Multiple Concurrent Partnerships
Campaigns and Communications
Towards a Coordinated Regional Response

UNAIDS Regional Support Team for Eastern and Southern Africa and the Soul City Institute

Meeting of HIV Prevention Communications Practitioners
17-18 September 2008, Johannesburg, South Africa
Acronyms used in this report

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ABC</td>
<td>Abstinence, Be Faithful, Use a Condom</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>ART</td>
<td>Anti-Retroviral Therapy programs</td>
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<td>BCC</td>
<td>Behaviour Change Communication</td>
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<tr>
<td>CBO</td>
<td>Community Based Organization</td>
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<td>ESA</td>
<td>Eastern and Southern Africa</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MCP</td>
<td>Multiple and concurrent partnerships</td>
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<tr>
<td>NAC</td>
<td>National AIDS Council/Commission</td>
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<td>NGO</td>
<td>Non Governmental Organization</td>
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<td>RST</td>
<td>UNAIDS Regional Support Team</td>
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<td>SADC</td>
<td>Southern African Development Community</td>
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<td>SCC</td>
<td>Social change communication</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>UCC</td>
<td>UNAIDS Country Coordinator</td>
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Communication practitioners working in Eastern and Southern Africa currently face a number of important challenges including how best to respond to the many calls for an acceleration of efforts that result in a rapid reduction of HIV incidence. As practitioners mobilize in the final years till the 2010 Universal Access targets and move forward at scale and timeously, HIV communication must be recognized as an important and respected professional field critical to prevention and given the resources needed to ensure impact.

In recent years a number of social issues have been highlighted as key drivers of HIV transmission in the Eastern and Southern Africa region with multiple and concurrent partnerships often at the heart of harmful social norms.

In May 2006 an Expert Think Thank meeting convened by the Southern African Development Community identified multiple and concurrent partnerships, with low consistent condom use, and low levels of male circumcision as important drivers of the epidemic in Southern Africa. Later in the same year experts from SADC Member States, civil society and the international donor community came together to discuss how to strengthen social change communication programming in the region. The meeting agreed that regional communication interventions should prioritise the reduction of multiple-concurrent partners for a five year period.

The September 2008 NAIDS and Soul City meeting brought together communications practitioners to take stock and discuss practice and progress in the region in addressing the risk of multiple concurrent partnerships. The meeting focussed on ensuring commitment to greater sharing and coordination in communications addressing not only multiple concurrent partnerships but also broader combination prevention efforts.

To secure the momentum needed further building a strong multi-disciplinary community of practice that moves HIV prevention communication forward was identified as imperative for success. And this community will need to achieve a balance of leadership, expertise and accessibility in order to meet the challenges ahead.

We hope that efforts to strengthen a regional community of practice will provide a platform for the kind of effective mobilization needed to make a difference. We look forward to working with you over the coming months and years.

Andy Seale
Harriet Perlman
EXECUTIVE SUMMARY

From 17-18 September 2008, the UNAIDS Regional Support Team for Eastern and Southern Africa and the Soul City Institute held a meeting in Johannesburg, South Africa with HIV prevention communications practitioners from Eastern and Southern Africa to explore and share experiences to date and help shape future plans for HIV prevention communication in the region.

Against the backdrop of HIV communication initiatives increasingly focusing on addressing the impact of multiple and concurrent partnerships (MCP) on HIV incidence within broader combination prevention strategies, the meeting built on the SADC Regional Consultation: Social Change Communication for HIV Prevention that took place in Swaziland in October 2006. Participants discussed and reviewed experiences and evidence on MCP social change communications and campaigns in order to amplify efforts through greater collaboration and consistency of messaging. They also made proposals on how to promote a coordinated response in order to reduce new infections over the next two years, with a particular emphasis on the hyper-endemic countries of Southern Africa.

Meeting participants expressed the need to motivate several tiers of participation including securing opportunities for multi-disciplinary engagement that ventured beyond established communication fields to embrace professionals working in HIV prevention, AIDS strategy, social sciences, gender and broader development. They encouraged regional campaigns to support MCP work in country and offered suggestions to Soul City on how to further develop their One love regional campaign as a key platform for further mobilization.

Moreover, UNAIDS and Soul City committed to working closely with the SADC Secretariat HIV team to ensure their full engagement as the work on MCP develops - including ensuring that SADC structures referenced the work underway in the region.

