



ICASA 2015 SCIENTIFIC PROGRAM REPORT

**HARARE
ZIMBABWE**

29 NOV - 4 DEC 2015

INTRODUCTION

The 18th International Conference on AIDS and STIs in Africa (ICASA) on the Theme: HIV/AIDS in Post 2015: Linking Leadership, Science & Human Rights was held in Harare, ZIMBABWE from 29 November to 04 December 2015. The activities of this Conference were divided into three major programs: **Scientific Program, Community Program and Leadership Program.**

This report mainly concerns the Scientific Program including the training of Rapporteurs, Plenary sessions and Abstract driven sessions. For the report, we screened all training technical documents, daily reports of abstract driven sessions, plenary presentations, Audio-visual files (meeting and training of rapporteurs) and data sheets assessment reporting activities. After extraction of key information and key finding, the narrative of this report is written taking into account the timeless validation of ICASA 2015 Director.

I- MEMBERS OF THE ICASA RAPPORTEUR SUPPORT TEAM

Rapporteurs training team's terms of the reference for the 18th International Conference on HIV and Sexually Transmitted Infections in Africa have been validated and a team set up in September 2015.

The mission of this team was to elaborate training materials, to build the operational plan of the training session, to support program reporting activities during ICASA and to write the ICASA 2015 Program report in order to contribute to the global Conference report.

Members of the team:

Alain AZONDEKON, Chair of ICASA 2015 Rapporteur

Tanguy BOGNON, Assistant Chair Rapporteur

Parsifal LOGBO, Member

Raïssa CHAFFA, Member

Isabelle BODEA, Member

Strengths

- Members of the team were hosted in the same locality
- The Chair was part of ICASA 2011 Rapporteur team

Weaknesses: No past reference documents were available

II- PREPARATION FOR THE RAPPORTEUR TRAINING SESSION

Training team discussing about Framework



Meetings to facilitate the draft of ICASA 2015 reporting tools and training program started in mid-October 2015. Drafted documents were approved by the Chairs of the Scientific Program and the Director of ICASA 2015. Two rehearsal sessions were made to simulate the training in order to adjust the timing. The list of 40 rapporteurs (30 local and 10 international) was received from ICASA Secretariat including 12 rapporteurs to cover satellite & workshop.

Rapporteur's per-training survey indicated that:

The audience during the Training session



- 17 had received training in the past.
- 7 had served as ICASA Rapporteurs during previous conference
- Only one (01) served as Lead Rapporteur.

The Rapporteurs came from health care and research institutions: 60% (hospital, university, and research institute), AIDS Control program within Ministry of Health and National and International organizations: 26%. The majority of Rapporteurs were young (64% less than 40 years old) and mostly made up of medical and paramedical professionals.

Strengths:

- Members of the team were very motivated
- Timeless support from the Secretariat and any needed technical assistance was provided by the Director of ICASA 2015

III- RAPPORTEUR TRAINING SESSION

From left to right: Prof James Hakim, Dr Ihab Ahmed Abdelrahman and Mr. Luc Armand Bodea at their opening remarks of the training session



The training session was held at Jacaranda Conference Room of ZESA Training Centre in the morning of the first day of Conference. This training session started by with opening remarks from the President of the Conference, ICASA 2015 Director and the Co-Chair of Scientific program. The importance of this training was highlighted by various speakers and support for the activity was provided by UNICEF. It also gave an opportunity to the Rapporteurs to be part of this noble initiative in order to contribute to the global report of the Conference. During this session, fifty (50) Nominated Rapporteurs were trained.

At the end of the session, Track Lead Rapporteurs were nominated under the leadership of the Assistant and Conference Chair Rapporteur.

Group Photo at the Rapporteur Training Session



The session was concluded with evaluation. The outcome of the evaluation was as follows: the Rapporteur's recruitment (nomination) process was good. Tools and lectures were relevant, easy to follow, helpful and the trainer was knowledgeable about the training topics. The majority of participants met their expectation from this training session and appreciated the quality of the training team organization.

