PATA 2020 SUMMIT

Paediatric-Adolescent Treatment Africa

Reaching goals and rebuilding on the frontlines of paediatric and adolescent HIV service delivery during COVID

11-13 November 2020

FRONTLINE AIDS

Ministerie van Buitenlandse Zaken

the ELMA foundation

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POSITIVE ACTION ViiV

Thank you and acknowledgements

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PATA Main and Satellite Spokes: Please see page 66

Contents

Participants at the PATA 2020 Summit, Tanzania

Acronyms

ABCD	Ask Boost Connect Discuss
ART	Antiretroviral Therapy
ARV	Antiretroviral
ATC	Adolescent HIV Treatment Coalition
AYFHS	Adolescent- and Youth-Friendly Health Services
AYPLHIV	Adolescents and Young People Living with HIV
CATS	Community Adolescent Treatment Supporters
CBO	Community-Based Organisation
CCABA	Coalition for Children Affected by AIDS
CHAI	Clinton Health Access Initiative
CTO	Community Treatment Observatory
DBE	Department of Basic Education
DFID	Department for International Development
DHET	Department of Higher Education and Training
DSD	Differentiated Service Delivery
DTG	Dolutegravir
EID	Early Infant Diagnosis
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EPI	Expanded Programme on Immunisation
ERF	Emergency Response Fund
ESA	Eastern and Southern Africa
GNP+	Global Network of People Living with HIV
ICAP	International Center for AIDS Care and Treatment Programs
ITPC	International Treatment Preparedness Coalition
JCRC	Joint Clinical Research Centre
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
MENA	Middle East and North Africa
PATA	Paediatric-Adolescent -Treatment Africa
PEP	Post-Exposure Prophylaxis
POC	Point-of-Care
PPE	Personal Protective Equipment
PrEP	Pre-Exposure Prophylaxis
REAL	Review cases, Engage peers, Access experts and Learn lessons
RNJ+	Réseau National des Jeunes vivant avec le VIH
SDF	Service Delivery Framework
SNAP	Eswatini National AIDS Programme
SRH	Sexual and Reproductive Health
SWAG	Summit Working Action Group
TAP	Technical Advisory Panel
TVET	Technical and vocational education and training
UNYPA	Uganda Network of Young People Living With HIV& AIDS
U=U	Undetectable = Untransmittable
VCAT	Value Clarification and Attitudes Transformation
VMMC	Voluntary Medical Male Circumcision
WITS RHI	Wits Reproductive Health and HIV Institute
WHO	World Health Organisation
Y+ Global	Global Network of Young People Living with HIV
YAP	Youth Advisory Panel
YPLHIV	Young people living with HIV

Background and Introduction

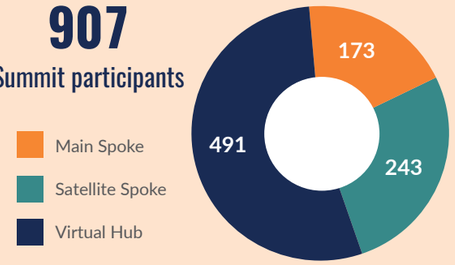
Paediatric-Adolescent Treatment Africa (PATA) is an action network of multidisciplinary frontline health providers who deliver HIV prevention, treatment and care services to children, adolescents and families living with HIV. PATA's mission is to mobilise, strengthen and build resilience in a network of health providers, facilities, and communities on the frontlines of paediatric and adolescent HIV service delivery in sub-Saharan Africa. PATA's vision is that all children and adolescents living with HIV in sub-Saharan Africa receive optimal treatment, people-centred care and support and live long, healthy lives.

The PATA 2020 Summit

The PATA 2020 Summit, titled Breakthrough and Build Back Together! was held from 11-13 November 2020. Participants attended from across 27 countries through a virtual online hub and connected remotely or in person through attending a main or satellite spoke. Participants included frontline health providers and community partners, the broader PATA network of key global experts, policy makers, networks of young people living with HIV (YPLHIV), donors, and Ministry of Health representatives. This summit brought health providers and community partners together from twelve PATA priority countries (Eswatini, Cameroon, Ethiopia, Kenya, Malawi, Mozambique, Nigeria, South Africa, Tanzania, Uganda, Zambia and Zimbabwe) with many programme managers, policy makers and strategic partners joining in from fifteen additional countries.

The PATA 2020 Summit in numbers

907
Summit participants



25
Countries represented

Main Spoke Countries

154
Health facilities represented

Satellite Spoke Countries

Participants at the PATA 2020 Summit, Zambia.

The summit aimed to:

- Identify gaps and amplify breakthrough strategies, tools, and comprehensive service delivery models that accelerate HIV case finding, linkage and access to treatment
- Foster a linking and learning platform to strengthen partnership, clinic-community collaboration and coordinated action at all levels
- Share HIV service delivery adaptations and lessons in mitigating and building back from COVID-related setbacks
- Stand up to stigma and safeguard rights for all in the delivery of prevention, treatment, and care services
- Call for improved access to training, tools, and safer working conditions for frontline health providers

PATA summit methodology

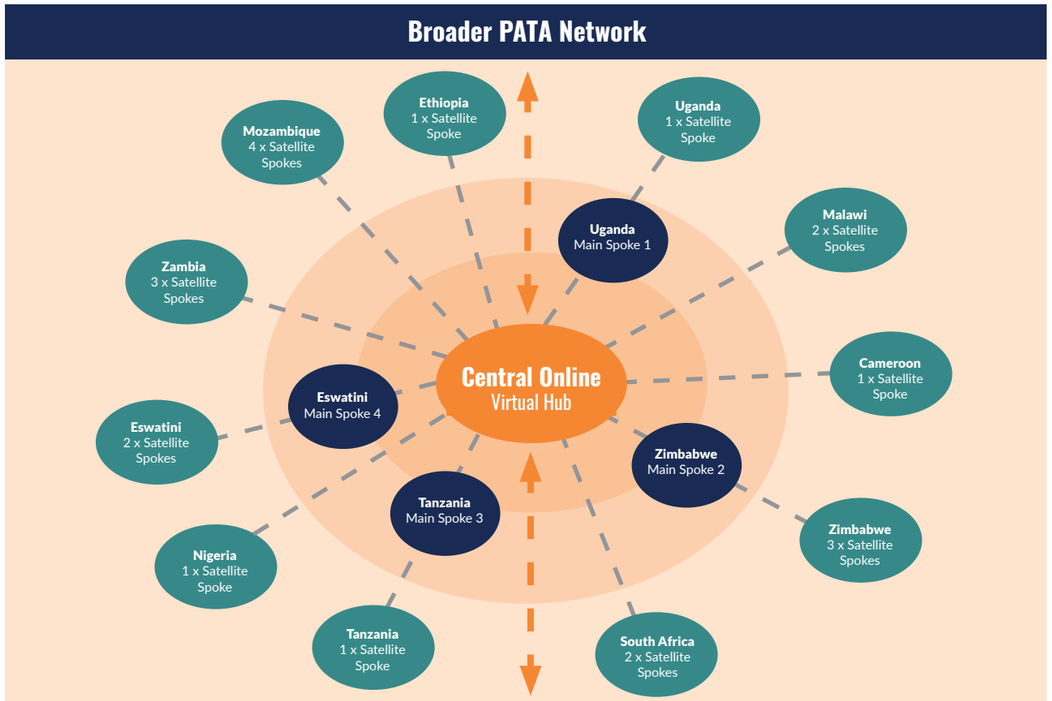
The summit methodology has been refined over 15 years of bringing stakeholders together in summits and forums to build regional action around paediatric and adolescent HIV treatment, care, and support. PATA's tried and tested 'link and learn' approach is well recognised and valued in the sector. The PATA Summit methodology provides a platform and springboard to those on the frontlines of service delivery to network, share promising practices, develop service delivery improvements, build capacity, access guidance and technical input whilst offering a safe space for intergenerational and inter-sectoral dialogue that links local practice to policy making.

PATA Summits are unique in they are not abstract driven, hold no registration fee for successful applicants, provide a reality check on service delivery, and highlight home-grown local solutions that place health providers at the centre of the HIV response.

In 2020, PATA successfully adapted to COVID-19 travel and lockdown restrictions. The summit innovatively adopted a hub and spoke model, which combined virtual and in-country attendance in a blended approach. The PATA 2020 Summit was held via a centralised virtual platform (hub) that was connected to several in-country forums (main and satellite spokes). The centralised virtual hub allowed for sessions to be held in real time against an established summit programme whilst also facilitating information-sharing and interaction through an online platform. This ran parallel to the in-country spokes.

Main spokes provided full conferencing in-country, with a mix of in-country project meetings held in the mornings. Smaller satellite spokes were organized and held at health facilities or implementing partner sites to facilitate connection and expand access to the virtual hub. All spoke attendees were collectively connected to the virtual hub in the afternoons. The mix of virtual and in-person delivery of the summit crossed digital and geographic divides and allowed many more people to engage than in a traditional in-person summit.

Please see Pg 66 for detail on Main and Satellite Spokes.



The virtual summit programme followed a similar structure to previous summits, starting with a main session (Prime Session), followed by two Africa Cafés running in parallel, with a Special Session or a Lekgotla at the end of each day. The virtual programme was deliberately held in the afternoons from between 13h00 and 17h00 South Africa Time (SAT) allowing for in country meetings in the morning at the main spokes as well as allowing for maximum participation between Eastern Standard Time (EST) and East Africa Time (EAT).

Programme Structure

In-country meetings at Main Spokes (SAST 09h00 – 12h00)

Virtual Programme				Duration	Language
Date	SAT	**Sessions per day**	**Theme example taken from day 1**		
11–13 Nov Wed-Fri	13h00	**Opening Prime Session**	Wake up! closing the gap for children and adolescents	80 min	French, Portuguese and Kiswahili
11–13 Nov Wed-Fri	14h30	**Africa Café 1**	Covid: mHealth adaptions accelerated	60 min	Kiswahili
11–13 Nov Wed-Fri	14h30	**Africa Café 2**	A framework that delivers: a country context	60 min	French and Portuguese
11–13 Nov Wed-Fri	15h40	**Special Session or Lekgotla**	Paediatric Treatment updates	60/80 or 1h30 min	French, Portuguese and Kiswahili

12 sessions in total with over 60 speakers and contributors

Team PATA in Cape Town with some of the team in studio in Johannesburg managing the Virtual Hub with Afriten.

The Pride Community Health Organisation hosted 10 participants at an in-person spoke in Kafue, Zambia. To strengthen clinic-community collaboration, the participants agreed to have Pride Community Health Organisation facilitate and support facility self-assessments to identify strengths and weaknesses in service delivery; identify relevant service delivery models, implement quality improvement plans and identify technical and capacity support needs.

Participants at the PATA 2020 Summit, Zambia

Participants at the PATA 2020 Summit, Uganda

Participants at the PATA 2020 Summit, Tanzania

The Million Memory Project in Zimbabwe brought together 30 participants in a satellite spoke, who actively engaged with the virtual sessions and linked the issues raised to their context. In their discussion, they addressed the impact of COVID-19 on health services including shortages of ARVs, lack of PPE, the inability to access services during lockdown, disruptions to school feeding schemes, and young people not being able to access sexual and reproductive health (SRH) services.

Participants at the PATA 2020 Summit, Zimbabwe

Participants at the PATA 2020 Summit, Johannesburg, South Africa

Participants at the PATA 2020 Summit, Kenya

Participants at the PATA 2020 Summit, Malawi

Participants at the PATA 2020 Summit, Cameroon

Participants at the PATA 2020 Summit, Eswatini

Day 1

Prime opening Session

You Tube
Click Here

Wake Up! Closing the gap for children and adolescents

Global 90-90-90 targets were meant to be achieved by 2020. This was supposed to be the year when paediatric AIDS was brought to an end, yet despite multiple efforts, this goal has not been achieved. It was against this backdrop that Dr Shaffiq Essajee from UNICEF, and who serves as the Chairperson on the PATA Board of Directors, welcomed participants, recognising that for the first time in 15 years the PATA family was not meeting in-person. As Dr Essajee noted, 'The meaning of PATA is to reach out and touch, which is something that we can't do right now in the same way.'

> *How are we going to reach our goals and rebuild services for children and adolescents especially when we have suffered so many setbacks and shifting health priorities due to COVID.*
>
> Dr Shaffiq Essajee, UNICEF

PATA 2020 Summit, welcome and opening, Dr Shaffiq Essajee, UNICEF.

> *This year has demonstrated and highlighted the very real inequities that frontline providers are facing and the fragility of our health system. What are we doing to provide better working conditions for those on the frontline?*
>
> Luann Hatane, PATA

PATA 2020 Summit, welcome and opening, Luann Hatane, PATA.

Participants at the PATA 202 Summit, South Africa

Reality Check:

Progress and setbacks for children and adolescents in the HIV response

Dr Martina Penazzato from WHO, Switzerland, PATA 2020 Summit Opening Session.

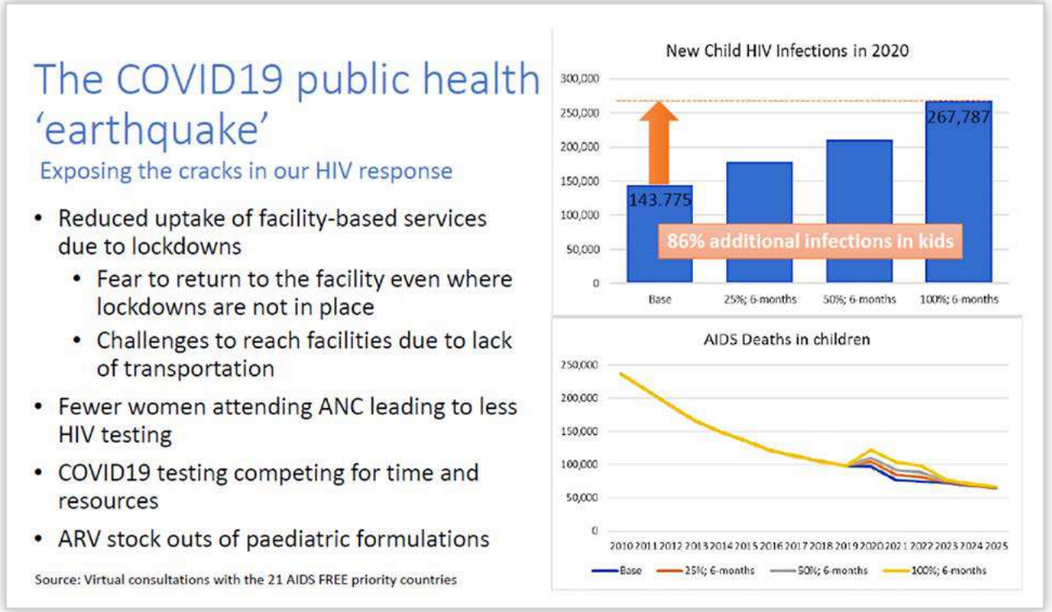
Source: Dr Martina Penazzato, WHO, PATA 2020 Summit

> *We need to act now, have more operational research, and keep innovating.*
>
> Dr Martina Penazzato, WHO, Switzerland

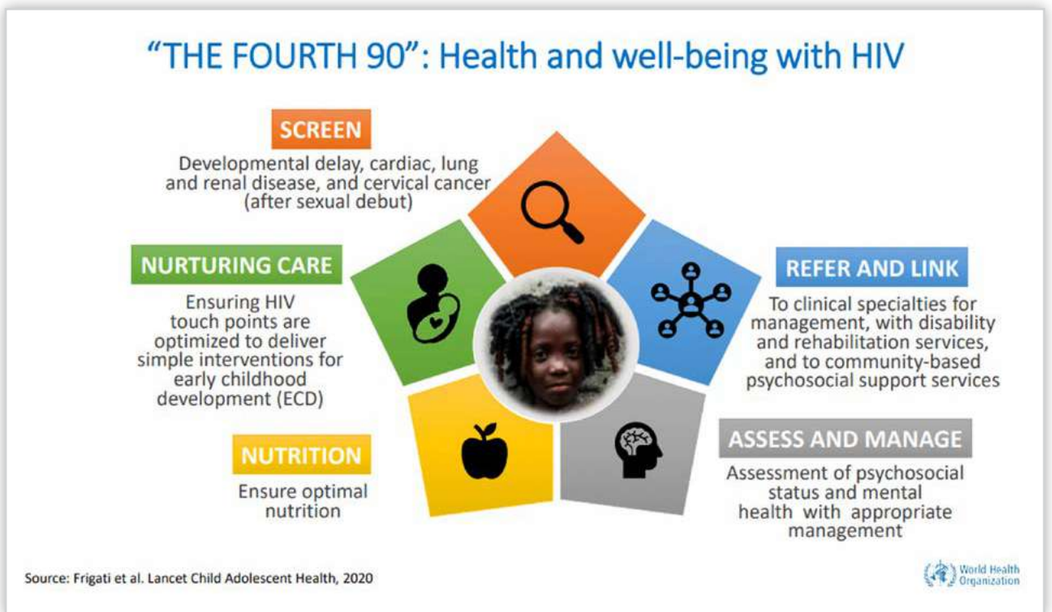
There has been significant progress in the HIV response for children and adolescents, particularly in reducing vertical transmission, with some countries coming close to eliminating it. New technologies like Point-of-Care (POC) testing shorten the time for a diagnosis to be shared and allow for more rapid anti-retroviral therapy (ART) initiation. New ART formulations, including the recent approval of Dolutegravir (DTG) for children, should improve child treatment.

