2020 SUMMIT
Paediatric-Adolescent Treatment Africa

Breakthrough and Build Back Together!

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

11-13 November 2020
Thank you and acknowledgements

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Participants at the PATA 2020 Summit, Tanzania

PATA Main and Satellite Spokes: Please see page 66
Acronyms

ABCD  Ask Boost Connect Discuss
ART  Antiretroviral Therapy
ARV  Antiretroviral
ATC  Adolescent HIV Treatment Coalition
AVFHS  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
DFFD  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
GEP  Global Network of People Living with HIV
GMP  Global Network of Young People Living with HIV
GPO  Global Network of People Living with HIV
GPO+  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
RN+  Réseau National des Jeunes vivant avec le VIH
SDF  Service Delivery Framework
SNAP  Swaziland National AIDS Programme
SRH  Sexual and Reproductive Health
SWAG  Summit Working Action Group
TAP  Technical Advisory Panel
TVET  Technical and vocational education and training
UNVPA  Uganda Network of Young People Living With HIV & AIDS
U=U  Undetectable = Untransmittable
VCT  Value Clarification and Attitudes Transformation
VMMC  Voluntary Medical Male Circumcision
WITS-WHH  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 (AYPLHIV), 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
  - 491 in Main Spoke
  - 243 in Satellite Spoke
  - 173 in Virtual Hub

- **25** Countries represented
  - Main Spoke Countries

- **154** Health facilities represented
  - Satellite Spoke Countries
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.

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 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.
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.
Prime opening Session

**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.’

> 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

> 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

Participants at the PATA 2020 Summit, Cameroon

Participants at the PATA 2020 Summit, Eswatini

Participants at the PATA 2020 Summit, South Africa
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.
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

Operational research to tailor the “HOW”

The evolving epidemic context matters

- The way we deliver intervention requires adaptation to the local context
- We need to identify solutions and test them in multiple settings to fully anticipate their impact
- What is working today might not work tomorrow
- Having less children with HIV will not make it easier to find, treat and care for them.

We need to use data collected at the facility level and act on them!

Participants at the PATA 2020 Summit, Zimbabwe
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

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.

Reversal of Gains made in HIV

Decades-long progress in the fight against HIV under threat due to

- service disruptions
- delays in the supply chain of essential drugs and materials
- Resources for HIV diverted to COVID 19
- About 15 per cent of pregnant women and close to 50 per cent of children and adolescents are not on life-saving HIV treatment—they risk serious illness of the contract COVID19 if they are already immune compromised
- Children with HIV may miss early diagnosis if parents cant go to the clinic within 6weeks after birth
- Children and adults with underlying comorbidities, particularly NCDs such as diabetes, hypertension, undernutrition, and overweight/obesity, are vulnerable to serious illness and death from COVID-19

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.

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

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

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

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

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.

Source: Lois Chingandu, Zimbabwe, PATA 2020 Summit

Accept the Times- Make Peace

Source: Lois Chingandu, Zimbabwe, PATA 2020 Summit
<table>
<thead>
<tr>
<th>Organisation/Partnership and Model</th>
<th>Programme</th>
<th>Results</th>
<th>Key lessons</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNJ+, Burundi</td>
<td>Produce podcast with Sexual and Reproductive Health Rights (SRHR) information</td>
<td>Reached young people in remote areas</td>
<td>Cover issues relevant to the daily lives of young people</td>
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<td></td>
<td>Train young people to produce radio shows</td>
<td>Addressed stigma and taboos</td>
<td>Content should be produced by young people and key populations</td>
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<td></td>
<td>Provide ART and HIV services at the organisation’s centre</td>
<td></td>
<td>Create spaces for engagement and interaction like Facebook and WhatsApp groups</td>
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<td>LVCT, Kenya</td>
<td>Informative website with access to referral information</td>
<td>Autonomy and self-reliance to access information, screening and services</td>
<td>Protect the safety of those featuring in the podcast</td>
</tr>
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<td></td>
<td>Chat bot with more specific information, including self-screening tools</td>
<td>Increased uptake in digital and virtual services including the call centre and SMS line during COVID-19 restrictions</td>
<td>Get required government permission</td>
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<tr>
<td></td>
<td>Call centre/ help line to access a counsellor/ mental health professional</td>
<td></td>
<td>Podcasts are short and shared in WhatsApp and Facebook to minimise data use</td>
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<td></td>
<td>Referrals to mental health and other health services</td>
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<td>Y Labs, Cyber-Rwanda,</td>
<td>Education through storytelling and FAQs</td>
<td>Young people could order SRH products through partnered pharmacies</td>
<td>Provide online and offline services</td>
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<td>Partnerships with pharmacies to provide SRH products</td>
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<td>Link young people with economic opportunities</td>
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<td>Tablets in schools and youth centres facilitated access to devices and data</td>
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<td></td>
<td>Train pharmacists to provide youth-friendly care</td>
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<td></td>
<td>SRH products are dispensed with information booklets on how to use them</td>
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<tr>
<td>GNP+, South Africa</td>
<td>An app providing information on COVID-19 for PLHIV</td>
<td>A digital support group with WhatsApp integration</td>
<td>Having WhatsApp integration enhances user-friendliness</td>
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<td>Reporting and data collection for advocacy purposes</td>
<td>Data can also inform advocacy policy briefs, alert local partners to challenges and develop advocacy responses</td>
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**Key resource:** Step by step guide developed by WHO on developing digital solutions.
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: the framework helps to ensure that children are included in data collection
- 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

