South Africa - HIV

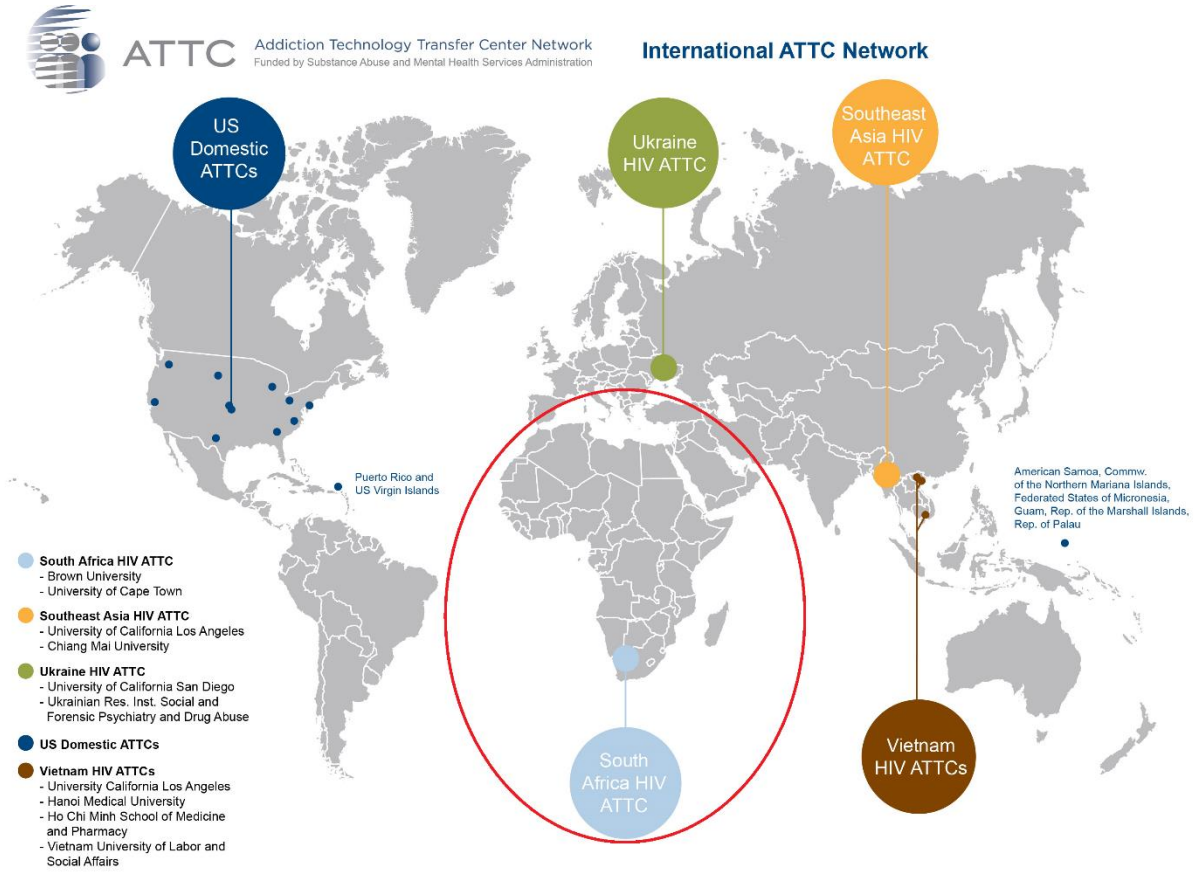
ATTC Addiction Technology Transfer Center Network

Funded by the President's Emergency Plan for AIDS Relief through the Substance Abuse and Mental Health Services Administration

South Africa HIV Addiction Technology Transfer Center (ATTC)

Years 1-3

Unique Accomplishments, Important Initiatives, and Lasting Impact



Introduction

The South Africa HIV Addiction Technology Transfer Center (ATTC) reflects a strategic international partnership between the New England ATTC – one of the longest continuously operating ATTCs in the United States – and the University of Cape Town, the oldest and highest-ranked university in South Africa. The primary focus of the South Africa HIV ATTC is to develop and strengthen South Africa's workforce to provide evidence-based integrated substance use disorder (SUD), mental health, and HIV care. South Africa has the highest prevalence of HIV in the world, which is complicated by rampant rates of co-occurring alcohol and substance use, creating a multifaceted interplay of HIV, substance use, and mental health. This complex climate in South Africa called for an integrated approach to HIV treatment and prevention; and thus, the South Africa HIV ATTC was formed.

The South Africa HIV ATTC is a United States President's Emergency Plan for AIDS Relief (PEPFAR) and Substance Abuse and Mental Health Services Administration (SAMHSA) funded center dedicated to providing training and technical assistance to providers addressing substance use, mental health and HIV throughout the country. Since our funding commenced on September 30, 2017, we have substantially advanced the integrated care of substance use-mental health-HIV throughout South Africa. We have done so through designing and offering training in Screening, Brief Intervention, and Referral to Treatment (SBIRT), Motivational Interviewing (MI), and Mental Health. The legacy of the South Africa HIV ATTC will remain and the work will continue. Below are descriptions of a few of the many accomplishments that the South Africa HIV ATTC has completed in our three years of operation.

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Institutions:

Brown University School of Public Health – Center for Alcohol and Addiction Studies (primary awardee)
University of Cape Town – Department of Psychiatry and Mental Health, University of Cape Town (sub-awardee)
New England Addiction Technology Transfer Center (partner and consulting ATTC)

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Scale Up Plan

In January 2018, the South Africa HIV ATTC conducted a needs assessment of 67 national stakeholders and policy makers to prioritize the areas of greatest training need throughout the country and found that stakeholders in the alcohol-HIV field prioritized a need for training in screening for alcohol and other drugs (see **Table 1**). These data were consistent with recommendations from the South African National Department of Health and several national organizations for increased training of front-line treatment providers in alcohol intervention. For instance, the South African Medical Research Council issued a policy brief recommending that "individual screening for harmful/hazardous alcohol use, brief intervention and referral to treatment of clients/patients should be performed routinely by trained health care workers using standardized treatment protocols and screening tools." Thus, stakeholder data collected via a systematic needs assessment and recommendations from national organizations supported a focus on **Screening, Brief Intervention, and Referral to Treatment** (SBIRT) as an evidence-based intervention in need of national scale up.