These developments however do not address underlying vulnerabilities. Infants continue to experience high mortality rates and limited therapeutic options. Thirty percent (30%) of children and adolescents living with HIV still present with severe immunosuppression.

COVID-19 has exposed weaknesses in health systems and has led to reduced uptake of HIV and antenatal services due to lockdowns. It is not yet clear what the impact COVID-19 on children will be, but it is likely to lead to significant setbacks.



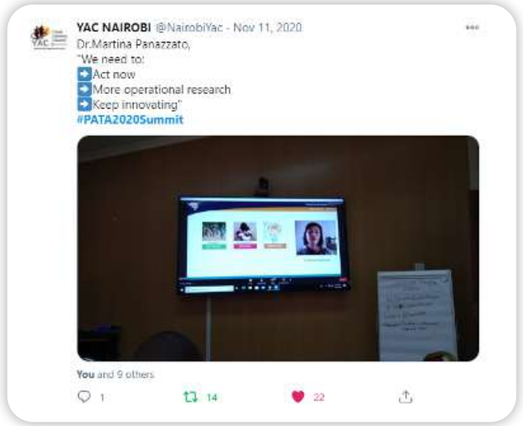
Source: Dr Martina Penazzato, WHO, PATA 2020 Summit

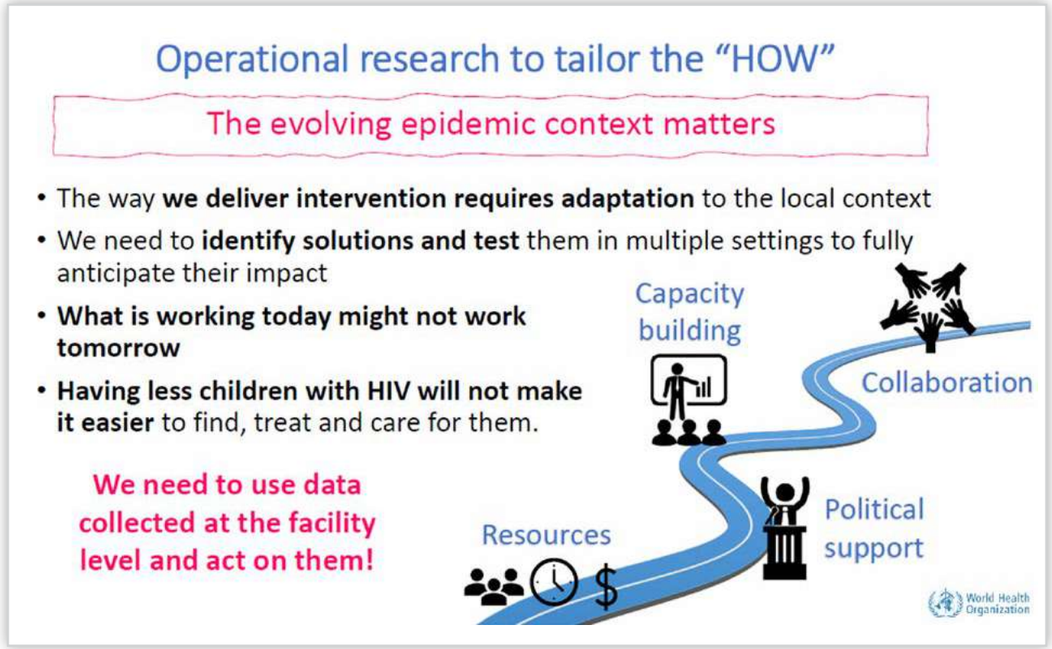


> *How you deliver matters as much as what you deliver.*
>
> Dr Martina Penazzato, WHO

What needs to be done:

- Test the children of adults living with HIV to achieve higher yields
- Develop policies and plans for new formulations to be made available to patients who need them most
- Optimise treatment as children grow
- Address HIV advanced disease in children (screen, treat, optimize and prevent)
- The 4th 90 – focus on health and wellbeing with HIV
- Utilise the findings of operational research including peer support and differentiated service delivery (DSD) models as well as lessons from the COVID-19 response such as digital tools and multi-month dispensing when appropriate
- Promote the implementation of new technologies

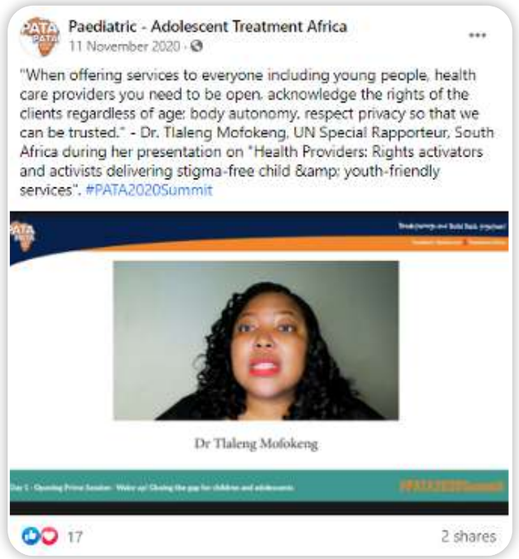




Participants at the PATA 2020 Summit, Zimbabwe

Health Providers: Rights activators and activists delivering stigma-free child- & youth-friendly services

Dr Tlaleng Mofokeng, UN Special Rapporteur, South Africa



Dr Tlaleng Mofokeng, United Nations Special Rapporteur on the Right to Health, during a presentation for the PATA 2020 Summit.

> *We ask people to trust us with some of their most vulnerable moments, and for them to do that they need to know we respect their confidentiality and privacy.*
>
> Dr Tlaleng Mofokeng, UN Special Rapporteur

> *We are here today with you so that together we can create a new path, so that all the adolescents seated here can teach us as we teach them. Hence, together we can have better adherence among adolescents. It takes a partnership between health providers and adolescents to improve adolescents' adherence from the present 30%, to a percentage we are going to be all proud of.*
>
> Dr Ketchadi Alice, Ministry of Public Health, PATA 2020 Summit Satellite Spoke, Cameroon

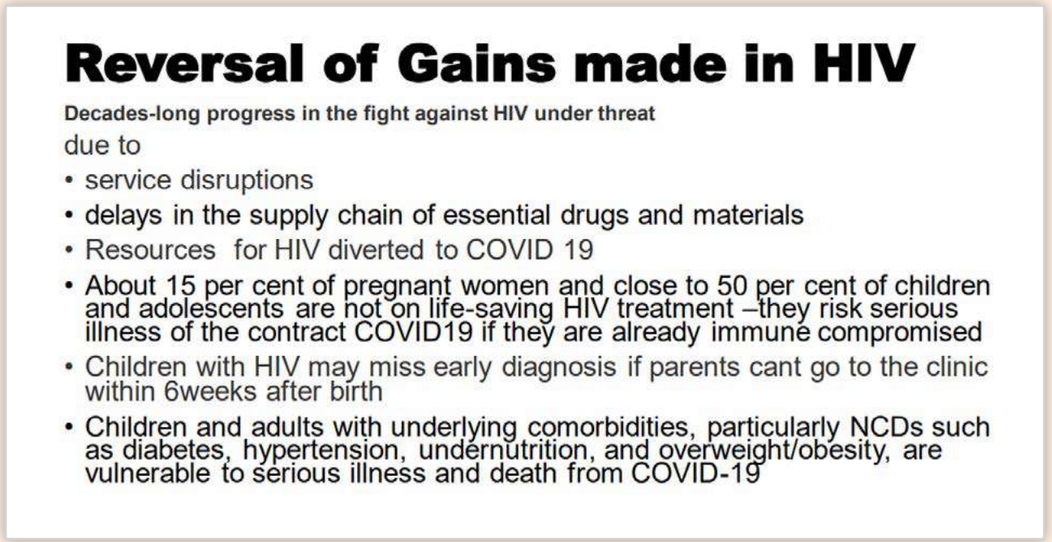
> *The more I tell people about my deepest secret, which is living with HIV, the more liberated I become from the burden of always hiding my medication or lying to justify why I always go to the hospital.*
>
> Nyako Cinthia Njiti, Adolescent Champion, Bamenda, Cameroon

Sounding the COVID alarm: Services & Funding shifts

Lois Chingandu, Frontline AIDS, Zimbabwe

Lois Chingandu, Frontline AIDS, Zimbabwe, during a presentation for the PATA 2020 Summit.

While children have not been the face of the COVID-19 pandemic, they have been affected by the socio-economic, educational and mental health impacts associated with lockdowns, particularly the impact of school closures. Children in lower income communities have been less able to access online schooling as many children do not have the requisite devices or internet access. Food security has been compromised with disruptions to the food supply chain and rising food prices. COVID-19 has caused disruptions to child protection services in more than 100 countries. Concerns have been raised about complacency and a lack of preparedness when evidence from other countries suggested the possibility of a second COVID-19 wave in Africa.



Source: Lois Chingandu, Frontline AIDS, Zimbabwe, PATA 2020 Summit

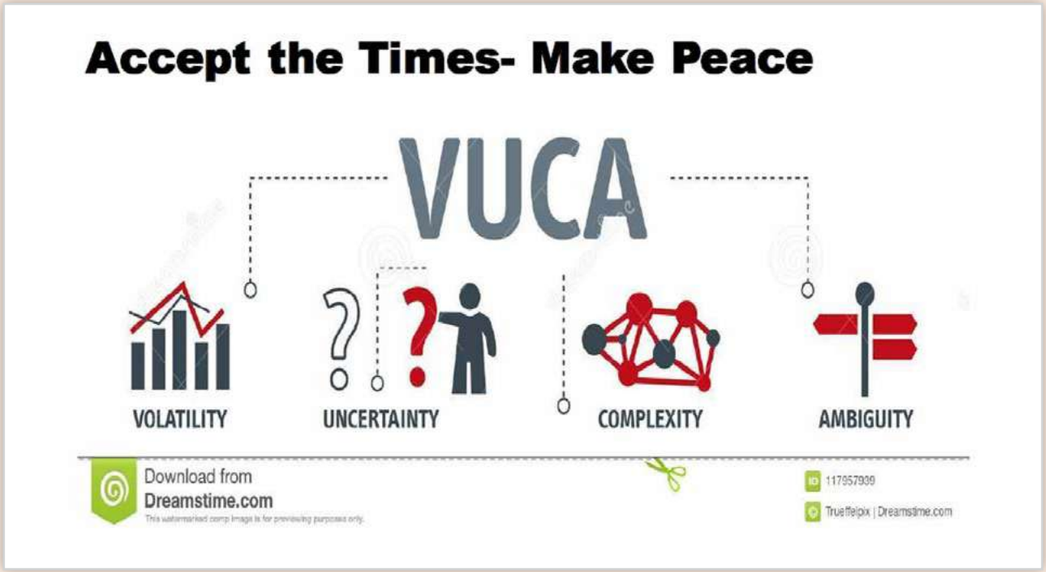
COVID-19 exposed weaknesses in the NGO sector, most of which lacked emergency preparedness. Many NGOs did not have the digital systems to shift to remote working; others lacked PPE to protect their staff and did not have unrestricted or flexible resources to divert funding to address COVID-19 impacts. NGOs have reported falling incomes, staff cuts and concerns over their long-term sustainability. This has occurred in a context of declining funding to the NGO sector. While funding for health has increased, most of the resources have been allocated to COVID-19 responses including research and vaccine development, with resources also diverted from the HIV sector. The pandemic has highlighted the limitations of current developmental models including non-sustainable models of funding, which sees short-term funding commitments for long-term processes.

> *"During COVID-19, all of us exited communities when it mattered most... and in the end, the communities showed that they were the most important players because when push comes to shove, local capacity is what matters most."*
>
> Lois Chingandu, Frontline AIDS

What is needed:

- Prioritise locals in staffing of NGOs
- Allocate more resources to community-based responses
- Rethink travel and consider whether services can be better offered by communities
- Simplify funding bureaucracies and processes

> *"COVID-19 is changing everyone. We need to change with it, or we will be forced to change. The only organisations that are going to survive this are those that will seek to define their own future direction and manage the process, rather than being pushed by the winds of change."*
>
> Lois Chingandu, Frontline AIDS



Source: Lois Chingandu, Zimbabwe, PATA 2020 Summit

Day 1 Africa Café I

COVID-19 Impacts: mHealth Innovations Accelerated

COVID-19 and the need to offer virtual programming saw rapid innovation in mHealth services in the past year. mHealth initiatives enabled continuity of services and support, and access to geographic areas that can be difficult to reach. This Africa Café session shared several interesting mHealth initiatives.

> *"Digital innovation is indeed the way forward not only in the COVID-19 era, but also is key to meeting prescribed targets."*
>
> Fri Delphine posted in virtual hub

> *"Even prior to the COVID-19 pandemic, the use of digital health technologies was widely growing and with the negative consequences of the COVID-19 pandemic, it also caused an acceleration in innovations in the global HIV/AIDS response and in particular an acceleration with innovations in the digital health sphere."*
>
> Alexander Medik, Aidsfonds

Organisation/ Partnership and Model	Programme	Results	Key lessons
RNJ+, Burundi Digital access to sexual and reproductive health rights (SRHR) information	Produce podcast with Sexual and Reproductive Health Rights (SRHR) information Train young people to produce radio shows Provide ART and HIV services at the organisation's centre	Reached young people in remote areas Addressed stigma and taboos	Cover issues relevant to the daily lives of young people Content should be produced by young people and key populations Create spaces for engagement and interaction like Facebook and WhatsApp groups Protect the safety of those featuring in the podcast Get required government permission Podcasts are short and shared in WhatsApp and Facebook to minimise data use
LVCT, Kenya Digital access to SRHR information and referrals and linkages	Informative website with access to referral information Chat bot with more specific information, including self-screening tools Call centre/ help line to access a counsellor/ mental health professional Referrals to mental health and other health services	Autonomy and self-reliance to access information, screening and services Increased uptake in digital and virtual services including the call centre and SMS line during COVID-19 restrictions	Provide online and offline services Link young people with economic opportunities
Y Labs, Cyber-Rwanda, Digital access to SRHR information and products	Education through storytelling and FAQs Partnerships with pharmacies to provide SRH products	Young people could order SRH products through partnered pharmacies	Tablets in schools and youth centres facilitated access to devices and data Train pharmacists to provide youth-friendly care SRH products are dispensed with information booklets on how to use them
GNP+, South Africa Digital support for networks of people living with HIV	An app providing information on COVID-19 for PLHIV Reporting and data collection for advocacy purposes	A digital support group with WhatsApp integration Data can also inform advocacy policy briefs, alert local partners to challenges and develop advocacy responses	Having WhatsApp integration enhances user-friendliness

Key resource: Click Here — **Step by step guide developed by WHO on developing digital solutions.**

Participants at the PATA 2020 Summit, Malawi

Day 1 Africa Café 2

A Service delivery framework (SDF)

The UNICEF paediatric service delivery framework (SDF) presents strategies to address bottlenecks across the continuum of care for each population: infants, children and adolescents. The SDF is action-focused and aims to develop context-specific priority interventions for infants, children and adolescents living with HIV at national and subnational levels. [1]

The Africa Café discussed implementation of the SDF in Mozambique, Nigeria, Uganda and Zimbabwe.

