



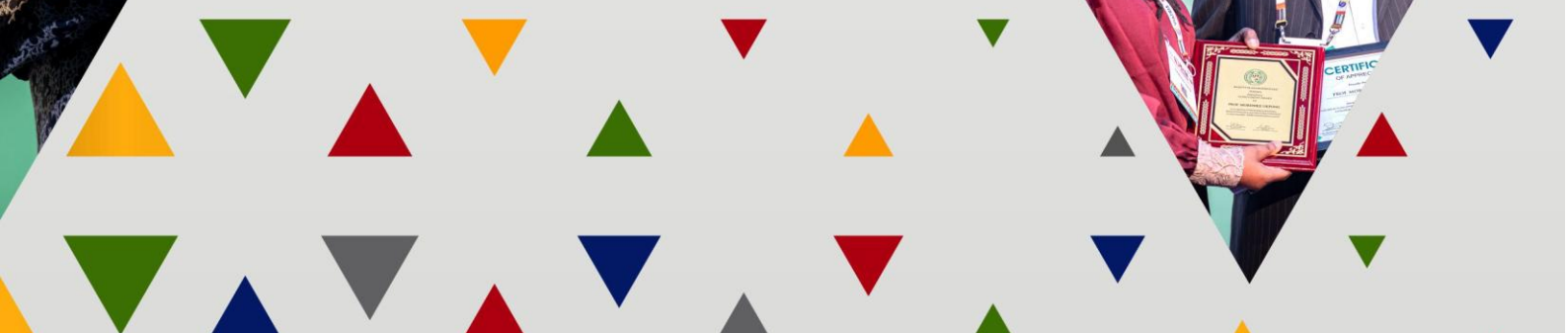
23RD
ICASA
INTERNATIONAL CONFERENCE
ON AIDS AND STIs IN AFRICA
3 - 8 DECEMBER 2025
Accra International Conference Centre, Accra - Ghana

ICASA 2025 CONFERENCE REPORT

Presented by Society for AIDS in Africa Permanent Secretariat



www.saafrica.org



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Acronyms and Abbreviations

AIDS	- Acquired Immune Deficiency Syndrome
AJAID	- African Journal for AIDS and Infectious Diseases
ART	- Antiretroviral therapy
ARV	- Antiretroviral
AGYW	- Adolescent girls and young women
CDC	- Centres for Disease Control and Prevention
CPC	- Community Programme Committee
COVID-19	- Corona virus disease
DSD	- Differentiated service delivery
EAC	- Enhanced Adherence Counselling
EWS	- Early Warning Systems
HIV	- Human Immunodeficiency Virus
HSS	- Health systems strengthening
ICASA	- International Conference on AIDS and STIs in Africa
ICASA 2025	- 23 rd Edition of the International Conference on AIDS and STIs in Africa
ICC	- International Coordinating Committee
ISC	- International Steering Committee
LGBTQ+	- Lesbian, gay, bisexual, transgender, queer +
IT	- Information Technology
LPC	- Leadership Programme Committee
MDGs	- Millennium Development Goals
M&E	- Monitoring and Evaluation
MSM	- Men who have sex with men
NAC	- National AIDS Council
NCDs	- Non-communicable diseases
PrEP	- Pre-Exposure Prophylaxis
SAA	- Society for AIDS in Africa
SANAC	- South Africa National AIDS Council
SDGs	- Sustainable Development Goals
SPC	- Scientific Programme Committee
SPSS	- Statistical Package for the Social Sciences
SRHR	- Sexual reproductive health and rights
STIs	- Sexually Transmitted Infections
TB	- Tuberculosis
UNAIDS	- Joint United Nations Programme on HIV/AIDS
UNFPA	- United Nations Population Fund
UNICEF	- United Nations Children Emergency Fund
UHC	- Universal health coverage
U=U	- Undetectable equals Untransmissible
VLS	- Viral load suppression
WHO	- World Health Organization

Foreword



The International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) is Africa's premier bilingual HIV and global health conference, held exclusively on the continent and alternating biennially between Anglophone and Francophone countries. For more than three decades, ICASA has played a central role in shaping Africa's response to HIV and other major public health challenges, including Tuberculosis, Hepatitis, Malaria, COVID -19, Ebola, Mpox and emerging viral infections. The conference has consistently promoted an inclusive environment free from stigma and discrimination against people living with HIV (PLHIV) and their families, while advancing social justice and equitable access to prevention, treatment, and care.

Over the years, ICASA has been held in 15 countries and has brought together more than 100,000 participants, providing a powerful platform for scientific exchange, policy dialogue, and community engagement. The most recent edition, held in Accra, Ghana in 2025, despite financial constraints attracted 3,169 delegates with 75 oral presentations and 522 for poster exhibitions from over 1,864 submissions. In addition, 527 scholarships supported in-person participation, while 953 individuals received virtual access, demonstrating ICASA's continued commitment to broad participation and knowledge sharing through the hybrid conference approach.

The 23rd edition of ICASA, held in Accra, Ghana from 3rd to 8th December 2025, with attendees from 87 countries, including over 50 journalists from across the globe. This gathering provided a vital platform to assess progress, share knowledge, review inter-sectoral achievements in the HIV response, and address emerging public health priorities. This includes Sexually Transmitted Infections (STIs), Tuberculosis, Malaria, Hepatitis, and other infectious threats. The conference further strengthened partnerships among governments, civil society, scientists, and development partners, while reinforcing collective commitment to achieving the 95-95-95 targets, ending AIDS as a global public health threat by 2030, and advancing the African Union's Agenda 2063 health aspirations.

ICASA 2025 was convened at a pivotal moment for global health and development that impacted Africa. Recent shifts in international financing, including the suspension of significant foreign aid flows to health programmes in Africa, have introduced new uncertainties that threaten to undermine decades of progress in the fight against HIV and related diseases. Against this backdrop, ICASA 2025 assumed even greater importance as a platform for mobilizing leadership, scientific evidence, and community action to confront emerging funding gaps and strengthen Africa's long-term health security. The conference underscored the

urgent need for sustainable domestic financing and reaffirmed that safeguarding progress in the HIV response is a national and continental priority and a shared global responsibility.

A defining highlight of ICASA 2025 was its commemoration of the **35th anniversary of the Society for AIDS in Africa (SAA)**, the custodian and organizer of ICASA. This milestone provided an opportunity to celebrate the organization's remarkable journey and enduring impact on Africa's public health landscape. Over the past three and a half decades, SAA has remained steadfast in advancing scientific collaboration, strengthening policy engagement, and championing community-driven responses to HIV and related health challenges.

As we mark this historic 35-year milestone, we extend our deepest and most heartfelt appreciation to the many partners and donors whose unwavering support has sustained the work of the Society for AIDS in Africa and the ICASA platform over the decades. In particular, we recognize with profound gratitude the United Nations and its specialized agencies, whose technical leadership, financial contributions, and enduring partnerships have been instrumental in advancing Africa's HIV response and strengthening ICASA as a global platform for dialogue, innovation, and collaboration. The commitment of agencies and programmes such as WHO, UNAIDS, UNICEF, UNDP, UNFPA, the various pharmaceutical companies and many others has helped amplify Africa's voice in the global health arena while ensuring that science, solidarity, and human rights remain at the Centre of the response.

We are equally grateful to bilateral and multilateral partners, philanthropic organizations, research institutions, civil society networks, and community organizations whose dedication and generosity have consistently enabled SAA to fulfill its mandate. Their sustained investment in knowledge sharing, capacity building, and community empowerment has strengthened Africa's collective ability to confront HIV and related health challenges with resilience and determination. As SAA celebrates its 35th anniversary, we honour these partnerships as a testament to the power of global solidarity in advancing health, dignity, and equity for all.

ICASA 2025 in Accra therefore, represented not only a convening of global expertise but also a moment of reflection, renewal, and resolve. It reaffirmed Africa's leadership in shaping solutions grounded in evidence, equity, and innovation. The conference highlighted the resilience of African health systems, the power of regional solidarity, and the critical importance of inclusive partnerships in addressing persistent and emerging health challenges through an integrated approach.

While significant progress has been achieved, the work ahead remains substantial. Sustained commitment strengthened domestic investment, and continued collaboration across sectors will be essential to preserving gains, closing remaining gaps, and building resilient health systems capable of responding to future challenges. By harnessing innovation, expanding access to care, and empowering communities in all their diversity, Africa moves closer to achieving health equity and realizing the vision of an AIDS-free generation.

We invite you to explore the rich insights, evidence, and outcomes presented in this report as a collective result of the dedication, expertise, and shared commitment of all who contributed to the success of **ICASA 2025 Ghana**.

Hon. Dr. David Pagwesese Parirenyatwa

ICASA 2025 President

Former Minister of Health and Childcare, Zimbabwe



H. E. Prof. Jane Naana Opoku-Agyemang,
Vice President of Ghana



SAA Executive Board Members, at the opening ceremony of
ICASA 2025 Ghana



Notable Dignitaries at the ICASA 2025 Opening Ceremony (From left to Right): H.E. Prof. Jane Naana Opoku-Agyemang, Vice President, Republic of Ghana; H.E. Dr. Fatima Maada Bio (Sierra Leone); H.E. Fatoumatta Bah Barrow (The Gambia), Dr. Grace Ayensu-Danquah, Ghana's Deputy Minister of Health, Winnie Byanyima, UNAIDS Executive Director, Dr. Michel Sidibe, The African Union Special Envoy for the African Medicines Agency and Former UNAIDS Executive Director, Sir. Dr. Peter Piot Former WHO Director General and Founding UNAIDS Executive Director, Dr. David Wilfred Ochan, UNFPA Ghana Country Representative, Dr. Fiona Braka, WHO Ghana Country Representative, Mr. Héctor Sucilla Pérez, UNAIDS Ghana Country Representative, Dr. Akudo Ezinne Ikepeazu, WHO Regional Office for Africa; Dr. Safiatou Thiam, Executive Secretary of National Council against AIDS and Former Minister of Health, Senegal

ICASA 2025 Conference Metrics



3,169 participants from **87** countries.



43% of delegates represented were women.



60% of ICASA 2025 plenary speakers were women.



527 in person scholarships were awarded



858 attended the conference virtually.



361 scholarships awarded by host country (Ghana) for on-site attendance



1,864 abstracts were received.



75 abstracts were selected for oral presentation.



522 abstracts were selected for poster exhibition.



390,472 people were reached through social media posts for the duration of the conference. Over **741** visits to our virtual exhibition booths for the duration of the conference. **450** speakers presented at ICASA 2025 Ghana.

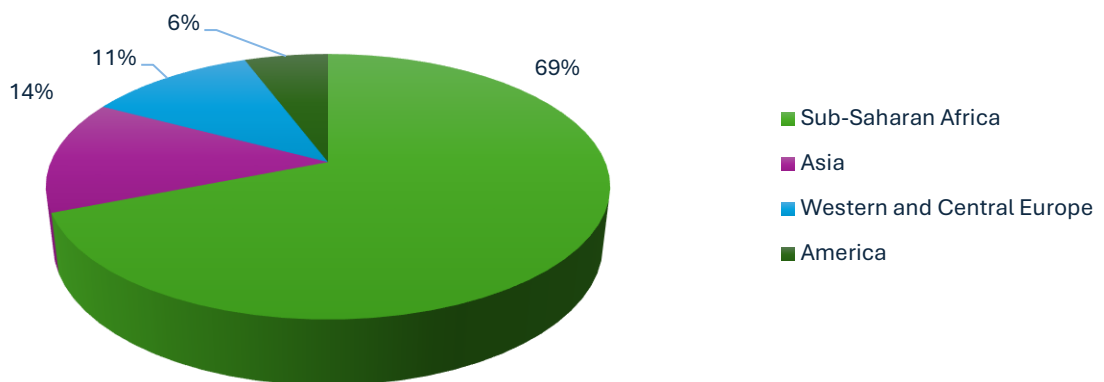


Delegates

The conference convened a total of 3,169 participants from 87 countries. The remaining categories included staff, pre-conference participants, media representatives and in-person exhibitors.

Region

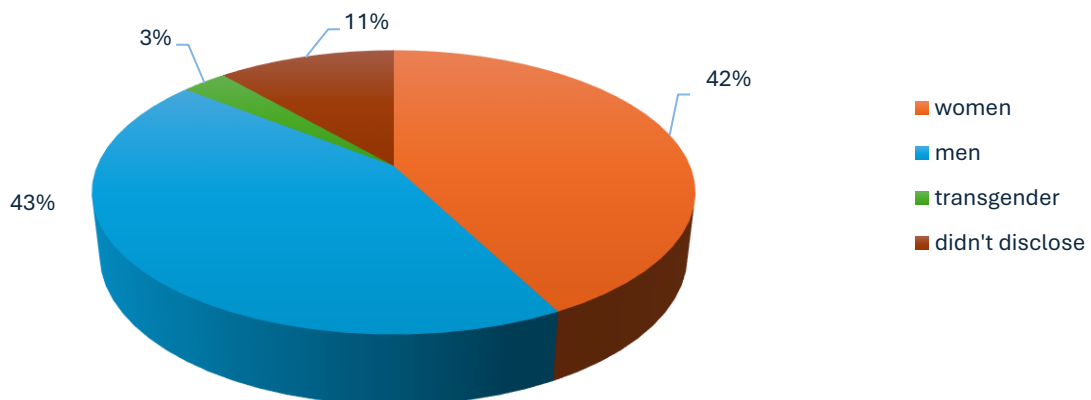
The regions with the largest representation at ICASA were Sub-Saharan Africa (**69%**) followed by Asia (**14%**) and Western and Central Europe (**11%**) and America (**6%**).



In total, **69%** of delegates came from Sub-Saharan Africa, followed by Asia, Western and Central Europe, and America.

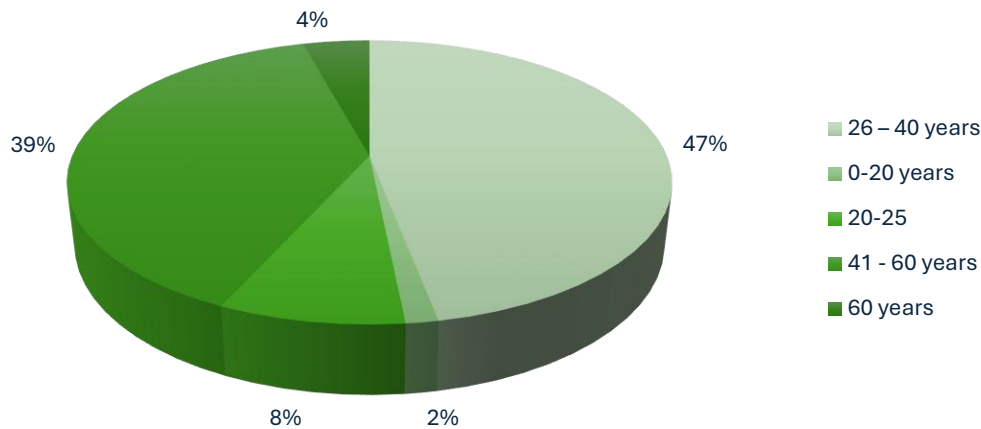
Gender

There were **42%** women, **43%** men, **3%** transgender and **11%** who did not wish to disclose their gender. A proportion of **1%** of the respondents chose "Other" as their preference.



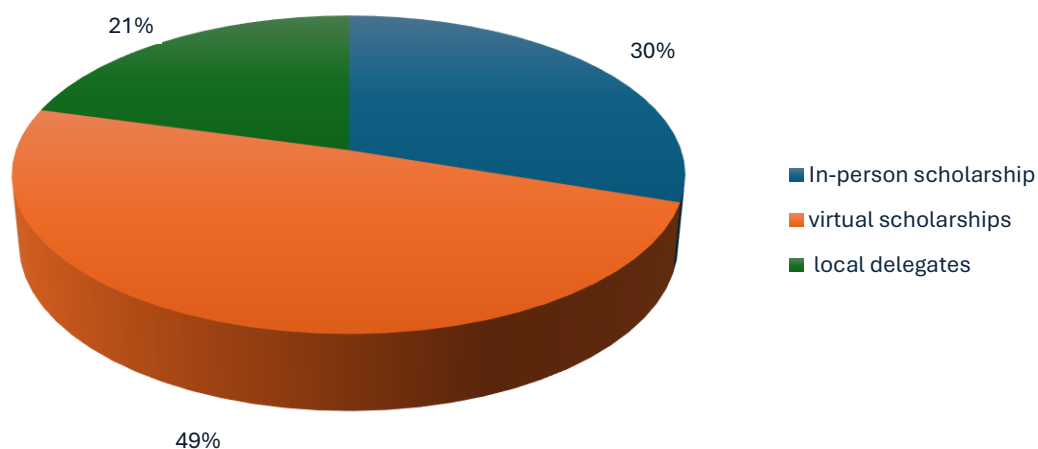
Age Group

Majority of the delegates were between the age ranges of 26 – 40 years (**47%**). Delegates between the ages of 0-20 (**2%**) and 20-25 constituted 8%, 41 - 60 years (**39%**) with **4%** of delegates above 60 years.



Scholarships

ICASA 2025 awarded **1,385 scholarships**. Scholarship funding was provided by the ICASA 2025 conference. **527 in-person** scholarship recipients with 858 scholarships for virtual attendees. The host country supported **361 local delegates** who attended in person. All scholarship recipients were granted registration and full virtual access to the conference. Scholarship recipients were from the five geographical regions of Africa. Very high scoring oral and poster presenters who applied for scholarships were selected and awarded scholarships. Media and activity organizers were also awarded scholarships. Scholarships were also awarded to general delegates, abstract presenters, media and programme activity organizers.



ICASA 2025 In Focus

The 23rd edition of the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) was held at the Accra International Conference Centre in Accra, Ghana, from 3rd to 8th December 2025. ICASA 2025 was delivered in a fully hybrid format, expanding global participation and strengthening engagement across scientific, policy, and community platforms. The conference was convened under the theme: **“Africa in Action: Catalysing Integrated Sustainable Responses to End AIDS, TB & Malaria.”**

This theme reflects Africa’s collective commitment to accelerating integrated, sustainable, and locally driven responses to major public health challenges while strengthening resilient health systems across the continent. The conference was organised in partnership with the Government of Ghana and brought together leaders in science, policy, civil society, and community action from across Africa and the world.

The Society for AIDS in Africa (SAA), custodian and organizer of ICASA, was honoured to collaborate with the Government of Ghana and a wide network of regional and global partners. ICASA 2025 built on the conference’s long-standing legacy of strengthening health systems, promoting scientific exchange, and advancing inclusive, community-led responses to HIV and related diseases. The conference reaffirmed the importance of sustained partnerships among science, political leadership, development partners, and communities towards the shared goal of ending AIDS and other major infectious diseases as public health threats.

ICASA 2025 was convened at a critical moment for Africa’s health and development landscape. Global shifts in health financing and evolving public health threats have heightened the urgency for sustainable, domestically driven responses and stronger health system resilience. Against this backdrop, the conference served as a strategic platform to mobilize leadership, generate evidence-based solutions, strengthen partnerships, and accelerate coordinated action to safeguard and advance decades of progress in the fight against HIV, Tuberculosis, and Malaria.

A defining highlight of the conference was the commemoration of the **35th anniversary of the Society for AIDS in Africa**, marking over three decades of leadership in advancing Africa’s response to HIV and strengthening continental engagement in global health advocacy. This milestone provided an opportunity to reflect on achievements and reaffirm commitments towards health priorities for Africa.

The conference provided a unique platform for policymakers, scientists, activists, development partners, and communities to assess progress, examine emerging risks, and respond collectively to the interconnected challenges shaping Africa’s health future. The conference advanced dialogue and action aligned with the UNAIDS 95–95–95 targets, the goal of ending AIDS as a global public health threat, and the broader vision of resilient and sustainable health systems across Africa.

Objectives

ICASA 2025 was guided by the following strategic objectives:

- Catalyse Africa’s progress towards triple elimination and sustainable, resilient health systems through innovation and the application of digital technologies.
- Promote cooperation among governments, communities, the private sector, and international organizations to strengthen health security and enhance pandemic preparedness and response.
- Strengthen capacity and facilitate knowledge exchange among healthcare professionals, researchers, and policymakers to accelerate evidence-based action.
- Empower communities and promote human rights and gender equality in the context of HIV/AIDS and emerging and re-emerging diseases.
- Mobilize domestic resources and strengthen political commitment to sustain Africa’s progress towards achieving the UNAIDS 95–95–95 targets and advancing global health security goals.



Key remarks from the Opening Ceremony



“More than two-thirds of the global HIV burden is here. Our progress is real but fragile, and we must protect it through sustained political commitment and smarter investment.”

H.E. Prof. Jane Naana Opoku-Agyemang
Vice President, Republic of Ghana

“When a person is diagnosed with HIV and starts treatment immediately, the medicine works. The virus becomes undetectable, meaning it is untransmissible. ICASA remains a vibrant platform for action, coordination, and accountability.”

Hon. Dr. David Pagwesese Parirenyatwa
SAA President/ICASA 2025 President



“As we open ICASA 2025, let’s commit to closing the treatment gap decisively, dismantling stigma and discrimination, strengthening domestic financing, protecting the rights and dignity of all people living with HIV.”

Hon. Kwabena Mintah Akandoh
Minister of Health, Republic of Ghana

“We need wider access to prevention tools, stronger domestic financing, expanded local manufacturing, modern data and surveillance, and cross-sector collaboration through the One Health approach.”

Prof. Mohamed Yakub Janabi
Regional Director, WHO Africa



"Ours is a continent with the highest HIV burden in the world. Africa is home to just 19% of the global population, yet we account for about 65% of all people living with HIV. More than half of those new infections occur here, yet, we have the science. We have the tools. We have the knowledge needed to end AIDS."

Winnie Byanyima

Executive Director, UNAIDS



"ICASA has always been a mirror, reflecting who we are, how far we have come, and where we must go next. It reminds us that Africa's HIV response has never been sustained by institutions alone, but by people-by you and me-by communities who refused to accept what the world once declared impossible. The fight against HIV remains urgent. But I believe Africa is ready. Ready to lead. Ready to invest. Ready to act decisively. Ready to finish what we started."

Priscilla Ama Addo

Community and Youth Representative

Plenary Speakers



Linda Mafu

Head, Political and Civil Society Department, The Global Fund

Sustainable Response: Localization, Social Enterprising and Increasing Resource Mobilization/Financing Towards the End of HIV and Emerging Diseases in Africa

Linda Mafu emphasized that sustainability represents the defining challenge of the next phase of Africa's HIV response. While significant biomedical and programmatic gains have been achieved, declining donor funding and tightening domestic budgets pose risks to long-term continuity and impact. Ending AIDS, she argued, is fundamentally a governance, financing, and ownership challenge, not solely a biomedical one.

Drawing lessons from emerging disease outbreaks such as COVID-19, Mpox and Ebola, she highlighted that systems with strong localized and community-led capacity are more resilient and better positioned to sustain progress. Localization must move from rhetoric to institutional practice, ensuring that communities shape priorities, manage resources, and deliver services within nationally owned systems.

The presentation underscored the importance of social enterprise models, social contracting, and innovative domestic financing mechanisms, including development impact bonds as tools to diversify financing and embed community-led systems within Universal Health Coverage frameworks.

Key Recommendations

- Institutionalize localization through formal legal and procurement frameworks enabling governments to contract civil society organizations and community-led entities.
- Establish dedicated domestic budget lines for community-led responses within national HIV and UHC frameworks.
- Integrate community-based organizations into national insurance and reimbursement schemes.
- Scale social contracting at national and sub-national levels using performance-based financing mechanisms.
- Support social enterprises through catalytic and blended financing approaches combining grants and investment capital.
- Create enabling policy environments that allow community-led entities to operate commercially within health markets.
- Expand innovative domestic financing models such as development impact bonds and social outcomes-based contracts.
- Align donor co-financing mechanisms to incentivize domestic investment and de-risk localization processes.
- Strengthen institutional governance and financial accountability capacity among community actors.
- Standardize social contracting policies region-wide to promote harmonized and sustainable HIV financing.

Strategic Implications for Strengthening Africa's Health Systems

- Transition from project-based donor dependency to resilient, locally owned health platforms.
- Embed community-led systems within broader Universal Health Coverage and governance structures.
- Diversify financing sources to protect HIV, TB, and Malaria responses from funding volatility.
- Strengthen integration between community systems and national health governance frameworks.



Dr. Ibrahima Socé Fall

CEO, Pasteur Institute Dakar (IPD), Senegal

Domestic Financing for Health and Research in Africa

Dr. Ibrahima Socé Fall framed domestic financing for health and research as a strategic imperative for Africa's sovereignty, resilience, and long-term development. He highlighted the continent's disproportionate disease burden, weak health systems, critical human resource shortages, and limited investment in research and innovation, emphasizing that sustainable health outcomes cannot be achieved without strong domestic resource mobilization.

While acknowledging the transformative achievements of global solidarity initiatives such as Gavi, the Global Fund, and Roll Back Malaria, he cautioned that declining international aid and shifting donor priorities present a significant sustainability risk. Africa faces a triple challenge: continued dependence on external aid, reduction in global health financing, and a rising burden of non-communicable diseases alongside infectious diseases.

Dr. Fall underscored the need to break the false dichotomy between communicable and non-communicable diseases, advocating for integrated, people-centred systems that leverage Africa's infectious-disease infrastructure for broader health innovation, including immunotherapy, gene therapy, RNA platforms, and advanced diagnostics. He called for a paradigm shift positioning health not as expenditure, but as an economic growth lever, supported by domestic investment, private sector engagement, philanthropic partnerships, and regional financial institutions.

Key Recommendations

- Expand domestic resource mobilization for health and prioritize national financing for research and development (R&D).
- Protect and consolidate gains from infectious disease programs (HIV, TB, Malaria, immunization) while integrating Non-Communicable Diseases (NCD) responses.
- Repurpose infectious-disease infrastructure (mRNA platforms, sequencing hubs, clinical trial networks) for NCDs innovation and advanced therapeutics.
- Invest in human resource development, including epidemiology, biostatistics, regulatory science, and clinical research capacity.
- Establish multilateral and pan-African financing mechanisms for research, reducing dependence on external aid.
- Develop structured frameworks to engage African private foundations in co-financing and monitoring health programs.
- Mobilize African private sector and banking institutions through public-private partnerships and impact-investment models.
- Promote a health economy narrative demonstrating measurable return on investment (ROI) from health spending.
- Integrate health financing strategies into national economic recovery plans, industrial strategies, and corporate social responsibility frameworks.
- Consider the establishment of an African Fund for Health and Research to coordinate domestic, regional, and philanthropic resources.

