

PAEDIATRIC BREAKTHROUGH PARTNERSHIP REPORT 2020-23

N'weti Mentor Mother, Mozambique



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ACKNOWLEDGMENTS

Aidsfonds: Aidsfonds is a Dutch non-profit organisation working towards a world without AIDS with a focus on the people and regions most affected. The Aidsfonds paediatric HIV approach comprises of five components that mutually reinforce each other: community-based HIV programmes, research, linking and learning, advocacy and partnerships.

Elizabeth Glaser Pediatric AIDS Foundation: EGPAF is fighting for an AIDS-free generation through its comprehensive focus on research, advocacy and public policy, programme implementation and external technical assistance. As a leader in paediatric HIV, EGPAF works with and through Ministries of Health and local partners to bolster the HIV response at the national, decentralised and community levels.

Paediatric-Adolescent Treatment Africa: PATA mobilises, strengthens and builds resilience across an expanding network of health providers, facilities and community partners engaged on the frontline of paediatric and adolescent HIV service delivery in sub-Saharan Africa.

UNICEF: UNICEF works across the spectrum of HIV prevention and treatment. With other co-sponsors of the UNAIDS joint programme, UNICEF leads work on the elimination of vertical transmission, paediatric and adolescent treatment for children, and adolescents living with HIV. UNICEF also works to prevent HIV among adolescents and young people, including adolescent girls and young women, and adolescent key populations.

WHAT IS THE BREAKTHROUGH PARTNERSHIP?

The Breakthrough Partnership is a collaborative initiative funded by ViiV Healthcare committed to ending Paediatric AIDS by 2030. Five international partners – Aidsfonds, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Paediatric – Adolescent Treatment Africa (PATA), UNICEF and ViiV Healthcare's Positive Action – working together across Mozambique, Nigeria, and Uganda to:

- End paediatric AIDS in priority locations, through supporting the implementation of sustainable and replicable quality package of interventions.
- Develop and amplify evidence that a collaborative approach to paediatric HIV services works.
- Expand advocacy and collaborate to adopt quality improvements in service delivery for testing, treatment and retention in care for children and adolescents.
- Mobilise additional resources and provide technical assistance and opportunities for linking and learning to national governments, in-country implementing partners and key stakeholders to adopt the approaches.

“ We strongly believe in the power of partnership. Together, we draw on partners' respective capabilities and strengths to demonstrate the added value of a collaborative approach, with the ultimate goal of ending paediatric AIDS in Mozambique, Nigeria and Uganda. ”

The Breakthrough Partnership

The package of interventions at the heart of the initiative is informed by the [UNICEF Paediatric Service Delivery Framework](#). The framework was developed by a group of global experts, convened by UNICEF in June 2019, to advance the collective thinking on paediatric HIV service delivery. It presents strategies to address bottlenecks across the continuum of care for HIV prevention and treatment services for infants, children and adolescents. This includes describing comprehensive and targeted service delivery models that emphasise strong linkages across testing, treatment and care, and between communities and facilities.

Forming the partnership

Coming together with a shared goal of ending paediatric AIDS, and committing to the shared principles of co-creation, co-accountability, and co-investment, we engaged in the following steps to form the Breakthrough Partnership. This report remarks on the key progress, challenges, and learnings in the first two years of the Breakthrough Partnership across the three countries and sets out upcoming key priorities contributing to our shared mission – to end paediatric AIDS.

STEP ONE CREATING WORKSTREAM APPROACH

The partners co-created a workstream approach to be implemented at local, regional, and global levels that pull together the different partners' expertise:

Identify and confirm critical gaps in paediatric and adolescent HIV services

Implement a package of data-informed, evidence-based interventions to respond to critical gaps and increase access to testing, treatment and retention in care

Provide technical assistance to in-country partners in order to accelerate uptake of required/relevant approaches

Assess impact of interventions and exchange knowledge on performance and lessons learned

Build momentum and advocate to influential stakeholders in order to secure adoption, scale-up and financing of package

STEP TWO COUNTRY SELECTION

Criteria was agreed upon and used to select 'Breakthrough' countries. We researched:

- The latest HIV data sets to explore the greatest unmet needs, specifically geographical mapping to identify where the largest number of children living with HIV live and where the treatment gap exists.¹
- Existing networks and infrastructure, ensuring collaboration between organisations was feasible.