In these countries, the SDF contributed to:

- Identifying gaps and understanding needs – a planning and decision-making tool
- Offering context-specific, targeted solutions and best practices across thematic areas on how to find, link, treat and retain
- Coordinating and involving stakeholders
- Improving preparedness and integrating implementation realities
- Managing and using data to inform decision-making; the framework helps to ensure that children are included in data collection

What works:

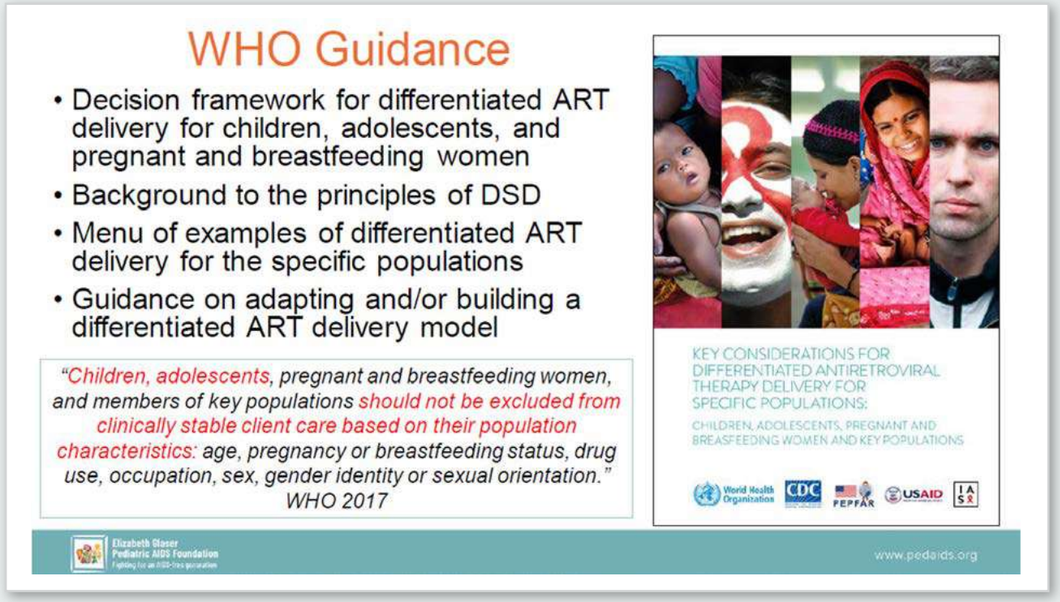
- Build on existing evidence-based interventions and tools
- Government is key in leading the process of closing the adolescent and paediatric HIV gap and the SDF can provide guidance
- Communities need to be empowered to voice their needs and participate in decision-making on the services offered and what works best
- Frontline health providers need to be meaningfully engaged as they have information on gaps, barriers and best practices
- Advocacy partnerships can ensure that concerns raised by frontline health providers are elevated to national and global levels

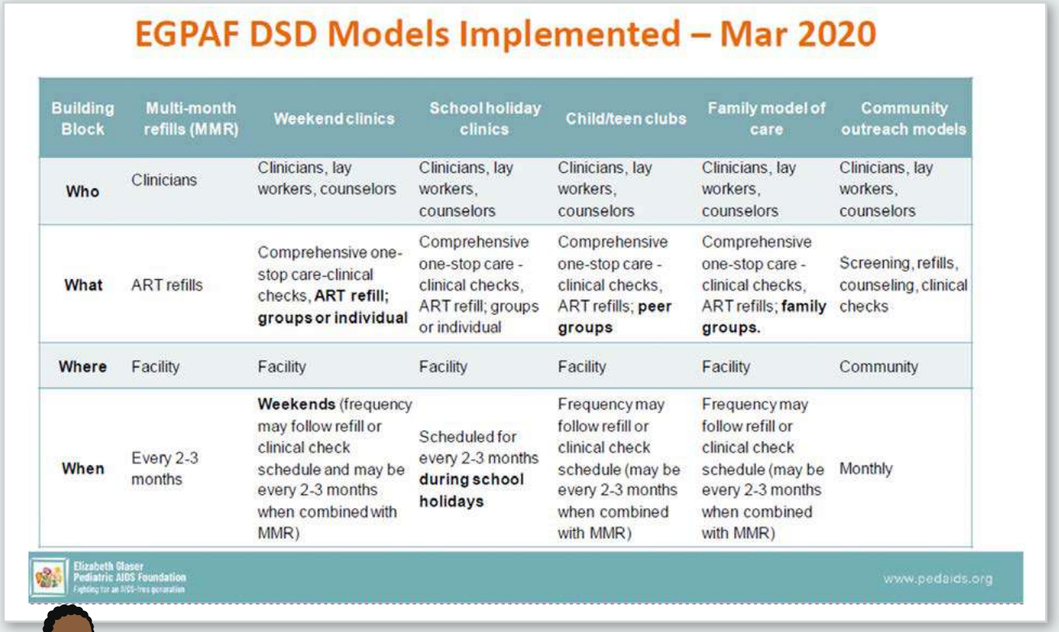
> *"Service delivery frameworks need to move beyond policy and focus on driving service delivery and implementation at country-level."*
>
> Merian Misunguzi, Aidsfonds, Uganda

> *"The framework is not meant to replace what is already in place. It is rather a forum to build consensus, harness the information on the ground and consolidate it into a comprehensive approach."*
>
> Dr Abiola Davies, UNICEF

> *"Using the SDF to tailor responses- Zimbabwe identified a gap based on modelling data that revealed that not all pregnant women were accessing antenatal care. Of those who did access antenatal care, not all women were delivering at a health facility, and of those who did deliver at a health facility, not all women returned with their babies for the requisite testing and vaccination follow ups. To address these gaps and raise awareness, Zimbabwe implemented a project in three districts that included a door-to-door case management approach to identify and find those needing care which were prerequisites to testing, linkage and retention. This was complemented with proactive clinic-community collaboration. Gains have been recorded in the three districts where the approach was implemented, and it is hoped that the approach will be scaled up nationally."*
>
> Musa Hove, SafAIDS, Zimbabwe

[1] http://www.childrenandaids.org/Paediatric-Service-Delivery-Framework





Building Block	Multi-month refills (MMR)	Weekend clinics	School holiday clinics	Child/teen clubs	Family model of care	Community outreach models
Who	Clinicians	Clinicians, lay workers, counselors	Clinicians, lay workers, counselors	Clinicians, lay workers, counselors	Clinicians, lay workers, counselors	Clinicians, lay workers, counselors
What	ART refills	Comprehensive one-stop care-clinical checks, **ART refill; groups or individual**	Comprehensive one-stop care - clinical checks, ART refill; groups or individual	Comprehensive one-stop care - clinical checks, ART refills; **peer groups**	Comprehensive one-stop care - clinical checks, ART refills; **family groups.**	Screening, refills, counseling, clinical checks
Where	Facility	Facility	Facility	Facility	Facility	Community
When	Every 2-3 months	**Weekends** (frequency may follow refill or clinical check schedule and may be every 2-3 months when combined with MMR)	Scheduled for every 2-3 months **during school holidays**	Frequency may follow refill or clinical check schedule (may be every 2-3 months when combined with MMR)	Frequency may follow refill or clinical check schedule (may be every 2-3 months when combined with MMR)	Monthly

Source: Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)

Key resource: Click Here — **Paediatric Service Delivery Framework**

> *"The framework needs to be owned by those who benefit from the processes. There needs to be collaboration with community leaders in the design and monitoring of how services are provided."*
>
> Denise Namburete, N'weti

> *"In Uganda, we came up with an audit tool where every child at every facility is accounted for."*
>
> Dr Eleanor Magongo, Ministry of Health Uganda

Special Session

Click Here

Dr Nandita Sugandhi, ICAP, PATA BOD, USA

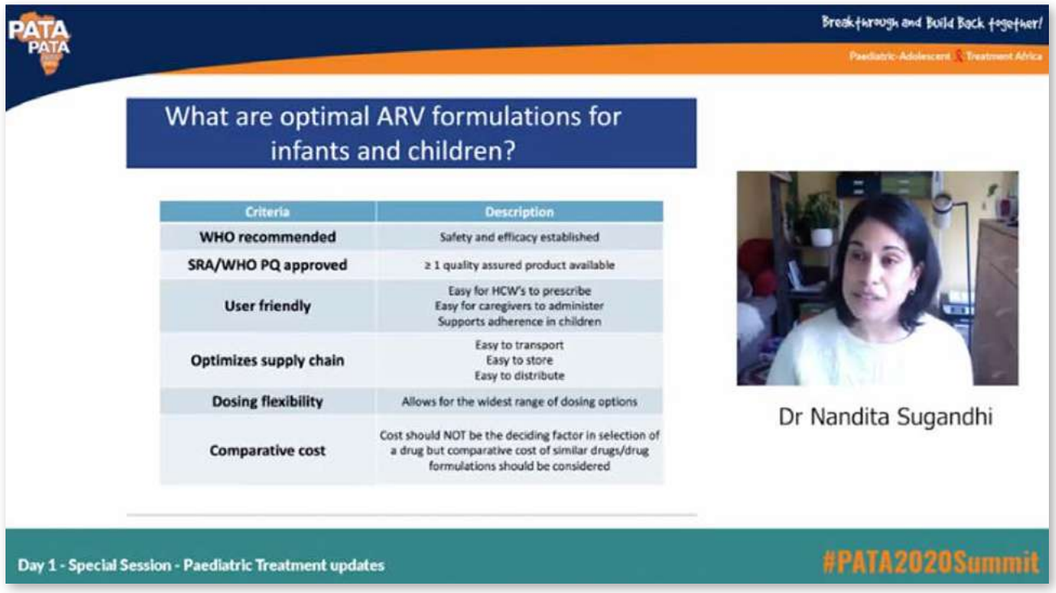
Treatment optimization and clinical care

A special session was held to provides updates on treatment optimization and care.

Efforts to develop child-friendly medication continue in order to achieve the goal of viral suppression in children. ART works to stop the HIV virus from making copies of itself, and viral suppression means that copies of the virus in the blood are so low that it is not detectable.

Achieving viral suppression in children is complex. Administering medication to children can be difficult as the medication often tastes bad; medication can be hard to swallow; there are limited options for children; and dosages need to be adjusted as children grow. High viral load is largely attributed to poor adherence, incorrect dosing and/or resistance to some antiretrovirals (ARVs).

Optimal formulations for children are those that have been reviewed by the WHO for safety and efficacy, and these have evolved over time as new treatments have been developed and tested. In June 2020, DTG was approved for infants and generics will be produced to ensure affordability. It is hoped that DTG will be widely available for infants and children by 2021.



Dr Nandita Sugandhi, ICAP, PATA BOD, USA, during a presentation for the PATA 2020 Summit.

Caregivers need support to administer medications to children every day. They need to be prepared and informed about changes in medication as dosages will change as children gain weight. Attention needs to be paid to nutrition. For adolescents, peer support, adolescent-friendly services and community support contribute to improved adherence.

Key resource: Click Here — **How to dispense granules.**

Key resource: Click Here — **GAP-f: Accelerated Pediatric Formulations**

Current WHO recommended first-line regimens for infants and children

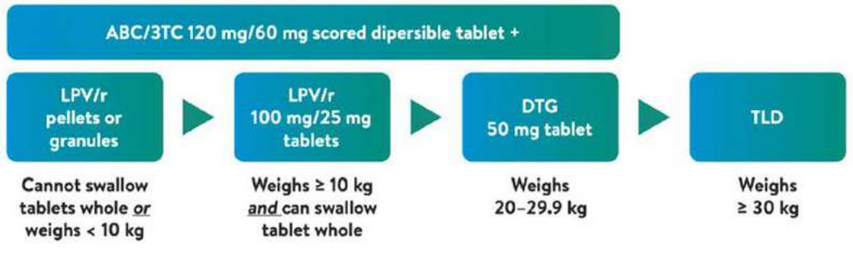
Population	Preferred first-line regimen	Alternative first-line regimen	Special circumstances
Children	ABC+3TC+DTG[1]	ABC+3TC+LPV/r	ABC+3TC+EFV (or NVP)
		ABC+3TC+RAL[2]	AZT+3TC+EFV[4] (or NVP)
		TAF+3TC (or FTC) + DTG[1]	AZT+3TC+LPV/r (or RAL)
Neonates	AZT+3TC+RAL[3]	AZT+3TC+NVP	AZT+3TC+LPV/r[5]

[1] For age and weight groups with approved DTG dosing
[2] RAL should be used as an alternative regimen only if LPV/r solid formulations are not available
[3] Neonates starting ART with an RAL-based regimen should transition to an LPV/r solid formulation as soon as possible
[4] EFV should not be used for children younger than three years of age
[5] LPV/r syrup or granules can be used if starting after two weeks of age

Source: Dr Nandita Sugandhi, ICAP, PATA BOD, USA, PATA 2020 Summit

Optimal ARV Treatment of CLHIV NOW

Weight	Regimen	Formulations Needed
< 20 kg	ABC + 3TC + LPV/r	1. ABC/3TC dispersible tablet 2. LPV/r pellets or granules 40 mg/10 mg 3. LPV/r tablet 100 mg/25 mg
20-<30 kg	ABC + 3TC + DTG	1. ABC/3TC dispersible tablet 2. DTG 50 mg tablet
≥30 kg	TDF + 3TC (or FTC) + DTG	1. TLD (300/300/50)



Source: Dr Nandita Sugandhi, ICAP, PATA BOD, USA, PATA 2020 Summit

Day 2

Prime Session

Breakthrough: Prioritising Children
Catherine Connor, EGPAF, USA

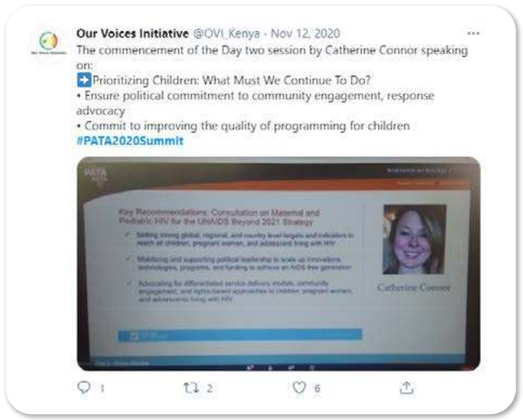
Breakthrough! A service delivery framework to drive and deliver services for children and adolescents

Source: Catherine Connor, EGPAF, USA, PATA 2020 Summit

> *We have tools and are adapting these in-country, but we need political leadership to scale up and to make change happen on the ground.*
>
> Catherine Connor, EGPAF

Better quality care is needed to:

- Support women to remain in care and adhere to treatment throughout pregnancy and breastfeeding
- Prevent new HIV infections among pregnant and breastfeeding women and adolescents
- Provide better linkage and care for older children and adolescents
- Assist with re-entry into schools
- Build family relationships for young mothers



Catherine Connor, EGPAF, USA, presenting at the PATA 2020 Summit

What is needed:

- Challenge global actors such as PEPFAR, UNAIDS, Global Fund and the UN in their agenda-setting processes to set strong global, regional, and country level targets and indicators to reach all children, pregnant women, and adolescent living with HIV
- Mobilize and support political leadership to scale up innovations, technologies, programs, and funding to achieve an AIDS-free generation
- Advocate for differentiated service delivery models, community engagement, and rights-based approaches for children, pregnant women, and adolescents living with HIV
- Ensure political commitment to community engagement, responses, and advocacy
- Commit to improving the quality of programming including pre-exposure prophylaxis (PrEP) for pregnant and breastfeeding women, family index testing and male engagement
- More innovation, as well as quicker and better access to new technologies and programs, Point of care early infant diagnosis and better ARV formulations
- Continue to improve accountability, data collection and use
- Targeted responses based on national and local demographic data (age, country, etc.)