Nevertheless, they regretted not to have enough time for more discussions because the training took roughly 4 hours instead of the planned 8 hours. Also, accommodation issues were raised and they believed better accommodation arrangements should be made for the next ICASA.

Strengths:

- The agenda of the training was respected and all lectures and tools were shared and discussed.
- Chairs of Scientific program followed the training session and gave advice when needed
- All participants were on time and very motivated

Weaknesses:

- Training materials were not enough
- The duration dedicated to the training was not enough

IV- SUPPORTING RAPPORTEUR ACTIVITIES

During the Conference, the Rapporteur Chair and his Assistant had regular meetings with Track's Lead Rapporteurs. Eight (08) plenary meetings were conducted in order to share challenges and successes, to provide additional materials for the reporting system and prepare them for the final presentations during the closing ceremony. Two (02) rehearsals were also set up to prepare track Lead Rapporteurs for the Rapporteur session.

Reporting systems allowed us to notice that:

- Roughly 76% oral presentation speakers were present.
- Only 24% Session co-chairs were in attendance.

a. PLENARY SESSIONS

Day1: 30-11-2015

Ambassador Deborah Birx: *Working together to achieve sustainable epidemic control*

- We have the opportunity to control the HIV/AIDS epidemic in countries by doing the right things in the right places, right now in partnership with host countries, UNAIDS and GF.
- We need collective will to make the hard choices and policy changes for maximizing our impact to reach more in need by focusing resources and efforts.
- Global HIV funding has plateaued and is projected to remain flat
- We need to increase impact HIV control with innovative service delivery models and alteration of follow-up intervals to expand ART & prevent new HIV infections.
- Prioritize & fast track treatment with innovative policies and service delivery models, together we can prevent >50% of new HIV infections and reduce the number of AIDS deaths by nearly 50%.
- Treat ALL (at any CD4) – all people living with HIV across all ages should be initiated on ART
- PrEP as an additional prevention choice for all people at substantial risk of HIV infection (>3% incidence)

Prof. Z Mike Chirenje: *Biomedical advances: impact on HIV epidemiology*

- Stigma of HIV continues unabated resulting: people from not getting tested, not taking medications, not disclosing their diagnosis to loved ones
- We need strong advocacy to implement PrEP: avoiding PrEP condemns some people to lifetime of HIV treatment at enormous cost

- More advocacy for test linked to care to achieve high viral suppression, reduction in community viral load, reducing new infections
- We have to continue HIV prevention research with biomedical tools as core to combination approach
- We must urgently advocate for universal access to ART, offering PrEP as prevention option to all substantial risk populations.

Dr. Luiz Loures: *Ending AIDS by 2030: an achievable goal*

- Maximum impact has to be achieved in the next five years for ending AIDS
- Business as usual will only lead to rise in the epidemic because this will not happen on its own. It has to directly translate into implementation of services, reaching key populations, doubling the availability of condoms, doubling treatment access.
- The investment target of 22 billion has been met but we need to share responsibilities.
- Domestic investments have increased, particularly in upper middle income countries and we must continue to mobilize domestic resources but without avoiding donor resources.

Daughtie Ogutu: *Valuing Communities*

- We need to protect and support young people and young people living with HIV
- Women living with HIV across the continent, are the barriers of the epidemic, their struggles are important
- Disability is not Inability and we need your presence is acknowledged in the fight against HIV and AIDS and you must continue to keep us honest in ensuring that we meet your needs.
- PLHIV Still continues to be discriminated against, purely because of a virus, an identity or a label. As Africans we talk so much about how we value our culture, it is important to promote Love, Care and support for People living with HIV
- Youth, Women, Key Populations and communities have to work together in the fight against HIV and AIDS
- Important for Governments, Funders, UN-Joint Families and other partners to increase investment in Communities, because it these communities that are going to help us bring an end to AIDS.

