

# Total Control of HIV the Epidemic (TCE)

*A vision for eradicating HIV as a communicable disease*



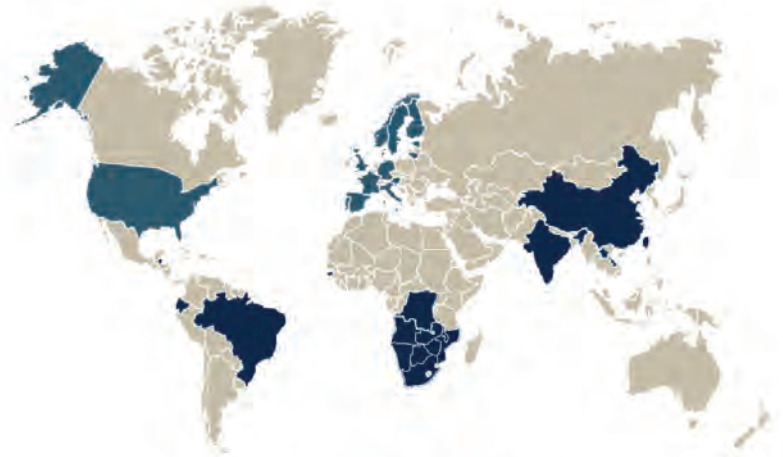
## About Us

Humana People to People is an international network of 29 local NGOs working for the sustainable development of vulnerable communities in Sub-Saharan Africa, the Americas and Asia.

We engage in development work that combats epidemics, illiteracy, hunger and environmental challenges. Our members are local organisations in the countries they serve, facilitating deep, meaningful connections with people, communities, governments and other stakeholders.

We pioneered our flagship health programme Total Control of the Epidemic (TCE) in 2000 with a vision of ending HIV. For the past 24 years, we have reached over 24.8 million people across 12 countries in Africa and Asia, and supported many thousands to live positively with HIV, dream again and lead a normal life.

TCE has proven to be a powerful model, helping countries move towards the global UNAIDS 95-95-95 targets to end AIDS by 2030. Our members are now using similar approaches in programmes to combat TB and malaria. We are also adapting the TCE approaches to be used for programmes that respond to non-communicable diseases such as hypertension and diabetes.



You may know HUMANA member organisations by the names of:

ADPP DAPP HUMANA Planet Aid UFF



## What do we do?

The TCE model starts with prevention of HIV infection and goes further to focus on three main areas of activities supporting the achievement of UNAIDS 95-95-95 targets by 2030:

### 1. Active Case Finding and Early Detection

Through targeted door-to-door outreach, contact tracing and community-led initiatives, Humana People to People members undertake widespread screening to find people at risk of contracting HIV. We use index partner testing to identify people potentially living with HIV without their knowledge, and the latest data-led tracking methods.

### 2. Community-based HIV Testing

Our members provide community and home-based HIV testing. By meeting people in their homes and at times or places convenient for them, we overcome financial, time and confidentiality barriers that often block people from seeking care. Our community health workers and volunteers are recruited and trained from the local community so they are ideally placed to build the relationships required to engage in sensitive and personal discussions.

### 3. Supporting Treatment Adherence

Remaining in treatment is essential to suppressing HIV viral load, allowing people to live normal lives and preventing onward transmission. Our members create family and friend-led support groups (TRIOs) for people who have tested positive, to help their loved ones stay on treatment course and address stigma and discrimination. We follow up and actively manage every person referred for treatment so we can support them, identify any adverse effects and identify any additional health needs. People who are defaulting on their treatment are tracked and brought back on treatment.

## How do we work?

We are guided by the motto 'Only the people can liberate themselves from AIDS, the epidemic', and our activities are built on four key pillars:

01

### People-driven and led by front-line communities

Programmes that put people first have the biggest impact on ending AIDS and community-led services can make an even bigger difference, according to UNAIDS' latest global report.

Humana People to People's members have been leading this approach for over twenty years. The TCE model puts people at its centre and is characterised by organising and mobilising people at community level. This creates sustainable and lasting change in communities, reduces pressure on public health systems and saves lives.



02

### Targeting the most-at-risk groups and hard-to-reach areas

Many countries across the globe are making remarkable progress towards reaching the UNAIDS 95-95-95 targets, yet AIDS remains a leading cause of death among the most-at-risk and hard-to-reach population groups.

Our TCE programmes strategically target the hardest-to-reach areas, from overpopulated townships to remote rural communities. We give priority to key populations, such as commercial sex workers, men who have sex with men, truck drivers, fishermen, miners, pregnant women and children, and adolescent girls and young women. We recognise the effects of entrenched structural inequalities and the additional challenges of poverty, social exclusion, stereotyping and negative cultural barriers that most-at-risk groups face. We firmly anchor our interventions in the principles of Social Inclusion, Equity, and a Gender Transformative Approach.



03

### Complementing and supporting national health strategies

Universal health coverage, providing access to affordable health care that is convenient and responsive to people's needs, is an ambition across the globe.

TCE supports national governments to implement their health strategies in multiple ways. Our programmes are holistic, recognising that health outcomes are connected to poverty, nutrition and co-morbidities, such as HIV/TB co-infection. Our programmes deepen health integration by linking up care between communities and medical institutions. And our members work with affected communities, leaders and healthcare providers to increase uptake of services.



04

### Last-mile implementation of the latest scientific, medical and technological advances

Huge efforts from the international scientific and development communities have given millions of people living with HIV the chance to live a normal life.

TCE has been essential in bringing these advances to the last mile especially in the countries where we work and striving to ensure no one is left behind. Humana People to People members rapidly mobilise community organisers to implement new guidance, share learning, and innovation. From pioneering HIV testing at home, to using the latest data gathering methods, TCE has bridged the gap between international advances and the people on the ground, bringing hope to millions more.



*With thanks to the Ministries of Health in Angola, Botswana, China, D.R. Congo, Guinea Bissau, India, Malawi, Mozambique, Namibia, South Africa, Zambia and Zimbabwe who have facilitated the TCE programme and saved millions of lives in their countries over the years.*

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