



19TH
ICASA
INTERNATIONAL CONFERENCE
ON AIDS AND STIs IN AFRICA
CÔTE D'IVOIRE - 2017

ICASA 2017

RAPPORTEUR

REPORT

Society for AIDS in Africa
Organizer of the International Conference
on AIDS and STIs in Africa



The Government Of Cote d'Ivoire

INTRODUCTION

The International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) is a major international AIDS conference which takes place in Africa. It is a biennial conference which alternates between Anglophone and Francophone African countries. ICASA has been organized since 1990 to mitigate the impact of HIV and AIDS with a vision for an African continent free of HIV, Tuberculosis and Malaria and the debilitating effects which these diseases have on communities, where there is no stigma and discrimination against PLHIV and their families, and where social justice and equitable access to treatment prevail. So far ICASA has been hosted in (14) fourteen countries on the continent with more than 100,000 direct participants. The last ICASA 2015 was hosted in Harare, Zimbabwe, with over 5400 delegates in attendance and 1545 Abstracts submitted.

ICASA 2017 Côte-d'Ivoire was an excellent opportunity of promoting inter-sectoral achievements in the AIDS response by strengthening partnership among governments, Civil Society, and development partners towards the fast track targets of 90-90-90 and ending AIDS by 2030. The theme of ICASA 2017 was: Africa: Ending AIDS Delivering Differently. ICASA 2017 convened delegates from 91 countries, including more than 300 journalists from around the globe. The Conference was held from 4 to 9 December 2017 in Sofitel Abidjan Hotel Ivoire. Society for AIDS in Africa (SAA), the organizers of ICASA, organized ICASA 2017 in collaboration with the Government of Cote d'Ivoire, jointly with international and local partners.

This report covers the Leadership Program, Community Program and Scientific Program as well as the Rapporteur Training Session. In developing this report, we analyzed all reporting documents on plenaries, community activities, abstract driven sessions, non-abstract driven session, satellite sessions, special sessions, audio-visual files from meetings, training of rapporteurs and data assessment sheets. Key information, new findings and recommendations from the main program were pooled together to develop this report.

1. MEMBERS OF THE RAPPORTEUR SUPPORT TEAM

As recommended for by the Director of ICASA 2017, a Term of the Reference (TOR) on the rapporteur activities has been written and validated and a team set up in September 2017. The members of the team developed the training materials, built the operational plan of the training session, coordinated reporting activities during ICASA 2017 and wrote a Program report.

Members of the team are were:

- **Alain AZONDEKON**, Chair Rapporteur
- **Tanguy BOGNON**, Technical Secretary
- **Dorette DOSSOU**, Member
- **Isabelle BODEA**, Member
- **Rock AKPOLI**, Member



ICASA 2017 INTERNATIONAL & LOCAL RAPPORTEUR TEAM

2. PREPARATION FOR THE RAPPORTEUR TRAINING SESSION

Tools and lectures used during ICASA 2015 were reviewed and adapted for the ICASA 2017 Rapporteur Training. New tools and lectures taking into account the recommendations from ICASA 2015. Chairs of the Scientific Program and the Director of ICASA 2017 validated all training manuals before use by the Rapporteur Team. Rehearsal sessions were made in order to define adequate timing during the rapporteur training session.

Thirty-two rapporteurs was engaged from ICASA Secretariat but only 22 turned up for the training. Training was conducted a day before the main conference of the ICASA 2017 commenced in the |Michel Sidibé room, Sofitel Abidjan Hotel Ivoire. Rapporteur's pre-training survey indicated that:

- *The majority of rapporteurs were young (median age was less than 40 years old) and from multiple disciplines (medical, paramedical psychologist, lawyer, professionals).*
- *The rapporteurs were both local (14) and international (8). Five had received in the past and four had served as rapporteurs at past ICASA conferences. Rapporteurs worked with international organizations, health care centres, Ministries of Health, research institutions, AIDS Council programs and NGO's.*

3. RAPPORTEUR SUPPORTING ACTIVITIES

Rapporteurs meet regularly to provide summary reports, and discuss challenges and successes they met. Track Leads developed final presentations for the closing ceremony and rehearsed the presenting with the team. In all, 84% of oral presenters and 77% of session Chairs were present for the conference. Below is the summary of the reports of the main programmes at the conference.

