

Feb 2010

*Show me your ways, O Lord,  
teach me your paths;  
Guide me in your truth and teach  
me. Ps 24:4,5*

### DRIVERS of the HIV&AIDS EPIDEMIC

1. Biblical foundations: When the task is too big
2. Contextual factors
3. Empowering young people
4. Churches and cultural practices
5. Breast is always best
6. Making it known – Events
7. Tips in documentation and communication – What is fund raising?

Know your local epidemic. Match and prioritize your response. We all agree that it is an ongoing challenge to identify, select, and fund HIV prevention measures that are most appropriate and effective in relation to settings. We all have something to learn and we all have something to share. Sending your contribution to AIDSLink at: [international.aids-consultant@sim.org](mailto:international.aids-consultant@sim.org)

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## 1. BIBLICAL FOUNDATIONS: WHEN THE TASK IS TOO BIG

How easy it is at times to become overwhelmed and discouraged by the sheer size of the task. We ask ourselves, “Are we really making a difference addressing the complex web of factors behind the HIV&AIDS epidemic, providing care for the sick, working with orphans and vulnerable children and their carers, encouraging positive living through income generating initiatives, or building the capacity of families, churches and community to respond effectively?” Moses is a man born into a very ordinary family yet called by God to do an enormous task: giving leadership to a people in bondage whom God loves and will bring out into a land of blessing. Faced with the reality of what this will mean for him personally, Moses doubts his ability. Read Ex 3:11-4:17.

Moses says:

Am I the right person? (3:11)

What do I say? (3:13)

I can't do it alone (3:13)

How will I convince them? (4:1)

I am not eloquent enough. (4:10)

Please send someone else (4:13)

God says:

I will be with you (3:12a)

I Am who I Am (3:14)

Go with the support of community (3:16-18)

My power will be demonstrated (4:2-9)

I will help and teach you (4:12)

I will provide a traveling companion (4:14-16)

God listens, converses, and patiently responds to Moses' fears and inadequacies by affirming that he *will* be able to do the task set out before him. Have you ever noticed how frequently God uses the phrase, “Do not be afraid” in scripture to those he calls into leadership? Later and well into this assignment, Moses is simply worn out. The volume of work has exploded and there is too much to do resolving problems and settling all kinds of relationship matters and legal disputes. It is at this point that God uses Jethro, his father-in-law, to point out the obvious: “Moses, you are using your time and energy poorly. The task is too big for you alone. Delegate and share the burden, not just to avoid exhaustion but to mentor others in leadership.” Moses is humble enough to listen. How important it is that we concentrate on what God has called us to do! This is for our own well-being, the growth in the skills and abilities of others, and to fulfil God's purposes.

For reflection and discussion:

1. Read Jer 1:6-9. Jeremiah is also filled with doubts. How does God reassure him?
2. What doubts and excuses have you experienced in your journey addressing HIV&AIDS? What is God saying to you?
3. What is it that God is asking you to concentrate on in your setting? What steps can be taken to better delegate responsibilities and mentor new leadership?

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## 2. CONTEXTUAL DRIVERS

Although HIV prevalence is leveling off or declining in many African countries, the change is little and too slow.

### CONCURRENT SEXUAL PARTNERSHIPS:

The issue of multiple concurrent sexual partnerships is increasingly recognized as important in the transmission of sexually transmitted infections, particularly of heterosexual HIV transmission. Sayings such as “*A bull cannot be contained in a single kraal*” (Botswana) and *Men are like pumpkins, they go everywhere* (Lesotho) reflect commonly held views.

Studies show that “age adjusted HIV infection rates in southern Africa are nearly as high in the general population as they are among sex workers and migrant labourers. Across the continent the lifetime numbers of sexual partners in African countries tend to be similar to those in many Western countries, and much lower than in many countries in Asia, where formal prostitution is far more common” (BMJ 2008;337:2638). Much more remains to be done in prevention, particularly with married couples.

A literature review on *Concurrent sexual partnerships and the HIV epidemics in Africa*, notes that “numerous definitions of concurrency are utilized and methods for measurement vary. There is currently no consensus definition of concurrency nor a universally accepted method of measurement. These critical areas require attention, since reported prevalences of concurrency are not always directly comparable” (Mah & Halprin, *AIDS & Behavior*, Feb 2010).

**AGE DISCREPANT RELATIONSHIPS:** Age-disparate relationships are common and contribute to high HIV prevalence in females. A qualitative study on multiple concurrent partnerships in Lesotho showed that, among other things, money and a desire for material goods were viewed as the central factors in all age-discrepant relationships. Similar findings were also found in Kenya, Mozambique, Swaziland and Zambia (UNAIDS Outlook Report 2010). In South Africa money, poverty, unemployment, boredom, family, class (being involved with a person of high profile in the community), and power to dominate, are factors that motivate intergenerational relationships of more than 10 years difference (Majaja 2009).

**SOCIAL & STRUCTURAL FACTORS:** Despite ample evidence of the risk factors of the epidemic, there are few programs that address underlying social, cultural and structural factors adequately in HIV prevention programs. These include power differentials, sexual entitlements, cultural expectations of men and women, and income inequality. Violence, especially hidden domestic violence, against women and girls is also a significant issue (UNAIDS Outlook Report 2010).

