

“Be Bold” – An innovative approach to fight HIV/AIDS


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Back Ground:

Andhra Pradesh is one of the six high HIV prevalent states in India. Out of the estimated 47 lakh People Living with HIV/AIDS (PLHAs) in India, 5.5 lakhs are in Andhra Pradesh. Complex nature and high level of **stigma** associated with the disease, reluctance of doctors to treat those infected with HIV and absence of any major medical breakthrough in its treatment escalate the fear-factor about the disease. These make fight against HIV very difficult.

Increasing awareness is considered an effective to control the spread of HIV. Though many campaigns taken-up helped to increase awareness, incidence of HIV continued to increase because these campaigns failed to bring any major behavioral changes in the people. There was a felt need for new initiatives to “**translate the awareness into action.**”

Asok Kumar, IAS, during his tenure as Project Director of Andhra-Pradesh State AIDS Control Society(APSACS) from June 2006 to March 2008, came out with some

innovative initiatives under the **umbrella** of a year long “” campaign launched on **1st December 2006**. **The campaign sought to** control the spread of HIV by *focused efforts involving people and mainstreaming it; reducing its associated stigma; up-scaling management/treatment of HIV infected people and increasing awareness.*

Strategies/ innovations/results:

The campaign revolved around the “**Be-Bold**” messages which are *positive and non-judgmental*. The **general messages** include *Be-Bold to talk about HIV/AIDS; Be-Bold to get tested; Be-Bold to accept the test results; Be-Bold to change life style accordingly; Be-Bold to call 1097 to know more about HIV/AIDS*. The **targeted messages** exhort Families to *Be-Bold to take care of HIV+ve family members; Doctors to Be-Bold to treat HIV+ve patients; Teachers to Be-Bold to admit HIV+ve children to their classes; Youth to Be-Bold to accept HIV+ve peers as friends; Youth to Be-Bold to say NO to negative peer pressures* etc.

Main campaign had sub-campaigns emphasizing one or other of these messages.

1. **Reducing Stigma:** Stigma associated with HIV/AIDS is a major factor hindering efforts to contain its spread. **To reduce stigma the strategies in the campaign were to** (a)popularize HIV testing, (b)involve political leadership and people’s representatives as participants in testing (c)sensitize them about the issues related to PLHAs (d)mainstream prevention programs involving Government departments and people from all walks of life (e)scale up the health delivery services and make them available at the PHC level (f)increase awareness dispelling doubts and myths associated with the disease, using innovative IEC efforts/media (g)use non-judgmental and non-stigmatizing messages, instead of the earlier messages with moralizing overtones (h)mobilize PLHAs into networks and build their capacity to fight for dignity by organizing their mass meetings and giving them training.

2. **Popularizing HIV tests** by improving access to tests, getting HIV tests de-stigmatized by involving celebrities in the tests. More tests identify more PLHAs, thereby slowing down spread of the virus. WHO has recently acknowledged that *provider initiated testing is the best way to fight HIV/AIDS*.

Number of testing **centers** was increased from **286 to 677**. **Total HIV tests conducted** in twelve months campaign (December2006-November2007) were **15,32,952** (detecting 1.1lakh PLHAs) compared to **5,98,029** tests done in twelve months of 2005-06.

3. **Involving Political leadership and People's representatives:** Requested Political leaders to take HIV tests. Dr Y.S.Rajasekara Reddy, **Chief Minister** of the state, Mr. Suresh Reddy, Speaker of AP State Legislative Assembly, 10 cabinet Ministers and 70 MLAs came forward to get tested on 18th December, 2006 to know their HIV Status. This helped in normalizing HIV tests, reducing stigma on testing! "Legislative Forum on HIV/AIDS" with 60 members of Legislative Assembly and Legislative Council was formed in November,2007. Under its aegis, a joint meeting of Assembly and Council was organized on 19th November, 2007 to discuss on HIV/AIDS.

Sensitizing training given to Chair-persons of Zilla-Parishads and municipalities; Mayors and Sarpanchs got them actively involved in HIV prevention activities and issues of PLHAs.

Mr.Oscar Fernandez, Minister for Labor, GoI and Convener of Parliamentarian's Forum on HIV/AIDS addressed PLHA's meg-meet on 7th December,2007.

