

90-90-90 Targets Workshop

Resourcing resilience

Social protection and HIV-related outcomes in adolescents in Eastern and Southern Africa

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Presented on behalf of the Mzantsi Wakho team

21 July 2018



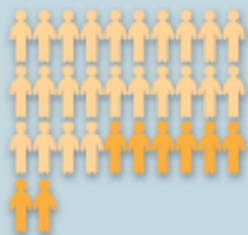
Global Summary of HIV Epidemic among Adolescents (10-19 years), 2017

(UNAIDS, 2017)

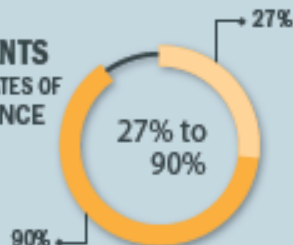
	Global			Sub-Saharan Africa
	Total	Female	Male	(% of Global)
Estimated number of adolescents 10-19 living with HIV	1,800,000	1,000,000	770,000	85%
Estimated number of adolescents 15-19 newly infected with HIV	250,000	170,000	86,000	76%
Estimated number of adolescents 10-19 dying of AIDS-related causes	38,000	18,000	20,000	92%

CONTEXT – EASTERN AND SOUTHERN AFRICA

An estimated
1.2 MILLION
HIV-POSITIVE
children and adolescents
LIVE In Eastern and
Southern Africa
— 100 000 adolescents



MOREOVER,
ADOLESCENTS
REPORT LOW RATES OF
ART ADHERENCE
(27-90%)



- AIDS-related illness is the leading cause of death amongst adolescents;
- Structural deprivations are key factors in child and adolescent anti-retroviral therapy (ART) adherence and loss to follow-up;
- Social protection addresses complex vulnerabilities, disadvantages and risks, and foster resilience in the general adolescent population.



RESOURCING RESILIENCE

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Resourcing resilience: social protection for HIV prevention amongst children and adolescents in Eastern and Southern Africa

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Adolescents are the only age group with growing AIDS-related morbidity and mortality in Eastern and Southern Africa, making HIV prevention research among this population an urgent priority. Structural deprivations are key drivers of adolescent HIV infection in this region. Biomedical interventions must be combined with behavioural and social interventions to alleviate the socio-structural determinants of HIV infection. There is growing evidence that social protection has the potential to reduce the risk of HIV infection among children and adolescents. This research combined expert consultations with a rigorous review of academic and policy literature on the effectiveness of social protection for HIV prevention among children and adolescents, including prevention for those already HIV-positive. The study had three goals: (i) assess the evidence on the effectiveness of social protection for HIV prevention, (ii) consider key challenges to implementing social protection programmes that promote HIV prevention, and (iii) identify critical research gaps in social protection and HIV prevention, in Eastern and Southern Africa. Causal pathways of inequality, poverty, gender and HIV risk require flexible and responsive social protection mechanisms. Results confirmed that HIV-inclusive child- and adolescent-sensitive social protection has the potential to interrupt risk pathways to HIV infection and foster resilience. In particular, empirical evidence (literature and expert feedback) detailed the effectiveness of combination social protection particularly cash/in-kind components combined with “care” and “capability” among children and adolescents. Social protection programmes should be dynamic and flexible, and consider age, gender, HIV-related stigma, and context, including cultural norms, which offer opportunities to improve programmatic coverage, reach and uptake. Effective HIV prevention also requires integrated social protection policies, developed through strong national government ownership and leadership. Future research should explore which combinations of social protection work for sub-groups of children and adolescents, particularly those living with HIV.

Keywords: care and support, cash, HIV/AIDS, social protection

Introduction

AIDS-related illness is the leading cause of death amongst adolescents in Eastern and Southern Africa: since 2000, the number of AIDS-related adolescent deaths in the region has tripled (WHO, 2015a). HIV infection poses a serious risk to children and adolescents in the region, with 160,000 new infections annually in this age group (UNICEF-ESARO, 2015). Eastern and Southern Africa (ESA) is also home to 80% of the world's 3.9–4.5 million HIV-positive children and adolescents (Kasedde & Olson, 2012). Investing in social protection in ESA has taken on a new urgency as HIV and AIDS interact with drivers of poverty to disrupt livelihood systems and family and community safety nets (Adato &

Bassett, 2009). Children, in particular, are a key constituency for whom it is imperative to scale up and deepen social protection to mitigate the effects of extreme deprivation and vulnerability (Miller & Samson, 2012). The expanding evidence base on children and HIV/AIDS has contributed to the progress of the global agenda for improving the health outcomes of children affected by HIV/AIDS.

A growing literature investigates the potential that types of social protection have to promote protective behaviours and reduce risk behaviours of children and adolescents affected by HIV (Cluver, Orkin, Yakubovich, & Sherr, 2016; Miller & Samson, 2012; UNICEF-ESARO, 2015). This literature points to the importance of improving our understanding of how various modes and forms of social protection support HIV

The Case for Social Protection for HIV-Positive Children on Antiretroviral Treatment in Eastern and Southern Africa



What is the evidence on the effectiveness of social protection for ART adherence and HIV-related outcomes for children and adolescents in ESA?

What are the key challenges to implementing child- and adolescent-sensitive social protection programmes?

WHAT IS CHILD- / ADOLESCENT-SENSITIVE SOCIAL PROTECTION?

