



NEWSLETTER

Society for AIDS in Africa

SECOND EDITION

Mitigating the impact of HIV/AIDS in Africa

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President's welcome speech to ICASA delegates



President of SAA , Professor Robert Soudre

Opening ceremony of the 17th ICASA

Speech of the President of the Society for Aids in Africa

Theme: No more speech but call for Action!

His excellency the President of the South African Republic, President Jacob Zuma ;

Her Excellency the President of Malawi, President Joyce Banda,

Her Excellency the first lay of Zambia, Mrs Christine Kaseba-Sata,

The executive director of UNAIDS, Dr Michel Sidibe

The Africa Regional Director for the World Health Organization, Dr. Louis Gomez Sambo,

Her Excellency Nkosazana Dlamina-Zuma, President of the

African Union Commission,

Honorable members of ICASA 2013 International Steering Committee, distinguished members of the board of directors for the Society for Aids in Africa(SAA) and Dira Sengwe, Excellencies, ministers and representatives of the diplomatic corps here present,

Dear colleagues, Honorable guests, ladies and gentlemen,

It is with great honor and gratitude that once again I stand before this august assembly of professionals from diverse geographic origins who have gathered here , to focus on a sole objective, which is to end the infectious pandemic of HIV, that has threatened humanity and particularly Africa ,for centuries.

Today, December 7, 2013, Cape town city of South Africa , is hosting the pan African conference on HIV AIDS, Malaria and Tuberculosis on the soil of our great and adored leader Nelson Madiba Mandela. Permit me to reverence this legend, who I am certain would have been among us tonight if it were possible. I recall that at the opening ceremony of ICASA 2005 in Abuja, Nigeria, Mandela said, and I quote, "I am proud that ICASA is focusing its attention on leadership, but leadership has to move beyond



with support from the country office



mere speeches at conference rooms to action. We can keep families together if we can ensure those who need treatment have access to treatment. We can empower those who know whether they are positive or negative to make informed choices about how they live and to choose the means that best suits them to prevent the further spread of HIV - AIDS” end of quote. Going by this statement of Mandela, I will not make a speech but rather I opt for action!

The eradication of mother to child transmission is no longer a mystery to us . Again , today, a baby born with HIV , can have its status reversed by early treatment- we refer to the case in Mississippi USA, in 2010. Therefore, a generation without HIV AIDs is possible. It is also possible to put more than 15 million people infected with HIV/AIDS under antiretroviral treatment. Our deepest concern now, is that we know what to do, but we do not translate our ideas into actions and push them to the end. We have to emulate our partners from the North, some of who increased their contribution. An example is the United Kingdom, which by a single act, has become the second largest donor to the Global Fund. The American congress, also voted to increase the PEFAR budget in November 2013. Others, like France, maintained their level of commitment . Dear delegates, allow me , on your behalf to recognize the efforts of the Northern countries , which are helping to save millions of human lives.

However, if some northern countries are in the forefront of the fight

against HIV AIDS, then this 2013 ICASA conference which is taking place in Africa, is an ideal platform, to call on the second economic world power.

Your Excellency the President of South Africa, President Jacob Zuma, let me speak on behalf of African Stakeholders who are involved in the fight against this pandemic and ask the following question: "Why can you not use your membership of the BRICS (Brazil, Russia, India, China and South Africa) to appeal to China , the second world economic power, to follow the footsteps of the United States of America, to support the Global fund?.

Dear African leaders, it is just a few countries which respect the Abuja declaration adopted in 2001 by African heads of state. I would however like all delegates to join me to commend President Jacob Zuma, because South Africa is a good example of an African country which respects the Abuja declaration with 80% local funding for treatment, against only 20% foreign aid. It is my hope that as we are hosting the 17th ICASA here, the government will do more. If we are using the ICASA 2013 plat- form to encourage the west to do more, as well as impress upon the second largest economic power to react positively, and support our course, then it is high time we ask ourselves , when African parliamentarians(Law makers) will make history like their American counterparts, who unanimously adopted a budget law, making a 15% allocation for health in their national budget , mandatory.

As I promised, dear friends, brothers and colleagues, I will not just make a speech, but rather resort to action, action that should be pushed to the end. Let me conclude by thanking his Excellency the President of South Africa, Jacob Zuma and his government for their support, without which the conference could not have been held. We are also grateful to the people of Cape Town and our special greetings go to the citizenry of South Africa for their warm welcome. My special thanks goes to all our partners and sponsors who have always supported ICASA through the years and thank you to our delegates , who have come once again, to prove that zero infection is possible.

Long live Africa

Long live ICASA

Long live an AIDS free African generation





SAA Award Cocktail

Venue: Pavilion Conference Center (Water Front)

Date: Sunday, 8th December, 2013

Time: 5 pm – 7:30 pm

THE YOUNG RESEARCHER AWARDS:

the purpose of this event is to recognize excellence and promote research. ICASA Young Investigator Award was established by Society for AIDS in Africa the custodian of ICASA to encourage young researchers. A prize of US \$3,000 will be given to the highest scored abstract for each of the five conference tracks. Up to 200 delegates and paid SAA's members are invited for the ceremonies

These awardees were selected after serious review of the ICASA 2013 scientific reviewers

Young investigator Awards:

Track A : Basic Science



DR. MOUSTAPHA MBOW

Abstract Title

Natural Killer Cells Of HIV-1 Exposed But Uninfected Subjects Exhibit Recall Responsiveness To HIV-1 Peptides

Track B : Clinical Science, Treatment and Care



MR. ADZAVON YAO MAWULI

Abstract Title

Etude de la resistance du vih-1 aux arv en milieu decentralise : cas du district sanitaire de mbour (senegal)

Track C : Epidemiology and Prevention Science



DR. ADMIRE T. CHIKANDIWA

Abstract Title

Epidemiology Of Low Risk Human Papillomavirus Infection (LR-HPV) And Genital Warts In HIV Positive Women In Africa: Results From The HARP Study.

Track D : Social Science, Human Rights and Political Science



MS. SARAH SKEEN

Abstract Title:

Social Connection, Stigma And Community Engagement In Community-based Programmes In South Africa And Malawi

Track E : Health Systems, Economics and Implementation Science



DR. EDNA MASELLE

Abstract Title

Reducing Turnaround Time (TAT) Does Not Improve Retention Of Stable HIV-infected Adults On Pharmacy Only Visits (POV)

SAA'S MERIT AWARD ceremony is also organized to recognize few people that have over the past or recent years demonstrated tremendous commitment to Africa's response to the AIDS epidemic.

