

# Breakthrough and Build Back together!



## Concept Note

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

**11 – 13 November 2020**

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, the ELMA Foundation, From Stop to Go and the Accelerate Hub funded by the UK Medical Research Council (MRC) and the UK Department for International Development (DFID).



## Background

Today, 1.8 million children live with HIV, and new paediatric HIV infections are on the rise, jeopardizing the gains made towards eliminating paediatric AIDS. Paediatric treatment coverage has stalled, and we have failed to identify and reach almost half of the children living with HIV. Viral suppression rates in children also remain low, resulting in unnecessary AIDS-related illnesses and deaths that could be prevented. Adolescents and young people (AYP) account for an estimated 45% of new HIV infections worldwide, with young women disproportionately affected. Amidst the fastest growing youth population in the world, sub-Saharan Africa is home to 70% of all new HIV infections amongst AYP. Approximately 1.2 of the 1.6 million (75%) adolescents living with HIV in the sub-Saharan Africa region are living in East and Southern Africa.

COVID-related [disruptions](#) will exponentially increase new infections amongst children by more than 86 % in 2024. Already reports of ARV stockouts, supply chain delays and services interruptions are increasing across the region. The state of COVID [readiness in health facilities](#) in our region is adversely affected by fragmented, inequitable and inefficient health services. Many health providers have reported that they do not have the required training, personal protective equipment (PPE) or protocols in place to feel sufficiently prepared, safe, or supported. The struggles and sacrifices of frontline health providers have become more visible with their [right to dignified healthcare work](#) being centrally bound to the right to dignified healthcare for all.

We can no longer tolerate a situation that does not respect and ensure health providers are protected, are provided the necessary training, tools, and support to undertake their work safely, and are fairly remunerated. We call on all partners to stand up in solidarity and demand the rights, safety and fair working conditions of health providers be prioritised in both the HIV and COVID response. [#NothingForUsWithoutFrontlineHealthproviders](#)

## Dates

The PATA 2020 Summit will take place on  
**Wednesday 11th – Friday 13th November 2020**

## Pata 2020 Summit

The PATA 2020 Summit, titled ***Breakthrough and Build Back together!*** is a collaborative meeting that will bring together a diverse community united in a renewed call to action to accelerate efforts to end AIDS in children and adolescents. The PATA 2020 Summit is unique and unlike other summits in the HIV sector as it is not abstract driven, has no registration fee for successful applicants, features programming that provides a reality check on services delivery, and is focussed on home-grown solutions. The summit also offers a platform that will bring together global experts, national programme managers, frontline service providers and young leaders living with HIV in a collaborative linking and learning forum. The thematic focus of the 2020 summit is to breakthrough and continue striving to reach missed 90-90-90 global targets, with a focus on rebuilding and overcoming COVID-19 related setbacks. Emphasis will be placed on the importance of building positive health and community system partnerships, where caregivers and young people living with HIV are meaningfully engaged in the planning, delivery and evaluation of services that most affect them.

## Venue – Hybrid hub and spoke model

In response to travel restrictions and various COVID-related lockdown regulations, the PATA 2020 Summit will be held via a centralised **virtual platform (hub)** that is connected to several regional in-country forums (spokes). The summit will combine a centralised **virtual hub** that allows for real-time and/or on-demand activities through an online platform. This runs parallel to several in-country spokes. Main spokes will provide full conferencing in-country, with a mix of in-country project meetings held in the mornings, and then connection to the virtual hub in the afternoons. Smaller satellite spokes will be organized and held at health facility or implementing partner sites to facilitate connection and expand access to the virtual hub.

## Participants

The PATA 2020 Summit will reach over 300 participants (frontline health providers and community partners) from across the following countries: eSwatini, Kenya, Malawi, Mozambique, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe. The Summit will also reach the broader PATA network, together with key global experts, policy makers, networks of young people living with HIV, donors and Ministry of Health representatives.



## The Summit Working Actor Group

The Summit Working Action Group (SWAG) includes PATA and other members of the Breakthrough Partnership and READY+ consortium. The SWAG will also work closely with the PATA Youth Advisory Panel (YAP), Technical Advisory panel (TAP) and in-country technical staff. SWAG members will be assigned specific roles as leads in planning and organising sessions and or providing operational support in-country.

## Linking and Learning

This **'link and learn'** approach is central to PATA's work and provides a platform for multiple cadres of health provider to convene, share their experiences, and engage with one another, programme implementers, young people, donors and policymakers to build and strengthen positive health partnerships and drive collective and coordinated action.

- 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 treatment, prevention and care services
- Call for improved access to training, tools and safer working conditions for frontline health providers

# Programme Structure

The PATA 2020 Summit will employ a variety of session formats that are informative, interactive and orientated toward moving discussion from policy to practice, with a focus on service delivery improvements.

Each day will begin with an in-country **Forum** which will allow for country specific updates and local networking. The afternoon will then provide for virtual connection, facilitating connection across EST and GMT and EAT zones starting with a scene-setting **Prime Session**. Delegates will then choose

to participate in several **Africa Café**, offering a choice linked to the days theme that will highlight case studies, lessons learned, innovations and best practices in the region. The second- and third-day end with a **Lekgotla**, a moderated panel session to facilitate dialogue and debate between policymakers, frontline health providers and key stakeholders.

A **PATA Health Provider Champion Award** will be announced on the final day. Outside of the formal programme, an online chat room will be created to for participants to share ideas, materials, and tools.

## Day One (11 November)

### *Wake up! Closing the gap for children and adolescents*

The first day will set the scene, providing an update against the AIDS Free agenda and missed targets. Attention will be placed on why we have failed children and AYP, identifying key barriers and working to better understand the unfolding impact of COVID-19. Emphasis will be placed on delivering stigma-free services to the most marginalised (children and AYP), with emphasis on creating an enabling, friendly, and supportive environment that safeguards the rights of all and ensures we leave no child behind.

## Day Two (12 November)

### *Breakthrough! A service delivery framework to drive and deliver services*

The second day will focus on accelerator strategies and regional priorities to drive and deliver services. The day will focus on renewed efforts to end paediatric HIV and will feature evidence-based strategies from across different programmatic partnerships on finding, testing, linking, treating and retaining children and AYP affected by HIV. Emphasis will be placed on ["Improving HIV Service Delivery for Infants, Children and Adolescents: A framework for country programming"](#) This framework takes a data-informed, differentiated approach to programming, recognising that

different solutions may be needed for different countries, regions, subpopulations of children, and at different points along the continuum of care. Building back from COVID-related setbacks, highlighting adaptations to HIV service delivery that can be sustained following the pandemic will also be featured and integrated into all promising practises shared.

## Day Three (13 November)

### *Build Back! Clinic-community action, collaboration and accountability*

The last day of the summit will focus on strategies that can facilitate meaningful clinic-community collaboration through joint planning, implementation and evaluation to accelerate comprehensive, coordinated and integrated services. Best practice examples and practical mechanisms and tools will be shared that build partnership, collaboration and social accountability at all levels. Specific examples of clinic-community joint action and differentiated HIV service delivery models adopted in response to COVID will be highlighted.

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.