Strategic Implications for Strengthening Africa's Health Systems

- Reduction of vulnerability to international aid volatility through diversified domestic financing.
- Acceleration towards health sovereignty through strengthened research and innovation ecosystems.
- Integration of communicable and non-communicable disease strategies within unified health systems.
- Positioning African scientific institutions as central actors in continental health leadership.
- Embedding health investment within broader economic development and productivity frameworks.



Dr. Fiona Braka

Country Representative, WHO Ghana

Strengthening Africa's Resilience: Integrated Approaches to Pandemic Prevention, Preparedness and Response

Dr. Fiona Braka underscored that Africa bears the highest global burden of public health emergencies, with over 60% of WHO-graded emergencies occurring in the African Region and more than 100 active public health events monitored weekly. She framed resilience as the continent's capacity to withstand shocks (health, economic, environmental, and political) while maintaining essential services and accelerating recovery.

She emphasized that recurring and overlapping crises, including infectious disease outbreaks, climate-related disasters, and conflict-driven displacement have overstretched health systems in several settings and disrupted routine services such as vaccination. Strengthening resilience therefore requires integrated approaches to Health Emergencies Prevention, Preparedness, Response and Resilience (HEPR), aligned with Universal Health Coverage (UHC) and health security commitments.

Dr. Braka outlined eight key pillars for integrated pandemic preparedness: resilient primary health care (PHC), collaborative surveillance, workforce development and surge capacity, emergency coordination mechanisms, community protection, local manufacturing and secure supply chains, whole-of-government and One Health approaches, and sustainable financing. She highlighted progress in genomic sequencing expansion, emergency operations centers, and regional surge initiatives, while cautioning that financing gaps, fragmented coordination, and workforce attrition continue to threaten gains.

Key Recommendations

- Strengthen resilient primary health care systems to ensure continuity of essential services during emergencies.
- Expand collaborative surveillance systems, including genomic sequencing, event-based surveillance, and AI-enabled early warning platforms.
- Protect and develop the health workforce through training, surge mechanisms, and occupational safety measures.
- Institutionalize emergency coordination mechanisms, including Public Health Emergency Operations Centers (PHEOCs) and National Public Health Institutes (NPHIs).
- Engage communities as first responders and central actors in prevention, risk communication, and behavioral change.
- Accelerate local manufacturing of vaccines, diagnostics, and therapeutics, aligned with AU production targets.
- Adopt whole-of-government, whole-of-society, and One Health approaches to address zoonotic and climate-linked threats.
- Increase sustainable and predictable domestic financing to close preparedness gaps and reduce reliance on external aid.
- Strengthen governance, accountability, and harmonization of mandates across regional and national institutions.

Strategic Implications for Strengthening Africa's Health Systems

- Integrated resilience is essential to protect HIV, TB, and Malaria gains amid rising emergency frequency.
- Primary health care and emergency preparedness must be treated as mutually reinforcing pillars of Universal Health Coverage and health security.
- Domestic financing and institutional strengthening are critical to long-term sustainability.
- Regional coordination and One Health integration are necessary to address complex, overlapping crises.
- Accelerated investment in surveillance, workforce, and manufacturing capacity enhances continental self-reliance.



Dr. Nadia Ajoa Sam

Professor of Pediatric Infectious Diseases and Director, Global Pediatrics Program, University of Minnesota Medical School; Senior Technical Advisor for Pediatric and Adolescent HIV, Institute of Human Virology, Nigeria

Advancing Therapeutic Research for HIV, STIs, TB, and Malaria in Africa

Dr. Nadia Ajoa Sam framed therapeutic research as central to Africa's health sovereignty and sustainability. She emphasized that while African countries bear the highest burden of HIV, STIs, TB, and Malaria, both program implementation and research enterprises remain heavily donor supported. Declining external funding therefore threatens not only service delivery but also research productivity, innovation, and talent development.

She argued that advancing therapeutic research, defined as interventional studies and clinical trials that provide direct health benefit, must become a continental priority. Observational research alone is insufficient; Africa must increase domestic scholarly productivity in drug, vaccine, and intervention development relevant to its epidemiological realities.

Dr. Sam highlighted structural barriers including limited domestic funding, brain drain, inadequate research infrastructure, weak administrative systems, and gender inequities in research leadership. She underscored the need for a critical mass of competent African researchers working within supportive institutional environments. Using a social-ecological framing, she linked individual dedication, interpersonal mentorship, institutional systems, community engagement, and policy-level governance to sustainable research advancement.

Key Recommendations

- Increase domestic government financing for both health programs and biomedical research to reduce dependency on external donors.
- Prioritize therapeutic research, including interventional studies and clinical trials, that directly improve patient outcomes.
- Strengthen research infrastructure, administrative systems, and regulatory environments to support high-quality trials.
- Develop and retain a critical mass of African researchers through training, mentorship, and career development pathways.
- Address brain drain by creating stable economic, institutional, and professional incentives for research retention.
- Promote gender equity and fair advancement opportunities within research institutions.
- Align research priorities with local epidemiological contexts and national health strategies.
- Foster equitable collaborations with fair division of labor and meaningful stakeholder engagement.
- Integrate research advancement within broader programmatic, political, and financial strategies for HIV, TB, Malaria, and STI control.

Strategic Implications for Strengthening Africa's Health Systems

- Therapeutic research productivity is directly linked to programmatic strength and stable financing.
- Health sovereignty requires domestic research capacity, proficient in generating locally relevant therapies and innovations.
- Integrated governance and functional institutional systems are essential to sustain research ecosystems.
- Retention of African scientific talent is critical to long-term epidemic control and innovation in leadership.
- Advancing therapeutic research strengthens resilience against emerging health threats beyond HIV, TB, Malaria, and STIs.



Sheriff Mothopeng

Africa Senior Officer (East Africa and Commonwealth Lead), Global Equality Caucus

Community-Led Data-Driven Responses: What Works and What Doesn't? The Case of Key Vulnerable and Aging Populations in Emerging Health Threats

Sheriff Mothopeng challenged the dominant narrative of progress in Africa's HIV, TB, and Malaria response by contrasting biomedical gains with persistent structural inequities. While many countries are approaching the 95-95-95 targets and celebrating viral suppression and treatment coverage, he highlighted that the parallel 10-10-10 targets addressing stigma, discrimination, and human rights violations remain largely unmet and under-measured.

He argued that the failure to systematically capture structural barriers, including criminalisation, gender inequality, poverty, and anti-rights movements allows injustices to persist invisibly. Fragmented, siloed, and donor-driven approaches continue to marginalise key populations, aging people living with HIV, and community leadership within decision-making and financing structures.

Drawing on lessons from previous ICASA engagements and community practice, he emphasized that community-led data-driven responses, including Stigma Index studies, legal environment assessments, and community scorecards, provide lived evidence that national surveys often fail to capture. He positioned Community-Led Monitoring (CLM) as a critical innovation that must move from a donor-dependent initiative to an institutionalised pillar of accountability within national systems.

Key Recommendations

- Institutionalise Community-Led Monitoring (CLM) as a sustainably funded pillar of national accountability systems.
- Prioritise systematic measurement of stigma, discrimination, and structural barriers aligned with the 10-10-10 targets.
- Ensure meaningful inclusion of key populations and aging people living with HIV in policy design, budgeting, and governance.
- Integrate human rights, gender justice, and socio-economic determinants within HIV, TB, and Malaria programming.
- Address domestic financing gaps for key population services and reduce over-reliance on external funding.
- Protect and expand civic space in the face of rising anti-rights and anti-gender movements.
- Recognise and validate community-generated data as legitimate evidence for policy and programmatic decision-making.
- Develop integrated responses that address both infectious diseases and aging-related comorbidities.
- Strengthen accountability mechanisms to rebalance power towards community-led actors within global health ecosystems.

Strategic Implications for Strengthening Africa's Health Systems

- Biomedical progress must be matched by structural justice to sustain epidemic control.
- Data systems must incorporate lived evidence to address inequities effectively.
- Domestic financing reforms are essential to ensure sustainability of Key population programming.
- Integrated, rights-based health systems are necessary to respond to emerging demographic realities such as aging with HIV.
- Community leadership is foundational to catalysing a truly integrated and sustainable response.



Dr. Akudo Ezinne Ikpeazu

WHO Regional Office for Africa (WHO AFRO)

Epidemiology Of HIV in Africa: Trends, Progress and Future Trajectories

Dr. Akudo Ikpeazu presented a comprehensive epidemiological overview of the HIV epidemic in the WHO African Region, highlighting both remarkable progress and persistent gaps. As of 2024, an estimated 26.3 million people are living with HIV in the Region, with new infections declining by 56% and HIV-related deaths declining by 59% compared to 2010 levels.

Substantial gains in antiretroviral therapy (ART) scale-up were noted, with over 21 million people on treatment by the end of 2024, alongside improved ART coverage among pregnant women. Progress towards the 95–95–95 targets continues, though gaps remain across sub-regions and key populations.

Modeling analyses of future epidemic trajectories indicate that achieving full coverage of evidence-based prevention and treatment interventions would result in sustained reductions in HIV incidence. Cost-effectiveness analyses suggest that ART retention strategies and advanced HIV disease packages are economically justified, while prevention interventions such as oral PrEP demonstrate strong cost per infection averted. However, optimized, context-specific implementation under fixed budget constraints remains essential.

Key Recommendations

- Sustain strong political leadership and increase domestic financing to maintain epidemic control gains.
- Accelerate progress towards the 95–95–95 targets with focused strategies to close remaining testing and viral suppression gaps.
- Enhance ART retention and advanced HIV disease management as cost-effective priorities.
- Scale evidence-based prevention interventions, including PrEP, tailored to priority populations.
- Adopt multi-disease elimination approaches integrating HIV with broader STI and health services.
- Use granular, local epidemiological data to guide differentiated service delivery models.
- Strengthen primary health care systems and health workforce capacity to support decentralized and integrated services.
- Implement context-responsive intervention packages that maximize efficiency and effectiveness under constrained budgets.

Strategic Implications for Strengthening Africa's Health Systems

- Epidemic control gains are significant but fragile without sustained domestic investment.
- Data-driven, differentiated approaches are essential to address sub-regional and population-specific disparities.
- Cost-effectiveness modeling should inform prioritization of interventions in resource-limited settings.
- Integrated, multi-disease strategies strengthen overall health system resilience and sustainability.
- Robust surveillance and modeling capacity are critical for forecasting and guiding policy decisions.



Sitsope Adjovi HUSUNUKPE

Co-fondatrice et Présidente du RAJ+AOC & Directrice Exécutive du REAJIR+ Togo

HIV Prevention Among Children, Adolescent Girls, and Young Women

Sitsope Adjovi HUSUNUKPE highlighted the persistent and disproportionate burden of HIV among children, adolescents, and young women in West and Central Africa. Despite global progress, an estimated 75,000 children aged 0–14 died from AIDS-related causes in 2024, while adolescent girls and young women continue to account for the majority of new infections in sub-Saharan Africa.

She underscored structural and socio-cultural determinants including patriarchy, gender-based violence, taboos surrounding sexuality, and limited access to education drive vulnerability. In West and Central Africa, nine out of ten new adolescent infections occur among girls, reflecting deep inequities in access to prevention, education, and agency.

The presentation emphasized the role of youth community-led monitoring (Youth CLM), targeted testing campaigns, and advocacy for triple elimination initiatives as transformative tools. However, she noted that youth-led organizations remain under-resourced, with leaders operating in precarious conditions. Empowerment of adolescents and identity-based youth organizations was framed as central to reversing pediatric HIV trends, alongside expanded access to long-acting prevention and treatment options.

Key Recommendations

- Prioritize targeted HIV prevention strategies for adolescent girls and young women in West and Central Africa.
- Address structural determinants of vulnerability, including gender inequality, patriarchy, and gender-based violence.
- Expand comprehensive sexuality education and improve quality of sexual and reproductive health information.
- Institutionalize and sustainably fund Youth Community-Led Monitoring mechanisms.
- Scale up youth-led testing and triple elimination campaigns.
- Increase access to long-acting HIV prevention and treatment options for adolescents and young women.
- Strengthen financial and institutional support for youth-led and identity-based organizations.
- Adopt integrated, context-sensitive prevention approaches that go beyond single-tool interventions.

Strategic Implications for Strengthening Africa's Health Systems

- Pediatric and adolescent HIV prevention requires structural and gender-transformative approaches.
- Youth leadership must be recognized as a core pillar of sustainable HIV prevention.
- Integrated sexual and reproductive health strategies are essential to reduce adolescent vulnerability.
- Long-acting biomedical innovations must be equitably introduced for adolescent populations.
- Sustainable financing mechanisms are needed to reduce precarity among youth-led organizations.



Dr. ADAM Zakillatou, MD, MPH

PNLS-HV-IST, National Program to Combat AIDS, Viral Hepatitis, and STIs (PNLS-HV-IST), Ministry of Health, Togo

The race to ending HIV by 2030: Refocusing on children and young people

Dr. ADAM Zakillatou presented the Togolese experience of refocusing the national HIV response on children, adolescents and young people within an integrated program addressing HIV, viral hepatitis and sexually transmitted infections. Despite national progress towards epidemic control, significant disparities persist between adults and children, particularly in access to testing, treatment and viral suppression.

Between 2010 and 2024, Togo reduced new HIV infections by 51% and AIDS-related deaths by 67%. However, children aged 0–4 account for 27% of new infections, making PMTCT and early infant diagnosis strategic priorities. Pediatric ART coverage increased from 26% in 2010 to approximately 69% in 2024, while PMTCT geographic coverage expanded to 88% of sites.

The presentation highlighted political commitment and financial investment in pediatric acceleration, including innovative testing (index testing, community testing, GeneXpert scale-up), triple elimination of HIV, Syphilis and Hepatitis B, Digital health interoperability, community ARV dispensation, differentiated service delivery, and strengthened psychosocial support mechanisms.

Key Recommendations

- Accelerate attainment of the 95–95–95 targets for children, adolescents and young people by 2030.
- Strengthen PMTCT services to achieve transmission rates below global elimination thresholds.
- Scale up early infant diagnosis and pediatric testing coverage to at least 95%.
- Expand triple elimination strategies for HIV, Syphilis and Hepatitis B.
- Increase pediatric Anti-Retroviral Therapy coverage and improve 12-month retention rates.
- Institutionalize innovative testing strategies including index testing and community-based approaches.
- Leverage digital platforms (HSI, LabBOOK, DataToCare) for real-time monitoring and patient tracking.
- Strengthen community engagement, peer education and psychosocial support for adolescents and young people.
- Integrate HIV services with sexual and reproductive health, mental health and social protection services.
- Develop sustainable domestic financing mechanisms to ensure long-term program durability.

Strategic Implications for Strengthening Africa’s Health Systems

- Pediatric HIV elimination requires deliberate political prioritization and targeted resource allocation.
- Integrated multi-disease programming enhances efficiency and health system resilience.
- Digital transformation strengthens monitoring, accountability and continuity of care.
- Community engagement is central to improving adolescent adherence and retention.
- Sustainable domestic financing is essential amid declining international resources.



Prof. (Mrs.) Regina Appiah-Opong, FGA

Department of Clinical Pathology, Noguchi Memorial Institute for Medical Research, College of Health Sciences, University of Ghana, Legon, Ghana

Strategic Investments in Herbal Medicine: Plant Medicines as a Rich Natural Resource for National Development

Professor Regina Appiah-Opong underscored the strategic importance of herbal medicine as a critical yet under-leveraged component of Africa's health and economic development architecture. With approximately 80% of Ghana's rural population relying on plant medicines for primary health care, the sector represents both a public health necessity and an economic growth opportunity.

She presented empirical findings from research on antiMalarial and anti-prostate cancer herbal formulations, demonstrating evidence of efficacy and safety, while cautioning about potential herb-drug interactions. The data illustrated the feasibility of developing standardized, clinically validated plant-based therapies capable of complementing conventional treatment for Malaria and other diseases.

Beyond therapeutics, the presentation emphasized conservation, cultivation, regulatory strengthening, pharmacovigilance, and intellectual property protection as essential pillars for scaling the herbal medicine industry. Given the projected global herbal medicine market growth and Africa's biodiversity advantage, strategic investment could position the continent as a competitive global player while contributing to the Sustainable Development Goals.

Key Recommendations

- Increase sustained public and private sector investment in medicinal plant research and development.
- Institutionalize pharmacovigilance systems to monitor the safety and efficacy of herbal medicines.
- Conduct systematic herb-drug interaction studies prior to co-administration with conventional medicines.
- Promote conservation and large-scale cultivation of medicinal plants to prevent extinction and biodiversity loss.
- Combat environmental degradation threatening medicinal plant habitats.
- Develop regulatory frameworks to standardize production, quality control, and commercialization of herbal medicines.
- Strengthen intellectual property protection and patent filing mechanisms for traditional medicine innovations.
- Encourage public-private partnerships to scale commercialization and export potential.
- Integrate validated plant medicines into national health systems where evidence supports safety and efficacy.

Strategic Implications for Strengthening Africa's Health Systems

- Herbal medicine development can contribute to integrated, locally driven health system strengthening.
- Strategic investment in plant medicine aligns with economic diversification and job creation objectives.
- Evidence-based integration of traditional medicine enhances universal health coverage and cultural acceptability.
- Biodiversity conservation is directly linked to long-term pharmaceutical innovation capacity.
- A harmonized regulatory and research ecosystem is required for Africa to compete in the global herbal medicine market.



Prof. Kwasi Torpey, MD, PhD, MPH, FGCP, FWACP

University of Ghana School of Public Health

Ensuring Equitable Access to Innovative Biomedical Interventions for HIV, TB, and Malaria in Africa

Prof. Kwasi Torpey emphasized that equitable access to biomedical innovation is central to Africa's health security and sovereignty. Despite bearing 94% of global Malaria cases and 95% of Malaria deaths, 25% of global TB cases, and 50% of new HIV infections, Africa remains heavily dependent on external manufacturing, donor funding, and imported technologies.

He outlined emerging high-impact innovations across the three diseases: optimized Malaria vaccines (R21, RTS,S, RH5.1), digital chest X-ray with AI-assisted TB detection, TB self-testing and LAM assays, long-acting HIV prevention agents such as Lenacapavir and Cabotegravir, and digital adherence platforms. However, structural barriers, including regulatory framework, limited local manufacturing capacity, policy bottlenecks, and financing constraints continue to delay scale-up and equitable access.

The presentation argued for a paradigm shift from passive recipient status to continental leadership in research, production, pooled procurement, and governance. Aligning innovation, financing, regulation, and accountability within an integrated African ecosystem is essential to catalyse sustainable responses to HIV, TB, Malaria, and emerging infectious diseases.

Key Recommendations

- Harmonize regulatory frameworks and accelerate regional product approvals through Africa Medicines Agency, WHO AFRO and Africa Vaccine Regulatory Forum mechanisms.
- Expand local manufacturing and technology transfer for vaccines, diagnostics, and therapeutics.
- Operationalize pooled procurement mechanisms under Africa Continental Free Trade Area and Africa Centres for Disease Control to strengthen bargaining power.
- Increase domestic co-financing and adopt innovative health financing models to reduce donor dependency.
- Strengthen surveillance systems, digital data platforms, and AI-enabled diagnostics.
- Support African-led clinical trials, operational research, and innovation ecosystems.
- Target underserved and high-burden populations to ensure equity in rollout of new technologies.
- Establish continental scorecards to track equity in access and outcomes.
- Strengthen political leadership and regional coordination through initiatives such as the Accra Reset and Lusaka Agenda.

Strategic Implications for Strengthening Africa's Health Systems

- Health innovation must be aligned with sovereignty and continental self-reliance.
- Integrated governance across African Union, Regional Economic Communities, and national systems is critical for scale.
- Domestic manufacturing capacity strengthens resilience against supply chain disruptions.
- Equitable access frameworks must accompany biomedical breakthroughs.
- Sustainable financing models are essential to protect gains in HIV, TB, and Malaria control.



Dr. Modupe Agueh McCracken, MD, MPH, FACOG

Autorité de Régulation du Secteur de la Santé (A.R.S), Republic of Benin

Harnessing Digital Innovations to Revolutionise Health Systems: Opportunities for Global Impact

Dr. Modupe Agueh McCracken positioned digital transformation as a strategic lever to strengthen health systems resilience and accelerate progress towards Universal Health Coverage (UHC) and SDG3 in Sub-Saharan Africa. With the region carrying nearly half of the global disease burden, she argued that the time is ripe for Africa to leapfrog legacy infrastructures through integrated digital public systems.

Drawing from Benin's reform experience since 2016, she highlighted the importance of regulatory strengthening, e-governance, national interoperability frameworks, unique digital identification systems, cybersecurity standards, and data protection laws in building a mature and secure digital health ecosystem. Preventing fragmentation across institutions and their respective systems is foundational to sustainable digital health transformation.

The presentation explored the transformative potential of artificial intelligence, regional health data spaces, and contextual innovation, including voice-enabled electronic medical records integrated with DHIS2 surveillance backends as culturally adaptive solutions that respect oral traditions while strengthening data quality. She framed Africa's demographic momentum and digital growth as an opportunity to lead globally in ethical, inclusive, and locally grounded AI-driven health innovation.

Key Recommendations

- Establish universal connectivity and resilient digital infrastructure covering at least 95% of the population by 2030.
- Deploy interoperable digital public infrastructure, including digital identification, payment systems, and data exchange platforms.
- Strengthen cybersecurity, data protection, and AI governance frameworks to safeguard rights and build trust.
- Prevent system fragmentation through harmonized interoperability standards and national information system agencies.
- Develop regional health data spaces to support cross-border surveillance and emerging disease response.
- Invest in local innovation hubs and regulatory sandboxes to accelerate African-made digital solutions.
- Train and retain a digitally competent health workforce with strong AI and data literacy.
- Integrate digital health transformation into national budgets and mobilize blended financing mechanisms.
- Promote harmonized continental governance frameworks aligned with Smart Africa, Africa CDC, and AU Agenda 2063.
- Leverage culturally contextual technologies, including voice-enabled documentation systems, to bridge literacy gaps.

Strategic Implications for Strengthening Africa's Health Systems

- Digital transformation is central to strengthening health system resilience and epidemic preparedness.
- Interoperable national ecosystems reduce fragmentation and enhance accountability.
- AI-driven innovation can enhance efficiency, data quality, and patient-centered care.
- Regional cooperation and harmonized standards are critical to scale up and sustainability.
- Contextual innovation grounded in African realities can position the continent as a global digital health leader.



Dr. Khoudia Sow

Centre de Régional de Recherche et de Formation à la Prise en charge Clinique (CRCF)

Responding To Epidemics Without Harm to the Environment: Rethinking the use of Single-Use Plastic Materials in Healthcare

Dr. Khoudia Sow critically examined the environmental consequences of the widespread adoption of single-use plastic materials in epidemic response programs for HIV, TB, Malaria, Ebola, and COVID-19. While disposable syringes, PPE, rapid diagnostic tests, and self-test kits have significantly reduced infection risks and improved biosafety, their large-scale use has generated unprecedented volumes of biomedical plastic waste.

Historically, the shift from reusable to disposable medical devices accelerated during the HIV epidemic to ensure injection safety contributed to reduced transmission of blood-borne infections. However, the COVID-19 pandemic further intensified reliance on single-use materials, with an estimated 87,000 tonnes of PPE distributed globally between 2020 and 2021, and billions of masks discarded daily.

In many African countries, biomedical waste management systems remain underfunded and inadequately equipped. Fewer than 20% of facilities implement proper waste segregation at source, and open burning or low-temperature incineration contributes to emissions of dioxins and other toxic pollutants. Dr. Sow emphasized that ensuring the sustainability of HIV, TB, and Malaria responses requires systematic integration of environmental risk assessment, lifecycle analysis, and sustainable device design into epidemic planning frameworks.

Key Recommendations

- Integrate environmental risk assessments and waste management strategies into HIV, TB, and Malaria program planning.
- Promote safe reusable and renewable medical device alternatives where biosafety standards permit.
- Strengthen biomedical waste segregation, treatment, and disposal infrastructure in African health systems.
- Invest in decentralized, energy-efficient waste treatment technologies.
- Encourage lifecycle analysis of medical devices from manufacture to disposal.
- Advocate for global and national regulatory frameworks addressing plastic production and disposal.
- Support research and innovation into sustainable materials and circular economy models in healthcare.
- Enhance training and financing for safe biomedical waste management at facility level.
- Align epidemic response procurement strategies with environmental sustainability criteria.

Strategic Implications for Strengthening Africa's Health Systems

- Epidemic preparedness must balance biosafety with environmental sustainability.
- Long-term health system resilience depends on integrating climate and environmental considerations.
- Plastic-intensive supply chains present systemic risks requiring regulatory and financing reform.
- Sustainable procurement and circular economy models can reduce emissions without compromising safety.
- Integrated health responses must address upstream production and downstream waste impacts.

Key Findings and Recommendations by Track



From the left: Dr. Yevedo Tohodjede, Assistant Rapporteur General, Mr. Oston Houessou and Brig. Gen. Dr. Alain Azondekon, Rapporteur General

ICASA 2025 Ghana marked the 35th Anniversary of the Society for AIDS in Africa (SAA) and convened a historic gathering under the theme:

“Africa in Action: Catalysing Integrated Sustainable Responses to End AIDS, TB & Malaria.”

The conference demonstrated high operational performance:

- **185 presentations with 93% session completion rate**
- 11 sessions in Track A
- 17 sessions in Track B
- 22 sessions in Track C
- 17 sessions in Track D
- 27 of 29 Track E sessions held
- 26 sessions in Leadership Track

The Rapporteur team structure was robust, with trained national and international rapporteurs and standardized reporting methodology, ensuring systematic capture of evidence and thematic conclusions.

ICASA 2025 revealed that Africa stands at a decisive inflection point: scientific breakthroughs are accelerating, but **sustainability, equity, financing, and legal barriers** threaten gains unless structural reforms accompany biomedical progress.

TRACK A: Basic Science (Biology & Pathogenesis)



Dr. Nana Afia Asante Ntim,
Ghana



Dr. Adriel Cyrus Moodley,
South Africa (*Lead Rapporteur*)



Mrs. Diana Asema Asare,
Ghana

Findings

The were limited number of Track A submissions for ICASA 2025.

