



MONASH South Africa

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Transfer of HIV prevention programs in Sub-Saharan Africa

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Transfer of HIV prevention interventions that work

- Sub-Saharan Africa is the epicentre of the HIV epidemic.
- Transfer or communication of HIV prevention intervention takes many forms depending on target group, age, gender, culture, etc.
- Transfer of interventions should be based on the best available evidence
- Share information on transfer of effective interventions in the prevention and management of HIV/AIDS in Sub-Saharan Africa





Translation of research on PMTCT into policy and practice

- **Research evidence:** providing one or two drugs to a pregnant HIV+ mother can reduce MTCT by up to 92%.
- **Policy:** WHO recommended single dose Nevirapine in 2001 and dual therapy later. In 2006, recommended integration of Provider-Initiated Counseling & Testing (PITC) into PMTCT sites.
- **Practice:** By 2006, only 27% of health facilities providing ANC in sub-Saharan Africa also provided PMTCT services (38% in East and Southern Africa v.s. 12% in West and Central Africa).



Translation of HAART policies

Case of WHO's "3 by 5" campaign

Evidence: providing ART to a patient with AIDS reduces mortality and morbidity by 60-80%.

Policy: Triple therapy for HIV+ patients with CD4 <350 with opportunistic infection. Policy reforms to expand treatment access to "3 m patients by 2005".

Action: Dramatically reduce the price of ARVs or offer them for free at public health services.

Results: ART therapy coverage increased from 7% (2003) to 12% (2004) and 20% (2005). By the end of 2005, 18 countries in subSaharan Africa had met the "3 by 5" target.



Translation of research to policy in Zambia: The case of Co-trimoxazole Preventative Therapy (CPT) for HIV/TB

Research

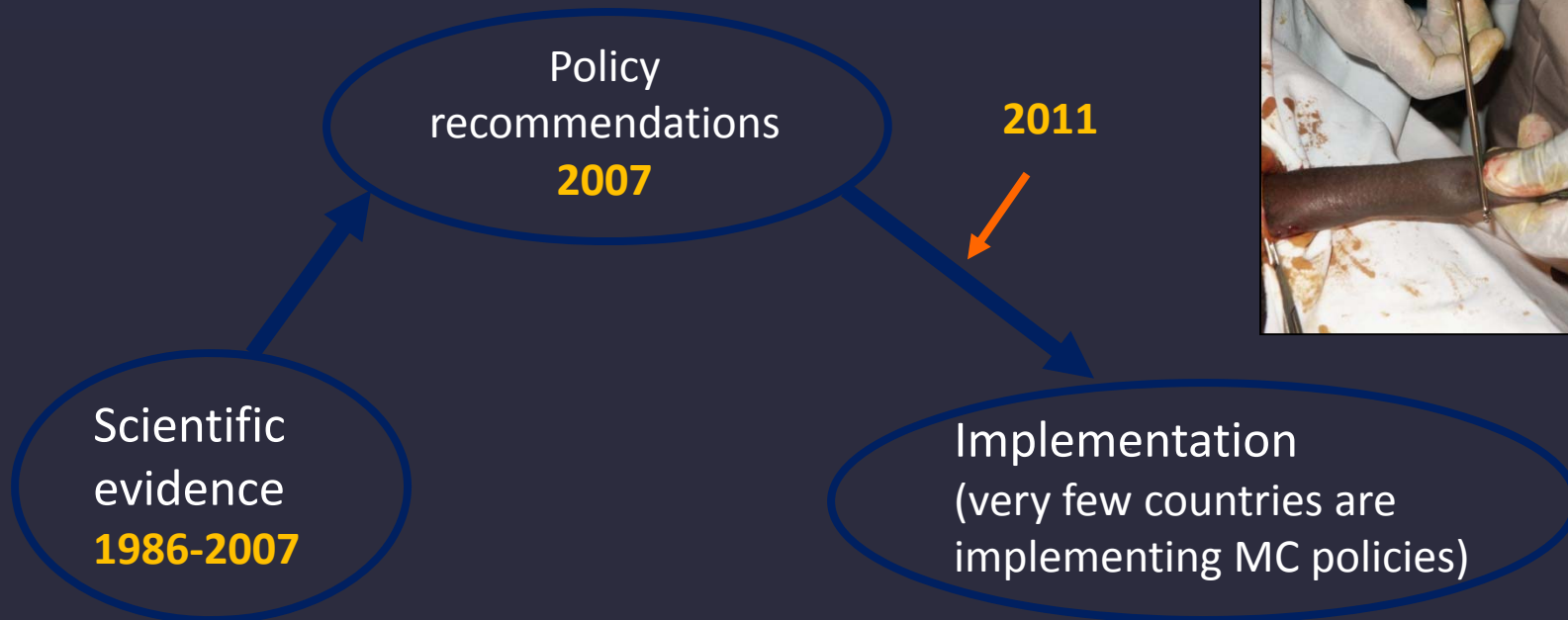
The National AIDS Council technical working group / thematic group on treatment and care:
Reviews research and makes detailed policy recommendations to the Ministry of Health.

Policy

The Ministry of Health:
Considers the policy recommendations and, if accepted, the permanent secretary signs the policy.

Implementation

The Permanent Secretary of the Ministry of Health:
Sends a country wide memo to inform to all service providers to implement new drug regimes and gives clinical guidelines.



Translation of MC evidence into policy and programs



Translation of research on ABC to policy and practice

Evidence: There is mixed evidence on whether ABC works. In the US, abstinence-only interventions have failed. However, Uganda attributes its success in reducing HIV prevalence to ABC

Policy position: Many African countries say their HIV prevention policy is based on ABC.

Practice: The ABC approach has been adopted in many African countries, included in school curricula and in youth interventions

Expert opinion: Scientists criticize/trash ABC



Translation of MCP research into policy and practice

Evidence: There is mixed evidence.

- Concurrent sexual partnerships and the HIV epidemics in Africa: Evidence to move forward (Mah and Halperin, 2008).
- The evidence that concurrency is driving Africa AIDS epidemics is not conclusive (Lurie and Rosenthal, 2009).

Policy: Maseru Declaration (2006) recommended policy on reducing number of partners in SADC

Practice: FBOs support Abstinence for unmarried and Fidelity for married

NGOs support Reduce number of partners or R in DRC



Translation of HCT policy

South Africa's HCT and mobilization campaign

- Research assumptions: Testing increases health-seeking behaviors; equips those who test for HIV- with ways of ensuring that they don't get HIV; and creates a quick and easy entry point to accessing wellness and treatment services for those who test HIV+
- Policy: President tested publicly to show political will and support for the testing policy and campaign.
- Practice: Launch campaign in all provinces. *Test 15 million people by June 2011*. 2.1 million test kits available; 1.9 million test kits ordered.



Implementation/transfer of combination HIV prevention interventions

“Targeted interventions, including male condom distribution coupled with peer-led education on safe sex behaviors, peer outreach, and treatment of STIs, have been shown to increase condom use among IDUs in both developed and developing countries”.

Merson MH, Dayton JM, O'Reilly K. Effectiveness of HIV prevention interventions in developing countries. *AIDS* 2000;14 Suppl 2:S68-84.