“A set of public and private policies and programmes aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation”

“Addresses the inherent social disadvantages, risks and vulnerabilities children may be born into, as well as those acquired later in childhood”
(UNICEF 2012)



METHODOLOGY

Rigorous review of academic, policy, and grey literature on child-sensitive social protection in Eastern and Southern Africa;

Expert consultations with 27 experts from national, regional, and international institutions and research bodies;

In-depth interviews with 26 local providers, researchers, and stakeholders in the Eastern Cape Province of South Africa;

Participatory research with 39 South African adolescents as part of Mzantsi Wakho, a large community-traced cohort study of 10-19 year olds (N=1,526), N=1,059 of whom are HIV-positive.





A MIXED-METHODS STUDY

- Qualitative ethnography (2013-2018, led by Dr. Hodes, UCT)
- Quantitative longitudinal panel study (2014-2018, led by Prof. Cluver, Oxford)
N=1,526 adolescents, 1060 HIV+, 467 HIV-
- Teen workshops



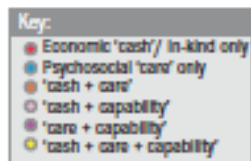
SUMMARY OF STUDIES

Two types of evidence:

- (1) effectiveness trials or intervention studies;
- (2) analysis of effectiveness of national-level programmes.
 - 26 pilot or effectiveness/ intervention trials
 - 6 national-level programmes
 - 11 programmes

SUMMARY OF POLICIES

- 13 countries in ESA have a social protection policy, 5 are developing one;
- Child-sensitive provisions entrenched in many policies, high level of variation between environments and provisions;



SUMMARY OF STUDIES

Evidence on Social Protection Type	Countries
Economic 'cash' / in-kind only	Burkina Faso, Kenya, Malawi, South Africa
Psychosocial 'care' only	D.R. Congo, South Africa, Tanzania, Uganda, Zambia, Zimbabwe
'cash + care'	Kenya, South Africa, Uganda, Zambia, Zimbabwe
'cash + capability'	Kenya
'care + capability'	Botswana, South Africa, Uganda, Zambia, Zimbabwe
'cash + care + capability'	Uganda, Zimbabwe
transformative social protection – have at least one social protection policy in place or under development	Angola, Botswana, Burundi, Comoros, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe

KNOWN RISK FACTORS FOR ADOLESCENT NON-ADHERENCE:

Known risk factors for non-adherence among adolescents include



‘Transition from paediatric to adult care can be like dropping off a cliff’
(Expert Consultation)

SOCIAL PROTECTION CAN INTERRUPT THESE KNOWN PATHWAYS THROUGH:

- Poverty reduction and economic development;
- Improved access to healthcare;
- Improved food security;
- Greater gender equality, access to education and health services;
- Reduced stigma and discrimination; and
- Improving caregiver psychosocial and physical well-being.

FINDINGS – SOCIAL PROTECTION WORKS!

‘The importance of deliberate, politically-backed and sustainable combinations of child-sensitive social protection mechanisms cannot be overstated.’

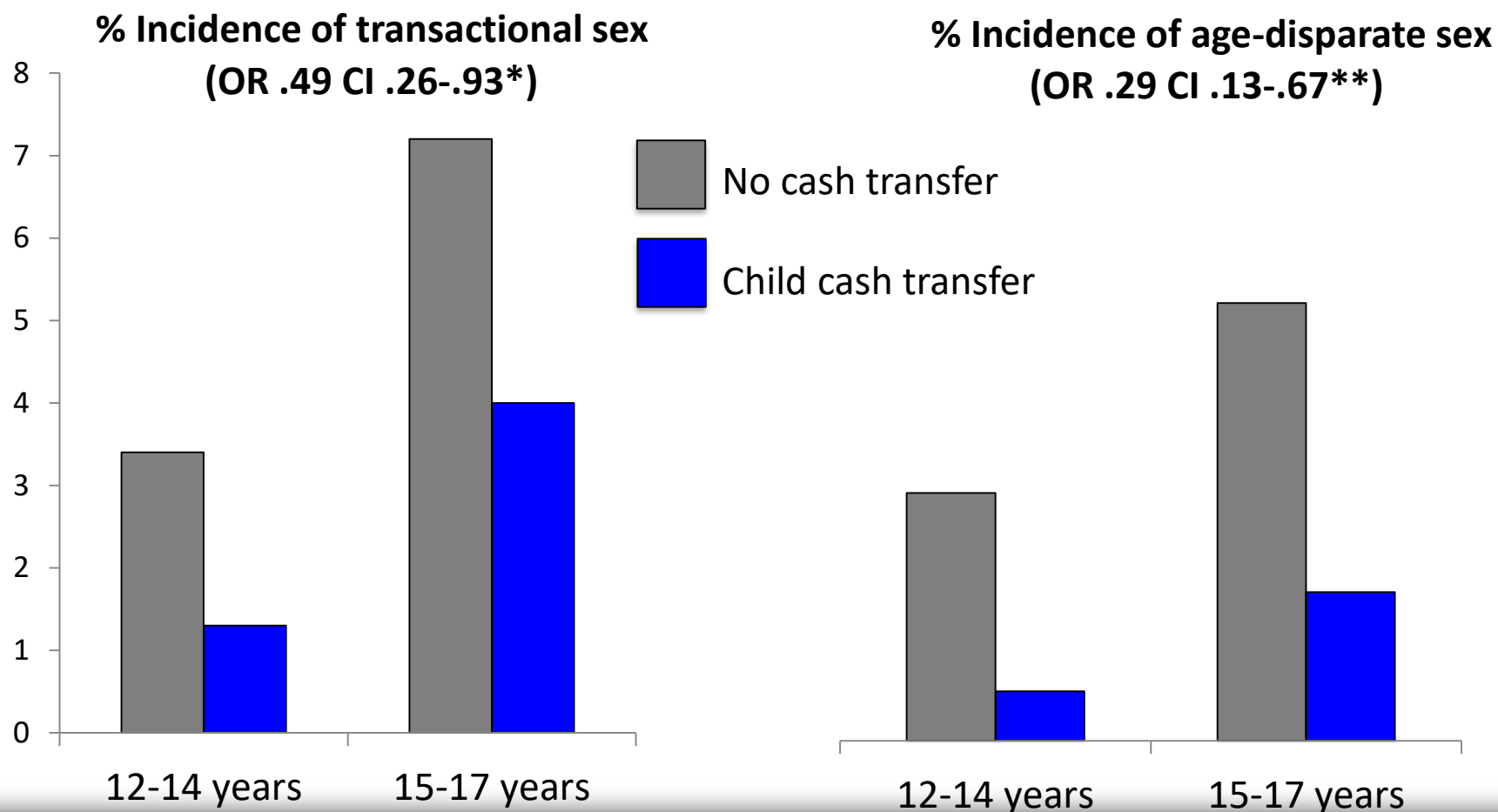
(Expert Consultation)

