



20TH
ICXSA
INTERNATIONAL CONFERENCE
ON AIDS AND STIs IN AFRICA
KIGALI 2019



INTERNATIONAL CONFERENCE ON AIDS AND STIs IN AFRICA

2-7 December 2019 | Kigali - Rwanda

AIDS FREE AFRICA - Innovation, Community, and Political Leadership
AFRIQUE SANS SIDA - Innovation, communauté et leadership



ICASA REPORTS 2019

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20TH
ICASA
 INTERNATIONAL CONFERENCE
 ON AIDS AND STIs IN AFRICA
KIGALI 2019

ICASA 2019

NARRATIVE

REPORT



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DIGNITARIES AT THE OPENING CEREMONY OF ICASA 2019

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 2019	20 th International Conference on AIDS and STI's in Africa
ICC	International Coordinating Committee
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
STIs	Sexually Transmitted Infections
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. ICASA 2019, the 20th edition, returned to Central Africa, Kigali, Rwanda from 2th to 7th December 2019. This is the first time ICASA is being hosted by Rwanda. The theme for ICASA 2019 was “AIDS FREE AFRICA - Innovation, Community, and Political leadership”. The conference was attended by 8,522 delegates.

ICASA 2019 was organised by the Society for AIDS in Africa (SAA), and the Government of Rwanda represented by the Ministry of Health. Since its inception, SAA constitutes an inclusive stakeholder International Steering Committee to organize ICASA. The Steering Committee includes representatives from SAA, the host country, the UN System, Regional National AIDS Councils, communities, international and national scientific institutions and representatives other international organisations.

The Conference Programme, including the abstract and non-abstract driven sessions was designed by three main programme committees: The Scientific programme committee, the Leadership programme committee and the Community programme committee. The Scientific Programme Committee was led by Prof. Tandakha Ndiaye Dieye, SAA Secretary General (Chair) and Dr. Etienne Karita (Co-chair).

The ICASA 2019 conference received 3,107 abstracts. The review committee reviewed 1,562 abstracts of which 120 were accepted for oral presentations and 1,441 were accepted for poster presentations. Abstract-driven sessions and non-abstract driven sessions made up the ICASA 2019 programme. Abstract-driven sessions were divided into five tracks. The committee also organized non abstract driven sessions such as the plenary sessions, special sessions, satellite sessions and skills building workshops.

The community programme committee was led by Mr. Alain Manouan and Madam Sage Semafara. The committee actively mobilized and engaged community groups with the planning of the ICASA 2019 community programme. A total of 20% of scholarships were allocated to community applicants. The Community village programme was also organized by the committee.

ICASA 2019 Community Village, avails a platform for PLHIV, Key populations, community leaders, and their partners to showcase their programmes, services, best practices and share experiences and to network so as to own, scale-up and sustain the response towards the end of AIDS. It further creates a forum to appreciate and exchange African arts and traditions in relation to AIDS and STI's. In addition, Community Village sessions that will take place inside the Community Village area opened to the public, will present an opportunity to discuss important issues.

The ICASA 2019 leadership programme committee was chaired by Hon. Dr. Pagwesese David Parirenyatwa, SAA Vice president and former Minister of health of Zimbabwe and co-chaired by Dr. Jean Baptiste Mazarati.

The ICASA 2019 conference was supported by a local Secretariat located in Kigali – Rwanda headed by Madam Nelly Mukazayire under the leadership of the International Secretariat managed by ICASA Conference Director Mr. Luc Armand Bodea. The local secretariat served as liaison with the Government

of Rwanda through the Ministry of Health to ensure local component of the programme, conference logistics, communication and accommodation support.

The ICASA 2019 International Secretariat is located in Accra, Ghana and is also the SAA Permanent Secretariat. It was in charge of the development of the programme, abstract book, the registration, design and implementation of the marketing strategy, exhibition and satellite, the fundraising and scholarship, and the design and development of the ICASA 2019 Website. It also managed the Finance and procurement for the conference according to the international standard practice provided by the ICASA 2019 Finance Policy and Procedure Manual.

Scholarship funding was provided by the ICASA 2019 conference and Government of Rwanda. A total of 754 scholarships were awarded by the ICASA conference. 243 fully funded scholarships were awarded and 511 partially funded scholarships. 300 scholarships were also provided by the Government of Rwanda. The total scholarships awarded was 1054.

We are grateful to our partners for their unwavering support to ICASA which is organized by the Society for AIDS in Africa with its Headquarters based in Accra, Ghana. We hereby acknowledge the support of the government of Rwanda, the UN system and especially the pharmaceutical companies who worked with us to keep the flag flying. We are proud of our selfless council members, community activists and scientists who worked relentlessly to make sure we delivered on our mandate of organizing a successful ICASA. We count on their continuous support to mitigate the impact of HIV/AIDS in Africa. To the entire international community, our delegates and our members, our host country team and government, we say thank you.

B. ICASA 2019 AND ITS FOCUS

The 20th ICASA which was held at the Kigali Convention Centre, Rwanda from 2th December to 7th December 2019.

The Conference theme was "AIDS FREE AFRICA - Innovation, Community, and Political Leadership"

The ICASA 2019 Conference was an opportunity, to renew, the global commitment, by drawing the world's attention to the fact that the fight against the HIV/AIDS epidemic is far from won in Africa. Large number of new infections especially among key populations was a threat to the sustainability of the response. ICASA 2019 was a platform for the international community, and Africans, to commit to achieving an AIDS-free generation and strengthen health systems within the continent and also to create more awareness of the growing threats of emerging viral diseases.



Prof. John Idoko, ICASA 2019 President at the Opening Ceremony



Hon. Dr. Diane Gashumba, ICASA 2019 Vice President at the Opening Ceremony

The Conference was chaired by Prof. John Idoko, the President of the Society for AIDS in Africa (SAA) and co-chaired by Dr. Diane Gashumba, the Minister for Health of Rwanda.



Cross section of ICASA 2019 opening ceremony speakers with His Excellency Paul Kagame, President of Rwanda

The objectives of ICASA 2019 were to:

1. Promote community, scientific, and technological innovations for ending AIDS.
2. Advocate for financing sustainable national health responses, political leadership, and accountability.
3. Advocate for strengthened health systems and multi sectorial collaboration to integrate co-morbidities, emerging infections and NCDs.
4. Rethink gender norms, human rights-based approaches and inclusion towards equitable and accessible HIV and AIDS services including Key populations.
5. Promote youth-driven and youth-friendly approaches for an AIDS-free generation

C. OVERVIEW OF PRE-ICASA 2019 PREPARATION

I. ICASA 2019 ORGANISERS AND ORGANIZATIONAL STRUCTURE

The Society for AIDS in Africa (SAA), the organizers of ICASA, and the Government of Rwanda through the Ministry of Health were partners in organizing ICASA 2019.

A. 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>)



B. THE GOVERNMENT OF RWANDA

The Government of Rwanda through its Ministry of Health were the co-organizers of ICASA 2019 Rwanda.



Republic of Rwanda
Ministry of Health

C. ICASA 2019 SECRETARIAT STAFF

ICASA 2019 was organised in partnership between ICASA International Secretariat and the Government of Rwanda. The Government of Rwanda provided the in-country secretariat based in Kigali while the international secretariat operated from the SAA Offices in Ghana and coordinated all activities with regards to ICASA 2019. Radisson Blu Hotel provided the in-country Secretariat with fully furnished office space at the Radisson Blu Business centre.

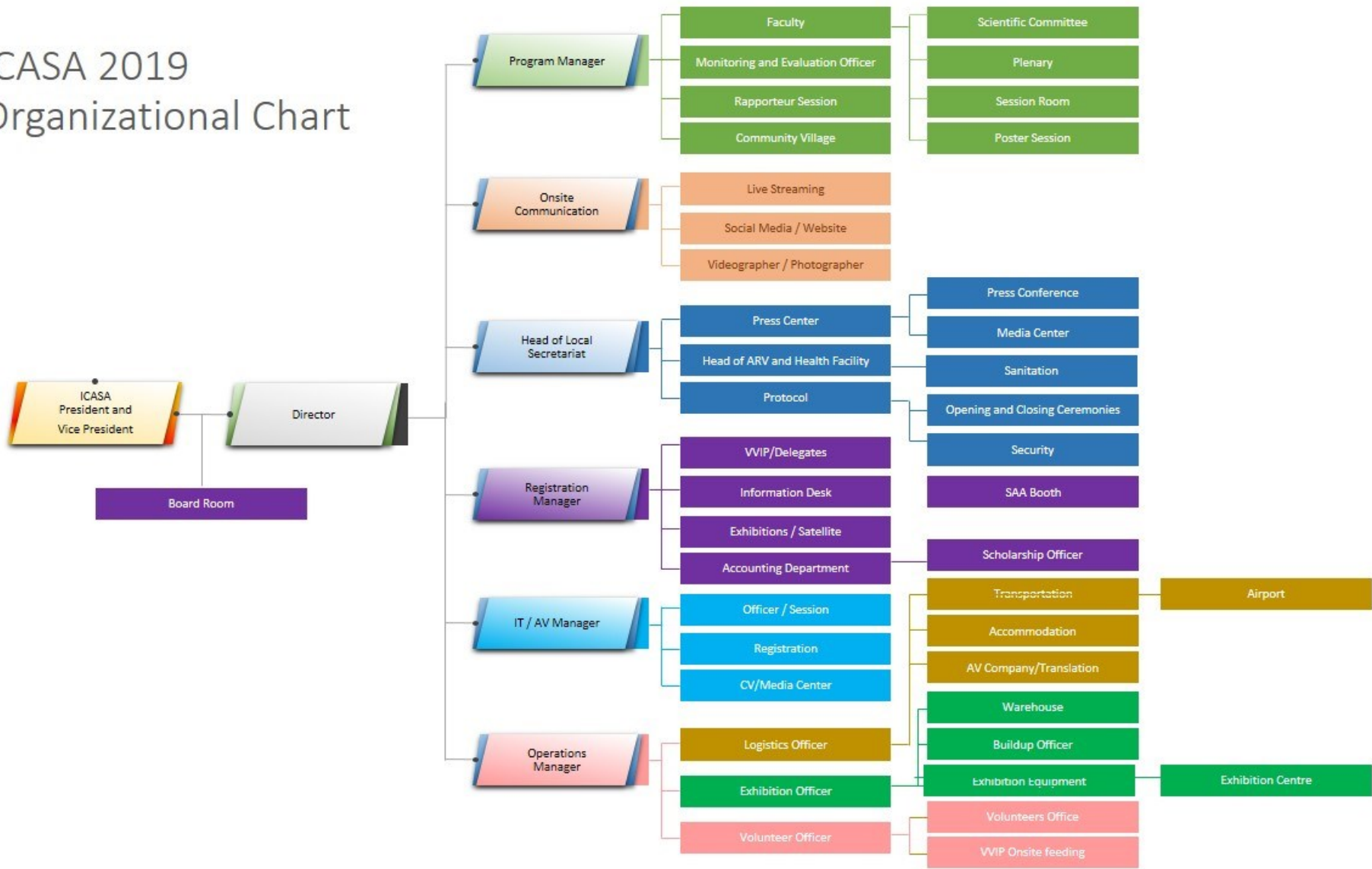
ICASA INTERNATIONAL SECRETARIAT

Mr. Luc Armand Bodea	ICASA 2019 Director
Ms. Clemence Assogba	Registration Manager
Mr. Raymond Yekeye	Onsite Program Manager
Mr. Innocent Laison	Onsite Operation Manager
Dr. Alain Azondekon	Rapporteur Manager
Prof. Morenike Ukpong	Communications Manager
Mrs. Margaret Owusu – Amoako	Poster Area Manager
Dr. Fadima Bocoum	Head of Monitoring & Evaluation
Dr. Emil Asamoah-Odei	Technical Assistant
Mr. Samuel Amoako	Project Accountant/ Accommodation Coordinator
Mr. Tapiwa Gumindoga	IT Officer
Mr. Emmanuel Tetteh Kuadzi	IT / Webmaster Administrator
Mr. Gordon Mwinkoma Tambro	Programme Officer
Mr. Chris Kwasi Nuatro	Marketing/Partnership Officer
Miss. Marie - Noëlle ATTA	Snr. Marketing/Partnership Asst.
Mr. Leslie Sodjinu	Logistics Officer
Mr. Felix Apana	IT Assistant
Mrs. Lillian Yeboaa Oteng	Registration Officer
Miss. Whitney Segnonna	Media Registration Asst.
Mr. Francis Oko Armah	Community/Youth
Mr. Alphonse Nengoma	Onsite Accounts officer
Mr. Ziberu Abdul Manaf	Technical Support
Mr. Derick Ayitey	Transport Officer
Mr. Augustine Nyarko Vasco	Transport Officer
Miss. Vida Mensah	Janitor

LOCAL ICASA SECRETARIAT

Madam Nelly Mukazayire	Head of Local Secretariat
Dr. Sabin Nsanzimana	Director General Rwanda Biomedical Center
Prof. Leon Mutesa	ICASA Senior Technical Coordinator - University of Rwanda
Dr Betru Woldeesemayat	UNAIDS-Rwanda Country Representative
Dr Placidie Mugwaneza	HIV Division - Rwanda Biomedical Centre
Dr Jean Paul Uwizihiwe	HIV Division - Rwanda Biomedical Centre
Kayumba Malick	Rwanda Health Communication Centre Division – Rwanda Biomedical Center
Umutoni Sandrine	Imbutu Foundation
Dr Nyemazi Jean Pierre	Ministry of Health
Dr Ngoma Kondwani	UNICEF
Murangwa Frank	Rwanda Convention Bureau
Rurangwa Amanda	Imbutu Foundation
Umutesi Geraldine	Imbutu Foundation/OFL
Dr Theophile DUSHIME	Ministry Of Health
Gitera Valence	Rwanda Convention Bureau
Hartnett Bridget	Rwanda Health Communication Centre Division – Rwanda Biomedical Center
Julien Niyingabira Mahoro	Rwanda Health Communication Centre Division – Rwanda Biomedical Center
Linda Ntaganzwa	Rwanda Biomedical Centre
Mutarabayire Vestine	UNFPA
Nsabimana Emmanuel	Rwanda Development Board
Peace Buto	University of Rwanda-UNAIDS
Remera Eric	HIV Division - Rwanda Biomedical Centre
Semafara Sage	Rwanda Network of People Living with HIV - RRP+
Semakula Muhammed	HIV Division - Rwanda Biomedical Centre
Tina Nyunga	University of Rwanda-UNAIDS
Umukunzi Martine	Imbutu Foundation
Uwineza Jacqueline	UNAIDS
Uwitonze Jean Marie	Ministry of Health

ICASA 2019 Organizational Chart



II. INTERNATIONAL STEERING COMMITTEE

The International Steering Committee (ISC) was made up of 160 members. The Committee was a combination of representatives of the following disciplines:

- Society for AIDS in Africa
- Government of Rwanda
- Chairs and Co-chairs
- Regional (National AIDS Councils)
- International Organisations
- Community/civil society organizations
- Science organisations
- National Science Institutes

INTERNATIONAL STEERING COMMITTEE

Prof. John Idoko, President

Dr. Diane Gashumba, Vice – President

SAA REPRESENTATIVES:

Prof. John Idoko

Prof. James Hakim

Hon. Dr. Pagwesese David Parirenyatwa

Mr. Niyi Ojuolape

Prof. Tandakha Ndiaye Dieye

Dr. Meskerem Grunitzky

Mrs. Sahra Guleid

Prof. Robert Soudre

Dr. Namwinga Chintu

Dr. Ihab Ahmed

Prof. Samuel E. Kalluvya

Prof. Sheila Tlou

GOVERNMENT OF RWANDA REPRESENTATIVES:

Dr. Placidie Mugwaneza

Malick Kayumba

Mrs. Sage Semafara

Dr. Gene Mac Donald

Mrs. Sandrine Umutoni

Dr. Betru Woldesemayat

Denyse Obany

Prof. Rulisa Stephen

CHAIRS AND CO-CHAIRS:

Prof. Tandakha Ndiaye Dieye	Chair: Scientific Programme Committee
Dr. Etienne Karita	Local Co-Chair: Scientific Programme Committee
Hon.Dr. Pagwesese David Parirenyatwa	Chair: Leadership Programme Committee
Dr. Jean Baptiste Mazarati	Local Co-Chair: Leadership Programme Committee
Mr. Alain Manouan	Chair: Community Programme Committee
Madam Sage Semafara	Local Co-Chair: Community Programme Committee

REGIONAL REPRESENTATIVES (NATIONAL AIDS COUNCILS):

Amb. Dr. Mokowa Blay Adu- Gyamfi	Andriana Harivelo
Dr. Emmy Chesire	Dr. David Kalomba
Dr. Smail Mesbah	Jessica Seleme
Dr. Didier Bakouan	Sabrina Mousbe
Prof. Vincent p. Pitche	Thato Chidarikire
Mr. Raymond Yekeye	Sandile Buthelezi
Dr. Bouyagui Traore	Khanya Mabuza
Dr. Christine Odoa	Leonard Maboko
Richard Matlhare	Fortune m. Chibamba
Dr. Lievin Kapend	Dr. Nelson Musoba
Keratile Thabana	Ismelda Pietersen