- Human rights organizations, broader civil society and other stakeholders are very important to demonstrate and stand in solidarity within accountability and investment in community responses, including key populations led initiatives in order to achieve the end of AIDS

Days 2: 01-12-2015

Prof. Stefano Vella: *Achieving 90:90:90: a global game changer for public health*

- 17.1 million people living with HIV do not know their HIV status, need of more policies and laws to fight stigma and discrimination and increase test delivery.
- Stigma, discrimination, lack of privacy, long waiting times and distance to travel are among the common factors that lead to lack of encouragement for HIV testing. New screening tools such as HIV self-testing are overcoming these barriers
- Retaining people in therapy and keeping the virus fully suppressed (for years) is far more complicated
- Simplification of ART delivery, at least for asymptomatic and clinically stable patients, through full community-based care models, including motivational counseling and HIV infection literacy programs run by trained community health workers
- To retain patients in ART we definitely need innovative models of care but we may also need more tolerable regimens
- Optimize PLHIV on ART with suppressed VL by early detection of treatment failure (expanded access to VL testing), retention support (adherence/social /community), Treatment optimization (new regimens & maintenance strategies), reduce stigma/discrimination.

Prof Sheila Tlou: *Close the Leadership Gap Empower African Women and Girls*

- Poor access to educational opportunities; limited financial autonomy over own health, including sexual and reproductive health and rights; Less likely to negotiate safer sex or refuse unsafe sex; Limited knowledge and claim of rights (some cultural norms such as violence).
- Women as Champions and leaders themselves especially at community level by planning, implementing, monitoring interventions, working with boys and men to advance gender equality.
- We need to provide information and services on Comprehensive Sexuality Education
- Increasing access to services, but rooted in effective community participation
- Working hard on keeping girls in school and promote gender equality; eliminate GBV, strengthen protective legal norms, social support and support for orphans

- Innovative financing, shared responsibility and efficiency in use of funds
- Strategic investments in women and girls, resource allocation to be inclusive of women and key populations. Gender equality requires a social transformation which starts with political leadership and dedicated action. State commitments must be translated into concrete, resourced, country-level action.
- Leveraging the power and influence of religious and cultural leaders to advance SRHR and the AIDS response.

Ms. Bidia Deperthes: *Making sex safer, making sex better: Innovative HIV Prevention by & for Young people*

- All young people need safe sex for better life.
- For most parents, regardless of gender, education level, social status or age, talking with teens and young people about sexuality is quite embarrassing and uncomfortable because of our culture, beliefs, and religions.
- Botswana youth statistics: Youth 15-19 with multiple sex partners (Male: 48.7%, Female: 25.2%) and 24.8% of girls with early sexual debut reported did not give consent at the time of intercourses
- In Sub-Saharan Africa 4 million (42% of new HIV infections) young people are living with HIV and 7 out of 10 young people infected with HIV are girls.
- Only 43% of young people (15-24) have comprehensive knowledge of HIV.
- Pay much attention and not leave our children's sexual education to the mass media, nudity on the stage and screen, reality shows, video clips, pornography.

Day3: 02-12-2015

Dr. Didier Koumavi EKOUÉVI: *Have we eliminated MTCT?*

- Universal access to treatment: offers important opportunities to eliminate MTCT
 - Retention in care is still less than women initiating ART, influenced by various factors (individual, health system and structural)
- Innovative approaches are needed to increase both uptake and retention

- We have not yet eliminated MTCT but: With national and political commitment there is hope since we made a lot of progress and universal access to ART for pregnant women infected with HIV creates a window of opportunity for this goal.
- In West Africa and Central Africa: call for new engagement: “Declaration de Dakar” with JURTA and Réseau EVA supports (18th November 2015)

Dr. Ehab Salah: *HIV in Prisons & Places of Detention: Using Rights-Based Approach*

- To end the AIDS epidemic by 2030, leaving no one behind including people living in prisons the following strategies are critical.
- To extend evidence-informed, rights-based, age and gender-responsive HIV prevention treatment and care measures to all people in prisons and other closed settings
- To improve quality and increase coverage of comprehensive HIV services
- To take joint action to develop and implement criminal justice reform programmes including alternatives to incarceration
- To align efforts, to develop and implement prison reform initiatives including improving the working and living conditions
- To institute stronger accountability and improved availability of strategic information to guide policies, strategies and actions