THE POWER OF SOCIAL CASH TRANSFERS

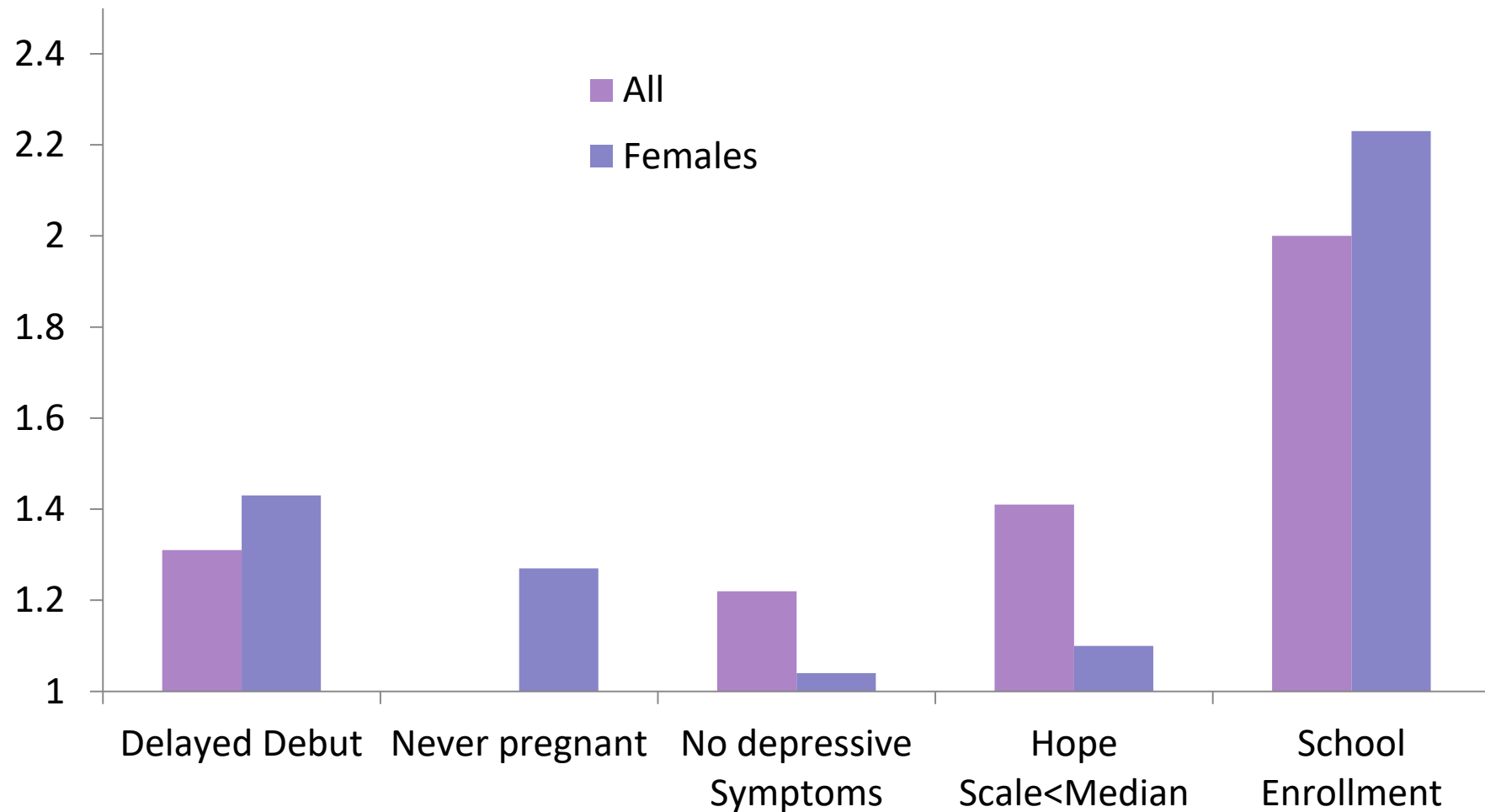
- Strong evidence for HIV prevention
- Growing evidence for ART adherence
- Further research on the types and combinations of cash transfers for improved adolescent adherence is needed



NATIONAL PROGRAMMING IN SOUTH AFRICA: CHILD GRANT REDUCES INCIDENCE OF TRANSACTIONAL SEX AND AGE-DISPARATE SEX FOR GIRLS (N=3500, RSA)



Kenya: unconditional OVC cash transfer (effects in OR)



