

FPDs Work in Mental Health



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Needs Analysis (Why we work in Mental Health)

FPD started looking at the mental health aspects related to HIV in 2011 with the context of the HIV system strengthening work and was an early proponent of integrating mental health (MH) into HIV and TB programming (see Academic publications) unfortunately the funding environment at that stage was not susceptible to this concept. To help create awareness of the importance of mental health within the HIV/TB response FPD helped establish the Association for the Social Sciences and Humanities in HIV in 2011 and organized their 1st & 2nd International Conferences (Durban 2011 & Paris 2013). The infamous Life-Esidimeni scandal in 2017, furthered our commitment to this critical and neglected epidemic and FPD has been progressively increasing the focus of the organization's work to several major areas in MH namely improving access to quality MH care for all South Africans both insured and uninsured through improving access to services at primary and community level, improving mental health literacy, supporting a multisectoral response to MH as a public health emergency and reducing stress and burnout amongst healthcare workers.

South Africa has the third lowest average mental health quotient score of 71 countries surveyed in the 2023 Mental State of the World report, an improvement from being last in the 2021 reports. Only the United Kingdom and Uzbekistan scored lower. The same report shows that South Africa has the joint highest percentage of people in distress/struggling (35%).

15.1% of South Africans were estimated to have encountered mental health challenges in the previous 12 months in 2023, while the South African Depression and Anxiety Group (SADAG) estimates that more than one in three South Africans will develop a mental health condition during their lifetime. A 2017 study that analysed the burden of disease by Carpenter, Nyirenda and Hanass-Hancock, indicated that mental health disorders accounted for 13.8% of the disease burden in South Africa, which was higher than HIV (11.8%) and musculoskeletal disorders (10.4%).

The Mental Health Care Act (No. 17 of 2002) prescribes that mental health should be integrated into general health services including primary, secondary, and tertiary levels to improve access to mental health services and reduce stigma associated with mental illness. Integration also promotes treating patients holistically, which is proven to improve health outcomes. Despite the provisions of the Act, access to MH care is severely limited for uninsured people with MH conditions, and in 2022 it was estimated that 90% of people who require mental health support are unable to do so. The reasons are multiple and complex and include a severe and rapidly worsening shortage of skilled professionals, especially Psychiatrist and Psychologists, MH maldistribution of professionals between the public and private sector and between provinces, historical professional protectionism that limits the scope of practice of other healthcare professionals in MH, an unwillingness, until recently, to employ mid-level MH workers, (Registered Counsellors-4-year psychology graduates) in the public sector. Antiquated scheduling of all antidepressants as habit forming schedule 5 drugs has prevented primary care nurses, who provide most of the care at primary care clinics, from prescribing them and as such it is estimated that only 1-12% of people who should be on antidepressants are currently on treatment. Despite this need and the high disease burden, only 5% of the national healthcare budget is allocated to MH with 86% thereof redistributed to psychiatric hospitals, leaving virtually no resources for community or primary level care.

Not only does this lead to *unnecessary human suffering* but the country pays a hefty *economic cost in loss of productivity*. Just the cost of untreated anxiety and depressions amongst the employed South African population is estimated to range between R170 to 210 billion per annum – a devastating cost that our economy can ill afford. Aligned to our vision ‘to build a better society through education and capacity development’, FPD endeavours to be not just a voice in this conversation, but to be a catalyst to address the social, political, and structural barriers to access to mental health services, and to ensuring that everyone will have access to affordable quality mental health care when they need it and much more importantly start building a society where we create mental wellbeing and resilience to reduce this need.

FPD technical approach (How we do it)

The FPD technical approach is delivered through a series of targeted workstreams [WS] and uses South Africa as springboard to test innovative approaches that can be replicated and expanded across the continent and serve as models to support international efforts.

WS-1 Technical Assistance: We have established a team of highly skilled local and international experts with extensive experience in all aspects MH health including the interphase between MH and HIV/TB, Gender Based Violence, the World of Work and Climate Change who not only influence our programme design but provide valuable technical assistance to stakeholders including policymakers, organizational management, civil society organizations, researchers, and implementers. Our technical advice targets all relevant stakeholders (NGOs, community organizations, civil society, employers, donor implementing partners and government at all levels) to assist in evidence-based mental health service planning, delivery, supervision, and improved performance.

WS-2 Training and capacity development: FPD, as a registered private higher education institution based in South Africa with a global reach, offer a wide range of accredited courses (online, virtual, and in-person formats) customized to the requirements of all role players. Capacity development programmes cover the spectrum of developing competency from policy and planning, increasing the MH workforce, strengthening the role of civil society, educating the public and building mental health resilience amongst the health and general workforce.

WS-3: Technology and innovation: The massive online migration over the past few years and the dramatic growth of artificial intelligence (AI) has created an opportunity to leverage technology to dramatically lower barriers to access to MH care and self-care. Technology allows us to deliver training at low cost, improving MH literacy, developing capacity of HCWs to provide MH care, improve screening, simplify referrals, provide mentoring, and overcome geographic barriers to access. FPD partners with technology and academic partners to introduce innovative technologies to the MH landscape. The FPD research Unit also actively pursues the development of new knowledge through implementation science projects in MH.

WS-4: Creating structures to foster cross sectoral collaboration: FPD leverages more than 25 years of HIV/TB system strengthening and community engagement experience, which has included establishing several national scientific conferences, the 1st health think tank in Africa, local and international NGOs and several extraordinarily successful social media campaigns to build broad coalitions in support of advancing public health goals. This allows for coordination of activities, pooling of resources and focussing advocacy and research activities.

FPD Mental Health (MH) Health System Strengthening work in South Africa

South African National Mental Health Education Programme (SANMHEP) 2018 to 2020: The SANMHEP programme was developed as a collaborative initiative between FPD and the National Department of Health (NDoH) to strengthen mental health services at district hospital levels and sponsored through an unrestricted educational grant from Sanofi. The programme was implemented against the backdrop of the Life Esidimeni tragedy. The programme specifically targeted Medical Doctors and Professional Nurses working within the facilities that are listed to conduct 72-hour MH assessments, as well as District Hospitals. Medical Doctors and Professional Nurses from Correctional Service Centres and university primary health care clinics were also included in the training.