- **HIV Cure trial** - (*Session HIV Cure Agenda*)

The first study of its kind to be conducted in Africa and a ground-breaking trial was conducted in Durban. It classifies as an immunotherapeutic modal approach with the aim to either eliminate or reduce hidden traces of HIV in the body. While there have been numerous immunotherapy studies performed prior, this trial involved the use of novel immune boosting agents.

Twenty women volunteers were enrolled in the trial – a significant milestone because women are a group disproportionately affected by HIV yet are often underrepresented in cure-related research. The volunteers were treated with a combination of immunotherapeutic agents once viral suppression was achieved using traditional ARVs. Thereafter, ARV treatment was interrupted and the ladies were routinely monitored over 16 weeks. Twenty percent of subjects did NOT have a viral load rebound for over 16 weeks without ART. The trial results show that 30% of participants (six out of 20) were able to stay off HIV treatment for nearly a year, and 20% (four participants) remained off treatment until the trial ended at 55 weeks. Even after the trial, these four individuals, who are still being closely monitored, have continued without medication for an average of 1.5 years. These results provide highly valuable insights towards the development of future HIV cure approaches. Whereas the current protocol involves the regular and consistent use of anti-viral medicines (pharmacological), more research should be conducted into non-standard approaches towards HIV vaccination and cure attempts (as demonstrated in immunology here).

We do raise the scientific concern over the accuracy of this trial however as the study size and the percentage of successful outcomes were indeed statistically small. Despite this, the scientific implications of this study are colossal. It may indeed be possible to develop a cure

to eradicate AIDS by the 2030 goal. This should be the focus for future research across the multimodal approach for the development of a cure to end AIDS by 2030.

- **HIV and Immunology** – *(Session – Regulatory T cells in HIV1 infection, implications for immune regulation)*

A Cameroonian study aimed to quantify the anti-inflammatory effects of regulatory T-cells in HIV-1 infection by mimicking the HIV's biological and immunological presence via synthesised RNA to simulate the infection state. The accuracy of obtaining the cells and the methods used were in keeping with scientific standards and left no room for operational inaccuracy. The study found that the decrease of regulatory T-cells in the progression of HIV disease, led to an increase of inflammatory cytokines. As the disease progressed, the body responded with the creation of more regulatory T-cells. It was discovered that these newly made regulatory T-cells which were formed, paradoxically no longer had immunosuppressant abilities, which thus resulted in the rapid increase in inflammatory cytokines observed. The study proposes the use of autologous T-cell immunotherapy sourced from stem cells as a potential immunotherapeutic target. Ideally, this can be combined with the cure research as part of the immunotherapeutic agents in the search for a cure.

- **HIV and Tuberculosis** – *(Session – Impact of TB co-infections on drug resistance and immune response)*

Cameroon continues to be scientifically focused with this session which explored the impact of PTB coinfection in PLHIV on immune response, and the impact on the potential development of drug resistance in these key populations. They found distinct cytokine profiles suggesting a differential immune response in this group. Recommendations for routine screening for resistant TB variants were given in all co-infected populations, which is good practice to optimize anti-TB care in this vulnerable group.

- **HIV and Mpox**

Nigeria concomitantly studied the very high incidence of Mpox infection in PLWHIV in a meta-analysis of previous studies from 2014 - 2024 to find a max prevalence of 8.36 of MPOX co-infection. They further were able to determine that virally unsuppressed patients would suffer from more severe clinical manifestations. The development of a widespread logistically and economically viable vaccine will greatly reduce the morbidity and mortality of this otherwise self-limiting condition.

- **HIV Drug development** – *Plant Medicine, a rich natural resource to be harnessed - (Session- High AntiHIV effects of two Ghanaian herbal extracts)*

In what could be the biggest highlight of the Track A presentations, which even gained us interviews with the press and other interested parties, The Noguchi Memorial Institute for Medical Research (Accra) have done ground-breaking research in the anti HIV effects of two herbal compounds extracted from Ghanaian plants. As the research is still ongoing and remains controlled, these plants have been codenamed NV000 and NV001. The study confirmed the compounds have a high selectivity for the HIV and do not damage unrelated cells in alignment with the "block and lock" strategy. As they refine the extracts and prepare for animal trials, we should be watching this with eagle eyes and expect a follow up at the next ICASA.

A plenary session with Ghanaian Professor Regina Appiah-Opong highlighted the value of Africa's medicinal plants and the urgent need to protect these botanicals as their future medicinal value is priceless.

- **Advancing Therapeutic Research for HIV/STI, TB and Malaria**

- i. Despite Africa bearing the highest global burden of most infectious diseases, the continent depends largely on external aid and leadership to address them. This leads to a loss of research productivity when funding is cut to the Programmes
- ii. The current system in Africa frustrates positive change hence there must be well grounded programs to embrace change and support research structures
- iii. "Africa needs to strengthen its own research leadership through increased domestic funding, skilled African researchers, and a supportive research ecosystem that reduces reliance on external aid and drives sustainable health innovation."

- **New Detection Technologies** - *(Session - AI driven screening among TB and HIV programming; Session - Tuberculosis laboratory the use of point-of-care urine LAM in detection for TB)*

- i. AI models have been developed and trained in Nigeria to detect PTB co-infections in PLWHIV. The model has demonstrated statistically significant success rates, however, will require longer training and equivalent numbers of cases in comparison to the current conventional methods to determine its true accuracy.
- ii. Lateral flow lipoarabinomannan assays have proven their effectiveness in detecting TB co-infection in very immunocompromised hospitalised patients. South Africa and Malawi have integrated this diagnostic method as part of an algorithm containing nucleic acid-based detection tests in disposable single use packages. It would be beneficial to integrate this into treatment protocols for current practice, as currently they are only used in hospitalised cases.
- iii. Dried blood spot testing offers a reliable, practical solution for hepatitis C diagnosis with strong accuracy and easier access for rural communities—supporting efforts to eliminate HCV by 2030

- **Side findings** - *(Session- Exploring Vitamin E's neuroprotective mechanism in IZD induced peripheral neuropathy)*

The study concluded without contradiction that Vitamin E is just as effective as Vitamin B6 in treating isoniazid induced neuropathy in TB-HIV co-infection and does not have the rebound toxicity that Vitamin B6 has when administered in high doses. We recommend that Vitamin E supplementation be added to all treatment protocols immediately as the benefits are superior and there are almost no risks.

- **Impact of Highly Active Antiretroviral Therapy (HAART) on Endometrial Lining and Progesterone Level in Sprague-Dawley Rats**

- i. There was a fertility decline, with fewer litters and shorter crown-rump lengths in HAART-treated rats compared to controls

- ii. Research suggests HAART may influence reproductive health, but treatment remains essential for HIV care. Experts recommend further studies to support fertility while ensuring safe, effective HIV management

Major Recommendations

- Advocate for intensified research into the anti-HIV potential of plants that have been used for generations in traditional medicine. The future of HIV research and treatment may lie in natural compounds yet to be discovered, guided by indigenous knowledge associated with Traditional Medicinal practices.
- Advocate for gradual Integration of traditional medicine in Clinical practice of modern medicine
- Supplement Vit E for patients with PTB-HIV co-infected on IZN regimen
- Integrate AI driven and Lateral Flow lipo-Arabinomannan (LAM) urine test among diagnostic tools to improve detection of PTB in HIV co-infections
- Mobilize domestic resources for HIV Cure research, drug resistance and infrastructure in Africa

TRACK B - Clinical Science, Treatment & Care



Dr. Avelin Aghokeng, Cameroon
(Lead Rapporteur)



Dr. James Aboagye, Ghana



Dr. Raphael Adu-Gyamfi,
Ghana

Findings

Advanced HIV Disease, co-infections, and co-morbidities

- AHD is recognized as a major ongoing threat, highlighting other major concerns as late HIV diagnosis, clinical complications, co-infections, and co-morbidities (NCDs).
- A 7-day liposomal amphotericin B regimen for HIV-related cryptococcal meningitis shows promise, but real-world survival remains lower than trial results. Experts call for earlier diagnosis and improved care to close this gap
- TB diagnosis and management is still a major concern, especially for the pediatric population.
- The persistent burden of TB as a leading opportunistic infection in HIV-positive children and adolescents, despite reducing HIV incidence. It stressed integrated screening, preventive therapy, and careful timing of ART initiation alongside TB treatment to minimise complications.
- Clinical and laboratory insights, showing that co-infected children exhibit severe symptoms and biochemical abnormalities like hyponatremia and elevated liver enzymes.
- A major increase of bacteriological confirmation in pediatric TB diagnosis with molecular tools such as GeneXpert and TB-LAM. dramatically increasing rates and reducing reliance on clinical diagnosis, thereby improving accuracy and reducing unnecessary treatment

HIV and NCDs

- People with HIV are living longer but face faster weight gain and higher risk of diabetes, heart disease, and other chronic conditions such as cancers. Urgent, integrated action is needed to prevent a new health crisis.
- More resources are needed for AHD & co-infection management.
- Community involvement should be strengthened

New treatment & prevention tools

Long-acting HIV treatment or new generation (carbociclovir-rilpivirine)

- There is the need to work together with communities and their leaders to ensure a successful implementation.
- All key stakeholders from policy makers to recipients of care need to be engaged to ensure the benefits of this new regimen are realised
- For recipients of care: the regimen will give choice, improve adherence, and reduce stigma
- For WHO: guidelines on the programmatic use of long-acting regimen in eligible patients will be provided
- For NACP: government support, strong health system, presence of world-class regulatory body, vibrant community/CSO, functional M/E system; stigma, discrimination, socio-cultural barriers and dependence on donor support are challenges for its roll-out
- Pharmaceutical companies: the need to get regulatory approval, improve generic manufacturing, enhance capacity with sustained financing and robust supply chain for equitable access

Significant challenges remaining:

- Access and cost (need for generic)
- Operational & implementation sciences
- Monitoring strategies and surveillance studies (Drug Resistance)

Treatment in Children & Adolescents

Low viral suppression rate in children, still a major issue

- Caregivers are significant contributors to the poor viral suppression in children below 10 years because of the sole reliance of these children on their caregivers for their care. The caregivers are not sensitized enough to understand the importance of adhering to the ART regimen
- Poor adherence in children is a leading factor for treatment failure.

Co-Infections HIV/TB in children.

- Hyponatremia and weight loss are common in co-infected children, highlighting the need for nutritional support and electrolyte correction alongside TB/HIV therapy.
- Innovative strategies to treat, and prevent, as well as community empowerment.
- The WHO Test, Treat, and Track (T3) strategy is regarded as a cornerstone of Malaria control among people living with HIV.
- Access to new technologies (*ART, monitoring tools, eg.: GeneXpert for TB in pediatric facilities*).

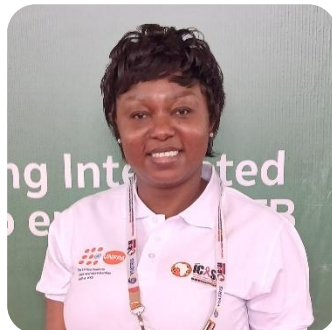
Traditional Medicine

- Traditional medicine is recognised as a potential complementary component of the ongoing fight against infectious diseases in Africa, including HIV/AIDS
- Traditional medicine is not only treating patients by our traditional remedies but also integrating the quantum effect by using the 'Fâ' (*Fagla Medegan Jérôme, MFK Laboratory, Benin*)
 - i. However, significant heterogeneities have been observed between countries on the continent (regulations, secure access for the population, interactions with conventional medicine)
 - ii. Popularizing and promoting safe practices in this field
 - iii. Sharing experiences & expertise between countries (*Benin, Ghana experience, etc.*)
 - iv. Building research capacities and expertise on the continent
- **New WHO Guidelines, 2025**
 - i. **HIV Prevention and Testing:** offering six-monthly injectable lenacapavir as an additional PrEP for injectable long-acting PrEP delivery.
 - ii. **HIV Treatment and Care:** updated guidance for sequencing ART, including the (re)use of tenofovir combinations; revised infant prophylaxis and breastfeeding support; new recommendations for to short-course Tuberculosis (TB) preventive therapy.
 - iii. **Service delivery integration:** new recommendation to integrate HIV services with noncommunicable diseases (Hypertension and Diabetes) and Mental health care; updated strategies for antiretroviral therapy (ART) adherence support.
 - iv. **STIs:** new guidance on asymptomatic STI screening and service delivery models, emphasising decentralisation, task sharing and digital health.
 - v. **Mpox:** A new recommendation for rapid ART initiation among people living with HIV who have mpox and are ART naïve or have had prolonged ART interruption.

Major Recommendations

- Enhance caregiver literacy, expand nutritional support, enhance adolescent-focused disclosure, and adopt real-time adherence technologies.
- Pharmaceutical companies to produce more generic long-acting injectables to reduce their cost.
- Differentiate between traditional medicine and herbal medicine. Effective collaboration between medical doctors and herbal practitioners are necessary for the integration and acceptance of traditional medicine into health care.
- The clinical complexity observed in co-infected children underscores that baseline investigations, nutritional support, and close monitoring are not optional—they are essential, lifesaving interventions.
- Interventions should be scalable and affordable.

TRACK C - Epidemiology & Prevention Science



Mathilda Deri, Ghana



Dr Gloria Amegatcher,
Ghana



Jonathan Kester Okutu,
Ghana



Dr Marie-Huguette Kingbo,
Côte d'Ivoire.
(Lead Rapporteur)

- Track C on epidemiology and prevention sciences highlighted the significant progress achieved in Africa between 2010 and 2024 in the fight against HIV, with new infections reduced by more than half and HIV-related deaths declining by nearly 60%, largely due to expanded access to antiretroviral therapy and improved prevention of mother-to-child transmission, though regional disparities persist
- The presentations emphasized the growing impact of the epidemic among women, men who have sex with men, and transgender women, while also showcasing innovative prevention tools such as long-acting PrEP options—cabotegravir injections, Lenacapavir administered every six months, and the Dapivirine vaginal ring—despite ongoing challenges of stigma, inequality, and health system limitations.
- They further underscored the importance of integrating HIV services into primary health care, strengthening community engagement, and ensuring government leadership alongside sustainable funding.
- The key takeaway from Track C at this Conference is that **ending HIV transmission requires more than medicine - it calls for strong leadership, community empowerment, equity, and sustained investment in prevention.**

Epidemiology

- In 2024, about 40.8 million people were living with HIV worldwide, the majority of them in sub-Saharan Africa. An estimated 1.3 million new infections and 630,000 AIDS-related deaths occurred that year.
- Africa remains the epicenter of the epidemic, accounting for more than 2/3 of all people living with HIV: 26.3 million PLHIV in African Region.
- From 2010 to 2024 in Africa, women were more affected than men. A total of 410,000 new HIV infections and 200,000 HIV-related deaths were registered among women, compared to 240,000 infections and 180,000 deaths among men—underscoring the heavier burden borne by women. (WHO, 2024).
- In addition, the epidemic is increasingly concentrated among MSM and Transgender women, with nearly half of all new infections globally in 2024 occurring among key

populations and their partners. Regions with KP-driven epidemics show minimal progress in reducing new HIV infections among adults 15–49 years.

- Dr Akudo from WHO Afro, during one of our plenary's sessions presented these data from WHO in 2024. By 2024, new HIV infections are down by more than half. HIV-related deaths have dropped even more, by almost 60%. Africa has made great progress since 2010. Between 2010 and 2024, new HIV infections among children in Africa reduced, but challenges still remain in Western and central Africa. Also, we have 21.7 million PLHIV on ART; an increase in people receiving ART from 1995 to 2024. This marks a dramatic increase compared to the mid-1990s, when ART was virtually inaccessible in Africa.
- From 2010 to 2024, access to antiretroviral treatment for pregnant women living with HIV rose sharply in Africa, with Eastern and Southern Africa reaching 93% compared to 56% in Western and Central Africa.

Prevention Sciences

Long-Acting Prep/ Transforming HIV Prevention in Africa

Innovation	Challenges
Cabotegravir (<i>bi-monthly injection</i>)	Social inequalities & stigma
Lenacapavir (<i>six-monthly injection</i>)	Health system limitations
Dapivirine vaginal ring (<i>monthly</i>)	Need for person-centered approaches

- This table highlights both the innovations and the challenges in long-acting PrEP for HIV prevention in Africa. The new tools that are transforming prevention: **CABOTEGRAVIR**, given as a bi-monthly injection; **LENACAPAVIR**, which only needs to be administered every six months; and the **DAPIVIRINE** vaginal ring, used monthly.
- These innovations are important because they strengthen adherence and give vulnerable populations more options that fit their lives.
- We must recognize the challenges: Social inequalities and stigma continue to limit access. Health system limitations mean that not everyone can benefit from these advances. And finally, we need person-centered approaches that are adapted to local realities, so that these innovations truly reach the people who need them most.

2024 WHO Recommendations for Antiviral Prophylaxis in Hepatitis B Positive Pregnant Women

Preferred Drug	Tenofovir disoproxil fumarate (TDF)
Timing	Start in 3rd trimester (28–32 weeks) for women with high HBV DNA or HBeAg+
Infant Protection	Birth-dose vaccine within 24h, followed by full HBV vaccination series
Goal	Prevent mother-to-child transmission, reduce chronic HBV burden
Implementation	Expand eligibility, integrate into antenatal care, ensure equitable access

- The WHO’s 2024 recommendation highlights TDF as the preferred drug for hepatitis B positive pregnant women. Treatment should begin in the third trimester of pregnancy, especially for those with high HBV DNA or HBeAg positivity.
- For infants, a birth-dose vaccine within 24 hours, followed by the full vaccination series, is essential.
- The goal is clear: prevent mother-to-child transmission and reduce the burden of chronic hepatitis B.
- To succeed, countries must expand eligibility, integrate prophylaxis into antenatal care, and ensure equitable access.
- *Protecting mothers through treatment and infants through vaccination is the key to ending hepatitis B transmission.*

Social & Structural Barriers

Social & structural barriers	Proposed solutions
Stigma & Discrimination	Train service providers
Lack of privacy / Confidentiality	Create safe spaces for service delivery
Economic barriers	Involve traditional & religious leaders in community empowerment

- **Social and structural barriers** remain a major challenge in HIV prevention. Stigma, discrimination, lack of privacy, and economic hardship often prevent people from accessing care.
- To overcome these barriers, we must train service providers, create safe spaces for delivery, and involve traditional and religious leaders to empower communities.
- Addressing these issues is essential to make HIV services more accessible and equitable.

Country Leadership Action & Resilient HIV Program

- **Funding cuts** have negatively affected prevention & community. So, we need the **Involvement of government** through the Ministry of finance in HIV prevention programs by mobilizing more domestic resources & reinforce public private partnership.
- We need the improvement of **community engagement** in HIV prevention services by empowering them to lead and play key roles (gender human rights). We should also teach most institutions the need for integrated HIV services into broader primary healthcare systems (A shift to **multi-disease elimination approaches** and thinking)

Major Recommendations

Government & Community

- Play central roles in HIV prevention services
- Build partnerships with media for awareness, advocacy, and behavior change

Service Delivery

- Integrate behavior-focused counseling into prevention strategies
- Invest in primary health care & a strong health workforce
- Ensure decentralized, integrated services

Systems & Policy

- Strengthen data systems for monitoring & evaluation
- Policy makers: integrate long-acting PrEP into guidelines and budgets

Funders & Clinicians

- Funders: prioritize prevention alongside treatment
- Clinicians & communities: promote persistence, choice, and equity

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



From left: Kwame Jakpasu Setuagbe, Ghana; George Agbeko Quaicoe, Ghana; Dr. Marijanatu Abdulai (Lead Rapporteur), Ghana; Richmond Korankye, Ghana and Jessica Amponfi, Ghana

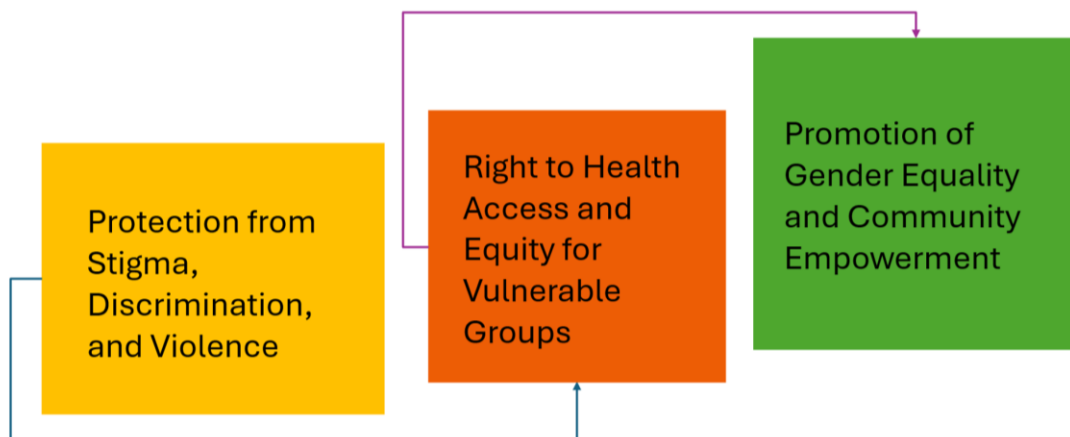
- This report consolidates key insights from the Track D discussions to inform rights-based advocacy, strengthen policy dialogue, and support evidence-driven decision-making across diverse strategic and programmatic paradigms within the HIV response landscape.

Human Rights Paradigm

Three key themes emerged from the human rights sessions.

- First, there was strong emphasis on the need to protect PLHIV from stigma, discrimination, and violence, particularly in relation to gender-based violence, mental health challenges, and substance use.
- Second, discussions underscored the right to health, with a focus on equitable access to quality, inclusive, and responsive services for vulnerable and marginalized populations.
- Finally, the sessions highlighted the importance of promoting gender equality and community empowerment, including the engagement of men as partners and decision-makers in HIV prevention, care, and treatment as shown in the figure below.

Key Themes in Human Rights



Session: Gender Based Violence, Mental Health And Substance Abuse, Special Session

Session: Engaging men as partners and decision-makers in the uptake and sustained use of vertical transmission, Satellite Symposia

- Drawing on evidence and experiences from presentations in Uganda, Côte d’Ivoire, and Nigeria, the sessions highlighted the complex intersections between mental health, human rights, legal frameworks, and broader social and political contexts.
- The presentation by Miss Joselyn Nakyeeyune on depression among teenage mothers in Uganda revealed a severe rights gap, with nearly 8 in 10 teenage mothers experiencing depression driven by stigma, early marriage, low education, and weak social protection systems. This reflects violations of the right to health, gender equality, and child protection.
- Dr. Toblegnon Ponde’s presentation on Therapeutic Artwork which for vulnerable youth in Côte d’Ivoire emphasized dignity, participation, and expression as core human rights. Therapeutic Artwork which is created safe spaces for youth to express hidden psychological pain, restoring agency and social inclusion.
- Mrs. Morufat Alabi’s study on phone-based psychoeducation among people living with HIV in Nigeria reinforced mental health as integral to the right to comprehensive HIV care, particularly in contexts of stigma and fear of disclosure.

Legal Paradigm

Key Themes in Law



Session: Accountability International & SAA: Power, Policy & People: Challenging Criminalization to End HIV – The Role of Communities and Parliamentarians in Advancing Rights -Based Responses

- Across the presentations, weak legal protection emerged as a cross-cutting concern
- In Uganda, insufficient enforcement of child protection and adolescent health laws leaves teenage mothers vulnerable.
- In Nigeria, the expansion of digital mental health interventions highlights the need for legal safeguards around confidentiality, informed consent, and data protection.
- The evidence supports stronger legal integration of mental health into HIV and public health legislation, as well as enforcement mechanisms to protect vulnerable populations from discrimination.

Political Science Paradigm

Key Themes in Political Science



Session: Understanding key concepts and application of HIV mathematical models (HIV Modelling Consortium satellite)

The discussions from the sessions revealed governance and political prioritization gaps in addressing mental health within HIV responses. Despite strong evidence, mental health remains underfunded and weakly integrated into national strategies.

- The presenters consistently called for multi-sectoral cooperation among governments, communities, civil society, the private sector, and international partners. These recommendations underscore the importance of political commitment, policy coherence, and inclusive governance models.

Social Science Paradigm

Key Themes in Social Science



Session: Removing Barriers to HIV and STI prevention Service for young people and their children
Session: Engaging men as Partners and Decision-makers in the uptake and sustained use of Vertical Transmission Prevention Services

- As illustrated in the diagram, discussions from the Social Science sessions revealed a clear progression of interconnected themes shaping HIV risk, care-seeking behavior, and wellbeing
- Participants emphasized that stigma often constitutes a greater barrier than the virus itself, limiting access to prevention, testing, and treatment services, particularly for young people and other vulnerable populations. The sessions further highlighted how cultural and gender norms significantly influence HIV risk, decision-making, and engagement with care, often reinforcing inequities and delaying service uptake.
- In response to these challenges, the discussions underscored the critical role of community resilience and peer-led support as protective and enabling factors. The diagram reflects this shift from structural and social barriers towards community-driven solutions, demonstrating how strengthened peer networks, when appropriately supported, can promote trust, improve service access, and enhance sustained engagement in HIV prevention and care

Key Takeaways

- Achieving an effective and equitable HIV response in Africa requires integrating human rights, legal reform, social science insights, and political commitment into sustainable health systems that are community-centered, stigma-free, and fully resourced.
- Human rights are foundational to ending HIV as a public health threat. Without protecting rights and reducing stigma and discrimination, access to services remains unequal and incomplete.
- Criminalization and weak legal protections continue to restrict access to HIV prevention and treatment for key and marginalized populations, hindering progress towards elimination goals.
- Social dynamics including norms, misinformation, and exclusion continue to deepen inequities in prevention and care uptake.
- Political will and alignment across policy sectors are therefore critical to increase domestic resource mobilization, reform punitive laws, and drive integrated, rights-affirming responses.

Major Recommendations

- Support legal and policy reforms integrating mental health into HIV, adolescent health, and digital health frameworks.
- Invest in rights-based, youth-friendly, and stigma-free mental health services within HIV programmes.
- Strengthen governance and multi-sectoral coordination at national and local levels.
- Scale up culturally grounded and cost-effective innovations such as art (pictorial) therapy and mobile psychoeducation.
- Prioritize adolescent mothers, young people, and people living with HIV in funding and programming decisions.

TRACK E - Health Systems, Economics & Implementation Science



Olympia Laswai
(Lead Rapporteur).



