Dignity for All: Sanitation, Hygiene and HIV/AIDS

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AfricaSan 2008
This presentation will:

- Highlight the linkages between WSH and PLWHA
- Describe the evidence base for integration
- Review global and country-based implementation models
- Recommend key actions for implementers
Diarrhea affects PLWHA and their families

- Most diarrhea is caused by unsafe water, inadequate sanitation and poor hygiene
- Diarrhea affects 90% of PLWHA causing significant morbidity and mortality
- Morbidity and mortality from diarrhea more severe in HIV+ children
- Diarrheal disease reduces absorption of ARVs
- Burden on caregivers in clinics and at home
Hygiene Improvement can Reduce Diarrhea in PLWHA

- Hygiene Improvement- a comprehensive approach to reducing diarrheal disease by promoting improvements in 3 key hygiene practices
  - Handwashing with soap
  - Household water treatment and safe storage
  - Safe disposal of feces

- In combination with hardware, and ensuring an enabling environment
Safe Storage & Treatment of Water

Safe Feces Disposal

Handwashing

Safe Storage & Treatment of Water
Where’s the Evidence?
Disease Prevention in PLWHA

- **Uganda (Lule, 2005)**
  - Use of Safe Water System (SWS) reduced diarrhea risk by 25% and number of days ill by 33%
  - Presence of latrine reduced diarrhea risk by 31% and number of days ill by 37%
  - Presence of soap reduced number of days ill by 42%

- **Kenya (2003)**
  - Use of SWS or PUR (in a population with high HIV prevalence) reduced risk of death by 42%

- **Nigeria (2005)**
  - Use of SWS reduced diarrhea risk by 39%
Global Experience with WSH and HIV/AIDS Integration

USG PEPFAR Basic Preventive Care Package

- Specific language in both adult and pediatric care packages

- PEPFAR funds can support:
  - Home-based safe drinking water interventions for PLWHA
  - Soap and HW instructions

- Latrine construction should be considered with outside support
Stakeholders Workshop, Malawi
November, 2007

- Forum for WSH and HIV/AIDS implementers
- Draft country specific policy and program recommendations
- Inputs invited to policy and strategy documents on Health, HBC, Water and Sanitation
- Representation of WSH and HIV on national and interministerial committees
Implementation Models: 
Uganda BCP Program

- PEPFAR funded
- PSI distributes Basic Preventive Care Package free to PLWHA through clinics
- Collateral benefits for family
Safe Water and AIDS Project in Kenya (CDC)

- Identify and orient support groups

- Program implementation
  - Health and business training
  - Products offered wholesale
  - Access to microfinance
  - Groups sell products at retail and keep profit
  - Free product distribution for HBC
Hygiene Improvement Project: Home-based Care

- Participatory research with PLWHA to identify best practices for HBC
- Identify feasible, “small doable actions”
- Ensure products/ Train providers
- Implement in Ethiopia and Uganda
  - Community of practice
- Comprehensive, aimed at developing programming guidance and tools
Use of Appropriate Technologies

- Water-saving “tippy tap” for handwashing
- Soap substitutes
- Use of larger construction, potties, stools, poles, for sanitation
... Making Headway on the Role of Water, Hygiene and Sanitation for PLWHA
Key Actions for Implementers for WSH and PLWHA

- Guidance on best practices for WSH for PLWHA
- Integration of best practices into national policy and manuals/tools of HBC providers
- Training of wat/san implementers, HBC managers, providers and PLWHA
- Implement “small doable actions”
  - Promote water treatment at the point-of-use
  - Identify water saving technologies
  - Patient-friendly latrines
For further information:

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Side Meeting on:
Sanitation, Hygiene and HIV/AIDS

Wednesday, February 20, 2008
8:00 – 9:00 AM
Meeting Room 12:AB,
next to main plenary hall