuru	Member
Dr. A. Reid	Member
Prof. CE Ndhlovu	Member
Joyce Mphaya	Member
Dr. Christine Chakanyuka	Member

TRACK C EPIDEMIOLOGY AND PREVENTION MEMBERS

Dr. Enoch Omonge	Chair
Dr. Agnes Mahomva	Co-Chair
Prof. Tanon Aristophane	Member
Dr. Gautier Ouedraogo	Member
Prof. Mike Chirenje	Member
Prof. Tshimanga	Member
Dr. S. Mungofa	Member
Dr. B. Ncube	Member

TRACK D - SOCIAL SCIENCE, HUMAN RIGHTS AND POLITICAL SCIENCE MEMBERS

Dr. Alain Azondekon	Chair
Prof S. Rusakaniko	Co-Chair
Dr. Bisi Adejumo	Member
Dr. Odette Ky- Zerbo	Member
Mr. Kene.C. Esom	Member
Dr. N. Madzingira	Member
Dr. R. Bonde	Member
Dr. N. Wekwete	Member
Ms. Dagmar Hanisch	Member

TRACK E - HEALTH SYSTEMS, ECONOMICS AND IMPLEMENTATION SCIENCE MEMBERS

Dr. Amissa Bongo	Chair
Dr. Tsitsi Mutasa-Apollo	Co-Chair
Dr. Karin Hatzold	Member
Dr. Meskerem Grunitzky	Member
Dr. Iris Semini	Member
Dr. Getahun Haleysus	Member
Dr. G. Sikipa	Member
Prof. Frances Cowan	Member
Mr. Trevor Mabugu	Member

Mr. Boaz Cheluget Member

COMMUNITY PROGRAMME COMMITTEE

Dr. Morenike Ukpong	Chair
Mrs. Lois Chingandu	Co-Chair
Mr. Franck DeRose	Member
Mr. Niyi Ojuolape	Member
Mr. Baba Goumbala	Member
Mr. Kene C. Esom	Member
Dr. Fode Simaga	Member
Mr. Innocent Liaison	Member
Mrs. M. Mukamuri	Member
Mr. Chesterfield Samba	Member
Mr. Donald Tobaiwa	Member
Mr. Jimmy Wilford	Member
Mad. Noreen Huni	Member
Mad. Tendayi Mharadze	Member

LEADERSHIP PROGRAMME COMMITTEE

Prof. Sheila Tlou	Chair
Dr. O. Mugurungi	Co-Chair
Dr. Meskerem Grunitzky	Member
Dr. Philippe Duneton	Member
Mr. Tewodros (Teddy) Tadesse	Member
Mr. Jose Mauricio	Member
Dr. Benjamin Djoudalbaye	Member
Dr. E. Marowa	Member
Mad. Angeline Chawetani	Member
Mr. Johnson Manyakara	Member
Dr. Michael Tekie	Member

The Programme team, in conjunction with KIT Group, was responsible for the on-line abstract management. Abstract submission guidelines were developed and approved by the SPC and were incorporated in the on-line abstract submission system. Abstract submissions were open from January to July 2015.

All abstracts were screened to ensure the basic requirements were met as stipulated in the abstract submission guidelines. All abstracts that did not meet the basic requirements were rejected. The remaining 1,545 abstracts were submitted to the SPC for review. Each abstract was allocated to three reviewers, with an aim of receiving at least three scores per abstract. A total of 108 reviewers were allocated an average of 14 abstracts each, which were scored through an on-line blind-review process.

Guidelines/ Criteria for Abstract Reviewing

Key Principles:

- The content, research and results described in the abstracts as well as your score are strictly confidential.
- The review process will be blinded; abstract author information will not be disclosed to the reviewers.

- For each of the criteria outlined below, select a score between 1 and 6 where a 6 is the highest score and a 1 is the lowest score.
- 18th ICASA wants to particularly encourage abstracts with relevance to the HIV and STIs response in Africa.

Criteria to be considered when reviewing:

1. Clarity of purpose and objectives of the study
 - Are the objectives / issues clear and well presented?
2. Appropriateness of the methodology and study design
 - Is the data analysis and interpretation appropriate?
 - Is the methodology used appropriate for the study?
3. Significance of the contribution
 - Is the study significant, innovative and original?
 - Are the conclusions clear and appropriate to the study?
 - Does the study provide new insights and help the advancement of the knowledge?

Reviewing Scale

- 1 – 2 Very Weak/Weak** Shows one or more critical shortcomings / weaknesses. Should be rejected
- 3 Intermediate** Meets criteria. Could be a poster
- 4 Strong** Meets criteria & has some distinctive value. Should be a poster
- 5 Very Strong** Meets or exceeds criteria & has distinctive value. It could be an oral or poster presentation
- 6 Excellent** Exceeds expectations on all criteria. It should definitely be an oral presentation

