

## **HIV AND AIDS TRAINING**

Allister has extensive international experience in the HIV and AIDS field. He has developed and delivered tailor made curricula/training packages, conducted international research and developed evidence based evaluation and practice guidelines, served as an international consultant around HIV and AIDS in Sub-Sahara Africa (e.g. consulted in the UK, Canada, Holland, Sweden and Norway); practised as a social worker with NGO's and CBO's; developed practice models alongside people living with AIDS (PLWA); included service users and carers in all my training, research and lecturing; provided training at student, practitioner, and management levels; presented workshops focusing on prejudice and discrimination in terms of HIV and AIDS; developed anti-oppressive models of health and social care practice; worked in both the social care and health fields in this arena; explored and applied international evidence to both my practice and research.

Southern Africa remains the region worst affected by the HIV/AIDS epidemic. A combination of factors seems to be responsible for this including: poverty and social instability, high levels of sexually transmitted infections, the low status of women, sexual violence, high mobility (particularly migrant labour), and lack of good governance.

South Africa has the sixth highest prevalence of HIV in the world, with 18.8% of the population estimated to be infected. The UNAIDS 2006 Global Report, estimated that 320 000 people died of AIDS related deaths in South Africa during 2005. South Africa is regarded as having the most severe HIV epidemic in the world

New infections are still increasing with no signs of reaching a natural limit. The total number of South Africans living with the virus at the end of 2005, was estimated by UNAIDS to be in the region of 5.5 million. This annual survey uses a statistical model to estimate the prevalence of HIV in the population based on the prevalence among women tested at state antenatal clinics. The national average of HIV+ women attending antenatal clinics in 2005 was 30.2%. The province of Kwa-Zulu Natal continues to have the highest prevalence at 39.1% followed by Mpumalanga at 34.8%.

The South African Government's **response to the epidemic** is grounded in the HIV/AIDS and STD Strategic Plan for the period 2000 – 2005. The purpose of the plan is to provide a broad national framework around four priority areas: **prevention; treatment, care and support**; research, monitoring and evaluation; human and legal rights. In November 2003, after considerable sustained pressure from advocacy groups, the government adopted the Operational Plan for Comprehensive HIV and AIDS Treatment and Care, which included the provision of antiretroviral (ARV) therapy in the public health sector. The roll-out of the **ARV programme** is proving a slow process. This is partly because the Department of Health needs to address major capacity and infrastructure

constraints but also because it continues to broadcast confusing messages about the role of nutrition and **traditional medicine**, and the safety and efficacy of registered drugs that have been provided in the private sector (<http://www.aids.org.za/hiv.htm>).

The AIDS Foundation of South Africa recognises that the most effective avenue by which to support successful prevention efforts and secure access to effective, comprehensive treatment in vulnerable and marginalised sectors of society is to work in partnership with local community-based organisations (CBOs). The Foundation is a strong advocate of the view that communities should be participants in addressing their needs rather than objects of charity. Communities must be allowed to identify their own concerns and the responses that are feasible with the available resources. Civil society organisations, particularly CBOs are well placed to play a very strategic role in addressing the HIV/AIDS epidemic because of their close proximity to those affected. CBOs can draw on the support of committed community members, which is essential if interventions are to be affordable and sustainable. For this to happen, more funding needs to be leveraged for community responses.

While government policy supports the important role of CBOs in the fight against AIDS, its national and provincial AIDS programmes face many challenges in providing financial and technical support to these organisations. There are frequent delays in the approval and disbursement of funds; funding is usually only committed for a year at a time, with no guarantee of further funding; capacity building activities are often haphazard and are not built into a broader programme of ongoing monitoring and technical assistance.

In addition, government and donor funding in South Africa is skewed in favour of national mass media programmes and scientific and academic research, with only a limited level of funding being directed at community driven responses to HIV/AIDS. There is a pressing need to scale up community interventions, for this is where the greatest degree of vulnerability exists and where the consequences of the epidemic are being most acutely felt.

### **Services:**

- Provide HIV and AIDS awareness training workshops at various levels in the community, e.g.

Community

Health care workers

NGOs

Government

Business

## Donors

- Provide HIV and AIDS training for the health and social care workforce, and student groups
- Provide HIV and AIDS, Sex and Sexuality training in various educational settings (high schools, universities etc)
- Provide pre and post HIV test counselling services – in both medical and community settings
- Provide therapeutic and supportive counselling services to People Living with AIDS (PLWA)
- Support community projects

### **Details:**

Venues: Sessions held at client's venue  
Times: Scheduled to suit client's availability  
Fees: Hourly, daily and retainer rates

### **Contact:**

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