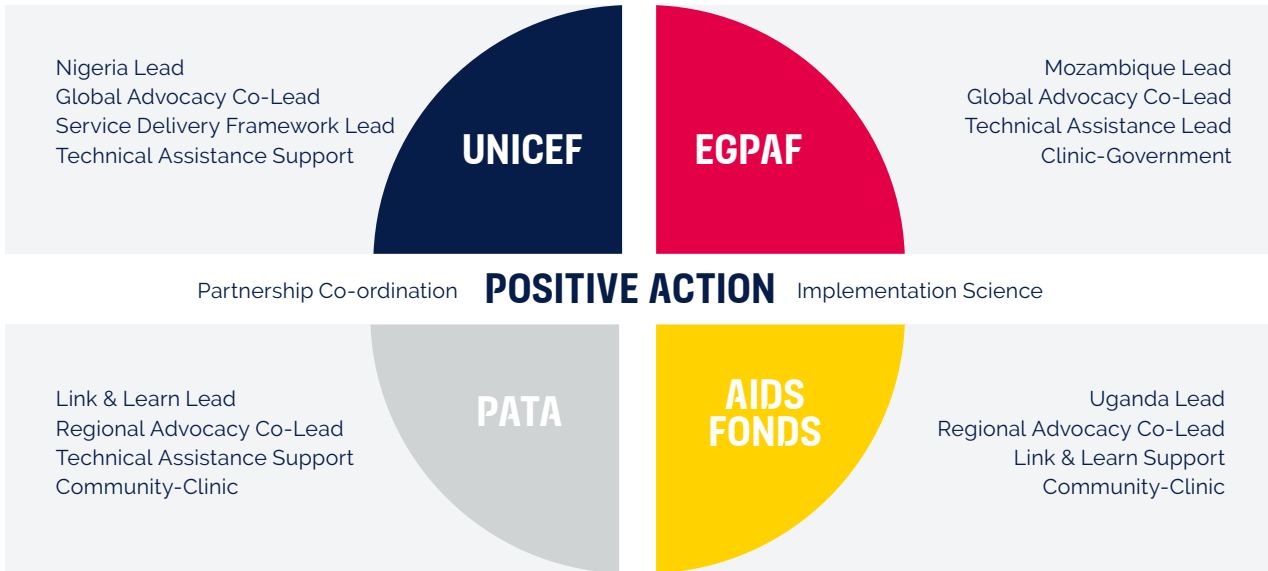
With this, we were able to establish countries where we felt the partnership could make a significant 'Breakthrough' for improving access and treatment for children and adolescents living with HIV.

MOZAMBIQUE | NIGERIA | UGANDA

1. UNAIDS. 2019 data. Available at: https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf. Accessed May 2023.

STEP THREE ALLOCATING WORKSTREAM AND COUNTRY LEADS

Using our workstream approach, among the partners we assessed who is best placed to lead specific geographical and implementation elements of the partnership:



STEP FOUR COMMISSIONING AN IMPLEMENTATION SCIENCE PROJECT

Upon initiation of the partnership work, an external evaluation of the partnership model was launched to study and report on the impact of the partnership over three years:



BREAKTHROUGH COUNTRIES

Against the backdrop of the ambitious **UNAIDS 95-95-95** targets, we identified how the 'Breakthrough' countries were tracking in terms of HIV burden in order to understand where the gaps are and how we can accelerate change for paediatric populations in specific locations.

GLOBAL 95-95-95 UNAIDS TARGETS:¹

95%

of people living with HIV know their status by 2025

95%

of people living with HIV who know their status initiate treatment by 2025

95%

of those on treatment are virally suppressed by 2025

GLOBAL PAEDIATRIC HIV LANDSCAPE AGAINST THESE TARGETS:¹

59%

of children living with HIV know their status

54%

of those are on treatment

40%

of those are virally suppressed



Mother and baby at Health Facility supported by the Breakthrough Partnership, Mozambique

1. UNAIDS. AIDSinfo 2021 data. Available at: <https://aidsinfo.unaids.org/> Accessed May 2023.

COUNTRY-LEVEL OUTLOOK

MOZAMBIQUE

- **Total population:** 31 million
- **Seroprevalence:** An estimated 2.2 million people are living with HIV, with a seroprevalence of 7.1%.
- **Rationale for country selection:** Despite all partners having a strong presence and footprint in Mozambique, significant numbers of children are living with HIV. It was agreed a collaborative and focused approach is needed to stem the tide of new HIV infections among this population and improve the HIV care continuum.

Mozambique paediatric HIV landscape

Approximately **130,000** children living with HIV

83% of children 0-14 tested for HIV within two months of birth

64% of those children know their status and are on treatment

NIGERIA

- **Total population:** Over 200 million
- **Seroprevalence:** Nigeria has the fourth-largest burden of HIV globally (NAIIS 2018) with a seroprevalence of 1.4% and an estimated 1.9 million people living with HIV.
- **Rationale for country selection:** With the high numbers of children living with HIV and limited coverage of services, it was agreed Nigeria is a country where the partnership can strengthen access to care and infrastructure. With recently established existing Ministry of Health support for the service delivery framework, it was agreed piloting a collaborative approach would ensure gaps in service delivery were filled.

Nigeria paediatric HIV landscape

Approximately **170,000** children living with HIV

25% of children 0-14 tested for HIV within two months of birth

31% of those children know their status and are on treatment

UGANDA

- **Total population:** 45 million
- **Seroprevalence:** An estimated 1.4 million people are living with HIV, with a seroprevalence of 5.2%.
- **Rationale for country selection:** Uganda is a country considered to be in its last mile of its effective HIV response. Collaboration from all partners was agreed to support embedding and prioritising HIV services in the national health system.