Central to this programme was clinical management of mental disorders/conditions, and the understanding of, and compliance with, the Mental Health Care Act and related Regulations and Guidelines in the care, treatment, and rehabilitation of people with mental health conditions by health care professionals who are not mental health professionals. The educational evaluation of this programme that sampled and followed up 90 participants of this programme from enrolment to six months past enrolment demonstrated that participants' confidence in performing mental healthcare activities increased by 24% and their confidence in managing mental health conditions increased by 21% after completing the course. The evaluation also found that the number of patients being referred to higher levels of care by the participants decreased after completion. Several positive effects of the training were reported in the open-ended questions of the follow-up survey and in the key-informant interviews. The theme that came up the most often in the analysis of qualitative data was improved adherence to the Mental Health Care Act. The second and third most prominent themes were the improvement knowledge, confidence and skill of healthcare workers and an improvement in the quality of care in mental health.

Improving Mental Health and HIV/TB Services Integration' (IMHSI) under PEPFAR grant (2021 to 2026): This PEPFAR project, funded through CDC, has a broad focus on PLHIV/TB and at risk and vulnerable individuals, and works on strengthening the broader health and psychosocial support system through leveraging the resources of all PEPFAR prevention and treatment partners. The rationale behind the project is that MH disorders impact across the achievement of all three of the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 targets, being associated with reduced PrEP, HIV testing, treatment uptake, retention in care and poor viral load suppression. MH conditions have a similar impact on TB treatment adherence and HIV and STI prevention efforts. The Coronavirus pandemic has had a hugely detrimental impact on mental health across all populations with increases in anxiety, depression, PTSD, substance use, and suicide being reported. The pandemic has also significantly impacted on the mental health of healthcare workers (HCWs).

The IMHSI grant, that commenced in January 2021, has two focus areas, namely:

- i) supporting the integration of mental health support activities into existing HIV/TB prevention and treatment programs (**Client focus**), and
- ii) supporting HCWs to increase their own awareness of their mental health, access care solutions and facilitate access to professional care. Ensuring a more resilient and healthier workforce will in turn support more compassionate, destigmatizing service provision, leading to improved patient outcomes. (**HCW focus**).

The technical approach is an above site approach where FPD works closely with PEPFAR implementing partners (IPs) and district support partners (DSPs) through four overarching technical approach work streams.

The project is implemented through the following strategies:

Strategy 1: Support DOH at various levels to develop, adapt, implement, and monitor adherence to policies, guidelines, and standard operating procedures (SOPs).

Policy development and adoption at national level

Although this is a relatively young project working in a space that has seen very limited policy reform, (the Ekurhuleni Declaration of 2013 had already called for integration of MH into HIV services) the project has some quick wins on the policy front including:

- Involvement of project staff in the development of the new *National Strategic Plan (NSP) for HIV, TB and STI 2023 to 2028* where FPD managed to increase the mentions of MH from 12 in the previous NSP to 144 in the new NSP, as well as 35 mentions of the term psychosocial support that did not feature at all in the previous version. We also managed to get PLHIV with MH lived experience designated as a priority population.
- Project staff also worked with the team that drafted the new *National Mental Health Policy Framework and Strategic Plan 2023 to 2030* and promoted the inclusion of several game changers including a commitment to rescheduling antidepressant, that are not habit forming, to allow prescription by primary care nurses, formal employment of Registered Counsellors in the Public Sector at primary care clinic level and a general policy shift from a hospicentric to a community model.
- FPD also provided input on the National Non-Communicable Diseases (NCD) NSP where MH has been included as the 5th priority NCD.
- FPD supported the launch of the new *National Strategic Plan (NSP) for HIV, TB and STI 2023 to 2028* at the 11th SA AIDS Conference 2023.

Policy implementation through development of guidelines, SOPs and monitoring and evaluation tools at sub-national level

- Provincial level TA is now focussing on fostering collaboration between MH directorates and HAST Directorates to ensure that national policies and strategies translate into local action.
- FPD advocated and influenced provincial DOH to identify standardised MH screening tools to ensure MH programmes integration screening at the PHC and community level in both NW and EC provinces.
- FPD ensured finalisation of MH and HIV/TB service integration guidelines for both PHC and community level in the NW province.
- Standardized electronic M&E tools are utilised by the DSPs to ensure monitoring and adherence to national policies and provincial guidelines and SOPs in the Eastern Cape, KZN, Gauteng and North-West provinces and the districts where the DSPs are based.

Strategy 2: Build the capacity of DOH staff at various levels and of DSP staff on the MH needs of, and services available to PLHIV/TB

Capacity Development

FPD offers a wide range of accredited courses (online, virtual, class formats) customized to the requirements of specific target audiences and constituencies. These training programmes have been strategically deployed in support of this programme. *As a rule, FPD does not use donor funding to develop training courses but only to sponsor the actual training events and cost to participants.* As this project evolves the training needs keep on evolving too. The grant has implemented the following **training programmes** facilitated since July 2021 (Details of FPD MH Related training programmes are mentioned later in this document):

Name of Course	Audience
Clinical Management of MH (mhGAP)	DSP clinical staff & district hospital staff
Introduction to MH screening	DSP prevention staff
Masterclass in Facilitating Learning	Provincial Regional Training Centre Staff
Mental Health Review Board Induction Training	New members of MH Review Boards at district level

The project has also been hosting a very popular series of CPD accredited **MH webinars** to increase MH literacy amongst HCWs that has rapidly grown to where attendance now regularly exceeds 2000 delegates. To date **11 669** delegates have attended these webinars.

Topic
1. Mental Health and Wellness in the Workplace
2. Substance abuse and Adolescents: Lessons learnt from Enyobeni tavern tragedy
3. Women and Mental Health
4. Coping with burnout and stress in a digital environment.
5. How to manage self-stigma in mental health
6. Mental Health Emergencies
7. ADHD: Over diagnosed and under managed
8. Lancet Report: Eradicating stigma
9. Are we transforming mental health for all and living up to the WHO Mental Health Report 2022?
10. Self-harm and suicide in adolescents - What are we missing, how do we cope?
11. Behavioural problems in children with a focus on children that act out as part of opposition defiant disorder
12. Body Dysmorphic disorders
13. Giftedness in Children – Is Being Gifted a Blessing or a Curse?
14. Building mental wellness and resilience
15. Reasonable accommodation and vocational rehabilitation for MH distress and MH conditions in the workplace.

Mentoring activities

Mentoring in support the training initiatives and are designed to improve the capacity of individuals and organizations to provide improved mental health services. Our model combines mentorship, coaching and on-the-job training to effect sustainable changes in professional practice. Various digital health solutions also support mentoring. Mentoring platforms include:

- **In-person mentoring, coaching and on-the-job training** by DSP staff who have completed the mhGAP training of their government counterparts.
- **Micro-mentoring through the Vula Mobile referral tool** (discussed in more detail under strategy 3). Once receiving facilities have been onboarded, a process that is proving to be quite challenging, any HCW in a sending facility can use the app to get advice on a patient that they are seeing. These micro-mentoring sessions reinforces learning from training courses for mentors and provides on-the-job training for mentees and have proven to reduce unnecessary referrals by between 30%-50%.
- **The Online Community of Practice (o-COP)** a digital repository and learning materials, recordings of grand ward rounds, SOPs, policies, and guidelines for alumni of all mental health training offerings.
- **MH Grand Rounds** are restricted to participants who have completed the mhGAP training and involve clinical case presentations by an expert and are designed to be interactive.