Table 1. Needs Assessment Results

Areas of Greatest Training Need	*N* = 67
HIV Prevention	35.0%
HIV Linkage to Care	31.7%
HIV Retention in Care	28.3%
HIV Treatment	18.3%
Alcohol Screening and Prevention	60.0%
Alcohol Treatment	55.0%
Drug Screening/Prevention	70.0%
Drug Treatment	60.0%

In partnership with the National Department of Health, the South Africa HIV ATTC held a national policy forum titled, "SBIRT Scale Up: A Framework for Integration of SBIRT Implementation and Research" in 2018 (see **Figure 1**). The forum was attended by 27 high-level policy stakeholders and designed to promote the integration of evidence-based SBIRT for substance use in HIV programming. In addition to catalyzing policy development and interdepartmental collaboration, this national event laid the groundwork for future training and technical assistance activities in HIV endemic settings. A key focus of the meeting was the development of a multi-year plan to create a national policy and standardized national training curricula around the implementation of SBIRT for substance misuse. Consensus was attained around the need for a training-of-trainer (ToT) cascade model in screening and brief intervention for substance use as a means of positively impacting adherence support, retention, and viral suppression in people living with HIV. There was also agreement about the need to roll-out the ToT model nationwide, with a goal set of training at least 300 individuals per year, commencing in 2020.

Figure 1. Photos from SBIRT Scale-Up Strategic Meeting: August 2018

Outcomes: Following the national policy forum, the South Africa HIV ATTC prioritized developing a highly scalable training curriculum that guides training of lay providers in SBIRT, leveraging a technique called Motivational Interviewing (MI) which is one of the many renowned approaches to delivering SBIRT. Videos demonstrating core SBIRT skills are posted publicly on the South Africa HIV ATTC website and can be viewed at the following link: https://attcnetwork.org/centers/south-africa-hiv-attc/free-training-videos. In addition to developing a new training curriculum, we gathered pilot data on the acceptability and impact of our SBIRT training curriculum among front-line treatment providers. To assess feasibility over our first year of data collection (2017–2018), we had 158 front-line providers who received SBIRT report on their satisfaction with training on a 1 (Very Satisfied) to 5 (Very Dissatisfied) scale. The proportions of those satisfied or very satisfied were generally in the 95-100% range (see **Table 2**), demonstrating exceptionally high satisfaction with our training content. To assess impact, we conducted a small pilot study in which we asked providers

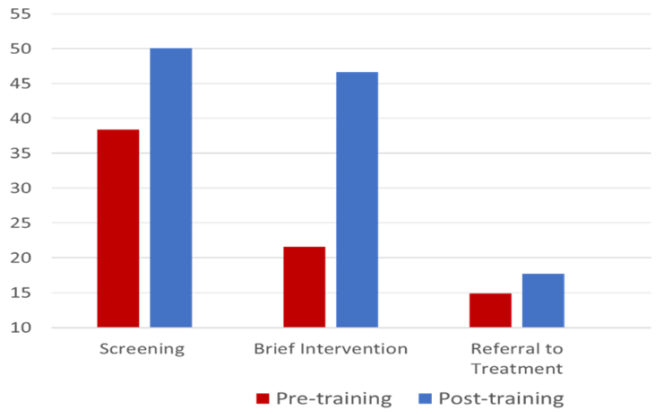
from the KwaZulu-Natal (KZN) Department of Health, a provincial Department of Health in one of the PEPFAR priority regions, to report on their rates of SBIRT delivery in the 3 months prior to our SBIRT training, as well as in the 3 months after our SBIRT training. A total of 38 providers completed our brief self-report tool. **Figure 2** shows the pre- and post-training rates reported in the sample: based on provider report, rates of patient screening increased from 38% to 50%; rates of brief delivery increased from 22% to 47%; and rates of referral to treatment remained fairly steady from 15% to 18%. Trends identified in these data are highly encouraging and highlight a need for more rigorous, ongoing data collection. Between 2018 and 2020, SBIRT became a key focus of sustained investment for monitoring and evaluation, as elaborated in our next success story (Monitoring and Evaluation).

Table 2. Provider Satisfaction Data (*n* = 158 providers who received SBIRT)	M(SD)	% Agree or Strongly Agree
Satisfaction		
Overall Training Quality	1.60 (0.57)	96.0%
Instruction Quality	1.59 (0.58)	96.6%
Quality of Training Materials	1.80 (0.65)	88.4%
Overall Training Experience	1.69 (0.61)	92.1%
Training Well Organized	1.61 (0.63)	93.6%
Usefulness of Training	1.57 (0.54)	97.9%
Instructor		
Knowledgeable about Subject Matter	1.35 (0.47)	100%
Well Prepared	1.33 (0.47)	100%
Receptive to Comments and Questions	1.37 (0.54)	98.6%
Training Impact		
Enhanced My Skills in Topic Area	1.58 (0.55)	97.1%
Relevant to My Career	1.48 (0.59)	95.1%
Expect to Use Information Gained	1.44 (0.50)	100%
Expect Training to Benefit Clients	1.43 (0.54)	98.0%
Training Relevant to Substance Use Treatment	1.43 (0.53)	98.6%
Would Recommend Training	1.42 (0.54)	97.8%
Usefulness of Information	1.31 (0.46)	100%
Level of Current Effectiveness in Topic	1.86 (0.63)	87.8%

Also in our Year 1 data collection, providers were asked to reflect on how their receipt of SBIRT training affected their practice. One HIV treatment provider said, “There was this client who had a problem with alcohol use. After we did the MI she decided to reduce her drinking because her viral load was off the charts. [It is] now low[er] than detectable as she is taking treatment accordingly.” Another provider noted that thanks to the South Africa HIV ATTC, all clients are now screened for risky alcohol and other drug use, stating “All patients referred to psychology are now screened for current or previous substance use problems. As a result even those who don't think their substance intake is a problem, are now being counselled on the pitfalls of substance use.” In summary, provider feedback indicated that the South Africa HIV ATTC helped to create increased recognition of the need to address alcohol misuse within HIV care; increased comfort discussing alcohol misuse with HIV patients; and increased comfort providing a brief intervention.