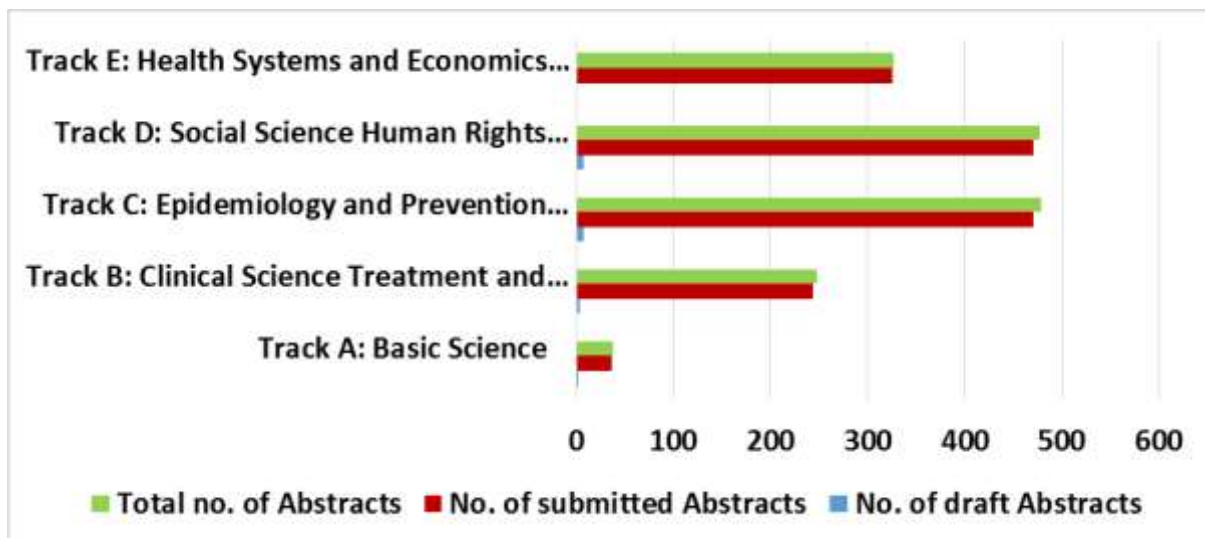


Figure 1 Breakdown of abstracts by track

Four meetings were organized and convened to organize ICASA 2015. The first and second steering committee meeting were held in Tunisia and the Chair and co-chair meeting including the Marathon meeting were hosted in Harare –Zimbabwe. The ICASA 2015 Secretariat organised and facilitated all the preconference meetings and follow up the ISC recommendations. At the Marathon meeting 241 abstracts were accepted for oral presentations and another 983 abstracts were accepted for poster presentations.

The ICASA 2015 programme also included a component of invited VIPs and plenary speakers. Invited speakers included:

- His Excellency, Cde. Emmerson Mnangagwa
- The Executive Director of UNAIDS, Dr. Michel Sidibe
- The Executive Director of UNFPA, Dr. Babatunde Osimehin
- Regional Director of UNICEF for Eastern & Southern Africa, Dr. Leila Pakkala
- Regional Director WHO AFRO, Dr. Matshidiso Moeti
- Global Coordinator PEPFAR, Ambassador Deborah Birx



4. ENSURING COMMUNITY INVOLVEMENT

Community involvement before and during ICASA 2015 was ensured, where possible. A Community Programme Committee was formed. Community representatives were included in other ICASA 2015 committees. “Community based organisations” and “community influencers” were two of the categories for which people could apply for scholarships. 20% of scholarships were allocated to community applicants. The Community Village also provided a wide range of activities.



5. LOGISTICAL ARRANGEMENTS

The ICASA Secretariat handled exhibition at ICASA 2015. The team was responsible for:

- Drafting the exhibition marketing and booking documents and distributing it to the potential exhibitors.
- Selling exhibition space and allocating relevant exhibition stands to organisations according to the floor plan
- Ensuring payments were received for the stands and following up on outstanding debtors
- Liaising with stand builders
- Sending the exhibition manual to the confirmed exhibitors
- Ensuring logos and information was received from exhibitors to publish in the printed programme and on the ICASA 2015 website
- Managing the exhibition hall
- ICT
- Exhibition Stands
- Onsite transportation
- Accommodation

ICASA 2015 was able to accommodate a total of 100 exhibition spaces that hosted 91 organisations. The ICASA Secretariat and KIT Group provided IT support before and during ICASA 2015. The IT team was responsible for the following:

- Start-up and maintenance of the ICASA 2015 website and other ICASA 2015 systems
- IT support during the Marathon meeting
- Manage IT suppliers and rollout of equipment in all areas at ICASA 2015

Registration was handled by the ICASA Secretariat and was coordinated from the SAA Permanent Secretariat office in Accra Ghana. Temporary staff was brought in close to the start of ICASA 2015 to assist the team. One Registration Liaison under the Registration Manager, based in the ICASA Local Secretariat office, cross-checked registration reports and provided statistic report. The team was responsible for:

- Receiving on-line registrations
- Issuing invoices, payment reminders and following up on outstanding debtors
- Allocating payments and issuing confirmations to delegates
- Creating a training manual for on-site temporary staff and training the staff
- Delegate enquiries
- Issuing certificates of attendance

Other services included:

- Logistical management
- Programme coordination

6. ENSURING DELEGATES' TRAVEL AND ACCOMMODATION

Destination management services was provided by Satguru Travels & Tours in conjunction with Kenya Airways, Ethiopian Airlines, South African Airways and Emirates Airlines

Before ICASA 2015 the Society for AIDS in Africa and Satguru Travel & Tours negotiated discounted flights, accommodation and transfer rates and contracted with preferred suppliers. The ICASA 2015 Secretariat was provided with the information and rates, which was loaded on the ICASA 2015

website. Satguru Travels & Tours was responsible for the travel arrangements of the ICASA 2015 Secretariat, committee members, invited speakers, SAA Board members and scholarship recipients. During ICASA 2015, Satguru Travel & Tours supervised travel for ICASA 2015 Secretariat staff and scholarship recipients.

The ICASA secretariat was also in charge of providing accommodation at the discounted rate for delegate.

7. VOLUNTEER MANAGEMENT

A total of 300 volunteers worked on-site during ICASA 2015. The volunteers were both English and French speaking. Volunteers were grouped under the various departments of the Onsite Management such as the Program (Faculty), Monitoring & Evaluation, Registration, Community Village and Exhibition. Daily perdiems were received after daily assessment forms were signed off by onsite departmental heads.

8. SCHOLARSHIP

Scholarship funding was provided by SAA, PEPFAR and UNICEF. The funding made it possible for Best Abstract recipients, People living with HIV, individuals who cannot afford it from their own funds to attend, participate or present at ICASA 2015. Individuals could apply on-line for scholarships on the ICASA 2015 website. The Government of Zimbabwe provided 300 local scholarships as part of their support towards scholarships for ICASA 2015.

People could apply for scholarships according to the following categories:



- People Living With HIV and AIDS
- Community Based Organisations
- Women
- Youth
- Least Developed Countries
- Media
- Students
- Community influencers
- Researchers

The ISC determined that scholarships would be allocated as follows per category:

- | | |
|----------------------------|-----|
| • Women, youth, presenters | 30% |
| • Workshops | 10% |
| • Media | 5% |
| • Community Village | 20% |
| • General delegates | 35% |

A total of 4,004 scholarship applications were received. 93 fully funded scholarships were awarded. A further 214 partially funded scholarships were awarded.