REPRESENTATIVES OF INTERNATIONAL NGO'S: COMMUNITY:

Prof. Mohamed Chakroun	Berry Didier Nibogora
Mrs. Serawit Bruck Landais	Mrs. Caroline Nyamayemombe
Dr. Marsha martin	Mr. Yatma Fall
Dr. Ron Simmons	Mrs. Lillian Mworeko
Dr. Saidi Mpendu	Dr. Kateera Fred
Mrs. Daughtie Ogutu	Dr. Ange Irakoze
Mr. Jean marc Boivin	Itete Karagire
Mr. Franck DeRose	Tona Isibo
Aziel Gangerdine	

REPRESENTATIVES OF INTERNATIONAL SCIENCE ORGANISATIONS:

Prof. Serge Eholie	Dr. Jean-baptiste Guiard-Schmid
Dr. John Nkengasong	Jean Paul Ngueya
Prof. Stefano Vella	Brian Kanyemba
Dr. Alfred j. Da Silva	Mrs. Yvonne Catherine Kahimbura
Prof. James Hakim	Dr. Kevin Fisher
Dr. Gilles Bruker	Mrs. Zaheeda Deen
Dr. Alain Azondekon	Mrs. Charmaine Naidoo
Prof. Coumba Toure Kane	Mrs. Marsha Gabriel
Dr. Brad Hale	Paul Sagna
Prof. William Ampofo	Dr. Eric Remera
Dr. Saidi Mpendu	Linda Ntagangwa
Dr. Etienne Karita	Dr. Aflodis Kagaba
Jenae Logan	Valence Gitera
Prof. Cyprien Baribwira	Dr. Jean Paul Uwizihwe
Dr. Rugwizangoga Eugene	Dr. Jamie Forrest
Dr. Mao Claude	Prof. Baribwira Cyprien
Moses Okpara	

REPRESENTATIVES OF DONOR ORGANIZATIONS:

Mrs. Linda Mafu	Mrs. Diana Mubanga Macauley
Mr. Thomas la Salvia	Mr. Craig McClure
Mr. Mauricio Cysne	

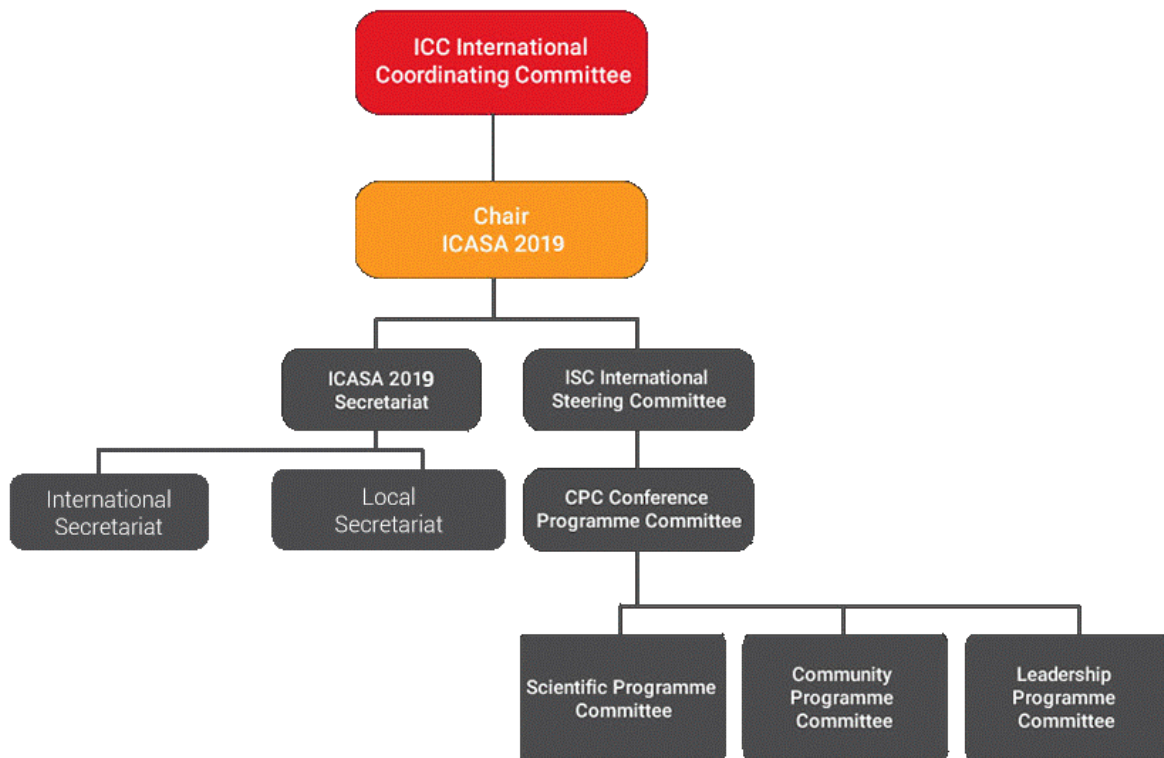
REPRESENTATIVES OF INTERNATIONAL ORGANISATIONS:

Dr. Hugues Lago	Catherine Sozi
Dr. Frank Lule	Christoforos Mallouris
Dr. Richard Delate	Mr. Niyi Ojuolape
Dr. Joy Backory	Sandrine Busiere
Mark scheeiner	Mr. Mabingue Ngom
Dr. Nirina Razakasoan	Dr. Benjamin Djoudalbaye

Dr. Landry Dongmo Tsague
Prof. Morenike ukpong
Mr. Alain Manouan
Prof. Hassana Alidou
Dr. Ron Simmons
Dr. Marsha Martin
Dr. Saidi Mpendu
Alzouma Maiga Idriss
Mr. Innocent liaison
Mr. Lelio Marmora
Cheick Tidiane Tall
Dr. Maud Lemoine

Ms. Elisa Scolaro
Mr. Daouda Diouf
Oluwakemi Gbadamosi
Dr. Grace Muriisa
Dr. Betru Woldesemayat
Dr. Daniel Alemu
Dr. Jules Mugabo
Dr. Gene Mac Donald
Alexandra Hoagland
Lisa Godwin
Dr. Sarah Trent
Dr. Joel Mubiligi

ICASA 2019 STRUCTURE & 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:

Co-organizers:

UNAIDS
WHO
UNFPA
GILEAD
Mylan

Partners:

avacarehealth
DRW

Co Partners:

UNICEF

Supporters:

EXPERTISE FRANCE
ViiV Healthcare

III. SCIENTIFIC PROGRAMME

Developing the ICASA 2019 programme was the responsibility of the Conference programme committee. The 3 programme committees were responsible for the development of the programme structure, content, session and track themes and also nominating speakers.

SCIENTIFIC PROGRAMME COMMITTEE

Prof. Tandahka Ndiaye Dleye Chair
Dr. Etienne Karita Co- Chair

TRACK A BASIC SCIENCE

MEMBERS

Prof. Coumba Toure Kane	Chair
Dr. Annette Uwineza	Co- Chair
Prof. Kakou Aka	Member
Dr. Didier Ekouevi	Member
Dr. Almoustapha Maiga	Member
Prof. Samuel Elias Kalluvya	Member
Yvan Emil	Member
Christine Mwangi	Member
Dr. Pacifique Mugenzi	Member
Jean Pierre Musabyimana	Member

TRACK B CLINICAL SCIENCE, TREATMENT AND CARE

MEMBERS

Prof. James Hakim	Chair
Dr. Muhayimpundu Ribakare	Co-Chair
Dr. Isidore Traore	Member
Dr. Avelin Aghokeng	Member
Dr. Henry Nagai	Member
Prof. Aristophane Tanon	Member
Dr. Tapiwanashe Bwakuza	Member
Dr. Emmanuel Musabeyezu	Member
Dr. Patrick Migambi	Member
Dr. Kiromera Athanase	Member
Prof. Leon Mutesa	Member
Dr. Olivier Twahirwa	Member

**TRACK C EPIDEMIOLOGY AND PREVENTION
SCIENCE**

MEMBERS

Prof. William Ampofo	Chair
Dr. Placidie Mugwaneza	Co-Chair
Prof. Zannou Marcelle	Member
Prof. Seni Koaunda	Member
Prof. Serge Eholie	Member
Prof. Mohamed Chakroun	Member
Dr. Eric Remera	Member
Dr. Andre Mbayiha	Member
Dr. Jean de Dieu Ntwali	Member
Dr. Julien Nyombayire	Member
Dr. Jamie Forrest	Member

**TRACK D – LAW, SOCIAL SCIENCE, HUMAN RIGHTS
AND POLITICAL SCIENCE**

MEMBERS

Dr. Aliou Sylla	Chair
Gizelle Gatariki	Co-Chair
Dr. Hortense Aka	Member
Dr. Alain Azondekon	Member
Mr. Kene. C. Esom	Member
Mr. Berry Nibogora	Member
Commissioner Soyata Maiga	Member
Dr. Marsha Martin	Member
Dr. Ron Simmons	Member
Mr. Paul Sagna	Member
Mrs. Alida Ngwije	Member
Dr. Mugisha Veronicah	Member
Linda Ntaganzwa	Member
Dr. Aimable Musafiri	Member

**TRACK E - HEALTH SYSTEMS, ECONOMICS AND
IMPLEMENTATION SCIENCE**

MEMBERS

Prof. Morenike Ukpong	Chair
Dr. Albert Tuyishime	Co-Chair
Dr. John Ojo	Member
Dr. Meskerem Bekele Grunitzky	Member
Dr. Frank Lule	Member
Dr. Saidi Mpendu	Member
Prof. Bashiru Koroma	Member
Madam Caroline Ntchatcho	Member

Dr. Nirina Harilala Razakasoa	Member
Mr. Raymond Yekeye	Member
Noella Bigirimana	Member
Dr. Parfait Uwaliraye	Member
Dr. Gilbert Biraro	Member
Soline Mugeni	Member
Sabine Umuhire	Member
Dr. Jackson Sebeza	Member
Muhammed Semakula	Member
Ida Kankindi	Member
Dr. Aflodis Kagaba	Member
Dr. Etienne Karita	Member
Dr. Eric Remera	Member
Joel m. Mubiligi	Member
Patrick Nganji	Member
Dr. Eugene Rugwizangoga	Member
Dr. Muhayimpundu Ribakare	Member
Dr. Jean Paul Uwizihiwe	Member
Seth Butera	Member

COMMUNITY PROGRAMME COMMITTEE

Dr. Djibril Diallo	Chair
Madam Namizata Sangare	Co-Chair
Dr. Helene Badini	Member
Mr. Franck DeRose	Member
Dr. Morenike Ukpong	Member
Martin-Mary Falana	Member
Mr. Paul Sagna	Member
Pulcherie Mukangwie	Member
Mr. Innocent Liaison	Member
Daughtie Ogutu	Member
Manuel Couffignal	Member
Dr. Aliou Sylla	Member
Dr. Marsha Martin	Member
Mr. Berry Nibogora	Member
Mr. Niyi Ojuolape	Member
Mr. Kene C. Esom	Member
Jackie Makokha	Member
Bacha AbdelKader	Member
Chamrid Kpadonou	Member
N'cho Kouah Vicent	Member
Alain Geofroy Grekou	Member

Alain Somain	Member
Anoma Camille	Member
Tety Josiane	Member
Frobert-Iggui Cecile	Member
Boka Raoul Marius	Member
Dr. Offia Coulibaly Madiarra	Member
Seka Monika	Member
Sidje Leontine Gaty	Member
N'drin Josiane	Member
Alain Manouan	Member
Alain Kra	Member
Ouba Ahoutou Joachim	Member
Kone Harouna	Member
Leroux Elysee	Member
Mady Yannick	Member
Elsie Ayer	Member
Keipo Valentin	Member
Ognyi Edward	Member
Kouakou Kouassi Puvani	Member
Raoul Boka	Member
Gbanta Laurent	Member
Gloye Sebo Leonce	Member
Ourega Loh Jeannot	Member
Toure Donatienne	Member

LEADERSHIP PROGRAMME COMMITTEE

Hon Dr. Pagwesese David Parirenyatwa	Chair
Dr. Mazarati Jean Baptiste	Co-Chair
Dr. Meskerem Grunitzky	Member
Mr. Mabingue Ngom	Member
Mr. Niyi Ojuolape	Member
Dr. Cedric Pulliam	Member
Saran Branchi	Member
Dazon Dixon Diallo	Member
Dr. Yamina Chakkar	Member
Sandrine Busiere	Member
Commissioner Soyata Maiga	Member
Caroline Ntchatcho	Member
Dr. Nirina Razakaso	Member
Dr. Linda Mafu	Member
Dr. Benjamin Djoudalbaye	Member
Hon. Sahra Gulaid	Member

Dr. Landry Tsague	Member
Dr. Betru Woldesemayat	Member
Dr. Emmy j. Chesire	Member
Dr. Angela El - Adas	Member
Lubna bhayani	Member
Prof. Jeanine Condo	Member
Dr. Turate Innocent	Member
Dr. Muhire Philbert	Member
Dr. Anita Assiimwe	Member
Mr. Dieudonee Ruturwa	Member
Dr. Felix Kayigamba	Member
Dr. Muhimpundu Ribakare	Member
Dr. Eugenie Kayirangwa	Member
Mr. Itete Karagire	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 1ST February 2019 to 30th July 2019.

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 3,107 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 300 reviewers were allocated an average of 6 abstracts each, which were scored through an on-line blind peer-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.
- 20th 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

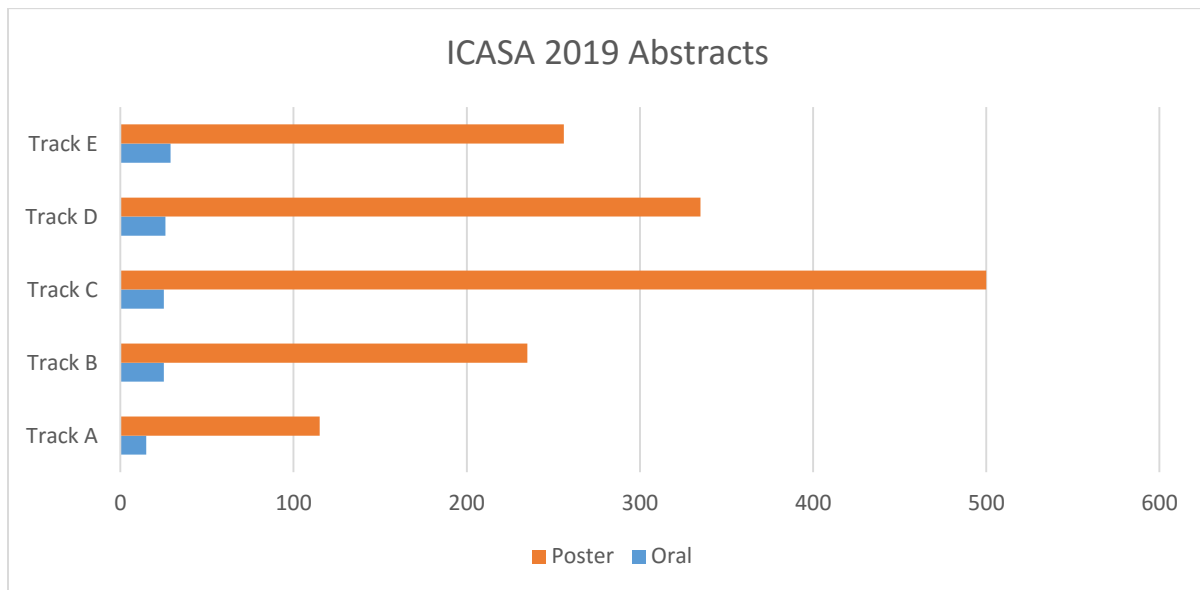


Figure 1. Breakdown of Abstracts by Track

Below is a chart presenting the statistics graphically and showing an increase in the number of posters mounted from the first day to the 4th day of poster presentation.