Mr. Bob Munyati: *The Africa We Want: Youth reflecting on the Demographic Dividend & the AIDS response*

- **PLWHIV:** Women account for more than half the total number of people living with HIV in sub-Saharan Africa.
- **New Infections:** New HIV infections declined by 41% between 2000 and 2014, Sub-Saharan Africa accounts for 66% of the global total of new HIV infections.
- Between 2004 and 2014 the number of AIDS-related deaths in sub-Saharan Africa fell by 48%.
- In order to adequately respond to the HIV epidemic, we need to take into account young sex workers, young drug users, young LGBTI persons, young migrants, and young people living with HIV
- Young people need universal access to sexual and reproductive health services.
- These services must be youth friendly and ensure the following: Comprehensive and tailor made services that suit their diversity and should imply skills building.

- We hope one day this African continent will rise up and live out the true meaning of its creed: "We hold these truths to be self-evident, that all men and women are created equal."
- I have a dream that one day even Africa, a continent sweltering with the heat of stigmatization and discrimination, sweltering with the heat of gender based violence; will be transformed into an oasis of freedom and justice.
- I have a dream that my LGBTI brothers and sisters will one day live in a continent where they will not be judged by their sexuality but by the content of their character.

Day 4: 03-12-15

Médecin-Colonel Remy LAMAH: *Financement durable : l'innovation des approches de responsabilité nationale et mondiale*

- Dépendance financière des pays à ressources limitées : Environ 90% des dépenses de la riposte sont issues des fonds extérieurs
- Recherche interne de financement innovants notamment le secteur privé

Michaela Clayton: *Succeeding with Programmes, Failing with the Law?*

- The law is essential for creating enabling environment for effective responses to HIV and be protective for human rights and hence improve access to justice
- HIV transmission is higher in key populations in countries where criminalized laws exist as access to care services is low
- More than 30 countries in Africa have criminalized laws
- Fortunately, initiative such as Centre for the Development of People, (CEDEP in Malawi), Impact of Harm reduction(Mauritius), LEGABIBO (Botswana) are very effective;
- Media plays a great role as it is a powerful social influencer and Civil Society organizations role is crucial in mobilizing financial resources

Prof. Olufunmilayo LESI: *Putting the Radar on Hepatitis B and C in Africa*

- Viral Hepatitis is closer than thought and the three wise monkeys covering their eyes, ears and mouth should not be the slogan: Viral hepatitis has become one of the most clinically important co-morbidity among people living with HIV (co infection with HBV and HCV occur in 15% and 7% respectively)

- Viral hepatitis would rank within the top ten causes of global mortality , above that of tuberculosis and malaria
- There are barriers for screening and treatment: Tenofovir for Hep B and Sofosbuvir for Hep C, Direct costs for test and drugs higher
- We need to Enhance public and political awareness for test and drug access and fundin

Day5: 03-12-15

Hon. Nana Oye Lithur: *Stepping up the Pace on the Removal of Punitive Laws to Advance Human Rights and Gender Equality*

- Implementation of a country's laws and policies plays a critical role in the national response
- Protective legal environments improve the lives of people living with HIV, according to Global Commission on HIV and the Law's 2012 report
- 26 African countries have overly broad and/or vague HIV-specific criminal laws with other countries considering new HIV-specific criminal laws
- Laws that punish sexual conduct have greater negative impact on persons who are either suffering from HIV and STIs or at risk of contracting HIV
- Best practices came from South Africa (2001 Court Case on Access), Botswana (Amendment of the Penal Code for stiffer penalties for those charged with the offence of rape if they have HIV/AIDS), and Senegal
- Gender issues (sexual violence, domestic violence), sociocultural determinants (Harmful Social Cultural Traditions, marriage, culture, patriarchy are key issues
- Recommendations are towards legal reform, Leverage efforts to repeal punitive laws – ADVOCACY, intensify efforts from government.