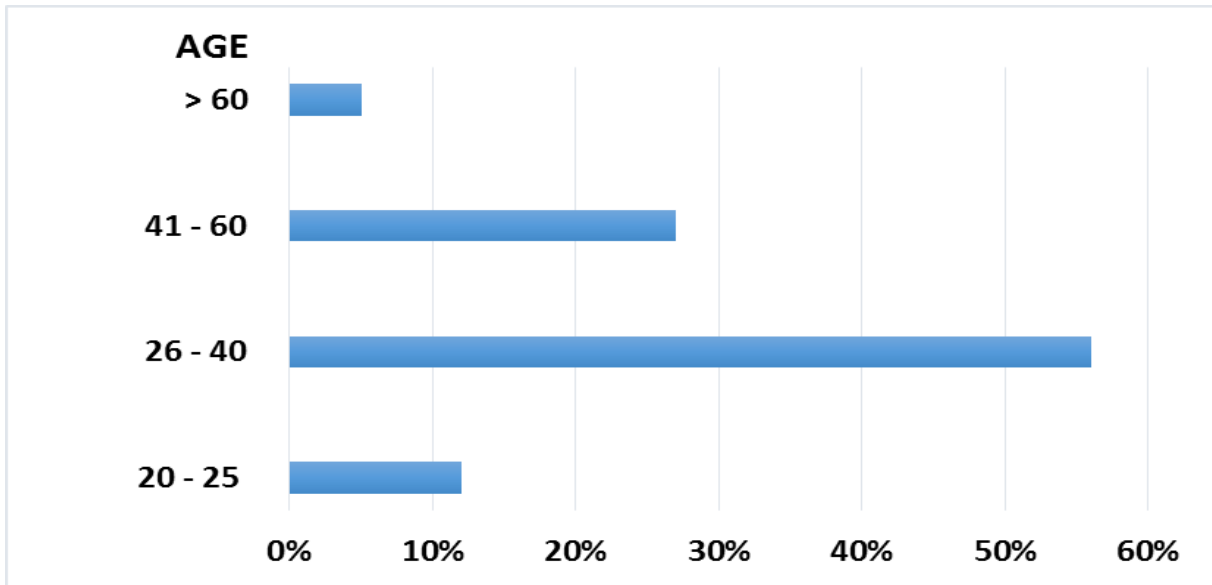


Figure 2. Age of fully funded scholarship recipients

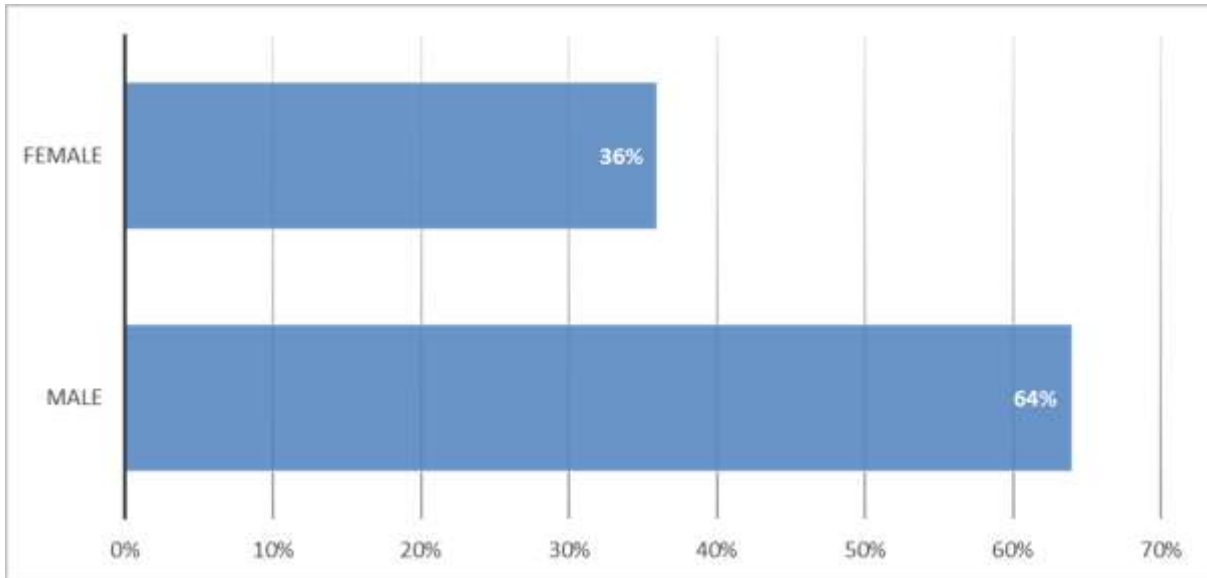


Figure 3. Gender of fully funded scholarship recipients

9. DISABILITY



Disability Zone at ICASA 2015 Zimbabwe

People with disabilities were represented on the ISC and other committees. An audit of the facility was conducted prior to the event to ensure that the venue was accessible to people living with disabilities. Interpretators were provided during ICASA 2015. The



An ASL Interpreter at ICASA 2015

organizers made sure most disability sessions were based on the level surfaced ground to each access. However with the Chinese Head of State visit on the eve of ICASA denied access of disability to the first floor of the conference center. This problem created a bit of discomfort as some of the disability people could not attend session upstairs.

10. SECURITY

On-site Risk, Safety, Security and Medical services were rendered by The Government of Zimbabwe. Delegates were screened at the various designated entrances and exits. Security presence was also heavy on the ground to ensure the smooth running as well as safety of delegates.

D. ICASA 2015 CONFERENCE REPORT

OPENING CEREMONY

The opening ceremony took place on the evening of 29th November 2015.

- H.E. Emmerson Mnangagwa, Vice President of Zimbabwe, inaugurated ICASA 2015.
- Dr. Pagwesese David Parirenyatwa, Conference Co-Chair, welcomed delegates to Zimbabwe.
- Dr. Ihab Ahmed, Conference Chair, delivered the welcome address from the Society for AIDS in Africa.