In addition to developing an effective SBIRT training curriculum and assessing acceptability, over the subsequent two years following the national policy forum in 2018, the South Africa HIV ATTC developed a new curriculum to support our project goal of integration of HIV-substance use prevention, care, and treatment through a ToT model. The South Africa HIV ATTC has developed a novel model of cascading training (i.e., training-the-trainer model), which represents a vital component of a broader task sharing approach. Delivery of rigorous training using this cascading training approach paired with post-training consultation is critical to achieving the task-sharing goals of the South Africa HIV ATTC. This ToT curriculum development reflects the culmination of a key strategic partnership with the National Department of Health (DoH), and the vision of National DoH that SBIRT training should be rolled out throughout the country as a means of supporting HIV epidemic control. The National DoH’s commitment to rolling out SBIRT nationally is

Figure 2. Rates of Screening, Brief Intervention, and Referral to Treatment



reflected in their co-sponsorship of our National SBIRT forum held in August 2018 and ongoing support in disseminating our lay provider and ToT curricula.

The ToT manual has been reviewed and vetted by co-founder of MI Stephen Rollnick, who provided invaluable advice on how to incorporate MI throughout the ToT curriculum and additional advice on which MI principles and skills should be highlighted in a one-day training. The format of the ToT manual follows the general format of the manual created by the National DoH and leverages the SBIRT training curriculum developed by the South Africa HIV ATTC with pictures of slides accompanied by trainer notes as well as the integration of video vignettes, demonstrating culturally appropriate SBIRT administration with fidelity. Upon successful piloting, the ToT manual will be available on our website and distributed to our organizational partners and National Advisory Board to ensure lasting impact.

Monitoring and Evaluation

The South Africa HIV ATTC has been focused on gathering robust monitoring and evaluation (M&E) data to demonstrate the value and impact of our work on the intersecting HIV, addiction, and mental health epidemics. The need for such measurement is immense. However, within the SAMHSA administered International ATTC network, research data collection by the South Africa HIV ATTC is predominantly limited to the Government Performance and Reporting Act (GPRA) tool, which assesses the number of individuals trained and their satisfaction with the training content. As such, South Africa HIV ATTC has sought out unique complementary funding streams that will allow us to collect robust M&E data. The South Africa HIV ATTC has secured two additional sources of funding to gather robust metrics on the impact of the South Africa HIV ATTC. These sources of funding were secured with the vision of sustaining the work of the South Africa HIV ATTC and helping to extend the impact.

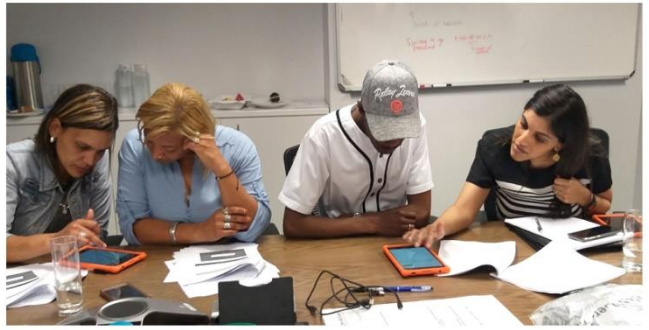
Brown Alcohol Research Collaboration in HIV/AIDS (ARCH) Center Grant

The first source of funding, secured in April 2019, was $10,000 USD to support system development through the Brown Alcohol Research Collaboration in HIV/AIDS (ARCH) Center Grant. The immediate goal of this pilot funding was to develop the research scaffolding for a larger, more robust, M&E plan for all of South Africa. We are working with three PEPFAR implementing partners (TB HIV Care, the South African National Council on Alcoholism and Drug Dependence (SANCA) and KZN DoH). In this pilot study, we: 1) developed an automated, culturally relevant screening system to foster widespread substance use screening and real-time data tracking for brief screening tools for alcohol and drug use in HIV contexts; and 2) developed a comprehensive M&E plan to support data collection at organizational, provider, and patient levels.

We trained our first cadre of healthcare providers from partner TB HIV Care on our real-time data tracking system and collected data on their impressions in November and December of 2019.

In that pilot we conducted our basic SBIRT training, and then tested our electronic and paper data collection tools (i.e. tablets and scan forms) by having providers screen mock case interviews using the Alcohol Use Disorders Identification Test (AUDIT) and Drug Use Disorders Identification Test (DUDIT) screening tools. We then sent tablets and scan forms back to the clinic with providers and had them conduct three more mock screenings, to test the feasibility of using these different modalities in the field. We

Figure 3. Monitoring and Evaluation Partner: TB HIV Care: July 2018 & November 2019



then followed up with the same providers one week later and conducted a focus group where we collected feedback on using the different modalities in the field.

We trained our second cadre of healthcare providers from partner SANCA in February 2020 on the feasibility and acceptability of our M&E surveys. In that pilot we tested the comprehensibility of our assessments that measure provider knowledge, confidence, and attitudes about screening. We tested an online modality (Qualtrics) and a paper modality (scan forms). These assessments were used to collect longitudinal data on provider behaviors and attitudes around screening.

Outcomes: Twelve providers from TB HIV Care and nine providers from SANCA participated in this pilot between November 2019 and February 2020. Feedback from the pilot indicated that tablet-based data collection was feasible, whereas smartphone-based data collection raised concerns about safety and theft. Paper-based forms and scanning was also viewed as feasible, though more time intensive. This pilot resulted in the South Africa HIV ATTC prioritizing tablet-based data collection with the option for paper-based forms should an organization prefer that modality. Feedback on the survey measures helped identify items in need of modification. As a result of the pilot, the South Africa HIV ATTC developed robust systems for collecting downstream impact data and demonstrating the impact of training and technical assistance in priority areas and populations for HIV prevention, treatment, and care. This piloting process also enabled us to derive important lessons that will set us up for success in a larger M&E initiative.