During the six days (4th - 9th December 2017), rapporteurs covered many activities and sessions such as abstract-driven sessions, non-abstract driven sessions, plenary sessions, symposia, special sessions and skills-building workshops, satellite meetings, poster exhibition, Community Village events and cultural programs. The content of this program report was written by retrieving information from summary of presentations, new findings of the study, and special remarks from the debates.

The Conference program report is subdivided into three main programs: **Scientific Program, Leadership Program, & Community Program** and some key messages from the Opening and Closing ceremony.

OPENING CEREMONY

At the opening ceremony, commitments were made by various individuals representing organizations and institutions. Below are some key points:

Michel SIDIBE, UNAIDS

- Work with key populations is key to ending the disease.
- Implement evidence-based adolescent programs in Africa.
- Conduct joint action in a synergistic way to mitigate the impact of HIV epidemic
- We need a coalition of youth.
- Community based organizations and men to improve sustainable actions for more impact.
- We have to be independent: produce our medicines and increase domestic funding.
- We have to address the access of men to HIV testing.

Government of Côte d'Ivoire

- An ARV manufacturing plan will be set up in Abidjan in 2018 to cover ARV needs of sub region (His Excellency, Alassane Ouattara, the President of Republic of Cote d'Ivoire).
- Launch campaign against pediatric AIDS in Africa.

Others key messages

- Isoniazid Prophylaxetic is effective. This is not being implemented properly in clinical trials but suffers in its operational implementation (Mozambique).
- Key Populations need to be educated that PrEP does not prevent STIs.
- Use technologies (social media platform) to promote access to PrEP.
- New methods in trial for PrEP access - long acting agents, monoclonal antibodies and Implants are promising.

Track A: BASIC SCIENCE (Biology and Pathogenesis)

❖ Testing: Approach to achieve 1st « 90 »

- Checking key populations and promote self-testing (Policy development and advocacy).
- Combine AgHBs and Syphilis with HIV testing in PMTCT.
- EID by using POC (reducing delay of result release).

❖ HIV Viral Load: Approach to achieve 3rd « 90 »

- Map and assess the capacity of existing Lab network, strengthen the capacity and strengthen the procurement and supply chain management.
- Promote point of care services including access to new technologies that has been validated for quality.
- Increasing pre-treatment HIV drug resistance in LMIC. Mostly NNRTI but also NRTI (M184V/1), TAMs and K65R mutation.
- Emergence of *gag* related mutations with the use of second-line ART.
- Improve viral load assessment to help diagnose early virological failure.

❖ Technologies

- Study the dynamics of minority HIV drug resistance mutation strains for evidence-based decision-making for better management of patients.
- Improve ability to diagnose emerging viruses.
- Study biomarkers for immunotherapy and HIV cure research in Africa. Initiation of cure research in Africa is needed.
- Improve lab equipment maintenance by training of biomedical Engineers and create national biomedical and metrology institute.

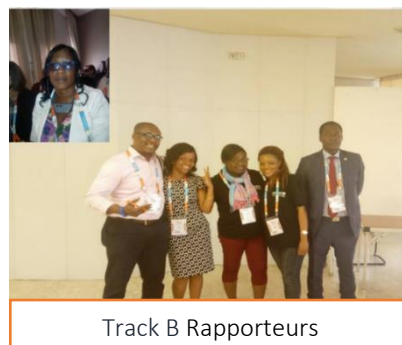


Track A Rapporteurs

Track B: CLINICAL SCIENCE, TREATMENT AND CARE

❖ *HIV infection treatment*

- First line regimen: HIV-1: Strong recommendation for Efavirenz 400 mg instead of 600mg as well as using Dolutegravir in infants and adults. For **HIV-2:** Use integrase inhibitors (Elvitegravir) as Protease inhibitors.
- Second line regimen: Encourage interventions to **limit** second line treatment failure : Therapeutic education integration in management of HIV treatment compliance and retention as minimum package; enhance access to viral load testing.



