

Foreword

Knowledge is like a garden: if it is not cultivated, it cannot be harvested. African proverb

More than 33 million people worldwide are now living with HIV infection and since 1981 an estimated 25 million men, women and children have died as a consequence of the disease. Over the last several decades families have been ripped apart, communities have been ravaged and national economies have been jeopardized – the losses have been devastating. However, the tide is slowly turning and changes have begun to take hold. HIV care and antiretroviral treatment are becoming available to more people each day, efforts to prevent new infections in adults and children are having an impact and People Living with HIV (PLHIV) are speaking up, combating widespread stigma and discrimination and taking an active role in shaping programs and in their own health care. In fact, one of the most remarkable achievements amid this ocean of devastation is the recognition of the vital importance of the active involvement of PLHIV in the health care system, engaging those most affected by the disease in self care and the care of others.

In Central Harlem, New York City, where we began our work more than twenty-five years ago, we witnessed the transformative power of actively engaging PLHIV within teams of multidisciplinary health care providers. We learned of their ability to communicate their experiences and to listen and understand the experiences of their peers. We learned that PLHIV are best poised to articulate their own health needs and that empowered with knowledge and authority they can play a substantial role supporting the health needs of others. And we learned that each time an individual with HIV infection makes the difficult decision to openly and publically acknowledge their status, their courage is reflected throughout their community by reducing stigma and discrimination and enhancing the quality of the services for themselves and others.

In our work in Africa supporting HIV prevention, care and treatment, our understanding and appreciation of the vital importance of PLHIV working within the health care system has continued to grow. In settings where human resources are severely constrained, Peer Educators have taken on more formal roles as counselors and health educators working with families to provide accurate information on HIV and enhance adherence to care and treatment and, through task shifting, freeing up the time of nurses and physicians. In addition to their valuable work with their peers, PLHIV have also provided meaningful feedback to health care programs, offering insights into the best ways to engage difficult to reach populations and to optimize the delivery of health care services. Most importantly, they have highlighted and demonstrated the critical importance of addressing the psychosocial as well as the biomedical needs of PLHIV to ensure optimal health outcomes for children, adults, families and communities.

We have had the privilege of working with countless individuals committed to the greater involvement of people living with HIV/AIDS and with many talented and inspiring PLHIV who openly and bravely acknowledged their HIV-status and devoted themselves to working with their peers. The *Comprehensive Peer Educator Training Curriculum* and *Implementation Manual* bring together the collective experience of hundreds of people who collaborated on the development of Peer Educator programs. We've drawn upon other curricula and program materials, adapted as needed, then pre-tested and implemented in collaboration with other partners and the Ministries of Health in our work in PMTCT and HIV prevention, care and treatment programs

in Ethiopia, Rwanda and Swaziland. We have enhanced these materials based on field experiences as well as invaluable feedback from facilitators, participants and health care providers. The Curriculum and Manual are presented as generic tools which can be easily adapted by Ministries of Health, health care facilities, PLHIV associations and other organizations seeking to initiate or expand health facility based Peer Educator programs. We are hopeful that the availability of these tools reflecting our collective learning and experiences will further support the active involvement of PLHIV in HIV prevention, care and treatment programs and contribute to the good health of families infected with and affected by HIV throughout the world.

We would like to express our appreciation of the individuals who contributed a significant amount of their time and effort to the development of the Curriculum and Manual. Special thanks go to Tayla Colton, independent consultant, for her technical support and expertise, Leah Westra, Project Officer, for coordination and editing of the materials and Peter Twyman and Cristiane Costa for conceiving of this project, gently and persuasively moving it forward and ensuring an excellent product. We admire their talent and vision and are inspired by their commitment to the greater involvement of people living with HIV as active providers and recipients of HIV prevention, care and treatment services.

Elaine Abrams and Wafaa El-Sadr

International Center for AIDS Care and Treatment Programs
Columbia University