The meeting brought together representatives from the African Broadcast Media Partnership; CADRE; DFID; European Union; Irish Aid; Johns Hopkins Health and Education South Africa (Scrutinize); PSI Regional; RAANGO; RNE; SAFAIDS; SAT; SIDA; Sonke Gender Justice; Soul City; Soul City’s Regional Health Communication partners (Phela, Pakachere, Lusweti, Action, Kwatu, Femina Hip, Action, Desert Soul, Nweti); UNAIDS; Straight Talk; Uganda UN Regional Prevention Working Group (including IOM, UNDP, UNFPA, UNICEF, WHO); IRIN; and NERCHA. A number of other organizations were invited but were unable to attend.

The program was structured into plenary sessions, expert presentations, working groups and brainstorming. The following is an outline of the topics addressed:

- emerging evidence
- experiences and lessons learned in developing communications and campaigns for MCP
- outcomes and recommendations for the way forward
- areas for collaboration
- an outline of activities around MCP communication for the next two years

Overall recommendations were:
1. A commitment towards the further development of an active community of practice for HIV prevention communication in Southern Africa.
UNAIDS emerged with a clear leadership role working in partnership with Soul City, Soul Beat, AIDSPortal and SAFAIDS to further define how a regional ‘community of practice’ will grow and develop.
2. Plan a follow-up meeting for March or April 2009.
3. Work on MCP must not be separated from the broader package of combination prevention efforts.
4. Messaging should be clear and bold, not seek to prescribe an ‘answer’ to MCP or to “try and do it all” - rather, MCP communication needs to be more developed in order to raise the issue clearly and acknowledge that the best solutions will emanate from the individual and community levels.
Multiple concurrent partnerships have been increasingly prioritized within HIV prevention efforts through research, planning and delivery of campaigns, advocacy and communication initiatives. Yet until now there has been little attempt to coordinate efforts underway at the regional, national, local and individual levels in any organized or consistent way. Increased coordination of efforts and messaging must work to ensure that people become more aware of the risk posed by multiple concurrent partnerships and develop the personal skills to enhance their ability to make judgements around risk.

In 2006 the Expert Think Tank Meeting on HIV Prevention in High-Prevalence Countries in Southern Africa and the SADC Regional Consultation on Social Change Communication for HIV Prevention both recommended that concerted social movements and prevention campaigns should ensure emphasis on partner reduction. The SADC Consultation acknowledged the importance of addressing contextual factors such as the relationship between partnerships and sexual networks.

I. Opening Remarks
UNAIDS Director for the Eastern and Southern Africa Regional Support Team, Mark Stirling, opened the meeting on Multiple Concurrent Partnerships Campaigns and Communications and provided an overview of MCP in the region and within the wider HIV prevention agenda. He emphasized the need to examine MCP along with the number of infections occurring, the patterns and trends, within the context of what makes effective social change communications and how to use communications strategies to achieve behaviour change around MCP. He pointed out the need for significant shifts in the ways that societies deal with the epidemic, saying that the responsibility to bring about change in communities rests with social change communications and core communicators influence at scale to provide the level of leadership required.
II. Research on Emerging Evidence

Three presentations focusing on research and emerging evidence provided examples of multiple concurrent partnerships in the region. Warren Parker of CADRE presented on the impact of coordinated communications in South Africa; Professor Geoffrey Setswe from the Human Sciences Research Council (HSRC) presented evidence for focusing on multiple concurrent partnerships; and, Michael Jana reported on a 10-country regional study on MCP, which was conducted by the Soul City Institute.

A common theme throughout the research was that multiple concurrent partnerships usually occur in the context of gender inequality, which is sometimes characterized by male dominance and female submission, but can also be influenced by pleasure seeking, distance from family and community, materialism and a desire to access both resources and social capital. In most cases individual perception of risk is viewed within the context of promiscuity and existing stereotypes rather than by simply having more than one partner.

Warren Parker, CADRE, presented findings from the Combined Impact of Communications Programs, a South African study, which demonstrated the impact achieved through the combined efforts of multiple communications programmes. Data from a propensity score of the 2005 South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey showed that exposure to 19 HIV communications campaigns or ‘sub-programmes’ was significantly correlated with effective prevention behaviour.