Three prominent Africans has been nominated by Society for AIDS in Africa (SAA)



PROF. BABATUNDE OSOTIMEHIN

Dr. Babatunde Osotimehin

On 1 January 2011, Dr. Babatunde Osotimehin became the fourth Executive Director of UNFPA, the United Nations Population Fund. He holds the rank of Under-Secretary-General of the United Nations.

Before this appointment, Dr. Osotimehin had served as the Minister of Health of Nigeria. Prior to that position, he was the Director-General of the Nigerian National Agency for the Control of AIDS, which coordinates all HIV and AIDS work in a country of more than 150 million people as well as the Chairman of the Abidjan – Lagos Corridor Project; a Project that ensured the increase of access to HIV services, along the Abidjan-Lagos transport corridor, spanning four West African countries of Nigeria, Benin, Togo and Cote D'Ivoire.

Dr. Osotimehin qualified as a medical doctor from the University of Ibadan, Nigeria, in 1972, and then went to the University of Birmingham in the United Kingdom, where he got a doctorate in medicine in 1979. He is a member of the United Kingdom's Royal College of Physicians and was, between 1996 and 1997, a visiting fellow at the Harvard Centre for Population and Development Studies. In 2006, he was inducted as a fellow of the prestigious Nigerian Academy of Sciences.

The UNFPA Executive Director was appointed as a Professor at the University of Ibadan in 1980 and headed the Department of Clinical Pathology before being elected as Provost of the College of Medicine of the same university in 1990. He held the position until 1994

Dr. Osotimehin's interests include youth and gender, within the context of

reproductive health and rights. He has hands-on experience in working with development and civil society organizations, having served as Coordinator of the Social Sciences and Reproductive Health Research Network, in Ibadan, Nigeria. It is an interdisciplinary network of sociologists, economists, doctors, lawyers and psychologists dedicated to applying innovative research to reproductive health and human development issues. He has also coordinated and established leadership training and research programmes around reproductive health and development issues.

Dr. Osotimehin has been a pillar of support to the International Conference on AIDS and STIs in Africa (ICASA) in many capacities among which was his meritorious stewardship as the Vice President of ICASA in 2005 when the conference was hosted in Abuja. In recognition of his contributions, especially as a leader of Nigeria's response to HIV and AIDS, he is a worthy recipient of the Nigerian national honour of Officer of the Order of the Niger (OON). More recently, Dr. Osotimehin was also conferred with the national honour of "Grand Officier" de l'Ordre de National du Benin by President Boni Yayi of Benin Republic.



PROF. JERRY COOVADIA

Prof. Coovadia is based in Durban, implementing documented research findings on maternal, newborn and child

health. He was primarily involved in academic paediatrics during his tenure at UKZN. He has devoted his life to the pursuit of justice, democracy and freedom -- chairing the Mandela government's first Commission on Maternal and Child Health, designing appropriate national policies and he headed the largest International AIDS Conference in Africa. His research into HIV transmission and treatment has been globally significant and he opposed the Mbeki administration's AIDS policies. He has published more than 320 papers in national and international journals.



DR. TEWODROS ADHANOM

Dr. Tedros Adhanom Ghebreyesus is currently the Minister of Foreign Affairs of the Federal Democratic Republic of Ethiopia. He took up his post in November 2012. Prior to this he served as Minister of Health from October 2005 to November 2012. Dr. Tedros also served in a number of expert and leadership positions within the Ministry of Health at both federal and regional levels, including the positions of Minister of State and as Head of the Tigray Regional Health Bureau. First joining the Ministry in 1986, Dr. Tedros has dedicated his entire career to public service and scientific research, focusing on health concerns.

A globally recognized researcher on malaria, Dr. Tedros Adhanom has co-authored numerous articles on the subject in prominent scientific publications,



including *Annals of Tropical Medicine and Parasitology*, *The Lancet*, *Nature* and *Parasitologia*. One of his key contributions to this field was a study of malaria incidence among children living near dams in northern Ethiopia which was published in the *British Medical Journal* in 1999. This seminal contribution earned him the distinction of 'Young Investigator of the Year' from the American Society of Tropical Medicine and Hygiene. In 2003, the Ethiopian Public Health Association (EPHA) also recognized his important research work through its prestigious "Young Public Health Researcher Award". Dr. Tedros is also the first non-American recipient of the "Jimmy and Rosalynn Carter Humanitarian Award", in 2011. This is an award conferred by the US National Foundation of Infectious Diseases to recognize individuals who have made significant contributions to improving the health of humankind. In

March 2012 he received the 2012 Honorary Fellowship from the London School of Hygiene and Tropical Medicine. This is the highest honour bestowed by the School and goes to those who have achieved exceptional distinction in international health or Tropical medicine.

In addition to his specific work on disease and malaria in particular, Minister Tedros has also been recognized for his leadership in the rapidly evolving field of global health, working steadily to enhance Ethiopia's active engagement in a number of major international forums. In May, 2009, he was elected to represent Ethiopia as the Chair of the Fourth Conference of Ministers of Health of the African Union (CAMH4). On July 4, 2009 he was elected Chair of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, for a period of two years. Previously, he served as Chair of the Roll Back Malaria

Partnership (RBM) until May, 2009, as Chair of the UNAIDS Programme Coordination Board (PCB) from January to December, 2009. and as Co-Chair of the Partnership for Maternal, Newborn and Child Health (PMNCH) from 2005 until December, 2009. He has also served as a member of the Global Alliance for Vaccines and Immunization (GAVI) Board as well as of the Institute of Health Metrics and Evaluation (IHME). In 2009, he also served as a member of the High-Level Task Force for Innovative Financing for Health Systems, co-chaired by World Bank President, Robert Zoellick, and UK Prime Minister, Gordon Brown.

Dr Tedros Adhanom with his extraordinary leadership was personally involved in ICASA 2011 organizing committee. He is one of the pillar of the most successful ICASA conference , ICASA 2011 Ethiopia.

SAA'S SESSIONS AT ICASA 2013

SAA & PULITZER CENTER WORKSHOP AT ICASA 2013

TITLE: The News Media and the AIDS Epidemic: Tensions and Opportunities

OBJECTIVE: The two-way discussion between medical professionals, activists and journalists will explore the role of the mainstream news media in addressing the HIV/AIDS epidemic, analyzing past major media coverage and discussing areas of improvement for the future.