**URBAN CONCENTRATIONS:** A UNAIDS study that looked at the extent of HIV in urban areas found that 29% of the total HIV epidemic in the eastern and southern Africa region was concentrated in 15 major cities. More dedicated urban-focused programs and research are needed.

Helen Epstein, author of *The Invisible Cure* (2007) compares the risks of **concurrency** with **serial monogamy**:

“If a man has two partners, his risk is the same whether they are concurrent or serial. However, his concurrency hugely affects his partners’ risks, because both partners are now linked through him, and thus at risk not only from him directly, but from each other, indirectly too. If one of his partners is infected, the other will become infected right away, if they are concurrent. If he has those partners sequentially, the infection spreads much more slowly from one woman to another—because he has to break up with one and then find the other, which could take months, years, or decades. Viral load will also be lower by then, which makes serial monogamy even safer.”

(BMJ 2008;337:2638)

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## 3. EMPOWERING YOUNG PEOPLE

Change is happening among young people across the world, including sub-Saharan Africa. Young people now account for 40% of all new infections, down from 45% in previous years. They are waiting longer to become sexually active and have fewer multiple partners (UNAIDS Outlook Report 2010). However, more than 5 million youth globally are living with the virus, around 60% of whom are girls. Despite these high numbers, there still remains insufficient attention is being directed towards preventing future transmission of HIV among this population.

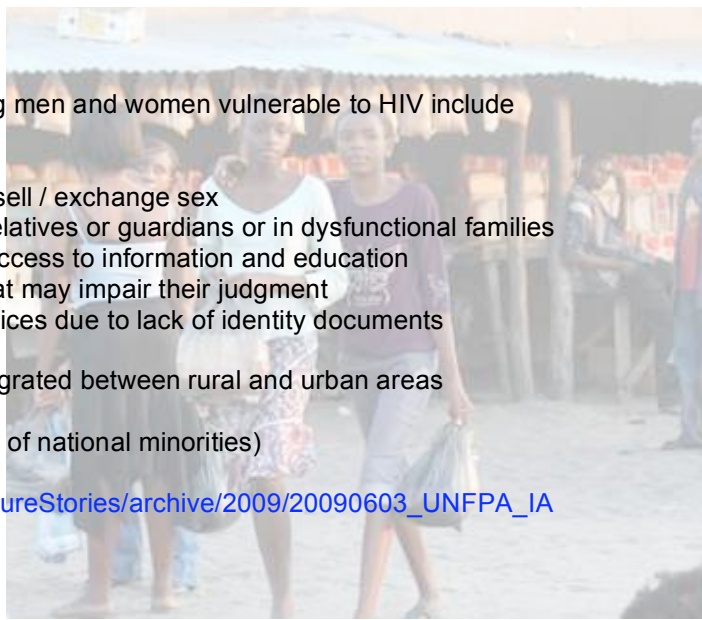
Empowering young people to protect themselves from HIV is one of the eight priority focus areas for UNAIDS Outcome Framework 2009-2011. A series of seven *Guidance Briefs* covers the topics of: most-at-risk young people; HIV interventions in humanitarian emergencies; community-based initiatives; Interventions in the health sector; the education sector; and the workplace. This series is intended as a guide for staff, governments, donors and civil society on how to develop and implement

an effective response. According to these briefs, young men and women vulnerable to HIV include those who:

- Are peers of most-at-risk young people
- Have parents or siblings who inject drugs or sell / exchange sex
- Live without parental care or live with older relatives or guardians or in dysfunctional families
- Have dropped out of school or have limited access to information and education
- Use substances (alcohol and other drugs) that may impair their judgment
- Have limited access to health and social services due to lack of identity documents
- Live in extreme poverty or are unemployed
- Have been displaced through war or have migrated between rural and urban areas
- Live in areas of high HIV prevalence
- Are socially excluded (for example, members of national minorities)

These Guidance Briefs are downloadable from:

[www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2009/20090603\\_UNFPA\\_IATT.asp](http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2009/20090603_UNFPA_IATT.asp)



#### 4. CHURCHES & CULTURAL PRACTICES

How are churches in your setting currently responding to cultural practices facilitating the spread of HIV&AIDS? In Malawi, around fifty pastors and their wives from the Africa Evangelical Church (AEC) met together at the Evangelical Bible College of Malawi for a three day seminar in December 2009 to discuss the church's response to cultural practices which spread HIV&AIDS. Mike and Jacky Hammond, who were involved in the planning, were encouraged by the following from facilitator Rev Ephraim Disi:

