

Assessment report for reviews of HTC policies, guidelines and standards in SADC

SADC Secretariat:
Policy Development and Harmonisation
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Geoffrey Setswe DrPH, MPH
SAHARA Technical Consultant



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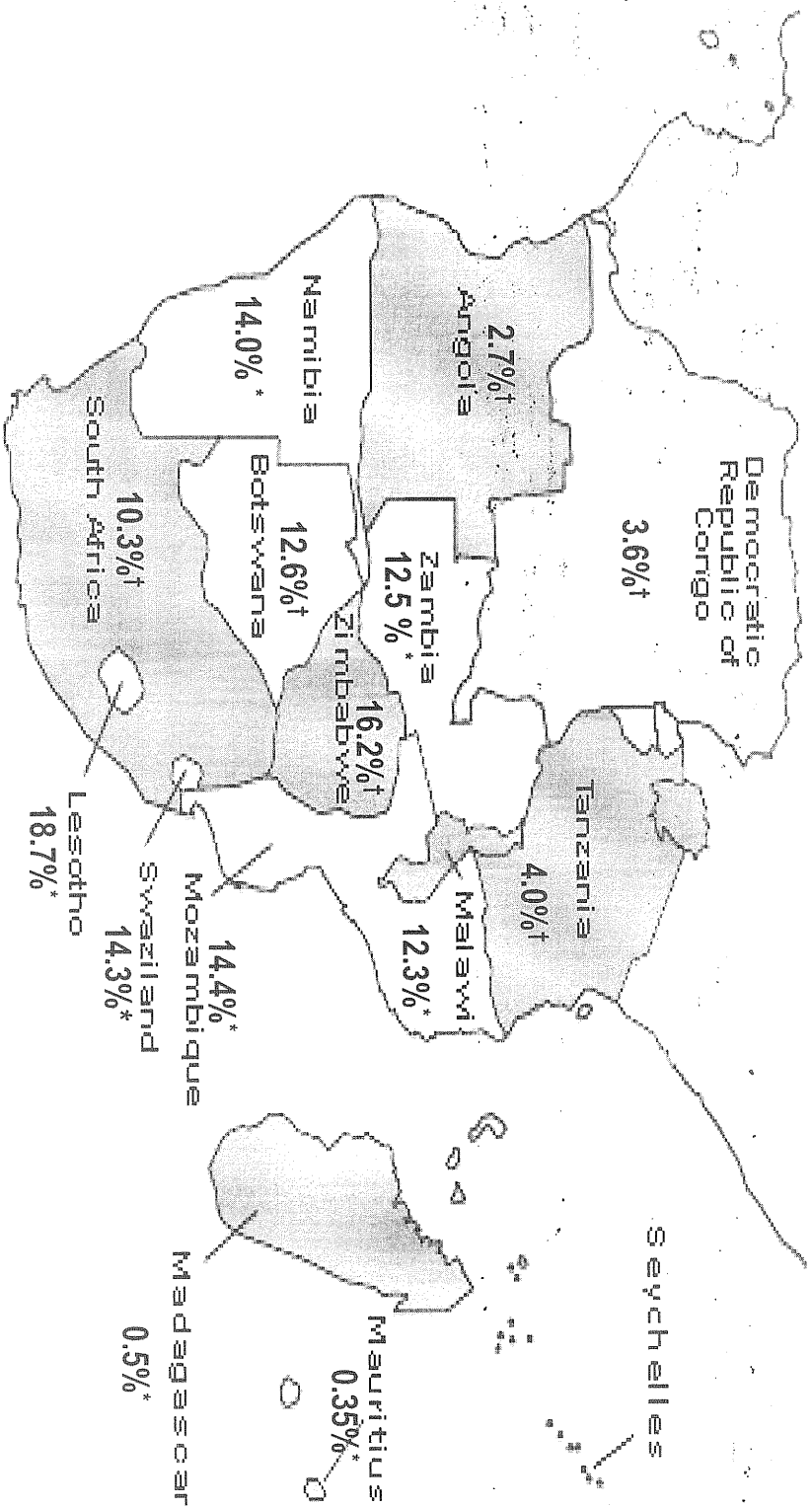
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1.1. The SADC region