TARGET AUDIENCE: The target audience is leaders and activists who are critical of media coverage of AIDS or believe that an aspect of the epidemic is not being adequately addressed in the mainstream media. We are also interested in attracting attendees who want a better understanding of how the news media approaches coverage of the epidemic.

LEARNING OBJECTIVES:

- Understand how the news media approaches coverage of the AIDS epidemic
- Identify under-reported or over-reported aspects of the epidemic
- Gain tips for productive and effective interactions with the news media

For example, we might address misrepresentation of African-led efforts to address the epidemic or the lack of watchdog journalism on healthcare. The panelists will be journalists with ongoing or future reporting projects on HIV/AIDS in Africa so this is an excellent opportunity for conference participants to give critical feedback to the reporters telling the HIV/AIDS story in mainstream international media outlets.

PANELISTS/BRIEF CONTENT:

1. *SAA board member* – TBD
2. *Kwame Dawes* – Emmy Award-winning poet, Pulitzer Center grantee, currently following up with the people who were featured in his 2008/2009 Jamaica project
3. *Carl Gierstorfer* – journalist/documentary-maker, currently working on a documentary exploring the role of colonialism in the spread of HIV/AIDS for *Der Spiegel* and others
4. *Peter Sawyer* – health projects director at Pulitzer Center on Crisis Reporting
5. *We will identify an African journalist working for news outlets on the continent.*

10 minutes

Overview of past major media coverage of AIDS, and impact

5 minutes

Video trailer from Live.Hope.Love

15 minutes

Presentation by Kwame Dawes about his reporting/poetry

5 minutes

Video trailer for *Bloodlines*

15 minutes

Presentation by Carl Gierstorfer on his documentary

15 minutes

Presentation from African journalist (show trailer if applicable)

25 minutes

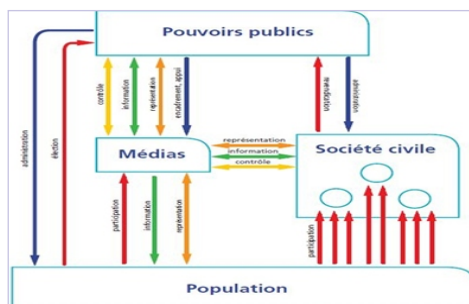
Comments from SAA board member on media, giving way open facilitated discussion/debate among panel, including audience

Note conceptuelle

Session de renforcement de capacités

Les médias se situent aujourd'hui, plus que jamais, au cœur de la vie sociale. Outre les journalistes, chroniqueurs et autres collaborateurs des organes de presse, une génération de ce que l'on pourrait appeler « immédiatistes » a vu le jour grâce au développement des réseaux sociaux. Le rôle qu'ils jouent allie le bon et le moins bon, le meilleur et le pire.

Les médias, qu'ils soient classiques ou nouveaux, contribuent à l'enrichissement des débats autour des diverses problématiques en rapport avec le VIH/SIDA. Ils constituent des relais incontournables des messages descendants (sensibilisation, éducation) et ascendants (plaidoyer). Cela leur confère une grande responsabilité dans la réussite des politiques publiques, le soutien des efforts de la société civile et la transmission vers les hautes sphères de la voix des sans-voix.



En toute bonne foi, les journalistes, s'ils ne sont pas bien formés et sensibilisés aux obligations éthiques de leur métier, peuvent causer des dégâts importants, que cela soit par ignorance ou par manque de rigueur et de professionnalisme. Parler du VIH/SIDA est devenue une spécialité à part entière dans ce métier, tant les problématiques sont complexes et délicates. Le sensationnalisme reste présent, et ses conséquences souvent douloureuses. Les communicateurs sont souvent les premiers pourvoyeurs des journalistes

Activity Type: Session

Time: December 10, 18:30-20:00

Title: Telling the story of the origins of HIV-- an interactive workshop to support a major television documentary

When did HIV originate and where? By following the work of pioneering historians, molecular biologists, medics and anthropologists who have discovered a mysterious medical archive, German documentary filmmaker Carl Gierstorfer is chasing down the origins of the epidemic to the dawn of the 20th century in Cameroon at the height of the colonial Scramble for Africa.

Join Carl Gierstorfer and Peter Sawyer, health projects director at the Pulitzer Center, to discuss the film, catch a sneak peek and contribute your expertise, photographs and research to the project. This two-way discussion between medical professionals, activists and journalists will also explore the role of the mainstream news media in addressing the HIV/AIDS epidemic, analyze past major media coverage and discussing

areas of improvement for the future. The session will be introduced by SAA board member, Dr. Enock Omonge.

Topic: Faith in Action

On Sunday, people of faith will come together to explore ways in which to collaborate and in which the work of faith communities can be more visible and unified.

This session will focus on the role of the faith sector, key challenges and opportunities for the sector and some practical models which can be replicated in different settings, and aims to provide practical tools for an enhanced faith response.

Chair: Dr Renier Koegelenberg, NRASD

Opening – Archbishop Thabo Mokgaba, Anglican Church of Southern Africa

Speakers and Topics

Faith in Action in Cooperation with International Agencies

- The Role of the Faith Sector – an UNAIDS Perspective. TBA
- The Role of the Faith Sector – a Global Fund Perspective. TBA.

Faith in Action – Key Challenges of the Faith Response

- The Current Realities in which the Faith Sector Responds to HIV. Dr. Jan du Toit, The Africa Centre for HIV and AIDS Management
- The Challenges for effective partnerships between faith communities and the public sector - Dr. Renier Koegelenberg, NRASD

Faith in Action – Key Opportunities for the Faith Sector

- Faith, academic and community interaction – Rev Herman Hallonsten, Programme Officer, Health, Gender and Theology, Church of Sweden
- Faith communities responding to drivers of the epidemic through Life Giving Theology: A Specific Focus on Sexual and Gender Based Violence. Dr Nyambura Njoroge, Executive Director, EHAIA
- Opportunities for Interaction between the Private sector, Public sector and Faith Communities. Prof. Stephen Hendricks

REPORT OF SAA OUTGOING BOARD MEMBERS

SAA leadership key accomplishments: 2010- 2013

Prof Robert Soudre is the 4th SAA President since the inception of the organization. He took over from Prof Femi Soyinka. After 4 years (2010-2013) of his mandate, leading the affairs of SAA and especially overseeing ICASA 2011 and 2013, his achievement speaks for itself. He pledges for transparency and ownership of the conference by all stakeholders involved in the fight against HIV. His major achievements were strengthening the institutional capacity, Creating a good governance system, Enhancing the image of SAA and improving coordination of ICASA management. Here is a list of some of the key achievement ,of the outgoing SAA Board Members.

