



# The Pediatrics and Adolescent HIV Learning Collaborative for Africa (PAHLCA) 2024 Takeaways

Dennis Adoa, on behalf of the PAHLCA Team

Ministry of Health , AIDS Control Program

Date: 6<sup>th</sup> November 2024

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ADOLESCENT HIV LEARNING  
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# What is PAHLCA?

- The Pediatrics and Adolescent HIV Learning Collaborative for Africa is platform led by the Ministry of Health Uganda that annually brings together diverse stakeholders from across the African continent through a peer to peer learning platform to share best practices, fostering learning, innovation, and collaboration in the field of pediatric and adolescent HIV/AIDS.
- Six successful meetings held since 2020, convening over 30 African countries - 4 virtual and 2 physical meetings
- This year's PAHLCA meeting was held from **12th – 13th May 2024 in Cotonou, Benin.**

## Overall objectives:

1. To foster learning, innovation, & collaboration among countries on the African continent
2. Provide a platform for sharing materials that can be used to improve paediatric & adolescent HIV programs, E.g. Guidelines, Curricula, job aids, Toolkits, implementation frameworks etc
3. Maintain an updated directory of Ministry of health paediatric & adolescent HIV focal persons to ease communication, coordination & sharing across countries
4. Facilitate networking among country teams to form research collaborations for multi-country studies to improve pediatric & adolescent HIV servi

# PAHLCA 2024 Objectives

Focus : Strengthening community service delivery to improve pediatrics and adolescent HIV services through “*addressing rights, gender equality, social and structural barriers that hinder access and utilization of pediatrics and adolescent HIV services*”

- To strengthen community health systems to increase access and utilization of HIV services for children, adolescents and women living with HIV.
- To understand the role of the community in promoting delivery of equitable, integrated, person-centered and high-quality HIV services for children, adolescents and women living with HIV.
- To share best practices on the impact of community led monitoring programs in improving health outcomes for children, adolescents and women living with HIV.
- To share innovative community interventions that address the challenges of rights, gender, equality, stigma and discrimination for children, adolescents and women living with HIV on the African continent.

THEME

# RIGHTS, GENDER, EQUITY, STIGMA AND DISCRIMINATION



"A Peer-Peer Learning Platform for  
Ministry of Health teams and stakeholders"

Unpacking the fourth pillar of the Global Alliance to End AIDS in Children by 2030.

Date : 12<sup>th</sup> -13<sup>th</sup> May 2024 Time : 9:00am-5:00pm WAT

Venue : Cotonou, Benin

Registration deadline 22<sup>nd</sup> April 2024, 5PM EAT, 3PM WAT , 4PM SAST



Scan to register



MINISTÈRE DE LA SANTÉ  
RÉPUBLIQUE DU BÉNIN



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# The 10-10-10 Targets

Victoria Bendaud UNAIDS Global Centre, Tabisa Silere Maqetseba  
National department of  
Health, South Africa

- Almost all countries have at least one of the following: laws criminalizing transgender people, sex work, same-sex sexual relations, possession of small amounts of drugs or HIV, or prosecutions based on general criminal laws of HIV non-disclosure, exposure or transmission
- The evidence tells us that it's not just stigma and discrimination in health care that affects the right to health.
- Our experiences in education, the justice sector, the workplace and in public life have a profound impact on our health outcomes.

An analysis of Stigma Index 2.0 studies conducted in 25 countries between 2020 and 2023:

Discriminatory attitudes remain high among the general population, with few countries below or approaching 10%

Almost 1 in 4 people living with HIV have experienced stigma and discrimination in community settings in the past 12 months

37.6% of people living with HIV were ashamed to be HIV-positive (Internalized stigma) – This impacts access to care as some avoid going to the HIV clinics

## Country commitment is key in addressing stigma and discrimination – 38 countries all committing to end HIV-related stigma and discrimination through evidence-based interventions