> *We've got to stop looking at children as a homogenous group. What works for a 5-year-old is not going to work for a 15-year-old paediatric patient.*
>
> Catherine Connor, EGPAF

> *There is an opportunity to take what is working in the field and take it forward in a strong passionate way and hopefully change the field of paediatric and maternal HIV in the years to come.*
>
> Catherine Connor, EGPAF

Key resource: Click Here

An AIDS free generation is not only possible; it is a human rights imperative, and it is achievable with leadership and strategic interventions. See a collaborative process and input into the UNAIDS strategy process by EGPAF, Aidsfonds and PATA

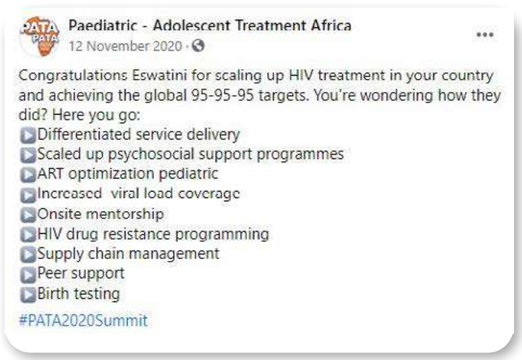
Key resource: Click Here

Towards a Transformative and Disruptive Action to Accelerate Efforts to En HIV in Children, Adolescents, and Families

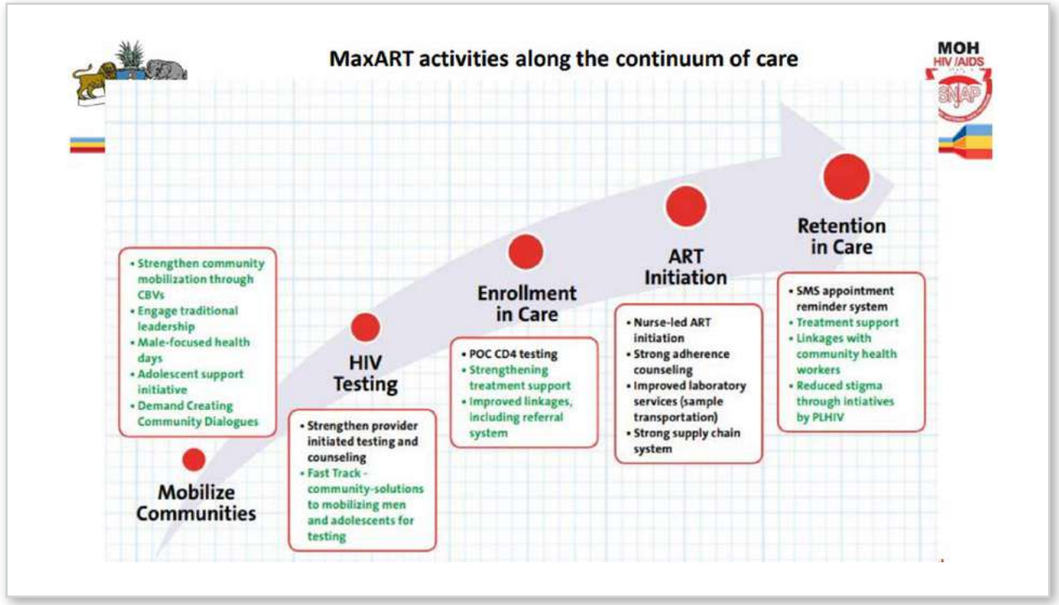
Reaching 95-95-95: A national success story

Nobuhle Mthethwa, SNAP, Eswatini

Eswatini managed to scale up HIV treatment and achieve the global 95-95-95 targets.



> *The game changer was decentralisation of services to outlying areas. All paediatric services are offered even in the most remote areas.*
>
> Nobuhle Mthethwa, SNAP, Eswatini



Source: Nobuhle Mthethwa, SNAP, Eswatini, PATA 2020 Summit

Source: Nobuhle Mthethwa, SNAP, Eswatini, PATA 2020 Summit

Eswatini's 12-year age of consent sparked discussions in the various in-person spokes with participants concurring that reducing the age of consent would assist health facilities to reach more young people.

> *Taking these services closer to the community could help increase access and utilization of health services at community level.*
>
> Bridget Phiri: Pride Community Health Organization, PATA 2020 Summit Satellite Spoke, Zambia

Policy to practice: Investing in civil society & community structures to build young leaders for the future

Nicholas Niwagaba, UNYPA, Uganda

Communities have historically been the first responders to HIV, ensuring that everyone has access to services and tackling HIV-related stigma and discrimination.

Community systems and youth-led responses are critical in the AIDS response, and despite being at the forefront of the response, they still experience a number of barriers:

- Political and legal obstacles, particularly for NGOs working on human rights and with communities such as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQI), drug users and sex workers who are not accepted within the laws of some countries
- **Funding barriers**
  - Donors that require rigid track records for NGOs to access funds
  - The impact of short-term donor funding to address issues that require long term commitments
  - Donor departures from countries
  - Competition between donors and civil society organisations
  - Limited funds for core costs
  - Communities not involved in defining needs and responses
  - Restrictive funding with limited flexibility
  - Donors less committed to funding advocacy
  - Onerous donor reporting requirements
  - Lack of trust and confidence in youth-led organisations

> *"Communities play a crucial role, and we need to have a community- and people-centred response."*
>
> Nicholas Niwagaba, UNYPA

> *"Working alongside public health systems, communities have done a tremendous job in ensuring sustainability of the AIDS response."*
>
> Nicholas Niwagaba, UNYPA

> *"The power of the network was realized during the COVID-19 lockdown. Together with over 500 members in Kasese and with support from UNYPA, we strategized to deliver drugs, condoms and render psychosocial support."*
>
> Micheal Ssenyonga, Uganda Network of Young People Living With HIV& AIDS (UNYPA), PATA 2020 Summit, Uganda

How do we ensure that communities and civil society are engaged?

- Mentorship and capacity building for youth-led organisations
- Innovative domestic resource mobilisation and financing
- Investments need to reach youth networks with youth involvement in decision-making around funding
- Communities need to define their needs in a bottom-up approach
- Movement building and networking is effective and can allow for access to coalition funding
- Documentation and reporting to build a body of evidence and demonstrate effectiveness of approaches

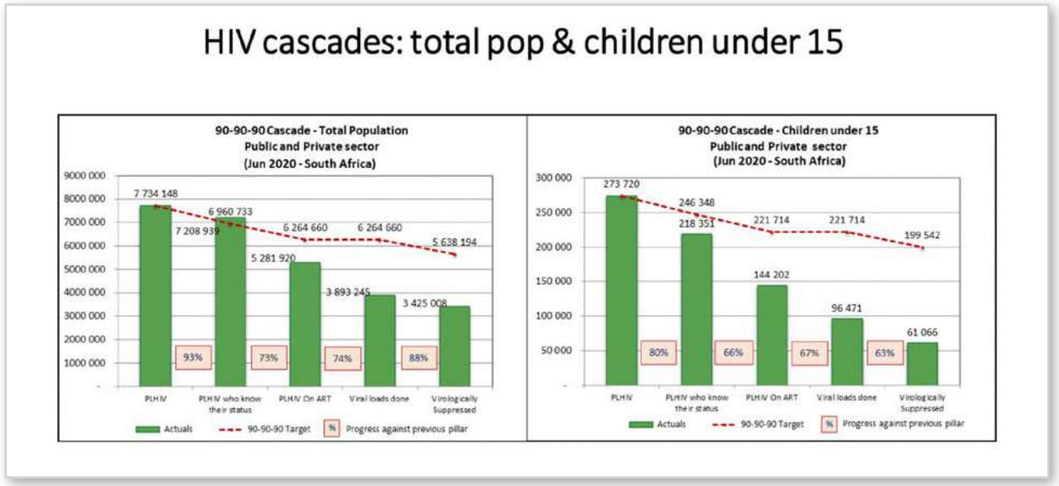
Nicholas Niwagaba, PATA 2020 Summit, UNYPA, Uganda

Finishing Unfinished Business: Building back HIV services for children and adolescents during COVID-19

Dr Yogan Pillay, CHAI, South Africa

Globally, there has been progress with paediatric infections decreasing by 53% since 2010, and 85% of pregnant women receiving ARVs in 2019. However, only 54% of children living with HIV are on ARVs, compared to 62% of adults, and while a lot of attention has gone to children living with HIV, research has found that HIV-exposed and uninfected children are not achieving early childhood developmental outcomes comparable to HIV-unexposed children.

Dr Yogan Pillay, CHAI, South Africa, presenting at the PATA 2020 Summit



Source: Dr Yogan Pillay, CHAI, South Africa, PATA 2020 Summit

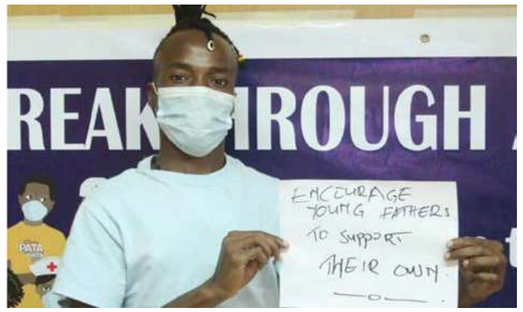
In South Africa, the COVID-19 lockdown resulted in a decrease in children accessing HIV services. With around 200 000 children estimated to not be accessing treatment, the drop in children already in the systems is an additional setback. During lockdown, fewer women accessed antenatal care and there were ARV stocks out of paediatric formulations as resources and personnel were diverted to the COVID-19 response.

To address these setbacks, there is a need for active case finding, including looking for children and adolescents in the following places:

- Clinics (integration with Expanded Programme on Immunisation (EPI) services)
- Early childhood development centres (integration with the department of Social Development)
- Primary and secondary schools (integration with the Department of Basic Education (DBE) to identify those with poor attendance, frequently ill or depressed)
- Technical and vocational education and training (TVET) and universities (integration with Department of Higher Education and Training (DHET)
- Out of school youth

For adolescents, accessing comprehensive SRH and mental health services is essential in addressing HIV and unwanted and unintended pregnancies. Supporting adolescent mothers living in high HIV risk communities is critical for eliminating HIV/AIDS.

> *"We must engage urgently in the use of data for course correction. We must learn and be adaptive."*
>
> Dr Yogan Pillay, CHAI



Participants at the PATA 2020 Summit, South Africa.

Day 2 Africa Café 1

What works for young mothers and vulnerable youth?

Young mothers continue to be a neglected group, experiencing high levels of discrimination and isolation. In a South African study shared by Dr Elona Toska, University of Cape Town, University of Oxford, 95% of the young mothers reported that their pregnancies were unplanned. Young mothers living with HIV have to grapple with additional considerations of ART and exposing their children to HIV. A third of the young mothers in the study did not return to school after pregnancy.

Many young mothers do not have strong support systems including family support and access to childcare. This can lead to higher rates of depression, anxiety and suicidality. Rates of alcohol and substance abuse were higher among YPLHIV. Access to health services by this group can drop over time. Poverty sees many young mothers experiencing hunger and food security issues. The study found that these compounding factors can have long-term implications for the children of young mothers living with HIV.

> *"What hurts the mother also hurts the baby."*
>
> Sharifa Nalugo, JCRC, PATA 2020 Summit Satellite Spoke, Uganda

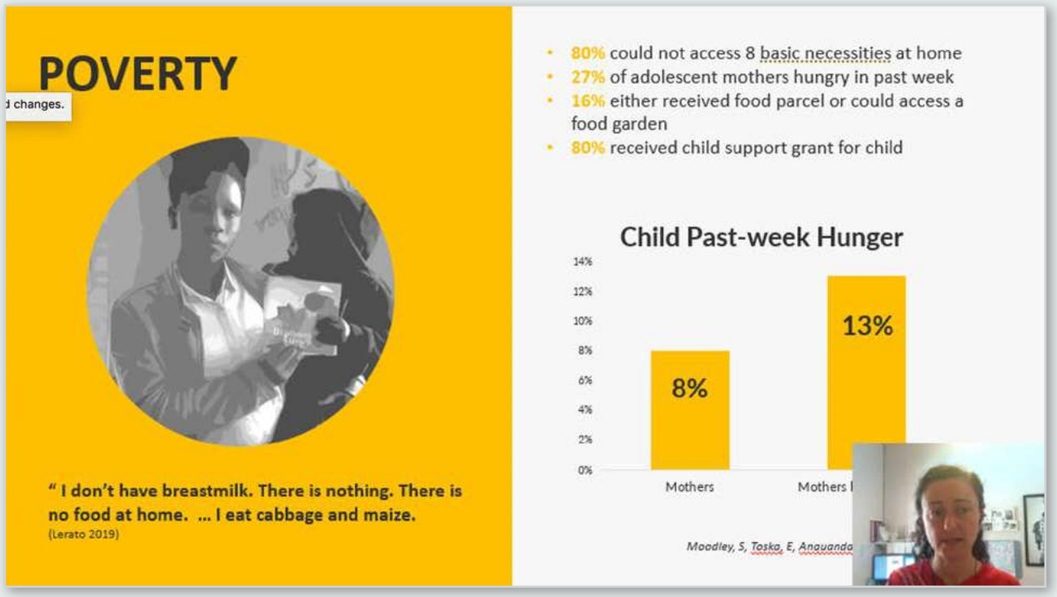
> *"Most young mothers are chased away from home. They are isolated in the community. They don't go back to school and feel like it is the end of the world."*
>
> Miriam Hasasha, CCABA and UNYPA, Uganda

Miriam Hasasha got pregnant at age 15. While she experienced discrimination and felt isolated from the community, her family were supportive. Being at school was the most difficult. 'If I told anyone in the school environment, I would be expelled from school.' Miriam resumed her education at a different school after having her son and is currently in Form 6. Miriam is an Ambassador for the Coalition for Children Affected by AIDS. She works as a peer educator and mentors other young mothers.

Participants at the PATA 2020 Summit in Kenya share messages on young mothers and vulnerable youth.

Two thirds of the young mothers in the study wanted to have more children. About half were on contraception, however there were low rates of dual protection. It was found that involving the men and fathers in interventions for young mothers needs consideration whilst recognising that power dynamics within relationships can be uneven. Some young mothers have experienced abuse and gender-based violence in such relationships.

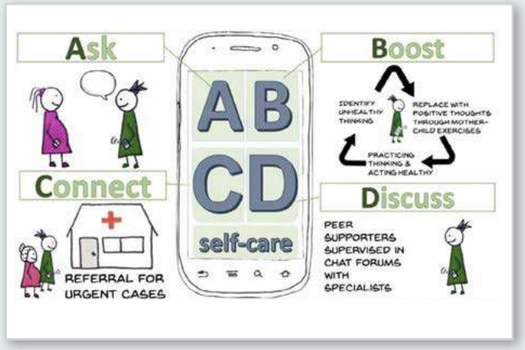
> *"We have young mothers who are also looking after their younger siblings. We need to do more for them."*
>
> Anova Health Institute, PATA 2020 Summit, South Africa

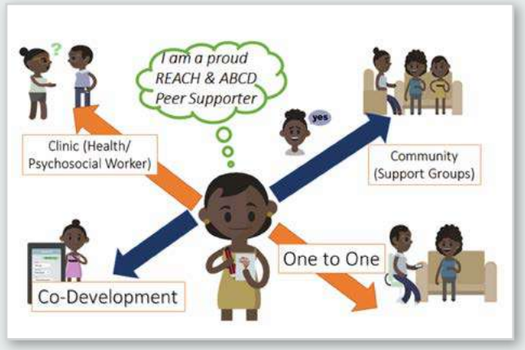


Source: Dr Elona Toska, UCT/Oxford

While young mothers face multiple stressors, most have not lost sight of their aspirations and goals. These can be harnessed to reach young mothers.

mHealth initiatives to reach young mothers were already being piloted prior to COVID-19. Some of these were able to provide ongoing and much needed health information and services to young mothers during COVID-19. Ask Boost Connect Discuss (ABCD) approach is one such model.