Uganda paediatric HIV landscape

Approximately **88,000** children living with HIV

75% of children 0-14 tested for HIV within two months of birth

68% of those children know their status and are on treatment

1. UNAIDS. AIDSinfo 2021 data. Available at: <https://aidsinfo.unaids.org/> Accessed May 2023.
2. Nigeria HIV/AIDS Indicator and Impact Survey (NAIIS). 2018 Technical Report. Available at: <https://ciheb.org/media/SOM/Microsites/CIHEB/documents/NAIIS-Report-2018.pdf> Accessed May 2023.

MOZAMBIQUE

OBJECTIVES

In Mozambique, the Breakthrough Partnership in collaboration with the Ministry of Health and other relevant partners, is committed to strengthening the provision of quality HIV services for children and adolescents, from technical support identifying HIV positive children and adolescents, to offering quality treatment and interventions to improve viral retention and suppression. Interventions are implemented at the community and health facility level to bring about greater synergies and impact.

The overarching objectives of the Breakthrough Partnership in Mozambique are:

1. To improve identification and treatment initiation of pregnant and breastfeeding women, adolescents, and children living with or exposed to HIV.
2. Support retention in care and adherence to treatment of children and adolescents.
3. Achieve an effective, affordable, scalable and sustainable community-based model, informed by the SDF to reach all children living with or exposed to HIV.
4. Aidsfonds and N'weti to establish an enabling environment for increased provision, demand, uptake, and ownership of quality HIV services.
5. EGPAF to provide coordination leadership to the partnership in Mozambique.

GEOGRAPHICAL FOCUS

The Breakthrough Partnership is being implemented in the province of Inhambane, in 14 health facilities in four districts including:

Vilanculos District

Vilanculos Rural Hospital, Mapinhane Health Centres, Pambara Health Facilities

District of Morrumbene

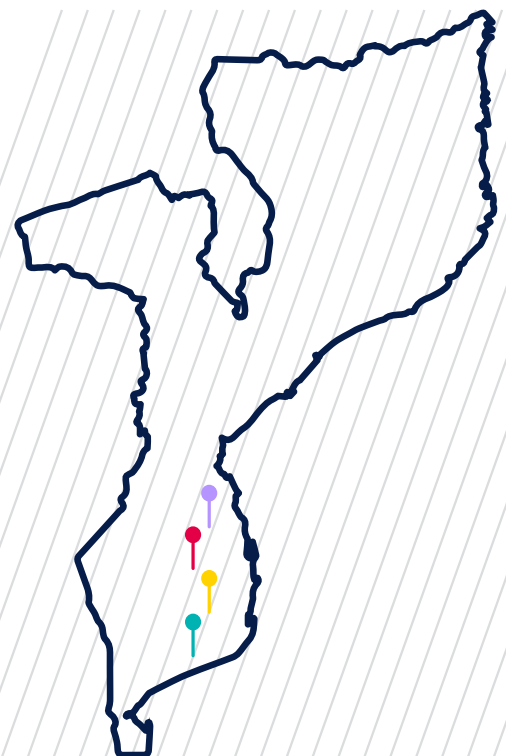
Morrumbene, Gotite and Maivene Health Centres

District of Massinga

Massinga Districtal Hospital, Rio das Pedras, Murrie and Mangonha Health Centers

District of Jangamo

Jangamo, Cumbana, Ravene and Nhacodja Health Centers



It should be noted that not all partners are represented in all health facilities, and of the 14 we are all represented in three and the rest have two or three partners to provide support.

KEY PROGRESS

Against the global targets for epidemic control, we have seen progress in a number of priority programmatic areas.

Positive identification continues to gradually improve due to efforts focusing on HIV testing, and the implementation of testing of contacts of the index case in the community and health facilities. We are also encouraged to see that the implementation of paediatric ART regimen optimisation has enabled all children accessing Breakthrough Partnership care to be placed onto dolutegravir-based ART regimens.

An increased demand for adolescents undergoing follow-up at services friendly to adolescents and young people is evident, with retention figures demonstrating an increase from 206 in 2020, to 596 in 2022. Furthermore, with the UNAIDS 95-95-95 targets in mind, data on viral load and viral suppression is particularly encouraging:

- Improved viral load coverage in children (0-14 years) from **71% in 2020 to 86% in 2022** and for adolescents (15-19 years) from **61% in 2020 to 77% in 2022**.
- Improved viral suppression in children (0-14 years) from **74% in 2020 to 82% in 2022** and for adolescents (15-19 years) from **68% in 2020 to 83% in 2022**.

Monetisation of the point of care testing machine (mPIMA) began, which at first was used only to process PCR of HIV-exposed children but then later to process the viral load of children and adolescents from Servicios Amigos dos Adolescentes, pregnant women, and lactating women. Finally, a key success in our programmatic activity was the implementation of the HIV test pilot for lactating women in the healthy child consultation.

KEY CHALLENGES

- During project implementation, a number of learnings stood out, including challenges related to coordination with the Ministry of Health and consortium partners. While it's important to note these, it's also right to acknowledge these challenges are being worked through and many have already been overcome.
- COVID-19 caused delays to programmatic activities, with some cancelled and others postponed, and in the clinical component of the programme there is a need to allocate more clinicians in the health facilities in order to guarantee more frequent technical support.
- Currently, we only have three fixed clinicians in three health facilities. In the health facilities where we have an increased allocation of clinicians, there is a better performance in terms of reaching indicators and quality of care compared to those without clinicians.