- Development and launching of SAA strategic plan (2011-2015)
- Publication of the First SAA newsletter 2010
- Implementation of the Special Project Bill Gates Grant with audited report 2010
- First Audited report of SAA secretariat 2010
- First SAA pamphlet for membership drive 2010
- SAA's Awards ceremony 2011
- SAA General Assembly 2011
- Partnership agreement with UNAIDS, IAS
- Recognition of the best young investigator at ICASA 2013

Statement of financial position: 2010 to 2012 (in US\$)			
	2010	2011	2012
Property, Plant and Equipment	94,050	93,299	94,376
Staff debtors	1,116	-	7,684
Short-term investments: Treasury Bills	-	15,000	-
Cash and bank balances	149,216	132,855	73,159
Current liabilities: Accrued expenses	-	-	-
	5,150.0	2,912.9	5,146.0
	239,232	238,241	170,073
Represented by:			
Accumulated fund at 01 January	-	239,232	238,241
Additional funds introduced	251,535	-	-
Transferred from Income & Expenditure account	-	-	-
	12,303	991	68,167
	239,232	238,241	170,074



SAA Executive Members with IAS Team Rome 2011



Prof. Robert Soudre with UNAIDS HQ executive officers



ADOLESCENTS, SRHR AND HIV IN AFRICA: TIME TO ACT

Regional Conference, Zambia, 2014

Under the Auspices of SAA and SWAA

4 to 7 December



Purpose:

This Regional conference is intended to enhance greater attention and commitment to addressing adolescent SRHR and HIV issues – in context of the expanding youth population on the African continent and the specific vulnerabilities posed. The conference will draw together experts, policy makers and various stakeholders to address these issues comprehensively and strategically, to foster stronger responses, national and regional collaboration, high level commitment and accountability.

The Conference will focus on issues that are significant to adolescent SRHR and HIV such as access to services, Family planning and contraception, teen fertility and pregnancy, unsafe abortion, maternal mortality, STIs including HIV/AIDS, Cervical cancer, sexuality, sexual and gender based violence, child/early marriage and overall development of young people.

Given the convergence of these issues in the lives of young people and the high toll they exert on the continent, a regional conference presents an important opportunity and mechanism to draw attention to the gravity of these issues and to find solutions, improve and strengthen current efforts, and generate the commitment required to support and sustain effective solutions.

Justification:

Globally, about 1.6 billion people are aged 12-24 years. In many countries and regions, they form large cohorts of at-risk and vulnerable youths with specific needs for SRHR and HIV services. According to UNFPA, adolescents and young people aged 10–24 years comprise about 33 per cent of the population in Eastern and Southern Africa (158 million young people which is expected to grow to 281 million by 2050), this youth bulge will have major implications for education, health and development. Sadly, a large proportion of the youth in sub Saharan Africa (SSA) is particularly vulnerable to a host of factors including HIV infection, unintended pregnancy,

forced/early marriage, drug and alcohol abuse, sexual and gender based violence, unemployment, poverty and poor education. Overall, insufficient attention and inadequate commitment contribute to Africa's inability to prevent the high rates of new infections among adolescents and young people. Young people living with HIV/AIDS have inadequate access to health and social support services, and still face considerable stigma and discrimination; their specific needs are often not prioritized in the development of national HIV strategies, policies and budget allocations.

Young women aged 15-24 have much higher rates of HIV infection compared to young men, and account for 31% of new infections in SSA. Girls ages 15 – 19 are 2 to 6 times more likely to contract HIV than boys of the same age in SSA. In girls aged 15 to 17 years in Swaziland and Lesotho, for example, the HIV prevalence is over four times higher than in their male peers. Across the continent, adolescents who are marginalized such as those selling sex, using drug, living in conflict areas and those that are married face more serious barriers and challenges and have little support and options for protection. The levels of knowledge around HIV is low, and the proportion of young people aged 15 to 24 years with comprehensive knowledge of HIV prevention is still low, with females being less knowledgeable than males. The knowledge levels on the continent are far below the 2010 target of 95 percent comprehensive knowledge set at the United Nations General Assembly Special Session on HIV/AIDS in 2001. Sexual activity often starts during adolescence- through marriage, coerced sex or sexual experimentation – often involving girls and boys who have little information, agency and support to make appropriate decisions. Adolescents need to be empowered to make the right choices and decisions, and sustain the needed impact, the support of families and communities in de-stigmatizing adolescent sexuality, upholding their right to access services and to be provided with appropriate services including contraceptives and condoms is paramount.



More than fifty percent of girls in Mali, Mozambique and Niger are married before they are 18 years; the situation is more acute for girls who have no education. In Mozambique for example, about 60 percent of girls with no education are married by 18, compared to 10 percent of girls with secondary education and under one percent of girls with higher education. The implications of early marriage include a five time greater risk of death during child birth for girls less than 15 years compared to those over 20 years. Pregnancy is the leading cause of death worldwide for women ages 15 to 19. Among married adolescents and pregnant teens, the risk of HIV infection is higher as often their spouse/sexual partner is likely to be a much older man who has had longer sexual exposure. Also, girls who marry before 18 are more likely to experience domestic violence. While many countries in the region working towards ending child marriage, the practice still remains common with direct negative consequences for the health, education and social status of girls and young women.

Sub-Saharan Africa has the world's highest level of adolescent childbearing. Thirteen percent of adolescents aged 15-to-19 years gave birth every year between 1995-2000 and this proportion declined slightly to 12 percent in 2010. While teen pregnancy rates have faster than average such as countries such as Benin, Cameroon, Eritrea, Ethiopia, Gabon, Ghana, Kenya, Namibia, Nigeria, Rwanda, Senegal, Tanzania, and Uganda; but compared to world standards it is quite high and has risen in countries such as Burundi, Chad, Congo (Brazzaville), Lesotho and Zimbabwe. Adolescent pregnancy is associated with increased risk of sexually transmitted diseases, hemorrhage, fistula and mental disorders such as depression, as well as poor birth outcomes (including high neonatal mortality).

The social costs could also be high resulting in drop out from school, increased risk of exploitation and abuse. Educational levels for girls have risen in most countries, and job opportunities have expanded. Low education levels are closely associated with early

childbearing. Fourteen percent of all unsafe abortions in low- and middle-income countries are among women aged 15–19 years. About 2.5 million adolescents have unsafe abortions every year, and adolescents are more seriously affected by complications than are older women. The reduction of adolescent pregnancies will contribute to the achievement of a number of the MDGs.

