

HIV Prevention in South Africa: A Bottom-Up Approach to Integrated HIV Prevention Services

Introduction

- Clinton Health Access Initiative (CHAI) closely supports the National Department of Health (NDoH) with public health projects that aim to strengthen health systems.
- The CHAI office is a young, diverse working space with dynamic, motivated, and passionate employees.
- The HIV Team was one of the first to be established and is the largest CHAI Team in South Africa.

Objectives

- To immerse myself in the public health landscape of South Africa, especially with projects related to sexual and reproductive health.
- To gain experience visualizing & analyzing health-data.
- To engage in field work, community outreach projects, and learn the value of ground-level perspectives for future intervention plans.

Work Profile

- Supporting data collection in the West Rand, Gauteng and Burgersdorp, Eastern Cape for CHAI's Integrated HIV-Prevention grant.
- Performing data visualization & analysis of Sexually Transmitted Infections (STIs) data from the District Health Information System (DHIS) at a national, provincial, district, and facility-level.
- Designing Information, Education, and Communication (IEC) materials on behalf of CHAI and the NDoH, aimed at spreading awareness to the public, and at providing information tools for healthcare workers.
- Performing a literature review on HIV-Prevention in South Africa amongst the identified, risk group Adolescent Girls and Young Women (AGYW), to update CHAI's repository tool.
- Creating kits for a sanitary pad donation & an HIV-prevention donation.

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Results & Reflections

- Through data collection activities, I was able to help identify gaps in infrastructure and HIV-prevention services. These gaps will inform CHAI's clinic-specific interventions, thus improving integrated HIV-prevention.
- By supporting data visualization & analysis of STI incidence in provinces, I provided evidence-based conclusions, and province-specific recommendations for improving case-finding abilities.
- Spending time in a South African context, helped me develop IEC materials that were relevant, relatable, and meaningful to the target audience, ensuring more effective and impactful messaging.
- Reporting and analyzing the AGYW HIV-prevention literature in South Africa revealed several gaps, including the importance of expanding youth-friendly, safe spaces in which sexual and reproductive health can be discussed. This will help CHAI and other stakeholders implement targeted approaches to reduce the disproportionately high burden of HIV in AGYW.
- Through the preparation & distribution of HIV-prevention care packages, and conversations with local college students, I was able to develop a nuanced understanding of why adolescents are hesitant and resistant to adopt safe-sex practices and use HIV-prevention services.



Looking Ahead

This summer reinstated my interest in public health. It emphasized the power of ground-level, community-centric approaches to alleviating health problems.

Questions

Looking back at the tedious, time-consuming data collection techniques employed and the lack of adequate data to inform interventions, to what extent can health information be digitalized, and IT systems integrated into everyday healthcare practices, so that collection, reporting, availability, and access to data can be improved?

Conclusions

Understanding the HIV-burden in the context of culture, community, and policy, and viewing it alongside other relevant issues including STIs, teenage pregnancy, family planning, and more will encourage an evidence-based, targeted, and holistic approach to alleviating the HIV-burden in South Africa.

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