Topic
1. Moderate Depression
2. Mental Health and Wellbeing in the Workplace
3. Depression: Individualized Management Planning
4. Suicide and self-harm
5. The moon landing
6. Dementia or not Dementia: (Major Neurocognitive Disorder)
7. The Aetiology of Major Psychiatric Disorders

Strategy 3: Support a referral network infrastructure for MH services based on the level of need for both PLHIV/TB and at risk and vulnerable individuals and if needed for clinical staff providing HIV/TB services.

As previously discussed, 90% of people in 2021 could not gain access to MH care at PHC or community level and waiting times at hospital-based services are extremely long. Although there are additional counselling services deployed through earmarked Treasury grants, referral networks are poorly developed or absent. The integration of MH services for clients has been a daunting task as it requires the cooperation of various directorates that are not used to working together and the buy-in of DSPs and IPs that have little or no experience with mental health services. In essence, *you cannot increase screening for MH conditions if you have not mapped and developed a functional referral system linked to the infrastructure to provide treatment and care.* This is an ongoing process of not only mapping referral points in the public health sector, DSPs, and IPs, but also working with the Department of Social Development and NGO, FBOs and CBOs to find who provide what type of psychosocial support. These resources are contacted, their information verified, and once consented, are accessible on the Masiviwe Mental Health Resources map at www.mentalhealthmap.masiviwe.org.za.

Integrating MH into PEPFAR HIV/TB programming

Working with SA government departments and PEPFAR implementing partners this project is slowly but surely integrating MH screening and improved service delivery for PLHIV/TB and at risk and vulnerable individuals.

- The Clinic Readiness Assessment Tool has been developed and is provided to facility and DSP staff to collect baseline information of the mental health resources, capacity, training needs, and overall readiness of the responding facilities to provide MH services. 129 facilities have submitted completed readiness assessment tools to date.
- District Support Partner (DSP) and Implementing Partner (IP) are supported to include MH screening in their programmes.
- A potential game changer has been our work with Columbia University Psychiatry Department to validate their electronic mental wellness screening tool (e-MW Tool) algorithm in South Africa, this algorithm allows for rapid screening, diagnosing, and triaging of MH conditions and make it ideal for outreach field based HCWs. Validation of the South African version of the mwTool for use in adults has been completed and the adolescent validation project should be complete in mid-2024.
- To date 653 MH services providers both in the public and private sector has been verified and mapped on GIS map on the Masiviwe website www.mentalhealthmap.masiviwe.org.za.
- The Vula mobile app allows healthcare workers along the referral pathway to refer and consult with each other. Onboarding facilities in the districts have been more difficult than anticipated often due to staff burnout at district hospital and the absence of psychiatrists at provincial hospitals with psychiatric units.
- Excellent progress has been made with the Government Employee Medical Scheme (GEMS) that covers 90% of HCWs who have made depression one of their prescribed minimum benefits and incorporated mental health into their value-based care team benefit package currently being rolled out across the country that promoted outcome-based care by multidisciplinary teams.
- The biggest challenge for the project in the coming year will be dealing with workplace conditions causing unhealthy stress and burnout amongst public sector HCWs. Despite targets for programmes dealing with these situations in the HRH 2030 policy little is actually being done and high levels of HCW burnout largely contributes to a lack of empathy. The core underlying problem of a long neglected severe shortage of human resources for health due to under development, a stubborn denial of this problem and a belief in task shifting as a cure all, limits the impact of interventions.

Strategy 4: Engage in a meaningful fashion with community and other key stakeholders in policy formulation, planning, implementation, mentoring, monitoring, and improvement of MH services for PLHIV/TB and at-risk and vulnerable individuals.

Policy and implementation environmental assessment round tables

The emphasis of these consultations was to develop a consensus around what needed to change to improve access to services for clients and HCWs. Three round tables were held, and reports published:

- IMHSI Client Focus Report: Report and reflections on the round table meeting held on 23 August 2022.

- UNICEF Roundtable Report: Mental Health and Psycho-Social Support Services (MHPSS) for Children, Adolescents and Young People in South Africa: An Integrated, Intersectoral Approach.
- IMHSI HCW Focus Report: Report and reflections on the round table meeting held on 27 September 2022.

These consultations largely informed the technical assistance provided by FPD and lead to the formation of the Masiviwe movement.

Community Engagement & Information Education and Communication (CE & IEC) consultations

These consultations use evidence-based stakeholder engagement approaches to secure buy in and support for public health interventions and information, education, and communication (IEC) campaigns. IEC campaigns designed to create awareness of mental health issues, decrease stigma, and increase service uptake.

- Productions of information and education material. The project has produced a variety of IEC and uses all the Masiviwe platforms to distribute the information. To date **15.5 million+ reached** through Masiviwe social media channels in March 2024 – lately reaching about a million per month.
- The Masiviwe website (www.masiviwe.org.za) provides its visitors with a plethora of MH resources, including information on understanding MH, managing emotions, HCW resources, repository of MH content developed, get help features, and so much more. The site has seen more than **18 000 visits** to date.
- Permission has also been received from CDC allowing for white labelling of social media content allowing rebranding by partner organizations. Currently project produced content has been shared by SADAG, TB/HIV care, FPD, SA Federation for Mental Health (SAFMH), Vula mobile, and more.
- Takalani Sesame Big Feelings special. Our project team had the opportunity to work with the producers of Takalani Sesame to provide inputs to the script for their “Big Feelings” special episode. The episode we developed to raise MH awareness among children and equip their adults with the skills on how to deal with the big feelings that we all experience.

The FPD lead Consortium implementing this project includes **Columbia University**, one of the largest psychiatry departments in the USA in terms of faculty (400) size as well as state, federal, and foundation research support, **Vula Mobile** (www.vulamobile.com), is an award-winning technology solution that allows virtual consultation and referral within the public sector in South Africa. This technology already connects 18,003 health workers, across 6,002 health facilities and 53 specialties. **Heartlines** (www.heartlines.org.za), a leader in behavioural communication and community engagement.

