

## **The power of Video in HIV prevention education: A Ghanaian experience.**

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By 2008, HIV testing had been limited to district level laboratories in the Central Region of Ghana. In 2010, with the MDGs in mind, a better decision was taken to improve the strategies used to provide HIV testing for pregnant women and their partners for program effectiveness and efficiency. Task shifting as a necessary health innovation and strategy was born with the necessity to create a space for greater number of people to know their HIV status as an entry point in the door of ensuring quality HIV care and management. The walls preventing other paramedics from providing laboratory services had to be broken. A call for training of other service providers in HIV testing came from the national level and was heeded to by our regional health

Four counselors acquired knowledge in task shifting and integration at the national level to transfer to their colleagues at the district level. After the training, they organized training workshops for 150 Midwives and Community Health Nurses and other Antenatal Clinic Service providers in rapid testing techniques for HIV. Comparatively, a limited budget was utilized to train the staff locally than having facilitators from the national level which had been the norm. A stronger collaboration was also established with major stakeholders to support the initiative.

Even though 41,697 pregnant women were tested and counseled for HIV in 2008, the number increased to 56,362 pregnant women (26%) in 2010. Community people were informed of the new approach of using midwives in HIV testing at outreach sessions was seen as a welcome initiative capable of reaching people in remote, rural and inaccessible areas to receive quality HIV services in their local setting, reducing transport and travelling cost. The counsellors who had acquired the new skill and had also transferred the knowledge at a much lesser cost – (financial efficiency of about 80%)-were certified by the national board as competent staff capable of demonstrating competency in this task shifting. The participants from the workshops also trained other colleagues who could not attend, using facility based, in-service and just in time learning approaches. By the end of the year 2012, HIV service providers who had been trained and having the capacity to provide HIV testing has reached 600. Community HIV testing outreaches organized by various facilities using such midwives as facilitators recorded service to more than 100,000 people. This presented a healthy life chance for the positive ones to seek early treatment readily, improving their health status and protecting them against unforeseen consequences of untreated HIV infection.

Build the capacity of the human resource, expose them to new knowledge and skills, create a recognizable space in the power engagements of motivation, the dividends of efficiency and effectiveness would be assured.