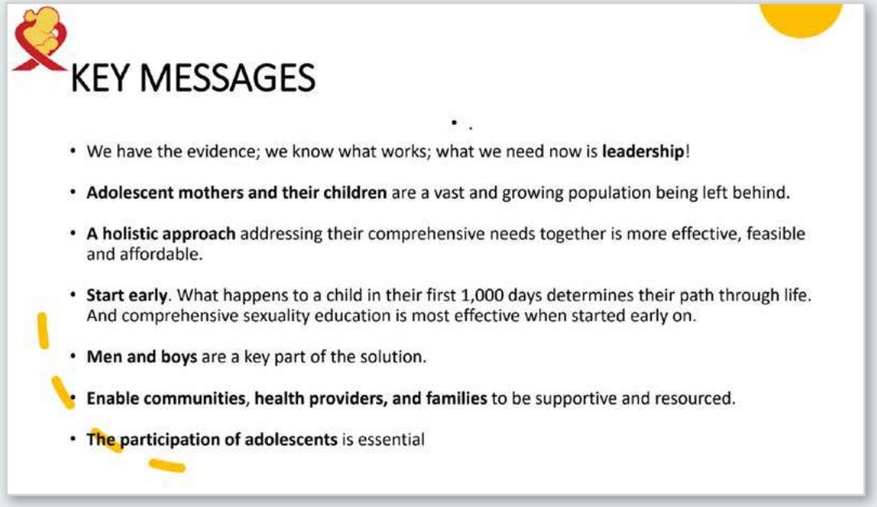


Organisation/ Partnership	Model	Programme	Results	Key lessons
ABCD	Peer-led mental health support groups for young mothers living with HIV	Smartphone app to provide psychosocial and mental health support to young pregnant women and young mothers ages 18-24	Improved mental health and health seeking behaviour among participants Reached young mothers during COVID-19 through telephonic and virtual support Contributed to referrals and linkages Reached young mothers in Uganda, Zambia, Tanzania and Malawi	• ABCD can be integrated into an existing program • ABCD is participatory and was co-developed with young mothers • ABCD offers confidential support to young mothers • Need to consider reaching mothers under the age of 18

> *"Funders should always involve us - the young mothers - in their conversations, their talks."*
>
> Miriam Hasasha, CCABA, Uganda

Key take away and Call to Action

Key messages and a strong call to action were presented by the Coalition for Children Affected by AIDS – Corinna Csaky



Day 2 Africa café 2

You Tube
Click Here

Differentiated & integrated service delivery models

The Africa Café session shared what differentiated and integrated service delivery models are and provided some examples of how they are being implemented.

Differentiated care, also known as differentiated service delivery, is a client-centred approach that simplifies and adapts HIV prevention, care and treatment to reflect the preferences and expectations of various groups of people living with and at risk of acquiring HIV while reducing unnecessary burdens on the health system.

– www.differentiatedcare.org

Source: Judith Kose, EGPAF, Presentation PATA 2020 Summit

In the sub-Saharan Africa in 2019:

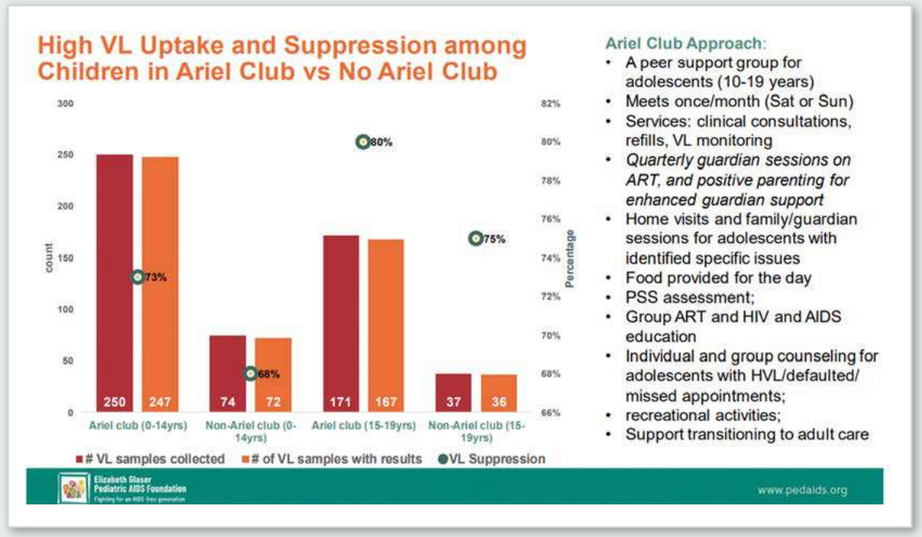
- 61.2% of infants exposed to HIV were tested within the first two months of life
- 51.1% of children living with HIV were receiving ART
- 130 000 new infections in children aged 0-4
- 58 000 AIDS related deaths in children aged 0-4

Source: Saima Jiwan, PowerPoint presentation, PATA 2020 Summit

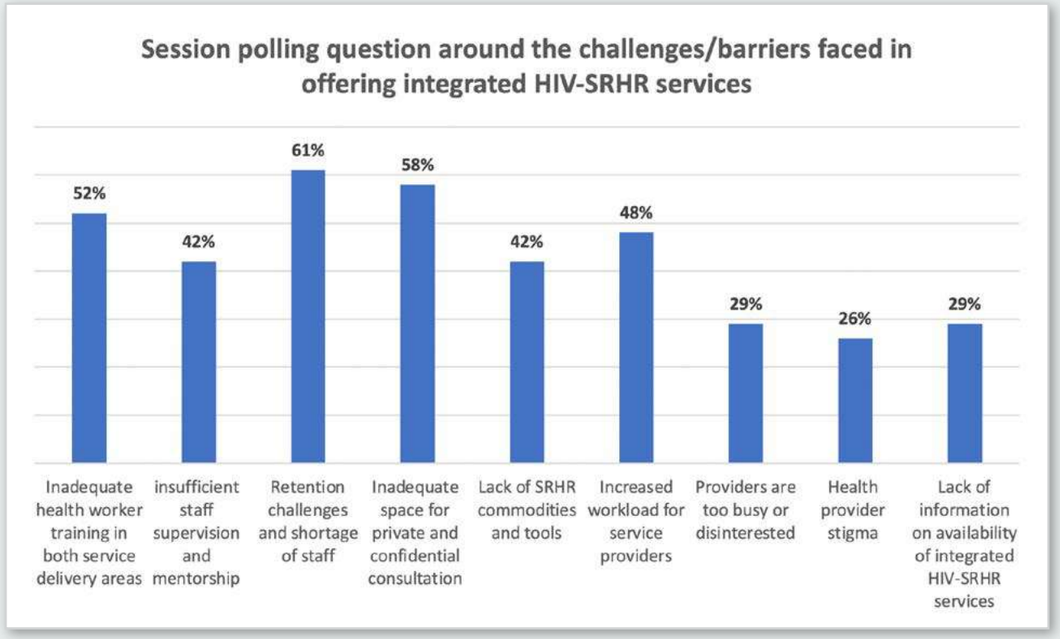
> *"Any programming for young people needs to continually evolve and adapt to the needs of young people."*
>
> Tumie Komanyane, Frontline AIDS, South Africa

Organisation/ Partnership and Model	Programme	Results	Key lessons
EGPAF, Kenya Family Care Model Ariel Adherence Clubs ViiV Red Carpet Services	Multi-month refills Weekend clinics School holiday clinics Child/teen/adherence clubs If VL stable, one family member collects medication for the family Fast track services for 15 to 24-year olds	Reduced workload for health providers Decreased time spent by families at facilities Better adherence Improved viral load testing and suppression Increased linkages to care	Family support contributes to treatment success Have follow up systems for missed appointments Need a dedicated team M&E to track and evaluate performance and outcomes Incorporate client feedback Address the needs of pregnant adolescents Provide one stop services where possible
GNP+ Early Infant Diagnosis for HIV	POC EID Involvement of community-based organisations through EID action plan and resource pack	Test results given to caregivers timeously The time of taking the test and initiating an infant into ART was reduced Infants began ART sooner and at a younger age	Need to address fear, stigma and information gaps around testing Confidentiality is essential POC is more cost effective in the long run
Frontline AIDS READY+	A holistic model addressing multiple needs of young people Community Adolescent Treatment Supporters (CATS) trained to support peers in the community and the facility Trained health providers on adolescent- and youth-friendly health services (AYFHS) and integrated HIV and SRHR services Young people monitor AYFHS and participate in accrediting AYFHS facilities	Reached 30 000 young people Made over 10 000 referrals Reduced burden on struggling health systems	Youth-centred and led programming improves uptake of services Learning is ongoing, including for health providers Young people can lobby and assist frontline providers Useful to have young people placed in facilities Opportunities to expand linking technology and service delivery

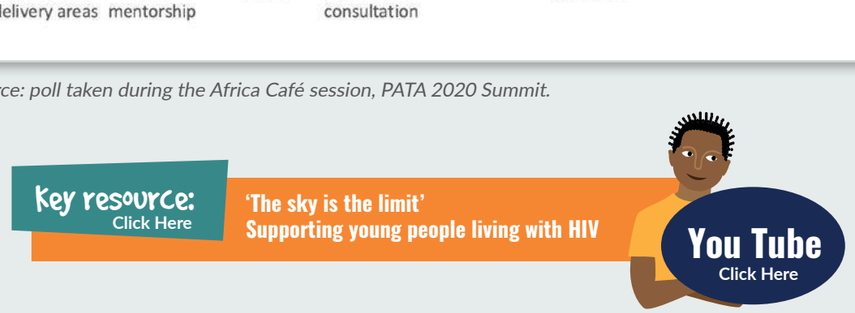
Source: Tumie Komanyane, Frontline AIDS, PATA 2020 Summit presentation



Source: Judith Kose EGPAF, PATA Summit 2020 presentation.



Source: poll taken during the Africa Café session, PATA 2020 Summit.



Special Session

PATA REAL: Review cases, Engage peers, Access experts and Learn lessons!

PATA REAL provided an opportunity for health providers to share real cases with experts for case-based practical learning. The cases that were shared highlighted that despite progress in child treatment, health providers were still struggling with complex cases including advanced HIV disease.

The cases highlighted the following:

1. Treatment complications

- Treatment failure and poor adherence
- Children living with disabilities and struggling to achieve viral load suppression
- Malnutrition affecting treatment
- Blindness as a complication of untreated HIV
- Unpalatable paediatric medication
- The need to make a presumptive diagnosis in the case of advanced HIV disease

2. Social and economic issues

- Mental health issues among children and adolescents including depression and suicidality
- Difficult home circumstances such as elderly or alcoholic caregivers
- Young people with multiple sexual partners
- School interruptions
- Poverty

Suggestions to optimise treatment:

- Start children on treatment as early as possible
- Support caregivers and provide effective treatment literacy and support in administering treatment
- Simplify treatment regimens where possible
- Address holistic needs of children and young people including mental health
- Job aids can help nurses to initiate, better manage and simplify paediatric HIV Treatment

One case highlighted a child who came in to care with advanced HIV disease after her mother died of AIDS. Since starting treatment, the child was doing well and lovingly cared for by her caregiver.

> *"Most children take medication on empty stomachs and most of the medication is bitter which makes them vomit or fail to swallow it, and this contributes to poor adherence among infants and children."*
>
> John Moya, HIV+ advocate / Psychosocial counsellor, Chipata Hospital, PATA 2020 Summit Satellite Spoke, Kabangwe Creative Initiative Association, Zambia

> *"The caregiver is an inspiration. We don't need lots of technology, and we don't need much to really take care of the child and the caregiver."*
>
> Dr Vanessa Fozao, Cameroon

> *"Use of case presentations should be incorporated into the clinic function so that staff can learn from cases as we have from the PATA REAL presentations. We could reach out to experts for specific issues. Multidisciplinary management of cases is important."*
>
> Anova Health Institute, PATA 2020 Summit Satellite Spoke, South Africa

Day 3 Prime Session

Build Back! Clinic-community action, collaboration and accountability

The last day of the summit focused on strategies to facilitate meaningful clinic-community collaboration through joint planning, implementation and evaluation to accelerate comprehensive, coordinated and integrated services.

> *"We should take advantage of the participation in this summit of representatives from both government and community service organisations. Let all those attending be the ambassadors in building a cordial relationship between the Government of Zimbabwe and non-state actors in our joint responses."*
>
> Phakamani Moyo, Friendly Service Delivery for A&Y, United Bulawayo Hospitals, PATA 2020 Summit Satellite Spoke, Zimbabwe

Universal health care: Prioritising health provider well-being

Dr Githinji Gitahi, Amref, Kenya

> *Health starts in the household and the community. Health facilities are there for repair, for when things go wrong. We need to focus beyond facilities.*
>
> Dr Githinji Gitahi, Amref

The wellbeing of health providers is integral to the provision of quality health services and yet in Africa, a continent experiencing a disease burden of 22%, health worker coverage is thin with only 3% of global health providers working in Africa. Despite the need for health providers, there are high levels of unemployment among health providers and thus a mismatch in the absorptive capacity in the public health system, which requires skills but does not have the budget to employ them.

Dr Githinji Gitahi, from Amref, Kenya, presenting at the PATA 2020 Summit.

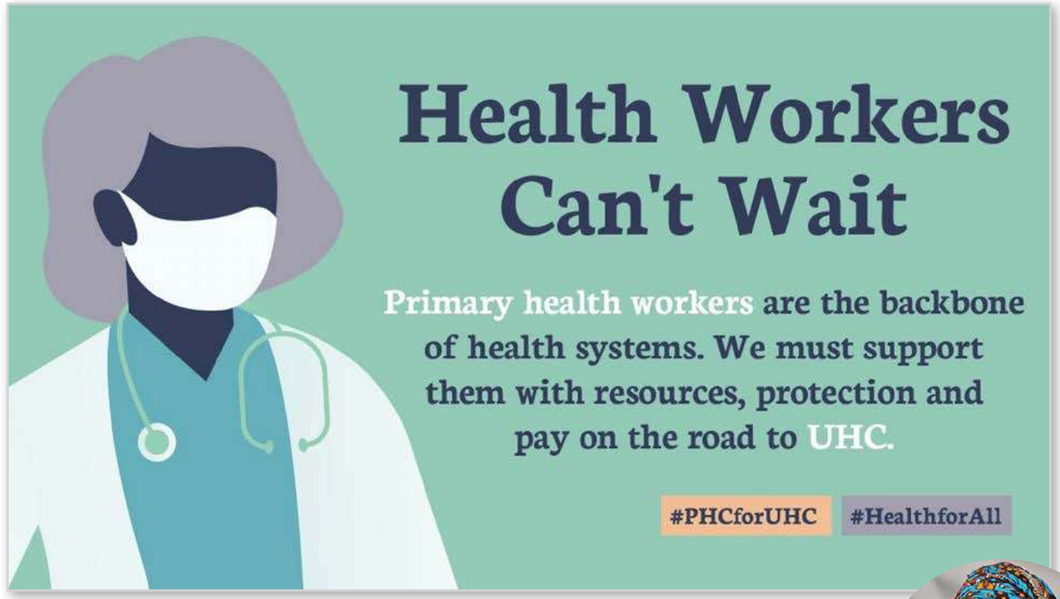
Health providers often work in difficult conditions. Some lack adequate training, experience non- or under-payment, lack the necessary PPE, and work in pressurised environments where facilities can be understaffed. This has been compounded by COVID-19, where health facilities have seen rising patient numbers, ICU's have been overwhelmed and facilities have not always had the necessary supplies such as oxygen to offer to patients in need. These difficult conditions can affect the mental health and wellbeing of health providers. Some health providers have been infected with COVID-19 and were unable to access health care as they could not afford it.

