IAS Educational Fund Southern Africa Workshop

The last mile, the longest mile: Realizing the promise of an AIDS-free world

Meeting report

The Southern African region continues to carry one of the highest HIV burdens globally. Despite some notable recent progress, many countries within the region are not on track to meet the 2030 UNAIDS targets. With COVID-19 adding to a number of competing priorities and the increased push to achieve universal health care, HIV exceptionalism cannot continue, nor can we afford for the gains made to be lost.

IAS – the International AIDS Society – organized an IAS Educational Fund virtual workshop in collaboration with the Desmond Tutu Health Foundation (DTHF) on 25 and 26 March 2021 with the theme, ***The last mile, the longest mile: Realizing the promise of an AIDS-free world***. Participants and invited speakers assessed key regional priorities required to make progress towards reducing HIV transmission and improving HIV treatment outcomes in the region. The workshop was chaired by Prof Linda-Gail Bekker (DTHF), with opening remarks from Prof Kenneth Ngure (IAS; Jomo Kenyatta University of Agriculture and Technology [JKUAT]). The last session was also co-chaired by Dr Patience Mavunganidze, (Ministry of Health, Zimbabwe) and by Nicola Willis (Africaid, Zvandiri programme, Zimbabwe).

Participants included representatives from the scientific community, the government (National and State), as well as healthcare providers, civil society partners, activists, people living with HIV and representatives from key and vulnerable populations (adolescent girls and young women, female sex workers, and gender and sexually diverse people). Keynote presentations and speakers are available in the programme provided in Annex 1.

This workshop focused on three priority areas: scale-up of pre-exposure prophylaxis (PrEP) for HIV prevention, children's health and progress towards ending vertical transmission of HIV, and mental health within the context of HIV in Southern Africa. Across all sessions, 62 participants attended, representing 11 countries from the region. The primary conclusions and recommendations from each session are provided below:

Key conclusions

- **Continued advocacy for prevention**

Continued advocacy, strong visionary leadership, and a supportive policy environment is required to champion primary prevention of HIV. This remains challenging in context of constrained resources and competing priorities for funding, including COVID-19; however, innovative, affordable, and simple solutions are available. For example, the prevention of mother-to-child HIV

transmission (PMTCT) can be enhanced through scaling up HIV testing to take place at multiple points in the pregnancy and post-partum period, with same-day treatment initiation for positive cases. As a further example, mental health prevention services, largely inaccessible, regionally neglected and reliant on specialized services, could be expanded through training healthcare workers and lay persons to deliver a basic mental health package (as endorsed by recent WHO guidelines). Additionally, COVID-19 has brought mHealth and telemedicine into the spotlight. The tools and evidence are present, but strong advocacy is required to realize their potential.