Conditional cash transfers: the evidence-base

Malawi: Baird et al 2012

- RCT conditional/unconditional cash transfers
- Both equally effective on HIV prevalence (OR.36)
- Both equally effective on HSV-2 prevalence (OR.24)

South Africa: Pettifor et al 2017

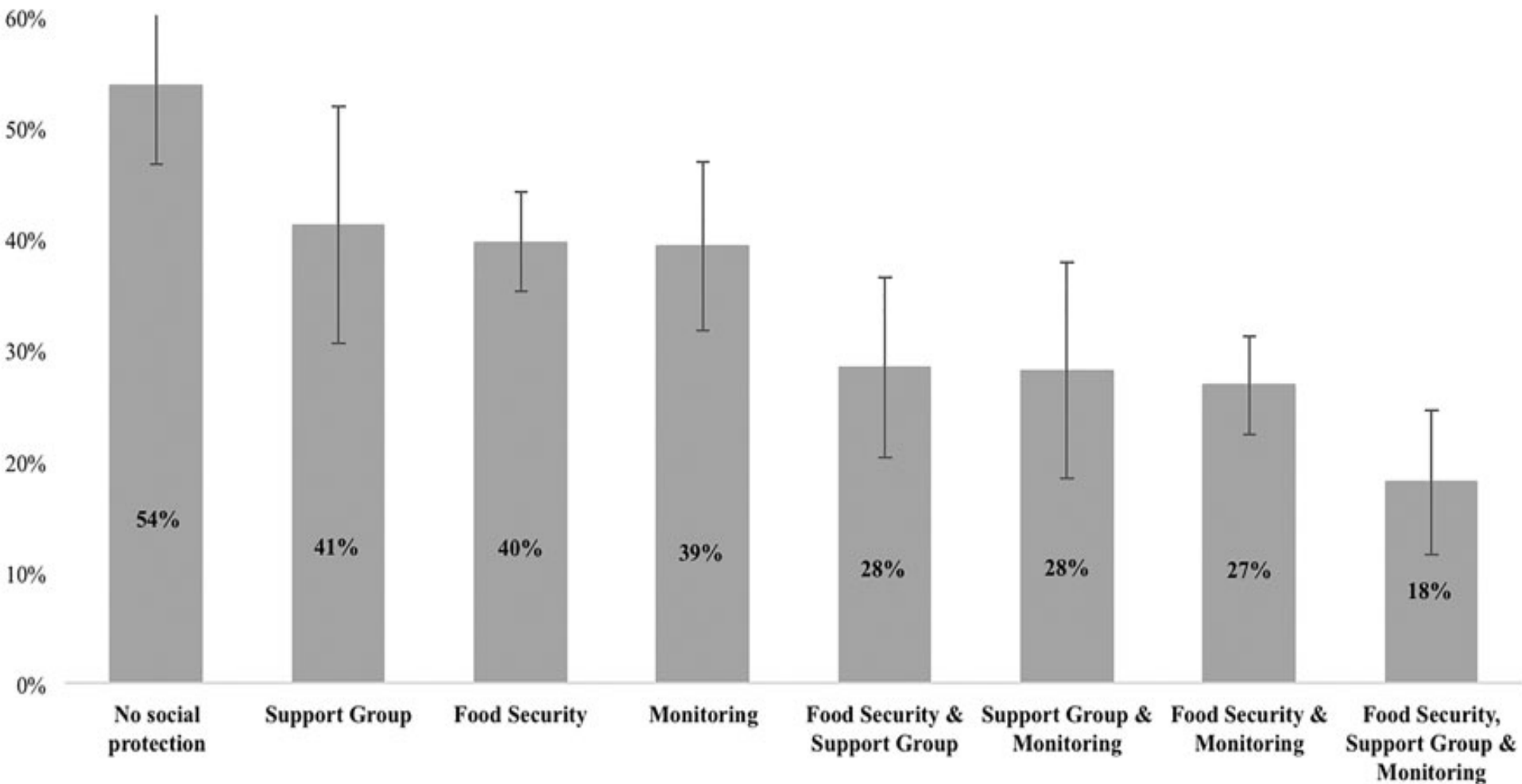
- RCT conditional cash transfers
- No difference on HIV incidence
- Less intimate partner violence
- Less unprotected sex

South Africa: Abdool Karim 2016

- RCT conditional cash transfers
- HIV incidence too low to detect
- Less HSV-2 incidence (IRR.7)