National Institute on Alcohol Abuse and Alcoholism Grant Award to Evaluate Implementation of Evidence-Based Strategies for Screening, Brief Intervention, and Referral to Treatment to Advance Integrated Substance-HIV Care

A second grant to support and extend the work of the South Africa HIV ATTC was obtained in July 2020. This $1,000,000 USD grant was issued from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to support a 5-year scientific study evaluating the effectiveness of the South Africa HIV ATTC's ToT cascade model. The funds were released in July 2020 and will continue evaluating the impact of the South Africa HIV ATTC's training and technical assistance, from July 2020 through May 2025.

This study is designed to evaluate trainer-, provider-, and patient-level outcomes relating to the national rollout of SBIRT to address alcohol and HIV in South Africa. The immediate goal of this large national study is to maximize advances in integrated alcohol-HIV treatment and care in a global priority site, deriving lessons in implementation that can extend to other low and middle-income countries (LMICs) confronting HIV and addiction epidemics. We will focus on the unique national training initiative for SBIRT to gather comprehensive data on factors potentially associated with implementation dynamics critical to achieving substantial gains in integrated HIV-addiction treatment and care.

The South Africa HIV ATTC will provide SBIRT training to over 900 health workers and lay counsellors embedded within HIV treatment organizations over the next 3-5 years. This approach addresses severe workforce capacity shortages for specialist alcohol treatment and proactively addresses barriers to integrated alcohol-HIV care. In the HIV field, studies of task sharing show that lay workers without specialized training can be trained to deliver effective health interventions in South Africa and other low and middle income countries (LMICs). By contrast, studies of task sharing in LMICs have not yet focused on the delivery of addiction treatment, which limits the ability to bring integrated alcohol-HIV care to scale. This large M&E component of the South Africa HIV ATTC's agenda aims to address gaps in the task sharing literature and advance our knowledge of the influence of a novel cascading training model paired with post-training support as a means of promoting the uptake of SBIRT by lay workers.

In summary, our ARCH pilot and larger NIAAA studies illustrate some of our creative and robust efforts to gather data on impact. Together, our M&E data will allow us to demonstrate data on the reach and topical expertise areas catalyzed by the South Africa HIV ATTC. We will also be advancing implementation science by codifying and evaluating the outcome of the national SBIRT training initiative at multiple levels – trainer-level (i.e., knowledge, fidelity), provider-level (i.e., attitudes, self-efficacy/confidence, acceptability), and patient-level (i.e., reach of SBIRT to eligible patients). A sampling of our data collection on training impact is presented at the end of this report.

Harm Reduction Training

The Co-Director of the South Africa HIV ATTC, Dr. Goodman Sibeko is a member of the University of Pretoria Harm Reduction Advisory Board and member of the committee which developed the harm reduction guidelines for the South Africa HIV Clinicians Society. The South Africa HIV ATTC has also consistently participated in South Africa Drug Policy Week which brings together drug policy stakeholders to discuss current South African drug policies, get input from local and international experts, share experiences, and make recommendations for the development of effective drug policies and practices in South Africa. As an extension of this work, the South Africa HIV ATTC, in partnership with the Division of Addiction Psychiatry at the University of Cape Town and TB/HIV Care, has prioritized increasing awareness of the value of harm reduction initiatives as a means of reducing consequences related to both addiction and HIV. As defined by Harm Reduction International, this work encompasses "*policies, programs and practices that aim to minimize negative health, social and legal impacts associated with drug use, drug policies and drug laws*." A key outcome of the South Africa HIV ATTC's work in this space was a Social Responsiveness event titled "*Harm Reduction: Common Sense or Non Sense"* held on 17 September 2019 at Valkenberg Hospital.

The event attracted a diverse audience of over 150 attendees including policy advocates; doctors; nurses; social workers and representatives from substance treatment centers. Presentations on the current state of harm reduction initiatives in South Africa were given by multiple members of the South Africa HIV ATTC team including Dr. Goodman Sibeko, Ms. Shaheema Allie, and Mr. Fergus Ashburner. The presentations were designed to highlight the need for South Africa to adopt an evidence-based approach to managing the harms related to drug use as a means of preventing infection from HIV, TB, and other infectious diseases. In addition, presentations highlighted the potential of harm reduction initiatives to promote retention in care. Key principles covered in the talks included the need for harm reduction initiatives to be patient-centered; aligned to medical ethics; and designed to protect human rights. Presenters also highlighted the need to move beyond abstinence-only initiatives and to advocate for the examination of the current view of drug use as a criminal offense under South African law.

Figure 4. Health Care Workers in Attendance

Expert Presenters

Expert Presenters

Outcomes: The day culminated with the premier of a video designed and produced by the South Africa HIV ATTC to reduce stigma and discrimination around substance use and addiction. The video highlighted three case examples of individuals in recovery from addiction, who had benefited from a harm reduction approach that included opioid substitution therapy. Themes of the case examples included the value of acceptance, ongoing support, and specific harm prevention strategies such as clean needles, community outreach to provide shelter and food, and provision of opioid substitution therapy. The video sparked productive conversation among

attendees about the potential to scale up harm reduction supports. The video was then premiered to our Advisory Board in November 2019 with a focus on how to disseminate to relevant networks and scale up our harm reduction work. The video is now available for wide dissemination throughout the country and is an integral component of the South Africa HIV ATTC's training events designed to reduce stigma and promote harm reduction with an emphasis on opioid substitution therapy. It is available in the South Africa HIV ATTC's product and resources database and can be viewed directly via the following link: https://www.youtube.com/watch?v=lty0ffLCPmU

Mental Health and Self-Care Training for Non-Specialist Providers in HIV Burdened Communities

Despite significant efforts in the public health sector to provide integrated mental health services, unfortunately there remains a shortage of trained non-specialist providers of mental health care. Community Health Workers (CHW) are often the first port-of-call in the community. To date they generally have insufficient training in mental health, limiting their ability to deal with the complexity that mental illness brings to a community. There is a need to address staff shortage by providing training in mental health that supports task-sharing. In this way the resulting recognition of common mental disorders in the community may lead to appropriate referral to health care services. This is the goal of this ATTC-developed Mental Health Training for non-specialist health care providers (these include CHWs, social auxiliary workers and nurses).