Key Partners:

The main partners for the proposed conference will be the Ministry of Chiefs and traditional Affairs in Zambia, Society on AIDS in Africa – SAA, the Society for Woman and AIDS in Africa- SWAA and the Coalition of Parliamentarians against HIV/AIDS. SAA and SWAA are pan-Africa organizations and have a long history and experience organizing regional conferences, mobilization of communities, policy makers, regional organizations and donors towards an Africa-led and owned responses to HIV and AIDS. Both SAA and SWAA have been in existence for over 20 years, and are well positioned to lead a regional effort to mobilize support and action to address the SRHR and HIV needs of adolescents and young people. Urgent action is required to begin to articulate the key priorities to be promoted to ensure that Africa's youth bulge is addressed in all of its ramifications to enable the continent realize the youth dividend.

"Through the conference, The SAA and SWAA will work closely with High level Taskforce for Women, Girls, Gender Equality and HIV for the Eastern and Southern Africa Region to promote the ground-breaking policies and commitments adopted to advance the rights of women and girls as the basis for ensuring the reduction of their vulnerability to HIV infection and adverse reproductive health issues."



Abstract of SAA Strategic plan 2011-2015

EXECUTIVE SUMMARY

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

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

Goal

SAA's goal is to contribute to halving new HIV infections in Africa by 2015.

Strategic Direction

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

enabling environment, and strengthen institutional capacity to create excellence.

Strategic Objectives

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

Thematic Areas and Strategies

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

Institutional Management and Strengthening

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

Research, Policy and Enabling Environment

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

Strategy Implementation, Monitoring and Evaluation

The response of the Society for AIDS in Africa will be implemented by the

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

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

Monitoring and Evaluation

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

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

2011 – 2015 FINANCIAL PLAN

THEMATIC AREA 1: INSTITUTIONAL MANAGEMENT & STRENGTHENING

Strategy	Cost per Year (US Dollars)					Total Amount
	Year 1	Year 2	Year 3	Year 4	Year 5	
1 Strengthen Institutional Capacity & Governance System	355,000	364,000	645,000	727,500	890,614	2,982,114
2 SAA leadership & strong partnerships	20,000	40,000	80,500	45,000	123,205	308,705
3 Advocacy & Continental Agenda	45,500	95,500	141,500	117,050	186,910	586,460
4 ICASA Management	170,000	112,000	100,000	112,000	100,000	594,000
5 Mobilize, manage & account for resources	55,000	33,000	60,500	39,930	117,128	305,558

THEMATIC AREA 2: RESEARCH, ADVOCACY & ENABLING ENVIRONMENT

1 Promote research & knowledge on VIH/sida through ICASA	20,000	118,000	158,300	127,480	191,333	615,113
2 African ownership	5,000	44,000	-	53,240	-	102,240
3 Promote Policy, Advocacy and Enabling Environment	-	70,000	120,000	120,000	220,000	530,000
GRAND-TOTAL	670,500	876,500	1,305,800	1,342,200	1,829,190	6,024,190



1. SAA ACTIVITIES AT ICASA 2013

- **Satellite session: Faith in action**
Date: December 8th, 2013
Time: 18:30 – 20:30
Venue: CTCC – Room – 1001 35,00
- **Journalism & communication sur le SIDA**
Date: December 9, 2013
Time: 14:30 – 16:30
Venue: CTCC – Room – Auditorium I
- **The news Media and the AIDS Epidemic: Tensions and opportunities**
Date: December 10, 2013
Time: 18:30 – 20:30
Venue: CTCC Room – Auditorium I
- **SAA AWARDS Cocktail**
Date: December 8th
Time: 17:00 – 19:20
Venue: Pavilion Conference Centre (Ward 10)

2. SAA's UPCOMING ACTIVITIES

- Zambia is hosting SAA symposium 2014, Theme: Adolescents, SRHR and HIV in Africa: Time to Act.
More information: www.saafrica.org
- ICASA 2015 TBD
- SAA's Registered Members have direct access to ICASA 2013 virtual abstract library during and after the conference.

1. LES ACTIVITES DE LA SAA A ICASA 2013

- **Session Satellite : la foi en action**
Date : 8 décembre 2013
Horaire : 18h30 – 20h30
Lieu : Salle LXII 35-00, CTCC
- **Journalisme & communication sur le SIDA**
Date : 9 décembre 2013
Horaire : 18h30 – 20h30
Lieu : salle ; Auditorium I – CTCC
- **Les nouveaux Média et l'épidémie du VIH : tensions et opportunités**
Date : 10 décembre 2013
Horaire : 18h30 – 20h30
Lieu : salle ; Auditorium I – CTCC
- **Cocktail de Remise des prix de la SAA**
Date : 8 décembre 2013
Horaire : 17h00 – 19h20
Lieu : Pavilion Conference Centre – 10^{ème} Ward

2. LES ACTIVITES A VENIR (2014)

- **Symposium sur Adolescents, santé sexuelle et de la reproduction et le VIH en Afrique: il faut agir maintenant!**
Date : 4 – 7 décembre 2014
Country: Zambia, Pour plus d'info : www.saafrica.org
- **ICASA 2015: (date et lieu à confirmer)**
- **Accès pour les membres inscrits de la SAA à la librairie virtuelle des Résumés d'ICASA 2013, pendant et après la conférence**



SAA DRAFT CONSTITUTION

1. NAME:

SOCIETY FOR AIDS IN AFRICA (SAA)

2. LIFE SPAN

The society's life begins with the date it was formed and registered and shall continue to exist except when the conditions stipulated provisions in Article XV applies.

3. SAA AS AN ORGANISATION

SAA is a non- government, non-profit making, civic and community oriented organization, given to the overall promotion of the continent, with the overall goal of mitigating the impact of HIV/AIDS, TB and Malaria in the African continent, through various activities.

SAA shall provide leadership in all AIDS related activities in the African continent and shall promote the activities of other African organizations, through collaboration, and inclusion.

4. SAA PERMANENT SECRETARIAT

4.1. The SAA Permanent secretariat is located in Accra- Ghana. However The SAA Permanent Secretariat can be relocated for a good reason in any country within Africa, after a resolution by the executive council of SAA. Such resolution should be submitted to the General Assembly of SAA membership for ratification.

The ideal staffing for a functional secretariat will be determined by the council from time to time. The core staff will be made up of A bilingual Administrative Secretary, Finance Manager, Planning/Developmental Officer and other supporting staff.