Combinations are better - Cash + care + clinic

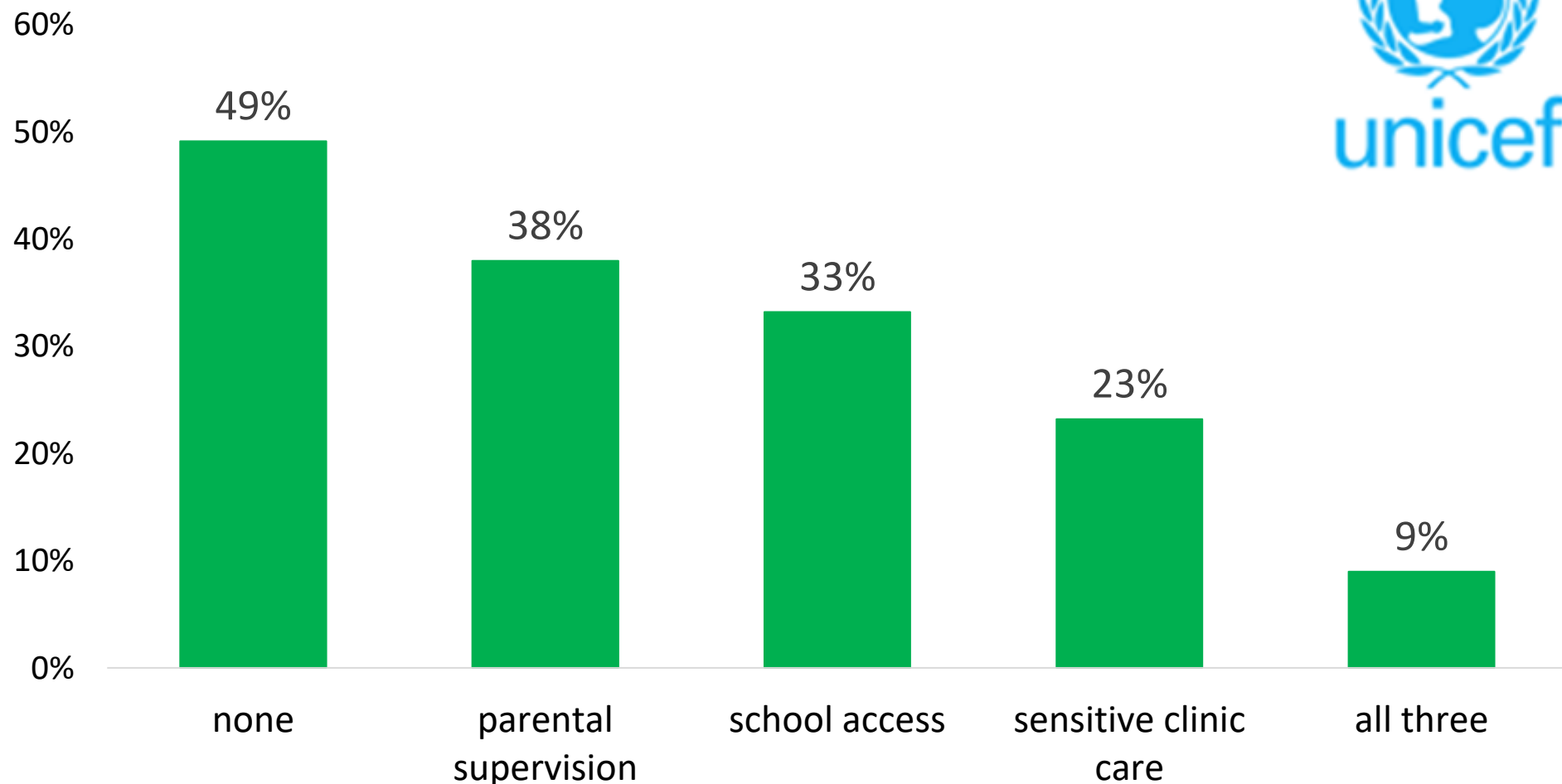
Rates of past-week adolescent ART non-adherence, by social protection access of food security, HIV support group and parental monitoring/supervision (controlling for socio-demographic co-factors)



Cash + care + clinic: positive prevention (n=500)

Unprotected sex among HIV+ girls

% probabilities controlling for covariates



BEYOND CASH - CARE AND CAPABILITY

Care may have an impact by:

- 1) direct benefits as stand-alones or in combinations;
- 2) flexible mechanisms that buffers and responds to specific needs; and
- 3) acting as 'glue' for other forms of social protection

'Capability' interventions focus on long-term transfer of skills and knowledge that address structural inequalities faced by children and adolescent.

'Building self-esteem and life skills is important. It makes sure that we are empowering the child and adolescent to be able to live in this world.'

'(A social protection programme) might provide cash, but if families aren't cognizant of other needs that children have, the cash may not have as much of an impact. Children most feel loved, care for, belonging.'

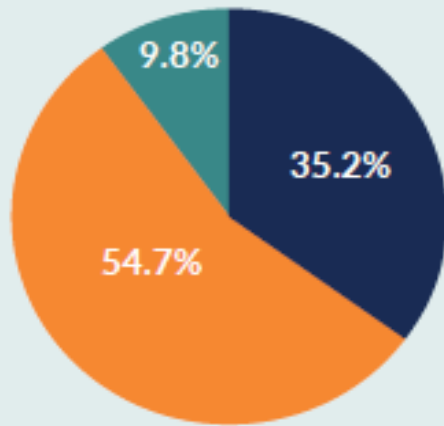
*‘The critical outcome of psychosocial support is resilience. Resilience is the ability to get up when life has knocked you down and still stand up and keep going... **If you can imagine a child with enough people around them, enough hands reaching them, that in fact they never fall all the way to the ground.***

As life is knocking them, there are hands there to help them keep moving. And not just keep moving, but look up and see the stars and have hope that there is a better tomorrow and that I will reach that better tomorrow... Resilience is what enables us to face challenges and even to find the opportunity within those challenges... That is the belief that will help them take their medication.’

(Mudekunye, L. 2015, REPSSI - from PATA, 2016)

Peer supporters: increased viral suppression

Results



Facility respondents were from Southern, East and West/Central African regions.