Masiviwe – Let’s be heard! A movement for Mental Health

The Masiviwe campaign was originally launched as part of the IMHSI project’s community consultation, communication, and branding strategy. It has been so successful that FPD now intends to establish Masiviwe as a separate legal non-profit entity to serve as a legacy project for IMHSI and to keep the momentum of the multisectoral response required to make “Access to mental health for all” a reality.

FPD will host the secretariat for the organization and maintain the communication platforms and the momentum gained through this movement indefinitely, to help address the mental health needs of the people of South Africa and beyond our borders.

The governing structure of the movement is currently being established under the leadership of Prof Solomon Rataemane, Head of Psychiatry at the University of Limpopo, specializing in child psychiatry, mood disorders, and addiction medicine, and notably chairs the Ministerial Advisory Committee on Mental Health (MAC). His leadership extends to roles in the Central Drug Authority of South Africa and collaborative research with UCLA on Cognitive Behaviour Therapy. He advocates for mental health through international boards like ICAA and actively shapes policy through the MAC, guiding national mental health initiatives in South Africa.

Current members of the movement include:

- Psychology Society of South Africa (PsySSA)
- UKZN – Centre for Rural Health (CRH)
- UCT – The Health Foundation
- Treatment Action Campaign (TAC)
- Association for Registered Counsellors in South Africa (ARCSA)
- National Shelter Movement in South Africa (NSMSA)
- A further 10 organizations are busy confirming their membership.

The Masiviwe website (www.masiviwe.org.za) provides its visitors with education resources about mental health, guidance on dealing with emotions, resources to HCWs, mental health articles, videos, newsletters, and even funding alerts. The site also boasts with a “Get help” feature that includes mental health self-screening tools, and an interactive psychosocial support services resource map, to assist South Africans in findings service providers close to them.



Click on the links below, to **join the movement!**

- **Website:** www.masiviwe.org.za/
- **Facebook:** www.facebook.com/MasiviweZA
- **Instagram:** www.instagram.com/masiviweza/
- **Twitter:** www.twitter.com/MasiviweZA
- **LinkedIn:** www.linkedin.com/company/masiviweza/
- **YouTube:** www.youtube.com/channel/UChNOK5rZExwdaX6GmCOQU3Q
- **TikTok:** www.tiktok.com/@masiviweza? t=8hQxJMUQRja& r=1

FPD MH Training programmes

FPD has developed a series of training programmes to cover the spectrum of MH training needs to strengthen MH awareness, prevention, self-care, treatment, and integration. These courses include:

Course name	Target audience	Purpose	Comments
Expanding and improving MH workforce capacity			
Introduction to MH screening	DSP prevention staff	To familiarise screening staff with relevant screening instruments and how to engage with community members around the subject of screening	In-person
Demystifying MH and eradicating stigma	Community activists	To develop MH literacy, explore stigma and self-stigma and community education	In-person
Inter-Personal Counsellor (IPC) training programme	Lay counsellors that are trained on evidence based Inter-Personal Counselling (IPC), Motivational Interviewing & SBIRT and Safety Planning	Develop a large cadre of MH champions at community and workplace level	Asynchronous online courses followed by in person role play and four months supervised patient counselling
mhGAP	Doctors and registered Nurses	Clinical management of MH Conditions	In-person 3 days
Clinical Management of Mental Health Conditions (MD & RN versions)	Doctors and registered Nurses	Clinical management of MH Conditions	Asynchronous online
Telemedicine for HCP	MH Professionals providing telemedicine services	Orientation to use of telemedicine	Asynchronous online
Telemedicine for Support Staff	MH practice support staff	Orientation to use of telemedicine	Asynchronous online
Mental Health Review Board Induction Training	New members of MH Review Boards at district level	Orientation of new review board members to their role	2-days in person
Building resilience & wellbeing			
Drive to Thrive	Organizational leadership and all employees	Structured 6 months programme to build a resilient workforce	1 day version of the Resilient leadership programme (in-person) for organizational leadership followed by six months structured online programme for

			all organizational employees
Resilient Leadership: Fostering Mental Wellbeing in the Workplace.	Organizational leadership	To create awareness of MH in the workplace	2 days in person programme
Mental Health Resilience for HCPs	Healthcare Professionals	MH self-care and how to cope with stress and prevent burnout	asynchronous online
Mental Health Resilience for field based HCWs	CHWs & Supervisors	MH self-care and how to cope with stress and prevent burnout	Micro-learning suitable for distribution via messenger apps & training slides for their supervisors

The 1ST South African Mental Health Conference 2023

Conferences have proved to be an effective mechanism to stimulate awareness, advance public health debate and secure stakeholder commitment in the fields of HIV and TB. FPD organized the XIII International AIDS Conference, held in 2000, in Durban (the 1st time in the global south) which was pivotal in shining a spotlight on cost as a barrier to treatment for PLHIV in developing countries. Thanks to massive media coverage which supported global and local activism prices of ART plummeted. Despite affordable drugs, treatment for uninsured South Africans were delayed by AIDS denialism in political circles leading to the convening of the 1st SA AIDS Conference was convened in 2003. At the opening ceremony, the then Minister of Health, perpetuated AIDS denialist views, however by the closing day the SA Government announced that “it was not a matter of if SA would have a national AIDS treatment programme but rather a matter of when”. In April 2004, treatment became available to all South Africans. Since then, FPD organized bi-annual SA AIDS and TB Conferences that have proven to be an effective mechanism to stimulate debate, promote research, give a voice for those living with a condition, and to mobilize civil society.

The 1st SA Mental Health Conference was launched in April 2023 by FPD and became a joint project with the national Department of Health. This abstract driven scientific conference, under the heading “It is time to talk”, was attended by 673 delegates, with 167 speaker presentations across 37 sessions, 29 poster presentations and 24 exhibition stands. The conference was ably Chaired by Professors Olive Shisana and Dan Stein

The SA Mental Health Conference aimed to:

- Deepen the value and commitment we give to mental health.
- Reshape environments that influence mental health, including homes, communities, schools, workplaces, health care services, and natural environments.
- Strengthen mental health care by changing where, how, and by whom mental health care is delivered and received.



Prof Olive Shisana
Conference Chair



Prof Dan Stein
Conference Co-chair



People Who Inject Drugs (PWID) programme – the HARMless project

The HARMless project was an FPD harm-reduction program, funded by the Centers for Disease Control (CDC), which delivered a comprehensive and targeted package of HIV prevention, testing, and treatment services among key populations (KPs), specifically people who inject drugs (PWID) in Ehlanzeni and City of Tshwane in South Africa over a 3-year period between October 2018 and September 2021.