❖ **Clinical Science**

- Improve early HIV testing for exposed infant populations.
- Decentralization of HIV point of care diagnostic services.

❖ **Care**

- Many interventions are necessary to optimize HIV care, treatment and retention in vulnerable population (Pregnant and breastfeeding women, infants, adolescent): Promoting use of mentors (mothers and peers), male partner involvement, community empowerment, enhance psychological and emotional support (**adolescent transition to adulthood**), family approach for HIV index testing, and integration of care in ONE HEALTH approach.

❖ **Morbidities associated to HIV**

- Prevention of Tuberculosis: necessity of Countries to scale up the use of IPT to reduce the incidence and mortality related to TB among people living with HIV.

❖ **Sexual Transmitted Disease**

- Regardless of taking PreP, STD is still prevalent in key populations. Necessity to strengthen STD monitoring and revise national guidelines to incorporate the concept of actual bacterial resistance profiles.

❖ **Operational barriers and liver enzymes disease monitoring**

- Promote the use of more sensitive molecular TB testing diagnostics in HIV population.
- Recommendation for Fixed dose combination drugs (WHO).
- Recommendation for shorter treatment regimen (9 months) for drug resistance TB.
- Improve active pharmacovigilance to control (side effects, drug-drug interactions)
- Ending Tuberculosis is possible: Accessibility of TB ultra and multi-resistance drug testing and treatment, adequate infrastructures to integrate TB/HIV services, increasing motivation (healthcare workers), strengthening coordination of TB and HIV Program, community engagement, mobilize financial resources (domestic funding) for TB services.

❖ **Non communicable disease**

- Promote systematic screening for cardiovascular diseases and neuro-cognitive diseases
- Decentralize of access of medical specialists

Track C: EPIDEMIOLOGY AND PREVENTION SCIENCE

❖ **Pre Exposure Prophylaxis**

- PrEP is a WHO recommendation (promote use of PrEP).
- PrEP is effective and needs to be implemented in West Africa.
- Many clinical trials are ongoing on new forms of PrEP.

❖ **Hepatitis B Virus & Voluntary Medical Male Circumcision**

- 10% of MTCT of HBV was at birth in Sub Saharan Africa.
- Hepatitis B vaccination at birth will ensure Hepatitis free generation.
- Community involvement is necessary to support VMMC
- VMMC outreach activities should be age-groups specific.

❖ **Prevention of Mother to Child Transmission of HIV**

- PMTCT interventions are still the best strategies for reducing HIV incidence in infants.
- Support groups helps to improve treatment compliance.
- Partner's involvement with PMTCT helps improve treatment of pregnant women.
- Dual HIV & Syphilis test is now available.

❖ **Self-Testing**

- Promote self-testing through policy development and advocacy.
- Integrate self-testing into HIV care system.

❖ **Prevention in Key Populations**

- Interventions needed for MSM.
- Poor knowledge in HIV prevention amongst students' communities.
- Gender Base violence among female sex workers is still problematic.
- Consistent condom use among MSM is low and not often addressed in national plan.
- Integrate FSW partners and gatekeepers into HIV management plan.

