

How-to guide on community-based HIV programmes launched

A [guide](#), which solidifies nine years' worth of experience in developing and implementing community-based HIV-prevention programmes, has been launched.



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Based on the knowledge gained from three independent community-based HIV-prevention projects implemented by the Desmond Tutu TB Centre (DTTC) at Stellenbosch University between 2008 and 2017, the guide will be translated from English into five languages (iXhosa, isiZulu, Afrikaans, Portuguese and French) in an effort to reduce HIV transmission in South Africa and other countries.

Lessons learnt and best practices

“The main goal is to produce a practical document in which we share with others the many lessons we have learnt and best practices we have developed in implementing community-based HIV prevention services,” said Sue-Ann Meehan, lead author of the guide, who led the Community HIV Prevention Programme (COMAPP) for the DTTC.

Through the projects, integrated HIV testing services were provided by going door-to-door in communities in and around Cape Town, as well as from mobile caravans and tents and standalone centres close to busy public areas. The projects reached more than 60,000 homes and another 168,000 people in mobile and standalone testing sites.

Each chapter focuses on a different aspect of implementation, from engaging with stakeholders and communities to how to set up teams and conduct HIV testing services that integrate important other services including screening for TB, sexually transmitted infections and non-communicable diseases.

The guide, which includes case studies, tips, photographs, training materials and an accompanying video, was funded by the US Centres for Disease Control and Prevention (CDC).

Empowering tool

“CDC hopes that the guide will be widely disseminated as a trusted resource among community-based organisations, both within and beyond South Africa’s borders. Beyond that, that it also be distributed and shared with all those who are interested in using the guide as an empowering tool to educate, and therefore ultimately work towards eradicating HIV/Aids. It is in rolling out projects like these – in collaboration with a full spectrum approach from all partners involved – that we are able to reach out and hopefully touch the prospect of an Aids-free generation,” said Hilda Maringa, CDC senior public health specialist.

CDC said it hoped the guide would capacitate new partners and specifically community-based organisations, to deliver focused and evidence-based interventions, which had been well proven to have a measured and positive impact if implemented according to requirements.

It was evident in the projects that many people prefer to be tested for HIV in mobile sites and at their homes, as it is convenient, private and saves travel time to clinics, as well as waiting in queues. Through the projects, thousands of people learnt their HIV status, with HIV-positive clients linked to care at clinics.

“In this era of trying to achieve ambitious UNAIDS 90 90 90 targets and HIV epidemic control, it is important to move beyond HIV testing in healthcare facilities, which is vital but not sufficient. This practical guide provides the detail of 'how to do it',” said Karen Jennings, head HIV/STI/TB for Cape Town City Health.

The guide was developed in English and is being translated into isiXhosa, isiZulu, Afrikaans, Portuguese and French. It dovetails with one of the main goals of Stellenbosch University, to make a tangible difference in people’s lives and be relevant within South African society. The guide is also consistent with the values of the university’s Department of Paediatrics and Child Health, where the DTTC is based, in that family-and community-centered strategies are needed for improved HIV control in South Africa.

It is key to learn from the South African experience. According to UNAIDS, South Africa is home to nearly 20% of the 36.7m people living with HIV around the world. It has also the largest national antiretroviral programme globally, with 3.3m people on treatment.

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