- **Partner** with CSOs, people being left behind, UN, donors to identify policy & programme gaps, design & implement evidence-informed interventions, and track progress in eliminating HIV-related stigma & discrimination.
- **Assess** current state of HIV-related stigma & discrimination (S&D) to identify & implement programmes to eliminate barriers to services.
- **Take actions** on eliminating HIV-related stigma & discrimination in 6 settings over 5 years; commit to 3 settings in first year.
- **Allocate resources** to support implementation, monitoring & reporting of interventions to eliminate HIV-related S&D.
- **Monitor and report** annually on progress using existing and recommended indicators

# PLHIV-led approaches for reducing HIV stigma as a barrier to care – *Key Lessons Learnt from the HIV stigma campaign (PSI)*

- We will not achieve and sustain epidemic control without addressing stigma
- “Nothing about us without us” principle – we must honour this for effective programming
- The “I Can campaign” (Malawi & Zimbabwe) aimed to inspire all PLHIV to be life-long users of ART, particular emphasis on the benefits of viral suppression

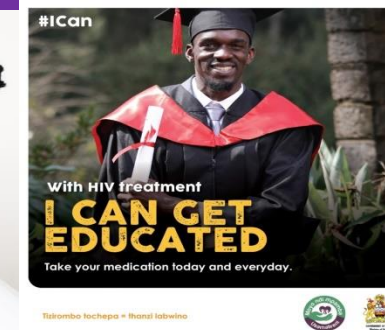
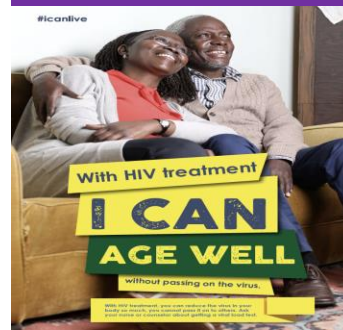
Lungile Zakwe

Yim’Lo Project, PSI, South Africa

## The messenger is the message:

Men who are living well with HIV prove the core message of the campaign – *The Somos Iguais (We’re the Same) campaign, Mozambique*