- SADC is home to about 199 million people in 15 member countries
- SADC Heads of State and government made a declaration to fight against HIV/AIDS through the Maseru Declaration, and re-affirmed their previous commitments to Abuja (2001) and UNGASS (2001) Declarations to fight HIV/AIDS and other communicable diseases.
- SADC member countries have different approaches to the fight against HIV/AIDS, including HTC and PMTCT.
- SADC Protocol on Health places the fight against HIV and AIDS among its priorities. Article 10 calls for the harmonization of policies for disease prevention and control and further calls for approaches to HIV & AIDS and STDs to be implemented in a coherent, comparable, harmonized and standardized manner.

1.2. HIV epidemic in the SADC region

HIV prevalence among 15-24 year-olds in the SADC region, Dec 2007



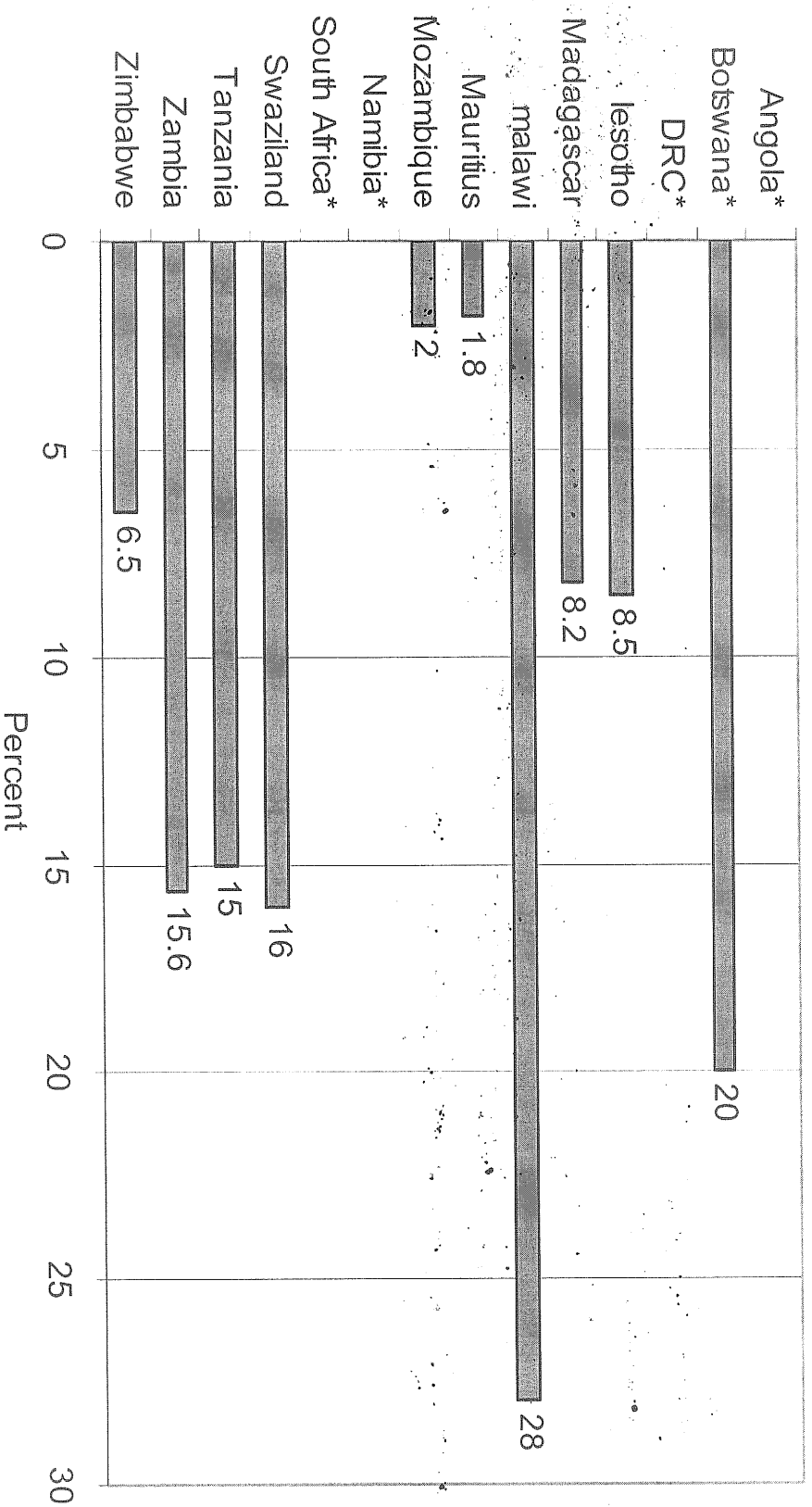
Source: SADC Epidemic Update. HIV and AIDS Reports from countries, 2007.