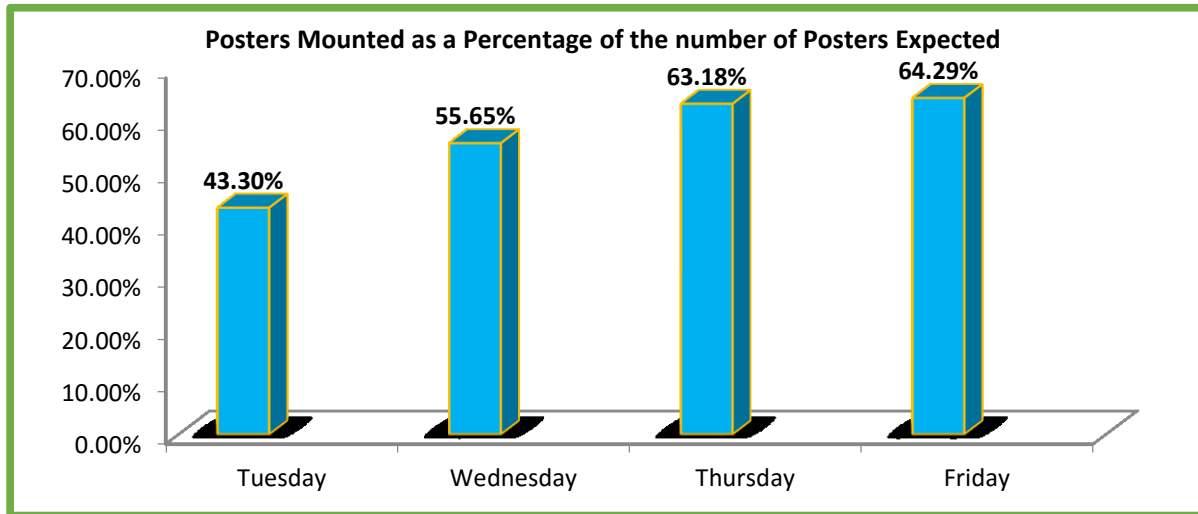


Figure 2. Breakdown of Poster presentation per day

Three meetings were organized and convened to plan ICASA 2019. These were the first International Steering Committee meetings which took place from 7th – 8th June, 2018, the second international steering committee which took place from 28th – 29th March, 2019 as well as the Marathon meeting which took place from 21st – 23rd August, 2019 all hosted at the Serena Hotel, Rwanda. The ICASA 2019 Secretariat organized and facilitated all the meetings and followed up on all the International Steering Committee recommendations.

IV. ENSURING COMMUNITY INVOLVEMENT

Community involvement before and during ICASA 2019 was vital and compulsory. A Community Programme Committee was formed. Community representatives were included in other Conference programme working groups. Community based organisations and community village activities were two of the categories for which people could apply for scholarships. Scholarships were allocated to community applicants. The Community Village also provided a wide range of activities.



A group photograph of participants at the ICASA 2019 Marathon Meeting

V. LOGISTICAL ARRANGEMENTS

The ICASA Secretariat handled the exhibitions at ICASA 2019. The team was responsible for:

- Drafting the exhibition marketing and booking documents and distributing it to the potential exhibitors.
- Marketing exhibition space and allocating relevant exhibition stands to organisations according to the floor plan
- Ensuring visibility and follow up with various stakeholders in line with their marketing product.
- 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 2019 website
- Managing the exhibition hall
- ICT
- Exhibition Stands
- Onsite transportation
- Accommodation

ICASA 2019 was able to accommodate 88 of exhibition spaces organized by 68 partners.

The ICASA International Secretariat provided support before and during ICASA 2019. The IT team was responsible for:

- Start-up and maintenance of the ICASA 2019 website and other ICASA 2019 systems
- IT support during the Marathon meeting
- Manage IT suppliers and rollout of equipment in all areas at ICASA 2019

Registration was handled by the ICASA Secretariat and was coordinated from the SAA Permanent Secretariat office in Accra, Ghana. One Registration Liaison under the Registration Manager, based in the ICASA Local Secretariat office, helped to handle onsite registration. 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
- Volunteer training

VI. ENSURING DELEGATES' TRAVEL AND ACCOMMODATION

Flight booking and ticketing services were provided by Eurotour Ghana Limited and Satguru Company Limited in conjunction with RwandAir.

Before ICASA 2019 the Society for AIDS in Africa and Eurotour Ghana Limited (Travel Management Company) negotiated discounted flights, accommodation and transfer rates and contracted with preferred suppliers. The ICASA 2019 Secretariat was provided with the information and rates, which was uploaded on the ICASA 2019 website. However, onsite transportation was provided free of charge by the ICASA 2019 conference.

VII. VOLUNTEER MANAGEMENT

A total of 243 volunteers worked on-site during ICASA 2019. The volunteers were generally bilingual. Volunteers were grouped under the various Departments of the Onsite Management such as the Registration, Programme (Faculty), Monitoring & Evaluation, Communication, Poster Area, Rapporteur, Satellite, IT, Community Village and Exhibition. Daily per diems were received after daily assessment forms were signed off by onsite Departmental heads.

VIII. SCHOLARSHIP

Scholarships and other types of financial support were awarded to a large number of individuals to enable them to attend, participate and present at the Conference. This is crucial to ensure that a balance is maintained in relation to representation at the Conference and its continued relevance as a global forum. Scholarships for ICASA 2019 were funded by the ICASA Conference. Scholarships recipients were from the five geographical regions of Africa. Very high percentage oral and poster presenters who applied for scholarship were granted scholarships. Individuals applied for scholarships through the ICASA 2019

website. The Government of Rwanda provided 300 local scholarships as part of their support towards scholarships for ICASA 2019.

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
- People living disabilities

The scholarships awarded are listed below:

A total of 1054 scholarships were awarded. 754 scholarships were awarded through the ICASA Conference Organizers. The Government of Rwanda provided 300. A total of 243 fully funded scholarships were awarded.

- General Delegates (Registration and DSA) - 4
- General Delegates (Accommodation and Registration) - 1
- General Delegates (Registration, Travel, Accommodation and DSA) - 243
- Oral presenters (Travel, Accommodation & DSA) - 41
- Poster exhibitors (DSA only) - 200
- Poster exhibitors (Accommodation & DSA) - 100
- HIV+ Delegates (Registration, Accommodation & DSA) - 57
- Community village (Registration, Accommodation & DSA) - 29
- Youth Scholarship (Registration, Accommodation and DSA) - 20
- Attendance from Mexico (Scholarship) + 43 Oral posters
- Registration only – 54
- Total Scholarships from the ICASA Conference – 754
- Total Scholarships from the Government of Rwanda - 300
- Total scholarship Awardees - 1054

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

- | | |
|---------------------------------|-----|
| • Abstract Presenters | 30% |
| • Workshop Facilitators | 10% |
| • Media | 5% |
| • Program Activities Organizers | 20% |
| • General delegates | 35% |

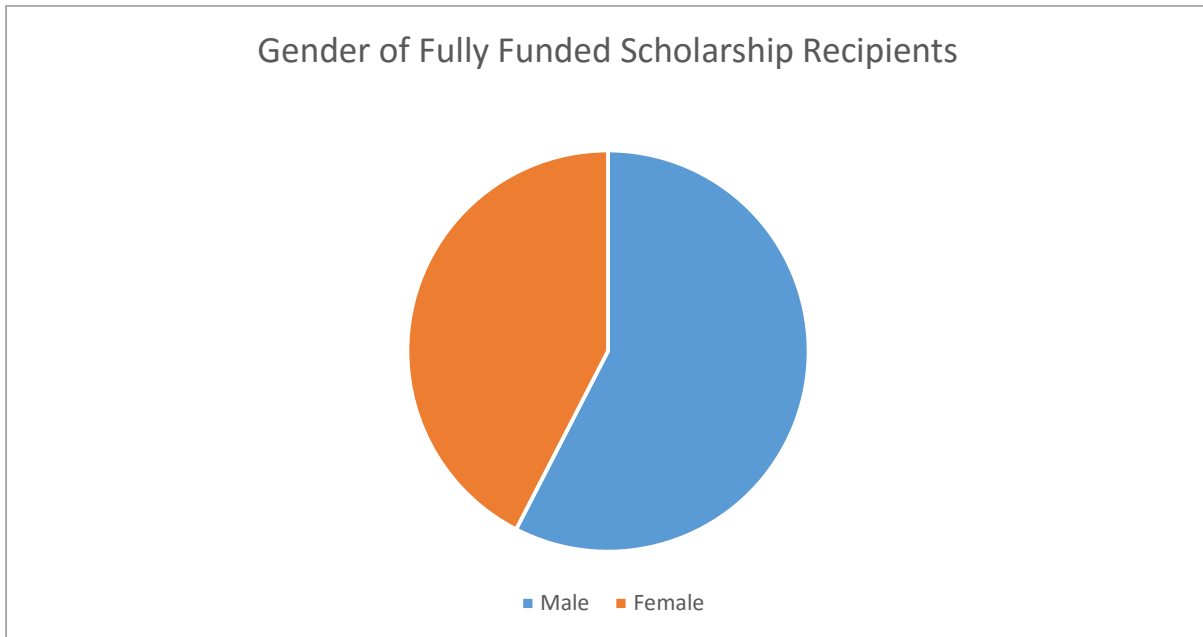


Figure 3. Gender of fully funded scholarship recipients

IX. PEOPLE WITH DISABILITY

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. Based on the recommendations of civil society organizations working with people with disabilities during ICASA 2017, the organizers ensured most disability sessions were located on the ground level. Alternative routes were also created for access to the community village as well as the main exhibition area.

X. SECURITY

On-site Risk, Safety, Security and Medical services were rendered by the Government of Rwanda. Delegates were screened at the various designated entrances and exits. There was a Safety and Security Office located on-site and all delegates were furnished with the contact details as well as emergency numbers. For security reasons, access to all the Conference venues was controlled while access to session rooms of Kigali Convention Centre was only for registered delegates displaying Conference badges. In the interest of personal safety and security, delegates were advised to only display their Conference badges on the Kigali Convention Centre premises.

D. ICASA 2019 CONFERENCE REPORT

A. OPENING CEREMONY

The opening ceremony took place in the evening of 2nd December, 2019.

- Prof. John Idoko, ICASA 2019 President, delivered the welcome address from the Society for AIDS in Africa.
- Hon. Dr. Diane Gashumba, Minister of health of Rwanda welcomed delegates to Rwanda
- Dr. Tedros Adhanom Ghebreyesus Director General of the World Health Organisation, gave his introductory remarks
- His Excellency, Filipe Jacinto Nyusi, President of Mozambique gave his welcoming remarks.
- His Excellency, Paul Kagame, President of Rwanda inaugurated ICASA 2019.

ICASA 2019 Opening Ceremony Speech



[Prof. John Idoko, ICASA 2019 President](#)



[Hon. Dr. Diane Gashumba, ICASA 2019 Vice Presidents](#)



[Dr. Tedros Adhanom Ghebreyesus, Director General, WHO](#)



[His Excellency, Filipe Jacinto Nyusi, President of Mozambique](#)



[His Excellency, Paul Kagame, President of Rwanda](#)

B. PLENARY SESSIONS

The first plenary session was held on 3rd December 2019. The speakers were:



[Prof. Lawrence Corey](#)

[Her Excellency Mukabalisa Donatille](#)

[Mrs. Rosemary Mburu](#)

- Prof. Lawrence Corey - Towards developing a globally effective HIV vaccine
- Her Excellency Mukabalisa Donatille - African Heads of State towards AIDS Free Africa: What does it take!
- Mrs. Rosemary Mburu - Health Financing: community and private sector engagement for increased domestic funding

The second plenary session was held on 4th December 2019. The speakers were:



[Prof. Linda-Gail Bekker](#)

[Massogui Thiandoum](#)

[Prof. Wafaa El-Sadr](#)

- Prof. Linda-Gail Bekker - Operationalizing the implementation of innovative biomedical prevention (PrEP, microbicides, and long acting ARVs)
- Massogui Thiandoum - Promote stronger community led leadership for ending AIDS in Africa
- Prof. Wafaa El-Sadr - Integrating HIV Care with emerging infections, comorbidities, and NCDs

The third plenary session was held on 5th December 2019. The speakers were:



[Dr. Dorothy Mbori-Ngacha](#)

[Tshepo Ricki Kgositau](#)

[Prof. Seni Kouanda](#)

- Dr. Dorothy Mbori-Ngacha - What will it take to achieve EMTCT and 90-90-90 goals for children in Africa?
- Tshepo Ricki Kgositau - Stronger positioning of women leadership in Africa in the HIV Response
- Prof. Seni Kouanda Accessing services for people living with Disabilities

The fourth plenary session was held on 6th December 2019. The speakers were:



[Dr. Tendani Gaolathe](#)

[Cindy Kelemi](#)

[Dr. Olawale Felix Fadare](#)

- Dr. Tendani Gaolathe - How to optimize second and third line ARV regimens and prevent HIV drug resistance through differentiated care in Africa
- Cindy Kelemi - Political leadership to advance SDG 3 and promote inclusivity of vulnerable populations
- Dr. Olawale Felix Fadare - Community Innovation and Technology to ending AIDS

The last plenary session was on 7th December, 2019. The speakers were:



[Wame Mosime](#)

[Gouem Phadylatou](#)

[Sandrine Umutoni](#)

- Wame Mosime - Community based monitoring for quality service delivery
- Gouem Phadylatou - Youth leadership at the centre of the HIV response
- Sandrine Umutoni - Addressing social structures to increase access to service and agency for Adolescent girls and young women

C. CLOSING CEREMONY

The closing ceremony took place on 7th December 2019. The speakers were:



[Dr. Col. Alain Azondekon](#)

[Jeanne Gapiya](#)

[Mabingue Ngom](#)



[Prof. John Idoko, ICASA 2019 President](#)

[Hon. Dr. Diane Gashumba, ICASA 2019 Vice President](#)

- Dr. Col. Alain Azondekon, Chief rapporteur, presented the ICASA 2019 Rapporteur Report.
- Jeanne Gapiya, Activist and Champion of Adolescent girls & Young women's rights
- Mabingue Ngom, Executive Director, UNFPA West and Central Africa
- Prof. John Idoko, ICASA 2019 President and President of the Society for AIDS in Africa (SAA)
- Dr. Diane Gashumba, Minister of Health of Rwanda & ICASA 2019 Vice President

XI. ABSTRACT DRIVEN SESSIONS

The abstract driven sessions enabled researchers to share new and evolving information about their research.

A total of 3107 abstracts were submitted to ICASA 2019 for review of which 1561 were selected for presentation at the Conference. 120 oral abstract sessions and 1441 were selected for poster presentation. Each abstract was scored through a blind peer-review process. The descriptions of each of the five tracks was as follows:

TRACK A: BASIC SCIENCE (Biology & Pathogenesis)

This track will encompass all aspects of fundamental HIV biology and the host response to HIV. Areas of focus will include 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 will be important themes of this track.

TRACK B: CLINICAL SCIENCE, TREATMENT AND CARE

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

TRACK C: EPIDEMIOLOGY AND PREVENTION SCIENCE

This track will focus on HIV and AIDS prevention research and issues related to the design, implementation and evaluation of prevention programs to reach the SDG. It will include examination of Research, methodological and programmatic advances in the continuum of prevention, 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 will be presented. This Track will also address co-morbidities (Hepatitis, Tuberculosis, and STI's, communicable and emerging diseases).

TRACK D: LAW, HUMAN RIGHTS SOCIAL SCIENCE AND POLITICAL SCIENCE

This track aims 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 aims 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 that are based on human dignity and individual entitlements. This track will feature 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 acceptance of human diversity and fast track 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 will aim 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 programs, country ownership of national health and HIV programs, and advancement of a comprehensive and integrated approach to health and rights will be discussed. This Track must show the need for a holistic vision of the fight against the disease by the effective strengthening of health systems. The verticalization of the fight is not a proper and appropriate response in a context where we have recurrent epidemics.

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 covered a wide variety of topics organized by track. Posters were displayed in the Exhibition Hall, next to the Community Village, and were available for viewing throughout the Conference from Tuesday to Friday from 10:15AM -16:45PM. Authors were asked to stand by their posters during break times to answer questions and provide further information on their study results.

XII. NON-ABSTRACT DRIVEN SESSIONS

There were 11 non-abstract driven sessions, addressing a variety of emerging and topical issues related to innovation, sustainability and equity in the HIV response. The format and focus of the sessions varied.

PLENARY SESSIONS

Five (5) plenary sessions were organized with a 15 speakers. Plenary sessions featured some of the world's most distinguished researchers, political leaders and high-level specialists. It brought all Conference delegates together every morning. The topics reflected the many facets of the Conference theme namely "AIDS FREE AFRICA - Innovation, Community, and Political leadership".

SPECIAL SESSIONS

Fourteen (14) 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.

SATELLITE SYMPOSIA

Ninety-nine (99) satellites sessions addressed critical issues on where there were no n consensus decisions. Speakers and delegates who attended the session shared experiences, and brainstormed on possible ways forward. Sessions also reported on new findings and announced forthcoming research and new initiatives.

SKILLS BUILDING WORKSHOPS

Five (5) skill building workshops were organized with the aim of transferring new skills or strategies for research, programme implementation and advocacy to participants. Workshops helped stimulate new and stronger partnerships for problem-solving related to the many different HIV-related needs.