The original manual was developed as part of a PhD by Dr. Goodman Sibeko, in partnership with the Western Cape Department of Health. The PowerPoint driven training program was developed and piloted at two sites in the Western Cape for CHWs in line with the UNESCO guidelines; the WHO Mental Health Gap Action Program and the South African National framework for CHW training. The desire and intent were to bridge the treatment gap and provide a practical and relevant training program to ensure task-sharing that is widely valued and supported. The results of the initial pilot demonstrated significant improvement in knowledge, which was sustained at 3-months. There was also significant improvement in confidence, along with positive changes in attitude, indicating improved benevolence, reduced social restrictiveness, and increased tolerance to rehabilitation of the mentally ill in the community.

Figure 5. Mental Health Training for University of KwaZulu Natal Centre for Rural Health

Preliminary data indicated that training was deemed acceptable and feasible. Thus, it was decided to create a training manual and provide a participant manual as well as a facilitator guide to standardize the program in preparation for scale-up as an intervention in mental health services. With the assistance of an adult training specialist, the program underwent a rigorous review, including two large pilot and feedback sessions with key national partners KZN DoH, SANCA National, TB HIV Care, and Catholic Relief Services, to remain responsive to the ever-changing demands of the health care environment. This facilitated a scale-up in priority regions in South Africa where PowerPoint-based teaching is not practical, due to inconsistent access to electricity and projector equipment.

The purpose of the comprehensive Mental Health and Self-Care Training is to help a non-specialist health care provider to recognize, detect and refer patients with mental health problems. The trainings and manual are tailored for use by non-specialist providers of health care working with individuals and communities in HIV burdened areas in the primary health care setting of South Africa. The training emerged as a result of the need to improve adherence to ARVs within these communities, in recognizing that mental health concerns may influence treatment adherence. Patients with mental illnesses who get the appropriate help at the right time are better able to regain their health, both mentally and physically.

The overall rationale of the training is to bring to the awareness of non-specialist health care providers that mental health concerns are all around us and that they may impact on us directly (ourselves) or indirectly (through those around us). Health care providers are taught that they need to find ways to recognize and express feelings, destigmatize mental illness and know how and where to access help.

The focus on self-care offers a unique experience to participants and differs from traditional training on mental health, in that it places importance of self-care on the health care provider and their relationship with others, including the patient. Throughout the training experience participants are taught ways to self-reflect on how patients with specific mental health conditions may influence their feelings, thinking and the resultant behavior. Participants of the training are taught deep breathing techniques, which they are encouraged to practice themselves as well as teach their patients as an accessible method of relieving distress and anxiety. Integrating the spirit of motivation interviewing, training participants are taught to be a “guide on the side”. This involves embodying characteristics of being empathic, compassionate, non-judgmental and collaborative in their approach to working with patients.

Outcomes: In June and July of 2018, the South Africa HIV ATTC partnered with TB HIV Care, a national organization that works to detect, prevent, and treat TB and HIV in communities across South Africa, for a four-week implementation of co-facilitated trainings. This began with mental health training for non-specialist health workers administered by the South Africa HIV ATTC. Following the initial set of trainings, TB HIV Care facilitators conducted trainings for additional staff under the supervision and support of the South Africa HIV ATTC trainer to ensure training fidelity. This partnership served as a pilot for the train-the-trainer (ToT) model that the South Africa HIV ATTC subsequently adopted for both our SBIRT and mental health training. This task-shifting model is key to effectively scale up integrated care in low resource settings such as South Africa that have large overlapping substance use-mental health-HIV epidemics. Following this implementation trial, there has been wider engagement and feedback on the updated Mental Health Master Trainer Manual to ascertain the suitability as the apex of the national cascade model. In August 2020, representatives from Provincial Departments of Health from priority regions Gauteng, KwaZulu-Natal, and Western Cape as well as non-governmental agencies, The Aurum Institute, TB HIV Care, and SANCA attended a strategic planning meeting hosted by the South Africa HIV ATTC to review and provide feedback on the manual. This partnership will lead to a final Mental Health ToT manual to be widely disseminated throughout South Africa, and available within the ATTC products and resources database, for ongoing training and technical assistance in this high priority topic area. In order to broaden access to mental health training, the ATTC has partnered with Foundation for Professional Development, a private University with close ties to the National DoH, to develop a self-paced, modular online version of the mental health course, which will be available at the end of September 2020.

COVID-19 Response and Resources

In response to the COVID-19 pandemic, the South Africa HIV ATTC team transitioned seamlessly to virtual training and technical assistance. Our ATTC was purposeful and well-positioned to continue supporting our partners and constituents with off-the-shelf products; and our trainings and technical assistance remained available.

Virtual Trainings and Lectures:

The South Africa HIV ATTC continued to offer our SBIRT, MI and Mental Health trainings virtually despite the nationwide shutdown and continued restrictions due to COVID-19. In addition to our regular trainings, we have also hosted lectures and discussion panels to summarize the current state of South Africa during the pandemic and to draw attention to the co-occurring epidemics within our country that are happening alongside the worldwide coronavirus pandemic. Since the transition to remote work on March 23, 2020 we have offered the following virtual events:

April 2020 Events

1. Screening and Assessment Approaches
    a. This training equips attendees to screen patients for problematic alcohol and drug use and conduct comprehensive assessments of alcohol- and drug-related problems. Attendees are taught to use various screening tools and to effectively interpret and relay the results during brief interventions with patients. Attendees also learn how to conduct a holistic patient history and mental health examination. This training covers principles and approaches to risk assessment relevant to alcohol and other drugs in clinical and community settings where HIV is prevalent.
2. Managing Co-occurring Mental Disorders
    a. This training enables attendees to identify mental disorders and infectious diseases that frequently co-occur alongside addictive disorders. Attendees learn about shared risk factors for these disorders in vulnerable population groups, including people living with HIV. Attendees also learn about common approaches to managing these disorders in addiction treatment and evidence of their effectiveness.

