



# PATA 2021 Summit

## Concept Note

# Clinic and Community in Conversation

Closing the gap for children and adolescents in the HIV response



**1 – 3 NOVEMBER 2021**

The summit is kindly sponsored by the Breakthrough Partnership (ViiV Positive Action for Health), the READY+ consortium (led by Frontline AIDS with funding from the Embassy of the Kingdom of Netherlands Regional and HIV Programme Southern Africa), M.A.C AIDS Fund, and the ELMA Foundation.



## Introduction

Paediatric-Adolescent  Treatment Africa (PATA) Summits have been convened annually since 2005, offering a powerful platform and valuable opportunity for health providers to share their experiences and engage in peer-to-peer learning to improve paediatric and adolescent HIV treatment and service delivery in sub-Saharan Africa. The 'link and learn' approach is central to PATA's mission to mobilise, strengthen and build resilience in a network of frontline health providers, facilities and communities supporting paediatric and adolescent HIV service delivery.

More than a decade since its inception, PATA's network of more than 500 clinics continues to grow, reaching thousands of health providers across the region. PATA's annual summits are unique in that they are not abstract driven, hold no registration fee for successful applicants, and provide a reality check on service delivery with a keen focus on keeping it **REAL**, Reviewing service delivery models, Engaging peers, Accessing experts, Learning and sharing home grown solutions. PATA Summits bring together global experts, national programme managers, frontline service providers and young leaders living with HIV, in a collaborative linking and learning forum that builds and strengthens positive health partnerships and drives collective and coordinated action so that all children and adolescents living with HIV in sub-Saharan Africa receive optimal treatment, people-centred care and are supported to live long and healthy lives.

### PATA Summits aim to:

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

## Background

Over the last decade, remarkable progress has been made in the HIV response, with AIDS-related deaths on the decline, particularly in Eastern and Southern Africa. However, in the same decade of action, there has been a lack of progress with growing gaps and missed targets for children and adolescents, specifically in sub-Saharan Africa, where 88% of children living with HIV are located. In some countries new paediatric HIV infections are on the rise, only 50% of HIV-exposed children were tested in 2019 and treatment coverage has stalled, with only 54% of children living with HIV receiving this life-saving treatment. An estimated 5% of people living with HIV globally are children, yet they account for at least 14% of all AIDS related deaths. AIDS remains the leading cause of death among young people (aged 10-24) in Africa.

Whilst access to quality rights-based health and HIV services has increased for adults, children and adolescents remain underserved, with young women twice as likely to acquire HIV as young men. Furthermore, policy often fails at local implementation level, where significant barriers impede access to optimal treatment, SRHR and services due to weakening health systems, punitive laws and policies, stigma and discrimination. Lockdowns, the suspension of educational programmes, decongestion of clinics and the diversion of health resources to the COVID-19 response threaten to further widen these gaps by limiting the access of children, adolescents, as well as pregnant and breastfeeding women, to HIV prevention, testing, and treatment services.

At the heart of HIV management, lies one extremely critical entry point to holistic paediatric HIV treatment and care - **the health provider**. Health providers are fundamental to our global goals; they have the power to determine how a child, an adolescent or a mother receives care and adheres to treatment. Closing the gaps in the paediatric HIV response requires building the capacity of health providers, as well as encouraging clinical and community collaboration to expand treatment coverage, service delivery, and improve PMTCT-paediatric case finding and HIV treatment. Health providers often operate in settings with considerable resource constraints, insufficient training, inadequate policies and stockouts. As landscapes change, new paediatric formulations become available, or even in emergencies such as COVID-19, health providers are given new

responsibilities and greater workloads, this is often accompanied by personal health risks, stress and even burnout. However, this burden is rarely accompanied by additional support, management, or training. We are reminded that to provide patient-centred care, the person providing the care must also be cared for, acknowledged, and valued.

Let us plan for and invest in, building the resilience and skills of those on the frontline of service delivery, and recognise the important role of health providers in the HIV response. We call on all partners to stand up in solidarity and demand that the rights, safety and fair working conditions of health providers be prioritised in both the HIV and COVID-19 response. [#NothingForUsWithoutFrontlineHealthproviders](#)

## Summit Dates

The PATA 2021 Summit will take place on **Monday 1st to Wednesday 3rd of November 2021**

## PATA 2021 Summit Theme

Key to PATA methodology is providing those on the frontline of service delivery, with the opportunity to access global guidance and technical input, whilst also giving policymakers and stakeholders the opportunity to engage with everyday operational barriers in service delivery. The PATA 2021 Summit, titled “**Clinic and Community in Conversation: closing the gap for children and adolescents in the HIV response**” is a collaborative meeting that will bring together a diverse community united in a renewed call to action to accelerate efforts to close the gap.

The thematic focus of the 2021 summit places health providers at the centre to build their capacity across **the clinic** and **community**, promoting **conversations** between these two service delivery platforms. This helps to strengthen partnership and improve HIV service delivery pathways for children and adolescents so that services are better coordinated and impactful.