Dr. Gilles Van Cutsem: *EBOLA IN WEST AFRICA Progress, Lessons Learnt and Impact*

- Ebola is a well-known disease since 1976, last outbreak exceeded by far the previous (500 cases) and was localized in West Africa
- Ebola outbreak management required enormous resources (human, logistics and community mobilization)

- MSF engaged in this struggle since the beginning in diagnosis, treatment, surveillance and controlling; and ensure a strong partnership with government, NGO and international organization(WHO)
- The outbreak would have been controlled if West African countries health care systems were effective
- Case fatality rate was 51% deaths among community and health workers, especially elderly and very young people, higher viral load; social disruption increased as communities faced stigma, discrimination, job loss, orphans
- Clinical trials, vaccine development done to reduce death and outbreak controlling
- Essential reforms in 10 points need to be conducted before the next pandemic.

Rev. Phumzile Mabizela: *HIV Response In Conservative Settings: Striking the Balance*

- Conservative settings linked with cultural, religious, social and ethical issues, and could hinder HIV response
- Hence patriarchy, rituals, customary laws, religious fundamentalism (use of sacred texts, faith healing), moralizing HIV, lack of monitoring of the private health sector are challenges to be faced
- Civil society should be involved in policy making - watchdogs for controlling these factors

b. KEY POINTS & NEW FINDINGS WITHIN THE ORAL PRESENTATIONS

Tableau I: Statistics of Scientific Program

Tracks	Expected presentations	Presentations done	Chair present	Co-Chair present
Track A	12	05	02/02	00/02
Track B	36	27	05/06	03/06
Track C	72	60	10/12	04/12
Track D	79	56	11/13	01/13
Track E	54	46	08/09	02/09
Total	253	194	36/42	10/42

Track A: Basic Science

- NVP resistance virus is still being transmitted to the children even from mothers unexposed to NVP
- Expansion of PI based regimen to all children should be recommended
- Further testing: viral load tests are needed to further top understanding the role when mutations co-occurring in viral fitness

Track A Rapporteurs, ICASA 2015



Track B: Clinical Science, Treatment and Care

- Increase in the number of children on ART through simplification treatment & removal of programmatic barriers.
- Health Care Workers must be aware of the phenomena of seroconversion to avoid misclassification of virologically suppressed as uninfected children.
- New ARV drugs need to be developed for children with drug resistant virus.
- Early ART reduces healthcare costs in the long term
- INH prophylaxis did not increase risk of emergence of Mono/Multi-Drug Resistant TB among incident cases

Track B Rapporteurs, ICASA 2015



Track C: Epidemiology and Prevention Science

- Female and male condom use still low
- Female partner involvement influences men's decision-making
- Need to understand profiles of key populations
- Using social media to reach hidden Key Populations using peers
- Micro-planning is an innovative strategy to provide information to Key Populations such as sex workers
- Use of an integrated mobile phone platform to disseminate accurate HIV messages to young people
- HIV Prevalence among Vulnerable Populations is still high, innovative strategies are needed for more epidemic control.
- Peer education is very important for retaining mothers and infants in care
- Test and Treat highly acceptable among pregnant and breast feeding women
- Need to keep an eye on on-going exposure in the HIV negative mothers
- Children and siblings of adults living with HIV needed a better look for more testing



Track D: Social Science, Human Rights and Political Science

- Follow up of patients crucial in improving adherence
- Addressing stigma, confidentiality and food access are crucial for adherence
- Concern raised about high proportion of women not using contraceptive
- Rapid response in providing legal services to sex workers needed
- There is unjustified incarceration of Sex Workers
- Criminalization of sex work contributing to violation of human rights
- Despite sensitization human rights violations are still happening with sex workers being denied access to health care
- Little attention has been accorded for socio-cultural and governance dimensions against effects of HIV/AIDS
- Holistic approach to empowerment is key to addressing HIV/AIDS in communities.
- Strong social exclusion of deaf people was evident yet they are highly affected by HIV/AIDS.
- Violence against people living with disabilities has been shown to increase the risk of transmission of HIV two fold.
- Greater internal and external stigma were independent risk factors for verbal and sexual violence
- Many female and male sex workers are still victim of stigma, discrimination from health care providers, religious group, family members and general population.