Emmanuel Yartey, Ghana



Claudette Wilson, Ghana



Curtis Okona, Ghana

Findings

Introduction and Overview of Track E

- Track Eat ICASA2025 focused on the critical question facing the African HIV response today: how to sustain and accelerate gains in HIV prevention, treatment, and care while strengthening health systems in an era of constrained resources, increasing service complexity, and growing expectations for national ownership.
- The track brought together a wide range of stakeholders, including ministries of health, national AIDS councils, multilateral agencies, civil society, faith-based organizations, research institutions, private sector partners, community leaders, and people living with HIV. Sessions included plenaries, abstract-driven presentations, non-abstract dialogues, and satellite symposia, reflecting the diversity of perspectives required to address health system challenges.
- A central message throughout Track E was that HIV programs can no longer be viewed as vertical, donor-dependent initiatives. Instead, they must be embedded within resilient, people-centred, and integrated health systems, capable of delivering lifelong care, responding to co-morbidities, and supporting epidemic preparedness.
- HIV platforms were repeatedly positioned as foundational system assets that can anchor broader responses to sexual and reproductive health and rights (SRHR), maternal, newborn and child health (MNCH), non-communicable diseases (NCDs), mental health, tuberculosis, hepatitis, syphilis and emerging infectious diseases.

Strategic Framing: From Vertical Programs to Integrated Systems

- Integration as a Core System Strategy

Integration was the most consistent and dominant theme across Track E. Multiple sessions demonstrated that integrated service delivery is no longer optional but essential for sustainability, efficiency, and equity. Integration was discussed across several dimensions:

- **Clinical integration**, combining HIV services with ANC, MNCH, SRHR, TB, NCD screening, HPV screening, STI screening, mental health, and nutrition;
- **Service delivery integration**, using differentiated service delivery (DSD) models to provide multiple services
- **System integration**, aligning financing, supply chains, data systems, and human resources across disease areas.

Triple elimination initiatives (HIV, syphilis, hepatitis B) illustrated how ANC platforms can serve as high-impact entry points for prevention, diagnosis, and chronic care. These initiatives showed that integration can reduce missed opportunities, improve maternal and infant outcomes, and generate efficiencies in testing and follow-up.

However, several speakers cautioned that integration must be carefully planned and adequately resourced. Poorly designed integration risks overburdening frontline workers, diluting specialized HIV services, and undermining quality of care. Successful integration requires clear service prioritization, updated guidelines, retraining of health workers, and aligned financing mechanisms.

Advancing Integrated Diagnostics and Prevention Tools

Sessions underscored the value of integrated diagnostic tools and novel HIV prevention strategies:

- **Integrated triple diagnostics:** WHO-prequalified tests for HIV, syphilis, and HBV create immediate opportunities to leverage pregnancy as a critical health-system touchpoint, enabling simultaneous testing and treatment for multiple infections.
- **Portable bacterial STI tests:** Affordable, point-of-care tools can strengthen antenatal care platforms and reduce stillbirths from untreated infections.
- **Lenacapavir (LEN) for PrEP:** As the newest WHO-recommended PrEP option, LEN should be integrated into comprehensive prevention packages, with focused demand generation among key populations to ensure uptake and impact
- UNICEF further demonstrated how data-driven optimization uncovered unused diagnostic capacity for POC GeneXpert Machines, mobilized global support, and restored community trust by ensuring infants receive early HIV diagnosis results in days instead of months.

Differentiated Service Delivery (DSD) Enters a New Era

DSD emerged as one of the most mature and evidence-backed strategies discussed in Track E. Originally introduced to decongest facilities and expand access, DSD is now increasingly recognized as a system optimization tool that improves efficiency while maintaining or improving outcomes.

Evidence presented across sessions showed that:

- Earlier viral load testing, including at three months after ART initiation, enables faster identification of treatment failure and earlier transition to appropriate care.
- Annual clinical visits with extended ART refills (up to 12 months) are safe for stable clients and significantly reduce facility workload.
- Community-based DSD models, including adherence clubs and community ART refill groups, improve retention and patient satisfaction.

Importantly, sessions demonstrated that DSD principles can be extended beyond HIV to other chronic conditions, including NCD care, family planning, and mental health services, reinforcing the role of HIV platforms in broader system reform.

Financing, Economics, and Sustainability

- The Reality of Declining Donor Funding

A recurring theme across Track E was the reality of declining donor funding for HIV programs. Many countries are already experiencing reductions in external support, exposing vulnerabilities in service delivery, supply chains, and community systems.

Speakers emphasized that sustainability cannot be achieved through efficiency gains alone. While DSD, integration, and digitalization can reduce costs, new sources of domestic financing are essential. Sessions explored a range of financing options, including:

- Increased domestic budget allocations for health and HIV
- Social contracting mechanisms to fund community-led services
- Health insurance schemes and earmarked taxes
- Strategic use of Public-private partnerships (PPPs)
- Market-shaping, pooled procurement, and support for local manufacturing
- Explicit prioritization of high-impact interventions.

Economic Evidence for Prioritization

Across Track E, speakers stressed that countries must move away from attempting to “do everything” towards explicit prioritization of high-impact interventions, informed by epidemiology and economic evidence. The IAS TIER tool that supports evidence-driven prioritization across the HIV cascade was presented as practical mechanisms to align national ambitions with fiscal realities.

Public–Private Partnerships as a Sustainability Strategy

The session on “Partnerships in HIV, innovations and best practices” provided a concrete economic example from Nigeria, examining the cost of HIV viral load testing in public versus private laboratories. The analysis showed that private laboratories charge nearly double the cost of public labs, largely due to higher input costs, lack of duty waivers, and exclusion from global negotiated pricing.

Despite higher costs, private labs offer important advantages, including faster turnaround times, proximity to clients, and additional surge capacity. The session concluded that Nigeria cannot rely solely on public laboratories as donor funding declines. Instead, structured PPPs that extend procurement benefits and integrate private labs into national networks are essential for long-term sustainability and resilience.

Community Systems, Localization, and Equity

Community system as Essential Infrastructure

Across Track E, community systems were consistently framed as core health system infrastructure, not peripheral or temporary solutions. Evidence from peer-led and community-based models demonstrated improved retention, adherence, psychosocial wellbeing, and trust, particularly among adolescents, key populations, and caregivers of children living with HIV.

Sessions emphasized that community-led services are often the first to be disrupted when funding declines, despite their central role in reaching marginalized populations. Localization was therefore framed as a prerequisite for sustainability, dignity, and responsiveness.

Mental Health Integration and Faith-Based Engagement

The session on “*Integrating Mental Health Services into Community-Based HIV/AIDS Programs: Moving Beyond Silos*” focused explicitly on the integration of mental health services into community-based HIV programs. Presentations highlighted the high prevalence of depression, anxiety, and trauma among people living with HIV, and their direct impact on adherence, retention, and overall outcomes.

Faith-based organizations were identified as uniquely influential actors. Given their deep trust and reach within communities, they can either perpetuate stigma or serve as powerful allies in delivering compassionate, culturally aligned care. Speakers called for intentional engagement of faith-based networks, supported by training, supervision, shared data systems, and stigma-sensitive approaches.

Digital Health, Artificial Intelligence, and Data Systems

Digital Transformation as System Infrastructure

Digital health featured prominently across Track E, culminating in the plenary session on *"Harnessing digital innovations to revolutionise health systems: Opportunities for global impact"*. Speakers emphasized that Africa has a unique opportunity to leapfrog traditional health system development pathways, drawing parallels with the continent's rapid adoption of mobile money.

Examples from Ghana and Benin demonstrated how digital health ecosystems including electronic medical records, lab integration, barcoding, dashboards, and offline data capture can dramatically improve efficiency, reduce delays, and support real-time decision-making.

Artificial Intelligence and Responsible Innovation

AI was discussed not as a futuristic concept, but as a set of tools already being deployed across the continent. Applications highlighted included outbreak prediction, diagnostics, clinical decision support and personalized care pathways

However, speakers stressed that AI must be embedded within strong governance frameworks, including national digital ID systems, interoperability standards, cybersecurity protections, and regulatory oversight. Regional collaboration was emphasized to prevent fragmentation and enable cross-border scalability.

Investing in Local Innovation Ecosystems

Speakers also emphasized the importance of local innovation ecosystems, including innovation hubs, regulatory sandboxes, and youth digital skills development. Supporting African-led innovation was framed as essential for producing context-relevant solutions and achieving global influence, rather than importing external technologies that may not align with local realities.

Paediatric HIV and Advanced HIV Disease (AHD)

Children and adolescents featured prominently across Track E, with particular focus on Advanced HIV Disease (AHD). Despite overall progress in the HIV response, paediatric and adolescent outcomes remain among the weakest.

Lessons from the IMPAACT4HIV Project, demonstrated that sustainable AHD impact requires integrated service delivery models that combine:

- The WHO STOP AIDS package;
- Strong supply chains and trained health workers;
- Integration with TB, primary care, nutrition, and outbreak response services;
- Community and caregiver engagement.

Human-centred design approaches emphasized that clinical protocols alone are insufficient. Emotional, social, and stigma-related barriers affecting caregivers and families strongly influence adherence and survival, particularly for children. Supporting caregiver wellbeing through peer

networks, teen clubs, and community groups was identified as critical to preventing treatment interruption and avoidable deaths.

Country and Program Examples

Track E featured a wide range of country experiences, including:

- **Benin:** National leadership in digital health governance, AI regulation, and interoperable systems.
- **Ghana:** Integrated digital HIV ecosystem, movement towards annual ART visits, and feasibility study on local ARV manufacturing.
- **South Africa:** Generated evidence on early viral load testing, annual clinical visits, digital incentives, AI-supported engagement, and advanced DSD scale-up.
- **Nigeria:** Cost analysis supporting PPPs for viral load testing and decentralized laboratory networks.
- **Malawi:** Service prioritization and data use amid donor transition pressures.
- **Kenya:** Integrated HIV/syphilis testing, early VL policy, and PrEP scale-up.
- **Namibia & Botswana:** Validated triple elimination success driven by political leadership and domestic financing.
- **Zimbabwe, Zambia, Mozambique, Uganda, Côte d'Ivoire:** Peer-led delivery models, stigma mitigation, PPP financing, and decentralized services.
- **Multi-country (IMPAACT4HIV):** Integrated AHD care and caregiver-centred models.

Speaker Highlights

Track E featured a diverse and influential group of speakers whose contributions shaped the overall narrative:

- **Dr. Modupe Agueh McCracken (Benin Health Sector Regulatory Authority)**
Articulated a compelling vision for Africa's digital health future, emphasizing governance, interoperability, cybersecurity, and AI regulation as prerequisites for scalable innovation. Positioned African-led digital solutions as globally relevant.
- **Ministry of Health representatives**
Provided candid insights into the realities of donor transition, service prioritization, DSD scale-up, and digital system adoption, grounding discussions in implementation realities.
- **WHO, UNAIDS, UNICEF, IAS, Global Fund, UNITAID representatives**
Emphasized integration, speed-to-guidance, differentiated service delivery, and the importance of embedding implementation science into national programs.
- **Grace Adjei Okai (Catholic Health Services Trust) & Alex Muhereza (African Christian Health Association Platform (ACHAP))**
Highlighted the centrality of mental health to HIV outcomes and the unique role of faith-based networks in delivering compassionate, stigma-sensitive care.
- **Laboratory experts (Nigeria)**
Presented rigorous cost analyses demonstrating the value of PPPs and decentralized testing in sustaining viral load services.

- **Aurum Institute & Matchboxology (IMPAACT4HIV)**
Demonstrated how integrating the WHO STOP AIDS package with human-centred design improves AHD outcomes, especially for children.
- **Community and key population leaders**
Reframed integration around safety, dignity, and trust, emphasizing that services must be co-designed with those most affected.
- **Digital health and AI innovators**
Showcased practical tools already deployed in African settings, stressing hybrid human-digital models rather than technology-only solutions.

Major Recommendations

- Track E at ICASA2025 made clear that Africa’s HIV response stands at a pivotal moment. The science, tools, and delivery models required to sustain and accelerate progress. The challenge lies in implementation at scale, under financial constraint, while protecting equity and community leadership.
- The sessions collectively demonstrated that the future of the HIV response depends on integrated systems, economic prioritization, empowered communities, responsible digital transformation, and domestic ownership. If deliberately leveraged, HIV programs can continue to serve as powerful platforms for broader health system strengthening and epidemic preparedness.
- ICASA 2025 Track E therefore calls on governments, donors, researchers, communities, and the private sector to move decisively from pilots to policy, from dependency to sovereignty, and from siloed programs to resilient, people-centred health systems that leave no one behind.

Based on discussions across Track E, the following recommendations are proposed:

- Institutionalize integrated service platforms across communicable and non-communicable diseases, Sexual reproductive health and rights services and mental health services.
- Adopt structured prioritization tools (e.g., the IAS TIER tool) to define sustainable HIV service packages aligned with fiscal realities while protecting paediatric HIV, adolescent SRH, mental health, and key population services during funding transitions.
- Scale high-impact DSD innovations, including updating guidelines to allow earlier viral load testing, annual clinical visits, and extended ART refills for stable clients.
- Invest in secure, interoperable national digital health systems including digital ID, unified data standards, cybersecurity and integrate digital HIV tools into national health strategies and budgets to ensure scale and sustainability.
- Leverage public-private partnerships to sustainably expand HIV viral load testing and service capacity by integrating private laboratories and providers into national systems through PPPs, duty waivers, and negotiated pricing.
- Institutionalize integrated Advanced HIV Disease (AHD) care using the WHO STOP AIDS package.
- Prioritize rapid policy alignment and health-system preparedness to adopt WHO LEN guidelines into national HIV prevention frameworks within a reasonable time.

- Conduct a national GeneXpert optimization assessment to strategically redeploy and integrate machines for multi-disease testing, reduce inefficiencies and maximize access, utilization and value from existing Point of Care (POC) diagnostic investments.
- Scale up innovative diagnostics particularly the WHO-prequalified triple test and emerging portable STI diagnostic tools.
- Protect and fund community and peer-led systems by institutionalizing social contracting, supervision, and psychosocial support for community and peer providers.
- Invest in Research, Implementation Science, and Local Manufacturing of ARVs and HIV commodities to advance health sovereignty.



ICASA 2025 local and International Rapporteurs

Leadership Track - Financing & Political Will



Ebenezer Kye-Mensah,
Ghana



Dr. Kingsley Saa-Touh
Mort (Lead Rapporteur)

Findings

The Leadership Track captured the strategic priorities for sustaining Africa's HIV response amid declining external funding. The sessions emphasized African ownership, local financing, and institutional strengthening. This report summarizes the key policy messages from the ICASA 2025 Leadership Track. The discussions underscored the importance of sustaining Africa's HIV efforts despite declining donor support, emphasizing the critical need for robust domestic leadership, sustainable financing, and enhanced accountability.

Sustaining Africa's HIV Response

The challenge has been:

- Declining donor funding
- Rising treatment and prevention costs
- Limited domestic health allocations

During the Conference, presenters and participants addressed decreasing international aid and the need for lasting sustainability. Conference presenters and participants acknowledged that African governments are shifting from reliance on external funding to a "shared responsibility" approach. Conference presenters and participants estimated that by 2026, 25 countries will increase their domestic contributions to HIV budgets. Major efforts include mobilizing domestic resources, implementing strategic policy reforms, and developing regional manufacturing to reduce reliance on imports.

- **Key Initiatives by African Governments: What Works (Some Country Examples)**
- **The AU Roadmap 2030 and Beyond:** Conference presenters and participants noted that African Union leaders adopted this roadmap to strengthen health systems and secure sustainable financing for HIV, TB, and Malaria. It prioritizes domestic resource mobilization, including integrating HIV services into national health insurance schemes.
- **Increased Domestic Budget Allocations:** Conference presenters and participants observed that several countries have raised their national HIV budgets. Examples include:
 - i. **Ghana:** The Accra Reset Sustainability Roadmap, which seeks to implement a "Total War Against HIV and AIDS" campaign to strengthen national, regional, and community-level responses to address funding gaps.
 - ii. **Lesotho** – About 80% of ARVs are domestically funded

- iii. **DRC** -The Democratic Republic of the Congo (DRC) launched a bold new national initiative with USD 18 million to eliminate AIDS among children by 2030.
 - iv. **Côte d'Ivoire:** Committed an additional \$60–65 million to HIV in 2025, increasing to \$80–85 million from 2026.
 - v. **South Africa:** Allocates 69% to 77% of its HIV program funding from the national government, indicating strong reliance on self-reliance.
 - vi. **Kenya** - Digital health transformation of HIV care in Kenya has evolved from paper-based systems to a comprehensive, data-driven ecosystem, aiming to enhance the 95-95-95 UNAIDS targets by 2030.
 - vii. **Morocco** – Morocco is currently undergoing a major digital health transformation to bolster its health system, enhance access to healthcare, and tackle specific, concentrated HIV epidemics. This shift includes the adoption of electronic health records (EHR), telemedicine, and specialized mobile health (mHealth) applications focused on HIV, tuberculosis, and, importantly, HIV self-testing initiatives.
- **Specialized Health Levies & Taxes:** It was observed that countries are employing "sin taxes" on alcohol and tobacco, alongside specific AIDS levies, to finance HIV services, such as Zimbabwe's 3% AIDS levy on corporate and personal income.
 - **Local Production of Pharmaceuticals:** Conference presenters and participants observed a significant shift as the Global Fund started sourcing first-line HIV treatments made in Africa. This move supports local manufacturing in countries such as South Africa, Morocco, and Kenya, aiming to reduce dependency on imports.
 - **Sustainability & Transition Planning:** Conference presenters and participants reported that over 22 African countries are developing "sustainability and transition plans" to secure HIV responses beyond 2030, supported by UNAIDS, with a focus on integrating HIV services into primary healthcare to maximize efficiency.
 - **"Power of Prevention" Project:** Conference presenters and participants emphasized that this UNDP-supported project seeks to enhance national and community-led initiatives by providing grants in 2026 to organizations in South Africa, Malawi, and Zimbabwe, ensuring that prevention stays a priority in national funding agenda.

Priority Actions

- Increase national health and HIV budget allocations.
- Introduce innovative domestic financing mechanisms such as earmarked health taxes
- Strengthen public-private partnerships
- Strengthen transparency through digital budgeting systems.
- Institutionalize social contracting
- Invest in data and digital systems
- Expand local pharmaceutical manufacturing and supply chains.
- Institutionalize community engagement and accountability mechanisms.
- Support Africa CDC innovation

Leadership Imperatives

Conference presenters and participants emphasized the need for strong political will, budgetary commitment, local pharmaceutical manufacturing, and strengthened science-policy linkages.

Domestic Resource Mobilization

- Increase national health allocations
- Introduce earmarked health taxes
- Engage the African diaspora
- Strengthen Africa CDC and national institutions
- Adopt e-budget systems for transparency

Sustainability Strategies

Conference presenters and participants called for aligned investments across:

- i. Governments,
- ii. communities, and partners,
- iii. Institutionalized social contracting, and
- iv. Integrated community-based care approaches.

Key Policy Messages

- i. Africa must transition from donor dependence to domestic ownership of the HIV response.
- ii. Ending AIDS requires budget commitments backed by strong political leadership.
- iii. Domestic resource mobilization should include increased health allocations, earmarked taxes, and public–private partnerships.
- iv. Country innovations such as Ghana’s Accra Reset and Lesotho’s domestic ARV financing provide practical models.
- v. Sustainability requires social contracting with civil society and institutionalized long-term financing.
- vi. Investment in data systems, digital health, and Africa CDC research capacity is essential.
- vii. Regional collaboration and South–South learning should be strengthened.

Major Recommendations

Flowing from the ICASA 2025 conference proceedings on Leadership, the following recommendations were proposed:

- Strengthen public–private partnerships.
- Expand domestic resource mobilization.
- Promote South–South collaboration.
- Support Africa CDC research and vaccine development.
- Improve national data systems.
- Strengthen community engagement.

Community Programme



Kwasi Atweri Akowuah,
Ghana



Margaraet Owusu-
Amoako, Ghana



Dr. Tapfuma Parireyatwa,
Zimbabwe (Lead Rapporteur)

Findings

The diverse perspectives within the communities were all tabled. The following are the issues that will be a part of this report:

Community Village

- The Community Village was a hive of activity throughout the conference. Places worth mentioning within the Village
- The Youth Networking Zone. This area was used to engage the youth with various games, trivia, and giveaways.
- Faith-Based Leader Zone. In this area, various small group discussions were conducted about religion and culture, and how they can influence PLH.
- Sex Worker Zone, which was an area used to advocate for the rights of sex workers and educate the population on their society.
- The Women Networking Zone was the most populated area of the Village. Women used this as a safe space to discuss difficulties they may face and share various testimonials.

Elderly Women Living with HIV

- This group is continuing to grow, which is a favourable thing. However, it comes with its challenges, both physical and mental.
- The biggest concern from this sector is that they are experiencing more neglect from their families as they age.
- Additionally, they are battling to navigate the unfamiliar waters of managing HIV, menopause, and other chronic illnesses (Hypertension and Diabetes)
- Care burden neglect is the prevalent sentiment as a direct consequence of the geriatric syndrome.

Community Involvement

- The various sectors of the community are unanimously appealing for involvement in all aspects of the food chain.
- Starting from data collection, all the way up to the strategy and implementation stages. Often, they are only involved in some aspects of the process and feel side-lined, especially when it comes to policy formation and financial management.

- Frustration was noted that PLH are normally the foot soldiers in data collection, but this data is never shared with them.

Incorporation of Technology

- The standout message was that technology must be embraced. It is a useful tool to avoid discrimination. Countries like Kenya and the Ivory Coast are spearheading steps in this regard. Inter-African sharing of ideas is useful.
- It allows for filtering what works and what doesn't. Photos and videos are a way of describing individual stories, and this seems popular amongst the youth and has also helped mental health specialists analyse cultural and mental nuances by utilising these tools.
- Technology has also proven to be valuable as a tool that assists with education about medications, side effects, and the importance of drug adherence. Having all this information at one's fingertips allows for more informed decision making.

Suspension of USAID and the Ripple Effects

- The drying up of donor funds has left shock waves in the community.
- It has emphasised the importance of the continent ultimately being self-sufficient. Mostly affecting sub-Saharan Africa because this is where HIV is most prevalent. Trials for an HIV vaccine that were being conducted in South Africa and Kenya have since stopped as a result of this.

Major Recommendations

- Enhance the collaboration between public sector, private sector and community organizations at country level to increase domestic resources mobilization to end new HIV infection, TB and Malaria by 2030 in Africa.
- Consolidate and sustain Community-led monitoring (CLM) for accurate and reliable data driven advocacy which can help to build an effective response to HIV, STIs, TB, Malaria and other emerging diseases in Africa.
- Initiate and invest in community-led youth centered advocacy using new technology, social media and digital platforms to address stigma and discrimination.
- Integrate mental health and psychosocial support into the services provided to persons living with HIV, TB and other vulnerable groups.
- Develop relevant strategies and interventions for social protection of aging African women and men living with HIV.
- Create at country and regional levels inter-generational dialogue spaces to maintain the dynamic of the advocacy for quality health services in Africa.

ICASA 2025 Ghana affirms that the elimination of AIDS, TB, and Malaria in Africa is within scientific reach. The decisive variables are political leadership, domestic resource mobilization, legal and structural reform, and inclusive systems that prioritize Key and Vulnerable populations to ensure that no one is left behind.

Celebrating Excellence: Honouring Changemakers



Awardees at the Official Opening of the ICASA 2025 Community Village. These awards were presented for the outstanding dedication and commitment to the SAA/ICASA International Secretariat, by the Executive Board for the Society for AIDS in Africa

During the special award ceremony organized in honour of the outgoing Executive Board of the Society for AIDS in Africa, distinguished leaders and long-standing partners of the ICASA movement gathered to recognize individuals who have made significant contributions to advancing the organization’s mission. The ceremony served both as a moment of appreciation for the leadership of the outgoing SAA Executive Board and as an opportunity to celebrate the collaborative efforts that have sustained ICASA and SAA’s work in strengthening Africa’s response to HIV, STIs, and broader public health challenges.

Award to the ICASA Director



From Left to Right: Dr. Samuel Okware, ICASA 1995 President, Dr. Fiona Braka, WHO Ghana Country Representative, Dr. David Pairenyatwa, SAA President, Prof. John Idoko, Former SAA President, Dr. Douglas Mombeshora, Minister of Health and Childcare, Zimbabwe and Dr. Pierre M’Pele, SAA Second President (1995 to 2005) during presentation of the Leadership award to Mr. Luc Armand H. Bodea, ICASA Director (Middle) for his dedicated service in leadership to the Society for AIDS in Africa

Over the years, following the establishment of the first functional SAA/ICASA Secretariat in Abuja from 2005 to 2009 under the leadership of the late Prof. Femi Soyinka, then SAA President, Mr. Luc Armand H. Bodea played a pivotal role in the institutional strengthening of the organization. He was instrumental in the establishment of the SAA/ICASA Permanent Secretariat in Accra, Ghana, where he helped build and nurture a strong professional team responsible for overseeing the management of ICASA and the affairs of the Society for AIDS in Africa. Under his leadership, emphasis was placed on strengthening institutional memory, improving operational efficiency, and reinforcing accountability within the organization.

The reengineering and consolidation of the Secretariat contributed significantly to the sustained growth of the ICASA platform. Over the past two decades, the Secretariat has successfully coordinated the organization of nine (9) ICASA conferences, facilitated the signing of seven Memoranda of Understanding (MoUs) with host countries, and supported the conduct of five SAA Board elections, reinforcing transparent governance and continuity in leadership. Today, the SAA/ICASA Secretariat continues to oversee the organization’s operations with a team of 20 permanent staff members based at the headquarters in Accra, Ghana, ensuring the effective coordination of the conference and the broader activities of the Society for AIDS in Africa.

In recognition of this longstanding commitment and leadership, members of the outgoing SAA Executive Board presented a Leadership Award to Mr. Luc Armand H. Bodea, ICASA Director, acknowledging his dedicated service and contributions to strengthening the institutional foundation and global relevance of SAA and ICASA. The award underscored his role in sustaining the conference as Africa’s leading platform for scientific exchange, policy dialogue, and community engagement in the fight against HIV and related health challenges.



A special award for achievement was given to the ICASA Director, Mr. Luc Armand H. Bodea, at the ICASA 2025 Community Village opening session, whose leadership and commitment have strengthened the foundation of the organization over the past twenty years.