Session 1 group work on PrEP in Southern Africa, 25 March 2021

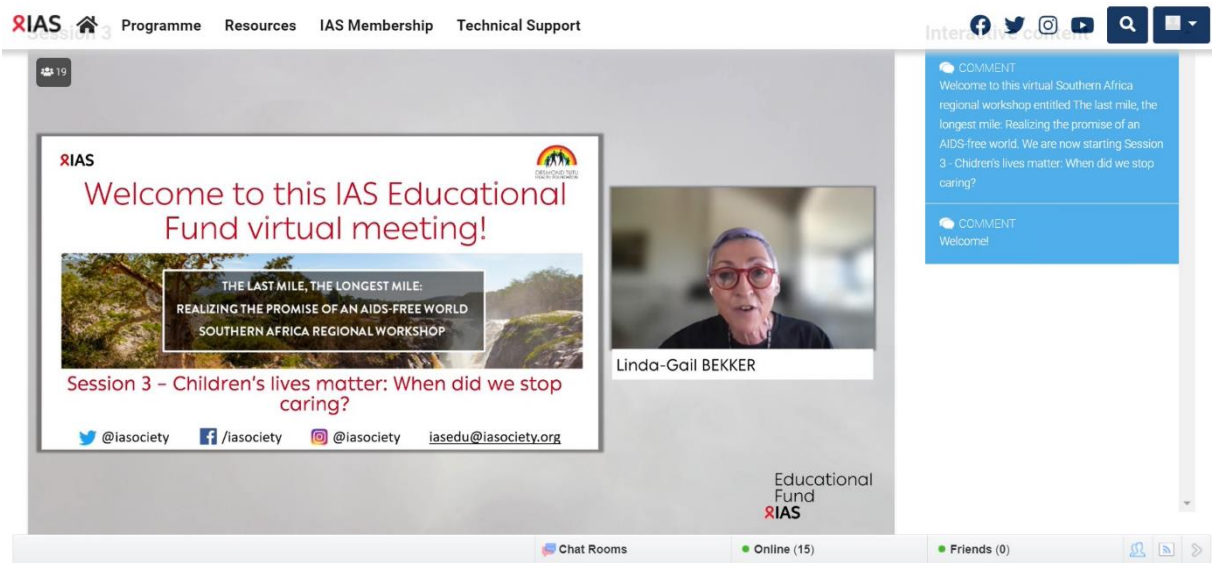
- **Integration of services**

Integration of services was a predominant theme across the workshop sessions, with strong consensus on the need to integrate HIV prevention (including PrEP), family planning, sexual and reproductive health, and mental health services in both health facility and community settings. The integration of mental health for people living with HIV may be particularly important, especially as mental health remains unrecognized as a driver towards achieving the UNAIDS 90-90-90 goals. Both HIV and mental health remain highly stigmatized conditions in the region and access to services for both conditions simultaneously could have significant benefits for access and uptake. Mental health care interventions can be integrated at many points along the HIV cascade, including during community-based, peer-to-peer engagement, reducing cost to access and providing an avenue to normalize mental health provision and reduce stigma. The workforce would benefit from service integration, as it will allow for simultaneous championing of various options and services (including PrEP). However, integration critically relies on the support and buy-in of service providers. Regular training that targets addressing barriers to integration is necessary, alongside ongoing technical support, mentorship, and opportunities for feedback from healthcare providers on gaps, missed opportunities, and sticking points.

- **Tackling stigma and removing barriers**

HIV-related stigma, both external and internalized, continues to exert a negative effect on the health outcomes and wellbeing of people living with HIV, reducing access to HIV care and driving poor mental health outcomes. Services for key populations need to be available alongside general population services and not only in specialized clinics. This would necessitate additional training of healthcare workers; for instance, in adolescent and youth friendly healthcare, the use of peer

navigators, as well as education on sexual violence and rape cases. Programmes aimed at reducing stigma should be targeted specifically into areas that may show high rates of stigma, such as rural areas. The need for integration of mental health services within HIV services is again emphasized here, as mental health and HIV are dually stigmatized and, yet, can occur concurrently. Integration efforts could help normalize the reception of both mental health and HIV services across multiple care domains, increasing familiarity with these services and removing stigma-associated barriers to care. Uptake of mental health services may be further strengthened through education and clarification of the roles of various mental health professions.



Prof Linda-Gail Bekker (DTHF) chairing Session 3 on children and PMTCT, 26 March 2021

➢ **Quality of care**

Quality of care, in the context of overstretched resources, remains a concern and there is a need for overall strengthening of the healthcare system. This includes improved delivery of person-centred service provision to improve uptake and return, a consistent supply chain that avoids stock-outs, and increased support for healthcare workers. Health care is pressured to become quicker, to reduce waiting times and increase the number of patients seen. As a disadvantage, there is a potential loss of critical patient counselling and support time. Integrated services and the increasing understanding and recognition of mental health and psychosocial determinants of health, especially within the context of COVID-19, presents an opportunity to highlight and advocate for the protection of this time within the consultation. Conversely, COVID-19 also highlighted that healthcare workers are vulnerable to becoming overwhelmed, stressed, and anxious, especially when their mental health needs are not accommodated. The integration of mental health care services needs to extend to cover healthcare workers to increase internal capacity of the workforce, with likely benefits for the quality of care provided overall. In low-resource settings, the transference of critical skills in HIV and mental health programmes to lay persons, the increased use of community-based delivery mechanisms, and taking advantage of mobile technology and mHealth interventions (especially those that showed success during the COVID-19 pandemic) are critical to reducing the burden on the formal healthcare system.

