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New Evidence, New Thinking: Regional HIV Prevention Training for Program Managers Piloted in Swaziland

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Health Systems Strengthening [3]
HIV & AIDS [4]

This post originally appeared on the Southern Africa HIV and AIDS Regional Exchange (SHARE) blog [5].

"All the people we need to make a difference in HIV globally are sitting in this room," said Paul Waibale, deputy director of the Building Local Capacity Project (BLC) for the Delivery of HIV Services in Southern Africa [6], during the opening of the Southern African Development Community (SADC) HIV prevention workshop, "New evidence, new thinking [7]."

With funding from USAID [8], the week-long workshop on enhancing national and regional approaches to HIV prevention kicked off April 8, 2013, with 32 of Swaziland's key stakeholders in HIV prevention.

The event was a culmination of the partnership among BLC, SADC, and Swaziland's Ministry of Health. A team of HIV and AIDS research experts from the Centre for AIDS Development, Research and Evaluation (CADRE) co-facilitated the workshop with Swaziland’s National Emergency Response Council on HIV and AIDS (NERCHA), SADC, and BLC, a USAID-
SADC member states, and Swaziland in particular, are still seeing high HIV infection rates. Swaziland has an incidence of about 4.5 percent—significantly higher than other SADC member states, according to the UNAIDS Global Report on the AIDS Epidemic [9] (2010).

Of course, there are a number of factors which have influenced this, and often national responses do not address these appropriately.

Dr. Vitalis Chipfakacha of SADC’s Secretariat provoked discussion by his question, “Does your strategy speak to the issues you raise?” He was referring to the need for more regional and local specific strategies to address the drivers of the epidemic. This may be a challenging process, as there are still difficulties in understanding local realities even among regional program managers.

Laura Meyers (Senior Researcher, CADRE) presented key statistics on various groups including sex workers, drawing out important questions and comments.

Participants soon began to think critically and questioned their own assumptions: “What if a sex worker is a mother and wife too, is she the general population? What if a sex worker is a male, what if men who have sex with men includes bisexual persons? What if…” Can we have approaches focused on specific populations when there is overlap between them?

The workshop explored these and other issues so that we develop more nuanced prevention strategies that are responsive to the dynamics of local epidemics. Effective, well-coordinated, evidence-based combination prevention responses should be used to formulate national priorities.

As hoped, the pilot workshop is the beginning of great steps toward regional HIV prevention: "training the trainer" in Swaziland for future workshops in other SADC member states.

The workshop provided an opportunity to share and learn from one another in a room of national, regional, and local level HIV prevention program managers, as USAID’s Wendy Benzerga stated.
Swaziland news [10] reported on the opening of the workshop as an "…innovative program to assist HIV program managers."

The expected results are the development of strategies and approaches speaking to local needs. The progress of the participating countries in using the material to enhance the overall prevention thinking of the region will be monitored closely.

The lessons learned from the discussions will be shared with other SADC member states and, hopefully, eventually across the globe.

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Building Local Capacity for the Delivery of HIV Services in Southern Africa Project [11], HIV prevention [12], HIVShareSpace.net [13], SHARE [14], Southern Africa Development Committee (SADC) [15], Southern Africa HIV and AIDS Regional Exchange [16], Swaziland [17], USAID [18]

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