Personal Achievement Awards

The Personal Achievement Awards recognized exceptional dedication and sustained contributions in supporting the SAA and the organization of ICASA over the years. The honours were presented to distinguished SAA current Board Members who served over the period of eight (8) years or those who served for one mandate. Other awards were given to the team of rapporteurs, ICASA International support staff, and other members of the community who have been very supportive over the years.



Hon. Dr. David Pagwesese Parirenyatwa, SAA President and ICASA 2025 Chair, receives the Personal Achievement Award from Dr. Douglas Mombeshora, Minister of Health and Childcare, Zimbabwe, Prof. Nkandu Luo, ICASA 1999 President and Dr. Pierre M'Pele, SAA Second President (1995 to 2005) in recognition of his outstanding dedication to HIV/AIDS advocacy and African health sovereignty.



Prof. Mohamed Chakroun, SAA Vice President, receives the Personal Achievement Award for his outstanding dedication and commitment to HIV/AIDS and Health Systems Strengthening in Africa.



Prof. Morenike Ukpogon, SAA Treasurer, receives the Personal Achievement Award from Dr. Samuel Okware, ICASA 1995 President for her outstanding dedication and commitment to the HIV/AIDS and Health Systems Strengthening in Africa.



Dr. Aliou Sylla, Secretary General of the Society of AIDS in Africa (2022–2025), receives the Personal Achievement Award from Prof. John Idoko, Former SAA President and Dr. Samuel Okware, ICASA 1995 President for his outstanding dedication and commitment to the HIV/AIDS and Health Systems Strengthening in Africa.



Dr. Nonhlanhla Fikile Ndlovu, Deputy SAA Secretary General receives the Personal Achievement Award from Dr. Samuel Okware, ICASA 1995 President, for her outstanding dedication and commitment to the HIV/AIDS and Health Systems Strengthening in Africa.



Dr. Emmy Chesire, SAA Board Member, and First Lady of Baringo County, receives the Personal Achievement Award from Prof. John Idoko, Former SAA President and Dr. Samuel Okware, ICASA 1995 President for her outstanding dedication and commitment to the HIV/AIDS and Health Systems Strengthening in Africa.



Mr. Innocent Laison, SAA member, receives the Personal Achievement Award from Dr. Douglas Mombeshora, Minister of Health and Childcare, Zimbabwe for his outstanding dedication and commitment to the SAA/ICASA International Secretariat.



Ms. Olympia Laswai, a Tanzanian Public Health Specialist, Program Coordinator specializing in HIV/AIDS care and treatment, and SAA Member, receives the Personal Achievement Award from Dr. Douglas Mombeshora, Minister of Health and Childcare, Zimbabwe for her outstanding dedication and commitment to the SAA/ICASA International Secretariat.



Brig.Gen. (Dr.) Alain Azondekon, Beninese Pediatrician, Epidemiologist, Military officer, and Rapporteur General from ICASA 2015 to date, From Dr. Douglas Mombeshora, Minister of Health and Childcare, Zimbabwe and Prof. Sheila Tlou, SAA Trustee, receives the Personal Achievement Award from Dr. Douglas Mombeshora, Minister of Health and Childcare, Zimbabwe and Prof. Sheila Tlou, SAA trustee for his outstanding dedication and commitment to the SAA/ICASA International Secretariat.



Dr. Kingsley Saa-Touh Mort, Senior Lecturer in the Department of Social Work at the University of Ghana, Legon, and SAA Member, receives the Personal Achievement Award from Hon. Dr. David Parenyatwa, SAA President and Prof. Nkandu Luo, Former SAA Board member for his outstanding dedication and commitment to the SAA/ICASA International Secretariat.



Dr. Marijanatu Abdulai, Ghanaian epidemiologist and public health researcher at National AIDS Control Programme specializing in HIV/AIDS and infectious diseases, and SAA Member, receives the Personal Achievement Award from Dr. Douglas Mombeshora, Minister of Health and Childcare, Zimbabwe and Prof. Sheila Tlou, SAA Trustee for her outstanding dedication and commitment to the SAA/ICASA International Secretariat.



Dr. Emil Asamoah-Odei, Former Chief of Staff at the WHO Regional Office for Africa and SAA Board Member, receives the Personal Achievement Award from Hon. Dr. David Parenyatwa, SAA President and Mr. Luc Armand H. Bodea, ICASA Director, for his outstanding dedication and commitment to the SAA/ICASA International Secretariat.



Dr. Henry Ajewi-Narh Nagai, Ghanaian Public Health Expert, Former Chief of Party for the USAID JSI Ghana Care Continuum Project, and SAA Member, receives the Personal Achievement Award for his outstanding dedication and commitment to the SAA/ICASA International Secretariat.



Dr. Frank Lule, WHO and SAA Member, receives the Personal Achievement Award for his outstanding dedication and commitment to the SAA/ICASA International Secretariat.



Dr. Niyi Ojuolape SAA Member, receives the Personal Achievement Award for his outstanding dedication and commitment to the SAA/ICASA International Secretariat.



Mr. Martin-Mary Falana, Nigerian development expert, public health practitioner, gender activist and SAA Member, receives the Personal Achievement Award from Hon. Dr. David Parirenyatwa, SAA President and Mr. Luc Armand H. Bodea, ICASA Director, for his outstanding dedication and commitment to the SAA/ICASA International Secretariat.



Dr. Kharmacelle Prosper Akanbong, Director General of Ghana AIDS Commission receiving the Personal Achievement Award From Dr. Douglas Mombeshora, Minister of Health and Childcare, Zimbabwe and Prof. Sheila Tlou, SAA Trustee, on behalf of Prof. William Ampofo, founding Chief Executive Officer of Ghana's National Vaccine Institute, for his outstanding dedication and commitment to the SAA/ICASA International Secretariat.



Prof. Sheila Tlou received the award on behalf of Dr. Marsha Martin, American public health expert, Gender Activist, former delegate to the UNAIDS Program Coordinating Board, and Director of GNPBH, From Dr. Douglas Mombeshora, Minister of Health and Childcare, Zimbabwe and Prof. Sheila Tlou, SAA Trustee for the Personal Achievement Award for her outstanding dedication and commitment to the SAA/ICASA International Secretariat.



Dr. Bernard Madzima, Chief Executive Officer of Zimbabwe's National AIDS Council and SAA Member, receives the award on behalf of Mr. Raymond Yekeye, Operations Director, From Dr. David Parirenyatwa, SAA President and Prof. Nkandu Luo, ICASA 1999 President for the Personal Achievement Award for his outstanding dedication and commitment to the SAA/ICASA International Secretariat.

Edith Lucie Bongo Ondimba Best Female Researcher Award



The Edith Lucie Bongo Ondimba Award is a **Young Female Researcher Award** introduced to commemorate the memory of a First Lady who was one of the pioneers in the fight against the AIDS pandemic in Africa. The Award, worth \$5,000, was initiated by President Denis Sassou Nguesso during a tribute ceremony held in Oyo, Democratic Republic of Congo, on 9 March 2024, transforming remembrance into renewed commitment to advancing African-led health research.

At ICASA 2025, the maiden edition of this award and certificate was presented to **Miss Oluwashola Blessing Balogun** by Prof. Morenike Ukpong, SAA Treasurer, Prof. Nkandu Luo, ICASA 1999 President and Mr. Luc Armand H. Bodea, ICASA Director in recognition of her outstanding achievements, relentless dedication, and unwavering commitment to advancing the frontiers of health research.

Best Abstract Awards

The Best Abstract Awards recognized outstanding scientific contributions across five thematic tracks, highlighting research excellence from across the continent.

To encourage young researchers and to recognize excellence, and consistent with ICASA practice, ICASA 2025 presented the Young Investigator Award for each track. The prize support aims to support young researchers who demonstrate excellence in the area of research programs related to the scale up of prevention and treatment interventions in resource-limited settings. A prize of US \$1,000 will be given to the highest scoring abstracts after presenting their manuscripts for publication in the SAA maiden journal; the African Journal for AIDS and Infectious Diseases (AJAID).



Track A: Basic Science (Biology & Pathogenesis)
Mrs. Diane Kamdem Thiomo, Cameroon receives her award from Mr. Luc Armand H. Bodea, ICASA Director



Track B: Clinical Science, Treatment & Care
Mrs. Sandra Murwira, Zimbabwe receives her award from Dr. Emmanuel Teviu, Program manager, National AIDS Control Programme, Ghana Health Service



Track C: Epidemiology & Prevention Science
Miss Oluwashola Balogun, Nigeria received her award from Prof. Mohamed Chakroun, SAA Vice President



Track D: Human Rights, Social & Political Science
Miss Awawu Adegbite, Nigeria, received her award from Prof. Mohamed Chakroun, SAA Vice President



Track E: Health Systems, Economics & Implementation Science
Mr. Isaac Gulemye, Uganda, received his award from Dr. Emmy Chesire, SAA Board Member

ICASA Video Storytelling Award

The ICASA Storytelling Video Competition was launched by the Society for AIDS in Africa (SAA) to celebrate its 35th anniversary and amplify the voices of people living with HIV across the continent and diaspora. The competition invited people living with HIV to share their personal journeys through video storytelling, the competition empowered PLHIV to share their personal journeys, challenge stigma, and inspire change. Participants used creative expressions to showcase their resilience, share their personal journeys, raise awareness, educate communities, and contribute to a more compassionate understanding of living with HIV in Africa today.

The competition received an overwhelming response with **61 entries from 16 countries** across Africa and the diaspora:

- 43 entries from Category A (18-35 years)
- 18 entries from Category B (36 years and above)
- Diverse representation: 28 male, 32 female, and 1 non-binary participant

After a rigorous two-stage selection process and a final selection process conducted at the ICASA 2025 storytelling session, we are delighted to present our winners who showcased their amazing stories at ICASA 2025 in Accra, Ghana.

Category A (18-35 years)



The first winner, Dorcas Nyarko, a 24-year-old Ghanaian, received a \$3,000 cash prize



The second winner, Doreen Moracha, a 32-year-old, received a \$2,000 cash prize.

Category B (36 years and above)



The first winner, Ndorenyin Bassey, a 36-year-old Nigerian, received a \$3,000 cash prize.



The second winner, Donatus Uko, a 54-year-old Nigerian, received a \$2,000 cash prize.

Read their full stories here: <https://bit.ly/4cqEuyC>

Launch of the SAA Journal: African Journal for AIDS and Infectious Diseases (AJAID)



SAA Executive Board and Past SAA Board members with the AJAID Editorial Board

Background

The Society for AIDS in Africa commemorated its 35th anniversary with the launch of the African Journal for AIDS and Infectious Diseases (AJAID) during ICASA 2025 in Accra, Ghana. The launch of AJAID took place on 7th December 2025. The **African Journal for AIDS and Infectious Diseases (AJAID)** is a peer-reviewed scientific journal dedicated to publishing high-impact research on HIV/AIDS and other infectious diseases affecting Africa. The journal promotes African-led science and aims to bridge the gap between regional discoveries and global health impact.

The journal aims to provide a dedicated platform for high-quality African-led research on HIV, AIDS, and other infectious diseases affecting the continent. AJAID seeks to address the longstanding underrepresentation of African scholarship in global scientific publications and promote context-specific research that informs policy, clinical practice, and community interventions.

The Society for AIDS in Africa (SAA), custodian of the International Conference on AIDS and STIs in Africa (ICASA), has played a pivotal role in advancing scientific dialogue and research dissemination on HIV, sexually transmitted infections and health systems strengthening across Africa.

As SAA marks 35 years of leadership in HIV and infectious disease advocacy, the launch of the African Journal for AIDS and Infectious Diseases (AJAID) represents a strategic step towards strengthening African scientific visibility and knowledge production.

Despite Africa bearing a disproportionate burden of HIV/AIDS and other infectious diseases, African-generated evidence often faces barriers to publication in leading international journals. AJAID was therefore established to provide a credible and authoritative platform for African researchers to publish contextually relevant scientific work.

Thematic Areas

- i. **HIV & AIDS Management:** Explore innovative approaches to HIV prevention, including pre-exposure prophylaxis (PrEP), treatment as prevention (TasP), and adherence strategies. Also, discuss the challenges and successes in scaling up antiretroviral therapy (ART) across the continent.
- ii. **Community Engagement and Empowerment:** Highlight community-led initiatives, involvement of key populations (such as sex workers, men who have sex with men, and people who inject drugs), and strategies to reduce stigma and discrimination. Address broader health and social issues affecting PLHIV (people living with HIV) and their families.
- iii. **Health Systems Strengthening:** Investigate health system challenges related to HIV care, including capacity building, health workforce development, supply chain management, and integration of HIV services with other health programs (e.g., TB, Malaria, maternal health).
- iv. **Emerging issues including Intergration, Polycrises, Infections and Co-Infections:** Beyond HIV, explore other infectious diseases affecting PLHIV, such as tuberculosis (TB), hepatitis, and sexually transmitted (STIs). Discuss strategies for integrated care and management.
- v. **Social-economic and political determinants of Health:** Analyze socioeconomic factors influencing HIV outcomes, including poverty, education, gender inequality, and access to healthcare. Consider the impact of these determinants on prevention, treatment, and overall well-being.
- vi. **Research and Innovation:** Feature cutting-edge research on HIV/AIDS, including epidemiology, clinical trials, behavioral studies, and implementation science. Highlight technological innovations, such as mobile health (mHealth) solutions and telemedicine.

Open Access and Call for Submissions

The ICASA Director and SAA Coordinator, Luc Armand Hégésiste Bodea, called on researchers, clinicians, and emerging African scientists to contribute to the journal.

To maximize visibility and accessibility, all publications in AJAID will be fully open access during the first two years, enabling broad dissemination of African research globally. Link: www.ajaid.org

Editorial Board

The Editorial Board is made up of Dr. Nicaise Ndembj, Editor-in-Chief, Prof. Morenike Ukpong and Prof. Mohamed Chakroun as Associate Editors-in-Chief in collaboration with Mr. Luc Armand H. Bodea, ICASA Director.

Exhibitors and Partners

Dear Exhibitors and Partners,

GRATITUDE FOR YOUR SUPPORT AT ICASA 2025 GHANA

On behalf of the Society for AIDS in Africa (SAA), organizer of the International Conference on AIDS and STIs in Africa (ICASA), and together with the Government of Ghana, we extend our heartfelt gratitude for your support in making ICASA 2025 a resounding success.

Held in Accra from 3–8 December, the conference stood as a beacon of resilience and unity in the push to end HIV as a public-health threat by 2030. We recognize the significant global economic shifts and challenges of the past year. Your commitment despite these headwinds was immeasurable, and your presence, contributions, and dedication drove critical dialogue and tangible solutions.

Thank you for advancing knowledge and partnerships in the fight against HIV/AIDS, STIs, TB, and Malaria, and for strengthening health systems across Africa. ICASA 2025's success testifies to your dedication and to the power of collective action.

Building on Accra's momentum, we now look towards ICASA 2027. We count on your continued collaboration to drive impact and build a healthier, stronger Africa.

Thank you again for being indispensable to this journey.

Best regards,

Mr. Luc Armand H. Bodea

ICASA Director



Under the Office of the President



Satellite Sessions

ORGANISATIONS	TITLES
IAS	The triple elimination agenda: Optimizing systems for the elimination of pediatric HIV, syphilis and hepatitis B
The Medicines Patent Pool	Breaking New Grounds: Long-Acting HIV Treatment for a New Generation
Equality Caucus	Advancing Decriminalization to End HIV & Achieve the SDGs
Pediatric-Adolescent Treatment Africa	Delivering Sustainable, Integrated HIV Care Through Clinic, Community, and District Collaboration: A Breakthrough Partnership Model of Resilience and Collaboration
IAS	Addressing social and structural barriers that hinder access to vertical transmission prevention services
World Bank	Strengthening African cross border collaboration for health emergencies: lessons from MPOX and cholera and the path towards a continental MOU.
RIATT-ESA	Safeguarding Children and Adolescents amidst ARV Shortages and HIV-SRH Program Disruptions in Eastern and Southern Africa
Accountability International & SAA	Power, Policy & People: Challenging Criminalisation to End HIV – The Role of Communities and Parliamentarians in Advancing Rights-Based Responses
UNITAID	Turning PrEP Innovation into Prevention Impact
WHO	Accelerating Hepatitis B Birth Dose Vaccination in Africa: Evidence, Innovation, and country experience
Wits Health Consortium	Real-World Evidence of AI in the HIV Cascade
WHO	From policy to practice: Optimizing HPV vaccination strategies for adolescents and women living with HIV in the African Region
PATH	Breaking silos for better care: Integrating mpox screening and testing as part of elimination of mother to child transmission (EMTCT) services in Africa
The Aurum Institute	Shaping AHD Service Delivery Through Responsive Delivery Models – Early Lessons from the IMPAACT4HIV Project
Afrocab Treatment Access Partnership	Turning the Tide on Mortality through Early Community AHD Case Finding
SWAA	Women, HIV and Aging in Africa: Exploring challenges and key actions
Medecins du monde	Le plaidoyer pour l'intégration de la Réduction des Risques (RdR) dans les textes réglementaires et législatifs des pays d'Afrique francophone
KELIN	The future of human rights in the digital age: implications for HIV and human rights

UNICEF	Voices of Change: Youth-Led Innovations in HIV through Youth-Led Monitoring and Maternal Health for Pregnant Adolescents and Young Women: Program Experiences and Best Practices in West and Central Africa
UNAIDS	Moving the Global Alliance Forward – Vision, Accountability, and Action beyond 2025
ZVANDIRI	Thrive95: Scaling Peer Provider Services for Ending AIDS in Children and Adolescents: Lessons learnt from 15 African countries.
GILEAD	Long acting HIV prevention in Africa- People, Science and Learnings
MSD	HIV prevention services on my own terms: New models to unlock access to care
Elton John AIDS Foundation	Funding the Future: New Models for Sustainable HIV Responses for LGBTQ+ Communities in Sub-Saharan Africa
SD BIOCENSOR	From Dual to Triple: Advancing Integrated Screening for HIV, Syphilis, and Hepatitis B in Public Health Programs
UNICEF	Youth-Led Change: The Future of Youth Networks in Accelerating the SRHR and HIV Response in a Shifting Landscape
Speak Up Africa	
Georgetown University	Advancing Sustainable HIV Prevention in African countries through Integrated, Country-Led Action
IAS	The Future of Differentiated HIV Services Part 1 – Prioritize for impact
IAS	The Future of Differentiated HIV Services Part 2 – Making care easier and more efficient
IAS	Futureproofing person-centred HIV care: Ensuring appropriate integration for and with key populations
Georgetown University	Sustainable HIV Prevention Lancet Series Launch
WHO	Lenacapavir: Considerations for rollout in the African Region
NACP	Sustaining the Gains, Accelerating the Goals: Leveraging Digital Innovations to achieve epidemic control
WHO	WHO guidelines: What’s new
GAC	
WHO	Triple elimination: Paths to success
AVAC	Innovating to Scale PrEP in a New Reality: Country-Led Strategies for Sustainability, Local Ownership, and Impact
APHA	
Population Services International	
UNITAID	Voices and Partnerships to Advance Health Innovation and Equity
NACP	MeSomBo: Peer Power, Healing, and Hope in HIV Care

High Level Meetings

LEADERSHIP OF AFRICAN FIRST LADIES IN THE FIGHT AGAINST HIV AND AIDS - Ending AIDS in Children and Mothers by 2030



Winnie Byanyima, Executive Director UNAIDS, H.E. Mrs. Rachel Ruto (Kenya), H.E. Madam Kartumu Yarta Boakai (Liberia), H.E. Dr. Fatima Maada Bio (Sierra Leone, President of OAFLAD), H.E. Lordina Dramani Mahama (Ghana), H.E. Fatoumatta Bah Barrow (The Gambia), H.E. Tobeka Stacie Madiba Zuma (Former First Lady of South Africa)

The high-level event at the 23rd International Conference on AIDS and STIs in Africa (ICASA) will reaffirm the commitment of the African First Ladies and Governments towards an AIDS free generation by presenting and promoting their roles in influencing political ownership, increasing sustainable domestic financing, and strengthening partnerships among governments, civil society, and development partners to end AIDS in children and mothers.

Introduction

Mother-to-child transmission (MTCT) of HIV, Syphilis, and Hepatitis B remains a significant public health challenge in Africa, threatening the health and survival of both mothers and children. Limited access to quality healthcare, socio-cultural barriers, and insufficient political commitment continue to hinder progress towards the elimination of vertical transmission and improving maternal and child health outcomes. Recognizing the crucial role of African leadership, particularly the influential voices of African First Ladies, the Society for AIDS in Africa (SAA), in collaboration with the Organization of African First Ladies for Development (OAFLAD), is convened a High-Level Meeting (HLM) on the margins of ICASA 2025 to accelerate efforts towards the elimination of mother-to-child transmission and the realization of the Triple Elimination Agenda. This meeting aimed to build on the momentum from previous ICASA HLMs, strengthen political commitment, and enhance partnerships to achieve an AIDS-free generation by 2030.

Goal and Objectives

Goal: To accelerate the elimination of mother-to-child transmission of HIV, Syphilis, and Hepatitis B in Africa through enhanced political commitment, multi-sectoral collaboration, and strengthened healthcare systems amidst global economic challenges.

Objectives:

1. Share best practices and lessons learned from African countries on preventing vertical transmission and implementing the Triple Elimination framework.
2. Reaffirm and strengthen political commitment to the elimination of mother-to-child transmission of HIV, Syphilis, and Hepatitis B.
3. Foster multi-sectoral partnerships to support national EMTCT strategies and the Global Alliance to End AIDS in Children.
4. Identify gaps, opportunities, and priority actions for achieving the 95-95-95 targets for mothers and children by 2030.
5. Advocate for Domestic financing reforms to support African Health systems



H.E. Dr. Fatima Maada Bio (First Lady of Sierra Leone and President of OAFLAD) in a hearty handshake with H.E. Lordina Mahama (First Lady of the Republic of Ghana)

Expected Outcomes

- i. Strengthened Partnerships to advance the Global Alliance to end AIDS in Children and Triple elimination initiatives in Africa.
- ii. Renewed high-level commitment by African First Ladies and governments to EMTCT and the Triple Elimination Agenda.
- iii. Strengthened partnerships between governments, civil society, development partners, and communities to support country-level implementation.
- iv. Agreed roadmap outlining key action points to accelerate progress towards the 95-95-95 targets and elimination of mother-to-child transmission, as well as paediatric HIV services.

- v. Increased visibility and advocacy for OAFLAD's leadership role in supporting the health and rights of women and children.

Opening Remarks

In her welcome address, H.E. Lordina Mahama emphasized the moral and political responsibility of African First Ladies to protect the health and dignity of women and children. She called for a shift from advocacy to concrete implementation, stressing that the elimination of preventable infections in children is achievable through coordinated political will and sustained investment.

In his opening remarks at the opening ceremony of the OAFLAD meeting held at Jubilee House in Accra, Hon. Dr. David Pagwesese Parirenyatwa, President of the Society for AIDS in Africa (SAA) warmly welcomed all distinguished participants, with special recognition given to the First Ladies present. He paid tribute to their leadership and commitment to advancing health and social development across Africa. In particular, he acknowledged the presence of the First Lady of Ghana, H. E. Lordina Mahama and expressed appreciation for her continued advocacy and support for initiatives addressing HIV and broader public health priorities on the continent. He also recognized the OAFLAD Secretariat for the organization's leadership and collaboration over the years.

Dr. Parirenyatwa emphasized the long-standing partnership between the Society for AIDS in Africa and the OAFLAD Secretariat, noting that this collaboration has been instrumental in mobilizing high-level advocacy and leadership through the First Ladies' Forum traditionally convened during the International Conference on AIDS and STIs in Africa (ICASA). In line with this tradition, the First Ladies' meetings have been hosted alongside ICASA conferences, including most recently in Zimbabwe during ICASA 2023 at Victoria Falls, as well as during previous editions hosted in countries such as Côte d'Ivoire and Rwanda.

He further highlighted that the current meeting reflects the broader legacy of over 35 years of ICASA and the work of the Society for AIDS in Africa, which has continued to serve as a key continental platform for dialogue, policy engagement, and collaboration in addressing HIV, STIs, and emerging health challenges in Africa.

Dr. Parirenyatwa expressed appreciation to the Government and people of Ghana for hosting ICASA 2025, noting that Ghana is home to the permanent Secretariat of the Society for AIDS in Africa. He concluded by thanking the leadership and partners for their commitment to the success of the meeting and extended special appreciation to H.E. John Dramani Mahama, President of the Republic of Ghana, for his support and commitment to ensuring the successful convening of this important gathering in Accra.

The Burden of Preventable Transmission

Participants examined the continued transmission of HIV, Syphilis, and Hepatitis B during pregnancy, childbirth, and breastfeeding. Evidence presented highlighted that these infections are largely preventable through early screening, timely treatment, and integrated maternal health services. Data from global health agencies indicate that mother-to-child transmission rates can be reduced to below 5% when comprehensive interventions are effectively implemented.

National and Community-Level Responses

Ghana's experience in community outreach was presented as a model of effective practice. Through collaboration with the Ghana AIDS Commission, nationwide initiatives have expanded access to HIV screening and counselling, early diagnosis and treatment, community awareness programmes, and youth and family health education. These interventions were identified as critical in bridging service delivery gaps and improving access to essential health services.

Continental Leadership and Partnerships

H.E. Dr. Fatima Maada Bio underscored Africa's collective commitment to safeguarding maternal and child health. She described the triple elimination agenda as a moral promise to future generations and emphasized the importance of partnerships in strengthening health systems and expanding integrated services. The Organization of African First Ladies for Development reaffirmed its commitment to advancing universal access to high-quality Prevention of Mother-to-Child Transmission services under its 2025–2030 strategic framework.

Addressing Stigma and Social Barriers

Participants highlighted stigma and discrimination as major impediments to prevention and treatment uptake. Sustained community engagement, public education, and policy reform were identified as essential strategies to eliminate stigma and ensure equitable access to services for all women and children.

Key Messages

Participants emphasized that eliminating mother-to-child transmission of HIV, syphilis, and hepatitis B is achievable with coordinated political leadership and adequate resources. Women's leadership was recognized as central to shaping policy, mobilizing communities, and advancing rights-based health responses. Integrated maternal and child health services were identified as essential to achieving triple elimination, while stigma reduction was highlighted as a priority public health intervention. Strong partnerships at national, regional, and global levels were also recognized as critical to sustaining progress.

