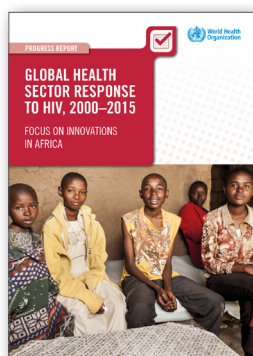


SIX INNOVATIONS IN AFRICA WHICH CHANGED THE COURSE OF THEIR HIV EPIDEMICS



Innovations around the world transformed the HIV efforts of countries into a global response capable of achieving Millennium Development Goal 6 and getting HIV treatment to almost 16 million people. The treatment programmes pioneered in Brazil, the prevention successes in Cambodia, India and Thailand and the enterprising efforts to reach key populations with HIV services in China and Ukraine are some of the examples that have inspired and informed programmes around the world.

Nevertheless, the innovations in national programmes have had the greatest impact in the African Region. Faced with the largest HIV epidemics in the world, many countries in the Region overcame formidable constraints to build public health responses to HIV powerful enough to turn the tide against their epidemics. The number of people newly infected with HIV declined by an estimated 41% during 2000–2014, and the extraordinary rollout of HIV treatment averted an estimated 5.4 million deaths. Countries achieved this by assimilating lessons from across the Region and elsewhere and by identifying new ways of overcoming hurdles and scaling up interventions.

1. Taking HIV treatment to scale

Against the odds and despite constrained health systems, the African Region built the world's biggest HIV treatment programmes, using a public health approach that is saving lives and reducing the number of people acquiring HIV infection. The Region now provides treatment to more than 11 million people; in 2000, about 11 000 people were being treated. Countries achieved this by successfully negotiating affordable prices for ARV medicines, by simplifying and decentralizing service delivery systems and making funding go further and by building strong supply chains for ARV medicines and other HIV commodities. New

ways of supporting people living with HIV are being introduced to retain more people on lifelong ART. The achievements have not been uniform, however. Treatment coverage is still lower than the global average in some countries with a high burden of HIV infection, and many health systems continue to struggle against serious constraints. There are also concerns about the sustainability of treatment programmes that have relied heavily on earmarked external funding. Nevertheless, the Region on the whole has shown that large, complex treatment programmes can be rolled out, even in the most trying circumstances.

2. Bringing HIV services into communities

Countries have used innovative methods to develop a long-term, chronic care model capable of delivering services at the most appropriate levels of health systems. This model combines the respective strengths of clinics and communities and involves pragmatic divisions of responsibility. Vital services have been decentralized, and cadres of community health workers have been trained to take HIV and other health services deeper into communities, as seen in Ethiopia, Malawi and Zambia, for example. Some countries have gone as far as shifting the delivery of ART and management of people receiving ART to home-based caregivers (1,2). Powered by nurses and other health workers and by networks of people living with HIV, this approach has built a strong basis for tackling HIV and delivering wider health benefits. Many of the innovations were pioneered by such groups as The AIDS Service Organisation in Uganda, which integrated prevention and treatment activities at the community level to help to build a coherent public health response (3).

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3. Eliminating mother-to-child transmission

The African Region has substantially cut children's risks of acquiring HIV infection. It did this by increasingly linking HIV and antenatal care services so that, in most countries in the region, the vast majority of pregnant women are now tested for HIV and, if HIV-positive, receive ARV medicine to protect their infants from acquiring HIV infection. Malawi pioneered the provision of lifelong HIV treatment to all pregnant women living with HIV, which became the standard recommendation for all countries. Such countries as Botswana, Malawi and Rwanda have pioneered new approaches for diagnosing, testing and jointly treating mothers and children and integrating HIV services with antenatal care.

4. New approaches to prevention and testing

Countries in the African Region have added new prevention methods, notably voluntary medical male circumcision, to strengthen combination prevention. Since 2007, more than 10 million men have been circumcised in 14 designated priority countries. Countries have also led the way with provider-initiated HIV testing approaches, mass testing campaigns, the use of lay testing counsellors and point-of-care testing and linking HIV testing to other health services – all of which dramatically increased the numbers of people taking HIV tests and HIV diagnoses. These examples have helped to shape new global guidance on HIV testing.

5. Integrated health responses to HIV and TB

The Region has brought together services for preventing and treating HIV and TB in ways that have boosted both sets of interventions, with such countries as Benin, Rwanda and South Africa leading the way. Across the Region, the integration of HIV and TB services has increased the proportion of diagnosed people with TB who know their HIV status to almost 80% (4), with more than three quarters of the people with both HIV and TB initiating ART in 2014. These integrated approaches saved an estimated 1.3 million lives in sub-Saharan Africa between 2005 and 2014 (4).

6. Funding for sustainability

The Region has supplemented external funding for its HIV programmes with domestic funds – to the point where large and growing portions of some of the largest programmes in the Region are now funded domestically. Countries are also using enterprising new ways of generating additional funds. Zimbabwe increased domestic funding by adding an AIDS levy to the income system, and Rwanda has pioneered integrating HIV services into its national social insurance scheme. The latter system, which currently covers almost 90% of the country's population, includes treatment services free of user charges for HIV, TB and malnutrition and has increased the uptake of health services generally.



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