“Adherence to treatment gives us new hope”

By Aidsfonds' implementing partner, N'weti



N'weti Mentor Mother and her client, Mozambique

CASE STUDY

Stela is a 25-year-old single mother of three children, living in Ngongane community, in Inhambane province. She became a mother when she was only 11 years old, and during the pregnancy, was diagnosed with HIV. Looking back, Stela says, **"it was the most difficult moment in my life, because I was inexperienced, and I thought that the result meant the end of my life."**

Fortunately, Stela started taking antiretroviral treatment immediately following her diagnosis and her first daughter is, as a result, HIV negative. However, Stela stopped taking her antiretroviral treatment soon before her second pregnancy due to lack of adherence support and appropriate care. Therefore, Stela's second daughter, who is now four years old, is living with HIV.

Through a referral, Stela and her children are now supported by the Kusingata Breakthrough Partnership project, implemented by N'weti on behalf of Aidsfonds, which focuses on pregnant and breastfeeding women living with HIV and children exposed to or living with HIV. "Kusingata" is local language for "community support" or "warmth" and refers to traditional community support approaches that serve women and children living with or affected by HIV.

Stela receives home visits from the project's mentor mother, who is herself a mother living with HIV and is trained to support adherence to treatment and retention in care of pregnant and breastfeeding women living with HIV. Stela also attends a support group facilitated by a Mentor Mother with other pregnant and breastfeeding women living with HIV. With the Mentor Mother and her peers, Stela can share the difficulties that she faces in her daily life, and the Mentor Mother supports her and her children to remain healthy through advice, nutrition, education and reminders to attend the consultations at the health facility.

With this support from the Kusingata Breakthrough Partnership project, Stela began to adhere to treatment again before the birth of her third child and now seven-month-old son. Stela received the good news that her son has received a negative result in his first HIV-test. His sister, Stela's second daughter, is adhering well to her treatment and as a result, currently has an undetectable viral load. With holistic support around her, Stela feels empowered and committed to improving the quality of her life and that of her children.

BEST PRACTICES

- Rehabilitation and equipment of the Teen and Youth Friendly Services at the Jangamo Health Facilities to improve the environment for serving adolescents and young people.
- Implementation of community dialogues to spread messages related to health with a focus on HIV (prevention, forms of transmission, importance of testing, retention in care and treatment, sexual and reproductive health and referral to health facilities).
- Clinical mentorship to support Mentor Mother strategy.
- Implementation of community theatres to raise awareness among adolescents and young people about HIV, around prevention, diagnosis, and treatment, and to provide adolescent peer support.
- Implementation of economic strengthening through the creation of savings groups and income generation groups. These two activities aim to mitigate the barrier linked to the lack of resources (food, transport costs) that influence the adherence and retention of patients on ART.
- Implementation of the single paediatric stop in three health units, which allowed an improvement in the quality of clinical services provided for children.



Nutrition group run by a N'weti Mentor Mother at a Health Facility in Mozambique

NIGERIA

OBJECTIVES

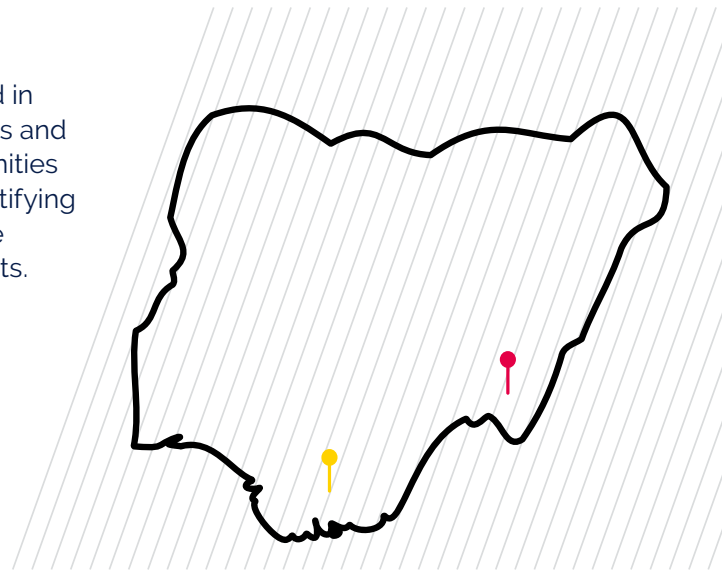
In Nigeria, the Breakthrough Partnership is coordinated by UNICEF, working mutually with EGPAF, Aidsfonds, PATA and country-specific partner Society for Family Health (SFH) across two States. The integrated programming has been guided by specific country-level key objectives and deliverables with clear definitions of the roles and responsibilities of each partner.