4.1. SAA – REGIONAL AND NATIONAL BRANCHES.

SAA regional and National Branches will be established in various countries of Africa. These national branches will have secretariat which will be controlled at the national level, but with close ties with the SAA Secretariat.

5. THE OBJECTIVES

The objectives of the Society are as follows:

5.1. To contribute to the control and management of HIV infection and AIDS TB and Malaria throughout the continent of Africa and to serve as a forum for the exchange of information on HIV/AIDS, TB and Malaria in collaboration with the World Health Organization (WHO) the UNAIDS and others, International AIDS Society, and other International and national organizations on AIDS..

5.2. To serve as an African focus and coordinator of AIDS activities.

5.3. To promote research and training on HIV/AIDS prevention, care in Africa.

5.4. To work hand in hand with African States to mitigate the impact of HIV/AIDS, TB and Malaria in the African Continent.

5.5. To organize International Conferences on HIV/AIDS –STIs ,TB and Malaria in Africa and collaborate with other organizations in organizing sub-specialty conferences on HIV Infection and AIDS in Africa.

5.6. To solicit, receive, manage and account for funds for supporting the SAA activities against HIV/AIDS, TB and Malaria in Africa.

5.7. To serve as a central registry of individuals and organizations, professionally involved in AIDS research and activities to prevent the spread of AIDS and care for people living with HIV/AIDS, TB and Malaria in Africa.

5.8. To represent the African Scientific community as a voice of reason in AIDS controversies, speak and act against discrimination/stigmatization, and ensure the observance of ethical norms in all aspect of research and trials relating to HIV/AIDS in Africa.

5.8. To promote the total well being of those infected and affected by HIV/AIDS

6. MEMBERSHIP

There are three categories of membership

- I. Affiliated
- ii. Individuals
- iii. Honorary.

6.1. Affiliated members

- Societies, (national, International) organizations, corporate bodies, having similar objectives, vision and purpose can apply to be affiliated members of SAA.
- Application for affiliated membership should be completed with membership list, objectives and activities of the applicant. Such application



will be considered and approved by a majority of the Governing Council.

- Affiliated status can be withdrawn for good reasons by a majority decision of the governing council. Any affiliated member may resign its membership anytime.

6.2. Individual Membership

- Persons engaged in activities related to HIV and AIDS may become Individual members of the SAA upon acceptance of such application by the executive council and payment of membership dues.
- Application for membership shall be made on the appropriate form to the secretariat of SAA. Individual membership is tied to the payment of yearly membership dues.
- Individual membership may be withdrawn for good reasons as determined by the majority decision of the Executive Council such decision would be reported to the General Assemble meeting that follows such a withdrawal. Individual members may withdraw their membership at any time.

6.3. Honorary Members

- Honorary membership of the SAA will be conferred on individuals who are known to have contributed to the fight against HIV/AIDS in the African continent. Confirmation of honorary membership is considered as a great honor and numbers will be kept to a minimum number.
- Any member of the SAA can make recommendation for honorary nomination to the Executive Council of SAA, which in turn will screen such nominations and make recommendations to the Governing Council.

- A final decision to confer an honorary membership will be made by a majority of 4/5 of the Governing council. The General Assemble will ratify such nomination at the next immediate GA meeting.

7. DUES AND LEVIES

7.1. Annual Membership fee for SAA is USD25. Dues and other levies for individual and affiliate membership shall be reviewed from time to time by the Governing Council. Annual dues shall be due on the first day of January of each year.

- Membership shall be suspended when dues remain unpaid for 3 months. Membership will be terminated if such dues shall not have been paid within a period of 12 months. Suspension of a member shall be lifted as soon as all outstanding dues and levies are paid.

7.1. Annual Membership fee for SAA is USD25. Dues and other levies for individual and affiliate membership shall be reviewed from time to time by the Governing Council. Annual dues shall be due on the first day of January of each year.

- Membership shall be suspended when dues remain unpaid for 3 months. Membership will be terminated if such dues shall not have been paid within a period of 12 months. Suspension of a member shall be lifted as soon as all outstanding dues and levies are paid.

7.2. Notice will be given in the event of any intends termination of membership for non-payment of dues.

7.3. Dues shall be paid in US dollars or in the equivalent of the currency of the headquarters nation.

7.4. The dues shall be used to finance the running of the Society a well as the operations and activities, which have been approved by the Administrative Council.

7.5. A Financial report of the Society covering the past two financial years shall be given at the annual general meeting of the Society.

7.6. The Society is empowered to raise funds from external sources to help support the functions and activities of the Society.

8. TERMINATION OF MEMBERSHIP

8.1. Membership of the Society automatically terminated for non-payment of dues for a period of 12 months as specified in Article 7.1;

8.2. Membership may also be terminated for good reasons on recommendation of the Executive Council and approval by the Administrative Council. Prior to this, the member will be informed of the intention to terminate his membership and be given an opportunity to defend him/herself, the reasons on which his/her termination of membership had been based.

8.3. A member may resign from membership of the Society. Such resignation shall be in writing to the Administrative Secretary and may only be effective at the end of a calendar year.

9 . I N T E R N A T I O N A L C O N F E R E N C E S O N H I V / A I D S A N D S T I s I N A F R I C A (I C A S A) A N D O T H E R R E G I O N A L C O N F E R E N C E S .

9.1. SAA is the responsible organ for the organization of the ICASA and other sub-regional conferences organized by SAA (Scientific Symposium)



9.2. ICASA will be organized in collaboration with other regional, continental and International organizations and other such bodies active in the area of HIV/AIDS.

9.3. ICASA will be held at a frequency of every two years or at any other intervals decided upon by the Administrative council.

9.4. Countries wishing to host the ICASA shall make their intention known – at least 2 years ahead of the ICASA meeting to the Administrative Council, stating its intent, capability and proposals to host ICASA. The Administration Council shall decide through a majority vote on the country to host the following ICASA and announce such decision during the last ICASA meeting.

9.5. The country hosting ICASA shall work in tandem with the Administrative Council through the SAA Secretariat in all the preparation and execution of the programming, scientific content of ICASA. This includes, programmer's scientific content, fund raising, budgeting scholarship etc.

9.6. The Administrative Council shall appoint membership of the International Steering and Scientific Committees which shall be made up of eminent African and selected international scientist, and organizations representatives of key Institutions working in the area of HIV/AIDS.

9.7. The ICASA hosting country shall be responsible for the appointment of other local committees for ICASA.

9.8. The hosting country in collaboration with SAA shall take the lead in fund raising fund for ICASA.

9.9. Each nation hosting the International Conference on behalf of

SAA shall sign an MOU with the SAA for the right to host the ICASA. The MOU will deal with cost sharing rules for the organization of the conference, programmatic content of the conference structure of conference organ.