The correlation between injecting drug use and mental health challenges is complex and multifaceted, involving biological, psychological, and social factors. PWID are a medically and socially vulnerable population with a high incidence of mental illness. Stigma associated with drug use has been identified as a major contributor to healthcare disparities for PWID. This stigma can and does impact their engagement with the healthcare system and influence their decisions regarding future medical care.

The HARMless project aimed to address these barriers to accessing the healthcare system for PWID by making use of peers (current or previously injecting drug users) and taking the services to our clients.

The HARMless project services more than 5 000 unique PWID over the 3-year project period with repeated services, performing 3 981 HIV tests, initiating 1 246 on antiretroviral therapy (ART), 710 more on pre-exposure prophylaxis (PrEP), and keeping 498 PWID on methadone assisted therapy (MAT)/opioid substitution therapy (OST) for more than six months in the final year of the project.

Innovation through technology

Leveraging technology innovation in mental health opens a gateway to revolutionary approaches in care and support, spanning from initial screening to continuous patient education. Through advanced screening tools and telemedicine platforms, individuals can receive prompt assessments and referrals, ensuring timely access to the care they need. Serious gaming introduces a novel method for therapy and skills development, engaging users in interactive narratives that promote mental wellness.

Additionally, digital education resources empower patients and healthcare providers alike with the latest in mental health knowledge and strategies. Finally, social media platforms serve as powerful vehicles for health promotion, raising awareness and fostering communities of support, thereby reshaping the landscape of mental health care into a more accessible, engaging, and effective field.

- **The Columbia University Psychiatry Department Electronic Mental Wellness screening tool (e-mwTool)** algorithm has been adapted and validated for use in South Africa and as discussed earlier, its ability for rapid screening, diagnosing, and triaging of MH conditions makes it an ideal tool for outreach field based HCWs.

- **The Vula mobile application** previously discussed has won multiple awards, including the 2019 MTN healthcare app of the year award. The application connects HCWs, across 6,002 health facilities and 53 specialties—including MH—in South Africa
- **The StepWell Saga – the 1st Serious Game for Mental Health in Africa (launched March 2024)**
In an innovative leap forward, FPD secured a pioneering grant from Grand Challenges Canada, birthing a landmark achievement in the realm of healthcare: the inception of Africa's first-ever serious game dedicated to mental health, christened 'The StepWell Saga – Stronger Together'.

This groundbreaking venture redefines the essence of serious games, traditionally designed with a focused objective beyond mere entertainment. 'The StepWell Saga' unfolds as an entertaining 2D side-scrolling adventure, where players embark on an epic journey of enlightenment and camaraderie. As heroes of this saga, players are plunged into an enthralling narrative that demands wit to solve puzzles, bravery to combat nefarious monsters, and the spirit of unity to forge alliances. Your quest? To dispel the engulfing darkness with the luminous power of Light Crystals, alongside your fellow Resistors, in a valiant effort to illuminate the Kingdom of Stepwell once more. Step into the mesmerizing realm of StepWell, where fantasy meets the noble pursuit of mental wellness.

The StepWell Saga is not just a game; it's a call to arms for heroes ready to rise against the tyranny of the Shadow King. With each puzzle solved, monster defeated, and crystal found, you draw closer to dispelling the darkness that has smothered StepWell under a cloak of despair. As your adventure unfolds, you'll ally with BUDDIES, your companions in resistance, each bringing unique strengths to the fore in the quest to uncover the secrets of the Light Crystals. These crystals aren't just gems; they're beacons of hope, symbols of resilience, and the keys to reclaiming StepWell's lost glory.

The StepWell Saga encourages players to develop essential skills like problem-solving, strategy, and teamwork, and develop mental resilience, while having fun. It challenges them to think critically and promotes the importance of relationships in facing life's challenges.

Download the game here:

Android: <https://bit.ly/Stepwellsaga>

Huawei: <https://bit.ly/stepwellsagaHuawei>

iOS: Coming soon

- **LALA #Putstigmatobed (June 2022 to December 2023)**
FPD piloted an online intervention, funded by Grand Challenges Canada, to educate and sensitize youth and adolescents to the challenges experienced by LGBTQIA+ individuals – the LALA #Putstigmatobed initiative. The intervention (www.lala.foundation.co.za) includes a curated online website resource platform providing users (including LGBTQIA+ youth) with a repository of topical resources, the LALA Learning Quiz designed to educate on potentially stigmatizing terminologies, as well as pre- and post-intervention knowledge, attitudes and perception surveys. Original uptake was low and through an action research approach in partnering with Moya App, a data free messaging service, and experimenting with introducing a Progressive Web Application (PWA), a mini version of the LALA website, which was included on Moya linked to a pre- and post-questionnaire and learning quiz and messages from LGBTQI

with lived experience, puzzles, and infographics. The project progressively saw greater participant engagement, ending with a combined project reach of 113,726 individuals (1137% of the 10 000-target achieved).

Organizational MH programmes – Creating a mentally resilient workforce.

Unhealthy work stress can precipitate conditions like burnout, anxiety, and depression. Significantly, burnout is among the few mental health conditions (recognized as a MH condition in the ICD-10 and DSM-V) as originating not from a biological factor, but rather from prolonged exposure to *adverse external environments*. This condition is predominantly tied to aspects of the workplace that management can and should, regulate, such as excessive workload, insufficient autonomy, unclear job expectations, dysfunctional team dynamics, and a lack of support from colleagues or supervisors, which contributes to feelings of isolation at work.

The UKG Global Survey 2023 has uncovered that, as a rule, managers are *failing to address this critical need*. This report provides key insights regarding the impact of managerial practices on mental health in the workplace. A significant 71% of employees report that work-related stress detrimentally affects their home life, with 64% feeling their overall wellbeing is compromised, and 62% experiencing strain in their personal relationships due to work pressures. Furthermore, nearly half of the workforce, at 43%, experiences a state of "often" or "always" feeling exhausted. This prevalent workplace stress is also having a profound effect on job performance, with a staggering 78% of employees acknowledging its adverse impact on their professional output. Alarmingly, the survey highlights a correlation between a lack of work-life balance and workplace disengagement, revealing that individuals without a balanced work-life dynamic are almost three times more likely to be disengaged at work, often 'coasting' or 'checked out', compared to their more balanced counterparts. The annual cost to the South African economy is estimated of untreated anxiety and depression in the employed workforce is between ZAR 170 to 200 billion.

The Gallup 2023 State of the Global Workforce report shows even more concerning data. It reported that only 23% of employees are engaged and productive, 59% were disengaged the so called “quiet quitters” who are disconnected from their work and minimally productive, probably due to stress and burnout, while 18% are “loud quitters”, where the trust between the employer and employee has been so disrupted that they are actively sabotaging the organization and opposing leadership.