The overarching objectives of the Breakthrough Partnership in Nigeria are:

1. To improve identification, treatment initiation, retention and viral suppression of pregnant and lactating women and children living with or exposed to HIV.
2. Generate and document evidence on the interventions including performance, lessons learnt, successes and challenges, and disseminate in-country at local, regional and national, and international fora to inform scale up.
3. Evidence-driven advocacy to influential stakeholders to accelerate adoption, scale up and financing of cost-effective and proven strategies.

GEOGRAPHICAL FOCUS

The Breakthrough Partnership is being implemented in eight local government areas (LGAs), 53 communities and 19 facilities of Taraba State and 10 LGAs, 20 communities and 10 facilities of Rivers States. The process of identifying LGAs and communities was conducted jointly by the Breakthrough Partnership with the State governments.



Taraba State
Rivers State

KEY PROGRESS

Open communications between implementing partners, facilitated in monthly meetings, forms the backbone of the partnership in Nigeria and has led to a successful first two years of the programme. Due to the geographical expanse of the country, partners have focused on technical assistance, service delivery and advocacy in two States – Rivers and Taraba.

Rivers State

In Rivers State, UNICEF provides technical and financial support for the implementation of paediatric and adolescents HIV services.

The Breakthrough Partnership's work commenced in this State with advocacy, led by UNICEF, engaging the State Commissioner of Health and Director of Public Health to secure buy-in at policymaking level. In collaboration with the Rivers State Paediatric/Adolescent ART Technical Working Group, a solutions matrix for the State was developed in 2021 and progress reviewed in 2022. This work has contributed to building the capacity of national and State paediatric and adolescent focal persons, known as HIV Desk Officers, in all LGAs on Nigeria's Service Delivery Framework and the National Acceleration Plan.

To strengthen the provision of HIV services in the State, a series of capacity building activities took place in the first two years of the partnership. 60 national, State and LGA representatives were trained in capacity building to provide technical guidance and ensure coordinated and comprehensive programme implementation of the paediatric and adolescent service provision at the LGA. The Breakthrough Partnership's support to the quarterly State technical working groups led to improved coordination of the State HIV response.

The Breakthrough Partnership focused a great deal of resource on a process to improve LGA coordination, which is still ongoing into year three of the programme. In year one and two:

- **50 Mentor Mothers** from five LGAs were trained to strengthen access and retention-in-care for mother-baby pairs with review meetings twice a year to assess progress and identify challenges with services to **749 women and 543 children**.
- **30 adolescents** in three LGAs were trained, and the support groups for adolescents and young people living with HIV in five LGAs to improve retention of adolescence in care were established.
- Training of Trainers took place on age-appropriate disclosure for **27 facility staff** from four States, with information cascading to 45 healthcare providers in the State.
- Mapping of 60 communities, as well as the training of 70 community mobilisers who have conducted three community outreach activities, took place, and **37 people living with HIV were identified after testing of 6,442 people at risk of acquiring HIV**.

KEY PROGRESS

Taraba State

In the State of Taraba, North Eastern Nigeria, Aidsfonds and PATA began work with implementing partner - Society for Family Health (SFH) - initiating programming built on UNICEF's Service Delivery Framework and in turn, developed a solutions matrix.

SFH led efforts in community HIV testing across the State to access and determine the number of children, adolescents and pregnant women living with HIV who are in need of timely care and treatment. A total of **154,725 children, adolescents and pregnant women were tested for HIV**. 267 were reported positive and linked to care, 98% of whom commenced treatment. 439 early infant diagnosis tests were conducted for HIV exposed infants and 27 tested HIV positive, 100% of whom were linked to care and initiated on treatment.

The Breakthrough Partnership, represented by SFH in this instance, also supported Taraba State AIDS Control Agency (TACA) to host the State quarterly HIV technical working group meetings where all HIV implementing partners come together to discuss results, challenges, and way forward. Male involvement meetings were held in the eight implementing local government areas that brought together relevant stakeholders to discuss prevention of gender-based violence, inequality, and harmful practices on women and stigma reduction among people living with HIV.

Support to caregivers of children and adolescents living with HIV was a focus of the Breakthrough Partnership programme in these first two years. Through this, 60 caregivers of children living with HIV were trained through Village Savings and Loans Association groups and given a seed grant to commence trading that can enhance income generation activities to support retention in care and nutrition of the children in their care. Over 200 children have benefited from these economic services. A co-creation workshop was also conducted by SFH among adolescents living with HIV and their caregivers to unravel issues around stigma and retention in care.

In parallel, PATA implemented programming slightly later, in June 2022, engaging government agencies through advocacy and collaborating with SFH through the Lafiyan Yara project. Together, using the Service Delivery Framework, the partners conducted baseline assessment of 12 selected facilities in July of 2022 and conducted a gap analysis of the services available for children and adolescents. This enabled the generation of quality improvement plans in seven facilities in August of 2022. Training on paediatric and adolescent comprehensive care and treatment was held in September 2022 for **37 healthcare workers in seven facilities**.

To dismantle stigma associated with accessing care during school days, adolescent-friendly weekend clinics were initiated in seven facilities. As the programme continues, the Breakthrough Partners will monitor the quality of the programming and respond to any identified gaps to ultimately achieve the shared goal of ending paediatric AIDS.