4. **Organizing the PLHAs, building capacities to fight for their dignity and rights:** Formed *Associations* of PLHAs in *all* the districts and *networked* them at the *state level*. Their state level office was opened at Hyderabad to function as a nodal office. First major gathering of 3800 PLHAs was held on 7th December, 2006. **Second meeting with 8000 PLHAs was organized on 7th December, 2007.** This meeting was addressed by Union ministers Mr.Oscar Fernandez, and Smt Panabaka Lekshmi. This is the largest gathering of PLHAs ever in the world.

These gatherings *boosted confidence* of PLHAs and helped to significantly *reduce self-stigma*.

5. **Mainstreaming HIV/AIDS related activities:** A committee formed with Chief Minister as chairman and Secretaries of 16 departments as members helped to mainstream AIDS related programs. Thus Departments of Medical and Health, Police, Women and Child welfare, Education, Transport, Labor etc got directly involved. Chamber of Indian Industries, Truck owners' association, private health providers, consortium of private medical colleges, IMA, FOGSI etc were brought in as active players in HIV/AIDS management programs.

Re-designating District Leprosy Officers (DLO) as Additional DM&HO (AIDS & Leprosy) helped *better integration* with Medical and Health department. *15057 Red Ribbon clubs* formed in *schools/colleges* acted as peer-educators' group on HIV to adolescents. Compulsory questions on HIV were introduced in the test for driving license by transport department and in SSC exams by education department.

6. **Opening more service providing centers:** Treatment facilities for PLHAs were improved. *Anti-Retroviral-Therapy(ART) centers* started in every district, led to increase in the number of patients on ART from 2287 to 28,789. Special drives organized got 1898 children on Pediatric-ART. Care and support centers for PLHAs were increased from 37 to 95. Doctors were given “Hands-on” trainings. “*Bold Doctors Clubs*” were formed in all districts. This made *access to health service for PLHAs easy and non-stigmatizing*. Awards were given to “Bold Doctors” .
7. **0/7 initiative** put intensive *efforts to track and arrange institutional deliveries to all HIV+ve pregnant mothers*; ensured *neviarpine administration* to mother and child at the time of delivery. **729 Out Reach Workers** who are PLHAs were identified, trained and provided with kits to manage this program. This was a phenomenal success with 4957 mother and baby pair given nevirapine out of the tracked 5032 live-births(98.5%) to enable *a HIV-free-next-generation*.
- To boost the self esteem of the HIV+ve pregnant women, the campaign *revived* the traditional “**Seemantham**” program of *honoring pregnant women in their seventh month of pregnancy* and organized well baby shows of children born to them.
8. **Building up institutions and systems:** *District Monitoring Units* were established to decentralize management and monitoring of AIDS programs in the districts. Web based MIS was established to facilitate accurate and in-time collection of data from the centers. Monthly coordination meeting were held at district level with the teams of TB prevention program to improve HIV-TB cross referrals. (number of referrals from HIV centers to TB centers improved from 21,959 in 2006 to 43,104 in 2007). Monthly meetings were taken up at state level with various funding agencies and donors who were having different interventions in HIV sector in the state. This helped to streamline and fill gaps, avoiding duplication and multiple reporting.
9. **Innovative awareness campaign:** Launched many innovative campaigns in different media to increase awareness. Two *cartoon characters*, an ideal couple - “Aasayya and Aasakka”- were created to give correct and non-stigmatizing messages. IEC materials were printed in Telugu, English, Urdu, Lambadi and Braille. “Ashayam” (36 episodes of 30 minutes each) a *TV weekly serial* based on issues relating to PLHAs was produced. Ashalaharivillu- a 15 minute program on HIV was broadcasted daily for a year through the *Rainbow FM channel*. “Unda mee dagare” campaign was started for *condom promotion*. “Ashavani” a monthly bulletin in Telugu and quarterly in English on the activities of APSACS was brought out to improve transparency. Posters were made with “a difference” to make them attractive and eye catching.
10. **Low profile but intensive interventions with the high risk groups:** Very intense and focused drive for prevention of HIV was taken up with the Commercial Sex workers(CSWs). With the help of partner agencies, CSWs were enumerated and formed into SHGs to empower them. They were given periodical medical check ups and STI treatments to prevent spread of diseases. Peer educators were trained to encourage the use of condoms among the sex workers. Peer educators were given identity cards signed by the Superintendents of Police (SPs) to avoid harassment by lower level policemen.