*Estimates based on Sentinel Surveillance data. † Estimates based on population based survey data

2.1. HTC as a central element in HIV prevention and treatment

- HTC is an effective strategy for HIV prevention and care;
- Knowing one's HIV status alerts one to the need to seek medical care to prevent or delay life-threatening illness, and assists health care providers in determining the cause and best treatment of the various illnesses that may develop;
- Knowing one's HIV status can be a motivating force for HIV+ or HIV- people alike to adopt safer sexual behaviour. This enables sero-positive people to prevent their sexual partners from getting infected and those who test sero-negative to remain negative;
- Knowing one's HIV status helps one to plan for the future (e.g. making informed decision on whether or not to have a child/ren);
- Knowing one's HIV status (even for those who are HIV-positive) may be less stressful for some people than the anxiety of thinking that one is infected but not knowing;

Percent who took an HIV test in the last 12 months who know the results, 2007



Source: SADC Member States HIV and AIDS Epidemic Reports, 2007

* Data for this country is not available

2.2. HTC situation analysis in SADC countries

	BW	DRC	LES	MAL	MR	NM	SY	SA	SW	TZ	ZM	ZIM
Is HTC policy available?	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓
Has HTC policy been approved?	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓
When was it approved?	09	02	06	04	06	N/A	01	07	06	01	08	05
Are there HTC guidelines?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
When were the guidelines published?	97	02	04	04	08	06	08	07	06	05 08	06	05

Data for Angola, Madagascar and Mozambique was not collected

HTC implementation challenges in SADC countries

	BW	DRC	LS	MAL	MR	NM	SEY	SA	SZ	TZ	ZM	ZIM
Inadequate financial resources	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓
Inadequate human resources; problems with lay counsellors	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓
Poor coordination and poor implementation of national policies	✓	✓	✓	✓	✓		✓	✓				
Stigma and discrimination					✓	✓	✓		✓	✓	✓	✓

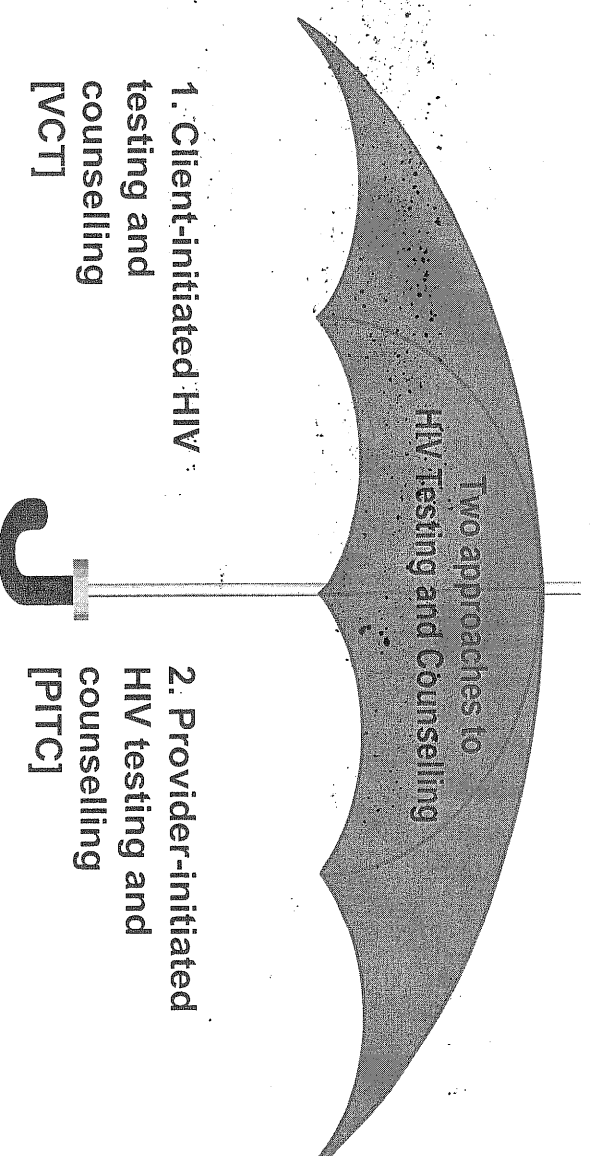
Data for Angola, Madagascar and Mozambique was not collected

