



– AIDSLink #59 – Prevention & HIV

“There is no fear in love.” 1 Jn 4 :18a

April 2007

AIDSLink #59 addresses the hotly debated topic of prevention and HIV. How is prevention working in your setting? What recommendations are currently emerging? Your response and contribution to others through AIDSLink will be greatly appreciated.

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1. Uncomfortable truths

Twenty years ago Australia's "Grim Reaper" anti-AIDS campaign debuted in television and other media cast fear on the population. In one advertisement, Death rolled a bowling ball toward human pins. It stunned, gays, heterosexuals, and politicians by highlighting the seriousness of HIV&AIDS in Australia and the need to fight it. The government controlled HIV's spread by swiftly implementing needle exchange programs, promoting condoms, and cautioning citizens who traveled overseas. It partnered with IV drug users, sex workers, and the gay community to develop prevention messages. The result was one of the world's lowest HIV infection rates. Now however, new infections are on the rise – more than a 50% increase over the past 5 years. A new generation that missed out on the "Grim Reaper" of the 1980's and demonstrates a safe sex complacency is alarming health officials. Some are calling for a new fear-based campaign. Others decry the use of fear saying it isn't effective. Consider this in light of Green and Witte's article below and the current concern for prevention in Uganda. See www.washingtonpost.com/wp-dyn/content/article/2007/03/28/AR2007032802510.html and www.unsw.edu.au/news/pad/articles/2007/apr/aids.html

The Word of God is full of warnings and the consequences of living apart from God and the ultimate reality of death. Read Luke 13:1-5.

1. What events led to Jesus' comments (v.1,4a) and what were the lessons these people of Jesus' day needed to hear (v.2,4b)?
2. Jesus is clearly using fear to motivate people. What was his warning (v.3,5 See also v.34-35)?
3. What is Jesus' teaching by parable in v. 6-9 concerning God's character and attitude towards humanity?

Jesus is not teaching that those who die of disease (like AIDS) or violence or accident are being punished for their sin. On the contrary, he warns us that all of us will face the Grim reaper one day and we need to turn to God urgently. The gospel of grace is the only protection against natural and realistic fear (1Jn4:18).

2 HIV prevention & the use of fear in public health campaigns

"Can Fear Arousal in Public Health Campaigns Contribute to the Decline of HIV Prevalence?" by Edward Green (Harvard School of Public Health, Center for Population and Development Studies, Cambridge, Massachusetts, USA) and Kim Witte (Michigan State University, Department of Communication), provides an overview of the prevailing American expert view, African national views, and the most recent findings on the use of fear arousal in behavior change campaigns.

"Most American health professionals who work in HIV/AIDS do not support the use of fear arousal in AIDS preventive education, believing it to be counterproductive. Meanwhile, many Africans, whether laypersons,

health professionals, or politicians, seem to believe there is a legitimate role for fear arousal in changing sexual behavior. This African view is the one more supported by the empirical evidence, which suggests that the use of fear arousal in public health campaigns often works in promoting behavior change, when combined with self-efficacy... Their analysis suggests that American, post-sexual-revolution values and beliefs may underlie rejection of fear arousal strategies, whereas a pragmatic realism based on personal experience underlies Africans' acceptance of and use of the same strategies in AIDS prevention campaigns."

The full article is in the Journal of Health Communication, 11:245–259, 2006 and available (365KB) at: www.ccih.org/resources/ABCplus/research/abc/green-witte-fear-arousal.pdf

3. HIV prevention & circumcision

In response to the urgent need to reduce the number of new HIV infections globally, WHO and the UNAIDS convened an international expert consultation (March 2007) to determine whether male circumcision should be recommended for the prevention of HIV infection. There is now strong evidence from three randomized controlled trials undertaken in Kisumu (Kenya), Rakai District (Uganda) and Orange Farm (South Africa) that male circumcision reduces the risk of heterosexually acquired HIV infection in men by approximately 60%. This evidence supports the findings of numerous observational studies showing that the geographical correlation long described between lower HIV prevalence and high rates of male circumcision in some countries in Africa, and more recently elsewhere, is (at least in part) a causal association.

