

- treated and represented.
- Epidemic control cannot be achieved without involving the KPs as a significant stakeholder
 - To end AIDS by 2030, there is a need to maximize the use of digital technology including artificial intelligence

TRACK D: Law, Human Rights, Social and Political Science

1. There is a need to review laws and policies to address the specific needs of key populations
2. Following the Sustainable Development Goals (SDGs) and the UNAIDS goal of 95-95-95, African governments should set new targets upon which citizens can hold them accountable.
3. Citizens, communities, and political authorities should not assume the roles of moral judges as far as Key Populations are concerned.
4. Inclusion of young people as panelists, chairs, and facilitators is a recognizable commitment in order to get young people and Key Populations more and fully involved in ICASA.

TRACK E: Health Systems, Economics, and Implementation Science

1. Countries should ensure maximum resources optimization through integrated health services model, engaging public private partnerships, partner alignment, task shifting and focusing resources where they make the most impact.
2. Countries should develop a sustainability road map for HIV services and devise/adopt innovative domestic financing mechanisms such as debt to health, blended financing, social impact bonds and universal health insurance.
3. Stakeholders are urged to fully adopt district-based system approach (decentralization) for HIV service delivery.
4. Countries should monitor and report at least the 5 minimum WHO priority indicators for DSD ART (multi month dispensing of ART, uptake of ART DSD models, retention and viral load suppression).
5. Countries should prioritize advanced HIV management through adopting various innovations in screening, treatment and prophylaxis for main opportunistic infections.

Community Programme

1. Let communities lead to end HIV/AIDS through embracing and acknowledging the critical role each player has in the fight against HIV/AIDS all including key vulnerable populations especially those that have been traditionally marginalized such as sex workers and LGBTQIA+ (lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more).
2. Create the platforms for Faith Based Organisations to be central and key collaborators in the fight
3. against HIV/AIDS as they are better placed to and have expertise within their structures to bridge the gap between faith and science and are able to reach families and communities with public health interventions through their trusted structures.
4. Strengthen community led monitoring initiatives through holistic adaption of community led monitoring to increase community involvement and accountability in the HIV/AIDS response. This will accelerate implementation of interventions to reach global goals for the fight against HIV/AIDS
5. Create enabling environment for youth.
6. Apply gender lens to programming whilst recognizing the contribution of women in the fight and let women lead and allow them to sit at the decision-making tables as this will enable us to address the challenges they face holistically. Addressing only HIV/AIDS is not enough. There is need to End Gender-Based Violence, address mental health issues, recognize and compensate women for unpaid work they do, and prioritize men and children too.

ICASA 2023 HIGHLIGHTS

For more information, scan to download the ICASA 2023 conference report




Peter Njane,
Kenya Gay Activist representing
the LGBTQIA+ community at the
ICASA 2023 closing ceremony

**WHICH CITY WILL HOST
ICASA 2025?**


Accra or Cape Town

**WATCHOUT FOR THE ANNOUNCEMENT
IN AUGUST 2024**

ICASA 2023 Conference Highlights

 **8,118** participants from 105 countries attended ICASA 2023 Zimbabwe


 Women represented **45%** of delegates


 **75%** of ICASA 2023 plenary speakers were women


 ICASA awarded **200** scholarships to attend on-site and **1,571** to attend the conference virtually. **517** scholarships awarded by host country for on-site attendance.

 **2,600** abstracts were received

 **78** abstracts were selected for oral presentation

 **815** abstracts were selected for poster exhibition

 **95,606** people were reached through social media posts for the duration of the conference

 Over **8,481** booth visits to our virtual exhibition booths for the duration of the conference

 **547** speakers presented at ICASA 2023 Zimbabwe

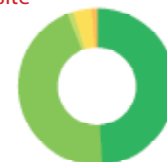
Gender breakdown of on-site attendance

- 45% women
- 49% men
- 1.25% transgender
- 3.75% did not wish to disclose their gender.
- 1% chose "Other" as their preference.



Breakdown of regional attendance on-site

- 93.87% Sub-Saharan Africa
- 3.08% North and South America
- 2.05% Western and Central Europe
- 1% Asia



TRACK A: Basic Science (Biology & Pathogenesis)

1. Active monitoring and testing for resistant HIV strains is a need as resistance to most Nucleoside Reverse Transcriptase Inhibitor (NRTIs) and Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs) are being identified, dolutegravir (DTG) still effective against resistant variants; more preventive measures should not be neglected.
2. Self-testing should remain an effective tool for screening Hepatitis as it is crucial for the goal to eliminate Hepatitis. Moreover, approved and widely accepted oral and blood-based kits need to be developed and distributed to populations and places where it will be more effective.
3. Africa Health System needs to be focused on vaccination development and trial as newly developed mRNA vaccine technology is available and aimed to be affordable.
4. Africa needs to free financial domestic resources for research and development in HIV and Healthcare in order to fulfill Abuja and Bamako commitments; Africa seems not be prepared for the next pandemics as there is a lack of strong leadership as the continent is still depending on international donors.

TRACK B: Clinical Science, Treatment and Care

1. Innovation in treatment is urgently needed for the pediatric population.
2. New HIV prevention strategies should be assessed for infants/women.
3. Novel strategies should be assessed and implemented to improve adherence and retention in care.
4. We should be better prepared to manage Aging populations living with HIV, not only for HIV infection, but including other infections and Non-Communicable Diseases (NCDs)
5. Surveillance of antimicrobial resistance is essential and should be reinforced.

TRACK C: Epidemiology and Prevention Science

1. Prevention strategies and interventions

- Shang ring was demonstrated to be a safe option for adolescent boys in Zimbabwe. Governments urged to take up Voluntary

Medical Male Circumcision (VMMC) led by civil society organizations

- Investment in condom programming has yielded fantastic results and should be encouraged
- The fourth 95% will become critical as PLHIV age

2. Integration of services

- Integration of NCDs into HIV care is not only about funding but building simple diagnoses into treatment and care
- Educational videos on screens in treatment center waiting rooms encourages care-seeking

3. Key Populations

- Include gender-affirming services and trans-affirming language (in Africa region) in health services to improve cervical and prostate cancer screening uptake
- NEW WHO 2023 recommendations
- NEW: HIV self-testing may be used to deliver PrEP, including initiation, re-initiation and continuation
- NEW: HIV self-testing may be offered as an additional option for testing at facilities
- NEW: Caregiver-assisted testing using HIVST: There is insufficient evidence to support caregiver assisted testing using HIVST kits.
- NEW: On-demand dosing is now available for all men and not just MSM - including transwomen who are not taking hormonal therapy
- NEW: Hep B is no longer contraindicated for PrEP
- UPDATED: Social network testing approaches may be offered as an additional approach to HIV testing as part of a comprehensive package of care and prevention

4. Overall

- To end AIDS in pediatrics and children by 2030, we need comprehensive- policies, strategies, fundings and services
- Optimizing community involvement to improve how Key Populations (KP) can be