Track D: STIGMA, DISCRIMINATION AND LEGAL ENVIRONMENT

❖ Stigma, discrimination and the legal environment

- Discriminatory laws on sexual orientation still exists.
- Violence and rejection of LGBT and sex workers by communities and populations.
- Involve key populations in the elaboration of laws on the tolerance and exclusion of immigrants in some countries.
- Framework for consultation and negotiation between LGBT and community leaders needed.
- Family and social integration of LGBT and Transgenders required for HIV programming.
- Form champion groups to address HIV risks amongst transgenders.



Track D Rapporteurs

❖ Sex, sexuality, gender relationship and HIV

- Involve families in the management of GBV.
- Engage religious leaders and community leaders in awareness raising – About sex, sexuality and gender relations.
- Inform and educate adolescents about social transformation.
- No denunciation of victims of GBV to the competent authorities despite the existing legal system: free medical certificate.
- PrEP use by HIV sero-discordant couples meet cultural and social challenges.
- Tutor adolescents about sex, sexuality and gender relations using peers.
- Provide legal assistance to widows for inherit properties of the infected husband.

❖ Social knowledge, mass communication and knowledge development

- Train media professionals on the issue of LGBT and sex workers.
- Build capacity building health personnel to reduce stigma and discrimination in health care settings.
- Improve access of pediatric and PLHIV health services to health care settings.
- Provide financial management education for transgenders for their empowerment.

❖ Human rights, law and ethics

- Take cognisance of African cultural practices in the design and implementation of HIV related researches.
- Train researchers on research ethics in training institutions.

- Promote favorable legal environment in country to protect key populations recruited for studies and research.
- Consider drug users as a patient not a criminal.

❖ Policies, programs and HIV response

- Difficult to distribute condoms in prisons as part of a HIV prevention programme.
- States and the African Union needs to adopt anti-stigma and discrimination resolutions on HIV/AIDS.
- HIV screening for Key populations limited by stigma and discrimination. .
- Change laws that consider use of condoms as evidence of prostitution.

A- Track E: HEALTH SYSTEM, ECONOMICS AND IMPLEMENTATION SCIENCES

- Promote cost-efficient & effective interventions.
- We have effective approaches to strengthen health systems for better service delivery.
- Doing more with less / sustaining high quality HIV services in resource limited setting.
 - We need multiple approaches to improve health financing: Quality improvement methods, simplified algorithm for identifying and treating children, cost efficient VL testing, community Outreach /treatment education for youth and adolescents, active follow-up of cohorts to decrease the rate of lost to follow-up, task shifting and in-service training, economic empowerment of family and community for service delivery.
 - “Reaching men in their comfort zone” increase their access to HIV services.
- Improve effective elements to tailor interventions for key populations: Assessments to define right response, strengthening and engaging KP for service delivery, continued focus on capacity building KP communities in delivering continuum of HIV care and support.
- Key Point from ICASA 2017 to strengthen health systems for better service delivery:
- Innovative ways for training health care providers: Active patient tracking to improve retention in care, resolving human resource constraints and gaps improves care delivery and ART initiation towards 90*90*90 targets.
- Tele-mentoring to build health care worker capacity improves access to care, generating database systems to strengthen data collection for decision-making, improving efficiency and effectiveness of HIV programs across the prevention and treatment cascade, innovative approaches and differentiated service delivery models.



Track E Rapporteurs

- Better political commitment and domestic funding for the HIV response will be essential to sustain the response and accelerate current step of ART scale-up.
- ❖ **Key points from ICASA 2017 to improve health financing**
 - Building country capacity on innovative sources of funding (Diagnostic tool of Public financing of CSO for health services delivery), Funding efficiency: International Frameworks, expand engagement and use of evidence, data and technology to amplify and improve the quality of services (Social contracting).
 - Health systems and human resource linkages with community providers – what needs to be improved to towards 90-90-90? Where are we with our Political partnership?
 - Accountability at different levels is important: Africa scorecard on Domestic Financing for Health.