XIII. EXHIBITION

ICASA 2019 had 88 exhibition stands. The following organisations exhibited at ICASA 2019:

ORGANIZATIONS

Abbott	Mylan
AFRICA BIOSYSTEMS LIMITED	National AIDS Control Programme – Tanzania
AIDS Healthcare Foundation (AHF)	National AIDS Council-Zimbabwe
ANCS	National AIDS/STI Control Programme (Ghana Health service)
AUROBINDO PHARMA LTD	NASCP
AVACARE HEALTH	Omega Diagnostics Ltd
BD Biosciences	OraSure Technologies Inc
Biocentric	Plateforme ELSA
bioLytical Laboratories, Inc.	Population Council
BIOSYNEX SA	Population Services International
Cepheid	Premier Medical Corporation

Chembio Diagnostic Systems, Inc	QIAGEN
Chemonics International	RBC
Diagnostics for the Real World Ltd	RCB
Expertise France	RwandaAir
Gilead	SADC- SRHR 2030 "Community of Policy and Practice" SAT
Guangzhou Wondfo Biotech Co., Ltd.	SAfAIDS
HIV Vaccine Trials Network (HVTN)	Savics
Hologic	Selenium Education and Research Centre
Human Gesellschaft fuer Biochemica und Diagnostica mbH	Society for AIDS in Africa
Humana People to People	Symex South Africa
HUMENSIS/BELIN INTERNATIONAL	The Female Health Company
IAS	Trans Smart Trust
ICAP at Columbia University	Trinity Biotech
INTEC PRODUCTS, INC (XIAMEN).	U.S. Census Bureau
International Partnership for Microbicides	UGANDA AIDS COMMISSION
International Treatment Preparedness Coalition	UN Women
Johnson & Johnson Global Public Health	UNAIDS
KAREX	UNFPA
Laurus Labs Limited	UNICEF
Le Reseau Eva	ViiV Healthcare
mothers2mothers	Virology Education
MSD	WFP
MSF	WHO



Cross section of some booths at the ICASA 2019 Exhibition Centre

XIV. SATELLITE MEETINGS

Ninety-nine (99) satellite meetings were convened each day of the Conference. Meetings were entirely organized by commercial and non-commercial organisations. The content and speakers of the satellite meetings were organized and coordinated by the party proposing the satellite. The proposed satellite sessions were reviewed by appropriate committees to ensure they met with conference specifications.

ORGANIZATIONS THAT ORGANIZED SATELLITE MEETINGS

- | | |
|--|---|
| AFRICAID | Prevention Access Organisation |
| CARITAS INTERNATIONALIS | International AIDS Vaccine Initiative (IAVI) |
| SYSMEX | UNAIDS |
| OraSure Technologies | Chemonics |
| Elizabeth Glaser Pediatric AIDS Foundation | UNFPA West and Central Africa Regional Office |
| OAFIAD | ICAP and Rwanda Biomedical Center |
| Diagnostics for the Real World Ltd | Sonke Gender Justice |
| SIDACTION | WFP, ILO, UNAIDS |
| PEPFAR | UNODC |

Imbuto Foundation	Clinton Health Access Initiative (CHAI), AfroCAB, and Unitaid
Jhpiego	Virology Education
ITPC	National AIDS Control Council - Kenya
Drugs for Neglected Diseases initiative	MSD
Expertise France	Health Economics and Epidemiology Office (HE2RO)
ICAP at Columbia University	UNFPA ESARO
Global Network of Black People Working in HIV	Zimbabwe National AIDS Council
IAS	ICAP at Columbia University
The Aurum Institute	UNFPA GHANA
Project SOAR/Population Council	International Planned Parenthood Federation Africa Region
FHI 360	ANCS
Unitaid and Wits RHI	Abbott
UN Women	Coalition PLUS
USAID Global Health Supply Chain Program- Procurement and Supply Management project	University of Maryland Global Initiatives Corporation, Nigeria
CeSHHAR Zimbabwe	Open Society Foundations
Johns Hopkins Bloomberg School of Public Health	Roche Diagnostics
Cellule Sectorielle de Lutte contre le VIH/Sida du Ministère de la Solidarité et de la Lutte contre la Pauvreté	PSI
UHAI EASHRI	UNICEF
World Council of Churches-Ecumenical Advocacy Alliance	Frontline AIDS
Trans* Alliance	EDCTP

XV. Community Village

The Community Village was an integral and vibrant part of the ICASA 2019 programme. The Village hosted talks, giving Conference participants and the general public the opportunity to interact with leaders, policy makers, community advocates and activists. The village was structured in a way that ensures the science and the arts of HIV mingled coherently. Delegates and visitors visited the Village exhibition booths and networking zones in the village. The Community Village activities included: Panel discussions and debates on cutting-edge HIV issues at the Community Dialogue Space; Film screenings; Art exhibits; Networking zones focusing on key populations; NGO and marketplace booths showcasing the work and products of organizations working within the HIV field; and a range of live performances from local and international artists on the Main Stage. No registration fee was required to be admitted into the Community Village.

After the welcome remarks of the Community village coordinator, Dorothy Ogutu, the opening ceremony of this year's ICASA Community Village received the opening remarks from Mr. Luc Armand Bodea, ICASA Director, Mr. Alain Manouan, Chair of the ICASA 2019 Community Programme, Madam Sage Semafara, Co-chair of the ICASA 2019 Community programme, Richard Makurundundu, YKP representative, Martha Clara, AGYW representative and Sylvie Murenza, PLHIV representative.



Mr. Luc Armand Bodea, ICASA Director addressing delegates at the ICASA 2019 Community village opening ceremony



Madam Sage Semafara, Co-chair of the ICASA 2019 Community Programme addressing delegates at the ICASA 2019 Community village opening ceremony

- **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 Dialogue Space** provided a venue to engage with communities and partners from around the world. The Talks 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.

XVI. ICASA 2019 delegates

A total of 8522 delegates attended ICASA 2019 Rwanda. Delegates include scholarship recipients, media representatives, exhibitors and visitors to the Community Village. Paying delegates were from 98 nationalities residing in 113 of countries. The majority of delegates were from sub-Saharan Africa (76%). 220 media / press representatives were registered.

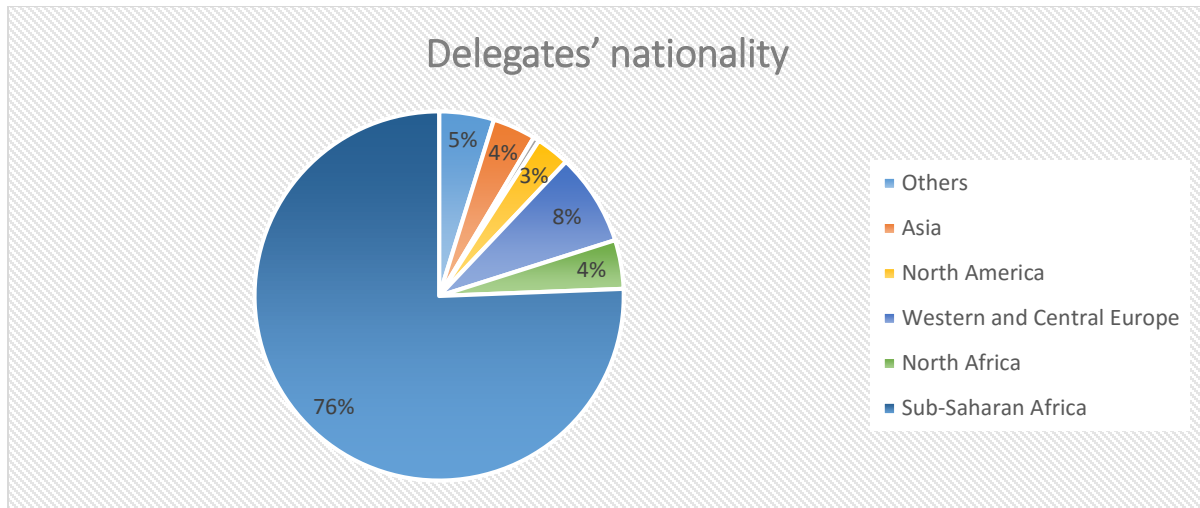


Figure 4. Delegates' nationality

ICASA 2019 AUDIT

A team of auditors from Price Waterhouse Coopers (PwC) with the SAA Finance department was in Ghana to audit ICASA 2019 Accounts. The Audit took place from 19th to 29th February, 2020. The ICASA Audit was professionally conducted and the financial report was finalized and published on the SAA Website.



20TH
ICASA
 INTERNATIONAL CONFERENCE
 ON AIDS AND STIs IN AFRICA
KIGALI 2019

ICASA 2019

PROGRAMME REPORT



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1. INTRODUCTION

The International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) is Africa's biggest bilingual international AIDS Conference which is hosted by the Society of AIDS in Africa in partnership with governments on the continent. Its current biennial hosting alternates between Anglophone and Francophone African countries through a competitive bidding process. The 2019 ICASA was held in Rwanda from 2nd to 7th December 2019 at the Kigali Convention Centre. The conference provided the space to share and learn about the diversity of the HIV response in Africa, learn about best practices, and get updated about scientific advances in the field.

The Conference theme was "**AIDS FREE AFRICA - Innovation, Community, and Political Leadership**". The focus was on the Post-Sustainable Development Goals Framework, sustainability of the HIV response in Africa, and how to reach the UNAIDS global 90-90-90 targets. It also addressed Human rights as a key priority for HIV response, and promoted evidence-informed policy formulation and programming for specific country responses. As ICASA 2019 Rwanda came a year before the UNAIDS global 90-90-90 targets in 2020, the Conference offered leaders, scientists and communities a platform to take stock of challenges that countries are facing in attaining the fast track targets.

2. METHOD FOR COLLATING INFORMATION FOR THE ICASA 2019 REPORT

The Rapporteur training was a 4.5 hour session during which the 30 conference rapporteurs (25 locals and 5 internationals) were trained on how to identify key messages, reporting systems and the use of the reporting tools. Rapporteurs and track leads were appointed. Daily debriefs were held to discuss successes and challenges, and to plan for the next day activities.

Summary reports (reporting technical forms, tracks and programme report presentations, records) of each day's sessions were submitted daily after the debrief meetings, analyzed and key new findings, special remarks and debates at daily abstract-driven sessions, non-abstract driven sessions, symposia, special sessions, skills-building workshops, poster exhibitions and the Community Village highlighted. These findings constituted the final report. Also, key messages, controversies, challenges and recommendations for more inclusive and successful HIV/AIDS and STIs control in Africa, were documented.



3. MAIN FINDINGS AND RECOMMENDATIONS

3.1. LEADERSHIP PROGRAMME

3.1.1. Policy Frameworks

During this ICASA 2019, several presentations highlighted the following:

- The urgent need to translate political commitments and declarations into health outcomes.
- Engagement of civil society, religious leaders, cultural leaders, and private sector as key players in the formulation of policies and law reforms and programming for key and priority populations to achieve the 90-90-90 global targets.
- Government and States should reform laws and policies to decriminalize same sex relationships, provide health services equally to all in need and put an end to sexual violence such as rape, female genital mutilation and sexual harassment at the work place.



3.1.2. Governance

- Leadership and governance should be decentralized to make it effective, and promote community-led initiatives in the fight against stigma and discrimination.
- African First Ladies to advocate and mobilize resources for strategic partnerships for the elimination of HIV, syphilis and hepatitis B.
- Country governments should create a supportive environment for women to lead community initiatives for HIV, AIDS and STI control, ensure girls are kept in school to as a preventive measure for early child marriage and improve comprehensive sexual and reproductive health education.
- African leaders should ensure that youth-structured interventions that target HIV testing, prevention and treatment are scaled up to reach young people; and should promote social justice and human rights efforts that alleviates poverty and gender inequality that hamper access to HIV services.

3.1.3. Financing

- Governments in Africa should streamline policies for accountability and effective spending of available resources to maximize gains and emphasize strategies on prevention to reduce costs on treatment.
- African governments to improve on domestic resourcing of their HIV program.

3.1.4. Community-driven and community-led governance

- New leadership approaches are needed to trigger essential and appropriate health and community systems strengthening through effective resource allocation to communities worse affected by the epidemic.
- Facilitate civil society leadership with funds management for specific HIV responses

- International organizations working in African countries should implement programs in partnership with local communities and ensure program sustainability.
- Ensure Universal Health Coverage plans support comprehensive access to treatment of HIV, AIDS and co-infections like tuberculosis, hepatitis C and other non-communicable diseases.
- Respect the rights and voice of key and vulnerable populations when developing and designing programs that prevents new HIV infections, and care and treatment of people living with HIV.



Opening ceremony officials: Strong Leadership at ICASA 2019, Kigali-Rwanda

3.2. COMMUNITY PROGRAMME

Community engagement is central for successful HIV response. This engagement can be scaled up of through the use of technologies (Smart Card, Smartphone application) and special events such as naming ceremony, religious meeting to promote access to HIV testing.

3.2.1. Community and research

Priority community research are:

- Map population at risk for HIV for whom policies and program implementation needs to be prioritized.
- Data generation to identify people with disabilities living with HIV and appropriate responses, needs to be prioritized.



3.2.2. Community empowerment

- It is important to invest in the capacity development of civil society organisations and communities to enable them take on the leadership roles in the HIV response – including building their capacity to place the watchdog role advocacy, translate lessons on best practices on service delivery, conduct of community based research, and facilitating community financing and accountability.
- Engagement of key population, young people, women and people with disabilities is equally important.

3.2.3. Community and leadership

- Political leaders need to improve the community HIV response by expanding their financial resources through responsible progressive taxation systems that stops illicit financial flows
- Improve investment in health through engagement of for-profit and the private sector who can commit to HIV programs as a social responsibility.
- Governments should review laws and interventions that are promoting discrimination and stigmatization of key populations and human rights violation

3.2.4. People-centered care

- Communities of people affected and infected by the HIV virus have driven the response. The support needed to continue to do this needs to be provided. The community must remain central to the response.
- Scientists need to hear a lot more from the community about the new HIV management tools they need to ensure research discoveries meet the specific needs of target populations.



Meeting and discussion between youth and Development Partners, ICASA 2019, Kigali-Rwanda



Sharing of experiences between Key populations ICASA 2019, Kigali-Rwanda



Panel of discussion and experiences sharing between sex workers, ICASA 2019, Kigali-Rwanda

3.3. SCIENTIFIC PROGRAMME – BASIC SCIENCES (TRACK A)

This track addressed HIV biology and the host response to HIV. Many presentations focused on infection and replication, transmission, genetics, evolution, structure and function, pathogenesis, adaptive and innate immune responses to HIV, genetic susceptibility to HIV, interaction of micronutrients and co-infection. There were also reports on studies with animal models, pre-clinical vaccine, microbicide, and drug development.



3.3.1. Research and Innovation

Many highly effective HIV treatment and prevention interventions are available today because of the remarkable research and innovation projects on the molecular biology and pathogenesis of HIV infection. The Scale-up of access to existing HIV prevention and treatment tools, progress in understanding of the HIV biology and continued development of new HIV prevention and treatment interventions are needed to enable countries reach the UNAIDS 90-90-90 goal.

3.3.2. HIV pathogenesis

- The persistence of HIV in latent reservoirs remains one of the greatest challenges in HIV cure research.
- Latently infected memory CD4-T cells are the predominant cell compartment responsible for viral persistence. Some discussions showed that myeloid cells, and possibly hematopoietic progenitors, serve as long-term viral reservoirs.
- The ability to profile the molecular structure and composition of viral reservoir cells using advanced technological is facilitating HIV studies.

3.3.3. HIV vaccines

- **RV144 trial:** Demonstrated that conceptually, an HIV vaccine could be developed (RV144: ALVAC prime, gp120 boost, Vaccine Efficacy (31%) + HVTN 702: 2019.
- **Johnson and Johnson HIV vaccine:** The Ad26/Ad26+Env HIV vaccine regimen provides substantial protection against SHIV_{SF162P3} challenges in non-human primates.
- These two trials may be transformative for the vaccine field. They will also answer whether non-neutralizing antibodies can be clinically useful.
- Broadly reactive neutralizing antibodies discovered since 2009 include VRC01 that blocks attachment to CD4 and neutralizes 80%-90% of viruses. This is being used for clinical trials conducted by the HIV Vaccine Trial Network. Vaccine concepts being studied include active immunization to induce binding antibodies, passive immunization and active Immunization to induce neutralizing Abs
- TDF/FTC Pre-exposure prophylaxis has set a high bar for preventive effectiveness

3.3.4. Africa partnership for HIV research

- Massive investment in HIV research and HIV research and management infrastructure has been built in Africa continent in the last 10 years through which more than 54 clinical trial sites have conducted HIV-related research.
- Science diplomacy and improved partnership between African and western scientists have helped improve the quality of research related outputs, including ensuring community relevant research are conducted.

3.3.5. Key research and innovation areas to explore

- **Cross-cutting areas:** Basic virology and immunology (phenotypic and functional properties of viral reservoir cells, Baseline drug resistance testing).
- **Reduce the incidence of HIV:** Vaccines, Pre-exposure Prophylaxis, Microbicides and MPTs, HIV Testing, Treatment as Prevention, Monoclonal Antibodies.
- **Develop next-generation HIV therapies:** Less Toxic and Longer Lasting ART, Novel HIV Targets & Inhibitors, Novel Immune-Based Therapies, Engagement, Adherence, and Retention in Care.
- **Research toward HIV cure:** Sustained ART-free Viral Remission, Viral Eradication, Viral Latency and Sanctuaries, Cure Ethics and Acceptability.
- **Address HIV-associated comorbidities, coinfections, and complications:** co-infections, neurologic complications, malignancies, cardiovascular complications, mental illness and substance use, metabolic disorders, across the lifespan, use of artificial intelligence and digital health to design the simplest, most innovative ways to deliver person-centered HIV testing, treatment, care/support, integrated with other health services.