To further support the specific needs of adolescents living with HIV in Taraba State, EGPAF set up adolescent and young people friendly health centres in two facilities which serve as dedicated safe spaces for adolescents and young people to freely access services. **Four caregiver mentors** and **five peer supporters** have been trained to provide psychosocial support to caregivers and adolescents living with HIV respectively, including coordination of caregiver forum meetings and adolescent psychosocial support groups.

KEY PROGRESS ACROSS RIVERS AND TARABA STATE

Working across both States, EGPAF provided care and treatment support services to **2,894 children and adolescents living with HIV** in 17 health facilities through the Breakthrough Partnership. These children and adolescents living with HIV benefit from a wide range of services including case management by skilled paediatric case managers who ensure clients receive quality and timely services.

EGPAF also supported innovative case-finding efforts including family index testing, HIV self-testing, testing at community-based organisations, and community outreaches in both States. Through these innovations, **11,192 children have been tested** and **267 identified as positive and initiated on life-saving ART**.

Through the Breakthrough Partnership, EGPAF has continued to strengthen health systems through capacity building of health workers. **352 healthcare workers** have been trained on various aspects of paediatric and adolescent HIV care and treatment including adherence, treatment optimisation and quality improvement. Additionally, the quality improvement approach has been adopted to understand root causes of gaps and implement interventions to close these gaps. **74 staff** have been trained on quality improvement, **76% of Breakthrough facilities** have functional quality improvement teams and various projects are currently ongoing.

To foster sustainability, EGPAF works in close collaboration with the Ministry of Health in Rivers and Taraba State on all strategies right from conceptualisation to implementation and monitoring. Joint mentoring and supportive supervision are conducted with the Ministry of Health, and technical working groups are supported to close gaps.

KEY CHALLENGES

- COVID-19 presented challenges to our programmes in Nigeria as the Breakthrough Partnership commenced. As with other countries in the partnership, interruptions to care and treatment were experienced. The urgency with which the partners mobilised enabled them to respond to the unmet needs of the paediatric and adolescent populations who were impacted by the interruption to care.
- The partnership was also strengthened in its second year through the signing of EGPAF, PATA and Aidsfonds to the partnership in Nigeria, joining existing partners UNICEF and SFH. With a larger footprint and capacity, the partnership has been able to reach more people, improve capacity and enable technical assistance to the LGAs.

CASE STUDY

Establishment of adolescent and youth-friendly centres in Nigeria

The 17 Breakthrough Partner sites provide HIV care and treatment services for nearly 1,800 adolescents living with HIV (ALHIV). Poor adherence to ART, high attrition, poor viral suppression and high morbidity rates tend to be more common among ALHIV. Baseline assessments conducted at Breakthrough-supported health facilities in 2021 showed a sub-optimal viral suppression rate of 78% and 48% for children and adolescents in Rivers and Taraba States respectively.

EGPAF set out to establish adolescent and youth-friendly centres in two project sites with the goal of improving treatment outcomes in ALHIV through psychosocial support.

Intervention objectives:

- To improve adherence in ALHIV.
- To improve retention at 6 and 12 months of ALHIV on antiretroviral therapy.
- To improve viral load testing coverage and viral suppression rates amongst ALHIV.

Method of delivery:

1. Stakeholder and advocacy engagements with Ministry of Health staff and healthcare workers to obtain buy-in for the centres.
2. Identification of spaces at the two project facilities where the adolescent youth (AY) friendly centres will be established.
3. Analysis and identification of the needs for the space.
4. Renovation of the space and procurement of educational materials, games, TV screens, comfortable seats and work desks.
5. Official opening of the AY-friendly centre.
6. Identification and training of adolescent peer supporters and expert caregivers.
7. Commencement of monthly adolescent PSS group meetings and monthly caregiver forums.

Within two months of the centres opening, 59 ALHIV accessed psychosocial support services. The first evaluation will be conducted at six months post commencement of the intervention, however stakeholders and beneficiaries have expressed positive feedback and value on the project

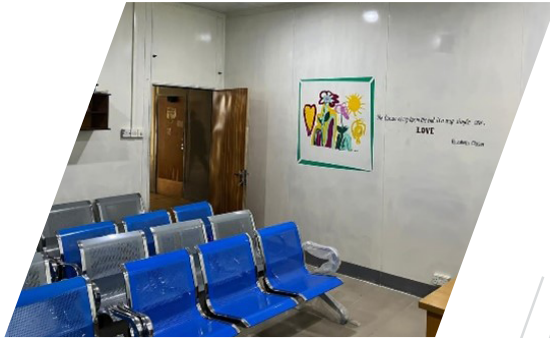
“ We feel comfortable, cared for, and at home at the adolescent and youth-friendly centre. The educational books and various games at the centre will go a long way in helping us develop ourselves. ”

Angela, a 17-year-old adolescent receiving care in General Hospital Zing, Taraba State, Nigeria.

