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SADC Secretariat:

Standards in SADC
HTC Policies, Guidelines and
Assessment Report for Reviews of

5867
HRSC Research Outputs
In this presentation

1. Background
   1.1. The SADC Region
   1.2. HIV epidemic in the SADC region

2. HTC in the HIV and AIDS response
   2.1. HTC as a central element in HIV prevention and treatment
   2.2. HTC situation analysis in SADC countries
   2.3. Approaches to HIV testing and counselling in SADC

3. Quality assurance issues

4. Monitoring and evaluation

5. SWOT analysis of HTC in SADC
harmonized and standardized manner. HIV & AIDS and STDS to be implemented in a coherent, comparable, for disease prevention and control and further calls for approaches to among its priorities, Article 10 calls for the harmonization of policies SADC Protocol on Health places the right against HIV and AIDS SADC member countries have different approaches to the right against HIV/AIDS, including HTC and PMTCT. SADC is home to about 199 million people in 15 member countries.

1.1. The SADC Region
HIV Prevalence Among 15-24 Year-olds in the SADC Region, Dec 2007

1.2. HIV epidemic in the SADC Region
Knowing one's HIV status helps one to plan for the future (e.g., making informed decisions on whether or not to have a child/ren). Knowing one's HIV status also helps one to remain negative and those who test sero-negative to remain negative.

Knowing one's HIV status can be a motivating force for HIV+ or HIV-. Various illnesses that may develop care providers in determining the cause and best treatment of the care to prevent or delay life-threatening illnesses, and assists health care to remain negative. HTC is an effective strategy for HIV prevention and care.

2.1. HTC as a central element in HIV prevention and care
Source: SADC Member States HIV and AIDS Epidemiological Reports, 2007

Data for this country is not available.

Percent who know their HIV status in the last 12 months.

- Zimbabwe: 6.5%
- Zambia: 15.6%
- Tanzania: 15%
- Swaziland: 16%
- South Africa: 22%
- Namibia: 8.5%
- Mozambique: 7.2%
- Mauritius: 1.8%
- Malawi: 8.2%
- Madagascar: 8.5%
- Lesotho: 28%
- DRC: 28%
- Botswana: 28%
- Angola: 28%

Months who know the results, 2007
Data for Angola, Madagascar and Mozambique was not collected

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Guidelines published?

When were the guidelines published?

Are there HTC guidelines approved?

When was it approved?

Has HTC policy been available?

Is HTC policy available?
Data for Angola, Madagascar, and Mozambique was not collected.

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**Countries Challenge HTC Implementation in SADC**
Data for Angola, Madagascar, and Mozambique was not collected.

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**Activities**
- Improve integration of HTC
- Setting counselors in the health care
- Appropriate use of lay
- Quality
- Need to improve C & T
- Need to improve M & E (HTC)
- Development of HTC policies
- Need to speed up

**Country Abbreviations**
- ZIM
- ZAM
- TZN
- SWA
- SAD
- NAM
- MR
- MAL
- LS
- BWA

HTC Implementation needs in SADC countries.
 PITC is officially used in a few SADC countries.

* The SADC countries.

* VCT is the most common method of counselling for HIV used in all.

1. Client-initiated HIV counselling and testing and counselling
2. Provider-initiated

2.3. Approaches to HTC in SADC
quality control of test kits and supplies.

Exemplar quality control (using known positive and negative reference specimens);

Internal quality control (expiry date and integrity of test kits);

Quality control of samples;

Adherence to laboratory protocol;

Issues to be addressed in QA include:

Tools; certification, use of HTC aids;

Service providers, the use of qualified trainers; standardized training approaches for assessing HIV counseling services include training of

Accreditation of HTC facilities and supervision and support;

QA entails standardization through national HTC guidelines;

Standards;

Accordance with established national guidelines, policies and

HTC QA is a way of valuating the quality of services provided in

3. Quality assurance (QA) issues
settings and hard-to-reach populations. Some of these tests may be useful for VCT testing. Prospective studies as these samples can not be stored. As whole blood, oral fluid and urine, are carried out in recommended for use with other specimens types such assessment of the performance of test kits.

Information to assess progress towards agreed goals. Defining objectives for HTC and collecting and analyzing an M&E framework provides a systematic way for.

4. Monitoring and Evaluation
Media campaigns on HTC, TB, HIV and AIDS treatment and care

Adherence, secondary prevention and stress management

Introduction of treatment literacy for PLWHA, covering nutrition

Use of integrated services in HTC

Use of peer counsellors living with HIV to provide HTC service

Counselling services in health services

Training and use of Primary Care Counsellors (PCCs) to provide

Existence of HTC policies and guidelines

Strengths

5. SWOT analysis of HTC in SADC
Weaknesses

- Failure to maintain an integrated referral system
- Testing within clinics
- Limited space for confidential counseling and rapid HIV testing
- Poor monitoring and evaluation (M&E)
- Inadequate infrastructure
- Incomplete reporting and timely submission of reports
- Inadequate psychosocial support structures
- Limited follow-up and care and support for HIV positives
- Limited male involvement
Financing the HTC Program: Improvement and Implementation

Threats

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

Opportunities