What all these studies show is that traditional organizational employee wellness programmes are not responsive to the need of employees, and that the price at best is paid in loss of productivity at worst it is paid in active sabotage and opposition of organizational initiatives. *FPD has drawn on all its workstreams to develop customized organizational mental health resilience programmes, leveraging technical assistance, training, innovative technology and targeted information communication and education assets.*

Expanding MH Research

FPDs commitment to generating new knowledge around mental health dates to 2011, with a series of projects looking at MH in the context of our work on in HIV and TB system strengthening and FPD was

an early advocate for integrating MH into HIV and TB programming a call that was unfortunately not taken up by the donor community until 2020.

FPD partnered with Columbia University in May 2017 to help implement an NIH/NIMH funded program titled PRIDE SSA – Partnerships in Research to Implement and Disseminate Sustainable and Scalable Evidence Based Practices in sub-Saharan Africa. This program established a collaborative network of mental health stakeholders (researchers, teaching faculty, service providers, and policy makers) in five Sub-Saharan countries (Botswana, Malawi, Mozambique, South Africa, and Zambia). Building on this foundation FPD has been progressively expanding our research capacity in mental health.

Research Output

Click [here](#) for more information on the FPD Research Unit and [research in FPD](#) on the foundation website (www.foundation.co.za).

Below are lists of peer review articles, oral presentations at conferences, and poster presentations at conference, on the topic of mental health, produced by FPD.

Peer Reviewed Articles

1. Stockton *et al.*, (2024). *Validation of a brief screener for broad-spectrum mental and substance-use disorders in South Africa*. Glob Ment Health (Camb). 2024; 11: e4. ([Link to article](#))
2. Shisana, O., Stein, D.J., Zungu, N. & Wolvaardt, G. (2024). *The rationale for South Africa to prioritise mental health care as a critical aspect of overall health care*. Comprehensive Psychiatry. 130:Online. <http://hdl.handle.net/20.500.11910/23031>. ([Link to article](#))
3. Scharbert *et al.*, (2023). *A global experience-sampling method study of well-being during times of crisis: The CoCo project*. Social and Personality Psychology Compass Volume 17, Issue 10. ([Link to article](#))
4. Stein, D. J., Wolvaardt, G. G., Zungu, N., Shisana, O. (2023). *Ten Game-Changers for Mental Health in South Africa*. South African Journal of Psychiatry | Vol 29 | a2180 | DOI: <https://doi.org/10.4102/sajpsychiatry.v29i0.2180>. ([Link to article](#))
5. Wainberg, M. L., Wolvaardt, G. G., Gouveia, L., Ferencik, L. (2023). *We must leave no one behind in the response to HIV and mental health*. Journal of the International AIDS Society. 10 October 2023. World Mental Health Day 2023. ([Link to article](#))
6. Freeman, M. C., Wainberg, M. L., Slabbert, J. D., Mabela, S., Wolvaardt, G. G. *Persons with severe mental health conditions should be included as a key population in HIV programmes*. AIDS 37(14): p 2115-2118, November 15, 2023. ([Link to article](#))
7. Maiketso, M. Wolvaardt, J. Uys, M. Grobler, M. (2023). *Benefits of a short course on mental health well-being and resilience for healthcare workers in South Africa during the COVID-19 pandemic*. Publisher: Emerald Publishing Limited. ([Link to article](#))
8. Basaraba *et al.*, (2022). *Does It Matter What Screener We Use? A Comparison of Ultra-brief PHQ-4 and E-mwTool-3 Screeners for Anxiety and Depression Among People With and Without HIV*. AIDS and Behavior. Published: 08 October 2022. Volume 27, pages 1154–1161. ([Link to article](#))
9. O'Grady *et al.*, (2021). *Mobile technology and task shifting to improve access to alcohol treatment services in Mozambique*. Journal of Substance Abuse Treatment. Volume 134, 108549. ([Link to article](#))

10. Wainberg *et al.*, (2021). *Partnerships in Research to Implement and Disseminate Sustainable and Scalable Evidence-Based Practices (PRIDE) in Mozambique*. HHS Public Access. Psychiatr Serv. 2021 July 01; 72(7): 802–811. doi:10.1176/appi.ps.202000090. ([Link to article](#))
11. Kelly, F. Uys, M. Bezuidenhout, D. Mullane, S.L. Bristol, C. (2021). *Improving Healthcare Worker Resilience and Well-Being During COVID-19 Using a Self-Directed E-Learning Intervention*. Front. Psychol., 02 December 2021. ([Link to article](#))
12. Wainberg *et al.*, *Technology and implementation science to forge the future of evidence-based psychotherapies: the PRIDE scale-up study*. HHS Public Access. Evid Based Ment Health. 2021 February; 24(1): 19–24. doi:10.1136/ebmental-2020-300199. ([Link to article](#))
13. Lovero *et al.*, (2019). *Mixed-methods evaluation of mental healthcare integration into tuberculosis and maternal-child healthcare services of four South African districts*. BMC Health Services Research 19, Article number: 83. ([Link to article](#))
14. Sweetland *et al.*, (2018). *Tuberculosis: an opportunity to integrate mental health services in primary care in low-resource settings*. Lancet Psychiatry 2018. Published Online. September 18, 2018. ([Link to article](#))
15. Slaven, F. Cameron, D. (2016). *HIV and Depression: A Scoping Review of South African literature*. New Voices in Psychology 12(2) 201. ([Link to article](#))
16. Shamu *et al.*, (2016). *High-frequency intimate partner violence during pregnancy, postnatal depression and suicidal tendencies in Harare, Zimbabwe*. General Hospital Psychiatry 38 (2016) 109–114. ([Link to article](#))
17. Dos Santos, M. Wolvaardt, G. (2016). *Integrated intervention for mental health comorbidity in HIV-positive individuals: A public health assessment*. African Journal of AIDS Research. Published online: 14 Dec 2016. ([Link to article](#))
18. Hanass-Hancock *et al.*, (2015). *Committing to disability inclusion to end AIDS by 2030*. The Lancet HIV Volume 3, No12 e556-e557, December 2016. ([Link to article](#))
19. Dos Santos, M. Kruger, P. Mellors, S. E. Wolvaardt, G. G. Van der Ryst, E. (2014). *An exploratory survey measuring stigma and discrimination experienced by people living with HIV/AIDS in South Africa: The People Living with HIV Stigma Index*. BMC Public Health, Feb 2014. ([Link to article](#))
20. Dos Santos, M. Trautmann, F. Wolvaardt, G. G. Palakatsela, R. (2014). *Rapid Assessment Response (RAR) study: drug use, health and systemic risks—Emthonjeni Correctional Centre, Pretoria, South Africa*. Harm Reduction Journal 2014, 11:11. ([Link to article](#))
21. Dos Santos, M. (2013). *Healing the dragon: does heroin use disorder intervention 'work'? A Critical Review*. South American Journal of Health & Behavioural Science, Volume-1, Issue-1, 2013. ([Link to article](#))
22. Mokoka, M. T. Rataemane, S. T. Dos Santos, M. (2012). *Disability claims on psychiatric grounds in the South African context: A review*. SA Journal of Psychiatry 2012;18(2):34-41. ([Link to article](#))
23. Dos Santos, M. (2012). *heroin use disorder intervention and recommendations for policy advancement*. New Voices in Psychology Vol. 8, No. 1. ([Link to article](#))