To build the health system and uphold the dignity and health of health providers, the UN recognised the following:

- The health sector is a key economic sector and driver of job creation
- Youth and women play a critical role in the health work force
- There is a need for retooling and ensuring that the right skills are in the right places and that technology supports transformation.

Change requires political commitment. Health providers at all levels need to participate in decision-making processes.

> *The other side is trust, particularly in pandemics where trust between communities and governments can crumble. Trust is built before we need it, not when we need it. Trust is built on engaging beyond the health facility, with the community.*
>
> John Moya, HIV+ advocate / Psychosocial counsellor,



Safeguarding health provider rights: Care for frontline service providers

Amanda Banda, WEMOS, South Africa

Source: WEMOS presentation, PATA Summit 2020

While there are good policies and commitments on paper - including the Global Strategy on Human Resources for Health: Workforce 2030 (2016); the African Regional Framework for the Implementation of the Global Strategy on Human Resources for Health and the World Health Assembly resolution (2017): 5-year Action Plan on Health Employment and Inclusive Economic Growth - there is no clear roadmap on how these strategies and frameworks will be financed.

> *We strongly believe that the issues that health providers, including community health providers, are facing are issues around decent living and working conditions, proper tools and diagnostics, protection from harassment and abuse, the need for more people in the health work force, and ensuring that it is financed.*
>
> Amanda Banda, WEMOS

> *Health workers feel like their work is a calling. They protect and save others. They sacrifice so much, and we need to give them that solidarity and support, and speak up for them and raise those voices higher.*
>
> Amanda Banda, WEMOS

Key resource: Click Here — **Oxfam: "The Right to Dignified Healthcare work is a Right to Dignified Healthcare for All"**

Key resource: Click Here — **Sign the Vaccine Equity Declaration**

Key resource: Click Here — **Join the People's Vaccine Movement**

Beyond the disease: COVID vulnerabilities for children and young people

Prof Kaymarlin Govender, HEARD, University of KZN, South Africa

> *"Young people living in East and Southern Africa were not spared by COVID-19; it increased their vulnerability."*
>
> Prof Kaymarlin Govender, HEARD

East and Southern Africa (ESA) remain the epicentre of the HIV pandemic, and COVID-19 has further strained already fragile health systems. COVID-19 lockdowns limited the movement of people which made health services inaccessible. Health facilities prioritised responding to COVID-19 which discouraged those with chronic conditions from attending health facilities. Other services, including HIV support services such as teen clubs, peer education, adherence counselling, antenatal care and PMTCT were disrupted. Children and young people were affected by school closures and school support such as feeding schemes. The centralised crisis management approach displaced community systems.

mHealth interventions have allowed for the continuation of some health services, with health providers using WhatsApp and mobile technology to provide services to, and engage with, clients. mHealth innovations need to be extended to include offering psychosocial support to health providers themselves, who have had to work extended hours with high workloads.

Professor Kaymarlin Govender, HEARD, University of KZN, South Africa, presenting at the PATA 2020 Summit.

While a vaccine is in development, there is a need for preparedness and resilience in the face of a possible second wave that requires community-based responses.

> *"Human rights violations have not been easy to detect because of disruptions to community systems, limited healthcare workers on the ground, and with some governments using lockdown measures for political ends."*
>
> Kaymarlin Govender, HEARD

Key resource: Click Here — **Reference for full paper**

COVID-19 emergency response funds:

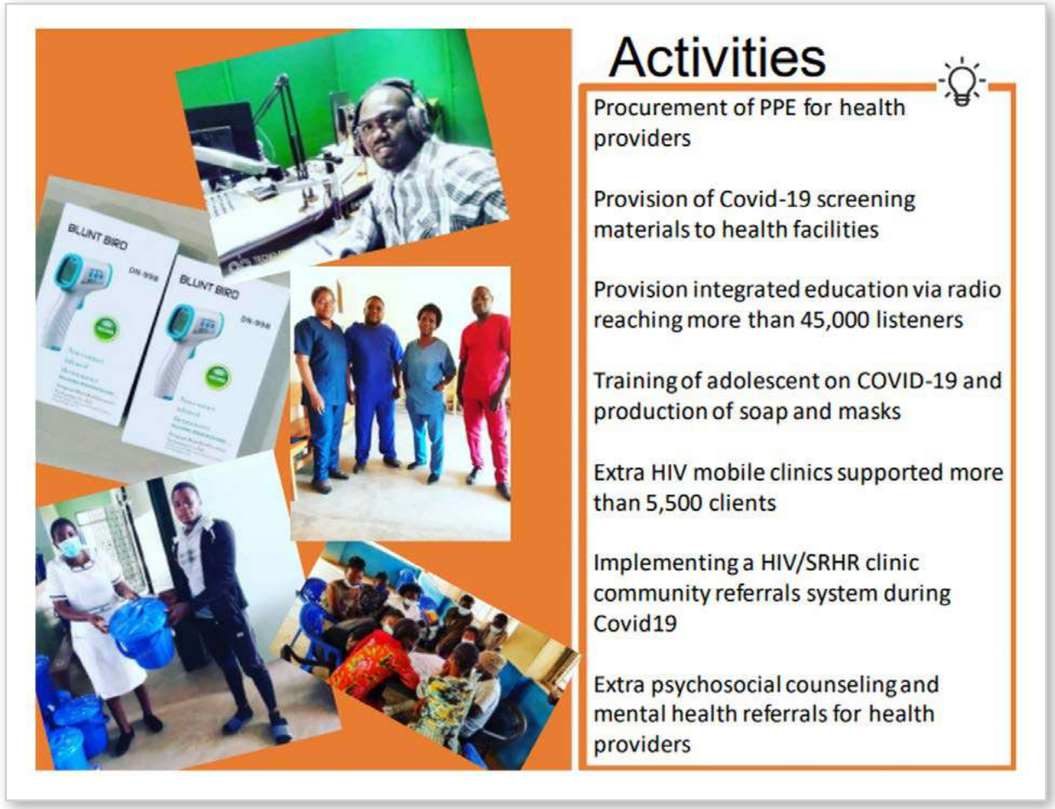
A little goes a long way with clinic-community collaboration

Blessings Banda, WeCare Youth Organization, PATA, Malawi

CBOs are best placed to implement agile and cost-effective emergency responses. PATA developed a COVID-19 Emergency Response Fund (ERF) that allowed local CBOs in Eswatini, Cameroon, Kenya, Malawi, Mozambique, Tanzania, Uganda, Zambia and Zimbabwe to respond to the impact of COVID-19 to ensure the continuation of HIV services in their clinics and communities. The CBOs utilised the resources based on local needs and contributed to a range of activities. International NGOs Aidsfonds and Frontline AIDS used similar approaches by providing funding to NGOs and CBOs in the region.

Take home messages:

- Local organisations know the context best, and can integrate responses into their existing work
- Continue service provision in emergency situations. Think outside the box
- Prioritise clinic-community collaboration especially when people are not accessing services
- Provide information and raise awareness through community-based organisations
- Radio is a good alternative to reach those who do not have mobile phones



Source: Blessings Banda, WeCare Youth Organisation/PATA, PATA 2020 Summit presentation

Key resource: Click Here — **COVID19 Emergency Response Fund ERF Report**

Day 3 Africa Café 1

You Tube Click Here

Community youth-led monitoring & advocacy

The Africa Café session showcased a number of community youth-led monitoring and advocacy initiatives.

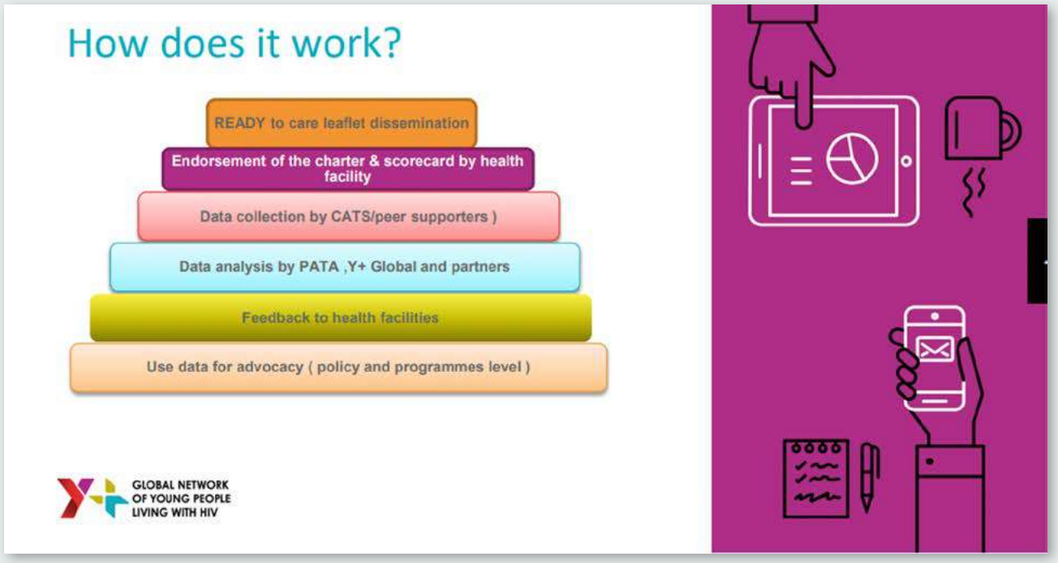
> *Young people are not the leaders of tomorrow but the leaders of today.*
>
> Julian Kerboghossian, ATC, Lebanon

> *Friendliness improves mental health. Some young people look forward to accessing services.*
>
> Tinashe Rufurwadzo, Y+, Zimbabwe

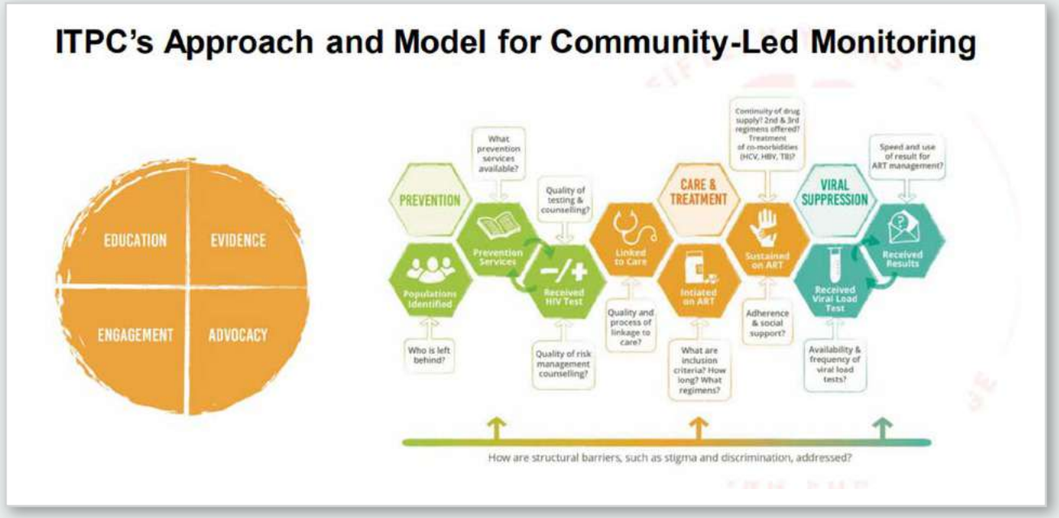
> *People do not need to do advocacy on behalf of young people. They need to do the advocacy themselves, but they should be supported to do that. They are an equal partner.*
>
> Alain Manouan, ITPC, Botswana

> *We need more financial support, especially for the regions left behind like Middle East and North Africa (MENA) where I come from. We cannot do much without the finances.*
>
> Julian Kerboghossian, ATC, Lebanon

Organisation/ Partnership and Model	Programme	Results	Key lessons
Y+ and PATA Ready to Care Scorecard	Scorecard to assess young people's experience and level of satisfaction of health services Peer-to-peer engagement PATA analysed the data and shared with health facilities	Facilities implementing the scorecard reported improvements over time Young people know their rights and what services they should have access to	Service providers make a big difference in how young people experience services Communication between AYPLHIV and health providers improves service delivery Friendliness in service delivery improves mental health and openness among young people which improves access to care
Y+ No Time to Wait	Advocating for POC EID	Continuing effort	Need decision-makers to prioritise EID and ensure equipment available at decentralised facilities Staff need training Allocate dedicated staff to support POC EID Staff doing POC need to be aware of mental health issues of young mothers CBOs and NGOs to raise awareness and demand for POC EID
ITPC Community Treatment Observatory (CTO) Model	Community members collect data on HIV prevention, testing, care and treatment services for monitoring and advocacy Educate on HIV prevention, treatment and standards of care	Assisted to identify gaps and barriers to service delivery, including stigma and discrimination Increased government accountability and investment	Needs buy-in and collaboration with local and national partners Data driven advocacy networks are critical to improve the quality of care Advocacy to be done in partnership with young people Use data to acknowledge and praise improvements in service delivery when detected
ATC Promoting youth leadership	Build leadership capacity of young people	Virtual conferences have allowed young people to engage and participate in conferences and forums e.g. UNAIDS strategy development and up and coming Global Fund strategy	Youth movements lack capacity and skills, and need support, particularly around resource-mobilisation Need to be realistic and prioritise based on most urgent needs



Source: Tinashe Rufurwadzo, Y+, Zimbabwe, Ready to Care Scorecard, PATA 2020 Summit.



Source: Alain Manouan, ITPC, Botswana, PATA 2020 Summit.

Day 3 Africa café 2

Health provider advocacy and rights

Young people are more likely to access services and remain in care when they experience non-judgemental and friendly services. It is important that young people and health providers build a trusting, confidential, positive and equal relationship. Young people need to be comfortable to be vulnerable and ask questions that can allow them to make informed decisions.

How can we make young people feel more welcome in health facilities?

- Young people need to be aware of their rights and to have realistic expectations
- Ensure stocks are available to assist health providers to offer quality care
- Ensure adequate human resources at health facilities to prevent burn out and overwork
- Equip health providers with advocacy skills to advocate for their needs
- Ensure that health providers understand the communities and context in which they work, including barriers that can hinder access to services
- Acknowledge the commendable work being done by health providers with the resources available

> *It is the small things that count, a friendly face, welcoming attitude, a smile, a sense of belonging.*
>
> Phakamani Moyo, Friendly Service Delivery for A&Y, United Bulawayo Hospitals, PATA 2020 Summit Satellite Spoke, Zimbabwe

> *Value clarification and attitudes transformation (VCAT) training can help health providers to provide friendly and non-judgmental services. VCAT guides health providers to explore their personal values and attitudes and how this impact on their approach to young people and key populations. The training includes addressing stigma and discrimination and helps health providers to self-reflect and consider changing their approach. VCAT highlights a rights and client-based perspective which requires the meaningful and intentional involvement of adolescents, young people, and key populations.*
>
> Dr Margret Elang, PATA, Uganda

To support health providers to provide AYFHS and integrated HIV and SRHR services, and to advocate together with and for AYPLHIV, PATA has developed health provider advocacy training. The training combines face-to-face, group learning and online, individual learning. Online learning will take place via a virtual platform.

> *Having judgement can be a heavy burden, but when we detach it becomes liberating.*
>
> Dr Margret Elang, PATA, Uganda

> *There is a feeling from young people that there is stigma attached especially when they want to access SRH services. They are saying people who staff those centres have adopted that parent-to-child relationship and the young people end up not getting the service they would have expected.*
>
> Sithembile Maphosa National Aids Council, Zimbabwe, PATA 2020 Summit Satellite Spoke, Zimbabwe

Source: Heleen Soeters, PATA, South Africa, PATA 2020 Summit

COVID-19 placed the health system globally under unprecedented pressure and highlighted the difficult conditions that many health providers work in. COVID-19 placed health workers and their families at risk as they remain on the frontline of care, often without the requisite PPE and psychosocial support available to support them.