*"Just to let you that it has been so wonderful to be given this opportunity. Yesterday the issue of "bulangete la amfumu" (the chief's blanket) one of the cultural practices in the central region - a chief is given a girl or a woman to entertain him when he is visiting distant villages or when there is a ceremony. This was new to many, but thank God one lady gave an explanation. To me it seems these issues are critical which are not new to many of them, but there is a will to address these practices. We also discussed the issue of messaging - both by faith-based organizations and the secular sector / government on the issue of condoms. We discussed that the HIV message is a public health message and we need not keep silent since many of our members are affected. Our approach should be to give accurate information about HIV transmission and prevention. Today we had a lively session. We discussed about pre-marital counselling and HIV testing and what will be our stand on condoms. The feedback from the groups was encouraging and positive. Tomorrow we will wind up in tackling stigma and our HIV policy. Please do continue to uphold us in prayer so that the leaders will come to a common understanding when drafting the HIV policy."*

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Share your comments and experience through AIDSLink [international.aids-consultant@sim.org](mailto:international.aids-consultant@sim.org)

#### 4. BREAST IS ALWAYS BEST

Effective prevention of mother-to-child transmission requires preventing HIV transmission among prospective parents, preventing HIV transmission from HIV positive mothers (during pregnancy, labour, delivery and breast feeding), and integrating HIV treatment and positive support for women and their families. The World Health Organization (WHO) recommends that all mothers, regardless of their HIV status, practise exclusive breastfeeding – which means no other liquids or food are given – in the first six months. After six months, the baby should start on complementary foods. Mothers who are not infected with HIV should breastfeed until the infant is two years or older.

Until recently WHO advised HIV positive mothers to avoid breastfeeding if they were able to afford, prepare, and store formula milk safely. But research, particularly from South Africa, has since shown, that a combination of exclusive breastfeeding and the use of antiretroviral treatment can significantly reduce the risk of transmitting HIV to babies through breast feeding. On 30 November 2009, WHO released new recommendations on infant feeding by HIV positive mothers, based on this new evidence. For the first time, WHO is recommending that HIV positive mothers and their infants take antiretroviral drugs throughout the period of breastfeeding until the infant is 12 months old. This means that the child can benefit from breastfeeding with minimal risk of becoming infected with HIV. Earlier research showed that exclusive breastfeeding in the first six months of an infant's life was associated with a three to fourfold decrease in risk of HIV transmission compared to infants who were breastfed

and also received other milks or foods. For more information see:  
[www.who.int/bulletin/volumes/88/1/10-030110/en/index.html](http://www.who.int/bulletin/volumes/88/1/10-030110/en/index.html)

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## 6. MAKING IT KNOWN – EVENTS

1. *Multiple Concurrent Sexual Partnerships Consultation*, Swaziland, 26-29 April 2010. The Pan African Christian AIDS Network (PACANet) [www.pacanet.org](http://www.pacanet.org) is providing a forum targeting senior church leaders in selected countries, along with senior technical officers who design programs for Christian institutions responding to HIV&AIDS and international Christian organizations, to discuss the issue of multiple concurrent sexual partners as a risk factor. Contact: [mcpconference@pacanet.org](mailto:mcpconference@pacanet.org)

2. Looking for a rich opportunity to explore creative approaches to palliative care delivery? The *African Palliative Care Association Third Triennial Conference* will be held in Windhoek, Namibia, 15-17 September 2010. The theme is *Creativity in Practice*. Tracks include: innovative ideas in palliative care; creativity in resourcing palliative care; program development; clinical palliative care; emerging issues; plus cross-cutting issues such as paediatric palliative care, cancer, and care for elderly people. Visit [www.apca-windhoek2010.com](http://www.apca-windhoek2010.com) for registration, abstract submissions, bursary applications and sponsorship options.

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## 7. TIPS IN DOCUMENTATION & COMMUNICATION – WHAT IS FUND RAISING?

The following article begins a series brought to us by *The Gibela Team* based in South Africa. This consultancy group is passionate about seeing non-profit organizations realize their potential. Gibela is a Zulu word used to describe stepping up onto a taxi or a train to go for a ride - a fitting picture as they journey with us to help develop projects. Over the coming months, you will learn some essential skills on fund raising. For further information see: [www.gibelakzn.co.za](http://www.gibelakzn.co.za)

### What is Fundraising?

- Fundraising is NOT begging.
- Fundraising is people helping people.
- Fundraising is giving people an opportunity to give.
- Fundraising is ASKING on behalf of someone else.
- Fundraising is all about building relationships with donors – whether they are individuals or major corporates. Making friends and fundraising go hand in hand.

Since non-profit groups are by their definition groups that do not wish to profit, many people wonder why they must raise money at all. In fact, fundraising is often the only way that non-profits have of obtaining the money needed to organize their programs and to pay for the facilities needed to fulfill the group's mandate.

Today, competition for funds is fierce. In South Africa there are currently 100,000 non-profit organizations. Large corporates, well known to the non-profit community, often receive 200 applications per day. The need to be professional, innovative and accountable is higher than ever before. Fundraising has evolved into a profession requiring very specific skills and know-how.

**Fundraising is a team effort!** Too many organizations employ fundraisers and then feel they can leave it up to them and the money will roll in. Raising funds is a team effort and many people in the organization still have an important role to play in the whole fundraising picture. For example, project managers need to be involved in developing project plans; administrative staff need to develop organizational and project budgets, boards and top management need to approve fundraising plans and budgets in advance, and most importantly, all members of the organization need to understand the importance of working with donors and of building good relationships with them.



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