Infusion

Implant

Injection

Pill

Vaginal ring



Gels

Insert

Vaginal film

Lube

Douche

3.4. SCIENTIFIC PROGRAMME – CLINICAL SCIENCES (TRACK B)

This track addressed clinical features of HIV infection. This include presentations on opportunistic infections, malignancies, severe bacterial diseases and co-morbidities in people living with HIV. Issues related to antiretroviral therapy, response to antiretroviral therapy, treatment adherence, retention, long term follow -up, and management of side effects, antiretroviral therapy in specific populations (adolescents, elderly, pregnant women) were also discussed. Emerging topics such as aging, frailty and non-communicable disease co-morbidity, antiretroviral therapy resistance and management of treatment failure including salvage therapy in resources limited settings were highlighted in a number of presentations.



3.4.1. Hepatitis and Cervical cancer in PLHIV

- Lack of scaling up of Hepatitis screening, availability of Hepatitis treatment and decentralized care approach as well as implementation guidelines for health care professionals at the low and primary level.
- Need of rapid scale up of cervical cancer screening and access to treatment.

3.4.2. Clinical Science

- Ensure rapid transition to dolutegravir based regimen for eligible persons living with HIV including women. Active pharmacovigilance for antiretroviral drug use is needed also
- Facilitate access of all persons living with HIV to information on dolutegravir’s safety and the treatment options open to them to enable individuals make informed choices. Access of people living with HIV to integrated HIV and reproductive health services is also essential.
- Ensure availability of dolutegravir based regimen pediatric formulations.
- Promote integrated care approach for HIV and co-morbidities that facilitates access of people living with HIV to routine care, differentiated service delivery and management of non-communicable diseases throughout life.
- Studies on the prevalence and effect of non-communicable diseases on the quality of life of people living with HIV in countries in Africa is needed.

3.4.3. HIV infection care

- Countries need to scale up the implementation of the 2017 World Health Organization’s ADH management guidelines.
- HIV management clinics need to intensify opportunistic infections screening and management in infants and adolescents.
- Innovative strategies to improve adherence should include Real Time Medication Monitoring, Integrative voice response and mHealth intervention.

- Management of late virologic failure should include the use of genotype resistance testing to guide choice of third line antiretroviral therapy.
- Integrate systematic data collection in the routine care of people living with HIV to generate data for improved health care

3.5. EPIDEMIOLOGY AND PREVENTION SCIENCE (TRACK C)

This track focused on HIV and AIDS prevention research and issues related to the design, implementation and evaluation of prevention programs. It included the review of best practices in HIV prevention research and program implementation and scale-up for key and vulnerable populations in resource-limited settings.



3.5.1. HIV prevention program implementation

- It is urgent for countries and organizations to promote and support innovation to achieve the first 90. This includes integrated HIV service delivery, innovative HIV self-testing strategies (index testing for family, peers, partners, social network) to reach underserved (men, key population, people with disabilities, people with mental health challenges) and marginalized (migrant, female sex workers and other hard to reach women) populations.
- Demedicalized HIV screening by promoting HIV self-test especially for key and under-served populations.
- Scale prevention programs such as treatment as prevention (Undetectable = Untransmittable), voluntary male circumcision and pre-exposure access.
- Institute systems and structures to promote community antiretroviral distribution, community observatory, home care and mobile clinics, and legal clinics. These systems should support screening for sexually transmitted infections and non-communicable diseases as an integral part of HIV management.
- The elimination of mother to child transmission should remain a goal of all governments in Africa. Early HIV diagnosis for pregnant women and improve and sustained access to antiretroviral therapy is important to achieve this goal
- Adopt sex-positive and pleasure-based approach in delivery of sexual reproductive health, HIV and AIDS related education and information to adolescent and young people.
- Programs for women and girls should be supported to report exposure to and managed for sexual violence

3.5.2. HIV prevention research

- HIV case surveillance system data for men who have sex with men, transgender populations and people with disabilities is needed to be able to adequately plan and program for the populations.

- Implementation related research needed to identify context specific and culturally appropriate adolescent-to-adolescent approaches for detecting new HIV infection.
- Promote government investment in ongoing biomedical HIV prevention research and development – long acting pre-exposure prophylaxis, dapivarine ring , HIV vaccine

3.6. LAW, HUMAN RIGHTS, SOCIAL AND POLITICAL SCIENCE (TRACK D)

This track highlighted new knowledge and address gaps in the translation of behavioral and social science evidence into practice, and contributed to the building of theory and understanding of HIV-related social science. It addressed analysis and evaluation of psychosocial factors that shape individual attitudes, experiences, and behaviors; social and structural factors that shape vulnerability and risk; social and cultural norms that underline individual risk and community vulnerability; and methods and outcomes of individual and community engagement, leadership, empowerment, and self-determination.



3.6.1. Human rights violation

- The age of consent for access to HIV and sexual and reproductive health services need to be lowered to facilitate access of adolescents to services. Age of consent should be distinct from age of majority.
- The rights of sexual minorities are often violated. There should be a systematic review of laws and policies that should be informed by a human rights-based approach aimed at getting law enforcement agencies to be oriented on the rights of LGBT and other key populations.
- The paucity of human rights-based interventions is limiting the success of the HIV prevention programs with persons whose rights are violated with no repercussions such as key populations.

3.6.2. Law, human rights and social determinants

- Stigma and discrimination still debar access to HIV prevention and treatment services on the continent. A human rights-based response is needed to close the gap in the HIV prevention and treatment agenda in order to meet agenda 2030 especially for key populations and lesbians, gays, bisexual and transgenders. The response needs to ensure active engagement of religious organizations.
- Data human rights violations and human tracking can be generated using online and offline web-based tools.
- Decriminalize same sex relationships and enactment of anti-discrimination laws will help reduce discrimination against lesbians, gays, bisexual and transgender and key populations, this should promote access to healthcare and employment. Creation of legal aid posts for lesbians, gays, bisexual and transgender and key populations will facilitate access to services.

- The prevalence of violence, victimization and viral load failure among adolescents is high. This can be mapped against the regional and national trends in HIV, which shows an increasing burden of HIV infections among AGYW. Open discussion about HIV and sexually transmitted infection is with adolescent girls and young women in some parts of Africa is still a taboo. A comprehensive response for adolescent girls and young women needs to identify and address structural determinants that creates these gaps.
- All countries HIV strategic plan should include strategies to address the needs of people living with disabilities.



Please join us for Laws, human rights and social justice to end HIV/AIDS

3.7. HEALTH SYSTEMS, ECONOMICS AND IMPLEMENTATION SCIENCE (TRACK E)

This track discussed mechanism for health system strengthening, integrated health care, country ownership of national health and HIV programs, advancing comprehensive and integrated approach to health and rights and challenges to expanding treatment and prevention in resource-limited settings.



3.7.1. Health System strengthening

- Stigma, cultural gender barriers, inflexible clinic operating time, lack of privacy, frequent breakdown of equipment's, commodity stock out, shortage of human resource, user fees, poor surveillance for medication errors and lack of harmonized and empowered ethics committees are barriers to access to HIV prevention and care services.
- Task shifting and sharing stigma reduction intervention, co-morbidity monitoring, providing services in extended hours and on weekends, developing surveillance systems for medication errors, improving pharmacy staffing level, strengthening and harmonizing ethics committees in the region to support conduct of clinical trials and empowerment were shown to have positive impact in HIV prevention and treatment service delivery.

3.7.2. Management for healthcare delivery and integration

- HIV self-testing and providing services through qualified pharmacies and taxi ranks and institutes of higher education increase coverage of testing for adolescent girls and young women. Services provided for adolescent girls and young women in collaboration with peers, parents, teachers and family members yield positive results.
- Pre-exposure prophylaxis, gender-based violence, and screening for tuberculosis and mental health challenges should be integrated into sexual and reproductive health services of key population, adolescent girls and young women.
- National governments should fund harm reduction programs rather than rely on international donors.
- Government should adopt the World Health Organization framework for universal health coverage that promotes integrated people-centered health services delivery, and create the enabling to implement the framework.
- Countries should promote community-level service delivery as this enhances community ownership, service continuity and the sustainability of the response. Governments should therefore invest in the development of the capacity of community leaders to handle these responsibilities.

3.7.3. Innovation and best practices

- Community Adolescents Treatment Supporters improve retention and viral suppression among adolescent girls and young women.

- Community led program to distribute antiretroviral drugs such as use of community pharmacies and client drop in centers are an important and successful intervention
- Targeted testing to find undiagnosed population such as men, key populations, young people, partners of people living with HIV, sex partners of persons with sexually transmitted infection, attendees at family planning clinic improves the HIV positive test yields.
- Adopt the to three test algorithm to ensure that only the right people are put on treatment.
- Scaling up the use of point of care technologies for early infant diagnosis helps increase coverage infants and children testing.
- Village savings and loan associations help to keep people in HIV treatment and help them to thrive
- The «one dollar initiative » was cited as possible best practice

3.7.4. Monitoring and evaluation

- Inadequate site level staff to conduct routine monitoring and evaluation, and challenges with power supply to support the use of electronic monitoring systems contribute to the poor HIV response monitoring.
- Active engagement of stakeholder’s improves the efficiency of data utilization to guide evidence based planning and implementation of HIV services.
- Countries should adopt the use of unique patient identifiers to minimize double counting of clients and patients being lost to follow up.

4. KEY RECOMMENDATIONS FROM ICASA 2019, KIGALI, RWANDA

A. Political leadership

- African leaders must promote social justice and human rights through the elimination of structural barriers such as poverty and gender inequality that limits access to HIV services.
- Reform laws and policies that criminalize same sex relationships, promote gender inequity, facilities community engagement in the design and implementation of HIV programs, and creating an enabling environment for girls, women and youth to lead community initiatives for the elimination of HIV.
- African first ladies should advocate and mobilize resources for the elimination of HIV, syphilis and hepatitis B on the continent
- African leaders to promote partnership for HIV vaccine research and development.
- African governments should pursue Domestic Resource Mobilization including exploring how better taxation can improve their health financing.

B. Community leadership

- Develop innovative approaches to promote strategic information on access, and quality HIV treatment, prevention, care and support service access by community members.
- As frontliners, proactively engage with other political and research stakeholders to build an inclusive domestic resourcing mechanism.

- Promote inclusivity respect for diversity and gender equity.

C. Researchers

- Community and researcher engagement before the design of studies is encouraged.
- Key research interests are learning about innovative ways to prevent HIV drug resistance, manage HIV co-infections, promote access of persons at high risk of HIV to pre-exposure prophylaxis and facilitate access to high quality service delivery.

D. Policy makers

- Dolutegravir should be adopted in National HIV treatment guidelines.
- People living with HIV should have access to integrated HIV and non-communicable disease management, including mental health management for children and adolescents living with HIV.
- Scale up access to HIV self-testing and access to pre-exposure prophylaxis
- Differentiated service delivery model should be implemented as part of the continuum of care
- Reinforce clinical management of HIV co-infections
- Design facility and community based programs to address HIV stigma and discrimination



20TH
ICASA
 INTERNATIONAL CONFERENCE
 ON AIDS AND STIs IN AFRICA
KIGALI 2019

ICASA 2019

M&E

REPORT



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I. INTRODUCTION

Since ICASA 2008, Conference evaluation has become a permanent feature for informing the Secretariat areas of good achievement as well as improvement and ICASA 2019 was the sixth in the series to be systematically evaluated. The 20th ICASA was held in Kigali, Rwanda from 2-7 December 2019. As in previous ICASA Conferences, the 2019 one had evaluation activities that included pre, onsite and post Conference assessments. This evaluation report reflects the pre, onsite and post-Conference evaluation results, discussion and recommendations.

II. OBJECTIVE OF EVALUATION

The objective of the ICASA 2019 evaluation was to identify the strengths and weaknesses of the Conference and assess its immediate outcomes for quality improvements in planning and delivery of future ICASAs as well as responding to the objectives of the conference.

III. METHODOLOGY

The evaluation used mixed methods to collect a range of quantitative and qualitative data which were triangulated to provide holistic understanding of the ICASA 2019 participants' views.

Main activities of the evaluation included:

- Review of ICASA 2017 report to verify trends over time.
- Consultation with members of relevant ICASA 2019 Committees and with staff of the Conference Secretariat.
- Survey of participants at ICASA 2019 namely scholarship recipients, delegates and volunteers.
- Focus groups discussions with exhibitors, scholarship recipients and volunteers.

1. Data Collection

Questionnaires were designed to gather detailed information from delegates, volunteers, scholarship awardees and exhibitors before, during and after ICASA 2019. Quantitative data were collected through questionnaire administration while qualitative data was collected through focus group and individual discussions. The survey instruments were available in English and French, but French speakers responded on the online English version.

The survey questionnaires were administered online during the Conference for the pre and onsite activities.

Focus group discussions were conducted during the Conference with volunteers only. Focus groups discussion were not conducted among delegates nor scholarship recipients. Despite appointments taken by volunteers for the first appointment, only one person came and an individual interview was conducted. For the second appointment, an email invitation and reminder was sent to delegates. Unfortunately

nobody came. For that reason, only 3 individual interviews with delegates and informal discussions were conducted.

2. Data analysis

Data from questionnaires were entered in Epidata and analysis with SPSS 20. Descriptive analysis was performed. Focus groups were recorded and notes taken. Records were transcribed then content analysis was manually conducted.

IV. KEY FINDINGS

V. PRE-CONFERENCE ACTIVITIES SURVEY

The pre-conference activities questionnaire was designed to gather detailed information from delegates, scholarship awardees and exhibitors on their appreciation of services received prior to the Conference. Online survey was administrated to participants from 30th November to 5th December 2019. The questions focused on tools and services available before the Conference to help participants prepare themselves and participate meaningfully at the Conference.

a. Socio-demographic characteristics of respondents

In total 317 participants filled the online questionnaires. The respondents were from 50 different countries. There were 39.7% females, 59.3% males and 0.3% transgender who responded to the questionnaires. The age ranges of respondents was between 26 and 40 years (48.3%) and 41 and 60 years (33%). In terms of professions, most of the respondents were, clinicians (17.7%), other health care workers/social services providers (17.7%), program managers (14.5%), activists/advocates (13.2%), researchers (11.7%) and students (11%). Respondents profile was slightly different from 2017 Conference where most of the participants were activists, clinicians and researchers.

b. Sources of information on ICASA 2019

Before **ICASA 2019 55.8%** visited the Conference or Society for AIDS in Africa's (SAA) website.

Respondents were asked to select from an eight-item list, the main source of information by which they heard about ICASA 2018 (figure below). The most frequent source of information was their colleagues (39.1%) followed by ICASA website (33.8%) and social media (11.0%). The main source of information remain similar to ICASA 2017 where website and colleagues were the first two sources. The least identified source of information was **flyers/ posters (3.2%)** followed by **SAA website (4.4%)** and **word of mouth (8.5%)** in 2019.

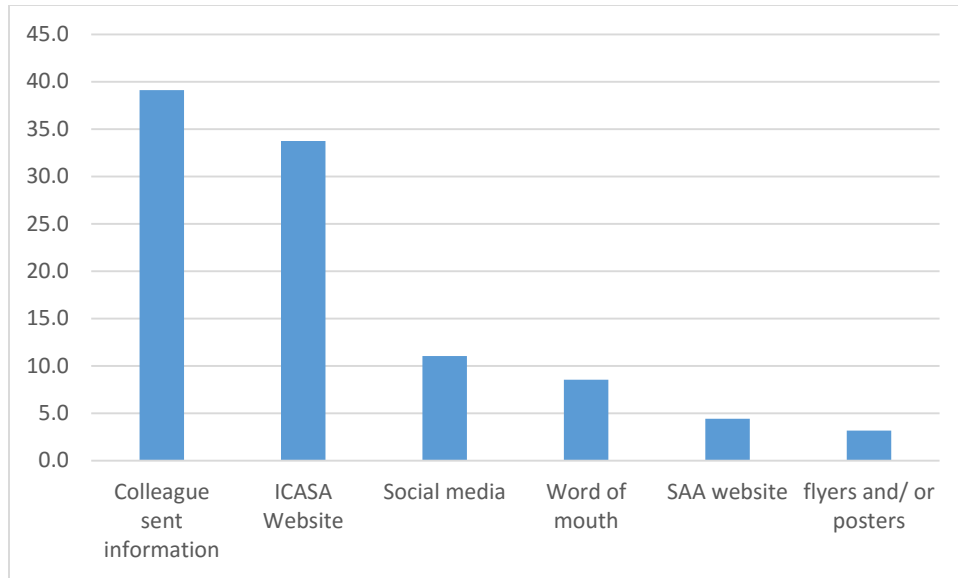


Figure 1: Participants sources of information about ICASA 2019.

c. Quality of Services Received Prior to the Conference

Respondents were asked to indicate the ease or difficulty in submitting proposals to undertake specific activities at the Conference or to obtain information.

Most of respondents did not submit names for skills-building workshop, register for community village and review abstract. Of those whom used any other services, it was easy or very easy to make use of such services, registering online (81.1%), submitting proposal for community village (67.8%) and abstract (61.2%), booking accommodation (50.2%) and obtaining documentation for visas (58.0%). Trends for these services were better than 2017.

Finding information from ICASA 2019 website and adequate tracks were reported easy or very easy by 88.3% and 60.3% respectively (Figure 2).

