

Abstract category: E44 Models of programme delivery and scale-up

**Title: Scale-up of Antiretroviral Treatment in South Africa: A Partnership between the Catholic Church and the Government of South Africa**

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**Text:** **Background:** The Catholic Church in South Africa has provided health services in needy communities since the 1850's. When the HIV epidemic struck, the Southern African Catholic Bishops Conference (SACBC) coordinated support to over 100 church-based programs. In 2004 Catholic Relief Services (CRS) received a US Government PEPFAR grant to provide antiretroviral (ARV) treatment through 22 existing sites, including funds for drugs and laboratory services. In 2009 CRS transitioned leadership to the SACBC. The SACBC is now partnering with the South African Government (SAG) to increase access to HIV services.

**Methods:** There are 5 different methods for partnering, depending on the needs and resources of the particular health district. In most, the Church provides the infrastructure and the government supplies resources such as drugs and laboratory services.

1. Transform Church ARV treatment sites located on government property into district treatment sites to serve the entire district catchment area.
2. Designate Church sites as ARV down-referral clinics for local district hospitals.
3. Request Church programs to manage an ARV clinic within a rural district hospital
4. Designate a Catholic hospital as a government district hospital and ARV initiation site.
5. Transfer patients in church treatment sites to SAG facilities and reallocate Church resources to an area of greater need

**Results:** Since the inception of the program in 2004, 40,202 patients have been initiated on ARV's--14,287 in government facilities and 25,915 in Church facilities. By November 2011, 18,052 had been transferred out to government health facilities and 5,571 of those remaining in Catholic health programs were receiving ARV's from the SAG and 4199 were receiving laboratory services through the national public laboratory services.

**Conclusions:** By collaborating and sharing resources to meet the specific needs of a given district, this partnership between the SACBC and the government increases access to HIV services in communities most in need.