Outcomes and Commitments

Member states of OAFLAD present at the meeting reaffirmed their commitment to accelerate the implementation of triple elimination strategies across Africa. They pledged to expand access to integrated Prevention of Mother-to-Child Transmission services, strengthen community outreach and public education initiatives, promote policies that protect the rights of women and children, and enhance collaboration among governments, civil society, and global health partners.

Conclusion

The high-level side event demonstrated strong political leadership and continental solidarity in advancing the triple elimination agenda. African First Ladies reaffirmed their shared commitment to safeguarding maternal and child health and ensuring that no child is born with a preventable infection. The meeting reinforced the urgency of translating commitments into measurable action to achieve elimination targets by 2030.



From Left to Right: Ghanaian Queen Mothers, Hon. Dr. David Parirenyatwa, SAA President, H.E. Madam Kartumu Yarta Boakai (Liberia), H.E. Lordina Dramani Mahama (Ghana), H.E. Dr. Fatima Maada Bio (Sierra Leone, President of OAFLAD), H.E. Fatoumatta Bah Barrow (The Gambia), H.E. Mrs. Rachel Ruto (Kenya), H.E. Tobeka Stacie Madiba Zuma (Former First Lady of South Africa) and Winnie Byanyima UNAIDS Executive Director

High Level Meeting on Session on Traditional Medicine - “Strengthening the Role of Traditional Medicine in Primary Health Care in West Africa”



Group photograph of Speakers at the maiden edition of the High Level Meeting on Traditional Medicine: From Left to Right Dr. Aholofon Laurent Assogba, Former Deputy Director General, WAHO, Prof. Medegan Faglas-Jérôme, Director of Research at the University of Abomey-Calavi, Benin, Dr. Valentine Kiki Medegan, Representative of the President of the Republic National Council for the Fight against HIV/AIDS, Tuberculosis, Malaria, Hepatitis, STIs and Epidemics, Dr. Koudjo Tokpanou, National AMR Focal Person, Benin, and Mr. Luc Armand H. Bodea, ICASA Director

Background

Primary health care (PHC) remains the cornerstone of health systems in West Africa, including Ghana. However, the delivery of PHC continues to face challenges such as limited access to quality healthcare, inadequate infrastructure, high out-of-pocket costs, and human resource shortages. Against this backdrop, traditional medicine remains an essential and accessible form of health care for a significant proportion of the population.

The World Health Organization (WHO) estimates that up to 80% of people in developing countries rely on traditional medicine, particularly herbal remedies, for their primary health needs. However, the delivery of PHC continues to face challenges such as limited access to quality healthcare, inadequate infrastructure, high out-of-pocket costs, and human resource shortages. Against this backdrop, traditional medicine remains an essential and accessible form of health care for a significant proportion of the population.

In Ghana, herbal medicine plays a crucial role in the health-seeking behavior of communities, especially in rural and underserved areas. Despite this importance, the integration of herbal medicine into formal health systems remains weak due to limited research, regulatory gaps, and lack of collaboration between traditional healers and formal medical institutions.

The Society for AIDS in Africa, the organizers of the *International Conference on AIDS and STIs in Africa* (ICASA), in collaboration with the World Health Organization, organized a High-Level Meeting

(HLM) on the importance of and use of traditional medicine in strengthening primary health care in Africa. The aim of the HLM was to highlight the untapped potential of traditional medicine, promote evidence-based practices, and encourage investment and collaboration with formal medical systems to improve universal health coverage.

The goal of the HLM was to promote the integration and strategic use of traditional medicine in primary health care systems in Africa, thereby strengthening universal health coverage and improving health outcomes in Ghana and across the West African sub region.

The objectives of the HLM were:

- To highlight the role of traditional medicine in meeting primary health care needs in Ghana and the West African sub region.
- To identify best practices and lessons learned in the integration of traditional medicine into national health systems.
- To foster collaboration between traditional medicine practitioners, biomedical professionals, policymakers, and academic institutions to facilitate patents for traditional medicine.
- To advocate for increased investment in research, innovation, and regulation of traditional medicine for safe and effective use.
- To propose policy recommendations for sustainable integration of traditional medicine into PHC delivery frameworks.

The meeting comprised an Opening Session, an Overview session, an Expert Panel Discussion, and a Closing Session during which the recommendations were presented (Annex 1). Featured were technical updates, country experiences, and panel discussions. Experts presented research findings and policy updates on traditional medicine integration, followed by an interactive panel with stakeholders from government, academia, and traditional medicine practice. The meeting concluded with an adoption of key recommendations for advancing traditional medicine in PHC delivery.

Participants at the HLM included representatives of ministries of Health; Traditional Medicine Practitioners and Associations; Plant Medicine Research Institutions; WHO and other UN agencies; Academic and medical research institutions; Development partners and donors; Civil society organizations and community health networks; and the private sector and pharmaceutical companies investing in herbal products.

Opening Session

During the **Opening Session**, Hon. Dr. David Parirenyatwa, the President of the Society for AIDS in Africa, highlighted the importance and use of traditional medicine in strengthening primary health care in Africa as a large proportion of people in developing countries rely on traditional medicine, particularly herbal remedies, for their primary health needs.

Overview Session

In the presentations by the 3 speakers during the **Overview Session**, the participants were informed about how all countries in West Africa, except for, Cape Verde have traditional medicine desks under the ministry of health. For example, Nigeria, Togo and Benin have the Food and Drug Authorities but in other countries, several institutions collaborate to deliver the work of the Food

and Drugs Authority. In Ghana, the Traditional Medicine Practice Council (TMPC) is responsible for responsible for the regulation, control, and promotion of traditional and alternative medicine practices; the Traditional and Food and Drugs Authority (FDA) is responsible for medicines regulation, while the Alternative Medicine Directorate (TAMD) is responsible for policy formulation.

Information was also provided on how WHO has promoted worldwide, through various strategies, the integration of safe, evidence-based traditional medicine into health systems in general and into Primary Health care in particular, for sustainable healthcare since the Alma Alta Declaration in 1978, to the Astana Declaration in 2008 to the present move towards Universal Health Coverage.

The speakers highlighted the advantages of integrating TM into PHC. These include enhanced access and health equity, wider reach and cultural acceptability, and economic and systemic benefits. Specific country examples were given such as those with functional 2-Way referral systems: 5 (2000) to 17 (2023); those with graduate Medical Herbalists collaborating with Conventional Health Practitioners: 19 (2012) to 55 (2023); regional hospitals offering a choice of TM and biomedical treatment to patients: 7 (2023) to 14 (2025); and those with partial insurance coverage (only for TM products).

The speakers also highlighted the contribution of herbal plants to pharmaceuticals, including how about 40% of pharmaceutical products originate from traditional medicine knowledge, and how they are linked to modern drug development.

In addition, the speakers discussed several related challenges, including lack of safety and efficacy studies, weak regulation leading to inadequate standardization and indications, limited funding, infrastructure gaps, public misconceptions, and dwindling medicinal plant resources.

The speakers urged African countries to scale up integration pilots, invest in capacity building, and promote collaboration between traditional and biomedical practitioners and called on countries to expand herbal medicine units, include traditional medicine in National health Information Systems.



Cross section of speakers at the maiden edition of the High level meeting on Traditional Medicine, from left to right: Prof. Regina Appiah-Opong, NOGUCHI Memorial Institute of Medical Research, Professor of Toxicology, Clinical Pathology, University of Ghana, Prof. Kwame B.N. Banga, Chairman and Founder, NGO PRORESMAT, Prof. Omale Simeon, Professor of Clinical Pharmacology and Therapeutics, University of Jos, Prof. Isaac Julius Asiedu-Gyekye, Former Dean, School of Pharmacy, University of Ghana, Dr. Benedict Owusu. TMPC and Dr. Angela Ackon, WHO Ghana, with the Moderator Dr. Nicaise Ndembi, Deputy Director General, Regional Director of the International Vaccine Institute

Expert Panel Discussions

During the **Expert Panel Session**, country-specific examples of Traditional medicine in the areas of HIV and NCDs such as Hypertension, Diabetes and Cancer, were highlighted.

In discussing **Country perspectives on Traditional Medicine in Ghana**, it was noted that the Traditional Medicine Practice Council of the Ministry of Health of Ghana, as mandated by TMP Act of 2000 (Act 575), is playing a crucial role by promoting, controlling and regulating TM practice in Ghana. As a part of its regulatory mandate, it has about 85,000 registrations of Traditional and Alternative Medicine Practitioners comprising indigenous TMPs such as Herbalists, Faith Healers, Psychic Healers, Traditional Birth Attendants (TBA), Traditional Circumcisionists, Raw Material Dealers, Retailers and Wholesalers of Herbal Products.

Examples were given of how the Ministry of Health in Ghana were using various opportunities to promote the integration of TM into PHC, including pilot projects in combining HIV/NCD care with traditional medicine; the training of traditional healers in safe practice and record keeping; the partnerships between universities and institutions such as WHO to assess and validate herbal remedies; the strengthening of documentation and implementation of the "Nagoya Protocol"; and how the country was positioning itself as a leader in the integration of traditional medicine for Universal Health Coverage.

It was also observed that herbal medicine was widely used for hypertension and diabetes, with frequent use of plants such as *Moringa oleifera* and *Vernonia amygdalina*. In addition, traditional healers provide supportive therapies (pain relief, nutritional support) for Cancer care, while biomedical oncology remains the primary treatment approach.

Regarding **Traditional Medicine and HIV management**, research efforts to arrive at herbal preparations to boost the immune systems of Persons Living with HIV were highlighted. Information was presented on how a specific preparation in the laboratory led to very positive clinical results and non-transmission of the virus to sexual partners, with no evidence of toxicity. The speaker called on the Ministry of Health in Benin to strengthen research, development and regulation of herbal products for the management of HIV within the Primary Health Care system.

Regarding **Traditional Medicine and hypertension** in Ghana, it was noted that herbal medicines are widely used for hypertension management in the country and that this was driven by cultural beliefs and accessibility. Examples of herbs commonly used are *Prekese*, Moringa, Bitter leaves and Garlic.

The common preparation method was decoction by which plant parts such as leaves, roots, and bark are boiled in water, and then resulting liquid consumed for its therapeutic effects. However, dosages vary widely, with no standardized guidelines and patients often relying on traditional knowledge and personal experience, leading to inconsistencies in the amount and frequency of consumption.

Regarding **TM and diabetes**, it was noted that over 60% of Nigerians with diabetes reportedly use herbal or traditional remedies, often alongside prescribed drugs. Ethnobotanical surveys across different Nigerian states have identified 35–70 medicinal plant species traditionally used for managing diabetes. While Nigeria has a National Policy on Traditional, Complementary and Alternative Medicine (TCAM), but PHC-level adoption is minimal with most PHC centres lacking formal TM inclusion.

There are several gaps in the in the integration of TM for the management of diabetes in Nigeria, including weak policy implementation, inadequate regulation, and lack of standardized herbal products, lack of training of PHC workers on safe use of traditional medicine, evidence-based herbal therapies remain under-researched, restricting inclusion in treatment guidelines, with integration efforts are hindered by poor documentation, safety concerns, and weak collaboration between orthodox and traditional systems.

Regarding **TM in the management of cancer in Ghana**, it was noted that growing evidence on African medicinal plants with anticancer potential with complementary biological effects such as immune modulation, anti-inflammatory and antioxidant properties. Traditional medicine was often the first point of care for rural and underserved communities and was used by 70–80% of the population for primary care, as it was culturally accepted, trusted and accessible, and provides symptom relief & supportive care (pain, fatigue, appetite, stress). There was growing evidence on African medicinal plants with anticancer potential and in Ghana several have been cited including the mahogany family (bark, leaves), Christmas bush (leaves), bitter leaf (leaves), neem tree (leaves, bark), brimstone tree (bark, roots), Negro pepper (fruit), and violet tree (roots, bark).

It was emphasized that in cancer care, TM offers great potential for symptom relief, quality-of-life improvement, and community-based early detection when properly regulated and researched and that there was the need to build an African model of integrated cancer care rooted in our knowledge, regulated by science, and driven by community needs.

In the area of **strategic investments in herbal medicine**, it was noted that the industry is undeniably a well-paid business in the world market today. The major drivers included the growing awareness of some side effects of synthetic drugs; provision of personalized and holistic healthcare; promoting traditional medicine via government initiatives; facilitation of direct-to-consumer (D2C) sales and tele-herbal consultations/market by digitalization. It was observed that the African herbal medicine industry has a substantial potential not only for economic growth or poverty alleviation, but for youth employment and the potential to compete globally and that African governments should form boards to brainstorm and maximize gains from herbal medicine in global trade and primary healthcare. The speaker underscored the importance of pharmacovigilance of herbal medicines in the development of reliable information on the efficacy and safety of herbal medicines and called for increased and consistent funding into medicinal plant research. She called on governments to lead efforts towards the promotion of the cultivation of medicinal plants facing extinction, including the adoption of policies to replace harvested medicinal plants.

All the country experiences showed gaps and challenges. These include the following:

- More than 80% of Africans use traditional medicine, yet PHC-level integration remains limited.
- General lack of support by governments and integration remains low with most PHC centres lacking formal TM inclusion.
- Weak policy implementation.
- Inadequate regulation, and lack of Standard Operating Procedures and standardized herbal products.
- Safety concerns – heavy metal contamination and potential herb-drug interactions highlight the need for regulatory oversight and quality control.
- Lack of training of PHC workers on safe use of traditional medicine.

- Evidence-based herbal therapies remain under-researched, restricting inclusion in treatment guidelines.
- Integration efforts are hindered by poor documentation, safety concerns, and weak collaboration between orthodox and traditional
- Fragmented regulation across ECOWAS countries
- Extinction of medicinal plants via overexploitation, indiscriminate collection, uncontrolled deforestation and habitat destruction

Key Recommendations

The key recommendations made by the High-Level Meeting were:

- Governments and partners should work together to move TM from the margins to the mainstream of our health systems, supported by science, regulation, and innovation.
- The following strategic investments need to be made:

Research & Development

- i. Strengthen regulation and certification mechanisms
- ii. Development of standardized extracts is crucial for consistent potency and safety
- iii. Increasing investments in R&D is crucial in establishing safe and efficacious plant medicines - all herbal formulations must be clinically validated
- iv. Innovations in delivery forms (capsules, gummies, teas, transdermal, nano-extracts)

Cultivation and Supply Chain

- i. Sustainable sourcing of medicinal plants – Re-planting
- ii. Contract farming and cultivation of high-demand herbs
- iii. Investments in post-harvest processing and quality control labs

Manufacturing and Technology

- i. GMP-certified facilities must be established for herbal production
- ii. Various extraction technologies must be explored

Branding and Market Expansion

- i. Various extraction technologies must be explored
- ii. Positioning herbal products as premium wellness solutions.
- iii. Product diversification: immunity boosters, stress relief, sleep aids, digestive health
- iv. Omni-channel marketing: e-commerce, pharmacy retail, wellness centers

- SAA and WHO should work together to develop joint advocacy activities to promote the integration of Traditional Medicine into Primary health care.
 - i. Define short-term and long-term actions for integrating Traditional medicine into Primary health care.
 - ii. Establish channels for continuous stakeholder engagement and progress tracking.
- SAA should include strategic discussions on Traditional Medicine in future ICASAs.

“Africa in Action: Thirty-Five Years of ICASA/SAA – From Advocacy to Sustainable Integration in Health Responses”

Background and Rationale

For thirty-five years, the Society for AIDS in Africa (SAA) and its flagship convening, the International Conference on AIDS and STIs in Africa (ICASA), have served as the continent’s premier forum for advocacy, knowledge exchange, political mobilization, and community leadership in the HIV response. ICASA has provided a unique space where African scientists, civil society leaders, governments, and development partners meet to shape policy, showcase innovations, and demand accountability.

This landmark anniversary coincides with a period of profound transition. On one hand, Africa has seen tremendous progress: expanded treatment coverage, reduced new HIV infections, and strengthened civil society leadership. On the other, new realities are reshaping the landscape: declining external donor resources, the persistent burden of TB and Malaria, the growing challenge of non-communicable diseases, the climate crisis, and recurrent humanitarian emergencies.

African governments are advancing far-reaching **health sector reforms** from the **Nigeria Health Sector Renewal Initiative to Ghana’s Medical Trust Fund Initiative (Mahama Care), South Africa’s National Health Insurance reforms, and Kenya’s Universal Health Coverage agenda just to name few**, that aim to secure sustainable financing, integrate services, promote local drug manufacturing, and expand social protection. These reforms are essential to ensuring that progress against HIV, TB, and Malaria is not reversed as global funding tightens.

ICASA 2025 provides a pivotal opportunity to both **honor the 35-year legacy of ICASA and SAA and to chart the way forward**, aligning continental aspirations with the AU 2063 Agenda and UNAIDS *Global AIDS Strategy 2021–2026: End Inequalities, End AIDS* and broader health system renewal efforts

Objectives of the High-Level Panel

- i. **Celebrate the legacy** of ICASA and SAA in advancing advocacy, research translation, and community empowerment across Africa’s HIV response.
- ii. **Highlight the roles of African governments** in shaping and sustaining health programs, linking ICASA’s advocacy legacy to present-day national health reforms and sustainability agendas.
- iii. **Examine the changing financing landscape** and its implications for HIV, TB, and Malaria programs in Africa.
- iv. **Identify future strategic directions**, grounded in the Global AIDS Strategy, with emphasis on integration, resilience, and rights-based approaches.
- v. **Produce a collective Call to Action** that sets out priorities for governments, donors, civil society, and regional institutions to ensure sustainability and equity in the next decade.



Sir Dr. Peter Piot, Former Director General WHO and Former UNAIDS Executive Director, delivering his remarks

Opening reflections by Dr. Peter Piot

The sessions opened with a historical reflection by Dr. Peter Piot, framing the evolution of Africa’s HIV response and the foundational role of ICASA within it. His remarks situated the sessions within a broader political and moral journey, from denial and silence to action, access, and accountability.

Dr. Piot recalled the early years of the epidemic as a period marked by stigma, fear, and political reluctance, emphasizing that denial proved as dangerous as biomedical uncertainty. He referenced pivotal continental moments, including early OAU engagements on HIV, noting that decisive African political leadership was rare but transformative. It was within this context, he explained, that ICASA emerged, beginning with the first conference in Kinshasa in 1990, as an assertion of African ownership over the HIV discourse.

He emphasized that ICASA was never intended to be a purely scientific forum. From its inception, it functioned as a political platform that deliberately connected science to advocacy, policy reform, and access to life-saving interventions. Progress, he stressed, occurred not through science alone, but through the convergence of evidence, activism, community mobilization, and sustained political pressure, particularly led by people living with HIV.

Dr. Piot cautioned against complacency in the current era of financing uncertainty and geopolitical shifts, warning that hard-won gains remain reversible. He concluded by reaffirming ICASA’s enduring relevance as a space capable of forging African consensus, sustaining accountability, and translating commitments into action; setting a clear tone for the reflections and strategic discussions that followed.



From Left to Right: Mr. Innocent Laison, Chair ITPC West Africa, Prof. Nkandu Luo, ICASA 1999 President and SAA Former Vice President, Prof. Sheila Tlou, SAA Trustee and Former Minister of Health, Botswana, Dr. Samuel Okware, ICASA 1995 President, Dr. Pierre M'Pele, Second SAA President (1995 to 2005) and Prof. Souleymane Mboup, ICASA 1991 & 2008 President

Session One

Foundations and Legacies – 35 Years of ICASA and SAA

The first session was intentionally retrospective but not nostalgic. Its purpose was to recover institutional memory, document the political and social struggles that shaped Africa's HIV response, and extract lessons relevant to the present moment.



Professor Souleymane Mboup, ICASA 1991 & 2008 President, delivering his remarks

Professor Souleymane Mboup anchored the discussion on the *origins and catalytic role* of ICASA and SAA. He recalled the early 1990s context in which HIV was denied across much of the

continent, highlighting the first ICASA conference in Kinshasa (1990) and the formation of platforms such as the Society of Women and AIDS in Africa (SWAA) in Dakar (1991). He emphasized that ICASA was born as an African assertion of ownership ensuring that African science, data, and lived experience shaped global discourse. He underscored that ICASA’s greatest strength lay in its ability to convene scientists, activists, and policymakers in a single political space.



Prof. Sheila Tlou, SAA Trustee and Former Minister of Health, Botswana, delivering her remarks

Professor Sheila Tlou reflected on *advocacy, gender, and human rights*, and her intervention powerfully traced how gender inequality and stigma were initially ignored dimensions of the epidemic. Drawing from her work with SWAA and later as Minister of Health in Botswana, she demonstrated how evidence-informed advocacy translated into political action, including Botswana’s unprecedented commitment of over 20% of the national budget to health. She emphasized that ICASA helped legitimize women’s leadership and repositioned HIV as not only a biomedical crisis but a social justice issue.



Prof. Nkandu Luo, ICASA 1999 President and Former SAA Vice President delivering her opening remarks

Professor Nkandu Luo, contributing on *science and policy translation*, reflected on ICASA’s role in transforming scientific evidence into political demand particularly around access to antiretroviral therapy and PMTCT. She noted that science alone was insufficient; ICASA provided the bridge that ensured people benefited from scientific advances. She also highlighted the introduction of Community Villages at ICASA 1999 in Lusaka as a turning point in centering lived experience alongside science.



Dr. Samuel Okware, ICASA 1995 President, delivering his remarks

Dr. Samuel Okware focused on *challenges and resilience*, recalling the early epidemiological uncertainty, sociocultural barriers, and masculinity norms that complicated prevention efforts. He emphasized that early African responses succeeded not because of resources, but because of adaptive leadership, community credibility, and pragmatic risk communication. He stressed that the

epidemic disproportionately affected Africa's productive population, making political inaction untenable.

Collectively, Session One reaffirmed ICASA as an engine that bridged science, policy, communities, and accountability, and concluded with a strong call for intergenerational renewal of leadership and advocacy.



Dr. Pierre M'Pele, Second SAA President (1995 to 2005), delivering his opening remarks

Dr. Pierre M'Pele, addressing *governmental leadership*, reflected on how ICASA platforms challenged African governments to move from denial to action. One of the earliest examples of ICASA's policy influence emerged during **ICASA 1997 in Abidjan**, where African stakeholders strongly advocated for equitable access to life-saving antiretroviral (ARV) treatment. Participants rejected the notion of a two-tier system in which Africans would receive inferior or delayed treatment and demanded fair access to modern HIV therapies. The advocacy momentum generated at the conference contributed to the launch of the **Access to Treatment Solidarity Fund** by **French President Jacques Chirac**, an initiative that later helped inspire the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The conference in **Lusaka in 1999** exposed critical gaps in political commitment to the HIV response. For the first time, no African Head of State attended the opening ceremony of ICASA, a development that drew strong criticism from activists, people living with HIV, community leaders, and international media. The absence sparked widespread debate and challenged African governments to demonstrate stronger leadership and accountability in addressing the epidemic.

This pressure contributed to a historic turning point in **2001**, when African leaders convened a Special Summit of the African Union dedicated to HIV/AIDS. Led by **President Olusegun Obasanjo**, the summit strengthened continental advocacy and accountability and resulted in the landmark **Abuja Declaration on Health**, through which African countries committed to allocating at least 15 percent of national budgets to the health sector. The summit also led to the

establishment of **AIDS Watch Africa**, a high-level platform of Heads of State tasked with sustaining political leadership and monitoring progress in the fight against HIV/AIDS across the continent.

That same year, **ICASA Ouagadougou 2001** reaffirmed the central role of communities in the HIV response. The conference emphasized that people living with HIV and affected communities should not be seen merely as recipients of services but as essential partners and agents of change in prevention, treatment, and care efforts. This shift helped strengthen community-driven approaches and reinforced the principle that effective responses must be grounded in the lived experiences of those most affected by the epidemic.

By the time of **ICASA Abuja 2005**, African leadership had become more firmly institutionalized. The conference reinforced the continent’s commitment to the **“Three Ones” principle**; one national coordinating authority, one national strategic plan, and one monitoring and evaluation framework for HIV programs. During the conference, **President Olusegun Obasanjo** and UNAIDS Executive Director Dr. Peter Piot signed an agreement establishing the **African Centre for HIV/AIDS Management (ACHAM)**, further strengthening African capacity to manage and coordinate HIV responses across the continent.

Session Two:

Future Frontiers – Strategic Directions for Sustainable and Integrated Responses



Group photograph with the panelists and moderator, Dr. Yinka Falola-Anoemah, Director of Performance Management and Resource Mobilization, National Agency for the Control of AIDS, (NACA), Dr. Cheikh Eteka Traore, Director, Centre for Population Health Initiative (CPHI), Dr. Nonhlanhla Ignatia Ndlovu, Deputy Director-General: HIV, AIDS, TB and MCWH, National Department of Health, South Africa and Mr. Innocent Laison, Moderator

The second session was explicitly future-facing, designed to confront current and emerging threats to Africa’s HIV response and define ICASA’s strategic role in a changing global context.

National reform leaders: including senior officials from Nigeria, South Africa, and Ghana, articulated how initiatives such as health sector renewal programs, health insurance reforms, and domestic resource mobilization strategies are reshaping the sustainability landscape. These contributions reinforced that domestic financing must be accompanied by greater transparency, accountability,

and community oversight, including zero tolerance for corruption. Civil society and community voices stressed that curative care alone will not end AIDS, and that localization, community empowerment, and social protection must remain central. The role of data, innovation, and emerging technologies was framed as an enabler of community-led solutions, not a substitute for political will.



Dr. Michel Sidibé, African Union Special Envoy for the African Medicines Agency (AMA)

Dr. Michel Sidibé was invited to contribute to this session and framed the discussion by asserting that ICASA must once again play the role it played during the era of denial, this time in confronting complacency, fragmentation, and financing uncertainty. He emphasized that ICASA is uniquely positioned to forge continental consensus and translate political commitments into measurable action, particularly around financing and equity.

Contributions from national and regional leaders highlighted the urgent need for system reform. Speakers emphasized that donor-driven parallel systems are no longer sustainable and that infectious disease programs must be integrated with primary health care, mental health, and NCD services. Concerns were raised about excessive commercialization of health services and inequitable financing patterns, particularly the underinvestment in primary health care despite its central role in prevention and community engagement.

The session concluded with a strong consensus that ICASA must evolve from a disease-focused convening to a broader health and rights platform, driving integration, localization, and African health sovereignty while remaining firmly rooted in community accountability.

Conclusion

Together, the two sessions positioned ICASA@35 not only as a commemoration of past achievements, but as a strategic reset. They reaffirmed ICASA's historic mandate while clearly articulating its future role as a continental engine for accountability, integration, and intergenerational leadership in Africa's HIV and broader health systems response.