Beyond a platform for peer-to-peer exchange, the summit also promotes intersectoral, and intergenerational conversations to close the policy-to-practice, and the know-do-gap. This regional

sharing, linking and learning can strengthen national HIV programming and accelerate the delivery, joint monitoring and accountability of a comprehensive package of care, treatment and support for children, adolescents, young people and their caregivers.

## Hybrid hub and spoke model

In response to travel restrictions and various COVID-related lockdown regulations, the PATA 2021 Summit will, once again, be held via a centralised **virtual platform (PATA Linking and Learning Hub)** that is connected to several regional in-country forums (Satellite Spokes). The summit will combine a centralised **virtual hub** that allows for real-time and/or on-demand pre-recorded sessions through an online PATA platform. The virtual hub will run parallel to several in-country forums with in-person attendance in the form of satellite spokes. The mix of virtual and in-person delivery of the summit crosses digital and geographic divides and allows many more people to engage than in a traditional in-person summit. The PATA 2021 Summit will include 300 in-person participants (frontline health providers and community partners) from across PATA Programmes through satellite spokes that will be organised in Eswatini, Kenya, Malawi, Mozambique, South Africa, Tanzania, Uganda, Zambia, Nigeria, Zimbabwe, Ethiopia and Cameroon. Satellite spokes will be conducted according to COVID-19 safety regulations. The Summit will also reach the broader PATA network, expanding to a further 300 attendees who together with key global experts, policy makers, networks of young people living with HIV, donors, and Ministry of Health representatives will engage via the online virtual hub.

The virtual hub provides attendees direct access to all sessions and offers an updated online programme and online biography of all speakers. The hub also allows attendees to create a profile within a closed and secure virtual hub community, allowing internal communication via web chat, where information can be shared and recordings of prior sessions can be accessed as well as other related materials and resources, that are prioritised by the session convenor. The virtual hub will continue to be active beyond the summit, providing all participants with an ongoing platform to engage and connect. The virtual hub also provides access to various online e-courses, webinars, PATA REAL series and offers a safe virtual platform to link and learn.

# Broader PATA Network



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# Programme structure

The PATA 2021 Summit will employ a variety of session formats, across both the online virtual hub and in-person satellite spoke platforms. All sessions are aimed to be informative, interactive, and practical, with a focus on service delivery improvements. Virtual sessions will provide simultaneous translation into French, Portuguese and Swahili.

Each day will begin with an in-country **FORUM AT A SATELLITE SPOKE** which will allow for country specific updates and local networking whilst recapping and discussing the previous day's virtual sessions in more details. The afternoon will then provide everyone with an opportunity for virtual connection - facilitating connection across EST and

GMT and EAT zones, starting with a scene-setting prime session. Delegates will then be given the option to participate in several **Africa Cafés** that will offer choices linked to the theme of each particular day and will serve to highlight case studies, lessons learned, innovations and best practices in the region. Each day will end with a Special Session, providing a pre-recorded skills building insert or a **LEKGOTLA**, which is a moderated panel session, designed to facilitate dialogue and debate between policymakers, frontline health providers and key stakeholders.

The detailed Summit Programme will be shared with delegates and available on the Linking and Learning Hub, for those registered to the PATA 2021 Summit.

## Day one (1 November)

### Health providers in the clinic

The first day will focus on the health provider in the facility setting, with sessions focused on clinical issues and facility-based service delivery. The opening session will include updates on the latest global guidance and share examples on how these can successfully be implemented in practice. Practical examples will include lessons from national programmes, service delivery approaches of interest with particular attention being given to adaptations accelerated during COVID-19. Day One will highlight strategies and adaptations that have worked, and which need to be strengthened and or accelerated in order to meet the 2030 targets.

## Day Two (2 November)

### Health providers in the community

The second day will focus on clinics and communities collaborating for improved service delivery. Given the increasing recognition that community-based service delivery is essential to ending AIDS, and the heightened urgency due to COVID-19, the focus of Day Two will highlight how clinics and communities can work together effectively for coordinated and collective impact. It will feature skills-building sessions on how clinics and communities come together to

plan, efficiently deliver, and monitor services, including sharing and using common data. Practical examples will showcase community-based models, for example, community screening/testing, community case management and ART distribution, strengthening referral pathways and supportive systems, psychosocial support (PSS) interventions as well as highlighting mechanisms needed for successful collaboration.

## Day Three (3 November)

### Health providers in the conversation

The last day of the summit will focus on Health Providers as advocates, placing them at the centre of the conversation. This will provide them a platform and voice to engage and interact with their peers and policy makers on the challenges they face when putting policies into practice in the dynamic and complex environments they operate within. Sessions will share the experiences and preferences of health providers on the frontline and will include health provider capacity-building as advocates for themselves, and for their clients, with stakeholders at district or national level in their respective countries.

Key messages and outcomes from the summit will be presented to attending health providers, stakeholders, policymakers, and donors during the final LEKGOTLA with a focus on mapping a way forward with clinic-community action and accountability at the centre.