COMMUNITY PROGRAM

The community program at ICASA 2017 was a great opportunity for the community to focus on topics like stigma and discrimination (structural barrier to access to services and rights), key populations (key for ending AIDS), promote innovative and sustainable investment for civil society engagement, young adolescents, women and girls (the hidden face of the epidemic), institutional community expertise for better access to services. According to the frame of the reporting, key information retrieved from various experiences and events are shaped as follow:

❖ **Community mobilization**

- Invest in community structures and actions to reverse the HIV epidemic.
- Differentiated Service Delivery to promote wider coverage and access to prevention, treatment and HIV care
- Reversing negative social representations and perceptions through integrated community approach.

❖ **Youth and adolescents**

- Involve more young people in HIV prevention and care strategies
- Put young people at center of policies and program
- Strengthen education of young women and girls today to impact men sexual behaviors tomorrow



Community Program Rapporteurs

❖ **Key Populations**

- Focus on key populations as key to ending the HIV epidemic by mitigating factors that exclude them, from programming and promoting solidarity values.
- Value the human rights of key populations and not manage them as diseased entities.

❖ **People who use drugs**

- Intensify actions to implement opioid substitution care centers in Africa cities instead of mobile care centers.
- Strengthening actions to implement opioid substitution treatment.

❖ **Women in vulnerable situations, sex workers “We are not only patients or key populations we want to be actors and in front line to end HIV and AIDS in Africa” – Sex Worker**

- Build capacities (empowerment) and promote social integration.
- Implement monitoring strategies for better care and research.
- Strengthen access to quality health services.
- Promote universal access to health and human rights.

❖ **Men having Sex with Men**

- Facilitate Right to health by involvement in in-country high level decision making.
- Strengthen efforts to mitigate impact of stigmatizing and discriminatory laws.

❖ **People Living with HIV “we want to be actors, not indicators”**

- Promote gender education to reduce mortality.
- Reduce unemployment to autonomy.
- Address needs of rural women living with HIV: *Autonomy, leadership, rights, training to elaborate project, income generative activities, to be involved in decision making, in care unit management, having free sexuality as women not infected by HIV and AIDS.*

❖ **Adolescents Community**

- Focus and address economic empowerment, education, SHRS, rights, enabling environment, youth friendly services, gender equality.

❖ Social dialogue in community village

- Promoting condoms in schools despite great challenge.
- Address SRH and rights, early marriage, and promote education on sexuality and HIV Testing.

❖ How to engage Men in HIV Testing?

- Involve men in HIV care and prevention.
- Give same education to boys and girls to change sexual behaviors in the future.
- Give more education to young women and girls to increase their knowledge.

❖ People with handicap

- Integration people have handicap in visual messages.
- Define inclusive and specific strategies for the community.

❖ From commitment to action: ICASA in Yopougon

- Many actions took place in the community to promote behavior change.
- HIV Testing was conducted in the community.
- Educational and cultural events in were held in the community.
- Debates and sharing experiences on HIV testing was also conducted.



LEADERSHIP

The leadership program at ICASA 2017 was an opportunity for all leaders in their respective fields to contribute to addressing sustainable funding and domestic financing for country level HIV management; translating knowledge into action for fast tracking the African response; youth involvement in fast tracking an end of AIDS (challenges, youth leadership, recognizing the roles of youth), the unfinished business of AIDS; women in leadership and structural changes for sustainable integration for ending AIDS in Africa. Major feedback from sessions were:

1. COMMITMENT OF GOVERNMENT

- Renewal of political commitments to end the HIV epidemic through implementing actions defined by African Union (Action plan against HIV and AIDS available), WCA Catch up plan, Community Health Officers Initiative
- Strengthen the health systems.
- Manufacture ARV in the sub region by 2018.
- Organize African First Ladies against HIV and AIDS (OAFLA) through launch of the Continental Campaign on Pediatric AIDS in 2018 for the purpose of eliminating mother-to-child transmission and access to SRH/FP services by adolescent girls.