9.10. The hosting country shall submit an audited account of expenditure to the SAA executive council at least 6 months after the ICASA. Such account will be widely distributed to all stakeholders (funding agencies) at least 6 months after ICASA had been held.

9.11. After all expenses in respect of hosting the ICASA had been settled, an agreed percentage of unspent fund shall be paid to the SAA account and such fund will be used to fund other activities of the SAA. In addition a percentage of this unspent fund will be set aside by SAA to support the next hosting country.

10. OPERATING STRUCTURE

10.1. THE ADMINISTRATIVE COUNCIL

(a) The Administrative Council shall be the governing board of the Society acting within the limits of the Constitution.

The Administrative Council shall consist of fifteen (15) members as follows:

Note	OR	
Southern Africa		- 3
West Africa		- 3
East Africa		- 3
Central Africa		- 2
Northern Africa		- 2
International members		- 2
		Total =15

Elections shall be carried out in such a way that only two representative from the central Africa and Northern Africa and three from each of the other 3 regions shall be elected

every four years. OR. Only two representatives for each region shall be elected every four years.

10.1.1. OBSERVERS STATUS ON THE ADMINISTRATIVE COUNCIL

The following Organizations will be accorded observer's status on the SAA Administrative council

1. Civil Society
2. NAP+
3. SWAA
4. African Youth Network
5. SA fAIDS (Southern Africa AIDS information)

10.1.2. INTERNATIONAL MEMBERS TO THE ADMINISTRATIVE COUNCIL

One (1) member, from the international community who shall be nominated by the thirteen (13) Council members.

One (1) member nominated by the World Health/UNAIDS Organization (WHO/UNAIDS)

10.1.2. TENURE OF COUNCIL MEMBERS

- i. The members of the Administrative Council shall be elected for a term of **four years**. They shall be eligible for re-election for a further term of four years. However, elections shall be carried out in such a manner that only two (2) representatives from the Region and three (3) from each of the other three regions shall be elected every four years.
- ii. Not less than two months before the expiration of term of office of the Administrative Council, members of the Council from each region shall meet separately and nominate at least three candidates to contest the vacancy or vacancies left by the retiring

regional representatives, giving consideration to the need for geographic representation within that regional representatives by ballot election. The newly elected members should be announced at the annual meeting.

- iii. In the absence of due process of nomination from a region, the Administrative council will select representatives at its annual meeting.
- iv. Vacancies on the Administrative Council shall be filled by member(s) appointed by the appropriate regional representatives and accepted by the Council. The term of office of members elected in this way shall end at the time of the term of the replaced member would normally expire.
- v. Resignation from the Administrative Council Any member of the Administrative council who misses ICASA (Biannual Council Meeting) shall be deemed to have resigned. Any members who failed to respond to internal communication from the President or communication relative to SAA activities for a period of 3 months shall also be deemed to have resigned

10.2. THE EXECUTIVE COUNCIL

The Administrative Council shall elect from among its members an Executive Council comprising of a President, the Vice President, the Treasurer, the deputy treasurer, Secretary General and deputy secretary general. If election or re-election to office of Executive Council extends beyond the member's term on the Administrative Council, another member shall be elected to the Administrative Council, from the region in question to maintain the four-year rotation.

The Executive Council shall be responsible for executing the decision made by the Administrative Council at the biennale meeting. The executive council shall be empowered to take decisions on behalf of the Administrative council, in case of emergency the President in consultation with members of the council will take appropriate decisions for the well-being of the Society. The President shall preside over the Executive Council.

11. FUNCTIONS OF KEY OFFICERS OF SAA

(I) P R E S I D E N T

The President shall represent the Society. His duties shall include presiding over all meetings of the Executive Council, the Administrative Council and the General Assembly, calling extraordinary meetings as necessary; appointing members of committee; and presenting honors and award. The President shall have the power to take all urgent action between the general meetings, such as ordering of special expenses, which are not included in the budget approved by the Administrative Council. Support the fund rising strategy of the Society. He or she will be the President of ICASA during his tenure.

(ii) V I C E P R E S I D E N T

He shall fulfill all responsibilities as required of the President. Should the President be incapacitated or his office be vacated, the Vice President shall be designated as Chairman until the end of the term of office. He shall fulfill all other responsibilities as required of

the President. Support the fund rising strategy of the Society

- (iii) **T H E S E C R E T A R Y G E N E R A L:** Responsible of all scientific program of the Society, liaise with Africa scientist community as well as international scientist, shall act as a liaison with all scientific journal. Be the voice of the society in terms of scientific activities and orientation. Supervise all SAA publication; support the fund rising strategy of the society. He/ SHE shall fulfill all other responsibilities as required by the president.

(iv) D E P U T Y S E C R E T A R Y G E N E R A L:

HE/SHE shall fulfill all responsibilities as required of the SG. Should the SG be incapacitated or his office be vacated, the DPSG shall be designated as SG until the end of the term of office. He shall fulfill all other responsibilities as required by the Secretary General. Support the fund rising strategy of the society.

(v) T H E T R E A S U R E R,

working with the Administrative Secretary shall collect and administer all funds of the Society; submit and annual budget to the Administrative Council; and submit to the Administrative Council and the Executive Council, the annual financial report certified by a qualified accountant. Support the fund rising strategy of the Society

(vi) T H E D E P U T Y T R E A S U R E R,

HE/SHE shall fulfill all responsibilities as required of the treasurer. Should the Treasurer be incapacitated or his office be vacated, the DT shall be designated as T until the end of the term of office. He shall fulfill all other



responsibilities as required of the Treasurer. Support the fund rising strategy of the society.

- (vii) SAA Administrative Secretary/ Coordinator : shall be the head of the Secretariat at SAA Secretariat. He/ SHE shall reside in the country where the headquarters of the Society is for the time being located. The term of office shall be four years and is renewable open availability of found. The Administrative secretary shall be the link between ICASA host countries and the Administrative Council.

The Administrative Secretariat shall maintain liaison with national and regional SAA societies, committees etc; Shall handle correspondence; shall maintain files; shall prepare and circulate the official minutes of meetings of the Administrative Council and the Executive Council and the SAA Newsletter; shall preserve the signed and attested originals of such documents; shall prepare and circulate agenda for meetings of the Administrative and Executive Council; shall receive and process applications for membership in the society; shall receive and tabulate votes in all elections; and shall fulfill any other duties so defined by the President. In addition, the Administrative Secretariat shall develop strategies for SAA activities and funding, e.g. for training programmes, meeting and events.