➢ **Engagement: New messaging distributed in new ways and into new populations**

Decades-long engagement around HIV has left populations fatigued – however, even though the story of the HIV virus has not changed, the tools available have improved dramatically. The HIV story needs an upbeat revitalization of messaging in order to engage, promote and educate people on new prevention and treatment options. Updated messaging should be gain-framed and future-orientated. For example, family planning, childcare, or vaccination consultations can be strengthened by emphasizing contraception and pre-conception planning, including

information on HIV prevention, U=U, and mental health. This approach may be particularly important for adolescents, for whom sexual activity can be erratic and pregnancy often unintended. Further, the methods of communication need to be updated to reflect evidence on the effectiveness of peer-to-peer models (as peer navigators and within peer support groups), the use of champions, such as PrEP ambassadors and social media influencers, and mHealth interventions. Engagement needs to be age-appropriate, tailored, and work to engage those beyond the key populations normally targeted and prioritized. For instance, healthcare workers, in addition to PrEP users, need to be engaged around PrEP so that their buy-in, understanding, and enthusiasm is secured. Similarly, engagement should be extended to religious and traditional gatekeepers within communities that may, at times, provide contrasting messages. With PMTCT, male partners, fathers, other sexual partners need to be engaged alongside mothers and encouraged to attend clinic visits in order to garner their support, facilitate disclosure procedures, and support prevention efforts. Men, largely neglected in engagement strategies, should be included across the board going forward.

Session 3 group work on children and PMTCT in Southern Africa, 26 March 2021

Actionable items

1. **Integration of health services:** The development of a package of integrated services. This includes deciding which services are included/excluded and whether different packages need to be developed for specific target populations. These packages should include mental health support as well as non-medical socio-behavioural components, in line with recent WHO recommendations. Ideally, these packages should be developed with the end-user in mind and through the use of inclusive, participatory methods. If well constructed, these packages of integrated services should work to reduce stigma across multiple service points within health facilities.

2. **Community-based and community-led:** Scale-up of service provision from within frequented community spaces, including schools, mobile venues, and virtual spaces (capitalizing on lessons learnt and momentum built during the COVID-19 pandemic). Services should further be delivered by community peers (adolescents helping adolescents, men helping men), with a focus on empowering lay persons as well as healthcare professionals at multiple levels to deliver basic HIV and mental health support.

3. **Moving engagement into action:** Revitalization of engagement to move towards increased uptake and implementation of the range of new pharmacological, psychological, and virtual tools we have in hand. This emphasizes the need and opportunity to draw in peers,

healthcare workers from multiple disciplines, community stakeholders, and virtual influencers, as well as the critical need to address and engage new populations, such as men, that have often been left out of engagement approaches.

4. **Preparing for the future:** Looking forward and preparing for new HIV prevention options that might become available, including long-acting PrEP agents, increased investment in mental health and the need to socialize and train healthcare workers to provide mental health services; as well as increased uptake and access to virtual healthcare services.

5. **Get granular:** The availability of biomedical tools, supportive policies, international guidelines, and an ever-growing evidence base of effective interventions has not consistently translated into impact on health outcomes. Stumbling blocks within each country, province, local facility, and down to the individual level need to be identified and systematically tackled in order to make progress. To achieve this; firstly, country-specific targets and milestones are required to track progress; and secondly, all those involved need to become vocal advocates for progress.

6. **Building a stronger healthcare system:** A focus on general strengthening of the health care systems, including increased care and support for the wellbeing of healthcare workers, is required.

7. **An empowerment agenda:** Patient empowerment can be achieved through collective small actions, including increasing community-based, community-delivered services; by emphasizing heath planning and prevention measures, making use of the increasingly available biomedical prevention tools within HIV, family planning, and mental health; by integrating psychosocial and mental health support services across multiple care domains to prevent and treat mental health conditions; and by normalizing access and uptake to a broader range of services, especially those that are at times avoided due to stigma.