- Mr. Michel Sidibé, Executive Director of the Joint United Nation Programme on HIV/AIDS (UNAIDS), talked about post-2015 Africa.
- Dr. Babatunde Osimeh, Executive Director for the United Nations Population's Fund (UNFPA), delivered a short message.
- Dr. Matshidiso Moeti Regional Director of the World Health Organisation, addressed what the WHO guidelines mean for Africa.
- Dr. Leila Pakkala, UNICEF Regional Director for Eastern and Southern Africa



Dr. David Pagweses Parirenyatwa



Dr. Ihab AbdelRahman Ahmed



Mr. Michel Sidibe



His Excellency, Mr. Emmerson Mnangagwa



Dr. Leila Pakkala



Dr. Matshidiso Moeti

PLENARY SESSIONS

The first plenary session was held on 30th November 2015. The speakers were:

- Ambassador Deborah Birx: Working together to achieve Sustainable Epidemic Control
- Prof. Mike Chirenje: Biomedical Advances: Impact on HIV Epidemiology
- Dr. Luiz Loures: Ending AIDS by 2030: An Achievable Goal
- Daughtie Ogutu: Valuing Communities



Ambassador Deborah Birx, PEPFAR, speaking at her plenary session

The following speakers presented at the plenary session on 1st December 2015:

- Prof. Stefano Vella: Achieving 90:90:90: A Global Game Changer for Public Health
- Prof. Sheila Tlou: Close the Leadership Gap: Empower African Women & Girls
- Mrs. Bidia Deperthes: Making Sex Safer, Making Sex Better: Innovative HIV prevention by & For Young people



Professor Stefano Vella speaking at his plenary session

The speakers at the plenary session on 2nd December 2015 were:

- Dr. Didier Ekouevi: Have We Eliminated MCTCT?
- Mr. Bob Munyati: The Africa We Want: Youth Reflecting on the Demographic Dividend & the AIDS Response.
- Dr. Ehab Salah: HIV in Prisons & Places of Detention: Using Rights-Based Approach

The last plenary session was on 3rd December 2015. The speakers were:

- Dr. Col. Remy Lamah (Minister of Health & Public Hygiene of Guinea Conakry) : Sustainable Funding: Innovative Approaches, National & Global Accountability
- Mrs. Michaela Clayton: Succeeding with Programs, Failing with the Law?
- Prof. Lesi Fumilayo: Putting the Radar on Hepatitis B & C in Africa



Prof. Lesi Fumilayo speaking at her plenary session

The speakers at the plenary session on 4th December 2015 were:

- Hon. Nana Oye Lithur (Minister of Gender Children & Social Protection of the Republic of Ghana) : Stepping up the Pace on Removal of Punitive Laws to Advance Human Rights & Gender Equality
- Dr. Gilles Van Cutsem: Ebola Crisis in Africa: progress, lessons learnt & Impact
- Rev. Phumzile Mabizela: HIV Response In Conservative Settings: Striking the Balance



Hon. Nana Oye Lithur speaking at her plenary session

CLOSING CEREMONY

The closing ceremony was in the afternoon of 4TH December 2015. The speakers were:

- Dr. David Pagwesese Parirenyatwa, Minister of Health & Childcare indulged African leaders to recommit themselves to aid and fast track efforts in ending HIV/AIDS.
- Dr. Aaron Motsoaledi, the South African Minister of Health closed ICASA 2015 was the guest of honour.
- Gen. Dr. Gerald Gwinji, Secretary for the Ministry of Health & Childcare of Zimbabwe launched the Harare Declaration that was adopted as one of the major outcomes of the Conference.
- Dr. Alain Azondekon, The Chair Rapporteur of ICASA 2015 Zimbabwe, delivering his report at the closing ceremony.



HARARE DECLARATION

- I. We the leaders, decision makers, scientists and activists from across the African continent and beyond have assembled in Harare, Zimbabwe at the 18th International Conference on AIDS and STIs in Africa;
- II. We are inspired by the courage of all the peoples of Africa in thirty years of response to the devastating AIDS pandemic and rededicate ourselves to continue this valiant work;
- III. We embrace with enthusiasm and dedication the vision of the end of AIDS and commit our wholehearted efforts at local, national and regional level to implement the Fast Track to ending AIDS by 2030 and with it help achieve the world's new 2030 Agenda for Sustainable Development;
- IV. We are determined that African institutions led from the African Union and including regional, sub-regional, national, sub-national and local structures all play their part in achieving the fast track to ending AIDS;
- V. We are dismayed by the persistence of HIV-related stigma and discrimination and in the spirit of "no one left behind" we dedicate ourselves to inclusive AIDS responses, led by people living with HIV, that embrace diversity and actively combat marginalization and victimization of minorities of every type;
- VI. We draw hope from the tremendous advances in HIV science which have made possible a full and normal lifespan for a person living with HIV on fully effective antiretroviral therapy and the increased range of biomedical strategies joining with behavioural and structural efforts to prevent new HIV infections;
- VII. We applaud the contribution of African HIV science and scientists of all disciplines in securing these advances and we support the increased networking and visibility of African HIV science;
- VIII. We call for the sustained, efficient and effective resourcing of the AIDS response across the continent in the framework of global solidarity and shared responsibility;
- IX. We are concerned with the disproportionate burden of the epidemic falling on Africa's women and accordingly assert that the goal of ending of AIDS is in indivisible unity with the achievement of women's empowerment, gender equality and an end to gender violence;
- X. We commit to actively engage men in participating in the fast track agenda. We undertake to promote male involvement in all initiatives and programmes as appropriate to address HIV and AIDS in our homes, communities, organizations and countries.

- XI. We dedicate our efforts to the current and coming generation of young people across Africa who will emerge into adulthood by 2030 and whose birth right is to live in freedom and pursue their aspirations for themselves and their families released from the burden of AIDS.

11. Abstract driven sessions

The abstract driven component of the conference offers state-of-the-art knowledge and peer-reviewed research. A total of 1,545 abstracts were submitted to ICASA 2015 for review of which 1224 were selected for presentation at the conference. Each abstract was scored through a blind-review process and ultimately selected by members of the Scientific Programme Committee. The track descriptions of the five tracks were as follows:



TRACK A: BASIC SCIENCE

This track encompassed all aspects of fundamental HIV biology and the host response to HIV. Areas of focus included HIV infection and replication, transmission, genetics, evolution, structure and function, pathogenesis, adaptive and innate immune responses to HIV, genetic susceptibility to HIV, interaction of micronutrients, co-infection and progress in animal models. Pre-clinical vaccine, microbicide, and drug development were important themes of this track.