ICASA 2025 Community Village



Yvette Raphael, ICASA 2025 Community Programme Committee Chair with Anne Githuku-Shongwe, Director, UNAIDS Regional Support Team, East and South Africa, Daughtie Ogutu, ICASA 2025 Community Village Coordinator, and Representatives of Civil Society organisations



Delegates interacting at the ICASA 2025 Community Village

The heartbeat of ICASA 2025 was the Community Village, designed to place communities at the heart of Africa’s health response. The Village was conceptualized as a dynamic, inclusive, and interactive space for People Living with HIV (PLHIV), Key Populations, youth, women, faith-based groups, ageing persons, community leaders, civil society organizations, and other grassroots actors.

The Village’s purpose was multi-fold: to amplify lived experiences; to facilitate sharing of innovations and best practices; to catalyze solidarity across different constituencies; to merge cultural expression with health advocacy; and to complement the scientific, policy, and leadership tracks of ICASA through community-driven, people-centered engagement.

Attendance & Participation

The Community Village was open to both registered delegates and the general public, consistent with the model outlined on the ICASA 2025 website for accessible, community-based engagement.

The Village provided an important inclusive platform, especially for individuals who might not have been able to register for the full conference but wished to engage with peers, access information, and join community-led dialogues. This reflects SAA's vision that the Village be "open to the general public and delegates."

1,250 international delegates and 600 local delegates participated at the community village between 4–8 December 2025. This included community activists, PLHIV, youth leaders, sex workers, ageing PLHIV, faith-based activists, women's rights advocates, and civil society representatives.

Major Highlights

Networking Zones & Session Delivery

The Community Village was organized around multiple **Networking Zones** (thematic spaces) aligning with the structure envisioned by the ICASA 2025 Community Programme Committee.

- **Faith Based Organizations Zone 1:** Facilitated intergenerational dialogues, faith-based stigma reduction workshops, and reflections on how religious and spiritual communities can support inclusive HIV, TB, and Malaria responses. These sessions were highly engaging and resonate with broader efforts at ICASA 2025 to integrate human rights, community voices, and cultural context in health responses.
- **Female Sex Workers Zone 2:** Conducted sessions focused on human rights, criminalization, access to services, and transitions in HIV care. These sessions provided vital space for sex workers to speak candidly about their experiences, advocate for rights, and explore access to prevention and treatment in a supportive environment.
- **Ageing & HIV Zone 3:** Delivered crucial dialogues around ageing with HIV, long-term treatment adherence, comorbidities, social protection for older PLHIV, and intergenerational solidarity. Such sessions addressed a frequently under-represented population older PLHIV and gave voice to their unique challenges and resilience.
- **Youth Zone 4:** Delivered energetic, interactive sessions. Activities included a youth-led HIV awareness football-drill, mental health and adolescent sexual health workshops, substance use prevention discussions, and peer-based advocacy training. The Youth Zone exemplified ICASA's recognition of youth as critical change-makers in Africa's health response.
- **Women's Zone 5:** This stood out as the **most decorated, colorful, and visually engaging area** of the Village. Sessions included menstrual health education, empowerment workshops, storytelling and lived experience sharing, power-mapping exercises (identifying power structures and pathways for advocacy), rights awareness, and creative cultural performances. The ambiance was warm and transformative the décor, diversity of participants, and session content combined to create a space of solidarity, healing, and collective voice.
- **TB, Hepatitis C and Malaria Zone 6:** Delivered a single session on community-led advocacy around TB, Malaria, and hepatitis. The session touched on integrated care, community screening access, and stigma reduction. However, due to constraints (space, scheduling, volunteer capacity), further planned sessions could not take place.

- **Key Populations Zone 7:** Regrettably, no sessions were conducted. Presenters scheduled for this zone were unable to attend due to **funding constraints**, which prevented travel or accommodation. This resulted in a major gap for a group; Key and vulnerable populations, whose voices are central to the inclusive and rights-based agenda of ICASA.
- **Diaspora Zone:** Regrettably, no sessions were conducted. Presenters scheduled for this zone were unable to attend due to **funding constraints**, which prevented travel or accommodation.

Opening Ceremony — Community-Led Resilience in Action

Official Opening Disruption

The official opening ceremony scheduled for **4 December 2025** did not occur as planned due to unforeseen logistical delays. This disruption threatened to undermine visibility and morale among community participants, especially those arriving on the first day.

Community-Led Opening Ceremony - A Powerful Show of Ownership

In response, the community led by the Community Programme Committee Chairperson Yvette Raphael, Daughtie Ogutu, ICASA 2025 Community village coordinator, and a number of zone coordinators and volunteer networks organized a **community-led opening ceremony** on the morning of **5 December**. This impromptu yet deliberately orchestrated ceremony became a highlight of the Village:

The event was graced by senior regional leaders from UNAIDS, the Regional Directors for East & Southern Africa Anne Githuku Shongwe and for West & Central Africa Susana Kasedde who formally opened the Community Village sessions alongside the zone coordinators.

The community-led nature of the opening underlined the Village's fundamental principle: that communities should lead their own dialogues, represent their own voices, and claim agency in health and policy spaces.

This grassroots initiative restored confidence among participants and clearly demonstrated solidarity, resilience, and ownership.

Official SAA/ICASA Board Opening & Community Awards

Later that same day, the SAA / ICASA Board held the official opening event. This formal ceremony included a **Community Awards segment**, recognizing long-term contributors and supporters from community, scientific, and leadership backgrounds. Among the awardees were two Ghanaian health experts honored for their work over decades a symbolic nod to Ghana's role as the first host country for ICASA 2025.

The awards plaques and certificates affirmed not only individual commitment, but also the long-standing collaboration between scientific, government, and community actors in Africa's integrated health response.

Broader Alignment with ICASA 2025 Vision & Conference Theme

The Community Village fulfilled and in several respects exceeded its envisioned role as outlined in the content of the official ICASA 2025 call for proposals. The Village served as:

A **bridge between lived experience and policy**: community voices, personal testimonies, and social realities were woven into the broader narrative of integrated responses to HIV, TB, Malaria, and emerging health threats.

A **space for inclusion, solidarity, and human rights**: through zones for women, youth, ageing PLHIV, sex workers, faith actors, and other marginalized or vulnerable populations, the Village embodied ICASA’s core principle that “communities must lead.”

A **platform for innovation, culture, and community-led advocacy**, with empowerment workshops, storytelling, peer-based education, youth-led creativity, and rights-centered dialogues complementing the scientific sessions.

A **safeguard against exclusion**; by being open to the general public and not limited to paying delegates, the Village helped ensure that grassroots voices, especially from local communities in Ghana were heard and represented.

In the broader context of ICASA 2025’s aim to “catalyze Africa’s progress towards triple elimination and build sustainable resilient health systems,” the Community Village contributed social capital, human stories, community trust, and a rights-based grounding that complements scientific and policy work.

Challenges & Lessons Learned

Despite the successes, several structural and operational challenges emerged. These must be taken into account to strengthen future Community Villages.

- **Infrastructure & Space Constraints**

The Community Village structure was **not built to full planned scale**. As a result, space was insufficient to accommodate all zones separately. Some zones had to **share facilities**, while several booths (confirmed during registration) remained **empty**, resulting in under-utilized potential.

This spatial limitation constrained scheduling, session timing, and audience flow, reducing overall coverage of planned activities.

- **Funding/Resource Limitations — Impact on Key Populations Zone**

The **Key Populations Zone**, intended to host sessions for marginalized groups had zero activity because presenters were unable to travel due to funding constraints. This reflects a critical gap: without adequate funding support for travel and logistics, important constituencies can be excluded despite conceptual inclusion.

For future Villages, dedicated funding or travel scholarships for key population presenters (sex workers, marginalized communities, PLHIV groups) must be secured in advance.

- **Coordination Complexity & Volunteer Dependence**

Given the space constraints and last-minute adjustments (e.g., community-led opening), coordination required high flexibility. Scheduling, zone-sharing, and logistical re-arrangements added complexity.

The volunteer team played a **crucial but overburdened role**; while they delivered admirably, the intensity of management, crowd flow, and coordination calls for more structured volunteer support, clearer roles, and contingency planning in future.

- **Missed Opportunities for Full Programming**

Some planned sessions, especially in TB/Hepatitis/Malaria and Key Populations Zones did not materialize (or were limited), meaning that the Village did not fully deliver on the nine-zone vision initially promoted on the ICASA 2025 call for proposals.

This reduced the breadth of representation and limited opportunities for integrated dialogue across all targeted constituencies.

Impact & Significance

In spite of operational challenges, the Community Village demonstrated:

- **Community leadership and agency:** The community-led opening ceremony showed that when given the mandate, communities can self-organize, lead advocacy, and create space.
- **Inclusivity and empowerment:** The Village gave voice to a wide diversity of participants, women, youth, ageing PLHIV, sex workers, faith-based actors, and grassroots civil society, many of whom otherwise might not have had direct access to ICASA's decision-making spaces.
- **Bridging grassroots and high-level policy:** By situating lived experiences alongside scientific and policy dialogues, the Village served as a bridge, ensuring that global health commitments and regional policy frameworks remained connected to real people's lives.
- **Strengthening African health sovereignty narrative:** The Village contributed to the larger ICASA 2025 narrative highlighting that ending AIDS, TB, and Malaria is not only a matter of science, but of community ownership, social justice, rights, and integrated, sustainable health systems.

Recommendations for Future ICASA Community Villages

- **Ensure venue infrastructure matches planned scale:** The Community Village should have enough floorspace/booth space to accommodate all nine zones (or more) separately. This should be finalized **before** zone assignments and exhibitor confirmations.
- **Establish a dedicated funding or travel-support stream for Key Populations and marginalized communities:** To guarantee representation of sex workers, PLHIV, Key populations, and other vulnerable groups regardless of their financial capacity.
- **Strengthen volunteer coordination and pre-planning:** Develop a detailed volunteer plan with clear roles, shifts, contingency plans, and support systems to manage crowds, scheduling, zone sharing, and unexpected adjustments.
- **Integrate Community Village programming with the main conference schedule and publicity:** Ensure that community-led sessions are clearly visible in the main conference programme, and promoted alongside scientific sessions (on website, social media, pre-conference materials) to boost awareness, turnout, and cross-constituency participation thereby reinforcing ICASA's holistic, integrated approach to health and human rights.
- **Prioritize contingency planning for key events (e.g. opening ceremony):** Given logistical uncertainty, ensure there is a backup plan (community-led or otherwise) for major events to avoid loss of momentum or morale.
- **Enhance data collection and monitoring of Village activities:** Track attendance per session, qualitative feedback, and session outcomes. This data will help measure impact, inform future planning, and support advocacy for community-led health responses.
- **Strengthen visibility of Community Village outcomes:** Document stories, testimonials, photos, community voices, session highlights, and share these on official ICASA / SAA platforms and social media. This will amplify the reach of grassroots voices and strengthen the narrative that communities are central to Africa's health future.

Conclusion

The ICASA 2025 Community Village though challenged by infrastructural and resource constraints ultimately delivered a powerful, community-led, inclusive, and resonant contribution to the broader aims of ICASA 2025. Through vibrant networking zones, grassroots dialogue, youth energy, women's leadership, intergenerational solidarity, and an inspiring community-led opening, the Village reaffirmed that **communities are not passive recipients of health policy; We are the drivers, leaders, and heart of sustainable health and social justice in Africa.**

As we look ahead, incorporating the lessons learned and strengthening support for community-led spaces will be critical to ensuring that future ICASA editions continue to reflect Africa's diversity, rights-based values, and collective leadership.

Youth Programme



Dr. Sangu Delle, representing the Minister of Youth Development and Empowerment, Ghana, at the Opening ceremony of the ICASA 2025 Youth Pre-Conference

The ICASA 2025 Youth Programme was implemented as a strategic pillar of the Conference, positioning young people as co-architects of Africa’s health response. Anchored in the youth theme, “Generation Resilient: Reimagining Leadership, Health, and Justice in Africa’s Response,” the programme operationalised youth leadership within the broader ICASA 2025 theme: “Africa in Action: Catalysing Integrated Sustainable Responses to End AIDS, TB and Malaria.”

Youth engagement was informed by the disproportionate burden of HIV among young people across Africa, rising infection trends in several countries, shrinking civic space, and the growing centrality of digital platforms in shaping youth behaviour and mobilisation. The Youth Programme therefore emphasised integrated responses, youth-led innovation, digital accountability, community-driven monitoring, and intergenerational partnership.

Youth Programme Architecture

- **Youth Pre-Conference**

Held on 3 December 2025 at the Accra International Conference Centre, the Youth Pre-Conference convened young leaders from across Africa for skills-building workshops, intergenerational dialogue, creative sessions, and strategic positioning ahead of the main conference. A few dignitaries graced the programme, from the ICASA 2025 President, Dr. David Parirenyatwa, Mr. Luc Armand H. Bodea, ICASA Director, Dr. Sangu Delle, representing Hon. George Opare Addo, Minister for Youth Development and Empowerment and Dr. Wilfred Ochan, the UNFPA Country Representative for Ghana. Despite time constraints, the forum achieved strong continental representation, clear articulation of digital mobilisation as a prevention imperative, and identification of systemic gaps in youth-focused strategies.

- **Youth-Led Special Sessions**

As has been the strategy since ICASA 2021 South Africa, four youth-led special sessions were incorporated into the official ICASA 2025 programme following a structured selection and vetting process. The sessions addressed HIV and STI prevention and care; TB, Malaria and climate resilience; Sexual and Reproductive Health and Rights (SRHR); youth-led health innovation; health systems strengthening and anti-stigma advocacy. Youth contributions were policy-relevant and evidence-informed, though session duration limited deeper thematic engagement.

- **ICASA 2025 Youth Caravan - 'Voices on the Move'**

The Youth Caravan (20 November – 2 December 2025) travelled from Nigeria through Benin and Togo to Ghana, mobilising regional youth engagement through dialogue, cultural exchange, and community outreach ahead of the conference.



Governance and Coordination

The Youth Programme operated under delegated leadership of the ICASA 2025 Youth Programme committee, which was led by both the International and Local Youth Coordinators, providing real-time coordination, institutional interface with the ICASA International Secretariat, and stakeholder engagement support with strategic oversight from the ICASA Director to select proposals and implement these sessions across the 3 main categories of the youth programme. A key institutional lesson was identified: Youth leadership must be embedded at the point of programme design and governance decision-making, not solely at the point of delivery.

Key Outcomes and Impact

- Strong continental youth representation and legitimacy within ICASA spaces.
- Policy-relevant advocacy on integrated HIV, SRHR, TB, Malaria and climate responses as well as Health system strengthening mechanisms tailored for youth led operationalisation.
- Recognition of digital mobilisation as a core public health strategy.
- Establishment of a Post-ICASA Youth Coordination Team to sustain engagement.

Challenges and Lessons Learned

Challenges included limited time allocation, compressed session schedules, long approval processes, and insufficient structured digital amplification and communication around the youth programme. These lessons provide a foundation for strengthening youth integration in future ICASA editions.

Recommendations

- Establish a full-day Youth Pre-Conference programme.
- Include youth leadership in early-stage programme design.
- Integrate structured digital advocacy and communication into programme design.
- Strengthen early and inclusive regional outreach especially towards the organization of the youth caravan.

Conclusion

ICASA 2025 affirmed youth leadership as an operational necessity for Africa’s integrated and sustainable health response. The Youth Programme demonstrated resilience, innovation, and strategic clarity. The imperative moving forward is institutionalization ensuring youth leadership remains embedded within ICASA’s long-term governance and continental health architecture and unfolding the youth programme during the planning meetings leading to the climax of ICASA.



Youth participants at the ICASA 2025 Youth Pre-conference with Shawn Dalmas (Middle), ICASA 2025 International Youth programme coordinator

Communication and Social Media



Members of the ICASA 2025 Communication and Social Media Team

The Communications and Social Media operations of ICASA 2025 played a central role in amplifying the Conference’s continental and global visibility. Beyond documentation, the Communications Team functioned as a strategic instrument for agenda dissemination, stakeholder engagement, and narrative framing aligned with the Conference theme.

The team comprised Communications Officers, Social Media Personnel, Reporters, Rapporteurs, and representatives from multiple media houses. Their mandate extended across documentation, live dissemination, press coordination, digital engagement, and institutional branding of both ICASA and the Society for AIDS in Africa (SAA).

Daily Session Reporting and Knowledge Capture

Structured daily ‘10 Key Points’ reports were compiled at the end of each day’s sessions. These reports included concise summaries of major discussions, key policy recommendations, high-level quotes, and curated photographic documentation. This approach strengthened institutional memory and ensured that critical messages were captured accurately.

A review and approval mechanism prior to publication enhanced quality control and message coherence. Selected highlights were simultaneously disseminated in real time across digital platforms, enabling continuous public engagement.

Plenary Coverage and Media Engagement

The Communications Team maintained presence across all plenary sessions, ensuring comprehensive documentation and immediate post-session engagement. Speakers were facilitated for interviews and photography, and multimedia content was processed for website and social media publication.

Media houses amplified key messages through television, radio, print, and digital platforms, extending ICASA 2025's reach beyond the conference venue.

Press Conference Coordination and Governance

A dedicated Press Conference Desk was established within the Media Centre to manage scheduling and coordination, preventing conflicts with official programmes. Major press conferences, including the ICASA 2025 launch and the AJAID launch, were live-streamed and widely covered.

Strategic Programme Amplification

Priority events including the Opening Ceremony, SAA @ 35 Years celebration, Traditional Medicine Plenary, OAFLAD advocacy session, and high-level partner meetings were comprehensively covered. These sessions aligned with ICASA 2025's strategic focus on domestic financing, integrated systems, and manufacturing sovereignty.

Social Media Reach and Digital Visibility

Over 390,000 individuals were reached through social media posts, with significant engagement across Facebook, X, Instagram, and LinkedIn. Live-streamed sessions ensured accessibility beyond physical attendees.

Real-time blogging and posting strengthened transparency and broadened access to key deliberations.

Institutional Impact and Strategic Value

The Communications Team significantly enhanced continental and global visibility of ICASA 2025. Coordination between rapporteurs, communications officers, and digital teams ensured coherent information flow.

Areas for Strategic Strengthening

- Development of a quantified post-conference media impact report.
- Development of a six-to-twelve-month post-ICASA communication strategy.
- Enhanced analytics tracking for policy engagement.

Conclusion

The Communications and Social Media operations of ICASA 2025 were executed with professionalism and strategic coordination. As ICASA evolves, communications must increasingly transition from visibility generation to structured policy influence and institutional leverage.

Early Warning System for Inclusion and Safety



Background and Rationale

In preparation for the International Conference on AIDS and STIs in Africa (ICASA) 2025, the conference management introduced an Early Warning System (EWS) as a proactive mechanism to enhance participant safety and ensure an inclusive conference environment.

The initiative was informed by discussions emerging from the ICASA 2023 Conference in Zimbabwe, where stakeholders particularly representatives of Key populations raised concerns regarding the safety and protection of vulnerable groups participating in international conferences. In response, the ICASA Secretariat initiated the development of an Early Warning System aimed at strengthening conference principles on zero tolerance for violence, discrimination, and harassment while ensuring that all delegates could safely participate in conference activities.

The system was designed to identify potential risks before and during the conference, facilitate rapid response to incidents, and promote inclusive access to conference spaces, particularly for vulnerable and marginalized participants.

Objectives of the Early Warning System

The Early Warning System implemented during ICASA 2025 aimed to:

- Strengthening the conference's commitment to zero tolerance for discrimination, harassment, and violence, particularly against key and vulnerable populations.
- Establish mechanisms to prevent, identify, and respond to incidents affecting participants at the conference venue and designated hotels.
- Promote inclusive access to conference spaces, including improved navigation and accessibility for participants with disabilities, particularly those with visual impairments.

Implementation During ICASA 2025

During the conference planning phase, several key actions were undertaken to operationalize the Early Warning System:

- **Development of the Early Warning Framework:** A structured framework was developed to guide monitoring, reporting, and response to incidents of discrimination, harassment, or safety risks during the conference.
- **Establishment of a Rapid Response Mechanism:** A rapid response approach was introduced to enable timely identification and management of incidents affecting participants within the conference venue and designated hotels.
- **Accessibility Considerations:** Plans were initiated to include directional and accessibility signage to support participants with visual impairments in navigating conference facilities.
- **Sensitization of Key Personnel:** Protocols were developed to guide volunteers and security personnel in identifying and supporting vulnerable participants who might require assistance during conference sessions.

Key Lessons and Observations

The implementation of the Early Warning System generated several important lessons for future ICASA conferences:

- **Community Engagement:** Involving local communities and stakeholders significantly strengthens risk awareness and improves responsiveness to emerging concerns.
- **Local Coordination:** Collaboration with local authorities and secretariats is critical for translating conference-level policies into effective on-the-ground responses.
- **Inclusive Risk Assessment:** Incorporating demographic and vulnerability considerations into conference registration systems can support better planning and targeted mitigation measures.
- **Monitoring and Learning:** Strong Monitoring, Evaluation, and Learning (MEL) systems are essential to document incidents, assess responses, and generate lessons for future conferences.

Implementation Challenges

Despite the progress made, several challenges were encountered during implementation:

- Late integration of the EWS into conference planning, which limited opportunities for testing and simulation.
- Incomplete accessibility measures, particularly the implementation of signage and navigation aids for participants with visual impairments.
- Limited training for volunteers and security personnel on identifying and supporting vulnerable participants.
- Coordination challenges across multiple conference venues and designated hotels.
- Weak documentation and feedback mechanisms, which limited real-time learning during the conference.

Recommendations for Future ICASA Conferences

To strengthen participant safety and inclusivity at future ICASA conferences, the following measures are recommended:

- Integrate Early Warning Systems earlier in conference planning to allow time for simulations and stakeholder orientation.
- Strengthen training and sensitization of volunteers, security personnel, and service providers on non-discrimination and response procedures.
- Prioritize disability-inclusive conference design, including tactile guides, Braille signage, and accessible navigation tools.
- Develop formal protocols for identifying and supporting vulnerable participants, including optional self-identification during registration.
- Establish centralized incident response systems with accessible reporting channels such as hotlines, WhatsApp, and QR codes.
- Improve coordination between conference venues and hotels through designated focal persons and daily coordination briefings.
- Strengthen Monitoring, Evaluation, and Learning systems, including incident tracking and post-conference reviews.

Conclusion

The introduction of the Early Warning System during ICASA 2025 represented an important step towards strengthening participant safety, inclusion, and human rights protections within the conference environment. While several implementation gaps were identified, the initiative provides a valuable foundation for institutionalizing proactive risk mitigation mechanisms in future ICASA conferences.

Evaluation

Since 2015, the publication of the ICASA Evaluation report has become a standardized practice. This 23rd ICASA conference, which also served as the 35th year of holding this conference in Africa, took place at the Accra International Conference Centre (AICC) in Accra, Ghana from 3rd to 8th December 2025. The evaluation report relied on online assessments set up by the team, which covered pre-activities, pre-test, daily onsite assessment and post-tests in both English and French.

Objectives

The core objective of the ICASA 2025 evaluation was to identify the strengths and weaknesses of the Conference. It also sought to assess the immediate outcomes for sustainability, quality improvements in planning and delivery of future ICASAs.

Methodology

Previous evaluations used paper-based evaluation forms for delegates to fill manually. In 2021 and 2023, ICASA deployed the hybrid version, where both paper and online forms were filled, with QR codes introduced in 2025. However, for this conference, SAA ensured the evaluation was entirely paperless, through sharing of the survey link via social media and emails to delegates and scanning of Quick Response (QR) codes.

It was deployed through volunteers at vantage points of the conference (registration area, community village, exhibition booth/hall, plenary and satellite session halls and the foyer of the conference centre).

Survey Type	Timeline
Pre-Activity Survey	Before the commencement date of ICASA 2025
Pre-Conference Survey	3 rd and 4 th December 2025
Daily Onsite Survey	5 th , 6 th and 7 th December 2025
Post Conference Survey	8 th December 2025

This evaluation used mixed methods to collect a range of quantitative and qualitative data which were triangulated to provide holistic understanding of the ICASA 2025 participants' views.

The evaluation included:

- Review of previous ICASA reports.
- Survey of delegates online and onsite at ICASA 2025, and inclusion of daily feedback from volunteers.
- Online assessments of the various stages of the conference.

Volunteers played a very important role in this year's ICASA conference. forming an integral part of the daily feedback mechanism process. Their core functions were:

- sharing of QR codes to delegates
- providing guidance in filling questionnaires
- documenting daily challenges, suggestions and recommendations.

Eight (8) volunteers were made available for this conference's M&E team.

Data Collection

All questionnaires designed by the team were administered online using Survey Monkey. All scholarship awardees were mandated to fill the pre-activities questionnaire. Other respondents were researchers, funders, some volunteers and exhibitors. The format for the filling of the questionnaires was designed as follows:

- Pre-activities: covered between four (4) to six (6) days prior to the opening day of the conference.
- Pre-test: covered first and second days of the conference.
- Daily onsite: covered third, fourth and fifth days of the conference
- Post-test: covered the final day (day six) of the conference.

Qualitative data was collected through the online portals, and all questionnaires were designed in both English and French, which happen to be the dominant languages of the conference. Ad-hoc translation services and support to understand the questionnaires were provided by the volunteers and the team responsible for designing the questionnaire via phone or in-person.

Data Analysis

Data from questionnaires were analyzed in the Survey Monkey online application, or from exported data in Microsoft Excel. All analyses provided are based fully on data entered in the online software.

Pre-Activities Survey

The survey had 522 respondents from 51 countries (436 respondents from 43 English speaking countries and 86 respondents from 18 French speaking countries). Most of the English respondents were from Nigeria (26%) and Ghana (23%), and most of the French respondents were from Côte d'Ivoire (26%) and Democratic Republic of Congo (16%). This is a 31% increase from the total respondents in 2023 (397 respondents from 39 countries). Gender distribution was equal (50% male, 50% female) and most of the respondents fell in the age brackets of 25-34 (37%) and 35-44 (31%).

Early Warning and Safety Systems

New questions were added to derive more information from respondents on the “new climate” affecting implementation of Vulnerable Population activities in Ghana. Respondents signaled that:

- 59% of them had received adequate information on the Early Warning and Safety Systems prior to departure
- 62% felt sustainability and environmental guidelines were communicated effectively.
- 80% of respondents said they had strong confidence in ICASA’s inclusivity.
- 52% said they did not receive guidance on Ghana’s local culture and safety protocols.