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

Source: Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
A special session was held to provide 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.

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: GAP-f: Accelerated Pediatric Formulations

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

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

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

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

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 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

“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

“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.”

Towards a Transformative and Disruptive Action to Accelerate Efforts to End HIV in Children, Adolescents, and Families
Nobuhle Mthethwa, SNAP, Eswatini

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

- Differentiated service delivery
- Scale up prevention e.g. PrEP, Voluntary Medical Male Circumcision (VMMC), Undetectable = Untransmittable (U=U)
- Sexual Offenses and Domestic Violence Act increased access to care in cases of rape and domestic abuse
- Close collaboration and coordination between the government, PEPFAR, UN partners and NGOs
- How did they do it?
- Supply chain management
- Scaled up testing e.g. POC EID in 26 sites
- ART optimization e.g. introduced DTG
- Onsite mentorship
- Increased viral load coverage
- Reduced the age of consent to 12 to access services
- HIV drug resistance programming
- Scaled up psychosocial support programmes e.g. peer support model and mentor mothers

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 decentralization of services to outlying areas. All paediatric services are offered even in the most remote areas.

Nobuhle Mthethwa, SNAP, Eswatini

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- ART optimization e.g. introduced DTG
- Onsite mentorship
- Increased viral load coverage
- Reduced the age of consent to 12 to access services
- Supply chain management

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.

Bridget Phiri: Pride Community Health Organization, PATA 2020 Summit Satellite Spoke, Zambia

Taking these services closer to the community could help increase access and utilization of health services at community level.

PATA 2020 Summit Report
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

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

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.

Michael 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
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- 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

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.

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

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.

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.

“...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

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.
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.

“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.”

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

"I don’t have breast milk. There is nothing. There is no food at home. ... I eat cabbages and maize."
Source: Dr Elona Toska, UCT/Oxford

POVERTY

- 80% could not access 8 basic necessities at home
- 27% of adolescent mothers hungry in past week
- 15% either received food parcel or could access a food garden
- 80% received child support grant for child

"I 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

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.

We have young mothers who are also looking after their younger siblings. We need to do more for them.

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

“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.”

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

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

**KEY MESSAGES**

- We have the evidence; we know what works; what we need now is leadership!
- Adolescent mothers and their children are a vast and growing population being left behind.
- A holistic approach addressing their comprehensive needs together is more effective, feasible and affordable.
- Start early: what happens to a child in their first 1,000 days determines their path through life.
- Comprehensive sexuality education is most effective when started early on.
- Men and boys are a key part of the solution.
- Enable communities, health providers, and families to be supportive and resourceful.
- The participation of adolescents is essential.

**CALLS TO ACTION**

**DONORS**

- Prioritise them in donor strategies, programmes, and indicators.
- Make multi-sectoral collaboration a donor requirement.
- Make funding more accessible to CSOs and front-line health providers.
- Allocate more indirect resources to strengthen the ‘invisible’ systems around multi-sectoral integration.

**GOVERNMENTS**

- Create an enabling environment with strong laws and policies.
- Support adolescent mothers to have a prominent voice in decision-making.
- Provide them with a comprehensive package of integrated support; that is welcoming and delivered in partnership with adolescents.
- Improve the coordination of support and information - between sectors, clinics and communities.

**CIVIL SOCIETY**

- Support meaningful participation of adolescents and young people.
- Promote multi-sectoral approaches.
- Champion collaboration, learning and sharing - between sectors, stakeholders and settings.
- Tackle stigma against them at all levels and in all forms.
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

Any programming for young people needs to continually evolve and adapt to the needs of young people.