PATA (2018)

Impact of adolescent/youth peer supporters living with HIV

71 health facilities

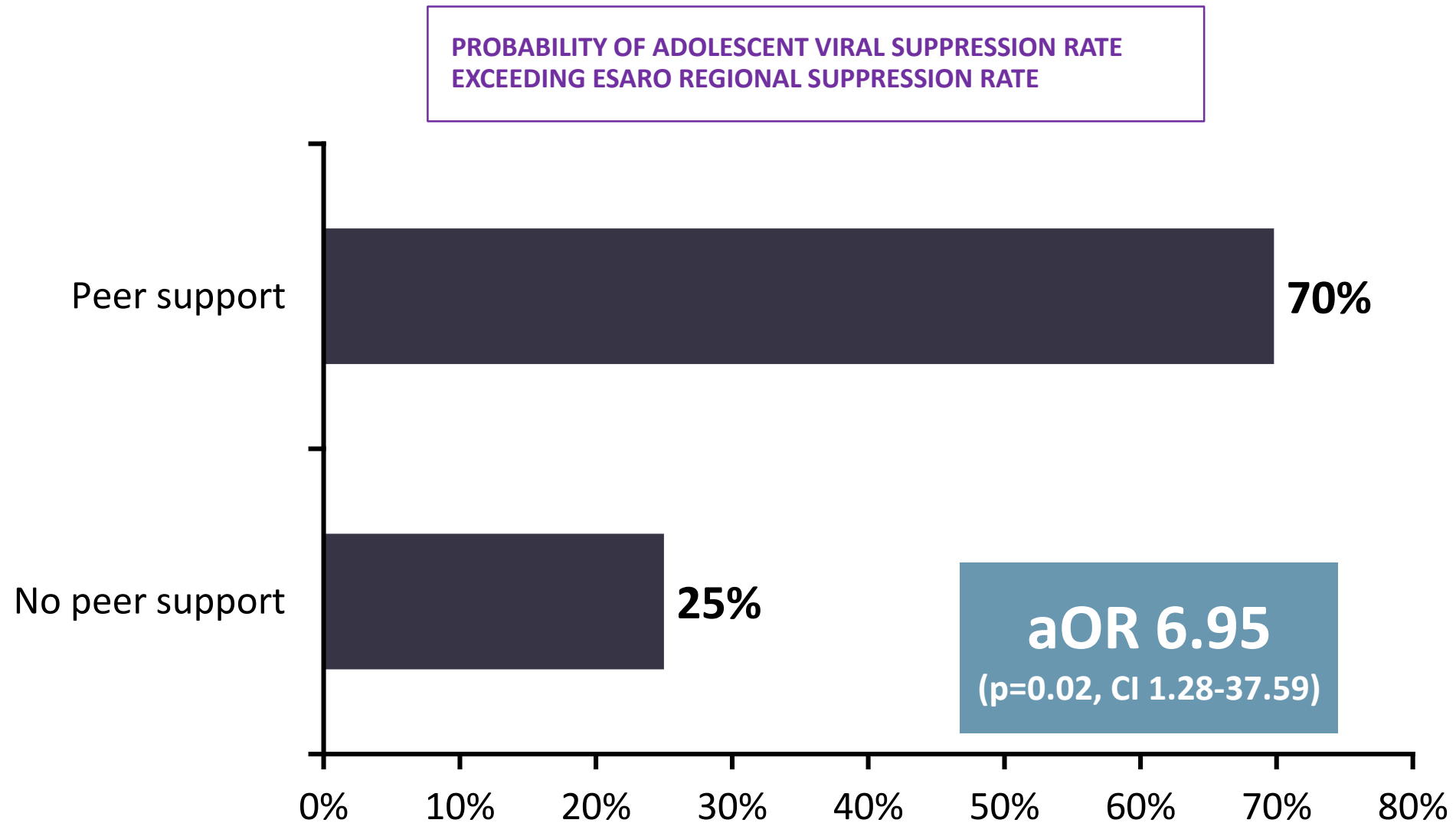
13 Sub-Saharan African countries

Adolescents 10-19

Multivariate logistic regression

Controlling for these facility characteristics, provision of facility-based adolescent peer support was associated with an almost seven-fold increase in the likelihood of aggregate adolescent viral suppression above that of the ESARO regional rate (adjusted OR 6.95, $p=0.02$, CI 1.28-37.59).

PATA'S REACH PEER-SUPPORT MODEL



Within and beyond the clinic: new evidence

Malawi: MacKenzie et al JIAS 2017

Nested case-control study, 1 hospital

Adolescent 'Teen Club' model

Lower treatment dropout (OR .27)

South Africa: Zandoni et al PLOSOne 2017

Retrospective cohort, 1 hospital

Adolescent-friendly clinic

Higher viral suppression (OR 3.7)

Higher retention in care (OR 8.5)

South Africa: Fatti et al JIAS 2018

Retrospective cohort study, 47 clinics

Kheth'Impilo community based support by lay workers

Less mortality (AHR .52)

40% lower loss-to-follow-up (AHR .60)