Currently 30% of men worldwide are estimated to be circumcised. Male circumcision should always be considered as part of a comprehensive HIV prevention package... Counselling of men and their sexual partners is necessary to prevent them from developing a false sense of security and engaging in high-risk behaviours that could undermine the partial protection provided by male circumcision. Male circumcision service provision is also seen as a major opportunity to address the frequently neglected sexual health needs of men. For the full report (12KB) see: http://data.unaids.org/pub/Report/2007/mc_recommendations_en.pdf

4. Prevention resources

1. *"Mother-to-child transmission of HIV-1 infection during exclusive breastfeeding in the first 6 months of life: an intervention cohort study"*.

For recent research on HIV prevention and breast feeding in Kwazulu Natal, South Africa, calling for exclusive breast feeding (with counselling) in all circumstances, see The Lancet Vol 369, March 31 2007 article. This can only be accessed electronically by subscribers.

This article concludes that: "The key policy finding of our study is the definite demonstration that early introduction of solid foods and animal milks increases HIV transmission risks compared with exclusive breastfeeding from birth. These data, together with evidence that exclusive breastfeeding can be supported in HIV-infected women, warrant revision of the present UNICEF, WHO, and UNAIDS infant feeding guidelines that were last revised in 2000. The need for this review is reinforced by the reported drawbacks of free formula milk and WHO recommendations for the provision of highly active antiretroviral therapy to pregnant women with CD4 cell counts lower than 200 per μL ."

2. *Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access*

The development of these guidelines recognizes that universal access is not only about sustaining and increasing access to antiretroviral treatment for those in need, but also to ensure that all people, particularly those most vulnerable to HIV, are able to prevent HIV infection so as to bring about a decrease in the number of new HIV infections. To strengthen national efforts countries are being encouraged to 'know your epidemic' by identifying the behaviours and social conditions that are most associated with HIV transmission, that undermine the ability of those most vulnerable to HIV infection to access and use HIV information and services. Knowing your epidemic provides the basis to 'know your response', by recognizing the organizations and communities that are, or could be, contributing to the response, and by critically assessing the extent to which the existing response is meeting the needs of those most vulnerable to HIV infection. The guidelines (3.87MB) are available at:

http://data.unaids.org/pub/Guidelines/2007/20070306_Prevention_Guidelines_Towards_Universal_Access%5d.pdf

3. *A Training of Trainer's Facilitation Guide on Strategic Communication and HIV and AIDS*. This new toolkit is designed by to assist AfriComNet members and their partners to facilitate a five-day training event which covers: the basics of strategic health communication; the basics of HIV& AIDS; the principles and practices of adult education and facilitation skills. You can download session plans, handouts, and presentations from this website. Download the complete kit (1.8MB) at: www.africomnet.org/capacity/toolkit/index.php

4. *“Our Future: Sexuality and life skills education for young people”*

Young people today are faced with many pressures and conflicting messages about how to manage their sexuality. They need support to grow up in a safe, happy and healthy way. To address this, the government of Zambia has a comprehensive strategy for sexual and reproductive health and HIV education for young people in and out of school. This series of three books on *Our Future: Sexuality and life skills education for young people* for Grades 4-9 contributes to the strategy by providing clear and factual information about puberty, friendship, gender, sexuality, pregnancy, sexually transmitted infections, HIV& AIDS and drug use.

The books contain learning activities and illustrations, which engage young people in understanding themselves and their world. Topics and activities are designed to fit into the national curriculum in Zambia or to be used in extra curricula activities in or out of school, and provide insights into prevention messages in the secular environment. The books are accompanied by a Teachers' Guide. Book 1: Grades 4-5 (2.9 MB) and Book 2: Grades 6-7 (3.1 MB) can be downloaded from www.aidsalliance.org/sw44407.asp Book 3 will soon be available.

5. **“Leadership” – World AIDS Day 1 Dec 2007**

“Leadership” is the theme for World AIDS Day December 1 2007 to encourage leadership on AIDS within all levels and sectors of society and inspire and foster champions within a range of different groups and networks at local and international level. Faith-based organizations will have a special responsibility to encourage and highlight religious leadership in the response to HIV& AIDS.