Pre-Conference Activities:

- 85% found the pre-conference webinars or digital orientations useful
- 87% found online registration and submission platforms accessible.
- 80% showed high satisfaction with pre-conference communications.

Key recommendations from pre-activities survey:

- Continue effective communication through digital platforms, as most respondents were satisfied.
- Maintain and expand pre-conference webinars and digital orientations, as they were found to be highly useful.
- Sustain efforts in making online registration and submission platforms accessible and user-friendly.
- Improve on the abstract submission process, technical support and timeliness on approval for delegates.
- Maintain focus on inclusivity for marginalized communities, as confidence was high.
- Continue to provide clear sustainable and environmental guidelines.
- Increase scholarship availability and streamline access for applicants.
- Enhance logistics and timing for scholarship processes to reduce delays.
- Address affordability concerns by exploring cost reduction strategies for some delegates.
- Provide better support and arrangements for accommodation in the next conference.
- More participation of the youth should be encouraged in subsequent conferences.
- Improve event marketing and publicity [of the entire conference].

Pre-Conference Survey

The delegates were made to undertake the pre-test survey for the conference from 3rd to 4th December 2025. The survey received 129 responses (106 responses in English and 23 responses in French) from delegates, with a diverse representation of nationalities, most notably Cote d'Ivoire, Ghana and Nigeria. The gender distribution was as follows; 54% male and 45% female. The largest age group of respondents was 35-44 years (38%).

65 respondents found it easy to collect conference bags, get information on the sessions and registering online. but a minority reported difficulties (13), especially with onsite registration and accessing meals of choice.

The respondents' remarks summarized showed low appreciation to the conference logistics and planning, registration/payment processes, venue facilities, and session/speaker diversity. These areas were frequently cited as needing a lot of improvement.

Some of the positive feedback received focused on representation and diversity in the delegates seen at the conference, good conference impact evaluation and a lot of participant engagement. Aside the satisfaction from delegates for a well-organized conference, there were some suggestions made for consideration in future ICASAs:

- Extend language coverage (Portuguese, Spanish, Swahili and Arabic),
- Stronger regional representation such as Northern Africa
- Increased leadership and mentoring opportunities.
- Improvements in logistics, connectivity, other support services

Daily Onsite Survey

This survey was conducted on 5th, 6th and 7th December 2025. The aim was to collect feedback on how the conference activities were being implemented, and gather impressions, sentiments and concrete information on all aspects on the conference daily. The survey had 99 respondents (74 in English and 25 in French) with the majority identifying as Delegates (73%), followed by Scholarship recipients (18%) and Exhibitors (9%). Most respondents were male (66%), and the largest age group was 35-44 years (34%).

Key findings:

- 62% did not receive timely notifications via the Event app.
- 74% of respondents said multilingual or accessibility services were adequate.
- 66% felt the abstract book met their expectations.
- 61% rated digital/hybrid session quality as Good.
- 62% of respondents rated the networking opportunities as Good.
- 56% rated information from the info desk, volunteers, and maps in the pocket programme as Useful.
- 95% of the respondents found the conference venue and session rooms safe and inclusive.

Post Conference Survey

A reduction in the number of respondents (54) was observed when the post conference survey was conducted on 8th December 2025. There were complaints of questionnaire fatigue to the M&E team. The respondents (39 English, 15 French) were delegates (39), scholarship recipients (10) and exhibitors (5). Most of the respondents for this survey were from Ghana (29), Nigeria (5) and Malawi (4) for English, and majority of respondents coming from Benin (5), Côte D'Ivoire (3), and Senegal (2) for French.

Notable feedback from the respondents as at the end of the conference were:

- Exhibition venue was rated Excellent or Good by 74% of respondents, Community village and [internet] connectivity received mostly Good or Fair ratings.
- 85% felt Artificial Intelligence (AI), digital health, and innovation topics were adequately addressed.
- 95% understood the conference objectives and felt their understanding of health system resilience improved.
- 72% said their expectations were met, with knowledge acquisition and networking as top outcomes.
- 90% would recommend ICASA 2025 for professional development.
- 49% rated Ghana's hospitality as excellent.

These findings from the post-conference results provide very positive feedback at the end of the conference, despite the challenges noted during the pre-activities and pre-conference phase.

Conclusions

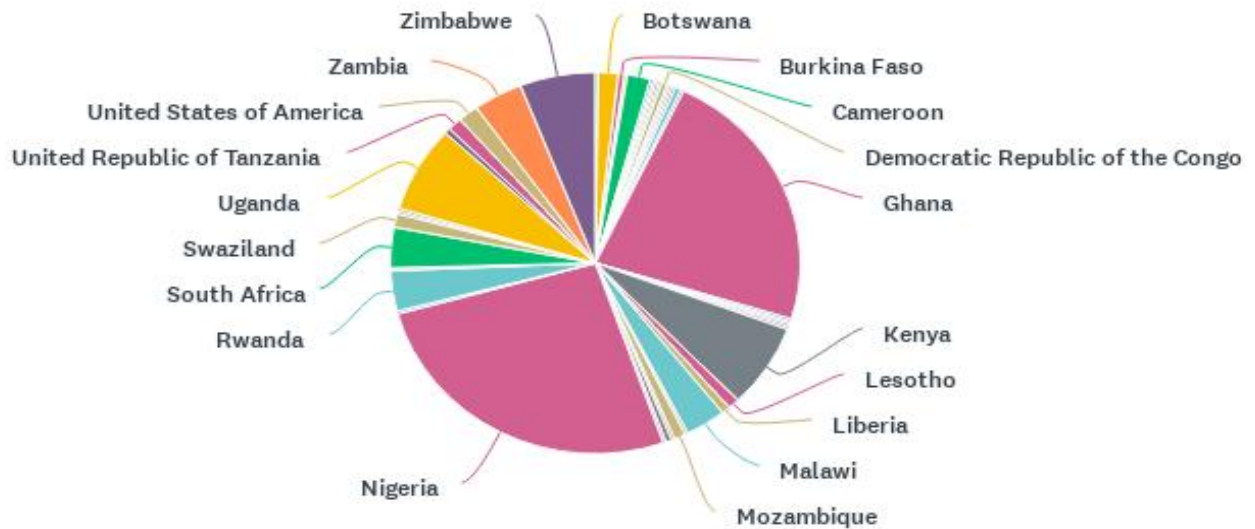
The organization of the 23rd ICASA in Accra, Ghana was generally seen as successful, despite some challenges encountered at the beginning of the conference. The high-level commitment from The Presidency of the Republic of Ghana, with the commitment from the First Lady of Ghana, H.E. Lordina Mahama, Minister of Health, Hon. Kwabena Mintah Akandoh and the ICASA President, Hon. Dr. David Pagwesese Parirenyatwa, gave the donor and international fraternity the confidence that the nation was committed to the high response to end AIDS by 2030. It is also important to note the successful collaboration and coordination between the SAA Secretariat, Ghana AIDS Commission and the Local organizing committee in implementing a successful conference.

Annex

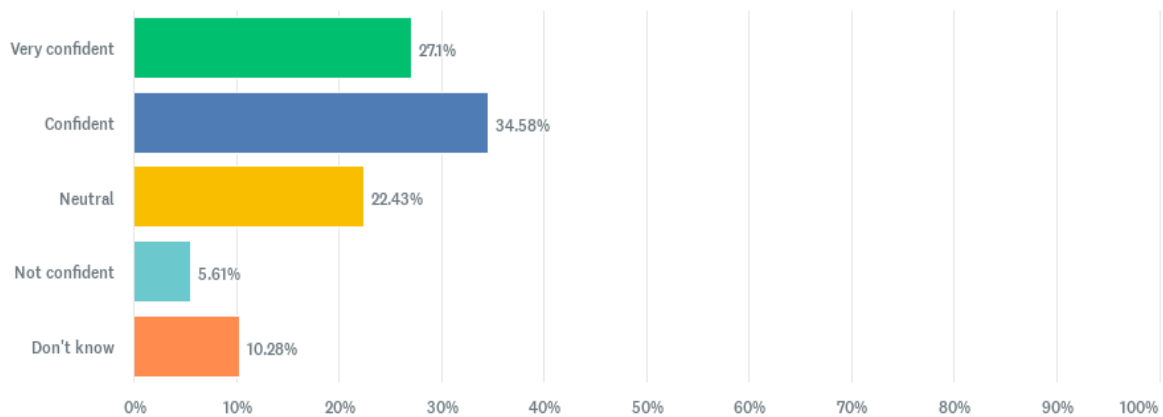
CHARTS: KEY RESPONSES FROM SURVEY RESPONDENTS

Pre-activities:

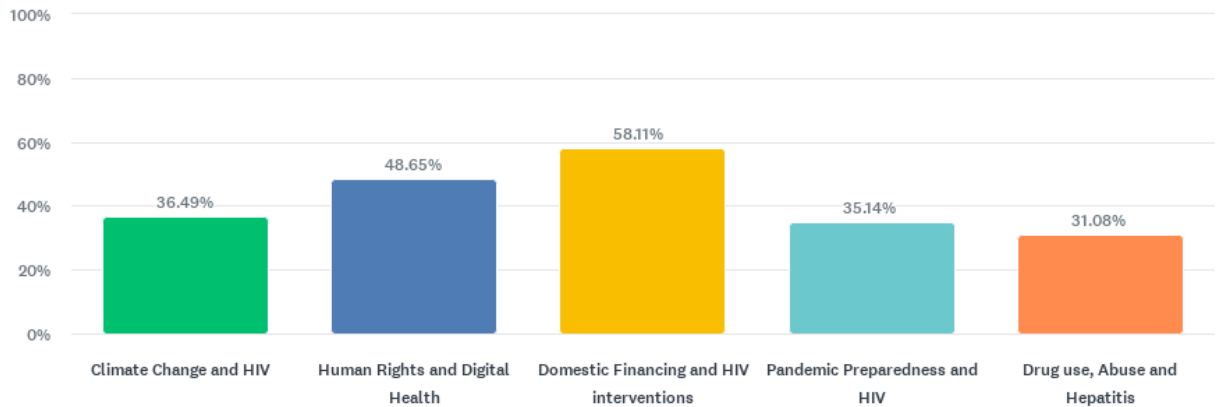
- Country of origin of respondents (*Question: What is your country of origin (nationality?)*)



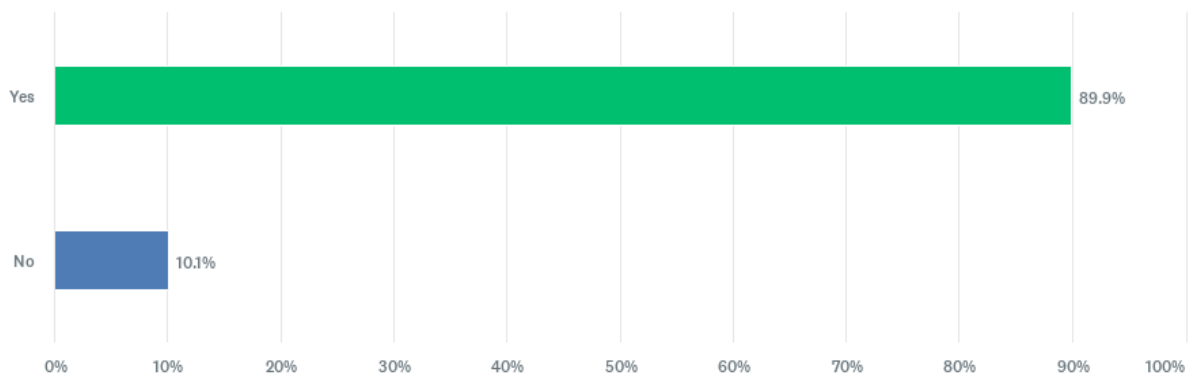
- Pre-Conference (*Question: How confident are you in the conference's inclusivity measures for all participants?*)



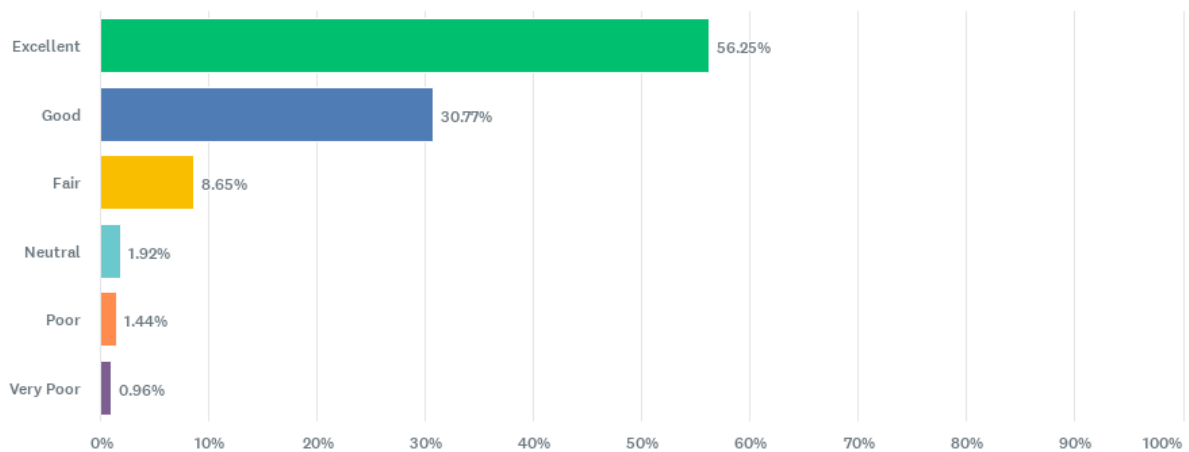
- Daily Onsite (Question: Which additional sessions should be highlighted in the future ICASA Conferences?)



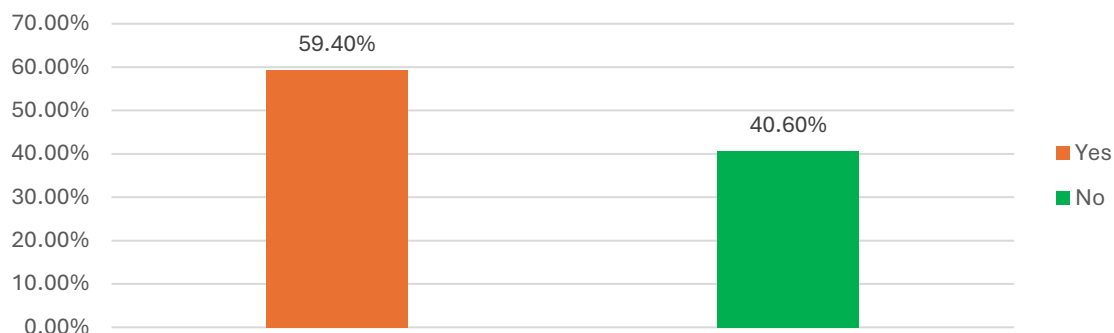
- Post Conference (Question: Were AI, digital health, and innovation topics adequately addressed?)



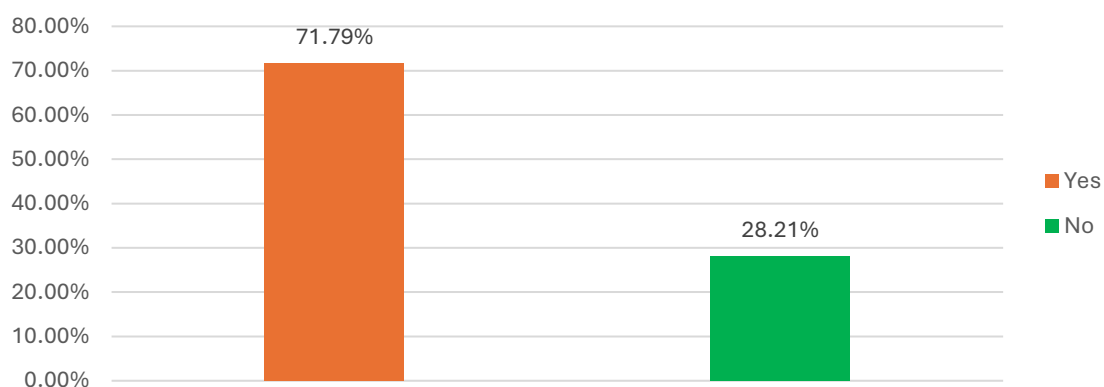
- Post Conference (Question: How would rate Ghana's hospitality, safety, and logistics for international participants?)



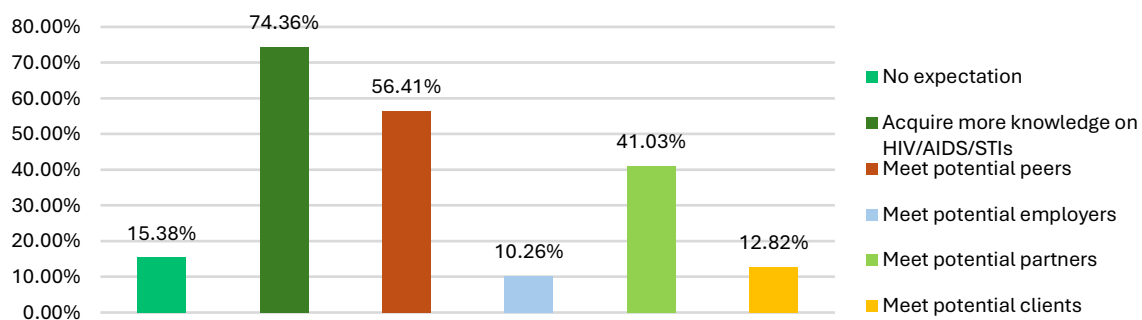
Were you informed about ICASA's Early Warning and Safety System before your travel arrangements?



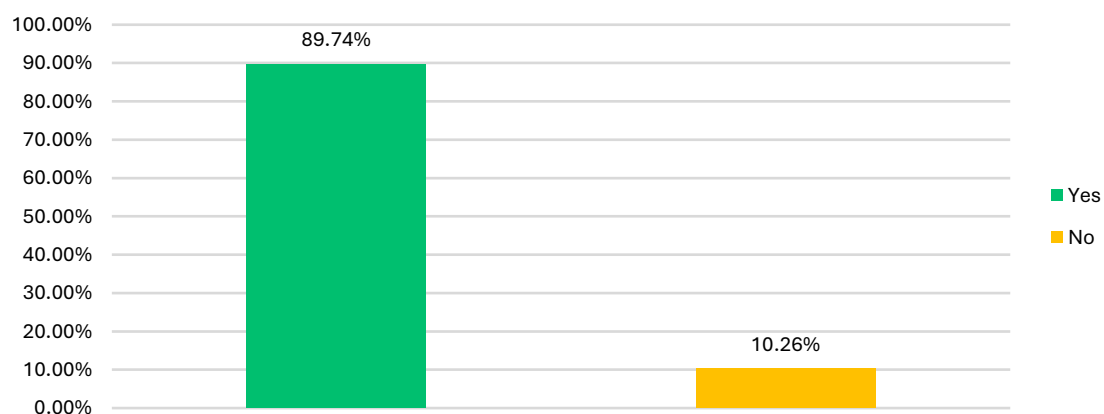
Were your expectations from ICASA 2025 met?



If yes, which expectations were met?



Would you recommend ICASA 2025 to peers and partners for professional development?



ICASA 2025 Call to Action

Africa in Action: Reclaiming Momentum, Securing Sustainability, and Bridging Generations in the African HIV Response

Issued from the High-Level Leadership Sessions commemorating 35 Years of the Society for AIDS in Africa (SAA) and the 2025 International Conference on AIDS and STIs in Africa (ICASA)

Preamble: Why This Call to Action Now

For thirty-five years, the Society for AIDS in Africa (SAA) and the International Conference on AIDS and STIs in Africa (ICASA) have stood at the center of Africa's fight against HIV; shaping advocacy, elevating science into policy, mobilizing communities, and demanding political accountability. ICASA emerged at a time when HIV was denied, stigmatized, and misunderstood, and when African leadership was largely absent from global decision-making. Through sustained advocacy and collective courage, ICASA helped transform silence into action and despair into progress.

Today, Africa stands at another inflection point. While the continent has achieved extraordinary gains in HIV treatment access, prevention, and community leadership, these gains are under growing threat. The global health financing landscape is shifting rapidly. Donor resources are declining or becoming more volatile. Geopolitical realignments are reshaping priorities. At the same time, African countries are contending with widening social and economic pressures, climate shocks, humanitarian crises, and a growing burden of infectious and non-communicable diseases.

This Call to Action arises from a shared recognition by past and present leaders of SAA, ICASA, African governments, multilateral institutions, donors, civil society, and communities: the response must change again; urgently, deliberately, and collectively. If the progress of the last three decades is not to be reversed.

Remembering the Legacy: What ICASA Has Meant for Africa

ICASA has never been only a scientific conference. It is a political space, a moral platform, and an accountability mechanism.

From the early days when African leaders were challenged to acknowledge the epidemic, when women's movements demanded recognition of gender and human rights, and when people living with HIV insisted on visibility and urgency, ICASA helped shape a uniquely African response. It bridged science and lived realities. It transformed evidence into demands for access to treatment. It placed stigma, discrimination, and criminalization at the center of the response, not the margins.

ICASA was instrumental in:

- Elevating African voices in global HIV discourse;
- Driving advocacy that contributed to access to antiretroviral therapy in Africa;
- Creating space for communities, women, and key populations as legitimate actors;
- Linking scientific evidence to national and continental policy decisions; and
- Holding governments and partners accountable for commitments made.

These achievements remind us of a critical lesson: progress has never come from complacency or technocratic solutions alone; it has come from organized advocacy, courageous leadership, and collective action.

The New Reality: Why the Response Must Evolve Again

The discussions at ICASA 2025 underscore that Africa's HIV response now operates within a far more complex ecosystem:

- **Financing constraints** threaten the sustainability of HIV, TB, and Malaria programmes.
- **Parallel systems** created during the donor expansion era are increasingly inefficient and misaligned with broader health system goals.
- **Inequities persist**, driven by gender inequality, criminalization, poverty, and exclusion.
- **Health systems remain fragile**, with underinvestment in primary health care, prevention, mental health, and community platforms.
- **A generational transition is underway**, with a risk of losing institutional memory, advocacy intensity, and political urgency.

At the same time, African governments are pursuing ambitious reforms, such as health sector renewal initiatives, national health insurance reforms, domestic resource mobilization strategies, and local pharmaceutical manufacturing, that create unprecedented opportunities for sustainability if deliberately aligned with the HIV response

The Call to Action: Five Strategic Imperatives for the Next Phase

Reaffirm African Ownership and Health Sovereignty

African governments, in partnership with communities and civil society, must assert leadership over the design, financing, and governance of HIV responses. This includes:

- Integrating HIV, TB, and Malaria into national health including health insurance and development plans;
- Aligning donor resources with national priorities rather than parallel systems;
- Strengthening public accountability of all actors for results and equity.

Health sovereignty does not mean disengaging from global solidarity; it means leading with an African perspective.

Secure Sustainable Financing Through Reform, Not Retrenchment

Domestic resource mobilization is essential, but it must be accompanied by:

- Greater efficiency and transparency in the use of existing resources;
- Zero tolerance for corruption;
- Strategic purchasing through national insurance and pooled procurement;
- Protection of prevention initiatives and gains, community health systems, and primary health care investments.

Donor transitions must be planned, gradual, and accountable, ensuring that communities are not left behind as funding models evolve.

Integrate HIV into Stronger, People-Centered Health Systems

The future of the HIV response lies in **integration and inclusion**, not dilution:

- HIV services must be embedded within revitalized primary health care systems.
- HIV Prevention, mental health, sexual and reproductive health, and NCD services must be integrated simultaneously.

- Community-led platforms must be funded as core system components, not optional add-ons.

Integration must enhance the quality of service and access for the most vulnerable, not render them invisible.

Protect Equity, Rights, and Community Leadership

Ending AIDS in Africa will not be achieved without dismantling structural barriers. Governments and partners must:

- Address stigma, discrimination, and punitive laws that undermine access to quality services;
- Embed HIV responses within broader social protection systems;
- Sustain meaningful community engagement in planning, monitoring, and accountability.

Communities are not just beneficiaries of the response; they are co-owners and drivers of impact.

Bridge the Intergenerational Gap in Leadership and Advocacy

A deliberate transition is required to ensure continuity and renewal:

- Invest in youth and emerging leaders across advocacy, science, and implementation;
- Create mentorship and leadership pipelines linking pioneers and new actors;
- Reframe HIV advocacy within broader struggles for social justice, equity, and resilient health systems.

The urgency that defined the early responses and actions must be renewed, not just nostalgically remembered.

The Role of ICASA and SAA Going Forward

ICASA commits to strengthening its historic role as:

- **A continental engine for accountability**, translating commitments into action;
- **A bridge between science, policy, and lived realities**, through integrated health response;
- **A platform for African consensus-building**, amplifying a unified continental voice;
- **A catalyst for integration**, demonstrating in practice how disease-specific gains can strengthen health systems;
- **A space for intergenerational leadership**, inclusivity and ensuring continuity of vision and courage.

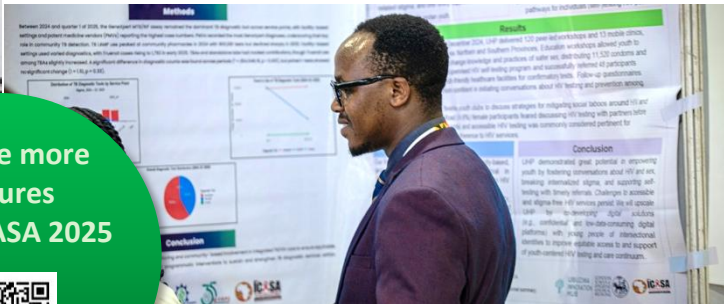
The Society for AIDS in Africa will work with all African governments, regional institutions, donors, civil society, and communities to sustain dialogue beyond the conference, tracking progress on commitments, and convene targeted advocacy and dissemination around financing, integration, and equity.

Conclusion: From Commitment to Action

In the last thirty-five years, SAA was actively involved in supporting Africa confront denial and silence. Today, it must act with other actors in Africa to confront complacency, fragmentation, and inequity.

This Call to Action is a reaffirmation that *Africa can and must lead its HIV response into a new era; one defined by sustainability, integration, equity, and shared responsibility.* The decisions taken now will determine whether decades of progress are consolidated or undone.

The time to act together is now! End AIDS by 2030



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ICASA 2025 Conference Report Review Committee



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