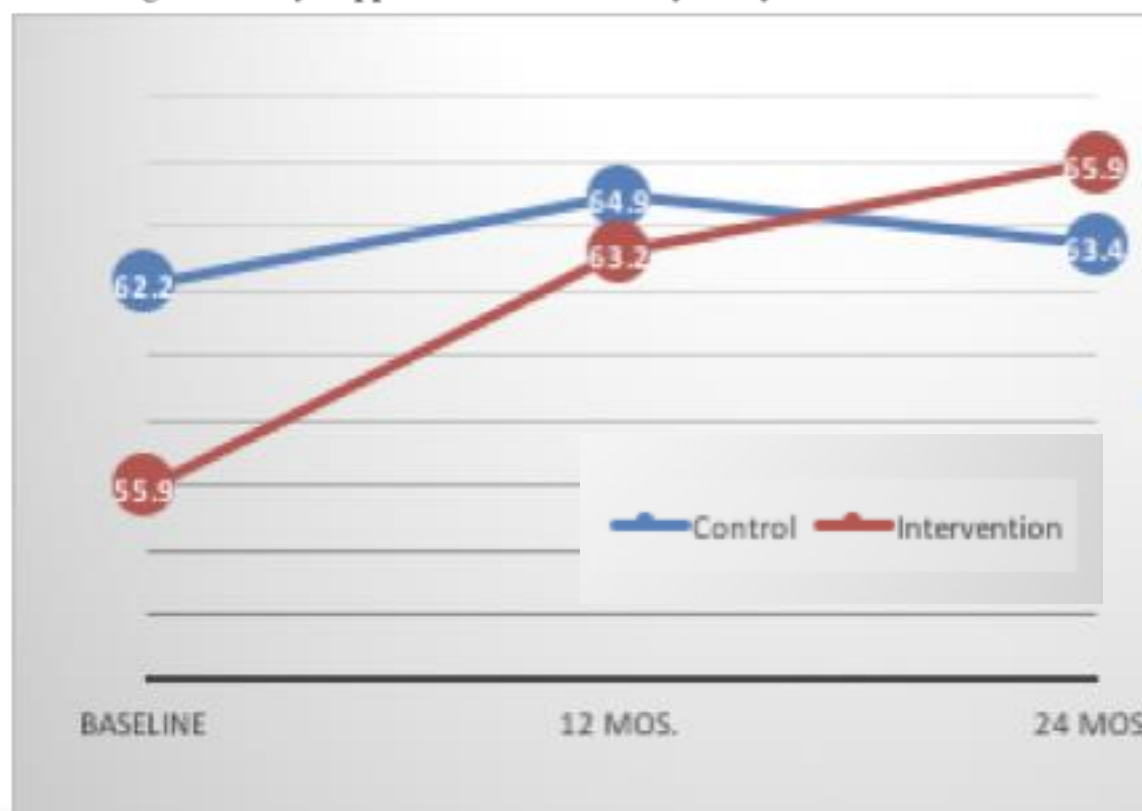
Less viral failure (OR .24)

Economic empowerment: better adolescent HIV outcomes

SUUBI+ Cluster RCT: 702 adolescents LHIV, 39 clinics, Uganda
PI: F Ssewemala, Mellins, C

Child Development
Accounts (matched 1:1)
Mentorship,
financial literacy,
family microenterprise
training
Adolescent HIV care &
treatment
Adherence counselling

Percentage of Virally Suppressed Adolescents By Study Arm



CONCLUSIONS:

- **Sustainable, age-appropriate** and **context-specific** social protection is an important tool to support child and adolescent adherence to ART and reduce HIV transmission in ESA.
- Certain **combinations** of social protection, specifically ‘cash’-plus-‘care’ are more effective than single mechanisms.
- **‘Care’ and ‘capability’** interventions are promising and require greater policy, programmatic and research attention.
- Social protection may be a feasible and cost-effective way for national governments to improve HIV-related health outcomes and merits greater attention by researchers and policy makers.
- Future directions – combinations of social protection and biomedical programmes, population-specific foci

THANK YOU



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INCREDIBLE TEAMS & TEENS

Analysis and writing: Lucie Cluver, Rebecca Hodes, Elona Toska, Lesley Gittings, Roxanna Haghighat, Mark Orkin, Siyanai Zhou, Marija Pantelic, Lorraine Sherr, Mark Boyes, Franziska Meinck, Helen Natukunda, Eda He, Laurence Campeau, Craig Carty, Mosa Moshabela.

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UCT team: Marius Coqui, Nondumiso Hlwele, Thobani Ncapai, Sarah Walters, Fundiswa Menziwa, Nozuko Boqwana, Noxolo Myeketsi, Siyanai Zhou, Jane Kelly.

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Research assistants: N Bhambra, N Bobrowitz, K Kidia, A Naik, A Redfern, A Yakubovich, M Berezin, L Campeau, S Malunga, KE Chademana.

MZANTSI WAKHO PODCAST & AIDS2018

Mzantsi Wakho Podcast



Mzantsi Wakho
Episode 1 - Rebecca Hodes

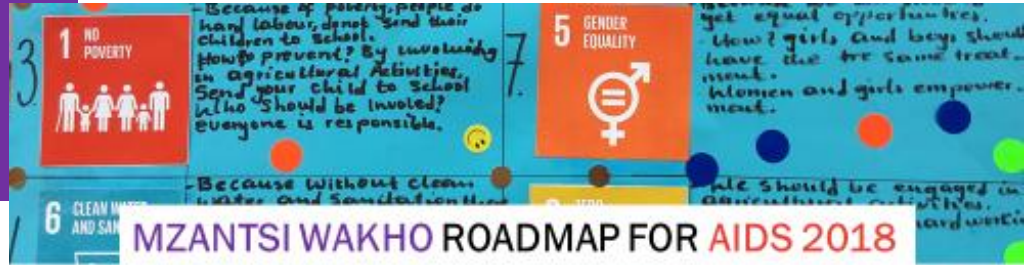


- Mzantsi Wakho - Episode 1 - Rebecca Hodes
- Mzantsi Wakho - Episode 2 - Elona Toska
- Mzantsi Wakho - Episode 3 - Beth Vale
- Mzantsi Wakho - Episode 4 - Mildred Thabeng, Kanya Makabane and Sinebhongo Mbula
- Mzantsi Wakho - Episode 5 - Nokubonga Philiswa Mjo
- Mzantsi Wakho - Episode 6 - Mavis Nobuhle
- Mzantsi Wakho - Episode 7 - Nonthuthuzelo Bungane

Mzantsi Wakho
Mzantsi Wakho Podcast

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MZANTSI WAKHO ROADMAP FOR AIDS 2018

