HIV in rural Africa

Most HIV programs in Africa focus on urban communities. However, HIV is not just an urban problem. The majority of the region's population — 70% — live in the rural areas. HIV infection rates are as high in rural as they are in urban areas, and often higher. Most people in rural areas don't even know their HIV status.

HIV service providers in Africa are typically urban-based, and not geared to deliver programs to dispersed populations in remote areas, often where they are most needed.

Wild4life bridges the gap by building a platform to deliver HIV prevention and treatment to unserved communities in hard-to-reach areas. We establish strong relationships with rural communities, educate people about HIV and their choices to reduce risk of infection, and using a group dynamics approach, achieve high rates of success in getting people to test for HIV — over 85%.

For those who need it, we initiate and monitor on-going treatment.

We do all this by working with field partners. We find organizations that are established in rural areas and already deeply connected to the broader communities in which they operate. Wildlife conservation and agricultural NGOs are examples of organizations that we partner with.

Our field partners have built a network of resources in remote areas and enjoy a relationship of trust with local communities. By leveraging these, we can deliver HIV prevention and treatment with continuity and depth of service. It's a reliable, cost-effective way to create long-lasting change.

Wild4life

Our Approach
Everything starts with testing

To change the course of the epidemic, it all begins with testing. It's the first step in getting those who need it on to treatment and reducing their risk of infecting others. And for those testing negative, it can start the process of changing behaviors that put them at risk. Testing is the starting point and creates momentum.

A two-step approach

We mobilize a community by launching the program with a field partner first, typically a conservation or agricultural organization. We test and treat the field partner's staff. The relationships developed in this process create trust and lead to the second step, which is to extend the program to the local community. This approach creates crucial credibility and facilitates program success in the broader population.

Programs tailored to different groups

Communities are made up of different groups. To have any real effect on the epidemic, a menu of programs, tailored individually to each group, is needed. For example, a circumcision program for young men, HIV education aimed at school children, or programs targeting mother to child transmission. Wild4life assembles just such a line-up of programs targeting the different groups at risk.

Comprehensive prevention and treatment

Wild4life doesn't "reinvent the wheel" by trying to deliver this programmatic menu itself. Instead, we leverage the untapped capacity of provider organizations already in-country to deliver an array of services. This is achieved by building and managing partnerships with local community-based organizations, NGOs, and available government healthcare services. Alone, each one provides only a piece of the HIV puzzle, but together they comprise a comprehensive program that has real and lasting impact — at very low cost.

For healthcare service providers already in-country, Wild4life offers a cost-effective means of increasing their impact in rural areas. We connect providers with local communities without the logistical issues or expense of having to establish their own infrastructure in these remote regions or having to create demand.

Results

Since Wild4life's inception in 2008, we have established HIV programs at multiple sites in 12 countries in sub-Saharan Africa. Implementing the model changes the way that communities think about HIV. It gets people to test for HIV, gets those that need it on to treatment, changes social norms around safe sexual behavior, and reduces the stigma and discrimination associated with disease.

We have developed a method using group dynamics that results in very high rates of voluntary HIV testing amongst program participants — over 85%.

We have established regularized HIV community programs, including HIV education, recurring testing, ART, prevention initiatives, and male circumcision. PMTCT is in the works.

We have set up mobile clinics offering routine testing and treatment to reach unserved communities in areas where these services were previously unavailable.

We have measured adherence to treatment in the longer-term as high as 88% due to an active case management program in communities that we work with.

The program has already made lasting change. Our cost-effective model gets people into the cycle of education and treatment. Once they're in, they become part of the solution.

Program Components

The program components include:

- Getting people to know their HIV status through recurring testing programs
- Access to treatment, on-going support, and monitoring
- Prevention through programs including HIV education, male circumcision, PMTCT, and condom distribution
- Supporting local infrastructure through HIV training and support of local medical staff
- Specific programs aimed at other common diseases, such as TB co-infection
- Related community health programs aimed at reproductive health, family planning, and maternal and child health

Zimbabwe - a case study

Wild4life partners with the Painted Dog Conservation project (PDC) in a remote corner of Matabeleland in western Zimbabwe. PDC employs about 50 local people in its conservation efforts and is a well established entity with local communities in the area. This semi-arid region has a highly dispersed and impoverished rural population with very high HIV prevalence and virtually no access to healthcare services, including services for HIV. For the most part, this is a practical issue. For example, the distance to the only local clinic, at Hwange, about 50 miles from the project. Transport is either unavailable or unaffordable for most people and few service providers ever visit the area.

With the medical staff of the clinic at Hwange, St Patricks, Wild4life has established a mobile clinic system, staffed by local doctors and counselors, that now routinely visit three previously unserved sites in the area. They offer VCT, HIV treatment and care, and treatment for other commonly associated diseases. In the first year of operation, as a direct result of the program, over 18,000 people have visited the mobile clinics, many seeing a doctor for the first time. 2500 people have tested for HIV at the sites. Of those, 712 proved to be infected with HIV and now are receiving treatment and routine follow-up as part of the on-going program.

PDC has implemented condom distribution, a peer-to-peer education initiative, and a male circumcision program in conjunction with Population Services International.

Currently, we're in discussion with the Elizabeth Glaser Pediatric AIDS Foundation in Zimbabwe to establish a PMTCT program at the PDC sites.

PDC has joined forces with Wilderness Safaris in the area, a regional safari operator, and the Zimbabwe National Parks service to increase the reach of the program.

Wild4life supports local medical staff with stipends to supplement meager state salaries, and has assisted with a range of issues that they face, including provision of basic medical materials and diagnostic equipment.

The cost in Zimbabwe has been around $11 per participant in the program, and this under some of the most extreme conditions that we've encountered anywhere in Africa. It's proving a cost-effective way of reaching large numbers of people in remote rural areas and of making efficient use of resources already in-country.