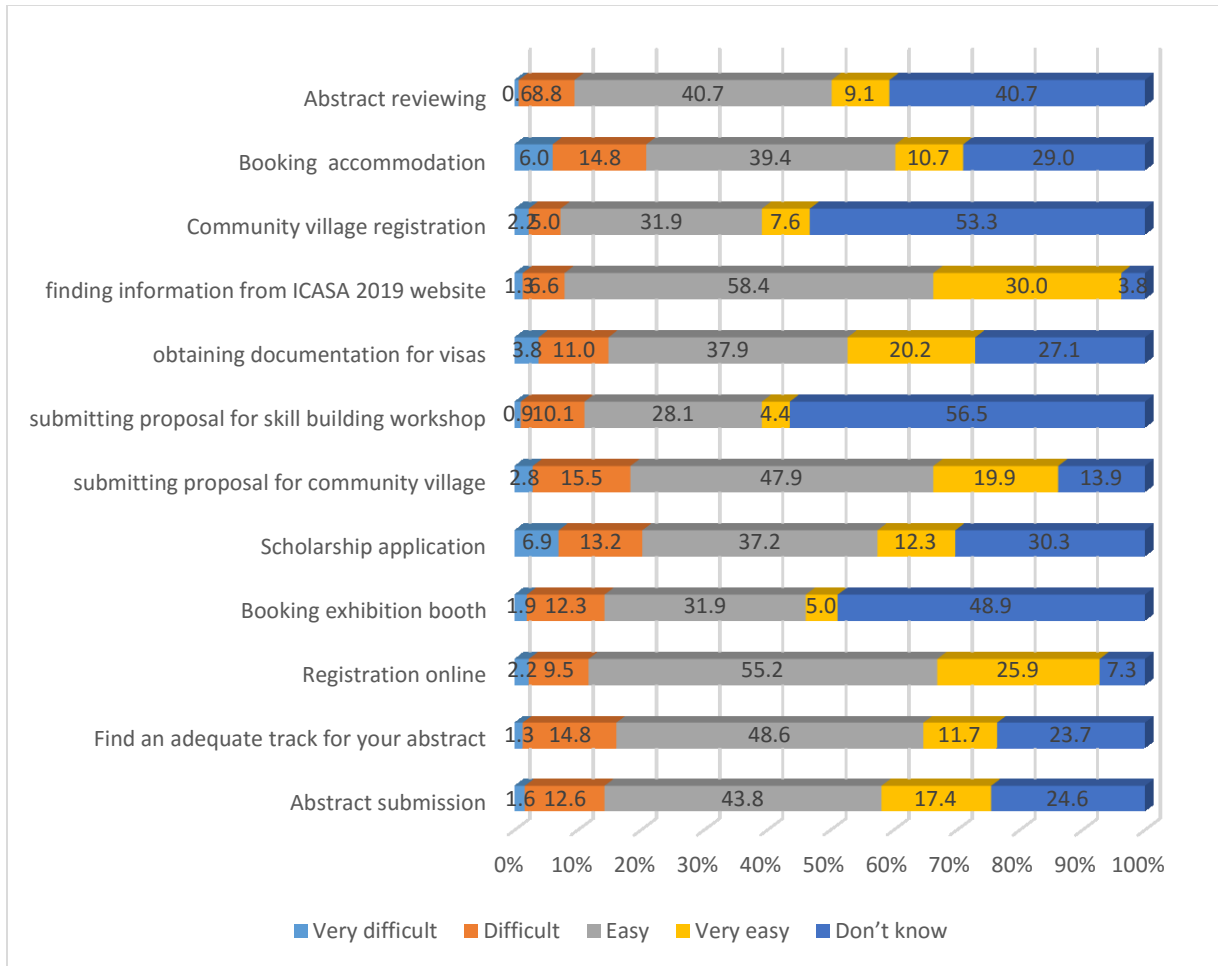


Figure 2: Participants rating of quality of services received prior to the Conference

Respondents were asked to indicate how various information on the website were useful. As showed in figure below, most information was found to useful and very useful. ICASA online programme was reported useful by 51.7% and very useful by 36.9% and this is similar to what was reported in 2017. Information in the scientific programme was reported to be useful by 59.3% and very useful 24.9% of respondents. This is slightly different than what was reported in 2017.

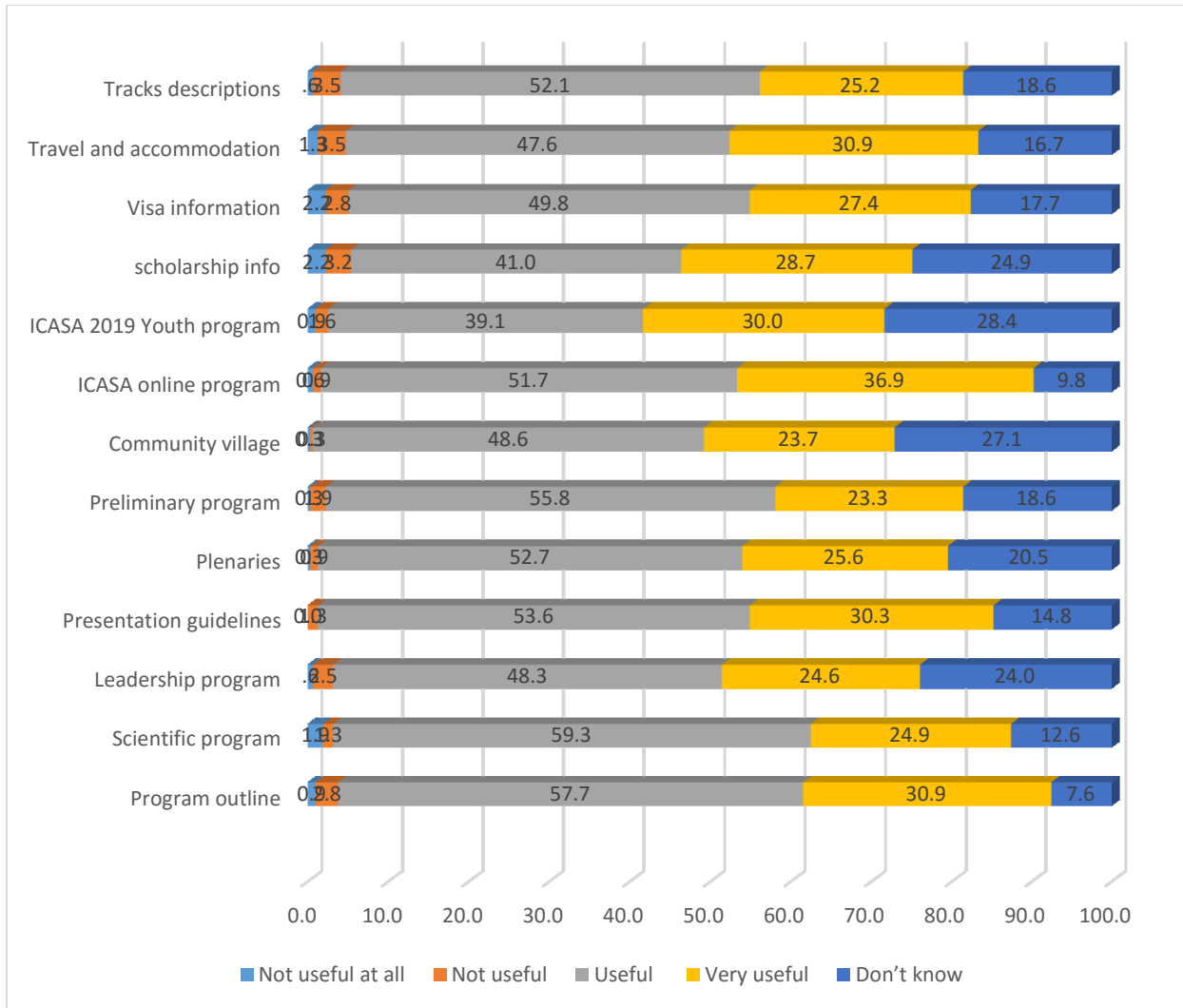


Figure 3: Participants rating of usefulness of information on the ICASA 2019 website

Respondents were asked to appreciate the time for the call for and review of abstracts and notifications. The majority of the respondents reported that the time was adequate for the call for abstracts (60.6%) and notification of abstract acceptance (59.6%). Only 10.4% and 10.1% reported that notification for scholarship and reviewing were long, that is less than what was reported in 2017 (figure 4).

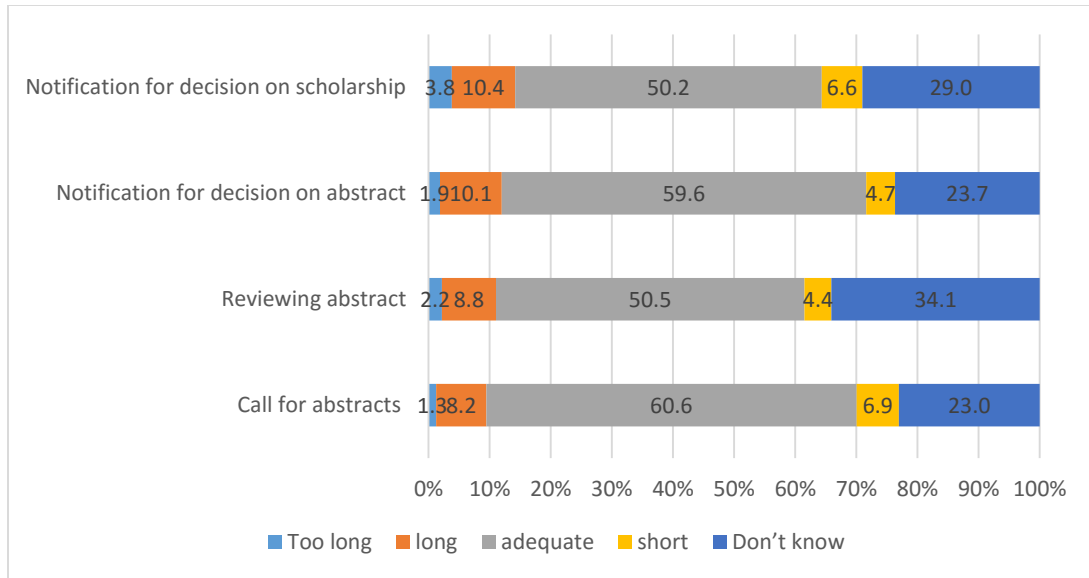


Figure 4: Participants appreciation of time procedures for abstracts and scholarship

Overall respondent appreciated pre-conference activities but some details need to be improve. Frequent complaints were about communication in terms of promptness of response to emails sent by delegates. Communication need to be more effective. In addition more scholarships were requested.

VI. ONSITE ACTIVITIES SURVEY

Onsite activities were assessed from 5th to 15th December 2019 through online surveys Questions focused on activities performed during the Conference.

a. Socio Demographic characteristics of respondents

Questionnaires were filled by 180 respondents with profiles such as delegates (87.2%), exhibitors (5.0%), and scholarships (7.8%). Respondents were male (53.3%), female (45.6%) and transgender (1.1%). In terms of age, 47.8% were between 41 and 60 years and 41.1% were between 26 and 40 years. Most of the respondents were other health care workers / social services providers (20.0%), programme managers (18.3%), researchers (16.1%) and activists/ advocates (15.0%). In comparison with 2017, respondents were older and more female responded.

b. Quality of Services Received during the Conference

Respondents were asked to appreciate quality of services they received during the Conference.

Figure 5 below shows that it was either easy or very easy to collect Conference bag (93.9%), find the community village (92.2%), information about the Conference venue (88.3%), exhibition hall (87.2%) and getting accommodation (66.1%) and register onsite (64.4%). In comparison to 2017, respondents were more satisfied in collecting Conference bags even though the Conference book was delivered later. They were also more satisfied with the onsite registration process.

Getting meals (55.0%) was reported to be difficult or very difficult as in 2017.

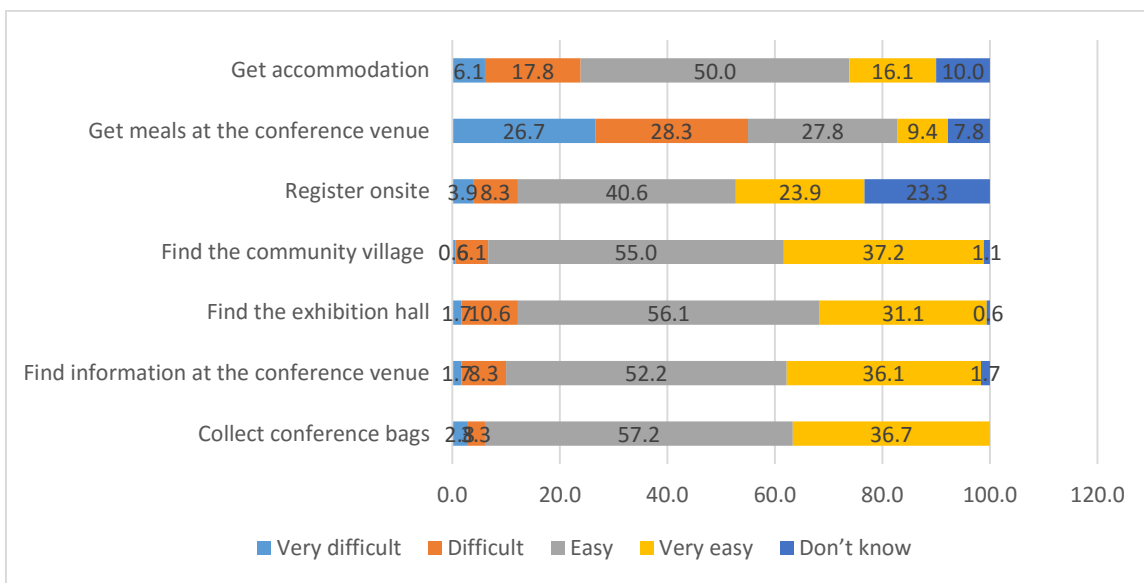


Figure 5: participants rating of quality of services received during Conference

c. Rating of Abstract book and Mobile application

Respondents were asked to rate the Conference book. The majority indicated that the abstract book met their expectations (79.8%). This could be explained by their satisfaction in the quality of the book that was good (62.2%) and the usefulness of the information contained useful (56.1%) and very useful (38.9%). The information provided by the information desk was also reported to be useful (56.1%) and very useful (35.6%).

In order to know more about the use of the mobile application, questions on use of this application were asked. Only 40% of respondents used the mobile application of the Conference. In comparison to 2017, there was an increase of 25% of people who used it.

Among those who used the mobile application, the majority found it good, very useful and easy to use as stated by this respondent « *It was simple to use, very user-friendly and I ended up using the mobile app instead of the pocketbook*».

Even if the application was good, there were some complaints related to language (only available in English) and difficulty to get updated information (cancellations and change of room session) as stated by this respondent « *The information on the mobile application was inaccurate and not updated in real time. I wasted a lot time looking for my session locations* ».

Respondents expected to benefit by attending ICASA 2019 (63.9%). Only 36.1% did not expect any benefit.

VII. VOLUNTEERS SURVEY

Volunteers had a key role in the success or failure of the Conference. An online survey was conducted to capture their perceptions and challenges volunteers faced during ICASA Conference. A specific questionnaire was designed for them and a focus group was also conducted.

There were seven (07) participants in the focus group discussion. The majority of the participants were between 20-25 years old and it was their first participation in an ICASA Conference as volunteers.

The volunteers had a good appreciation of the Conference. Particularly they appreciated the fact that they learnt more about HIV and various topics around as stated by this volunteer « *I'm inspired because I'm from a background of SRH/HIV, but there are key issues I didn't know, now the Conference has opened my eyes* ». They also appreciated the opportunity they got to meet people from different countries with different cultures. However they raised some issues about the organization, such as:

- Delay in sessions due to no respect of timing,
- cancelation of some sessions without any communication on change,
- difficulty in getting meals for delegates who requested cheap food and also for volunteers,
- differences in time work for volunteers, some worked as part time others as full time ;
- lack of headsets for translation due to imbalance in distribution by rooms ;
- lack of communication about availability of translation or other details on particular sessions ;
- Lack of tours and social events.

VIII. POST CONFERENCE SURVEY

Post Conference assessment was conducted through online survey from 19 December 2019 to 28 February 2020.

a. Socio Demographic characteristics of respondents

In total 563 questionnaires were filled by delegates (68.7%), scholarship recipients (22.2%) and exhibitors (9.1%). The numbers are higher than respondents in 2017.