- Transgenders are more quite often subject to physical and social attack.
- Important for HIV/AIDS program to develop strategies to avoid criminalization, uncomfortable being referred to public health facilities within MSM.
- Need to reinforce peer-led community safety programs crisis response teams to mitigate physical violence, obstacle in testing and adhering to HIV treatment.
- Psycho-social support, culture and local governance are emerging determinants of HIV/AIDS reduction.
- Early exposure to sexual violence was associated with sexual risk-taking behavior in adulthood among both males and females.
- Lack of privacy and side effects were some of the reasons for non-adherence.
- Adolescents' friendly centers help to improve treatment outcomes and offer support to the teens.
- Stigma and discrimination is the leading barrier to accessing treatment among young people living with HIV, followed by side effects and lack of food.

Track E: Health Systems, Economics and Implementation Science

- Reach underserved populations at risk for HIV who have poor access and lower uptake of HIV testing service.
- Overcome social & individual, structural and health system barriers
- Need for innovative and supportive interventions
- HIV Self-Testing is highly acceptable, can increase testing among key populations, men & adolescents and increase case finding
- Introduction of Option B+ is associated with substantial increase in ART initiation rates
- Trained and supervised lay providers can distribute ARV in community settings
- Less frequent medication pick up visits (3-6 months) for patients stable on ART can contribute in reducing long queues in facilities and reduce cost of care for patients

Track E Rapporteurs, ICASA 2015



Strengths:

- All participants were motivated and on time
- The rehearsal sessions were very helpful
- Scientific, program chairs attended the rehearsal sessions and gave their expertise

Weaknesses:

- The meeting room and logistics were not adapted (space, electricity, audio-video equipment, coffee break)
- Track lead rapporteur and rapporteurs did not have their own meeting room

V- RAPPORTEUR SESSION AT THE CLOSING CEREMONY

For the first time, innovative ways on Conference program report was conducted at the ICASA 2015 closing ceremony. Track Lead Rapporteurs presented their reports through key points and new findings that were in line with the objectives of the 18th ICASA. In the history of ICASA this session was amazing and most of the delegates paid careful attention to the key point reports of the various Lead Rapporteurs. The quality of the presentations and the report was appreciated by all.

RECOMMENDATIONS:

1. The Training Team should be in the host country few days (2-3 days) before the conference in order to organize technical and logistic issues.
2. The team should be housed at the venue or close to the Conference venue (1-2 min walk at most).
3. The training of Rapporteurs should be held at least one day before the beginning of the Conference.
4. The Conference organizers should ensure availability of equipped rooms for Rapporteur meetings.
5. ICASA Secretariat should ensure the payment of Rapporteurs on time.
6. Training team should provide adapted lectures and reporting tools for plenary, non-abstract driven, workshops and satellites sessions.
7. ICASA Secretariat should facilitate access to different sources of data (presentations, video recordings) to the Rapporteurs.
8. ICASA Secretariat should provide two to three Assistants for the Conference Lead Rapporteur.
9. Training team should provide an evaluation of the Conference and Track Lead Rapporteurs.
10. The SAA Permanent Secretariat should strive to continue to maintain the high level of ICASA report with support from partner that played an unprecedented role by supporting the institutional memory of ICASA 2015.