BEST PRACTICES

The involvement of stakeholders at national, State, and community levels has continued to foster buy-in and ownership, and has led to the implementation of the activities with the stakeholders involved and leading all stages. This exemplifies the Breakthrough Partnership's drive for success and sustainability with an inclusive approach. Joint implementation of activities and monitoring visits has, created a sense of value and ultimately resulted in greater trust among the partners and credibility for the partnership. With the understanding that each partner is critical to the overall success of the partnership, each partner takes an active interest in the other, while working together to develop shared success, and this has helped mitigate conflicts.

Adolescent-friendly clinic



Adolescent-friendly services sign

UGANDA

OBJECTIVES

The Breakthrough Partnership in Uganda, in liaison with co-implementing local partners such as Community Health Alliance Uganda, Health Need Uganda and The National Forum of People Living with HIV/AIDS Networks in Uganda, are committed to strengthening HIV service delivery for children and adolescents in collaboration with the Ministry of Health. This ranges from technical support to capacity building, to quality improvements in case finding, linkage and treatment optimisation and case management. There is an emphasis on the peer-led support model with a strong focus on clinic-community collaboration, district coordination and community-led monitoring.

The overarching objectives of the Breakthrough Partnership in Uganda are:

1. To accelerate facility and community-based interventions aimed at improved age appropriate identification, treatment initiation, retention, and viral suppression.
2. To strengthen advocacy for improved service delivery both at the community and facility level for children and adolescents living with HIV.

GEOGRAPHICAL FOCUS

The Breakthrough Partnership interventions are prioritised in the districts of:

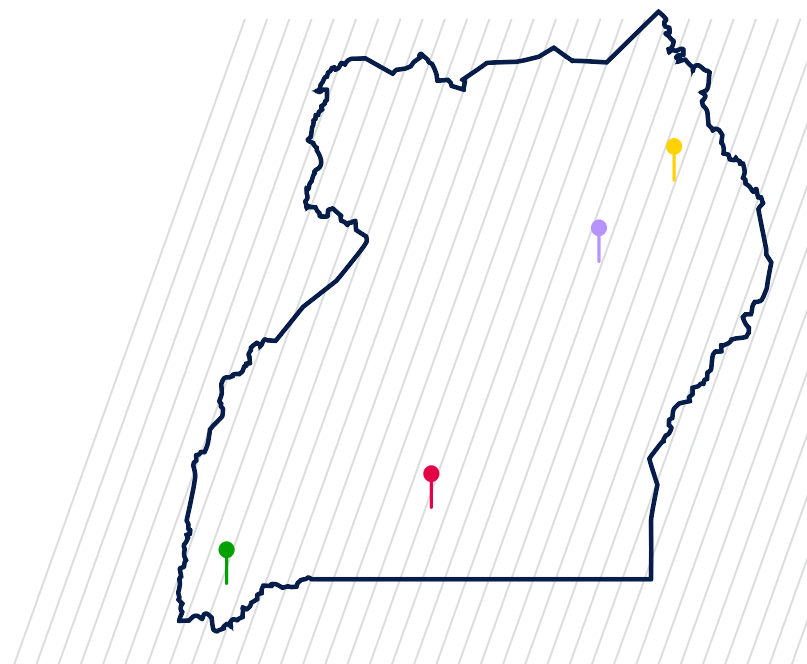
Central region

South Western region

Teso region

Karamoja region

In four regions the partners co-implement, demonstrating collaboration, synergies and co-investment.



KEY PROGRESS

Over the last two years, case identification yield has moved from 1.2% in September 2020 to 1.3% in September 2022 in the supported districts. Linkage to HIV services has remained optimal during this period, with all identified children and adolescents living with HIV linked to care. Furthermore, 90% of children and adolescents living with HIV who were linked to care were either initiated on or transitioned to optimal ART regimens. Retention of children and adolescents living with HIV at six months improved from **86% to 92%** but remained at 86% at 12-months at the implementing facilities. The focus now is to continue to improve retention through to 12-months which is still at 86%.

Viral load coverage and suppression have both seen an upward trend from **95% to 100%** and **84% to 87%** respectively against a national achievement of 81%. Interventions contributing to these gains included a coordinated partnership that has continuously engaged technical officers and structures from the national to subnational and facility plus community levels.

Coordination of key stakeholders in paediatric and adolescent HIV care and treatment has minimised duplication of services optimising the available resources. In addition, evidence-based programming entrenched on data quality use has ensured tailored services, as outlined in the service delivery framework.

KEY CHALLENGES

- Inadequate resources limited the ability of the partnership to address client gaps that were outside its scope. Furthermore, the absence of other supporting partners in key aspects, including the lack of support for orphans and vulnerable children, diluted partnership efforts.
- With partners implementing programmes in districts where they have previously had a footprint, scalability of some interventions adopted from other co-implementing partners has raised challenges in the partnership. This was mitigated through joint review meetings that convened all implementers and demonstrated best practices that could be scaled up.
- Finally, the first two years of the partnership were implemented during the height of the COVID-19 pandemic, with movement restrictions impacting on service and programme delivery.



