Community-based HIV counselling and testing as a means of improving HIV programme performance

Findings from the US National Institute of Mental Health (NIMH) Project Accept (May issue) further show the importance of the incorporation of routine HIV counselling and testing data to monitor prevalence and investigate epidemic drivers in a community. The reduction in the incidence of HIV in the intervention group was attributed to the behavioural and lifestyle modification of people who were HIV positive in the communities. However, the highest change would have been expected in the group with the highest prevalence (KwaZulu-Natal).

Community-based HIV counselling and testing can improve testing rates and help to increase knowledge about community drivers that can vary within a few miles. Use of knowledge about the epidemic from behavioural data obtained during community-based HIV counselling and testing can be important to design interventions that will have a large effect on the community.

Several countries, such as Nigeria, have in place patient intake forms for collection of behavioural data during HIV counselling and testing, but these data are hardly used to understand the epidemic drivers in the community. Not too long ago, UNAIDS revised downwards the number of people stated to be living with HIV in the world. One of the main reasons for the new estimate was better data available for projections. Routine HIV counselling and testing data could substantially improve the quality of estimates.

The most popular method used to identify epidemic drivers—ie, intermittent population-based surveys—might be inadequate because these factors can vary diversely within geographic areas. Routine HIV counselling and testing data might have the answer.

I declare no competing interests.

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