CONCLUSION

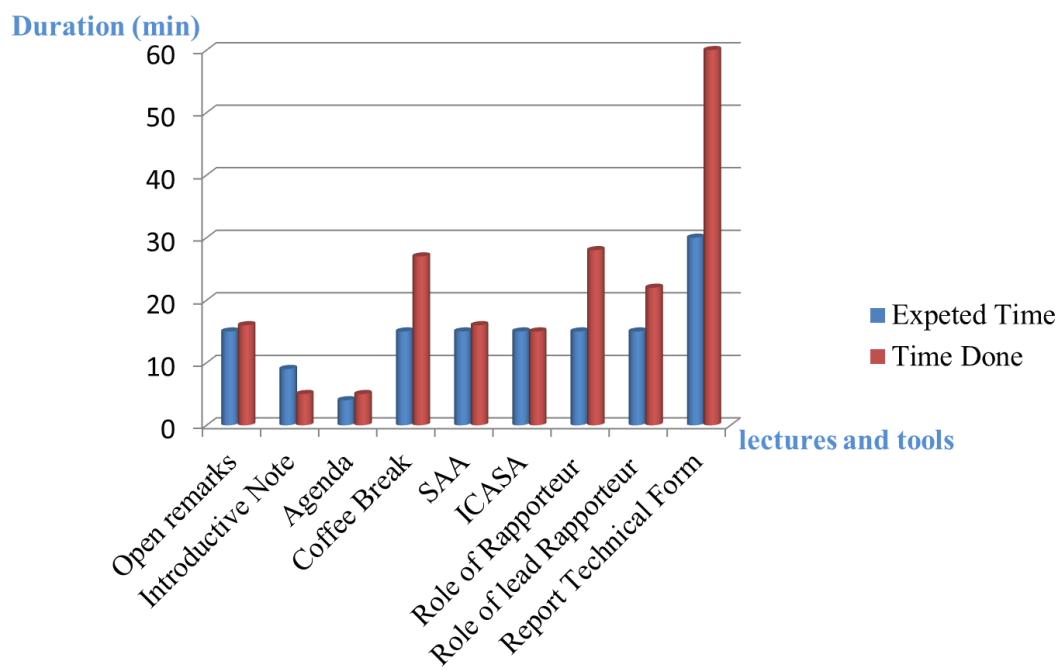
Looking at the various activities of the 18th ICASA, we can easily say that it was a great success. Organization of this Conference touched the spirits of many delegates and it deserves great appreciation considering the short time (less than 5 months) taken to organize it.. During this Conference, access to justice for prevention and care for key population was extensively discussed despite the perceived negative socio-cultural and political environment of Zimbabwe. We believe that this report will enhance the scientific and social cultural knowledge to tackle efficiently the epidemic in paving the way for an AIDS free generation.

AKNOWLEDGMENTS

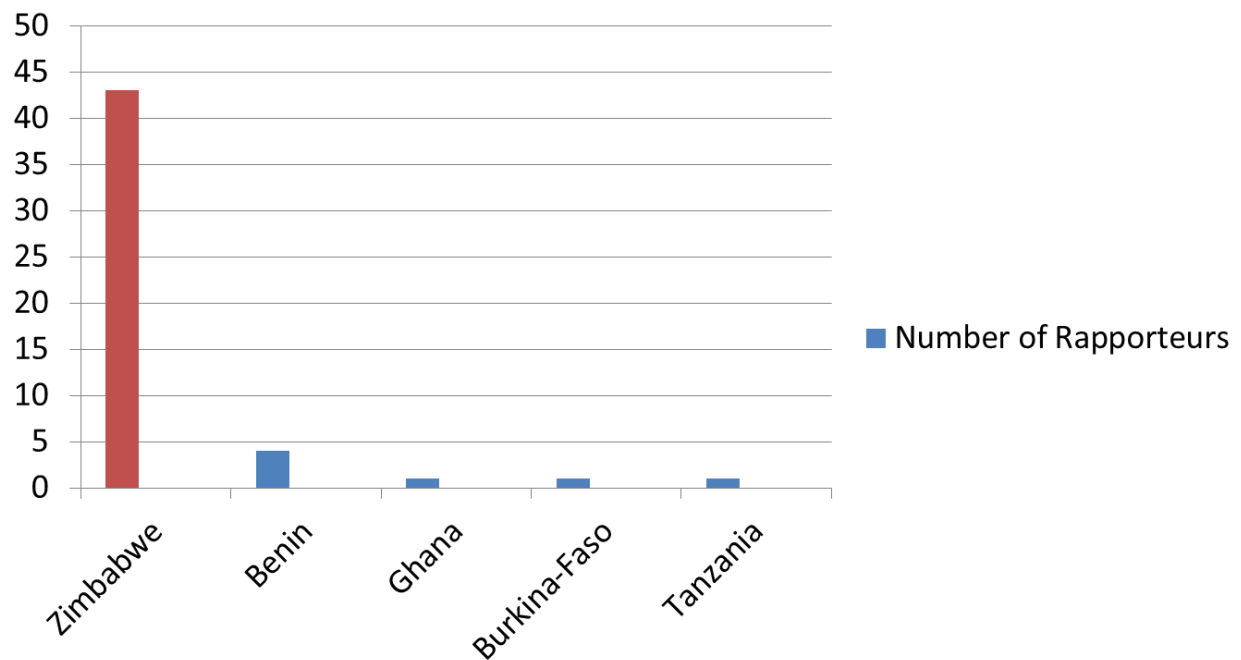
- ICASA 2015 Director
- SAA Permanent Secretariat
- Rapporteur Training Team
- Conference Chair & Co-Chair
- ICASA 2015 Secretariat
- UNICEF