2. COMMITMENT FOR RESOURCES MOBILIZATION

- Increase health financing advocacy and domestic financing for health.
- Prioritize health in government's budget and increase its contribution to HIV management.
- Promote private sector involvement.
- Develop regional community observatory.

3. COMMITMENT FOR BETTER CARE TO PLHIV

- Put PLHIV at the center of treatment and care access intervention
- Develop Differentiated Service Delivery (DSD) for stable patients, specific population
- Produce quality data to assist decision-making
- Address marginalization and stigmatization
- Innovate partnership to drive male engagement for the ending of AIDS
- Use research and innovation for the development of more appropriate ARV pediatric formulas.
- Develop integrated services approach.

4. COMMITMENT OF YOUTH

- Use youth advocacy, communication and networking approaches to reverse the trends of HIV infection among youth
- Integrate youth organizations into decision-making bodies
- Build a culture of accountability for young people
- Develop quality integrated health services adapted to young people



ICASA 2017 President, Dr. Ihab Ahmed, ICASA 2017 Director Mr. Luc Bodea and Dr. Alain Azondekon, Conference Lead Rapporteur welcoming Youth of the ICASA 2017 Caravan

TAKE HOME KEY POINTS FOR ICASA 2017

The 19th ICASA 2017 Conference held in Abidjan, Côte d'Ivoire from 4 to 9 December 2017 at the Sofitel Hotel Ivoire. From various activities, main recommendations are below:

TO THE COMMUNITY

- Need to intensify actions in terms of community involvement
- Key populations must be considered today as the key towards the end of the epidemic
- Young girls and adolescents must be empowered in a process of social change to influence the behavior of tomorrow's men
- Young people need to get involved in any program and policy in order to take their destiny into their own hands

TO LEADERS

- Advocacy for health financing needs to be made by strengthening the national contribution
- Keep the commitments in terms of concrete actions
- Promote the development of quality integrated services for young people
- Promote the implementation of services for differentiated care

TO SCIENTISTS

- Strengthen the diagnostic capacity of laboratories
- Make the introduction of dolutegravir effective in the first lines of treatment
- Implement TB prevention among PLHIV with isoniazid
- Review the priorities for childcare by reinforcing the objectives of the three "90s" including the involvement of the social sciences and humanities
- Integrate the "one health" approach in pediatric HIV care
- Promote self-testing and Prep in Africa
- Make effective the integration of hepatitis B vaccination for newborns from the first 24 hours of life
- Strengthen prevention measures for key populations and their clients
- Create a framework for consultation and negotiation between MSM, sex workers and community guides to facilitate family integration
- Take into account the African cultural context in the ethics of research
- Improve access to health services for sex workers and key populations by reducing stigma and discrimination

Conclusion: We will remember that to reach the end of the epidemic in 2030, it will need a sustained commitment of leaders, government, African Union and partners, an awareness and sustained commitment of communities especially young people and vulnerable populations, and open-minded conduct of various programs by the scientific actors.

F- CLOSING CEREMONY

At the closing ceremony, various speakers reinforced the commitment of Côte d'Ivoire to implement sub regional leadership on Laboratory capacity building and ARV manufacturing. Speakers also spoke about the need to actively engage with key populations, men and community based organizations.

Once more the importance of key populations, men and community based organization was further reinforced and needs to be urgently addressed.

The main recommendations of this 19th ICASA were given to the Vice-President of the Republic of Côte d'Ivoire. The next host of ICASA, Rwanda showed its leadership and capacity to organize the next ICASA in 2019!

CONCLUSION

During the 19th ICASA held in Abidjan - Côte d'Ivoire, several country experiences were shared, including innovations and evidence-based interventions. It was a great opportunity to address science, leadership and community interventions. The diversity of findings and key messages made this report very difficult. This report will help the International Community to support governments' national response to the epidemic in the continent, towards an AIDS free generation.

Let's deliver differently to end AIDS!