Tumie Komanyane, Frontline AIDS, South Africa

**What is Differentiated Service Delivery (DSD)?**

- Providing patient-centered care to meet the needs of different patient/client groups
- Tailoring services to keep families together, simplify access, and reduce cost
- Moving away from the “one size fits all” approach

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: Judith Kose, EGPAF, Presentation PATA 2020 Summit

Source: Saima Jiwan, PowerPoint presentation, PATA 2020 Summit

**Organisation/Partnership and Model**

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

"Any programming for young people needs to continually evolve and adapt to the needs of young people."

Tumie Komanyane, Frontline AIDS, South Africa
Key resource: Tumie Komanyane, Frontline AIDS, PATA 2020 Summit presentation.

High VL Uptake and Suppression among Children in Ariel Club vs No Ariel Club

Ariel Club Approach:
- A peer support group for adolescents (10-19 years)
- Meets once/month (Sat or Sun)
- Services: clinical consultations, refill, VL monitoring
- Quarterly guarantee sessions on ART, and positive parenting for enhanced guardian support
- Homes visits and family guardian sessions for adolescents with identified specific issues
- Food provided for the day
- PSG assessment:
  - Group ART and HIV and AIDS education
  - Individual and group counseling for adolescents with HIV/detoxified misused appointments
  - recreational activities
  - Support transitioning to adult care

Source: Judith Kose, EGPAF, PATA Summit 2020 presentation.

Key resource: GNP+ NO TIME TO WAIT! Action to support Point-of-Care Early Infant Diagnosis: A strategic framework for community-based organisations

Key resource: PATA- Adolescent Friendly Health Services - Peer Support and ABCD

Session polling question around the challenges/barriers faced in offering integrated HIV-SRHR services

- Inadequate health worker training in both service delivery areas
- Insufficient staff supervision and mentorship
- Retention challenges and shortage of staff
- Inadequate space for private and confidential consultation
- Lack of SRHR commodities and tools
- Increased workload for service providers
- Providers are too busy or disinterested
- Health provider stigma
- Lack of information on availability of integrated HIV-SRHR services

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

Key resource: ‘The sky is the limit’ Supporting young people living with HIV

You Tube
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

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

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.

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.
Healthcare workers: prioritising health provider well-being

Dr Githinji Gitahi, Amref, Kenya

Prioritising health provider well-being 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.

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, 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 workforce
- 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,

Healthcare workers: safeguarding health provider rights

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.

John Moya, HIV+ advocate / Psychosocial counsellor,

Safe guarding health provider rights:

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 workforce, 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

Global Health Workforce Crisis

- WHO, ILO and OECD estimated in 2016 a need of 40 million new jobs in the health sector globally by 2030.

Source: WEMOS presentation, PATA Summit 2020

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 workforce, and ensuring that it is financed.

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Amanda Banda, WEMOS
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.

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
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

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### 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

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<tr>
<th>Programme</th>
<th>Results</th>
<th>Key lessons</th>
</tr>
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<tbody>
<tr>
<td><strong>Y+ and PATA Ready to Care Scorecard</strong></td>
<td>Facilities implementing the scorecard reported improvements over time</td>
<td>Service providers make a big difference in how young people experience services</td>
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<tr>
<td></td>
<td>Young people know their rights and what services they should have access to</td>
<td>Communication between AYPL HIV and health providers improves service delivery</td>
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<td></td>
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<td>Friendliness in service delivery improves mental health and openness among young people which improves access to care</td>
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<tr>
<td><strong>Y+ No Time to Wait</strong></td>
<td>Continuing effort</td>
<td>Need decision-makers to prioritise EID and ensure equipment available at decentralised facilities</td>
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<td></td>
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<td>Staff need training</td>
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<td></td>
<td></td>
<td>Allocate dedicated staff to support POC EID</td>
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<td></td>
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<td>Staff doing POC need to be aware of mental health issues of young mothers</td>
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<td>CBOs and NGOs to raise awareness and demand for POC EID</td>
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<tr>
<td><strong>ITPC Community Treatment Observatory (CTO) Model</strong></td>
<td>Assisted to identify gaps and barriers to service delivery, including stigma and discrimination</td>
<td>Needs buy-in and collaboration with local and national partners</td>
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<td>Increased government accountability and investment</td>
<td>Data driven advocacy networks are critical to improve the quality of care</td>
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<td>Advocacy to be done in partnership with young people</td>
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<td></td>
<td>Use data to acknowledge and praise improvements in service delivery when detected</td>
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<tr>
<td><strong>ATC Promoting youth leadership</strong></td>
<td>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</td>
<td>Youth movements lack capacity and skills, and need support, particularly around resource-mobilisation</td>
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<td>Need to be realistic and prioritise based on most urgent needs</td>
</tr>
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</table>

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

Source: Alain Manouan, ITPC, Botswana, PATA 2020 Summit.
Health provider advocacy and rights

Young people are more likely to access services and remain in care when they experience non-judgmental 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 burnout 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

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 and rights training. The training combines face-to-face, group learning and online, individual learning. Online learning will take place via a virtual platform.