Participants of this workshop, HIV and AIDS professionals from the region and all people living with or affected by HIV in Southern Africa should undertake the actionable items identified above as a priority to be achieved by 2022 for the HIV and AIDS response.

Testimonials

"Involvement of health care workers is key to ensure PrEP adherence."

Educator/trainer for a non-governmental organization.

"Lots to think about for mental health interventions and opportunities for virtual support that should be carried forward beyond COVID."

Researcher for a university.

"The workshop will shape my work immensely as we design new research projects and work on developing the evidence needed to respond to the needs identified."

Researcher for a university.

"We're in this together, with the government as well as with civil society."

Advocate/activist for a grassroots community-based organization.

"Regional coordination is an ongoing promise that is never fullfilled."

Educator/trainer for a non-governmental organization.

Annex 1: Programme

Educational Fund
IAS

DESMOND TUTU HEALTH FOUNDATION

The last mile, the longest mile: Realizing the promise of an AIDS-free world

Virtual IAS Educational Fund regional workshop

Session 1: PrEP: Taking the anxiety out of sex

SA time	
10:00 – 10:10 AM	**Welcoming remarks** *Kenneth Ngure, Associate Professor of Global Health, Chair Department of Community Health, Jomo Kenyatta University of Agriculture and Technology (JKUAT), Kenya, and IAS Governing Council representative*
10:10 – 10:18 AM	**Keynote presentation: PrEP for all in prevention: Sexual reproductive health for key and vulnerable populations** *Danielle Travill, Research Clinician, WitsRHI, South Africa*
10:18 - 10:26 AM	**Q&A**
10:26 - 10:31 AM	**Break**
10:31 AM - 12:06 PM	**Group work: Consensus building on three actionable items on PrEP scale up within integrated prevention in Southern Africa** *Lead facilitator:* *Nyaradzo Mgodi, Lead Investigator, University of Zimbabwe Clinical Trials Research Centre (UZ-CTRC), Zimbabwe*
12:06 - 12:10 PM	**Concluding remarks**

Session 2: Embodying responsive clinical care to improve developmental outcomes of infants and children affected by HIV

SA time	
3:00 – 4:30 PM	**Session run by the IAS CIPHER team**

Session 3: Children's lives matter: When did we stop caring?

SA time	
10:00 – 10:10 AM	**Welcoming remarks** *Linda-Gail Bekker, COO, Desmond Tutu Health Foundation, South Africa*
10:10 – 10:18 AM	**Keynote presentation: PMTCT for an AIDS-free generation: Linkage to care and treatment** *Ameena Goga, Unit Director, SAMRC HIV Prevention Research Unit (HPRU), South Africa*
10:18 – 10:26 AM	**Q&A**
10:26 – 10:31 AM	**Break**
10:31 AM – 12:06 PM	**Group work: Consensus building on three actionable items on an AIDS FREE Generation in Southern Africa** *Lead facilitator:* *Lynda Chibanda-Stranix, Lecturer University of Zimbabwe Clinical Trials Research Centre (UZ-CTRC), Zimbabwe*
12:06 – 12:10 PM	**Concluding remarks**

Session 4: Is there any health without mental health?

SA time	
2:00 – 2:10 PM	**Welcoming remarks** *Patience Mavunganidze, Director, Mental Health Service, Ministry of Health, Zimbabwe*
2:10 – 2:18 PM	**Keynote presentation: Mental health, stigma and HIV: Quality patient-centred care and psychosocial support in COVID-19 times** *Jackie Hoare, Professor, Department of Mental Health, University of Cape Town, South Africa*
2:18 – 2:26 PM	**Q&A**
2:26 – 2:31 PM	**Break**
2:31 – 4:06 PM	**Group work: Consensus building on three actionable items on stigma, discrimination and mental health in Southern Africa**

Lead facilitator:
Aleny Couto, Director of STI and HIV/AIDS Programs, Ministry of Health, Mozambique

4:06 – 4:10 PM **Concluding remarks**

Nicola Willis, Founder and Executive Director, Africaid, Zvandiri programme, Zimbabwe