SAT 21 JULY - AFFILIATED EVENTS

10TH PEDIATRIC HIV WORKSHOP

14:15-14:45 L. Cluver. Preventing HIV in young women in Africa - the importance of social protection. Plenary session 4: Adolescents. Stengenberger Hotel

12:45-14:00 R. Hargreaves, L. Cluver, N. Bungane, E. Toska. 90-90-90: The reality of viral suppression among ART-initiated adolescents in South Africa. Poster exhibition. Stengenberger Hotel

90-90-90 TARGETS WORKSHOP

12:00-12:30 L. Gitting, E. Toska, L. Cluver, R. Hodes, M. Zungu. The case for Social Protection for HIV-Positive Children on Antiretroviral Treatment in Eastern and Southern Africa. Panel session: Social Protection - Improving HIV Outcomes among Adolescents. Eolum Ballroom, RAI Amsterdam

SUN 22 JULY - AFFILIATED EVENTS

4TH HIV EXPOSED UNINFECTED CHILDREN AND ADOLESCENT WORKSHOP

12:40-13:05 L. Cluver. Beyond the 50% INVTED TALK. E202, RAI Amsterdam

HIV NEXT GEN

14:00-16:00 E. Toska. Impact of HIV - South Africa. Panel session: Global Impact of HIV. CASA Hotel

HIV CIPHER STAKEHOLDER MEETING

17:30-19:30 E. Toska (chair) & L. Cluver (moderator). Translating Evidence into Action. E202, RAI Amsterdam



MON 23 JULY

08:00-10:00 L. Cluver, L. Gitting, E. Toska. Socio-ecological drivers of vulnerability in HIV-positive youth in South Africa. Session: MDSA12. Domination prevention for adolescents in eastern and southern Africa - evidence from the Evidence for HIV prevention in Southern Africa (EHPSA) programme. G102-109

14:45-16:45 L. Cluver. Filling the gaps: What evidence is there that a holistic approach to children, families and communities can maximise testing, treatment and care. Session: MDSA48. Two years and counting: How to reach the most vulnerable children and families. Emerald Room

TUE 24 JULY

12:30-14:30 R. Hodes, L. Hargreaves, L. Gitting, A. Ransen, S. Mekurja, L. Cluver, D. Mark, E. Toska, K. Black, R. Hargreaves. Adolescent multi-lingual perspectives on ART: defaulting among healthcare providers and HIV-positive adolescents. Hall 2

WED 25 JULY

12:30-14:30 D. Mark, K. Black, L. Cluver, E. Toska, A. Ransen, L. Gitting, R. Hodes, S. Mekurja, L. Hargreaves. The power of peers: Multi-country analysis of adolescent viral suppression in sub-Saharan Africa. Hall 2

14:30-16:00 E. Toska, L. Cluver, L. Cluver, S. Zhou. The third generation of HIV: World's first longitudinal study of pregnancy in adolescents living with HIV. Session: WED02. Time for a youthquake in HIV prevention and treatment. Hall 124

16:30-18:00 L. Cluver - Chair. Session: WED510. Prioritized yet dying: Addressing needs of children and adolescents living with HIV. Eolum 2

18:30-20:30 L. Cluver - Panelist. Session: WESA15. Scaling Breakthrough Innovations to Transform the Adolescent AIDS Response - A High Level Panel on Adolescents and HIV. E209-208

18:30-20:30 E. Toska, L. Cluver, L. Cluver. Psychosocial wellbeing for adolescent girls and young women. Session: WESA12. She Conquers: Coordinating the Prevention Revolution for Young Women & Girls. Eolum 1



MON 23 JULY - AFFILIATED EVENTS

4TH INTERNATIONAL ASSH CONFERENCE
15:00-16:15 L. Gitting. Devil's medicine or complementary care? Biomedical beliefs and practices amongst traditional health practitioners in South Africa. Session: Biopower, biomedicine and life. Room A.2.12 University of Amsterdam



THU 26 JULY

12:30-14:30 E. Toska, L. Cluver, M. Olin, A. Barro, L. Sherr, M. Borcin and L. Oukel. Tracking through Teaching: Using schools to reach the first 90 for adolescents living with HIV. Hall 2

12:30-14:30 HPM Ntshunzile, L. Cluver, E. Toska, V. Muzumbe. Prevalence and cross-sectional correlates of cognitive difficulties among HIV-positive adolescents in South Africa. Hall 2

13:00-14:00 L. Cluver, F. Meisack, J. Doulat et al. CebuCare: Parenting support and violence reduction programme associated with reductions in adolescent HIV-risk in South Africa. A cluster randomized trial of a DREAMS and DREAMS-implemented programme. Session: THP001. WhatGeneration: Programming for adolescents. Hall 128

13:00-14:00 R. Hargreaves, L. Cluver, N. Bungane, E. Toska. 90-90-90: The reality of viral suppression among ART-initiated adolescents in South Africa. Session: THP001. WhatGeneration: Programming for adolescents. Hall 128

13:00-14:00 M. Panfili, M. Moshabela, L. Cluver, E. Toska, A. Tsai, G. Dlamini, A. Ransen. Socio-structural protection from internalized HIV stigma among South African adolescents living with HIV: The potential of civil-community collaborations for stigma reduction. Session: THP001. Knowing and teaching stigma. Hall 124

FRI 27 JULY

11:00-12:30 L. Cluver. Social protection for families with HIV: Effective and cost-effective. Session: PRS101. Healthy societies for healthy children: empowering the future generation in a world with HIV needs more than ARVs. Hall 12

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ENKOSINI KAKHULU!

Thank you!



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