The International Federation of Red Cross and Red Crescent Societies (IFRC) and the Global Network of People Living With HIV (GNP+) are promoting a community-based service delivery model for scaling-up access to HIV testing and counselling and antiretroviral therapy.

Between 2002 and 2012, there has been a 40-fold increase in access to antiretroviral therapy. The engagement and inclusion of the community at large, people living with HIV and the community health volunteers in all stages of the treatment cascade has proven to be an efficient and effective strategy to expand and strengthen access to HIV services and adherence to treatment.

A COMMUNITY-BASED SERVICE DELIVERY MODEL TO EXPAND HIV PREVENTION AND TREATMENT

Community systems are essential in increasing the access and uptake of HIV testing and treatment.

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A community-based service delivery model to expand HIV prevention and treatment

**CONTEXT**

In 2012, around 9.7 million people had access to the lifesaving treatment, representing only one-third of those eligible. Access to testing and lack of knowledge of one’s HIV status are the biggest barriers to accessing treatment. Evidence indicates that people are lost at each step of the treatment cascade. Once tested, many do not return for treatment or adherence support. Scaling-up HIV testing and counselling is essential to achieving universal access to HIV prevention and treatment services. Furthermore, it is imperative that we continue to promote governments’ commitment towards getting an increased number of people on treatment.

HIV testing and treatment must be accelerated through innovative community service delivery models to expand access to HIV and essential health interventions as well as social support networks. The community health workforce, including volunteers, has the capacity to provide almost 40 per cent of HIV service-related tasks.

The IFRC and GNP+ along with the international HIV community consider that urgent action is needed to expand HIV testing and counselling and antiretroviral therapy through community-based service delivery models. To this end, the IFRC and GNP+ are promoting the seek-test-treat-succeed model, which builds on the current role of the National Red Cross and Red Crescent Societies’ community health volunteers and people living with HIV networks’ in the HIV response.

**COMMUNITY-BASED SERVICE DELIVERY MODEL**

1. **SEEK**: Mobilize and engage affected communities in the HIV response, facilitate (early) access to HIV testing and counselling; improve treatment and rights literacy; support health-seeking behaviour.
2. **TEST**: Optimize the treatment cascade by bringing HIV testing and counselling services closer to people, increase demand for it and improve the quality of these services, i.e. accessibility, acceptability, affordability, coverage and linkages.
3. **TREAT**: Facilitate early antiretroviral therapy initiation at primary level facilities and shift antiretroviral therapy-related tasks, such as drug dispensing, treatment adherence and helping people living with HIV to navigate through the health system, to community health workers and volunteers.
4. **SUCCEED**: Shift tasks to community-based organizations, empowering communities to provide support for retention and re-engagement into care, integrating HIV testing and counselling and antiretroviral therapy services with other health and social services, development issues and addressing structural barriers through optimizing positive health, dignity and prevention throughout the treatment cascade.

Communities and community-based services can greatly contribute to overcoming HIV service-related barriers by: linking services; bringing them closer to home; integrating them to reduce loss to follow-up; expanding the work force to cope with increasing demand and greater numbers of people eligible for antiretroviral therapy; reaching out to those hardest to reach and engaging them to remain in prevention, care and treatment.

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1. Statistics in this section have been taken from the Global report: UNAIDS report on the global AIDS epidemic 2013 and Global update on HIV treatment 2013: Results, impact and opportunities, WHO's report in partnership with UNICEF and UNAIDS.
3. The model is in line with the WHO 2013 guidelines and is based on the Greater Involvement of People Living with HIV and AIDS principles as well as the Positive Health Dignity and Prevention values.
The way forward

There is increasing evidence on the need for community-based service delivery models to be strengthened as an integral part of the HIV strategic investments. This requires that:

1. The community-based services of community health volunteers jointly with networks of people living with HIV are formally recognized, supported and resourced for their invaluable contribution to expanding access to prevention, treatment and care services.

2. More research is undertaken on how community models can support key affected populations, and

3. Further investigation is carried out in regard to the costs of these models to inform and advocate for national budgets to include those costs.
Kenya Red Cross Society empowers people living with HIV to serve as role models

Issue

HIV is one of the major causes of mortality in Kenya and has placed a tremendous burden on the country’s health system and economy. While the total number of new HIV infections has declined by 15 per cent between 2009 and 2013, the overall number of people living with HIV has increased from 1.4 million to 1.6 million. This increase is mainly attributed to improved survival rates resulting from the availability of antiretroviral therapy.