What can we do? Begin planning now. Involve leadership at all levels. Be visible. Celebrate achievements made and advocate for continuing prevention and access to care. Link your local messages to the leadership theme, particularly around World AIDS Day to help maximize national, regional and international visibility of global campaigning efforts on AIDS. Use the slogan "Stop AIDS. Keep the Promise" in the accompanying language of World AIDS Day materials. For details see: www.worldaidscampaign.info

Send your creative ideas, plans and past experiences of World Aids Day in your setting to AIDSLink for sharing with others: international.aids-consultant@sim.org

6. **Making it known – Palliative care conference & project management training**

1. Dr. Faith Mwangi-Powell, Executive Director African Palliative Care Association, and SIMer Dr Julia Downing, conference chair for *“Palliative Care in Africa: Making it Real”* write:

It is with great pleasure that I invite you to join us all at the 2nd APCA Palliative Care Conference in Nairobi, Kenya in September 2007. The Palliative Care community in Africa will be meeting together in Nairobi for this special event and will be joined by others from around the world interested in palliative care in Africa. In the development and provision of palliative care in Africa it is important that we focus on the individual client and their family that needs and receives care, thus the focus of the conference is on ‘Palliative care in Africa – making it real’. Conference sub-themes include: clinical palliative care; paediatric palliative care; appropriate and strategic palliative care education and training for Africa; advocacy for palliative care; palliative care standards; leadership; management and organizational development within palliative care; and monitoring, evaluation and research in palliative care.

APCA is seeking proposals that demonstrate the development and provision of palliative care in the region, from the bedside to management at all levels of palliative care service delivery. Share your achievements, challenges, lessons learnt and best practices with others. Increase your visibility and recognition as a palliative care practitioner, educationalist, researcher, manager and leader and contribute to the advancement of the field by

submitting a proposal that highlights your significant work and achievement in palliative care in Africa. The abstract submission deadline date is 27 April 2007. For more information, to register and to submit an abstract go to: www.apca2007nairobi.com E-mail contact addresses: thefinestdetail@apca2007nairobi.com or conference@apca.co.ug

2. A 6 day “*Design, Management and Evaluation of Community-based HIV/AIDS Programs*” course is being run by Global Health Action, July 16 - 21, 2007 in Nairobi, Kenya. This is being offered at a special promotional rate of \$800 per person (does not include a per diem). It includes a follow-up training for 4 days after 6 months, on management, evaluation, program planning, proposal writing. Participants will be able to compete for a \$5000 seed grant for their project. For further information see: www.globalhealthaction.org/coursekenya.html

7. Tip of the Month – Using an impact matrix in evaluation

An impact matrix tool is a tool used to:

- Identify the coverage of an activity— activities that reach many people are likely to have more impact than those that reach only a few people
- Identify the intensity of an activity— activities that work with the same group of people over a long period of time, using participatory techniques, are likely to have more impact than one-off activities which do not fully engage with people
- Illustrate the balance between the numbers of people reached and the intensity of the project
- Discuss how to improve the impact of a particular strategy or activity
- Identify any activities or strategies that have not had an impact and therefore should not be done

How to use an impact matrix in a group setting:

1. Explain the meaning of the words ‘impact’ (the likely result of a project), ‘coverage’ and ‘intensity’. Likely impact can be judged according to coverage of that activity or strategy multiplied by the intensity of that activity or strategy (Impact = coverage x intensity)

3. Identify the strategies and activities to be evaluated and write them on cards

4. Draw a matrix with four columns and four rows as illustrated

5. Take each activity or strategy in turn. Decide with participants the number of people the strategy has reach – high, medium or low coverage.

6. Discuss the intensity of the activity or strategy: high, medium or low intensity.

7. Place the name of the activity or strategy in the corresponding box of the matrix: for example, high coverage and high intensity activities should be placed in the top left-hand box of the matrix and low coverage and low intensity activities should be placed in the bottom right-hand box of the matrix.

8. Look at the whole matrix. Talk about whether the matrix makes sense or whether it should be changed. Move cards if necessary.

9. Discuss if strategies that are in the ‘low’ part of the matrix need to be or removed

Numbers reached \ Intensity	High	Medium	Low
High		Group discussion	Voluntary counselling & testing
Medium	Peer education	Community action	
Low	Condom social marketing HIV awareness campaigns		

This tool has been reproduced from *Tools Together Now, 2006* (250 pages) by AIDS Alliance and is available for downloading (2.9MB) at: www.aidsalliance.org/sw36326.asp



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Championing HIV & AIDS ministries and helping SIM and its partners respond more effectively to growing epidemics in Africa, Asia, and South America

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