May 2020 Events

3. Managing Children and Adolescents with Addictive Disorders
    a. Focusing specifically on children and adolescents, this training provides attendees with an overview of risk and protective factors of substance use and discusses the prevention and treatment of substance use disorders. Attendees learn about the stages of child development and how these may be affected by substance use. Attendees are also exposed to evidence-based interventions for adolescents who use substances and ways to diagnose and effectively treat substance use in adolescents. Dual diagnosis, facilitating groups with adolescents, the impact of fetal alcohol spectrum disorders and prenatal methamphetamine exposure are also discussed, with additional context provided for populations with HIV prevalence.
4. Screening, Brief Intervention and Referral to Treatment (SBIRT)
    a. This training is focused on how to conduct SBIRT for alcohol and other illicit drug use. Attendees gain knowledge and skills in assessment, brief intervention and referral to treatment for substance use disorders. Such skills are expected to improve HIV outcomes through increased detection and interaction of co-occurring and drug use disorders.
5. Motivational Interviewing for Behavior Change
    a. Providers that attend this training gain knowledge and skills in MI techniques in order to promote behavior change related to substance use disorders. Such skills are expected to improve HIV treatment outcomes through improved treatment of co-occurring alcohol or drug use disorders.

June 2020 Events

6. A Dialogue on Substance Use Disorder Management: Social Accountability for Impact
    a. The South Africa HIV ATTC is hosted an event with the University of Cape Town Deanery and the Division of Addiction Psychiatry. This panel discussion included special guests Professor David Marsh of the Northern Ontario School of Medicine and Dr. Teresa Marsh, a clinical psychologist with vast experience working with physical, emotional, political and psychological trauma. Panelists explored the current local burden of substance use, lessons from Canada, and an interrogation of the role of inter-generational trauma and socially accountable rehabilitation.
7. Alcohol and Tobacco Ban during South Africa's COVID-19 Lockdown
    a. The South Africa HIV ATTC co-hosted a virtual panel discussion with SANCA about the context and implications of the alcohol and tobacco ban that was implemented in South Africa during the COVID-19 global pandemic. Panelists included Professor Charles Parry from SAMRC, Ms. Adrie Vermeulen from SANCA National, and Mr. Shaun Shelley from TB HIV Care and the South African Network of People Who Use Drugs (SANPUD). The panel was highly successful in contextualizing the COVID-19 pandemic in South Africa and globally, as well as addressing participant concerns and questions. A video of the panel can be found here: https://www.youtube.com/watch?v=WaL_qt1hmA0&feature=emb_logo

July 2020 Events

8. Screening, Brief Intervention and Referral to Treatment (SBIRT)
    a. See #4 for event description. A video of this virtual training can be found here: https://www.youtube.com/watch?v=WkRR9hgruGo
9. Motivational Interviewing for Behavior Change
    a. See #5 for event description. A video of this virtual training can be found here: https://www.youtube.com/watch?v=zoGxR-3CvTc
10. Cannabis Testing in the Workplace
    a. This webinar focuses on cannabis testing in the workplace. It equips professionals working in the substance use field on how to navigate the factors around testing in the workplace for their clients and patients.

August 2020 Events

11. COVID-19 and the Treatment of Substance Use Disorders: International and Local Perspectives
    a. COVID-19, along with associated restrictions, continues to impact the access to and provision of health care services. This talk, hosted by the South Africa HIV ATTC and SANCA National, hones in on the impact on services for substance use disorders, presenting new insights arising from current research. Notable panelists include, Professor Bronwyn Myers, Deputy Director of the Alcohol, Tobacco and Other Drug Research Unit of the South African Medical Research Council, and Dr. Lisa Dannatt, a consultant psychiatrist at Groote Schuur Hospital and senior lecturer in the Department of Psychiatry and Mental Health at UCT.
12. Mental Health Master Training Manual Review and Introductory Meeting
    a. This meeting introduces the South Africa HIV ATTC's newly developed master training curriculum for joint review. Attendees will outline the existing materials, review the process of compiling the manual, and discuss the design of a more rigorous review and pilot test.
13. Working with Families and Social Networks
    a. This training explores the impact that addictive disorders have on the structure and function of families and the important role that the family plays in treatment of addictive disorders and HIV. Family dynamics, such as co-dependency, are examined and critically discussed. Attendees learn appropriate ways to educate families about how to respond to addiction and how to provide familial support. The role of social networks in recovery is also explored.

September 2020 Planned Events

14. Screening, Brief Intervention and Referral to Treatment (SBIRT)
    a. See #4 for event description.
15. Motivational Interviewing for Behavior Change
    a. See #5 for event description.
16. Evaluating COVID-19 and Mental Health
    a. This presentation, presented by Co-Director, Dr. Sibeko will give an overview of the impact of COVID-19 on mental health to faculty at the Foundation for Professional Development (FPD). FPD provides training and support for chronic disease in high HIV-burdened communities. Dr. Sibeko will highlight best practice recommendations for self-care of educators and program managers.
17. The Journey of South Africa HIV ATTC
    a. This talk will be presented by Co-Director, Dr. Sibeko at the International Society of Substance Use Professionals (ISSUP) 2020 virtual conference and will review the initial rationale for the establishment of the ATTC, the processes involved in setting up this successful center of national collaboration, success stories, challenges and lessons, and end with recommendations for such programs to be established in the future.
18. Ethics and Professional Development
    a. This training provides attendees with an overview of key ethics principles when intervening in substance use disorders and common ethical dilemmas that arise when attempting to prevent or manage illegal behaviors. This training also examines human rights concerns related to the treatment of addictive disorders and the impact human rights abuses have on patient outcomes, both in South Africa and in other countries. Attendees are taught about relevant legislation that impacts their work in the addictions field and are introduced to other key issues relating to professional addiction workforce development and the impact on HIV prevalent communities.
19. Case Management and Service Monitoring
    a. This training provides insight into the process of treatment and recovery of addictive disorders and ways in which patient progress can be facilitated through proper case management and effective monitoring. Attendees are introduced to specific case management techniques, scenarios, and various challenges arising in case management. Attendees are taught about the management of diversions and committals for substance use disorders, referral pathways and the function of assertive community treatment as well as techniques of evaluating and monitoring addictions services so that quality and impact can be assessed and improvements can be made where needed.