Oral Presentations at conferences

1. Mabela, S. Freeman, M. Kgoebane, B. Slabbert, Malepe, T. (2023). *Integrating Mental Health and HIV Care in South Africa - Views from a Round Table of Experts*. Mental Health Conference 2023. ([Link to presentation](#))
2. Freeman, M. Slabbert, J. Mabela, M. Wainberg, M. Kgoebane, B. (2023). *Should People with Severe Mental Health Conditions Be Added as a Key Population by UNAIDS and the HIV/STI/TB National Strategi Plan?* Mental Health Conference 2023. (Presentation not available publicly)

3. Slabbert, J & Kelly, F. (2023). Use of innovation to reach and to sensitize adolescents on LGBTQIA+ stigmatization. Mental Health Conference 2023. ([Link to presentation](#))
4. Slaven, F. (2021). *Effect of an e-learning course on health worker resilience and wellbeing during COVID-19*. SAAHE 2021. (Presentation not available publicly)
5. Medina-Marino, A. (2018). *Integrating Mental Health within the Primary Health Care Setting – Research and Practice: The South African Context*. April 16, 2018. Global Mental Health Conference. (Presentation not available publicly)
6. Slaven, F. (2017). *HIV and Depression: A scoping review of the South African literature*. 5th Southern African Students' Psychology Conference, 29-30 June 2017, UNISA Pretoria. (Presentation not available publicly)
7. O'Regon et al., (2015). *Depression and Absenteeism among Participants of the Rea Phela Health Care Worker Study*. Public Health Association of South Africa (PHASA) Conference. (Presentation not available publicly)
8. Dos Santos, M. (2013). *Psychological co morbidity in people living with HIV in Africa*. Southern African Students Psychology Conference. 24-28 June, University of Witwatersrand.
9. Dos Santos, M. (2013). *Mental health co morbidity in people living with HIV in South Africa - steps towards a synthesis of interventions*. Shanghai International Conference on Social Science July 11-13, 2013, Shanghai, China.
10. Dos Santos, M. (2013). *Mental Health Co-Morbidity in People Living with HIV in South Africa: Steps Towards a Synthesis of Interventions*. 6th SA AIDS Conference, 18 - 21 June 2013.
11. Dos Santos, M. (2012). *Psychiatric co morbidity in people living with HIV in South Africa – an explorative and prevention intervention study*. 6th Annual International Conference on Psychology, 28-31 May 2012, Athens, Greece.
12. Dos Santos, M. Ganesan, V. Wilson, D. (2012). *Mental health co morbidity in people living with HIV in Africa - a review and call for action*. BIT's 2nd Annual World Congress of Microbes, 2012. 30 July – 1 August 2012. Guangzhou, China.
13. Dos Santos, M. (2011). *Healing the dragon - heroin use disorder recovery and intervention*. 5th Annual International Conference on Psychology, 30-2 June, Athens, Greece.
14. Dos Santos, M. (2011). *The people living with HIV stigma index: A survey to measure stigma and discrimination in the health, education and work sector experienced by people living with HIV/AIDS in 4 provinces in South Africa*. World Mental Health Congress, CTICC. Cape Town, 17-21 October.
15. Dos Santos, M. (2011). *Rapid Assessment Response Study: Heroin Use and HIV/AIDS Health Risk - South Africa*. World Mental Health Congress, CTICC. Cape Town, 17-21 October.
16. Dos Santos, M. (2011). *Healing the dragon: An approach to heroin use disorder recovery and intervention*. South African Students Psychology Conference, 23-24 July.
17. Dos Santos, M. (2011). *Heroin use disorder recovery and intervention within the African context.* Transcultural Psychiatry Conference 13-17 November.

Poster Presentations at conferences

1. Kgoebane, B. (2023). *Use of Technology to Address the Growing Mental Health Pandemic*. Mental Health Conference 2023.
2. Mabela, S. Kruger, W & Malepe, T. (2023). *Interactive Psychosocial Support Map on Innovative Ways to Access Mental Health Services*. Mental Health Conference 2023.
3. De Vos et al., (2018). *Is the PHQ-8 an efficient screening tool for depression among HIV positive pregnant women attending antenatal and postnatal care?* 22nd International AIDS Conference 2018.

4. Paul, S. (2016). *Assessment of mental health care services provided in antenatal care/well-baby clinics in Tshwane, South Africa*. SA AIDS Conference 2016.
5. McKinnon et al., (2016). HIV risk reduction programs for people in public psychiatric care in Brazil: Treatment as usual? SA AIDS Conference 2016.
6. Wainberg et al., (2016). Sexual Risk Reduction Intervention for Psychiatric Patients: Outcome of a Large, Multi Site, Randomized Controlled Trial Implemented within a Low-Resource Public Mental Health System. SA AIDS Conference 2016.
7. Slaven, F. Cameron, D. (2015). *The importance of screening HIV positive patients for depression*. SA AIDS Conference 2015.
8. Dos Santos, M. (2013). *The Rorschach Inkblot Test and CIDI as Measure of Psychodynamics and Psychological Co-Morbidity in People Living with HIV*. 13th European Congress of Psychology (ECP 2013), Stockholm, Sweden, 9-12 July 2013.
9. Dos Santos, M. (2013). *Psychological Co-morbidity In People Living With HIV*. 6th SA AIDS Conference, 18 - 21 June 2013.
10. Dos Santos, M. (2013). *Mental health co morbidity in people living with HIV in South Africa: Steps towards a synthesis of interventions and policy advancement*. 3rd International Conference on Simulation and Modelling Methodologies, Technologies, and Applications. Reykjavik, Iceland - 29-31 July.
11. Dos Santos, M. (2012). *Psychiatric co morbidity in people living with HIV in Africa an explorative and prevention intervention study*. Joint PHASA and RuDASA Conference 2012.