While no individual campaign can claim exclusivity of audience reach there is significant overlap between campaigns which led to positive behaviour change. Advocacy, social change communication, behavioural change communication, interpersonal communication and information and education approaches are all proven to work in the field of HIV prevention. But when these linked but different approaches compete either for resources or in order to claim success in prevention outcomes their impact is quickly diminished. When the efforts of different types of communication are considered together there is increased and collective impact and the possibility of duplication or conflict in messaging is reduced.

Global and national level HIV strategies sometimes oversimplify different types of epidemics in a way that fails to recognize the complexity of the epidemics. Gaps in Eastern and Southern Africa include how best to reach older people and people living in rural informal areas. Communication programmes need to clearly and realistically define impact goals that are informed by epidemiology and grounded in a theoretical framework. They should be formulated with specific goals and objectives that:

- link research and intervention;
- commit to immediate action with short-term change goals;
- commit to a mid-term intensified focus with new campaigns of intensified focus working towards medium term goals;
- identify and plug gaps rapidly;
- use data actively to lead interventions;
- actively measure change to demonstrate impact;
- partner with other communication efforts with a view to gaining a sense of shared accountability and understanding of the combined impact of communication efforts on HIV incidence.

Professor Setswe, HSRC’s presentation on why MCP is important for HIV Prevention cited several definitions for MCP:

Concurrent partnerships are relationships whereby an individual has overlapping sexual relationships with more than one person. The overlap of one or more sexual partnerships for a period of one month or longer (Mah & Halperin, 2008), in past three months (Colvin et al. 1998); or in the past year/12 months (Global Program on AIDS, 1996)

This is contrasted with sequential or serial partnerships or monogamy, whereby an individual engages in a sexual relationship...
with only one partner, with no overlap in time with subsequent partners.

The types of concurrent partnerships were defined as ongoing (main partner, co-wife, mistress, “small house), intermittent or occasional co-parents, location dependent relationships, ‘little girlfriends’) and ‘one off’ (sex-worker, casual encounter, ‘take-aways’, ‘local bicycles’), and each type suggesting different levels of affection, commitment and support.

With evidence behind concurrency and the link to the spread of infection, MCP prevalence among sexually active heterosexuals across the world was reported as ranging from 11 per cent in the United States to 70 per cent in Swaziland. The reasons for engaging differ, and in Southern Africa male and female motivations for seeking more than one partner included long absences away from home in the migrant labour system, vulnerability, ease of opportunity and social, cultural and economic factors. Women were usually not passive actors in MCP but often active in pursuing partnerships in order to access sexual satisfaction, resources and power.

Addressing MCP in HIV prevention requires targeted locally informed and culturally relevant messages that raise awareness of risk. Increased effort and resources are also needed to directly engage young and older men and to explore opportunities for promoting the advantages of mutual faithfulness, increased trust and partner reduction.

Michael Jana, Soul City, presented a 2007 meta analysis of attitudes around MCP in 10 countries (Botswana, Lesotho, Namibia, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe). The report “HIV Prevention: Multiple and Concurrent Partnerships in Southern Africa, 10 Country Qualitative Research Findings” documented audience understanding, attitude and practice in relation to multiple and concurrent relationships which were found to be commonplace in the region. Common reasons for practicing MCP included:

- sexual dissatisfaction
- emotional and physical dissatisfaction
- the influence of culture and social norms
- the desire for money and material possessions
- the influence of alcohol
- the belief that men cannot control sexual desire
- pressure, male domination and abuse
- awareness of HIV risk

Discussion
Social and cultural norms, and individual motivation underpin multiple concurrent partnerships and the role of communication in tackling it must be better explored.

While it is important, within an overall combination prevention approach, to ensure a specific focus on MCP, practitioners should ensure that ‘MCP’ does not become the next ‘ABC’ - a simplified term describing messaging, which has been equated as outcomes that detracted from comprehensive and holistic approaches to prevention. There is need for appropriately nuanced and correct communication and messaging that does not bluntly prescribe single solutions and that is always developed within context. Communication approaches should be at multiple levels (see the social ecology model in Section Three) which also use advocacy to re-frame attitudes, create new social norms and expectations and promote behaviour change through highlighting the personal and social impact of MCP.

Communication appeals to people differently and multiple campaigns and approaches can successfully magnify the effort if target audiences are exposed to consistent messages in different ways and through different media.