PATA created a debriefing platform to support health providers during the COVID-19 pandemic. The COVID-19 pandemic occurred at a global scale resulting in collective trauma and thus those offering services are also traumatised themselves. The platform provided much needed support to health providers for a range of issues including:

- Initial lack of information, confusion and uncertainty in the face of a new and unknown illness
- Fear of getting infected, co-workers getting infected, or infecting family members due to exposure and working in a high-risk situation
- Being exposed to high levels of illness and death, including illness and death of health providers
- Lack of PPE
- Isolation as some health workers chose not to stay with family to reduce the risk of infecting family members
- Fear of stigma and discrimination because of working in close proximity to the virus
- Not coping at work with high levels stress and long hours
- Having to offer more intensive psychosocial support and care to patients as families were unable to visit them

> *On the one hand, health providers were treated as heroes but they were also isolated and stigmatised because of their proximity to the virus.*
>
> Roger Bedford, Psychologist

Signs and symptoms of burnout and distress in health workers include increased anxiety, exhaustion, changes in mood, irritability, loss of confidence, withdrawal, excessive worry, feelings of sadness, loss of interest in things that previously provided enjoyment, lack of pleasure, memory loss, changes in sleep patterns, loss of appetite, a sense of worthlessness and others.

Health providers can present with multiple symptoms and need to seek help if they are struggling. Help is available through counsellors at health facilities, work colleagues or supervisors.

> *To be there for our clients, we have to be in a good state of mind with good mental health.*
>
> Charity Maruva, Solutions Counselling, Zimbabwe

Day 3 Lekgotla and Closing

Breakthrough: Prioritising and investing in children and communities to build back better from COVID

COVID-19 has undermined gains in paediatric HIV care despite innovations in mHealth, differentiated service delivery models and ongoing community action.

The **service delivery framework** was coordinated by UNICEF in collaboration with PEPFAR, Ministries of Health, technical partners and PATA to try to pinpoint the problem areas based on the setting and context. It proposes a matrix of evidence-based interventions that can improve a particular area of care such as retention or improved diagnostics. It is not prescriptive, but a tool for dialogue that includes all stakeholders.

While the service delivery framework was not developed with COVID-19 as a consideration, the tools can be utilised to adapt service delivery in the context of COVID-19.

Uganda utilised the service delivery framework to adapt its HIV response in light of COVID-19 to:

- Include multi-month dispensing to assist with access to medication during lockdown. Initially this resulted in stock-outs as health facilities had not planned for the provision of multi-month medication
- Dispense drugs at community drug distribution points so that children and caregivers did not have to travel far. This helped to decongest health facilities
- Offer telephonic consultations and counselling sessions.
- Have peers collect medication for young people in their area

> *"We need to make people feel valued, respected and at the centre of the care response."*
>
> Dr Shaffiq Essajee, UNICEF

Dr Gloria Munthali from the National Ministry of Health Zambia and Dr Violet Nabatte from the Mildmay Hospital in Uganda, shared experiences of differentiated service delivery models.

Zambia implemented a differentiated service delivery model to improve EID and POC testing. The Zambian Ministry of Health utilised community linkages with CBOs and volunteers assisted with tracking. It implemented index testing which saw higher positivity yields. The Ministry is striving to improve viral load suppression through the application of weight-based dosing and moving to DTG. It is monitoring its responses through service quality assessments.

Uganda saw patients taking responsibility for their care during COVID-19. Some people who had to relocate during lockdown were able to access medication from other health centres. Health workers in different areas consulted with one another to ensure continuity of care. Some of the measures that were implemented during lockdown will continue.

PATA 2020 Summit, Kenya.

Maureen Milanga, from Health Gap, Kenya, highlighted how the world has failed to deliver on its pledge to achieve reductions in infections among children. Targets have consistently been missed. Quality differentiated service delivery requires resources and investment. With funds diverted to the COVID-19 response, there is a need to monitor that funds are not diverted from the HIV response and that children are prioritised. Funding for COVID-19 responses needs to be in addition to funding for HIV responses. PEPFAR, the Global Fund and UNAIDS are the largest supporters of the HIV response and yet PEPFAR funding has been flatlined for some time. Civil society, networks of people living with HIV and other stakeholders need to engage them to ensure that the priorities for paediatric care such as POC EID, adequate human resources, steady drug supplies and ensuring that services that are brought to the community are funded. Monitoring and advocating for investments needs to be highlighted in PEPFAR, Global Fund and UN strategic plans with budgets that support them. Civil society needs to engage in these spaces to monitor and advocate for paediatric care and services and to assess if resources are being efficiently used and address gaps in service delivery. The biggest challenge is the lack of political will. National budgets need to reflect the needs of PLHIV, including children.

> *"Adults can get their status in a few minutes. The standard should not be different for children who cannot speak for themselves and are easy to ignore."*
>
> Maureen Milanga, Health Gap, Kenya

Anne Magege, from the ELMA Philanthropies, shared how HIV funding has declined and is currently at the same levels as they were a decade ago. Funding cuts for HIV, as well as other essential services, have been exacerbated with funds diverted to the COVID-19 response. For sustainability, the main investor in the HIV response needs to be national governments.

Government is also a key driver of integration in paediatric care and needs to ensure that children are receiving optimal treatment. Funders are increasingly collaborating with one another and interested in funding partners that are working with one another. Integration, coordination and collaboration is key.

More funding is however needed. Funding needs to be flexible and support adaptive and innovative responses.

Celebrating PATA 2020 Summit Champions

Team PATA received nominations for the Health Provider Champion, applications for the #JerusalemaChallenge, applications for posters and Tell Your Story. Here are the shortlists of the PATA 2020 Summit awards:

To mark the importance of resilience building and managing stress in challenging times on the frontlines, health providers and delegates were asked to take on the #JerusalemaDanceChallenge.

You Tube
Click Here

The PATA 2020 Summit #JerusalemaChallenge videos are all available on the Team PATA YouTube page:

You Tube
Click Here

Acknowledgment for the Spoke that created national visibility on Paediatric and Adolescent HIV service delivery went to Cameroon

Acknowledgment for most active on social media during the summit went to Ruta Black

Conclusion

> *To the frontline providers, the summit is dedicated to you and your efforts, hard work and the many sacrifices you make.*
>
> Luann Hatane, PATA

The PATA 2020 Summit was unlike any other in that it was held in virtual and geographically dispersed locations. It did, however, manage to retain its ethos and intention of bringing people together, building solidarity and creating a platform to link and learn. The summit recognised that progress has been made, but that gaps not only remain, but are widening, and there is the potential for the reversal of gains if resources are diverted from the HIV response to COVID-19.

Central to the summit was the call for differentiated service delivery to ensure that the unique needs and circumstances of each child and adolescent are considered in delivering comprehensive service delivery models that effectively integrate health, wellness and HIV services that are delivered by clinics and communities working together. The PATA 2020 Summit foregrounded the unprecedented pressure

facing frontline service providers in the context of the COVID-19 public health 'earthquake' and highlighted the fault lines and inequalities in health systems.

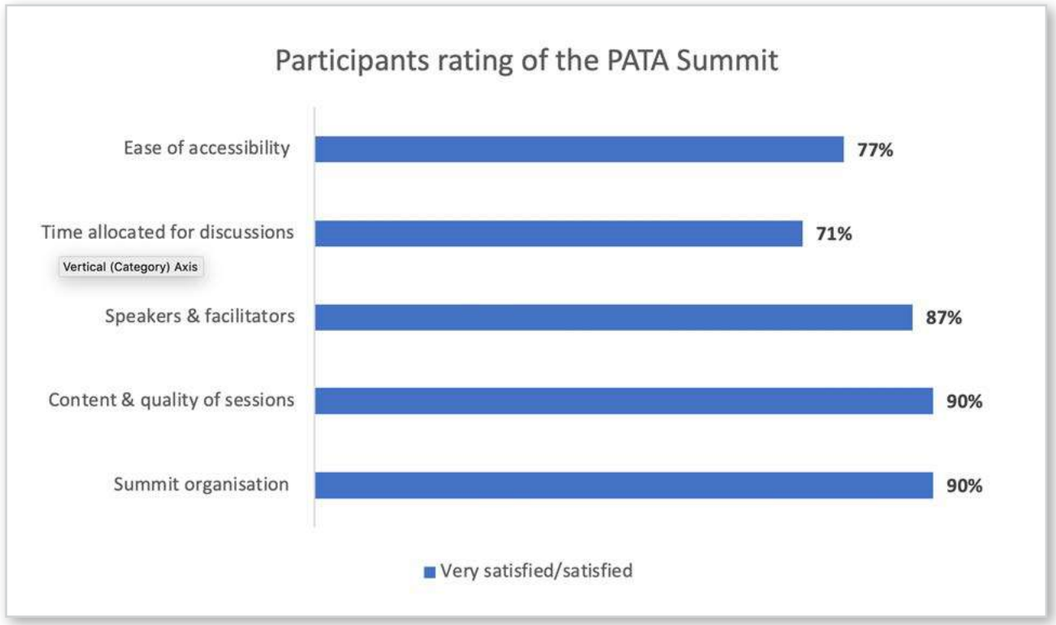
Ongoing investments, support, political will, leadership and commitment are required to ensure that the HIV response for children and adolescents remains on track.

Key take home message

	What is needed?
Wake Up! Closing the gap for children and adolescents	• Paediatric HIV to be prioritised globally and nationally, this needs political will and civil society leadership with strong mechanisms to monitor commitments and investments • More operational research on implementation – developing a strong practical solutions matrix • Implement what works- e.g. POC EID testing, rapid ART initiation, index testing, peer support • 4th 90 - to get viral suppression - need to focus on nurturing, comprehensive and integrated care models that address social and structural barriers • Implement new technologies and optimise clinical care and advance access to optimal formulations and treatment for children • Advanced HIV disease in children and poor adherence is particularly challenging for frontline providers who require additional support/training and simple tools to manage confidently • Accelerate mHealth innovations including advocating for reduced data costs or zero-rated data • Provide friendly, stigma-free services • Strengthen and invest in CBOs • Support caregivers
Breakthrough! A service delivery framework to drive and deliver services for children and adolescents	• Differentiated service delivery to ensure context specific, data-informed, patient-centred service delivery – moving away from a 'one size fits all' approach • Political will, leadership and commitment to deliver integrated comprehensive service models that address social and structural barriers and exclusion • Holistic support for young mothers and pregnant women and targeted support to reach and serve key populations • Community monitoring and improved accountability linked to ongoing quality improvement planning and review • Address political, legal, capacity and funding obstacles facing community and youth-led responses • Course correction to address reversals in accessing HIV services and routine care due to COVID-19 • Participation of adolescents in decision-making processes and strengthen mechanisms for youth leadership • Use real cases as a platform for sharing and learning as part of multidisciplinary case management that reflects local context and local solutions
Build Back! Clinic-community action, collaboration and accountability	• Close collaboration between government, international partners, NGOs and frontline health providers • Decentralised service provision - taking services to the community and working with the community to complement service delivery in a coordinated way • Clinic-Community action, coordination and partnership that is based on trust is crucial • A little goes along way, how can we do things differently to limit unnecessary administrative barriers • Advocate for dignified working conditions for health providers that include adequate human resources, safe working conditions, equipment, fair remuneration with greater attention given to mental health • Be aware of and challenge personal belief and value systems that may deter adolescents and young people accessing the care they need • Integrate innovations and lessons learnt, including virtual support and differentiated services, from COVID-19 into the ongoing HIV response • Advocate for international and national plans and budgets to reflect the needs of PLHIV, and effectively prioritise children and adolescents • Safeguard frontline worker rights. Restore the dignity of their work and advance building a quality, universal, people-centred, resilient healthcare system that is responsive to the needs of communities, children, AYP and healthcare workers, and that is free for all • Health providers on the frontline have as much to teach as to learn

Feedback on the PATA 2020 Summit

The summit evaluation survey was completed by a total of 278 participants (40% of summit attendees), of which 49% were health providers. Of these participants 59% attended a satellite spoke while 15% attended a main spoke, and a further 26% connected directly and independently online to the virtual hub. The overall summit experience was rated as satisfactory by 90% of the summit evaluation participants. The graph below depicts participants feedback on various aspects of the PATA summit:



Summit participants indicated that the forums highlighted key concerns and provided effective strategies on service delivery improvements, linking and learning on the frontline (95%). Participants also reported that the prime sessions were informative and practical (94%), the Africa Cafes focussed on sharing pragmatic lessons and were informative and practical (91%), and that the Lekgotlas were interesting and facilitated dialogue and debate between different stakeholders (87%).

Participants reported that the summit was well organised, and the information provided was practical. They enjoyed the experiences shared by panellists and felt the sessions, case presentations and discussion were very information and the presenters and facilitators were well informed and knowledgeable about the topics they were presenting.

Participants did however feel that they were areas where further improvements could be made for future PATA summits. These areas of improvements included:

- Extending the summit registration timeframes
- Allocating more time for case presentations and discussions as well extending the time allocated for Q&A or increasing the number of days for the summit
- More youth participants were called for as summit attendees indicated that they would like to have more young people as panellists
- At some spokes there were internet connectivity issues, and this became challenging as presentations could become blurred, and not of good quality. Participants requested that presentations be printed and given to participants so that they can easily follow during the sessions
- Participants felt that there should be a short break between sessions as presentations were consecutive and lengthy making it hard to keep listening and focussing without a short break in-between
- Participants also felt that improvements could be made in terms of the translations provided. Participants indicated that the presenters should speak slower with pauses in-between as the translator struggled to retain all the information resulting in pieces of information being left out, making it difficult to follow consistently. It was also suggested that the presentation slides could be translated and shared with participants so that they can easily follow during the presentations
- Ensuring all spokes have morning sessions to view recorded sessions from the previous day to allow for more discussion

> *"I learnt a lot from other health providers on how they are working to improve health services to adolescents and children. I learnt a lot on how as health providers we can deliver most health services to adolescents and children in my health facility – I learnt to be creative, knowledgeable, and create a friendly platform to all of my clients."*
>
> Health Provider, Zambia

> *"I thank the panellists and the entire PATA team and all the participants for bringing us together for a common cause no matter the COVID-19 situation and challenges. The online summit really proved that distance is not a barrier. Let us keep that togetherness."*
>
> Health Provider, Uganda

> *"I liked how systematic and informative the information was delivered. I liked how they engaged with some adolescents to share their experiences and advise the rest. I liked how they brought up clinical issues with the community so that people could understand. Finally, I liked the overall celebration of the summit, it was enjoyable."*
>
> Health Provider, Kenya

PATA also conducted an internal staff evaluation whereby staff were asked to complete a PATA 2020 Summit feedback survey. Results of the survey showed that staff were both very satisfied/somewhat satisfied with the blended approach, of having a central online hub, with satellite and main spokes. PATA staff felt that the following aspects worked particularly well.