TRACK B: CLINICAL SCIENCE, TREATMENT AND CARE

This track analysed clinical features of opportunistic infections, malignancies, severe bacterial diseases, co-morbidities in people living with HIV. Issues to antiretroviral therapy, response to ART, adherence, retention, long term follow-up, management of side effects, ART in specific populations (adolescents, Elderly, pregnant women) were also addressed. Emerging topics such as aging, frailty and in other age-related co morbidities such as cardiovascular, renal, neurocognitive, bone mineral and metabolic diseases were discussed. Issues of resistance and management of failure including salvage therapy, which is a concern in resource limited settings, were addressed.

TRACK C: EPIDEMIOLOGY AND PREVENTION SCIENCE

This track focused on HIV/AIDS prevention research and issues related to the design, implementation and evaluation of prevention programmes. It included examination of methodological and programmatic advances in the continuum of prevention research, particularly best practices in HIV prevention for vulnerable populations in resource-limited settings. Strategies to put HIV prevention research into practice, efforts to promote preparedness for bio-medical prevention technologies, and research on new prevention approaches including microbicides, vaccines, pre- and post-exposure prophylaxis, circumcision and other methods were presented.

TRACK D: SOCIAL SCIENCE, HUMAN RIGHTS AND POLITICAL SCIENCE

This track aimed to highlight new knowledge and address gaps in the translation of behavioural and social science evidence into practice, and to contribute to the building of theory and understanding in HIV-related social science. The track also aimed to promote understanding of the individual and social determinants of HIV-related risk, vulnerability and impact, to inform development of effective and sustainable HIV responses. This track featured research, analysis and evaluation on psychosocial factors that shape individual attitudes, experiences, and behaviours; social and structural factors that shape vulnerability and risk; social and cultural norms that underlie individual risk and

community vulnerability; programmes that promote access to HIV and STI prevention, treatment, care and support; social and structural factors that shape vulnerability; and methods and outcomes of individual and community engagement, leadership, empowerment, and self-determination.

TRACK E: HEALTH SYSTEMS, ECONOMICS AND IMPLEMENTATION SCIENCE

This track aimed to provide new insights into the status of the health systems and its capacity and challenges to expanding treatment and prevention in resource-limited settings. At the same time, issues related to health economics, integration of health programmes, country ownership of national health and HIV programmes, and advancement of a comprehensive and integrated approach to health and rights were discussed.

The abstract driven component comprised of:

- **ORAL ABSTRACT SESSIONS**

The sessions were organized into themes and deal with new developments in each of the tracks. Each session included up to five speakers who each make brief presentations followed by a short discussion. Audience questions were encouraged and facilitated by the session chair. As competition for the limited number of slots available was quite strong, only abstracts presenting truly innovative and relevant research were considered.

- **POSTER EXHIBITION**

The exhibition was also generated from peer-reviewed abstracts and cover a wide variety of topics organized by track. Posters were displayed in Exhibition Hall, next to the Community Village, and were available for viewing throughout the Conference from Monday to Thursday from 10:00-16:45. Authors were asked to stand by their posters during break times to answer questions and provide further information on their study results.

12. NON-ABSTRACT DRIVEN SESSIONS

The non-abstract driven sessions, where topics and speakers were decided by the Committees, addressed a variety of current viewpoints and issues. All sessions explored in-depth how to enhance results, innovation, sustainability and equity. The format and focus of the sessions varied.

PLENARY SESSIONS (16 plenary sessions were organized) featured some of the world's most distinguished researchers, political leaders and high-level specialists. Plenary sessions brought all conference delegates together at the first session of every morning and reflected the many facets of the conference theme "AIDS in Post 2015 Era: Linking Leadership, Science & Human Rights".



Prof. Sheila Tlou during her plenary session

- **SPECIAL SESSIONS** (17 special sessions) featured presentations by some of the world's leading experts and global champions. These high-level presentations were held mid-day and were highly engaging for all delegates.
- **SYMPOSIA** (93 satellite symposium) sessions addressed critical issues that defy simple solutions. Focusing on a single, clearly defined topic or issue, speakers and delegates shared experiences, contributed relevant research findings and brainstormed ideas to identify possible ways forward. Sessions also reported on new findings and announced forthcoming research and new initiatives.

- SKILLS BUILDING WORKSHOPS** (19 workshop) had the principle aim of providing a stage for teaching targeted skills or strategies that could then be applied in their own work or life settings once they returned home. Workshops helped stimulate new, stronger partnerships for problem-solving related to the many different HIV-related needs. Participants shared vital expertise with colleagues from other regions of Africa to help overcome the many different barriers to care, prevention and management of the epidemic.



Cross section of delegates during a satellite session

13. EXHIBITIONS

ICASA 2015 had 100 exhibition stands. The following organisations exhibited at ICASA 2015:

ORGANIZATIONS

Abbott Laboratories
 Africaid Zvandiri
 Alere International Ltd
 American International Health Alliance
 BD Biosciences
 Beckman Coulter
 bioMérieux
 Cepheid HBDC
 Circ MedTech
 Diagnostics for the Real World
 Doctors Without Borders
 EANNASO -Anglophone Africa Communication and Coordination Platform
 Econet Wireless (Private) Ltd
 Expertise France
 Ghana AIDS Commission
 Gilead Science Inc.
 HETERO LABS LTD
 Higher life Foundation
 Hologic
 HUMAN Gesellschaft für Biochemica und Diagnostica mbH
 Humana People to People
 ILO
 International AIDS Society (IAS)
 IPPFAR-Parenthood Federation Africa Region
 Liquid Telecom/ ZOL
 MEDIRITE DISTRIBUTION
 Merck
 MM African Technology (pvt) ltd
 Mylan
 National AIDS Control Council, Kenya
 National AIDS Council, Zimbabwe

NatPharm
New Avakash International
Omega Diagnostic
OraSure Technologies Inc.
Oxfam
PerkinElmer/Wallac Oy
Population Services Zimbabwe
POSB
Premier Medical Corp.Pvt Ltd
Priontex
Quidel Corporation
RELIANCE
Réseau Accès aux Médicaments Essentiels
RIATT-ESA
SAFAIDS
SAM Nutritional Products
Save the Children
SD Biosensor
Sysmex South Africa
Trinity Biotech
UN Women
UNAIDS
UNESCO
UNFPA
UNICEF
ViiV Healthcare
Virology Education
WHO AFRO
World Food Programme (WFP)
World Health Clinicians/BEAT AIDS Project Zimbabwe
ZESA ENTERPRISES
Zimbabwe National Family Planning Council
Zimnat Life Assurance Company
Liquid Telecom/ ZOL



14. SATELLITE MEETINGS

Satellite meetings took place all day on Sunday 29th November 2015 and in the mornings and evenings on Monday 30th November to Friday, 4th December 2015. These 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. It was further reviewed by committee to ensure it meets the scientific principles of the conference.