Kenya as a country suffers from a shortage of health workers such as, doctors and nurses. Currently the proportion of qualified health workers to the population is about 1.03 per 1000, well below the WHO recommended proportion of 2.3 per 1000. In order to curb the HIV challenge, the country has employed a community approach method by using community members otherwise known as community health workers to deliver health services to the community.

Response

The Kenya Red Cross Society is implementing HIV projects in partnership with the Government of Kenya and international organizations. In 2011, the National Society was appointed as the principal recipient for Global Fund Round 10 HIV grant and is working with 49 sub-recipient civil society organizations to implement HIV projects in 25 Counties with the highest HIV prevalence. The overall objective of the programme is to contribute towards expanding and sustaining equitable access to life-saving HIV testing and treatment services.

Recognizing that the community health workforce, including volunteers, play an essential role in accelerating universal access to HIV testing and treatment, the Kenya Red Cross Society has trained over 2,700 community health workers, who are also Red Cross volunteers, on home-based care for HIV and other chronic illnesses. The community health workforce has been successful in encouraging community members to visit outreach clinics to seek HIV information and voluntary counselling and testing in hard to reach areas, thus improving access to these services.

The Kenya Red Cross Society, is providing family health home-based care to people living with HIV as well as carrying out awareness raising activities. Volunteers mobilize the community to address stigma and discrimination, increase demand for and undertake HIV testing and counselling. Volunteers also provide basic care between clinic visits through clinical monitoring of weight and vital signs, determine functional status, identify symptoms of co-infections (and provide referrals as necessary), and support retention, adherence, and re-engagement into care.

“AIDS is not a disease but a condition that when managed well, one can live their fullest length of life,” shares Mama Margaret Doyo from Rachuonyo North District’s Kobiero community. She was the first person in her community to disclose her HIV-positive status. Mama Doyo recounts when Red Cross community health...
workers came and counselled her. They accompanied her to Homa hills hospital, the only health facility providing HIV counselling, testing and care services at the time. She was tested and confirmed HIV-positive. Mama Doyo was regularly visited by community health workers who boosted her confidence. “Before people could realize it, I was up on my feet and I could go through my daily duties. I then enrolled as a Red Cross volunteer to assist in reaching out to other people living with HIV.” People began seeing Mama Doyo as a role model and a living testimony. Seeing her made people open up to seeking voluntary counselling and testing. Those who tested HIV-positive were then enrolled for antiretroviral therapy.

Meaningful involvement of people living with HIV is very effective in HIV prevention and management. The community members who have accepted and disclosed their status have turned out to be very good ambassadors of hope and been able to convince those living in denial to accept their own status and live positively.

**Impact**

As of July 2013, the Kenya Red Cross Society, through the Global Fund programme, had reached more than 58,000 people living with HIV with home-based care and support services. Further, around 13,000 pregnant women were referred for skilled delivery care at a health facility by community health workers. Targeted assistance was also provided to most-at-risk populations by reaching more than 6,800 sex workers and almost 3,000 men who have sex with men with HIV prevention services.

More specifically, between 2006 and 2012, the Kenya Red Cross’s Rachuonyo North District’s project has increased access to HIV care and treatment services. The proportion of people living with HIV receiving antiretroviral therapy increased from 40 per cent to 78 per cent. A total of 100 community health workers have been trained to form units, 80 of whom have received home-based care kits. The quality of life for people living with HIV improved by 15 per cent in the project site following the initiation of income-generating activities to support group members.