Off-the-Shelf Products

In addition to continuing to offer training and technical assistance without disruption, the South Africa HIV ATTC developed a suite of off-the-shelf products to help the South African workforce address the unprecedented challenges associated with responding to COVID-19. Based on feedback from national partners and stakeholders, we focused our product development on provider self-care and transitioning to online work. Though these products are geared towards healthcare providers, they are widely applicable. In order to reach a wider audience and make our products more accessible, we have translated these off-the-shelf products into multiple South African languages, including isiXhosa, isiZulu, and Afrikaans. Additionally, we have leveraged our Advisory Board and partnerships with well-known South African organizations to ensure dissemination of these products. Our products will also be distributed among the US-based TTC networks with the support of our partner, the New England ATTC.

ATTC-Developed Resources for Self-Care

Reflection and Breathing Exercise -- This one-page activity can be used to relieve uncomfortable emotions such as stress, anxiety, anger and sadness by being still and practicing intentional reflection and breathing.

Wellness Wheel Exercise -- This one-page self-assessment activity can be used to set goals towards achieving greater balance in caring for oneself.

Coping with Distress -- This one-page activity can be used to learn new ways to cope with and relieve stress. Developing ways to soothe can be helpful to prevent one from becoming emotionally overwhelmed.

Healthy Coping Behaviors -- This one-page activity encourages taking care of oneself, particularly in moments of great instability.

Regular Emotional Check-Ins -- This one-page activity that can help one slow down and check in with their emotional and physical well-being.

Figure 6. Self-care product developed for healthcare providers

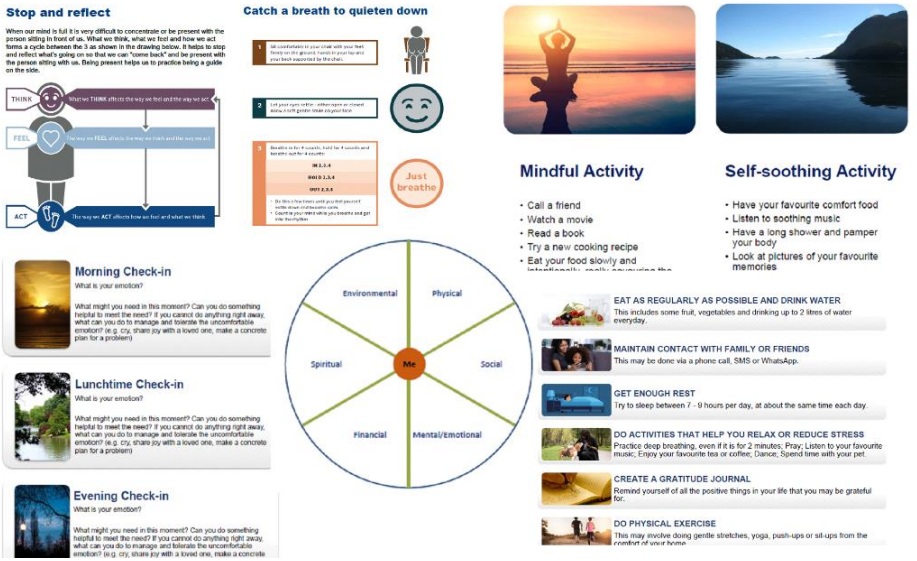
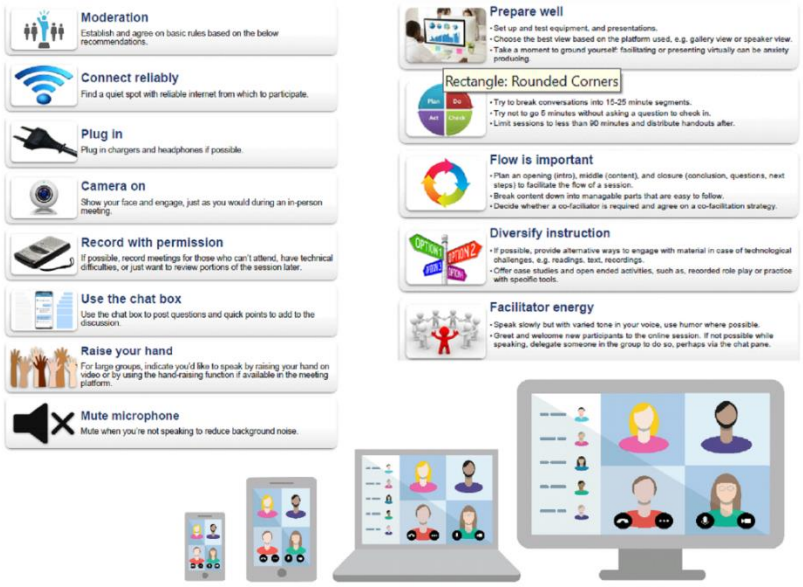


Figure 7. Products developed for enhanced engagement with virtual meetings



ATTC-Developed Resources for Online Engagement and Facilitation

General Guidelines for Virtual Meetings -- This guide offers advice for video, audio, and chatting etiquette when participating in online meetings.

Guidance for Setting Up Online Meetings -- This guide helps facilitators to physically set up for online meetings including video conferencing.

Facilitator Guide for Online Engagement -- This guide helps facilitators to prepare, set up, and host engaging online sessions.

Group Norms for Online Engagement -- This guide helps facilitators to think through the setting of group norms and practices for online meetings.

Training Highlights and Accomplishments

The South Africa HIV ATTC has trained a significant number of healthcare providers in our three years of operation, with a heavy focus on SBIRT, MI, and Mental Health training. Below is data on our extended reach and lasting impact. In addition to these accomplishments, we have assisted a plethora of organizations in our priority regions with universal and targeted TA and strategic planning meetings.