Our Work Across Africa

Mental Health Resilience for Health Care Professionals during the Coronavirus emergency response (2020 – 2022)

During the acute phase of the Coronavirus pandemic FPD responded to the acute stress and burnout that HCWs were experiencing through rapidly launching an asynchronous online course for health care professionals across Africa to bolster their mental health resilience, through an unrestricted educational grant was secured from the Johnson & Johnson Foundation, allowing us to rapidly provide support for 2263 front-line healthcare workers in South Africa. This training was extended to the rest of Africa and beyond through funding from Right to Care, as part of their USAID EQUIP & ADAPT emergency response programmes which funded the training of an additional 5040 HCPs on MH resilience during 2021 & 2022.

In 2022, Anglo Gold Ashanti granted a sponsorship to FPD for the development and distribution of mental health resilience training to South African HCWs who do not have ready access to the internet. This allowed us to develop animated MP4 videos (micro-trainings) for training that can be distributed via messenger apps to CHW. FPD trained 500 CHW supervisors through virtual workshops, and developed Knowledge Bytes (short low data use training programmes) that reached 1 000 nurses through virtual workshops.

Expanding the use of telemedicine to compensate for acute shortage of qualified MH qualified professionals in Africa.

Telemedicine has the transformative potential to significantly expand the reach of mental health services in Africa, where there is a critical shortage of qualified healthcare practitioners. By leveraging digital platforms, it enables real-time consultations, therapy sessions, and follow-up care, directly connecting patients in remote or under-resourced areas with specialists. This technology can transcend geographical barriers, reduce travel time and costs for patients, and facilitate more frequent

and immediate care, thereby improving access to mental healthcare across the continent. To facilitate adoption of this technology, FPD developed a course in 2023 for HCPs and their support staff across Africa on telemedicine sponsored through an educational grant from Pfizer that sponsors 1000 participants.

Our Global Work

Although FPD has a primary focus on Africa the nature of our work in MH does have a global reach from time to time. This included:

Association for the Social Sciences and Humanities in HIV

Recognizing the importance of mental health and social sciences in the HIV response FPD supported the establishing, in 2011, of the Association for the Social Sciences and Humanities in HIV by hosting its secretariat during the startup phase and organizing their 1st International Conference in South Africa (2011) and 2nd in France in 2013 at which point the secretariat moved to Australia.

Global Advocacy

Donor funding for mental health and people living with MH conditions are still extremely limited. As such FPD actively leverages the massive donor investment in HIV/TB in Africa to promote MH activities. Promoting the integration of MH into HIV and TB prevention and treatment programmes, as previously discussed, unlocks copious amounts of resources as, especially screening programmes, tend to cover the broader population, and as HIV and TB treatment has been integrate into primary care settings, this also leverages this funding to improve MH care at this level.

Key Populations status within the HIV donor programming environment receive dedicated budget allocation and programmes. FPD fully believes that people with severe mental health issues meet all the criteria for being designated as Key Populations. To this end, members of the IMHSI Project published an article titled, “Persons with severe mental health conditions should be included as a key population in HIV programmes” in the international journal AIDS in 2023 ([Link to article](#)). This article argues the case for South Africa, and as UNAIDS states, that each country should define the specific populations that are key to their epidemic response, this article will hopefully help not only make the case for South Africa but also for other countries too.

Support to improving MH wellbeing for workers in multinational companies.

FPD was contracted by a global mining company for a period of three years (2024 – 2026) to conduct an employee wellbeing survey to identify the prevalence of mental health issues and needs among its employees across Africa. The purpose of the survey will be to gather data that will be used to guide and benchmark the success and implementation of the company’s Wellbeing Policy and Procedure. The survey will be administered annually and will assess employees’ mental health knowledge, attitude, and practice; job satisfaction and psychological safety; current physical and mental health; and their perception of the company’s wellbeing strategy and support provided.

About FPD

The Foundation for Professional Development (FPD), established in 1997, is a South African registered Private Institution of Higher Education. Its mission is to catalyse social change by developing people, strengthening systems, and providing innovative solutions. Since 2002, FPD has been registered with

the South African Department of Higher Education and Training under Section 54(1)(c) of the Higher Education Act of 1997 (Registration Certificate No. 2002/HE07/013). It is also an accredited continuing professional development (CPD) provider for the Medical and Dental Professions Board of the Health Professions Council of South Africa (HPCSA).

Focus Areas

FPD focuses on three primary areas:

Education: FPD commits to delivering high-quality, affordable education across Africa and beyond. Many students access their education at low or no cost through sponsored programs. FPD offers formal qualifications up to the master's degree level and short courses tailored for healthcare professionals and managers. As one of Africa's largest health sector training organizations, FPD has trained over 590,000 managers and healthcare professionals from 110 countries. It boasts substantial in-person and online learning capabilities in English, French, and Portuguese. In 2021, it was ranked the third-best Private Higher Education Institution in South Africa by the World Scholarship Forum. FPD hosts Africa's largest health management development program and collaborates with Yale University's School of Public Health on an Advanced Health Management Program. Since 1998, FPD has partnered with Alliance Manchester Business School to offer their Advanced Management Programme in Africa, enhancing accessibility and affordability for African leaders.

Research: FPD's Research Unit conducts extensive research in South Africa in areas such as HIV prevention, sexually transmitted infections, tuberculosis, COVID-19, antimicrobial resistance, and mental health. Funded by both national and international donors, the research is carried out by a skilled team of investigators, clinical research practitioners, and data experts. FPD's Research Unit operates the Ndevana Community Research Site in the Buffalo City Metropolitan Municipality (BCM), where it conducts clinical trials in rural, resource-constrained settings—a unique capability. Additionally, FPD has established four more clinical research facilities at primary healthcare centres in BCM. To date, FPD has published over 230 international peer-reviewed publications and delivered more than 600 conference presentations.

System Strengthening: As a PEPFAR implementation partner since 2005, FPD has been instrumental in enhancing the South African healthcare system's capacity. It has facilitated integrated, comprehensive HIV services and supported over one million people living with HIV (PLHIV) while conducting more than 12 million free HIV tests. FPD's expertise extends beyond healthcare into significant system-strengthening projects within the education and criminal justice sectors, notably in addressing gender-based violence (GBV). FPD has since 2013 had a research focus on mental health which translated in 2016 into mental health system strengthening projects.

Financial Compliance

FPD has consistently received clean and unqualified audit reports since its inception, demonstrating its capacity for high-quality financial management and strong internal controls. It has managed over USD 300 million in funding from more than 100 donors, including government agencies, philanthropic institutions, and private sector contributors. This funding has met the stringent audit and compliance requirements of international funders like the CDC and USAID, as well as receiving commendations from the South African Auditor General for its management of large government tenders.