- The hub was very user friendly
- More participants could be reached resulted in increased attendance of the summit
- A lot of work was done to make sure the model works.
- Time was efficiently allocated, however all spokes should have morning sessions
- Allowed for expanded participation and a broader programme with a wide range of speakers and conributors
- Good geographical and regional spread
- Great way to connect to participants and speakers

Lessons from what did not work so well that can be improved on moving forward:

- Increase time between sessions and ensure all satellite spokes have morning sessions to recap and engage
- Multiple one-time pins for registration must be simplified
- Internet connectivity impacted quality of the live or recorded presentations
- Greater explanation, orientation and roadmap on the blended approach and use of the hub
- Minimise administration linked to the registration in the hub and satellite spokes
- Improve run in time to engage with the network to co-develop the programme and organise satellite spokes
- Expand participation through organising and supporting more spokes
- In conclusion, the staff feedback shows that the blended approach met the expectations of the summit as it was well organised and delivered, there was a high degree of participation, with many more partciapnts reached both virtually and through satellite spokes. The main and satellite spokes were engaged and excited to be part of hosting the PATA Summit providing increased joint-ownership of the summit. There was good time keeping during the sessions and the themes covered by speakers were current, relevant and made practical for those working on the frontline

Resources and Links

UNICEF: Improving HIV service delivery for infants, children and adolescents: A framework for country programming. http://teampata.org/wp-content/uploads/2020/04/Paediatric-Service-Delivery-Framework_full-version-April-2020.pdf

Oxfam South Africa: The right to dignified healthcare work is a right to dignified healthcare for all. http://teampata.org/wp-content/uploads/2020/07/Oxfam_The-right-to-dignified-healthcare-work-a-right-to-dignified-healthcare-for-all.pdf

United Nations: Comprehensive Response to COVID-19: Saving Lives, Protecting Societies, Recovering Better. https://www.un.org/sites/un2.un.org/files/un_comprehensive_response_to_covid-19_june_2020.pdf

UNAIDS: Global Aids Update | 2020. https://pata2020summit.org/wp-content/uploads/2020/10/2020_global-aids-report-en.pdf

UNAIDS: Start Free, Stay Free, AIDS Free update report. https://pata2020summit.org/wp-content/uploads/2020/10/2019-global-AIDS-update_en.pdf

The PATA 2020 Summit in Pictures

The PATA 2020 Summit in Pictures

The #PATA2020Summit on Social Media

GNP+ @gnpplus · Nov 12, 2020

DAY 2 of the **#PATA2020Summit** is underway, & the focus is on accelerator strategies & regional priorities to drive & deliver services. The day will focus on renewed efforts to end paediatric. Catch @gnpplus P/manager @sail018 talk about Point-of-Care Early Infant Diagnosis

You and 9 others

1 7 25

Kwakha Indvodza @Kwakhaindvodza · Nov 12, 2020

On-going discussions at the **#PATA2020Summit** on how countries in Africa can improve health-care facilities for young people, promoting accessibility to health care services. **#PATA2020Summit** #FrontlineAids #ReadyPlus

You and CANGO

1 6 7

READY Movement @READY_Movement · Nov 12, 2020

@TumieSa presenting on the differentiated and integrated service delivery models with an intense focus on the READY+. Have a look at some of the lessons which we have learned over the past years. #WeAreREADY **#PATA2020Summit** @frontlineaids @Avert_org @NLnMozambique @gnpplus

You and 3 others

3 6

Winifred the HIV Activist @raelwyne · Nov 12, 2020

@niwagabanic during the @teampata demonstrated the power and impact of communities in the HIV response. Community systems need to be strengthened. Young people should be at the centre in the HIV response. "We need resources to strengthen our PLHIV networks.
#PATA2020Summit

You and 8 others

1 10

SAfAIDS @SAfAIDS · Nov 13, 2020

DAY 3 of the **#PATA2020Summit**. Clinic community collaboration can lead to improvement in the quality, care and wellbeing of children living with #HIV!
@teampata

Rouzeh Eghtessadi and 3 others

3 7

Frontline AIDS @frontlineaids · Nov 13, 2020

What a lovely #FridayFeeling way to start day 3 of the **#PATA2020Summit**

> **Angel Ntege** @AngelNtege · Nov 13, 2020
> Day 3 of #PATA2020SUMMIT
> The participants surprised @niwagabanic with a belated Birth Day cake.

2

#SwaziLove(MMS) @dj_mpembe · Nov 13, 2020

#PATA2020Summit let's call it a day breaking barriers stand up for health advocates @teampata @Virology_Edu @LetsStopAIDS @EGPAF @Amref_Worldwide @UNFPA_SVP @CANGO3 @NERCHA13

1 4

Jackie Paul @JackieMushi · Nov 13, 2020

🎶🎵Pata pata pataaaa pataaa pataa 🎶🎵🎶 **#PATA2020Summit** It was amazing week listening to health workers, IPS and all Panelists from all over the world! Well done PATA! "Hogera sana" @RepssiTanzania @REPSSI @TumieSa @teampata @frontlineaids

4 4

Uganda Network of Young People Living with HIV @ · Nov 13, 2020

The last day of the **#PATA2020Summit** has been a great one already. Earlier today, we went a little crazy and had some fun with the camera. 😍

1 10 35

Sharifah Nalugo @misspostives · Nov 13, 2020

Day 3 and the last day for the **#PATA2020Summit**. Today is the last day we are driving the discussions along how we "Build Back! Clinic community action collaboration and accountability"

You and 4 others

2 13

PATA @teampata · Jan 15

#DidYouKnow That the **#PATA2020Summit** recordings are accessible? Please go here to access and to watch all the records: bit.ly/3pJqJlv

: Anova Health Institute

2 2

PATA @teampata · Nov 27, 2020

#PATA2020Summit 🙌

Thank you for attending the summit @mauryn70 🧡

> **Tukahirwa Maurine** @mauryn70 · Nov 27, 2020
> Congrats to all Delegates that attended the #PATASummit20.
>
> @GirlsMustUq

1 3 5

https://www.facebook.com/PaediatricAdolescentTreatmentAfrica/

https://twitter.com/teampata

https://soundcloud.com/teampata

Team PATA - YouTube

https://www.instagram.com/teampata/

Thank you to all the Partners who organized a Main or Satellite Spoke

Country		Organisation/Health Facility
Cameroon	1	Nkwen Baptist Health Center
Eswatini	2	Coordinating Assembly of NGOs (CANGO)
Kenya	1	NMS Casino
Malawi	2	WeCare Malawi Rainbow Clinic
Mozambique	4	OASIS REPSSI Pemba REPSSI Maputo N'weti & EGPAF - Inhambane
South Africa	2	ANOVA, JHB AFSA, Durban
Tanzania	2	REPSSI Tanzania Youth Millenium Initiative Organisation
Uganda	2	TASO Gulu Uganda Network of YPLHIV (UNYPA)
Zambia	3	Kabangwe Creative Initiative Association (KCIA) Pride Community Health Organization (PRICHO) Ndola Nutrition Organisation
Zimbabwe	4	Million Memory Project (MMPZ) Jointed Hands Welfare Organisation SafAIDS - Mutare SafAIDS - Harare
Nigeria	1	CHAI
Ethiopia	1	CHAI
Total Spokes	**25**	

Thank you PATA Partners

Ready+ Consortium

The UKRI GCRF Accelerating Achievement for Africa's Adolescents (Accelerate) Hub:

Coalitions:

Breakthrough Partnership:

Unfinished Business South Africa:

Appendix: PATA 2020 Summit – List of Participating Health Facilities and Organisations

Country	Health facility/Organisation
Burundi	Resuau National Des Jeunes Vivant Avec Le HIV (RNJ+) Centre Médical Espoir de Kayogoro
Brazil	UNICEF - Brazil
Cameroon	Etuog Baptist Hospital Nkwen Baptist Health Center Mezam Poly Clinic Bamenda Bamenda Regional Hospital Cameroon Baptist hospital Mutengene For Impacts in Social Health Cameroon Agenda for Sustainable Development Chantal Biya Foundation Cameroon Baptist Convention Health Services Banso Baptist Hospital
Cote d'Ivoire	Centre Médico-Social walé
Democratic Republic of the Congo	Children Aid Program CAP-HEAL Africa Hospital EGPAF - DRC
Ethiopia	Bole 17 Health Center Kotebe Health Center Sarise Health Center Nifas Silk Lafto General Jagama Kello memorial Health Center Kolfe Kerniyo Woreda 9 HC Addis Ketema Health Center Bohle Health Centre Tekelehymanot Health Center Menelik Referral Hospital Debre birhan Hospital Holeta Health Center Kality Health Center
Eswatini	Emkhuzweni Health Center Sigombeni Clinic Mbikwakhe Clinic Baylor College of Medicine Children's Foundation Bholi Clinic Lobamba Clinic Pigg's Peak Government Hospital Mafutseni Clinic Siteki PHU Bhekinkosi Nazarene clinic Ministry of Health Eswatini CANGO - Eswatini UNAIDS - Eswatini NCM-E RFMH Network of Young Positives (ENYP+) Young Heroes Eswatini National AIDS Programme(ENAP)/SNAP Vukani Basha EGPAF - Eswatini Network of Networks of HIV positives in Ethiopia (NEP+) Clinton Health Access Initiative Fiche General Hospital Burayu Health Center

Country	Health facility/Organisation
Kenya	Gertrude Children's Hospital Sunshine Smiles Clinic Eastleigh Health Centre Dandora Health Center II Pumwani Dispensary Nyarut Health Center Children of God Relief Institute - Lea Toto Program Kisumu Medical and Education Trust - (KMET) EGPAF - Kenya Ministry of Health - Kenya Ngaira Dispensary Hospital Transmara sub-county Hospital Coptic Mission Hospital Mama Lucy Kibaki Hospital Afya Jijini Bahati Health Center Makadara Health Centre Eastern Deanery AIDS Relief Program St Alice (Edarp) Dandora Ethno-med Healthcare Inc Mbagathi Hospital Moi's Bridge Community Welfare Association Christian Health Association of Kenya (CHAK) Peer Support Project Organisatio (CBO) Kisumu Youth Olympic Centre LVCT Health Healthy Societies TackleAfrica USAID - Kenya Elizabeth Glaser Paediatric Aids Foundation AIDS Healthcare Foundation Kenya Conference of Catholic Bishops Migori YACH Youth Advisory Council (YAC) Nairobi NMS Casino Special Treatment Center
Regional	Amref Health Africa Nairobi Metropolitan Services Department of Health (NYAC) Office of the county AIDS and STI coordinator Narok county Tranmara Subcounty Hospital
International	Health Gap Health Innovations
Lesotho	Queen Elizabeth II Sentebale
Lebanon Global Org	Adolescent HIV treatment coalition (ATC)
Morocco	University of Medecine and Pharmacy
Malawi	Baylor College of Medicine Children's Foundation Tigwirane Manja Foundation Baylor College of Medicine Children's Foundation - Tingathe Outreach Program Partners In Health Emmanuel International Malawi Rainbow Clinic Mzuzu Central Hospital St. John's Mission Hospital Neno District Hospital Zalewa Clinic Zomba central hospital WEMOS WeCare Youth Organization

Country	Health facility/Organisation
Mozambique	Centro de Saude de Boane Centro de Saude Eduardo Mondlane Centro de Saude de Natite Centro de Saude Munhava Health Center Centro de Saude Ponta-Gea Health Center Centro de Saude de Cimento Oasis Mocambique UTOMI - Associacao de PVHS e Simpantizantes Okumi REPSSI - Mozambique Associação Hixikanwe EGPAF - Mozambique Pelouro de Saúde Fundação Wiwanana Y+ ADECC Ministry of Health - Mozambique DPS Africa SSMDS MISAV Coalizao
Netherlands	Aidsfonds APIN Public Health Initiatives
Nigeria	Family Health International (FHI360)/SIDHAS Clinton Health Access Initiative - Nigeria Achieving Health Nigeria Initiative Center for Clinical Care and Research, Nigeria (CCCRN) Smotto Infectious Disease Institute Ntasiobi Specialist Hospital General Hospital Ikot Ekpene General Hospital Etinan University of Uyo Teaching Hospital PHC Uyo PHC Base Okopedi Okobo Cottage Hospital Handmaids Hospital St. Lukes Hospital PHC Enwang General Hospital UNICEF - Nigeria Aminu Kano Teaching Hospital EVA Okigwe General Hospital Itukmbang Facility General Hospital Oron State Nnamdi Azikiwe University Teaching Hospital Nnewi Methodist General Hospital
Netherlands Glboal Org	General Hospital Oron State Nnamdi Azikiwe University Teaching Hospital Nnewi Methodist General Hospital WEMOS
Rwanda	YLabs

Country	Health facility/Organisation
South Africa	Esselen Clinic COJ Jeppe Clinic COJ OR Tambo Clinic RIATT-ESA MatCH Institute FHI 360 One to One Africa REPSSI - South Africa Small Projects Foundation HIVSA Umvoti Aids Centre GNP+ NICDAM Clinton Health Access Initiative CHIVA South Africa AIDS Foundation of South Africa (AFSA) Anova Health Institute UNICEF ELMA Philanthropies United Nations Special Rapporteur University of Kwazulu-Natal University of Cape Town Frontline AIDS WITS RHI Wits Reproductive Health and HIV Institute
Sudan	Young Positives
Switzerland	Medicines Patent Pool UNAIDS EGPAF WHO International
Tanzania	Baylor College of Medicine Children's Foundation Sinza Hospital Temeke Regional Referral Hospital Mwananyamala Hospital CTC Bukoba Regional Referral Hospital RHMT-KAGERA Oltrumet District Hospital Biharamulo Council Designated Hospital St Mary's hospital Isingiro Vijibweni Hospital Tunduma Health Centre Humuliza Organisation Tanzania Young Positive Ambassadors living with HIV AIDS (TAYOPA) Kwa Wazee Youth Millenium Initiative Organization REPSSI - Tanzania Kimara Peer Educators PASADA
Uganda	ACTS101 Uganda Aids HealthCare Foundation Uganda Network of Young People Living with HIV/AIDS (UNYPA) Makerere University John Hopkins University Research Centre Spectrum Uganda Reach Out Mbuya Icebreakers Uganda Migyera Youth Development Centre Aidsfonds - Uganda Anthill Foundation Peer to Peer Uganda Rainbow Mirrors Uganda Alive Medical Services Infectious Diseases Institute Mildmay Hospital Mulago COE ISS Clinic The AIDS Support organisation (TASO Gulu) Joint Clinical Research Council (JCRC) Baylor College of Medicine Children's Foundation Holy Family Virika Hospital ART Clinic GAWOCHIDO Immaculate Acayo, MJAP Mulago ISS Uganda Arua Regional Referral Hospital

Country	Health facility/Organisation
Uganda	Lira Regional Referral Hospital Community Health Alliance Uganda (CHAU) CCABA Ministry of Health - Uganda Joint Clinical Research Centre (JCRC) Mildmay Uganda Hospital
Global Org United Kingdom	Frontline AIDS The Coalition for Children Affected by AIDS GNP+ ViiV Healthcare Independent and RIATT-ESA International Treatment Preparedness Coalition (ITPC) The Coalition for Children Affected by AIDs (CCA-BA)
Global/National Org United States	Clinton Health Access Initiative Centers for Disease Control and Prevention (CDC) ELMA Philanthropies Elizabeth Glazer Pediatric Foundation (EGPAF) United Nations International Emergency Fund (UNICEF) ICAP - Mailman School of Public Health NNC University of California, Los Angeles (UCLA)
Zambia	Ndola Nutrition Organization Mapalo Support Group Kabangwe Creative Initiative Association Chilanga Youth Awake Pride Community Health Organization Zambia Network of Young People Living with HIV/AIDS (ZNYP+) Partners for Life Advancement and Education Promotion (PLAEP) Kabangwe Creative Initiative Association Chikupi Rural Health Facility Chazanga Health Centre Mapalo Clinic ZNS Chamba Valley Clinic Thomson District Hospital Chikoka Rural Health Post Kawama Health Centre Railway Surgery Health Facility Mondengwa Mini Hospital Shifwankula Health Post USAID Discover-Health Chipata Level One Hospital

Country	Health facility/Organisation
Zimbabwe	Beatrice Road Infectious Disease Hospital Wilkins Hospital Kwekwe General Hospital Morgenster Hospital United Bulawayo Hospital Ministry of Health - Zimbabwe Chitungwiza Central Hospital Mahusekwa Mpilo OI Clinic Silobela District Hospital Bulawayo City Council SRHBC Mutare Provincial Hospital Dangamvura Poly Clinic Victoria Chitepo Hospital St Joseph's Mission Hospital Igava clinic Kurainashe Organisation Africaid Zvandiri SAfAIDS ZY+ Seke Rural Home Based Care Y+ GNP+ UBH/Friendly Service Delivery for Adolescent & Youth Million Memory Project Zimbabwe Eveline Girls High school National AIDS Council Jointed Hands Welfare Organisation Family Health International 360 Diocese of Mutare Community Care Programme (DOMCCP) Zimunya High School Frontline AIDS Solutions Counselling FACT/z