HTC implementation needs in SADC countries

	BW	DRC	LS	MAL	MR	NAM	SEY	SA	SW	TZ	ZAM	ZIM
Need to speed up development of HTC policies and guidelines	✓	✓		✓		✓	✓	✓	✓			
Need to improve M & E (HTC indicators, registers)	✓	✓	✓	✓	✓	X	✓	✓	✓		✓	✓
Need to improve C & T quality			✓	✓	✓	✓	✓	✓	✓		✓	✓
Appropriate use of lay counselors in the health care setting	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓
Improve integration of HTC into AIDS treatment and care activities	✓	✓	✓	✓	✓	✓	X		✓	✓	✓	✓

Data for Angola, Madagascar and Mozambique was not collected

2.3. Approaches to HTC in SADC



- VCT is the most common method of counselling for HIV used in all the SADC countries.
- PITC is officially used in a few SADC countries

3. Quality assurance (QA) issues

- HTC QA is a way of valuating the quality of services provided in accordance with established national guidelines, policies and standards.
- QA entails standardization through national HTC guidelines, accreditation of HTC facilities and supervision and support.
- Approaches for assessing HIV counseling services include training of service providers, the use of qualified trainers; standardised training tools; certification, use of HTC aids.

Issues to be addressed in QA include:

- adherence to laboratory protocol;
- quality control of samples;
- internal quality control (expiry date and integrity of test kits);
- external quality control (using known positive and negative reference specimens);
- quality control of test kits and supplies.

4. Monitoring and evaluation

- An M&E framework provides a systematic way for defining objectives for HTC and collecting and analysing information to assess progress towards agreed goals.
- Assessment of the performance of test kits recommended for use with other specimens types such as whole blood, oral fluid and urine, are carried out in prospective studies as these samples can not be stored. Some of these tests may be useful for VCT testing settings and hard-to-reach populations.

5. SWOT analysis of HTC in SADC

Strengths

- Existence of HTC policies and guidelines
- Training and use of Primary Care Counsellors (PCs) to provide counselling services in health services
- Use of peer counsellors living with HIV to provide HTC service
- Use of integrated services in HTC
- Introduction of treatment literacy for PLWHA, covering nutrition, adherence, secondary prevention and stress management.
- Media campaigns on HTC, TB, HIV and AIDS treatment and care

Weaknesses

- Limited male involvement
- Limited follow-up and care and support for HIV positives
- Inadequate psychosocial support structures
- Incomplete reporting and untimely submission of reports
- Inadequate infrastructure
- Poor monitoring and evaluation (M &E)
- Limited space for confidential counselling and for on-site rapid testing within clinics
- Failure to maintain an integrated referral system

Opportunities

- Development of HTC guidelines for children that stipulates the age of consent
- Possibility of establishing HTC services in youth centres or colleges to encourage youth participation
- Comprehensive communication strategy being developed
- Media promotions

Threats

- Financing the HTC programme improvement and implementation