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

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

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

Charity Maruva, Solutions Counselling, Zimbabwe

To be there for our clients, we have to be in a good state of mind with good mental health.

Roger Bedford, Psychologist

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

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

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.

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.

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.

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

"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"
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:

### HEALTH PROVIDER CHAMPION SHORTLISTED NOMINEES

- **Lobaoiriza**
  - Description: Senior and experienced nurse who works well with children and understands their needs.

- **Pasquine Ogusanya**
  - Description: As patients tend to be open with such type of nurses.

- **Pamela Madziwa**
  - Description: She is caring and also emotionally stable as patients tend to be open with such type of nurses.

- **Hlengiwe Khumalo**
  - Description: She is senior and experienced nurse who understands their needs.

- **Mphakathi Lwaboni**
  - Description: She integrated SRHR into the HIV programme of which the AHF partner had to identify the room. Adolescents are attending the clinic, which are all at the clinic.

### SHORTLISTED POSTERS

- **JERUSALEMA CHALLENGE**
  - Description: The PATA 2020 Summit #JerusalemaChallenge videos are all available on the Team PATA YouTube page.

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.

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.
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 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.

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

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

Luann Hatane, PATA

### 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 Legoktas 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 informative 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

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 contributors
- 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

Resources and Links


The PATA 2020 Summit in Pictures
The #PATA2020Summit on Social Media

PATA 2020 Summit Report

PATA 2020 Summit Report

The #PATA2020Summit on Social Media

PATA 2020 Summit Report

PATA 2020 Summit Report

PATA 2020 Summit Report

PATA 2020 Summit Report
Thank you to all the Partners who organized a Main or Satellite Spoke

<table>
<thead>
<tr>
<th>Country</th>
<th>Organisation/Health Facility</th>
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<tr>
<td>Cameroon</td>
<td>Nkwen Baptist Health Center</td>
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<td>Eswatini</td>
<td>Coordinating Assembly of NGOs (CANGO)</td>
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<td>Kenya</td>
<td>NMS Casino</td>
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<td>Malawi</td>
<td>WeCare Malawi Rainbow Clinic</td>
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<td>Mozambique</td>
<td>OASIS, REPSSI Pemba, REPSSI Maputo, N’weti &amp; EGPAPF - Inhambane</td>
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<td>South Africa</td>
<td>ANOVA, JHB, AFSA, Durban</td>
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<td>Tanzania</td>
<td>REPSSI Tanzania, Youth Millennium Initiative Organisation</td>
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<td>Uganda</td>
<td>TASO Gulu, Uganda Network of YPLHIV (UNYPA)</td>
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<td>Zambia</td>
<td>Kabangwe Creative Initiative Association (KCIA), Pride Community Health Organization (PRCHO), Nkola Nutrition Organization</td>
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<td>Zimbabwe</td>
<td>Million Memory Project (MMPZ), Jointed Hands Welfare Organization, SA/AIDS - Mutare, SA/AIDS - Harare</td>
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<td>Total Spokes</td>
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Thank you PATA Partners

Ready+ Consortium

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

Breakthrough Partnership:

Coalitions:

Unfinished Business South Africa:
### Appendix: PATA 2020 Summit – List of Participating Health Facilities and Organisations

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<thead>
<tr>
<th>Country</th>
<th>Health facility/Organisation</th>
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<td>Burundi</td>
<td>Reuox National Des Jeunes Vivant Avec Le HIV (NJJV)</td>
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<td>Brazil</td>
<td>UNICEF - Brazil</td>
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<td>Cameroon</td>
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<td>Women's Empowerment Federation for Impacts in Social Health</td>
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<td>Panafrica Agenda for Sustainable Development</td>
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<td>Chantal Biya Foundation</td>
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<td>Cameroon Baptist Convention Health Services</td>
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<td>Bamus Baptist Hospital</td>
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<td>Uganda</td>
<td>Lira Regional Referral Hospital</td>
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<td>Community Health Alliance Uganda (CHAU)</td>
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<td>Ministry of Health - Uganda</td>
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<td>Joint Clinical Research Centre (JCRC)</td>
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<td>Mildmay Uganda Hospital</td>
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<td>Global Org United Kingdom</td>
<td>Frontline AIDS</td>
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<td>The Coalition for Children Affected by AIDS</td>
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<td>International Treatment Preparedness Coalition (ITPC)</td>
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<td>The Coalition for Children Affected by AID (CCABA)</td>
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<td>Global/National Org United States</td>
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