Client Satisfaction Data:

(***Note:*** Beginning September 1, 2019 SAMHSA released a new Post-Event GPRA form and international ATTCs were informed that they would have to track GPRA statistics using their own reporting systems. Due to these changes, different variables were collected via guidance from SAMHSA. Below we have grouped responses from the new GPRA forms to the most relevant category correspondent to the old GPRA variables used in Years 1 and 2.)

	Overall Quality	Usefulness of Info Received	Relevance to SUD Treatment	Enhanced Skills in Topic Area	Relevance to Career	Will Use Info/Have Applied to Work	Skills will Benefit Clients	Would Recommend this Event to a Colleague
Baseline GPRA								
Year 1	92.7%	82.4%	85.8%	94.5%	94.8%	97.4%	95.6%	-
Year 2	94.8%	91.3%	92.3%	98.2%	98.0%	98.2%	97.7%	-
Year 3 (Q1+2)	97.2%	-	-	-	100.0%	99.1%	-	98.1%
Follow-Up GPRA								
Year 1	93.9%	94.1%	94.5%	90.1%	93.2%	100.0%	88.2%	-
Year 2	97.8%	100.0%	97.7%	97.7%	98.5%	100.0%	95.5%	-
Year 3 (Q1+2)	-	81.0%	-	90.5%	-	85.7%	-	81.0%

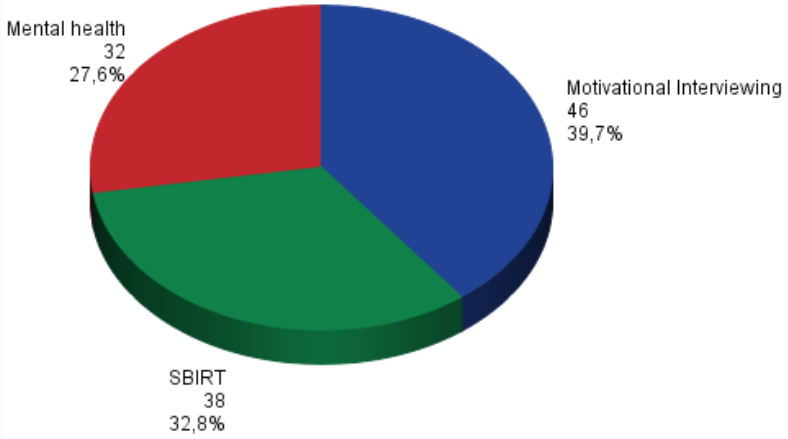
South Africa ATTC Training Report

Showing ALL 115 training events

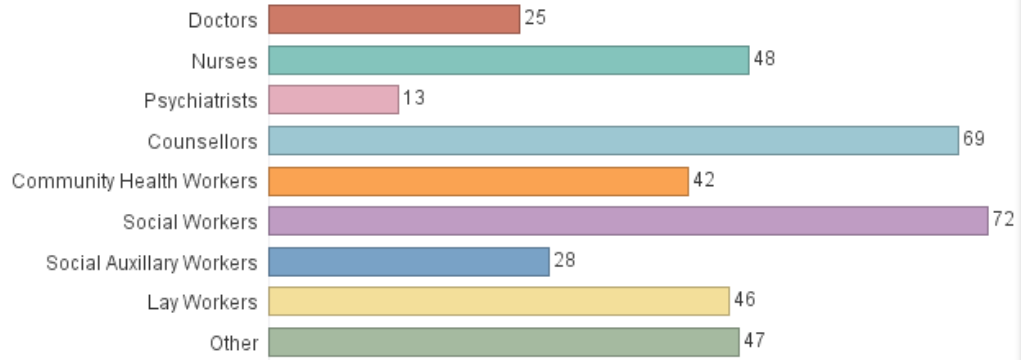
Trainings

Total number of training events	115
Total number of participants attended	2425
Total number of GPRAs collected	1597
Percent of GPRAs collected (from attended)	65,9
Total number of follow-up GPRAs collected	234

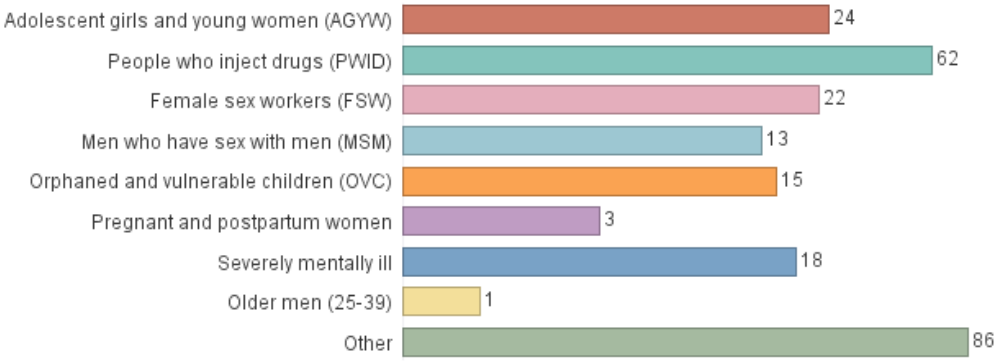
Curriculum	(of 115 Trainings)
Motivational Interviewing (MI)	46
SBIRT	38
Mental health	32



Training Attendees



PEPFAR priority populations served by the organisation that received training



South Africa ATTC Events by Province

Event Province	Total Events	Trainings	Meetings	Technical Assistance	PEPFAR Qualifying	GPRA Qualifying	Total GPRAs Collected	Total Participants Expected	Total Participants Attended	Total Participants Attended (GPRA)	Total Participants Attended (PEPFAR only)
Eastern Cape	7	4	3	0	4	3	65	199	143	65	31
Gauteng	22	19	3	0	20	14	324	720	530	314	161
KwaZulu-Natal	36	35	1	0	35	23	646	1406	1085	671	414
Mpumalanga	4	4	0	0	4	3	38	122	58	38	20
Western Cape	61	53	5	3	56	44	685	1418	1012	615	244
Totals:	130	115	12	3	119	87	1758	3865	2828	1703	870