ORGANIZATIONS

Africaid Zvandiri
 African Union Commission
 Aids Fonds
 Biomedical Research and Training Institute
 CDC
 Champions for Life
 Deutsche Gesellschaft für Internationale Zusammenarbeit gGmbH (GIZ)
 Elizabeth Glaser Pediatric AIDS Foundation
 Ford Foundation
 Ghana AIDS Commission
 Gilead sciences Inc.
 GIZ (Deutsche Gesellschaft fuer Internationale Zusammenarbeit) ESA
 Regional Programme
 GNP+
 Higher Education and Training HIV/AIDS Programme (HEAIDS)
 HIV Modelling Consortium
 Hologic
 ICAP at Columbia University
 Institute for Disease Modeling
 International HIV/AIDS Alliance
 International Treatment Preparedness Coalition
 IPPFAR
 Luke International
 Medical Access Uganda Ltd
 Medical Research Council of Zimbabwe
 MEPI
 Mylan
 National AIDS Council & Cipla Ltd.
 National AIDS Council (Zimbabwe)
 New HIV Vaccine and Microbicide Advocacy Society
 Pangaea Global Aids
 Pangaea Global AIDS/Pangaea Zimbabwe AIDS Trust
 PSI in collaboration with WHO
 RIATT-ESA
 SCOPE, University of Washington
 SIS-International
 Solidarite Sida
 South African National AIDS Council - SANAC
 Sysmex
 The World Health Organization- IST ESA- Harare
 UNAIDS
 UNAIDS/INERELA+/WCC
 UNESCO/UNAIDS
 UNFPA

UNICEF
University of Cambridge
University of Zimbabwe
ViiV Health Care
West Africa Health Organization (WAHO)
WHO

15. Community Village

19 sessions were organized at the community village. The ICASA 2015 Community Village provided a space to share knowledge and skills, build coalitions and promote interactive learning among communities living with and affected by HIV and AIDS, policy makers, researchers and other stakeholder groups. It was an interactive and participatory community-focused space that aimed to strengthen the overall theme of the conference; “AIDS in Post 2015 Era: Linking Leadership, Science & Human Rights.



Cross section of delegates at the Community Village

Community Village activities included discussions and debates on cutting-edge issues in HIV, networking zones focusing on priority populations throughout of Africa, cultural activities and performances, NGO exhibitions and marketplace booths. No registration was required to enter the Community Village and admission is free of charge.



Cross section of delegates at the Community Village

- **Networking zones** brought together local and international groups together to plan and implement exciting spaces focused on key populations. These spaces aimed to facilitate engagement and exchanges to enhance learning.
- **The Main Stage** was an open space for public discourse and presentations on key issues and challenges. The space also hosted cultural activities such as musical performances, dance acts, theatre plays and more.
- **The Community Talks Area** provided a venue to engage with communities and partners from around the world. The Talks were dedicated to open and active discussions highlighting stories of grassroots victories, challenges that communities face and opportunities to improve their response to the HIV and STIs.
- **NGO booths** provided non-governmental organisations the opportunity to interact with delegates and the general public, as well as to promote their activities for the duration of the conference.
- **The Youth Pavilion** supported meaningful participation and purposeful dialogue of youth throughout the conference. The Youth Pavilion in the Community Village was a space that

hosted meetings and forums, highlight and showcase youth achievements, facilitate networking opportunities, engage adults in dialogue and carry on the momentum from youth pre-conference.

16. ICASA 2015 delegates

A total of 5400 delegates attended ICASA 2015. This number includes scholarship recipients, media representatives, exhibitors or participants in the Community Village.

Surveyed paying delegates represented 55 nationalities and resided or worked in 47 countries. The majority of surveyed delegates were from sub-Saharan Africa.

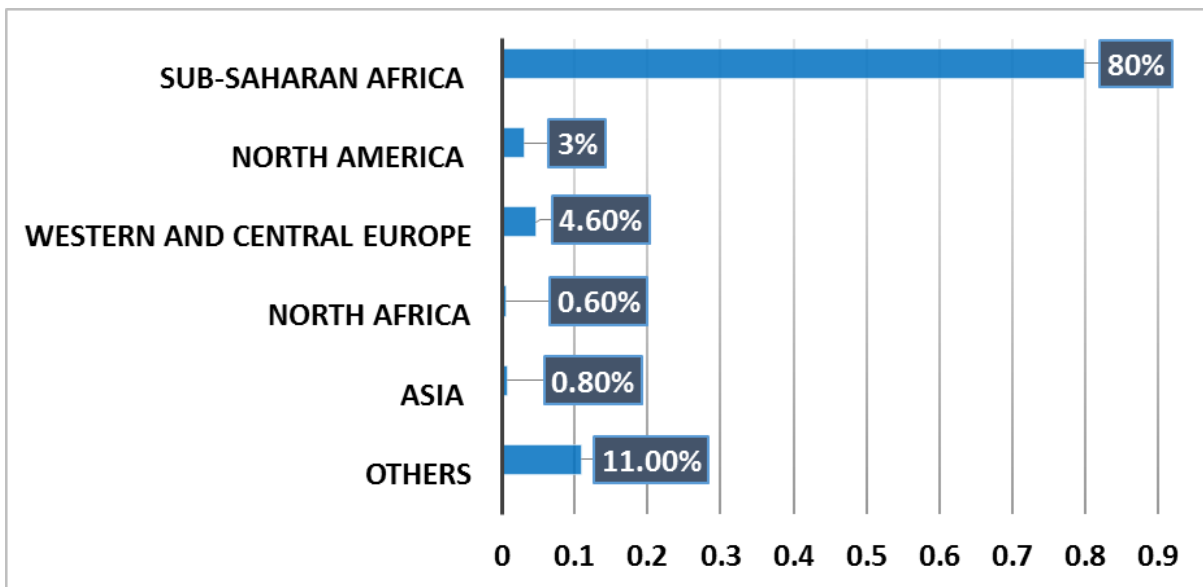


Figure 4. Delegates' nationality

255 Media / Press representative are also included in the total delegates

17. YOUTH PROGRAMME

The ICASA Youth Front is a coalition of youth serving organizations working on HIV and AIDS and Sexual and Reproductive Health and Rights of young people in Africa. The core mandate of the Youth Front was to ensure effective and active participation of young people in the International Conference on AIDS and STIs in Africa (ICASA). The Youth Front was responsible for organizing the youth program for the conference thus ensuring young people have speaking roles, understand the sessions and can make meaningful contributions, include youth issues in the conference program and outcomes, lead advocacy campaigns on various issues which are of importance to the young people on the African Continent.