ANNEXES

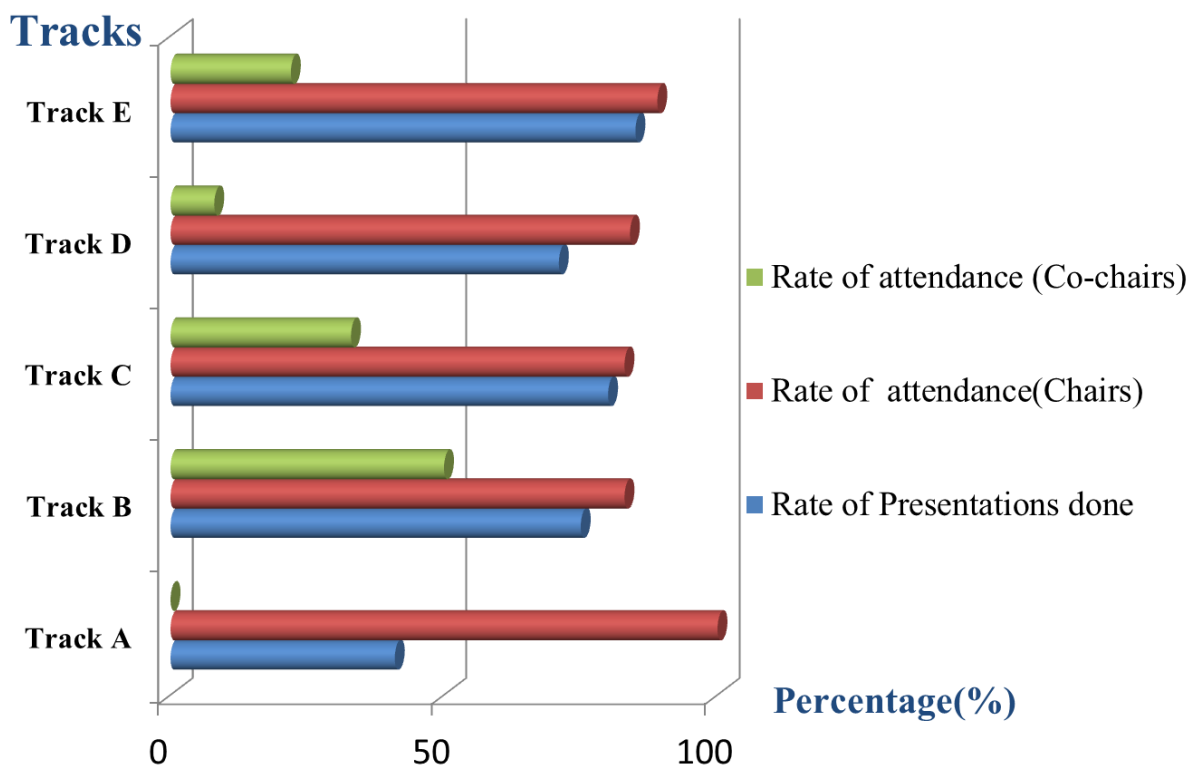
1- Timing of Rapporteur training session



3-Nationality of rapporteurs



4- Chairs attendance and presentations rate



Percentage (%)