Educational visit

CASE STUDY

Partnership in Action - Uganda National Paediatric Advocacy Strategy

In the spirit of harnessing synergy through partnerships, UNICEF and EGPAF, in liaison with Ministry of Health, co-led the development of the National Paediatric and Adolescent HIV Advocacy strategy. The other Breakthrough partners provided technical support during the development of the strategy.

The National Paediatric and Adolescent HIV Advocacy strategy was developed through a series of consultation meetings which included:

- A national stakeholders consultative meeting in April 2022.
- A dialogue meeting with representatives of the young persons and caregivers of children living with HIV.
- Meetings with key multi-sectoral stakeholders in paediatric and adolescent HIV care and treatment, such as Ministry of Health, Ministry of Education and Sports and Ministry of Gender, Labour and Social Development, AIDS Development Partners such as PEPFAR, the Uganda AIDS Commission and Civil Society Organizations (PLHIV networks).

In these engagements the Breakthrough partners gave financial and technical support towards the development of the strategy.

The objectives of the advocacy strategy include:

1. Guide Ministry of Health partners in the formulation and implementation of advocacy activities and allocation of budgets to priority areas in HIV care and treatment services for children and adolescents living with HIV at national and district levels.
2. Give strategic direction on how to influence decision makers and policy change, including increased investments, prioritisation and accountability within the health and social services sectors at national and district levels.
3. To enhance increased utilisation of evidence to inform advocacy for improving HIV care and treatment outcomes for children and adolescents living with HIV.

The National Paediatric and Adolescent HIV Advocacy Strategy has since been finalised and disseminated nationally. The Breakthrough Partnership will leverage the advocacy strategy at all levels to deliver on its mandate to strengthen advocacy for improved service delivery.

BEST PRACTICES

Over time, better partnership coordination has resulted in joint performance review and planning meetings, and joint support supervision and field visits.

Joint Project Review, Management and Planning Meetings

The partnership conducts quarterly project review and planning meetings to update the Ministry of Health on project progress and contribution, promote sharing and cross learning amongst partners, and agree on data driven implementation strategies. The lessons shared by the partners are aimed at contributing to policy and practice.

Cross learning was also promoted through joint field visits with the Ministry of Health and other HIV partners in the country. This includes the Joint Technical Learning on PEPFAR's Accelerating Progress in Paediatrics and PMTCT (AP3) initiative field visit by the Breakthrough partners and USAID, local partner health services and district health teams. The Breakthrough Partnership project participated in an assessment and learning visit to facilities implementing AP3 in the districts of Ibanda, Bushenyi, Isingiro and Mbarara in the South-West. Key learnings included good clinic-community collaboration in some facilities to offer optimal care to the clients, use of quality improvement to close gaps along the cascade, and use of an audit tool to service gaps that need to close. Aidsfonds shared its best practice from the Village Savings and Loans Associations for consideration of adaptation into the Ariel Peer Program, and the Youth and Adolescents Peer Supporters. PATA and EGPAF identified opportunities for synergy at the overlapping facility through the Youth Adolescent Peer Support and Ariel Peer Approaches in Ibanda district.



2022 Annual Breakthrough Meeting, Uganda

KEY UPCOMING PRIORITIES

In year three of the Breakthrough Partnership, we will focus on the following activities across the three respective countries:

MOZAMBIQUE

1. Implementation of testing in schools as a pilot strategy to reach adolescents between 15 and 19 years old and at the national level in the identification of people living with HIV in the age groups of 15 to 24 years. Mozambique has a coverage of 45.3% in men and 56.4% in women. These data show that it is necessary to find innovative strategies to reach people living with HIV in this age group.
2. Continue to provide technical assistance with a focus on retention and viral suppression, because despite the improvements achieved so far, we are still far from global targets for controlling the epidemic.
3. Hold the advocacy meeting with the involvement of MOH and other important partners.

UGANDA

1. Data quality, utilisation and optimisation to inform implementation.
2. Linking, learning and sharing to harness partner synergy with a focus on documentation of best practices from the partnership.
3. Documentation of project gains to inform policy and practice at global, national, subnational and facility-community levels.
4. Aligning with other key priorities, including the Global Alliance to end AIDS in children by 2030, the AP3 initiative and the National Action Plan for Children Living with HIV, especially focusing on community interventions to identify, enrol and retain children, adolescents and mothers in care.

NIGERIA

Plans are in place to carry out clinic community collaboration training targeted at community-based organisations and relevant stakeholders at the facilities and in government.

OVERALL UPCOMING PRIORITIES

Nweti Mentor Mother leading nutrition group, Mozambique



As the partnership enters and implements year three, a number of key deliverables at a global level will be prioritised. These are informed by country level implementation and learnings:

- Build evidence around lessons learned from implementing programmes to support national scale up of successful approaches.
- Utilising the collective and catalytic value-add, the Breakthrough partners to engage in advocacy to amplify the voices of children and adolescents to end treatment inequalities in order to end AIDS by 2030.
- Operationalise a harmonised Breakthrough monitoring and evaluation framework and data use plan to inform rapid programme optimisation, identify effective implementation approaches, accelerate our linking and learning efforts, and inform our advocacy agenda.