Mr. Luc Bodea Delivering his speech at the ICASA 2015 Youth Program

The YouthFront has been in existence since 2005 where it played a major role in supporting the conference organize the youth program for ICASA. The YouthFront went on to organize the youth program for ICASA 2008 in Dakar, Senegal, 2011 in Addis Ababa, Ethiopia, and 2013 in Capetown, South Africa. Seven youth led and serving organizations spearheaded the YouthFront in organizing the youth program for the 2015 ICASA 2013 in Harare, Zimbabwe. These included Global Youth Coalition on AIDS (GYCA) Africa, Curious Minds Ghana; AfriYAN; African Young Positives; Students and Youth Working on Reproductive Health Action Team (SAYWHAT), SafAIDS and the United Nations Association (UNA) of Tanzania.



Director of UNESCO ESTA, Dr. Ihab Ahmed & Mr. Luc Bodea at the ICASA 2015 Youth Program

2015 ICASA Youth Program Outcome Statement

We young people at the ICASA Youth Front organized Pre-Conference for the 18th International Conference on AIDS and STIs in Africa, held on the 27th and 28th of November 2015 at the Zimbabwe Conference Centre, in Harare, Zimbabwe, under the theme 'Agenda 2030: Delivering for Youth in the Post 2015 Era'.

- **Having noted** the tremendous progress in the HIV response in Africa, curtailed with notable challenges in access to comprehensive HIV and SRHR services and effects of HIV on our continent, where AIDS is now the number one cause of adolescent deaths, and disproportionately affecting our young girls and women, as the future generation and young people of Africa therefore, we commit to,
- **Advocate** for the review of punitive and conflicting laws, policies and legal frameworks that impede access to HIV and SRHR services for all - leaving no one behind - including age of consent in our respective countries.
- **Influence** governments to invest in research and development targeted at new prevention technologies that work for adolescents and young people including Pre Exposure Prophylaxis (PrEP).
- **Push for** establishment of an Africa youth taskforce for prevention research and development.
- **Engage** governments on the need to increase financing for health including increasing domestic financing for the HIV response and reproductive health commodities.
- **Strengthen** and support structures for young people living with HIV to own the HIV response. Be part of HIV and SRHR policy making processes, implementation and evaluation ensuring meaningful youth participation and accountability including in institutional processes such as the Global Fund.

- **Lead** country level actions to advocate for the delivery of Comprehensive Sexuality Education.
- **Invest** in efforts to participate in the implementation and monitoring of the SDGs framework, including the commitment to End of AIDS by 2030.
- **Increase** our engagement with existing funding and program opportunities like the Global Fund, All in! DREAMS, Every Woman Every Child.
- **Support** fellow young people to dispel myths and disinformation which drive stigma and fuel discrimination. Further ensuring that the human rights and dignity of every adolescent and young person are protected, promoted and fulfilled, without distinction of any kind.
- **Commit to** increased engagement and advocacy with our governments, regional economic communities, the African Union, United Nations agencies and other civil society groups to accelerate efforts towards the implementation of the Sustainable Development Goals, particularly targets related to sexual and reproductive health and rights, ending AIDS, investing in education and raising awareness among policy makers and other stakeholders on the importance of the demographic dividend towards the sustainable development of Africa.

Presented on 28th November 2015 at the closing plenary of the ICASA Youth Pre-Conference.

GOAL AND OBJECTIVES

The goal of the youth program was to “Increase the capacity of young people to develop, introduce, implement and advocate for effective, evidence-based informed by the SDGs and clarifying the role of young people moving forward”. To deliver on this aspiration, the youth program sought to deliver on the following areas;

- A. Provide a space for young people to examine ICASA’s substantive program and strategize on opportunities for engagement,
- B. Provide a platform for young people in the main conference to discuss, share knowledge and lessons, and facilitate inter-generational dialogue on efforts to address the AIDS pandemic,
- C. Maintain a strong communication function, sharing information on youth issues at the conference, including activities in the youth pavilion and youth engagement across the event and strategies beyond.
- D. Provide a platform for young people to strategize around the SDGs and plan youth interaction with the new development goals

YOUTH PRE-CONFERENCE

The ICASA Youth Pre-Conference took place at the Zimbali Conference Centre from the 27th to 28th November 2016. The Pre-Conference was launched with statements from Annah Sango, a Youth Activist from Zimbabwe; Dr. Ihab Ahmed Abdulrahman, President of the 18th ICASA; Mr. Luc Bodea, ICASA Director and Prof. Hubert Gijzen, Director of UNESCO Jakarta Office.

The theme of the Youth Pre-Conference was “2030 Agenda: Delivering for Young People in the Post 2015 Era”. Sessions at the Pre-Conference examined a number of issues from the status of young people in the new Sustainable Development Agenda and why there is a need to invest in harnessing the demographic dividend; country experiences on issues such as the age of consent in service delivery; and ‘vaccinology’ – to issues of access to services, reproductive health commodities and working with vulnerable groups and communities.

During the two days of discussions, young people brainstormed and collated ideas, opinions and recommendations that informed the outcome statement at the closing of the Youth Pre-Conference. In the statement, young people opted to be the ones making commitments instead of calling for action from their leaders, making for an exciting shift in the focus of the Youth Program’s statement. Together with sessions from participants, key partners delivered presentations. These included the United Nations Population Fund (UNFPA), the International AIDS Vaccine Initiative (IAVI), Stop AIDS Now, HIVOS and the United Nations Children’s Fund (UNICEF). An outcome statement was developed following the preconference to capture the lessons and the commitments of the young people to take forward. This outcome was subsequently presented at the main conference and the youth press conference, the plenary and the closing ceremony of the conference.