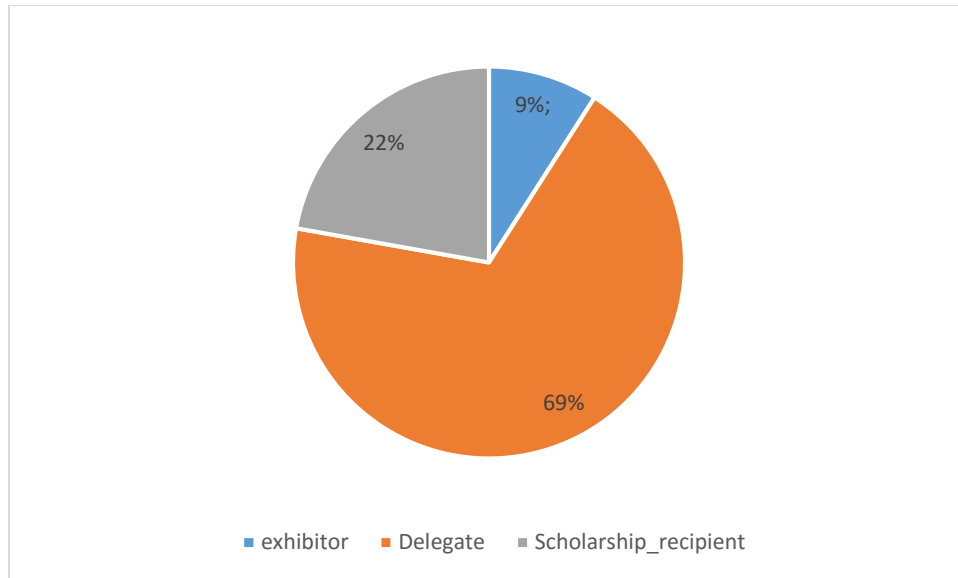


Figure 6: Profile of respondents to post ICASA survey 2019

The respondents were from 50 different countries. They were male (62.2%), female (36.2%) and transgender (0.7%). Most of them they were aged between 26 and 40 years (43%) and 41- 60 years old (34.1%).

They were, activist/advocate (17.2%), student (14.7%) clinician (13.3%), other health care worker / social services provider (13.3%), researcher (11.7%) and program manager (10.1%).

b. Extent to Which the Conference programme achieved its Objectives

Respondents who participated in the survey were asked to indicate whether they found that the Conference programme was useful in achieving the followed objectives:

- Promote community, scientific, and technological innovations for ending AIDS
- Advocate for financing sustainable national health responses, political leadership, and accountability
- Promote youth-driven and youth-friendly approaches for an AIDS-free generation

Figure 7 shows that more than 70% of respondents agreed that the Conference programme was successful in achieving the objectives. The first objective: “Promote community, scientific, and technological innovations for ending AIDS” received the highest rating as 91.8%.

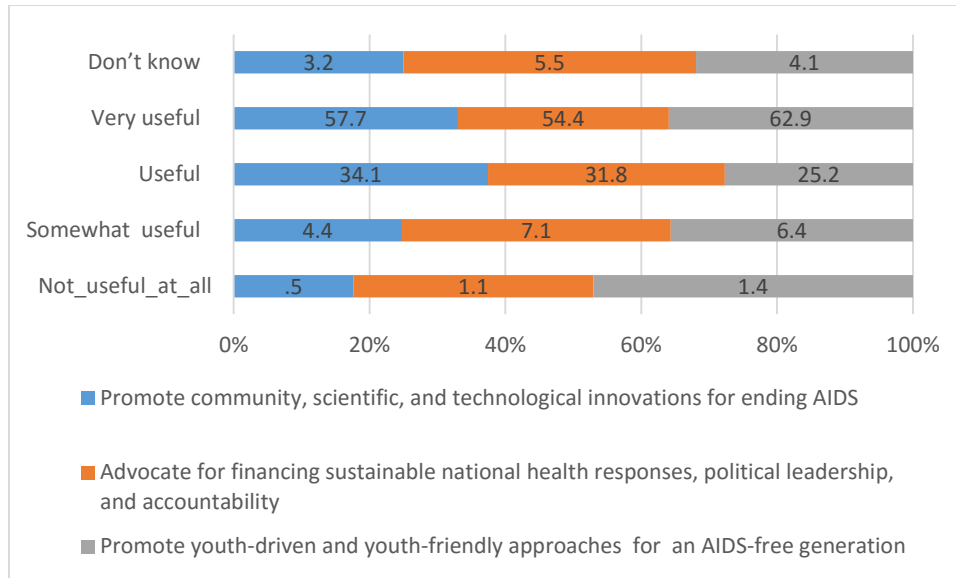


Figure 7: Respondents rating Conference programme in achieving its objectives

c. Main Tracks and activities of interest

Respondents were asked to rate quality of each track on a scale of 1 to 10; 1 being the worst and 10 the best. On average respondents rated the tracks a 7 or higher. As shown in figure 8, track C received the highest rating in which 75.8% of respondents indicated that the quality of the sessions was good or very good. Track A was the least rated because 69.4% indicated that the sessions were good or very good. The rates were similar to 2017 Conference.

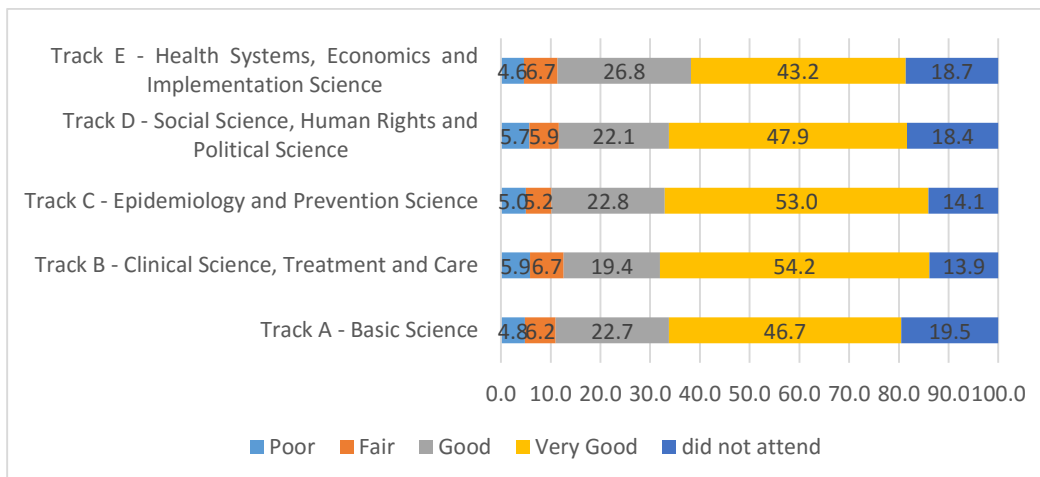


Figure 8: Respondents rating of main tracks

Activity of interest in which respondents attended most was the community programme followed by the leadership programme. Respondents were asked to rate quality of each activity of interest on a scale of

1 to 10; 1 being the worst and 10 the best. Community programme received the highest rating in which 75.8% of respondents indicated that the quality of the sessions was good or very good followed by the leadership programme (75.4%) (Figure 9 below). The rating is similar to ICASA 2017.

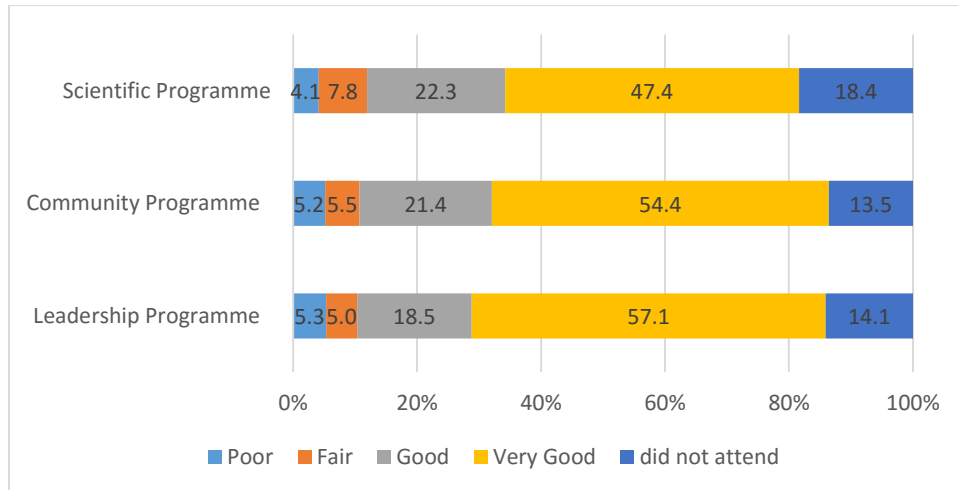


Figure 9: Respondents rating of activity of interest

d. Rating of Various Conference Sessions

Respondents were asked to rate the relevance of the various sessions, activities or areas at ICASA 2019 in the context of their work. Majority of respondents rated the relevance of the sessions, activities and areas as having substantial relevance or very relevant to their work (Figure 10). Plenary sessions were found to be most relevant to respondents’ work as 81.2% of them indicated that the sessions were of substantial relevance or were very relevant to them. Rapporteur session and exhibition had the same rate of relevance (53.1%).

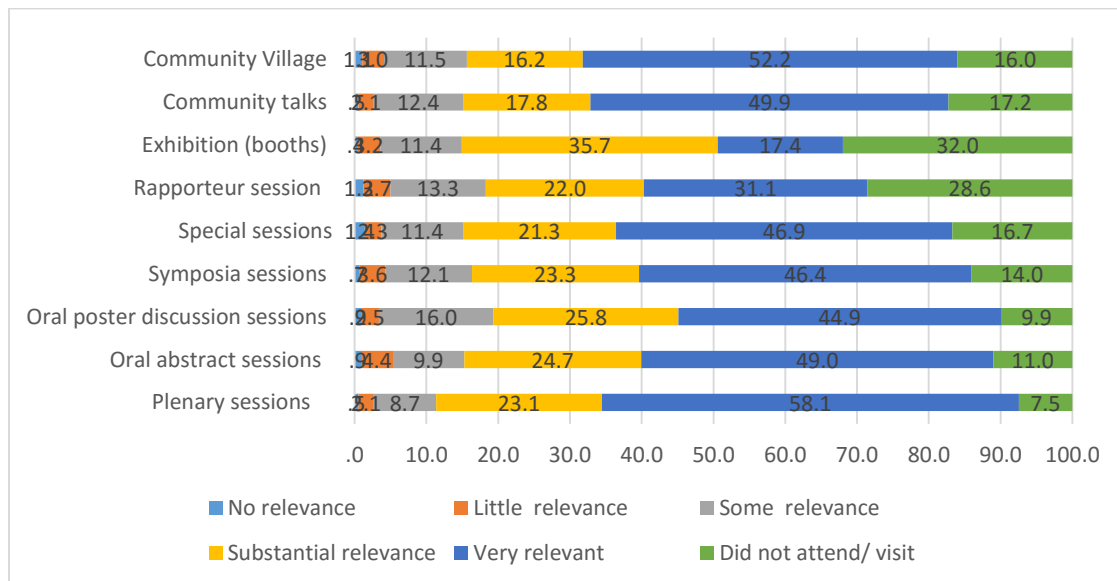


Figure 10: Respondents rating of relevance of Conference sessions and other activities

e. Quality of Information Presented at the Conference

Respondents were asked to indicate how useful the information presented at the Conference sessions for your work or community environment. As shown in figure 11, most of respondents (90.6%) found the quality of information useful or very useful. This rate is higher than in 2017.

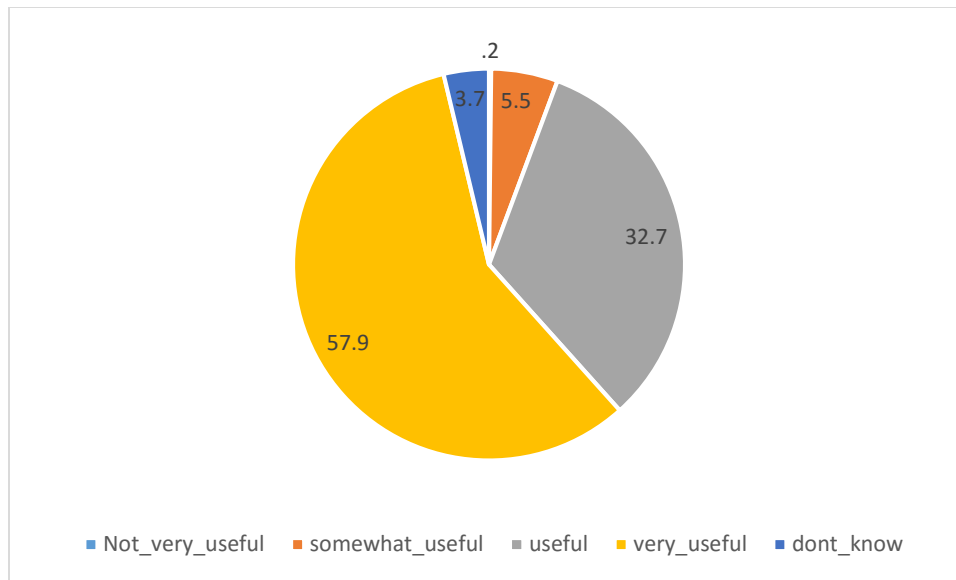


Figure 11: Usefulness of information presented at Conference sessions

f. Quality of Conference Programme

The quality of the Conference programme was rated by the respondents in terms of the quality of presentations, quality of discussions and debates, range of topics covered and usefulness of information covered to the work of delegates. Overall the quality of the Conference programme was found good by the majority the respondents. The most highly rated was t h e quality of presentation as 86.3% of respondents indicated that the quality was good or excellent (figure 12). That rating is higher than ICASA 2017.

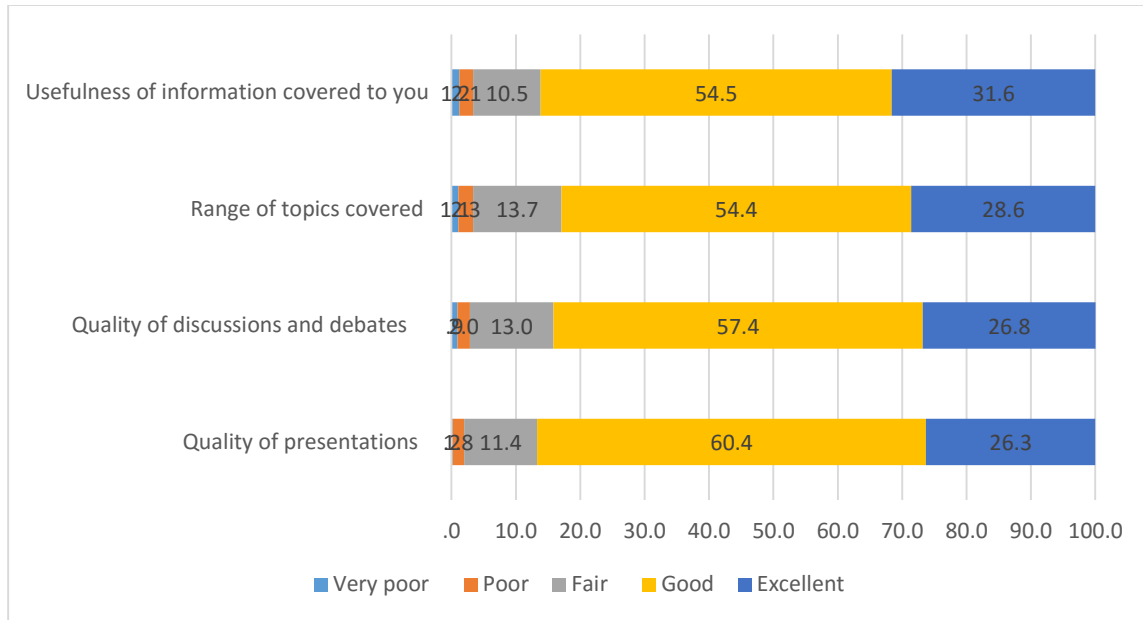


Figure 12: Respondents rating of quality of Conference programme

g. Intention to Attend Future ICASA Conferences

Majority of respondents (93.8%) declared their intention to attend future ICASA Conferences. This rate is high than the one in 2015 and 2017. Only 5.9% did not intend to attend future Conferences while about 0.4% was unsure about the possibility of attending future Conferences.