INNOVATIONS USED:

- Positive nature of the campaign brought a paradigm shift in HIV management/control programs- stayed clear from any controversies.
- The Messages used were non-stigmatizing and non-judgmental and hence found ready acceptance.
- Involving actively people from all walks--- senior political leaders, elected representatives from sarpanchs to MLAs, actors, religious leaders, teachers, students, NYK volunteers, DoWCRA SHG members, NGOs, PLHAs, doctors, commercial sex workers, Police, CII etc-- made the campaign a people's movement.
- Using Stigma reduction and better care and support to PLHAs to improve their dignity and self esteem to control the spread of HIV.
- "Hands on" training for doctors and formation of "Bold doctor's clubs" to get treatment to PLHAs.
- Making HIV tests as the media to reduce stigma and to promote positive "Be-Bold" messages.
- Getting Chief Minister, his cabinet colleagues and MLAs come forward to take HIV tested thereby demonstrating support from the highest political leadership and people's representatives.
- Joint meeting of MLAs and MLCs on HIV/AIDS in assembly Hall.
- Committee with Chief Minister as chairman and secretaries of 16 departments as members mainstreamed the fight against HIV. This is the only one such committee in the country.
- Networking of the PLHAs and organizing their massive gatherings (in a scale never done anywhere) to instill confidence
- Designating DLOs as Addl DM&HO(AIDS and Leprosy) ensured active involvement of medical department.
- Formation of District Monitoring Units to assist Addl DMHOs and introduction of web monitoring MIS established systems for monitoring and administration.
- Innovative IEC campaigns to generate awareness.
- "0/7" initiative to reduce transmission of HIV from mother to child.
- Formation of CBOs of Commercial sex workers and ensuring their positive involvement in containing the spread.

RESULTS:

The campaign brought about **perceptible systemic changes in the way the issues related to HIV was handled; built up institutions and strengthened them for sustainability.** It brought together the affected community and empowered them. It mainstreamed the fight against HIV by closely involving PLHAs, people in high risk groups, political leadership and elected representatives-- making it as a people's movement thereby considerably reducing the stigma. The 0/7 initiative helped in reaching out to HIV+ve pregnant mothers and their children for a HIV-free new generation. The Red Ribbon club formed in schools/colleges ensured the involvement of adolescents.

Sixteen month after the start of the campaign, statistics indicate a phenomenal increase in uptake of medical services and people on ART, significant reduction of new incidences – the ANC prevalence has come down from **2% in 2005 to 0.88% in 2007** as per the National Sentinel Survey conducted by National AIDS Control Organization (NACO), New Delhi and a perceptible reduction of stigma. There is a remarkable improvement in all relevant markers for HIV management and prevention.

THE INVOLVEMENT OF NOMINEE:

This campaign was conceived and developed primarily by G.Asok Kumar, who was then the Project Director, APSACS. It was implemented effectively with active involvement of all staff in APSACS, partner NGOs and donors, affected PLHA community and concerned wings of Health Department. The nominee, with his administrative experience could get multiple agencies working in the sector to come to a common platform and harmonize their energies. People from all walks of life were got involved in the campaign, making it as a movement of the people.

With his goodwill he could secure active and personal involvement of Hon Chief Minister, Speaker, ministers etc in the HIV/AIDS related programs. They even came forward to get their blood tests for HIV done. This was a major step in getting the stigma on HIV tests reduced.

Systems and processes for the management and monitoring at the field and state level he established are continuing even after his transfer from the post.

He could touch a chord with stigmatizing people like the PLHAs and CSWs and organize them into self-help-groups. This empowered them to fight their self-stigma. His idea to network PLHAs and organize their mega meetings helped them to come out of their shell to fight for their rights and dignity.

The nominee's flair for creative ideas helped in having innovative campaigns concepts like cartoon characters as brand ambassadors, weekly serials on TV based on issues of PLHAs, designing of appealing posters and IEC materials.

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HIV/AIDS epidemic has posed many challenges to society, most of them related to the moral frameworkst. Be-Bold campaign managed to break these shackles and focus on its acceptance by all and then the provision of the remedial measures and services.

http://in.youtube.com/watch?v=Y4j6iy8r_ZU & <http://www.apsacs.org> for more details.