YOUTH PAVILION

The Youth Pavilion is another flagship component of the Youth Front-led ICASA Youth Program. It has become a regular feature and consistently provides a space for young people to learn, share and network during the main conference. It is usually a place where they can get information on various sessions focused on youth or featuring youth speakers.

At the 18th ICASA, the Youth Front sought to ensure there were the pavilion provided the quantity and quality of youth led and oriented sessions at the main conference. It also served as an opportunity select abstracts submitted by young people who did not get a place in the main conference to present and engage their peers. It created a lot of visibility for the key messages coming out of the youth pre-conference, including the outcome statement and the thrust of youth commitments.

The pavilion was inaugurated by the Uganda State Minister for Primary Care, Sarah Achieng Opendi. The officiating ceremony was also attended by the President of the 2016 ICASA, Dr Ihab Ahmed Abdulrahman; the UNFPA Eastern and Southern Africa Regional Office Director, Dr. Julita Onabanjo; Professor Sheila Dinotshe Tlou, the Director of the UNAIDS Regional Support Team for Eastern and Southern Africa and the Minister of Health – Zimbabwe, Dr. David Parirenyatwa.

Some of the high level speakers at the Pavilion included Michelle Sidibe, the UNAIDS Executive Director and Mr. Luc Bodea, the 2015 ICASA Director.

MAIN CONFERENCE PARTICIPATION

For another occasion, the Youth Front successfully secured leadership roles in the conference and had representation in all statutory planning committees. This ensured that key youth issues were actively championed in the planning processes and youth speakers given the opportunity/

considered for speaking roles in the main conference program.

With this level of participation, the Youth Program ensured that not only advocacy issues in AIDS prevention interventions would be discussed, but also scientific issues were allocated time in the agenda and friendly speakers would engage young people in these areas. This was done to increase youth interest in the scientific aspect of the AIDS response. Overall, 24 youth speakers in both the plenary and special session events were recorded.

SAA AWARDS CEREMONY

The SAA Award Ceremony took place on 1st December, 2015, at the Holiday Inn. The Event was earmarked to award the recipients of the best abstract awards for each track as well as also award personalities that played major roles in making ICASA 2015 Zimbabwe a success. Among the recipients of the meritorious awards is included the Minister of Health & Child Care for Zimbabwe, Dr. David Pagwesese Parirenyatwa for his engagement and tremendous efforts in getting Government of Zimbabwe to host ICASA 2015 in less than 5 months, Mr. Michel Sidibe for his support of ICASA and the regional AIDS response over the years, Prof. Robert Soudre, the immediate past ICASA 2013 President for engaging the reengineering of ICASA structure as well as strengthen SAA Permanent secretariat. Mr. Luc Armand Bodea, SAA Coordinator/ICASA 2015 Director, was also awarded for his role in making ICASA 2015 a success despite the unprecedented change of host country from Tunisia to Zimbabwe. The program was moderated by Professor James Hakim, the Co-chair of the Scientific Program of ICASA 2015. Many dignitaries graced the occasion such as ICASA 2015 President, Dr. Ihab Abdulrahman Ahmed, Dr. Namwinga Chintu, Treasurer & SAA Executive Board member, Prof. Serge Eholie, Deputy Treasurer & SAA Executive Board member, Dr. Tapuwa Magure, CEO of the National AIDS Council, Dr. Gibson Mhlanga, Acting Permanent Secretary in the Ministry of Health and Child Care of Zimbabwe, the Director General of Ghana AIDS Commission, Dr. Angela El-Adas, UNAIDS Country Director for Zimbabwe, Mr. Michael Bartos, Mrs. Lois Chingandu, Executive Director of SAFAIDS, Mr. Raymond Yekeye, Head of the ICASA Local Secretariat, Dr. Fikreab Kebede Hadero, Program Manager of ICASA 2015, Col. Dr. Alain Azondekon, Chair rapporteur, ICASA 2015 just to mention a few. Staff of both the International & local ICASA Secretariat were in attendance. In a nutshell it was a very successful event patronised by majority of invited guests

E. RECOMMENDATIONS FOR FUTURE ICASA

Exhibitions

- Exhibitor should also be member of the ISC

Information Technology

- WhatsApp messenger group for all the suppliers' onsite and also for staff is crucial for a successful event.

Conference registrations

- Having finance staff members on-site to assist with on-site cash and credit card payments was beneficial because the registration team could focus on registering delegates and attending to queries.
- Pre-printed name-free exhibition badges for fully-paid exhibitors resulted in an efficient on-site registration process.
- Printing the delegate badges on-site as the delegates checked-in.
- Having a bi-lingual staff members based in the Secretariat for handling queries.
- Having sufficient bi-lingual volunteer staff on site.

- Conducting pre-conference direct phone calls to market the Conference and increase registration numbers assisted in pushing up final registration numbers.
- Separating the bag collection counter worked well as it allowed the registration team and volunteers to focus on the registration process and queries.

Travel and accommodation

- Staff bookings were done in advance, with minimum changes before and during the Conference.
- Having a good on-site set up for Travel desk IT systems.

Programme

- Having the Abstract system Back Office and Rapporteurs Office located next to Speaker Room.
- Having adequate volunteers for Speaker Room, especially at the beginning of the Conference

Community Village

- Having a varied programme which targeted different interest groups.
- The programme involved many community actors which created a platform for exchange of knowledge and experience.

Scholarship programme

- The day to day process of getting the scholarship recipients to and from the conference venue and hotels worked well as it was tried and tested before the scholarship recipients arrived.
- Having a reputable and established travel agency, with vast conference experience, assisting with the booking of flights, accommodation and transfers

Governance

- Using teleconferences rather than physical meetings to keep costs down and progress continuing.

Project Management

- Having most of the team on-site nearly a week before the Conference started.
- Having local SIM cards upon arrival for staff key staff was very helpful.

Communications and Media

- Having an in-house dedicated work-force working on the social media management.
- Having dedicated internal social media.
- Using Twitter and Facebook as an information platform to delegates and potential delegates.
- The use of social media as a platform to disseminate information during the conference.
- Using social media platforms to direct traffic to the website.
- Having daily reflection updates on what happened the previous day at the conference.

Financial Management

- Having on-site foreign exchange facilities.