## The I can campaign:

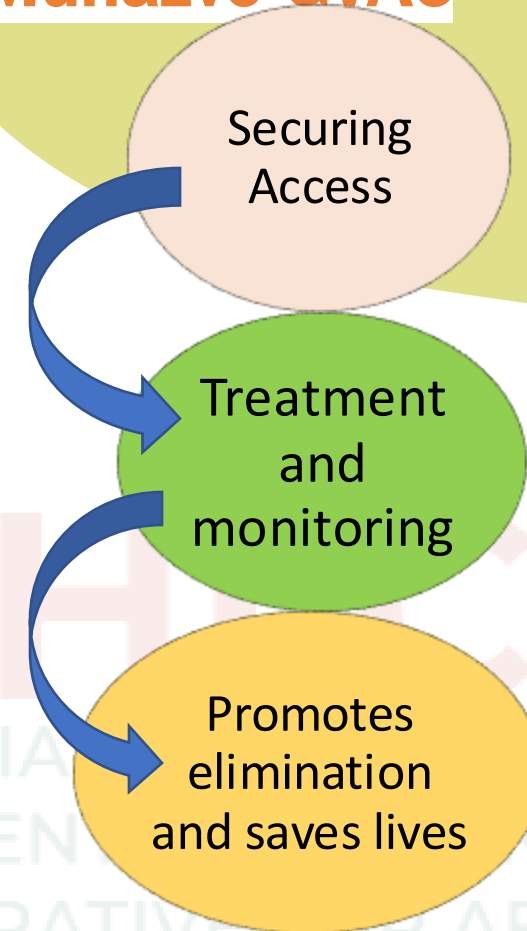


# PLHIV-led approaches for reducing HIV stigma as a barrier to care (PSI) – Key Take Aways)

- Stigma is one of the main barriers if not the main barrier to care for people living with HIV, and therefore central to achieving and sustaining epidemic control.
- Stigma reduction efforts need to focus on both external and internalized stigma.
- Making people aware of the power and benefits of HIV treatment is the first step. Many people are still carrying around ‘the old HIV story.’
- Knowledge of viral suppression can be a powerful anti-stigma tool.
- People living with HIV bear the burden of stigma but are also the best messengers for changing it. Voices and images of people with HIV who are thriving, are powerful.
- The act of ‘coming out’ as someone living with HIV is perhaps the most powerful tool we have for reducing HIV stigma. The more people come out, the faster the myths and stereotypes will change.
- Using real stories and plain language is key. Hypothetical situations and technical jargon will never create the same level of connection and understanding.

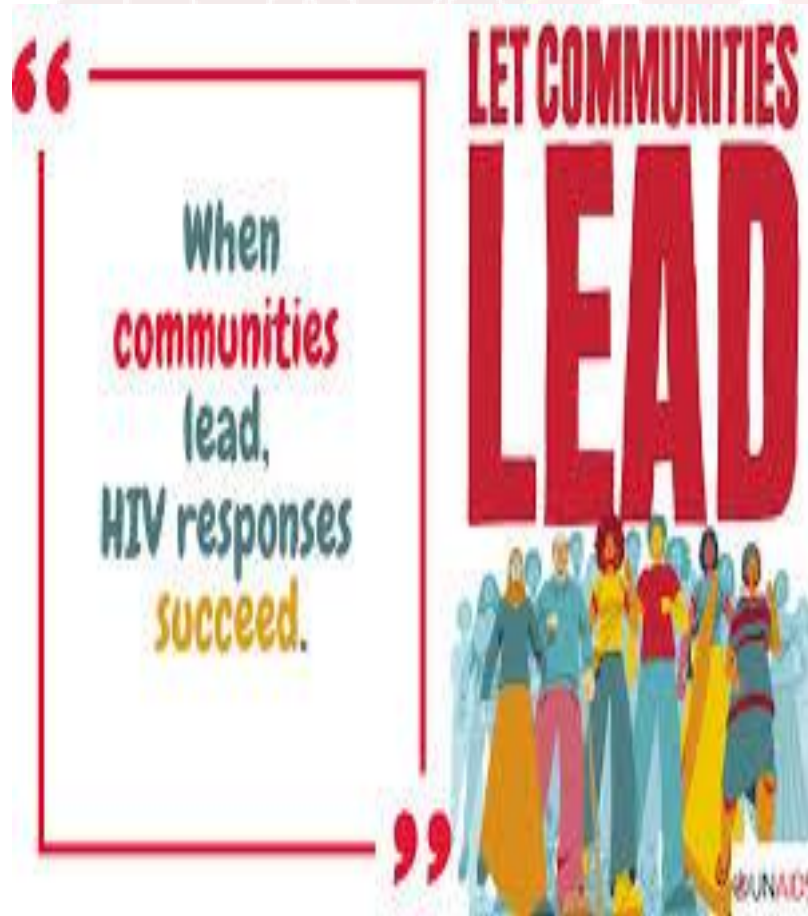
# Importance of addressing rights, gender, equality, stigma and discrimination in HIV programming for children, adolescents and women – Lessons learnt. **Nyasha Chingore-Munazvo** GVAC member, Zimbabwe

- Effective HIV programming for children, adolescents, and women requires a holistic approach that addresses their rights, gender-specific needs, promotes equality, and actively combats stigma and discrimination.
- Inadequate protective legal and policy environments and abuses result in a lack of **access to health services** (HIV and SRH) and justice.