**Kenya: HIV and AIDS estimates (2012)**

- HIV prevalence among adults aged 15 to 64 years decreased nationally from 7.2% in 2007 to 5.6% in 2012
- HIV testing increased from 34% in 2007 to 72% in 2012
- 53% of surveyed people living with HIV did not know their status

*Source: KENYA AIDS INDICATOR SURVEY 2012*
Estonian Network of People Living with HIV drive a community-based response to the HIV epidemic

While there has been a remarkable decrease in the rate of newly diagnosed cases of HIV – from 62 cases in 2003 to 25 per 100,000 in 2013, Estonia is still struggling to stop the spread of HIV. With 1.2 per cent of the adults HIV positive, it remains the country with the highest rate of infection in the European Union. While almost half of the new infections are caused by injecting drug use, sexual transmission has been increasing steadily since 2000. The above graph highlights the tremendous loss to care of people living with HIV who know their HIV status, in the country and in Narva, the third largest city in Estonia and one with the highest HIV prevalence (at 3.4 per cent).

Response

Between 2010 and 2102 the Estonian Network of People living with HIV (the network), with the support of GNP+, implemented the People Living with HIV Stigma Index. Three hundred Estonian’s, including 24 prisoners living with HIV, participated and shared their personal feelings and fears concerning their testing and diagnosis experience.

Evidence from the study highlighted the extreme need and importance to create new model of HIV treatment in Estonia that is client-centred. The network has participated in the development of a new guidance for HIV

7. Interviews were carried out in Tartu male prison and Harku female prison.
8. Findings of this study can be found at: http://ec.europa.eu/health/sti_prevention/docs/ev_20130527_co04_en.pdf
testing and referral of people living with HIV to treatment. In June 2012, the network together with the AIDS Healthcare Foundation registered Linda HIV Foundation, an Estonian entity which manages Linda clinic for HIV treatment. The clinic is operated by people living with HIV in Narva.

Aleksandra is an HIV counsellor from Narva. She was diagnosed with HIV 11-years ago. She has an increasing number of young HIV-positive women come to her after their doctors advise to go for an abortion. "It is a pity that doctors do not make it clear to HIV-positive women that they can give birth to a healthy child without complications," Aleksandra recounts.

The network works closely with medical staff as well. As a follow-up to the finding that medical workers should be tutored to keep confidentiality and be unprejudiced towards people living with HIV, the network organizes regular meetings with staff in the hospitals and other organizations.

One-third of HIV-positive people are either unemployed or low-income. Pushing the agenda that people living with HIV should have same rights and opportunities on the labour market, as all others, the network has also embarked on an initiative called “HIV is not spread by working”. The network is looking for and will endorse 100 companies whose internal working climate and personnel policies do not discriminate against people living with HIV, as ‘good employers’.

**Impact**

Though Linda clinic is not yet able to provide antiretroviral therapy services on its own premises (under discussion with the national government), there is ample early evidence to show that the clinic is successful. It is supporting more than 200 people living with HIV, with a high retention in care, good patient satisfaction, and well-established referral pathways. There is also collaboration with other medical institutions especially those dealing with infections such as tuberculosis and Hepatitis C virus. The Linda clinic staff focuses on the adherence, retention, and peer support areas of the client’s needs which other facilities are not equipped to provide. People living with HIV, together with staff from the clinic, are also combining outreach testing services with advocacy activities. Since 2013, these outreach activities have resulted in more than 1,900 people tested.

This model, of ‘patients providing services’ is starting to be accepted as a viable way to approach a national response in the region.

**Estonia: HIV estimates and treatment overview (2013)**

- Number of people living with HIV: 8,702
- People living with HIV receiving antiretroviral therapy: 2,691
- People tested for HIV: more than 150,000 (11.5% of the total population)

*Source: National Institute for Health Development, HIV in Estonia, 2014*
Who we are

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world’s largest volunteer-based humanitarian network. Together with our 189 member National Red Cross and Red Crescent Societies worldwide, we reach 97 million people annually through long-term services and development programmes as well as 85 million people through disaster response and early recovery programmes. We act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

Guided by Strategy 2020 – our collective plan of action to tackle the major humanitarian and development challenges of this decade – we are committed to ‘saving lives and changing minds’.

Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

Global Network of People Living With HIV (GNP+) is the global network for and by people living with HIV. Its mission is to improve the quality of life of people living with HIV. The vision is a powerful and united worldwide social movement of people living with HIV, with their leadership and voices at the centre of the HIV response. GNP+’s objective is equitable access to health and social services for people living with HIV by focusing on social justice, rights and involvement. This will be achieved through GNP’s purpose which is to promote the greater and more meaningful involvement of people living with HIV in programme and policy development (the GIPA principle).