- (viii) With the exception of the Administrative Secretary/ Coordinator, members of the Administrative Council, Executive Council, and officials of other committees cannot receive remuneration of any kind for their services to the Society. Only the Administrative Secretary/ Coordinator who is a full time employee of SAA will receive

a reasonable remuneration for his work. Travel and other reasonable allowances may be provided to the Administrative Council and Executive Council members for officially sanctioned business and meetings; however, funds to pay for these activities cannot be derived from general membership dues.

12. COMMITTEES

12.1. Standing Committees and any necessary ad hoc committees shall consist of an uneven number of active members appointed by the President as approved by the Administrative Council. Members shall serve on a committee for a term not exceeding one year but shall be eligible for reappointment for additional consecutive terms of one year each.

12.2. The terms of reference for each committee shall be defined by the Chairman and committee activities shall be subject to review by the Executive Council.

12.3. Each region shall form sub-committees to fulfill the interest and needs of the region. These sub-committees shall be administered sub-regionally.

13. TRUSTEES

13.1. All land, buildings and other immovable property and all investments and securities which shall be acquired by the Society shall be vested in the names of not less than three trustees who shall be members of the Society and shall be appointed at biennial general meeting for a period of four years. On retirement such trustees shall be eligible for re-election. A general meeting shall have the power to remove any of the trustees in case of death. Vacant position shall be filled at

the same or next general meeting.

13.2. The trustees shall pay all income received from property vested in the trustees to the treasurer. Any expenditure in respect of such property, which in the opinion of the trustees is necessary or desirable, shall be reported by the trustees to the executive committee, which shall authorize expenditure of such moneys as it thinks fit. The society shall be registered as a non-governmental, non-profit making organization in the country that serves as its headquarters.

14. RULES AND PROCEDURES

14.1. A list of rules and procedures may be drawn up by the Executive Council and the approved at the general meeting. The rules and procedures are intended to lay down various matters not provided for in this Constitution and in particular, matters relating to the internal administration of the Society.

15. NOTIFICATION OF MEMBERS AND AMENDMENTS OF CONSTITUTION

15.1 Written notification must be mailed to Society members in good standing at least two months before a regular or an extraordinary general meeting of the Society. Amendments to this Constitution may be made by a majority of the members present at a regular or extraordinary general meeting of the Society.

16. LIQUIDATION

16.1. Liquidation of the Society shall require a resolution to be passed at a regular or extraordinary general meeting. Such a resolution shall be placed before it by the Chairman after prior approval by the Administrative Council. The Administrative council shall appoint one or several liquidators; any balance remaining after payment of all or several non-profit organization or

organizations recognized as being of public benefit and having similar objects to the Society as shall be determined by the Executive Council. Provided, however, that no liquidation of the Society shall be effected without the prior permission in writing of the Registrar of Societies, abstained upon application to him signed by three of the office bearers of the Society.

17. INSPECTION OF ACCOUNTS AND LIST OF MEMBERS

17.1. The books of account and all documents relating thereto and list of members of the Society shall be available for inspection at the registered office of the Society by any officer or member of the Society on giving not less than seven days notice in writing of the Society. An auditor shall be appointed for the following year by the Executive Council. The auditor shall examine all such accounts and all statements relating thereto and either certify that they are correct, duly vouched and in accordance with the law or report to the Society in what respect they are found to be incorrect, untouched or not in accordance with the law. The remuneration of the auditor shall be fixed by the Executive Council. No auditor shall be an office bearer or a member of the Executive Council.

**HEAD QUARTERS OF SAA
PERMANENT SECRETARIAT**

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**Photos of the 2011 ICASA Events at
ADDIS-ABEBA, ETHIOPIA**



SAA board members at the 2011 function with Dr. Tedros



SAA board members with His Excellency the President of Ethiopia



Dr Tedros presenting SAA Merit award to Prof Femi Soyinka



Dr Anie (Commonwealth) presenting SAA merit to Prof Ely Katabira on behalf of Bernard K.



Dr Grunizky from left, Prof Kaptue Prof Femi and Prof Mboup



Dr Ihab Ahmed, Prof Soudre and Prof Sheila Tlou



George Bush Jr Formal USA Head of State Opening Ceremony - ICASA 2011



Dr. Michel Sidibe Addressing Delegates - ICASA 2011

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ONE TEAM, ONE GOAL, ONE CONTINENT
TOGETHER WE CAN SCORE MORE GOALS AGAINST HIV/AIDS
AND DEFEAT THE SPREAD OF THE PANDEMIC IN AFRICA.

KNOW YOUR STATUS TODAY – BE RESPONSIBLE



NOTE:



Society for AIDS in Africa

Organisers of International Conference on AIDS and STI's in Africa (ICASA)

1986



BRUSSEL, BELGIUM
AIDS in Africa

1987



NAPLES, ITALY
Science in Challenging AIDS

1988



ARUSHA, TANZANIA
AIDS and associated cancers
in Africa

1989



MARSEILLE, FRANCE
Epidemiology of AIDS
in Africa

1990



KINSHASA, DR CONGO
Struggle against AIDS in
Africa

1991



DAKAR, SENEGAL

1992



YAOUNDE, CAMEROON
clean and safe blood for all

1993



MARRAKECH, MOROCCO
Africa Unity against AIDS
and STDs

1995



KAMPALA, URGANDA
Challenges and Hope

1997



ABIDJAN COTE D'IVOIRE
AIDS and Development

1999



LUSAKA, ZAMBIA
Looking into the future:
Setting priorities for AIDS

2001



OUAGADOUGOU, BURKINA FASO
the communities commit
themselves

2003



NAIROBI, KENYA
Access to care: Challenges

2005



ABUJA, NIGERIA
HIV/AIDS and Family

2008



BAKAR SENEGAL
Africa's response: Face the facts

2011



ADDIS-ABEBA, ETHIOPIA
Own, Scale-up and Sustain

2013



DURBAN, SOUTH AFRICA
Now more than ever Targeting Zero

Vision Mission and Our Goal

SAA envisions an African continent free of HIV, TB and Malaria and their debilitating effects on our communal and societal structures, where people are socially and economically empowered to live productive life in dignity.

To promote policies and research to support governments' national response to the epidemic in the continent.

To decrease the spread and mitigate the impact of HIV/AIDS, STIs, Tuberculosis and Malaria in the African continent, through various activities.