## Role of the community – A critical ingredient in shaping an effective HIV response



- Peer-led approach, linkage of community and facility platforms and differentiated pediatric services are critical elements of a client-centered case management model – *EPIC Project, FHI 360, Experiences from Tanzania and DRC*
- Caregiver DOTS - a Peer Support DSD Model improves Viral Load Suppression rates for unsuppressed CALHIV
- Collaboration with Traditional Birth Attendants in Nigeria— Programming to support testing of pregnant women in the community and referring for facility-based services.
- Community-Led Monitoring (CLM) – Puts communities, their needs, and their voices at the center of the HIV response
- ✓ Letting communities lead , the CLM model must be strengthened to focus on issues of children , adolescents and pregnant & breastfeeding women

Beatrice Ajonye, ICWEA, Uganda

# Implementation Science Session: Key Points



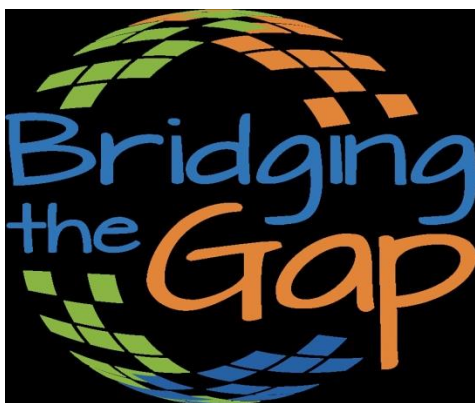
## 1. Stakeholder engagement Is Key:

Policy makers and program implementers should be engaged from the start of the research, i.e, Formulating the research question

**Research questions should be based on program needs and applicable to the program**



## 2. Research requires us to go back to the community or research participants, to disseminate the research findings & to plan with them how best to utilize the results, in their context



## 3. Bridging the gap between policy-makers and researchers requires:

- Establishing effective communication channels
- Providing policy-relevant research
- Facilitating collaboration and knowledge sharing

Eleanor Namusoke Magongo MOH Uganda

# Other Takeaways

- Conduct community awareness and education programs to reduce stigma, improve knowledge about PMTCT, and encourage pregnant women to seek ANC and HIV testing services
- Community engagements, tailoring interventions to specific populations, multi-sectoral collaboration are key in addressing structural barriers, scaling up HIV case identification and treatment is key to averting new HIV infections in Children and Adolescents
- Integrated Community service delivery model cornerstone is working with community structures in optimizing HIV care – *a case of Uganda*
- Need to recognize young people's contribution towards attaining the 95-95-95 targets by 2030 - **The new PEPFAR Youth Initiative will strengthen youth-focused HIV leadership, promote innovation in HIV prevention, case finding, and treatment**

# PAHLCA 2024 Key Achievements

- Delegates received practical nuggets to address barriers to implementation of the 4<sup>th</sup> pillar of the Global Alliance
- Extensive learning, sharing of knowledge and best practices across the different African countries
- An in-person attendance over 60 delegates, with 552 delegates virtually in the two days, giving a total of 612 participants; 15 countries
- PAHLCA 2024 best practices document under development

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# Next Steps

- We are growing! PAHLCA and the sister meeting IPHASA now have an umbrella organizing name; **Supporting Translation of Research findings and Evidence-based interventions into Policy and Practice for impactful and sustainable child health programs (STREPP)**
- **PAHLCA 2025 will take place in Windhoek Namibia in May 2025. Don't miss out!**
- In December 2024 ( following the IPHASA meeting), **a STREPP webiste with all the previous PAHLCA meeting contents will be launched on 3rd December 2024.** Please check out our webiste <https://strepp.org/> after 10:00 am that day

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# IPHASA

## IPHASA 2024

UGANDA

**Equity, Integration  
and Innovation:** For a  
sustainable HIV response  
to end AIDS in children by  
2030.



**Venue: Mestil  
Kampala, Uganda**

**SEP**

**3rd-5th  
2024**

- Implementation science grants and.
- Peer-to-peer from ViiV.



abstracts submission portal will close  
on the 29th September 2024



Abstract submission  
portal



**Penta**  
Child Health Research





**THANK  
YOU**



**PAHLCA 2024 Delegates, Cotonou Benin**

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