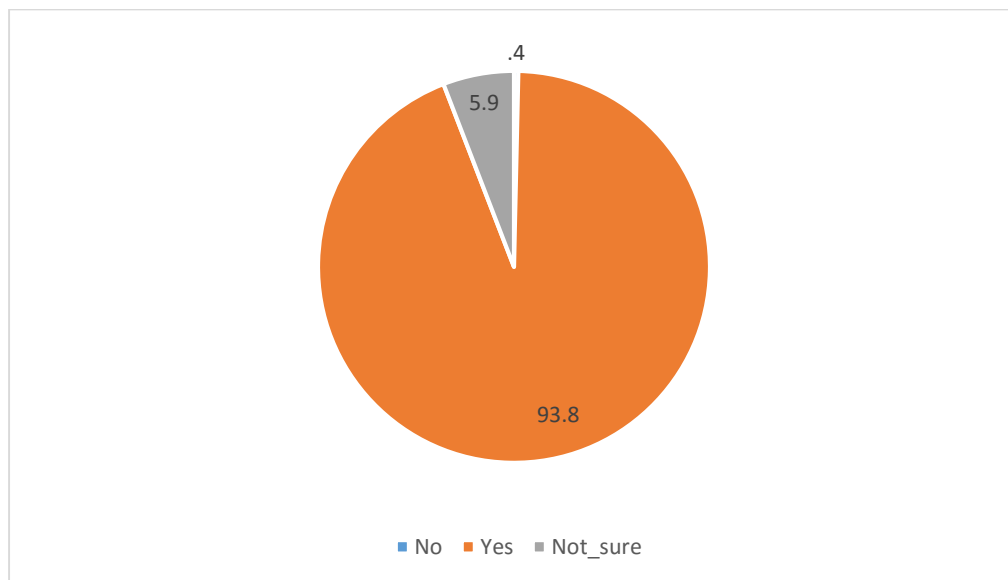


Figure 13: Respondents considering attend to next ICASA

h. Willingness to Recommend ICASA Conference to a Peer

ICASA is still recognized as an important event. Majority of the respondents (96.3%) expressed their willingness to recommend ICASA to their peers. This rate is similar to the ICASA 2015 and 2017.

i. Added Value of ICASA Compared to Other Scientific or Health Conferences

Respondents were asked if ICASA offered something they do not get from other similar Conferences. Majority of respondents (58.3%) replied yes. Those who replied were asked to provide specific reasons they thought ICASA offered something similar Conferences did not offer. The following were the issues put forward:

- Diversity and update of topics discussions with comprehensive coverage of the topic for Africa
- Involvement of key populations and particularly youth engagement
- Organization such as availability of transport
- Networking and interaction with people from difference social, professional and cultural background
- Skills building such as approaches for prevention and abstract writing

j. Benefits Gained Directly from Attending ICASA 2019

A list of potential professional benefits was presented to respondents who were asked to identify those that they had gained as a result of their attending in ICASA 2017. The three most frequently cited benefits were: “Increased understanding of the challenges to achieving treatment access in Africa” (11.9%) “New knowledge/insights into HIV and STI care and support” (11.5%) and “Ideas/directions for new project(s)” (10.1%) (Figure 14). The first and third benefit were among the three most cited in 2017. Only 2.1% of the survey participants replied that they did not gain any benefit from the Conference that is similar to ICASA 2017.

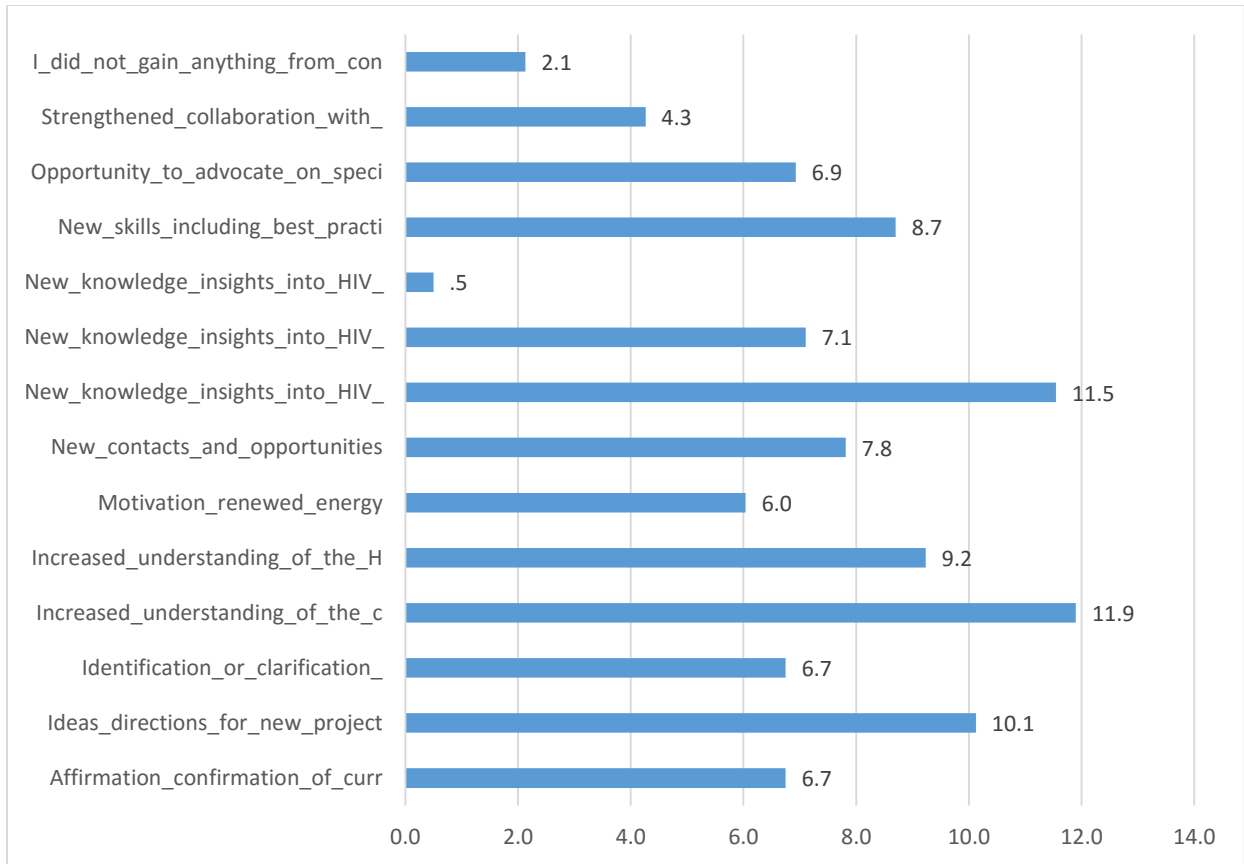


Figure 14: What respondents gained professionally from ICASA 2019

k. Opportunity to Build Professional Relationships

Majority of the respondents (88.6%) indicated that they had opportunity to build professional relationships with other delegates. This is more than what was found during ICASA 2015 and similar to 2017.

l. Anticipated Use of the Benefits Gained from Attending ICASA 2019

Respondents were asked to select from a list of 15-action point and indicate how they would use the benefits they gained from attending the Conference. As shown in Figure 15, the most cited action (27.9%) was « build capacity within my organization/network ». In addition, they would undertake other actions; such as sharing information with colleagues, peers and/or partners organizations (14.6%) and developing new collaborations (12.1%). Respondents selected many other actions. These actions were also cited by 2017 respondents. Only 0.9% selected “I will do nothing differently” and 1.6% were unsure.

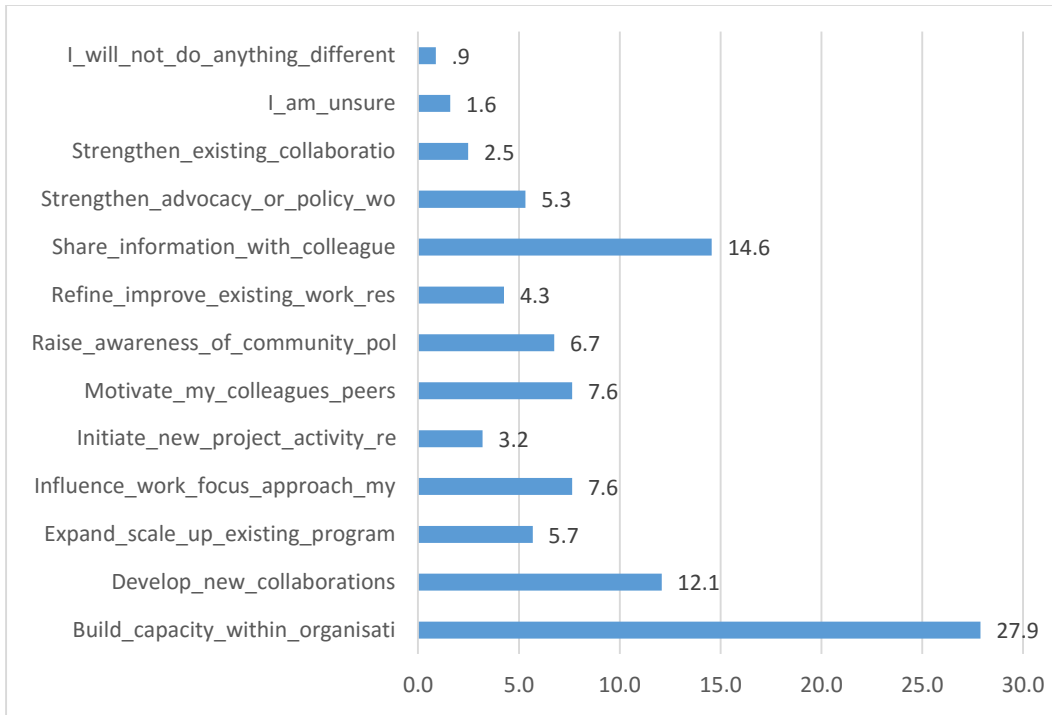


Figure 15: Respondents intentions to use the Benefits Gained from Attending ICASA 2019

m. Attendance of Previous ICASAs

Respondents were asked whether they had attended previous ICASA Conferences.

Most of respondents (98.9%) had attended any previous ICASA Conferences. Those who replied ‘Yes’ were presented with a list of eight previous Conferences and asked to indicate which one(s) they had attended. Most of them who had attended previous Conferences indicated that they attended other ICASA that was not in the list provided (Figure 16). That is higher than in 2017 and 2015.

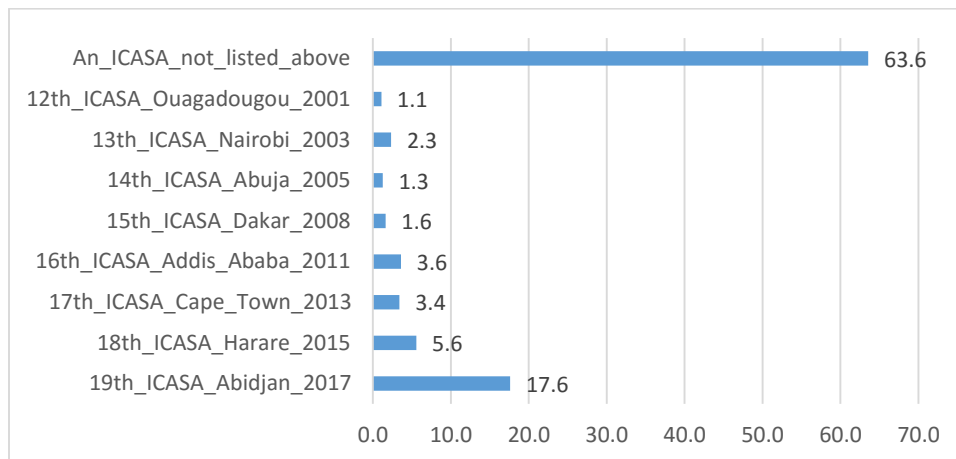


Figure 16: Attendance of respondents to previous ICASA Conferences

n. Comparison of quality of previous ICASA Conferences

The quality of registration, visa procedures, delegates information, programme, exhibition and satellites sessions was rated by respondents as compared to previous ICASA. As shown in Figure 17, the most highly rated was visa procedures as 83.7% of respondents indicated that the quality was good or excellent. Participants were satisfied with access to internet connection and the organization of the Conference in general. Overall the quality was higher than ICASA 2017.

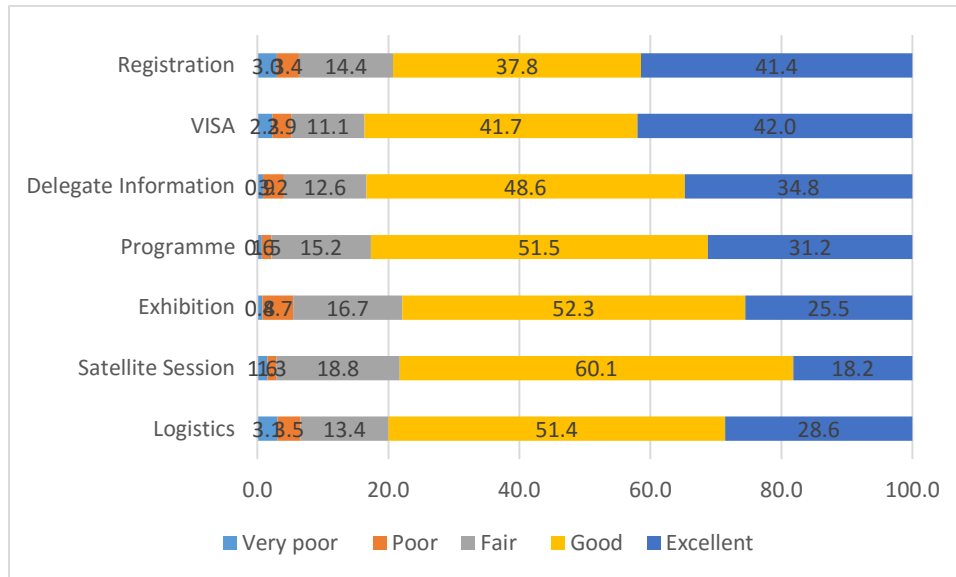


Figure 17: Rating of compared quality of activities and services rendered in ICASA 2019 and previous ICASA

o. Influence of Previous ICASA on the work of respondents and their organizations

Respondents were asked to select from a list of 12-items that illustrate how previous ICASA attendees could have used to influence their own work and those of their respective organizations. The most cited influences were “affirmed current work focus/strategy and motivated them” (14.4%) followed by “shared information, best practices or skills gained from attending previous ICASA with colleagues” (14.2%) and “Refine/improve existing work/research practice or methodology” (13.3%). These cited influences were different from those cited in 2017. Only 1.6% indicated that the Conference did not influence them to do anything different (Figure 18). That number is lower than in 2017.

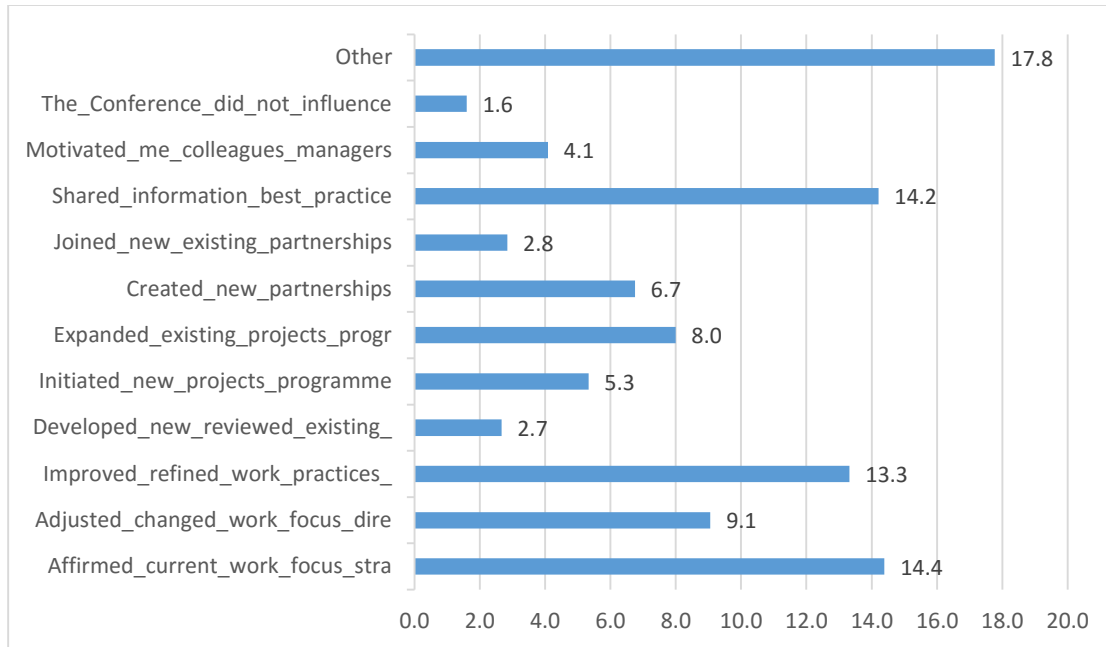


Figure 18: Impact of attend previous ICASA on respondents' work or organization

p. Maintain contacts from previous ICASA Conferences

Respondents were asked if they still in contact with somebody met for the first time at previous ICASA. Most of respondents who attended to previous ICASA were still in contact with other participants (60.2%). In addition 43.9% of respondents did enter into a partnership/joint-venture with other participants. However these rates are low than for ICASA 2017.

IX. RECOMMENDATIONS

All the respondents were asked if ICASA has to change anything in order to remain relevant regarding the changing health priorities under the UN Sustainable Development Goals. Most respondents (55.1%) did not agree that ICASA has to change. Those who replied yes (44.9%), were asked to provide specific reasons they thought ICASA needs improvements. The followed suggestions were cited:

In terms of thematic:

- The approach of universal health coverage (UHC) as the new approach of comprehensive prevention care and treatment
- New STIs such as HCV and others,
- Strengthening HIV new infection prevention,
- Involvement of people with disability especially youth,
- Multisectoral response to HIV,
- Refugees as contributors to HIV/TB/Malaria prevention.

In terms of logistics:

- Increase number of scholarships,
- Improve organization of posters exhibition by choosing an accessible place,
- Improve communication with delegates,
- Improve translation during sessions,
- Improve financial system payment onsite.

ICASA 2019 Presentations

- a. [Abstract Presentation](#)
- b. [Poster Presentation](#)
- c. [Plenary Sessions](#)
- d. [Video Presentations](#)

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