Key suggestions emanating from the research and discussion useful to future MCP communications initiatives are:
Social Norms and Motivation

There appears to be broad social acceptance of MCPs across the region with different local names for the practice. People will often say “this is our culture” and there can be a sense that culture is untouchable. Culture is dynamic enough to be interrogated and so we need to explore which aspects of culture can be used to challenge harmful behaviours. Recognizing that culture is not static and is constantly changing and adapting is crucial.

MCP communication should explore and dissect aspects of culture that are protective and those that are harmful. For example polygamy if practiced in its pure form where one man takes on several brides and they all do not go outside the relationship, does not pose a risk to further transmission of HIV; yet the reality is that polygamous societies in Eastern and Southern Africa are often hardest hit.

The cultural practice of wife inheritance is also recognized as harmful yet challenging this too abruptly may backfire and alienate whole communities shutting them off to further HIV prevention efforts. Both short term and longer term strategies should be explored that seek to empower women and do not rush to propose ‘solutions’ yet point out risk. Communications practitioners should remember that divorce initiated by women is often not a possibility. Cultural solutions to cultural ‘problems’ will always be developed locally once the risk is fully understood.

In exploring what it means to be faithful, it became evident that there is not a single understanding of the term, which means different things for different people. In some cases being faithful was agreeing on the boundaries of MCP between primary partners. In other cases it involved acknowledging your primary partner with secondary partners but never telling your ‘primary partner’ about others.

Analysis of social norms should not be restricted to those engaged in MCPs. Research needs to also look at ‘zero-grazers’ – the people living in the same communities where MCP is an established norm yet who do not engage in MCP. Understanding the motivation behind zero grazers can be extremely useful. The different levels of motivation are important including motivation of the individual and how they perceive the motivations of potential partners in their approach to love, affection and respect. Group and peer pressure is also important and understanding how zero-grazers deal with peer pressure when MCP is presented as a ‘norm’. Analysis of their social networks and support systems can be useful in suggesting approaches to challenge MCP.

The role of Communication

There is a clear role for communications in challenging MCP social norms and presenting clear reasons for avoiding MCP. Using communications to help people better understand the risk of MCP emerged as a key objective.

A common motivation expressed by people engaged in MCP is the desire for a fulfilling sexual and intimate relationship. However, the importance of good communication between partners is key to enhancing relationships, and enhanced communication between partners about sexual concerns, needs and desires can help avert conflict and may reduce the motivation that drives some to seek additional partners.

Communications such as highlighting the pressure experienced through secrecy and silence when juggling more than one partner, and showing enhanced sexual satisfaction between two people, encouraged through greater communication, could be attractive ‘positive’ messages that challenge MCP. At the same time, challenge existing assumptions of HIV-related risk that can still encourage people to feel safe because they are not ‘promiscuous, a trucker, a gay man or a prostitute’.

Encouraging greater scrutiny around personal risk was a theme used by many local campaigns and communication approaches. In some communities of Zambia and Namibia, like many other Southern
African countries, risk was simply not associated with having two or three concurrent partners.

Clear messaging around the initial highly infectious period that occurs soon after sero-conversion would help people better understand the risk of sexual networks. However the message was complex and might be better communicated through visual means such as diagrams or short films. Many participants felt that the use of locally understood metaphors and symbols could help communicate the risk of having more than one partner. For example, imagery around soccer could be used for men drawing on the concept that a strong defence requires an overall strategy, defenders playing different roles and a goal keeper. Safe driving was also suggested as a way to communicate a combination approach for people who are used to driving a car with an emphasis on the need for a combination of driving within the speed limit, regular servicing and features such as air-bags providing the maximum level of protection possible.

In summary, ensure that communication approaches focus on heightened risk awareness and partner reduction in addition to ‘harm reduction’ options such as consistent condom use. MCP campaigns could also consider promoting the adoption of practical solutions such as choosing to leave an unfaithful partner.

### III. UPDATES ON EXPERIENCES AND LESSONS LEARNED FROM MCP

This section of the meeting sought to gain insight from country experiences in addressing multiple concurrent partnerships. Topi Agutu (Uganda: Straight Talk), Toby Kasper (Botswana National MCP Campaign), Richard Delate (Johns Hopkins Health and Education in South Africa) and Finelda Khuruses (Onelove/Desert Soul) made presentations.

**Uganda: Straight Talk**

Uganda experienced a high rise in HIV prevalence in the 1980s to early 90s with a rate of 18 per cent, then a sharp decrease during the period 1992 to 2000, with prevalence stabilizing at 6.1-6.5 per cent from 2000-2005. Between 1989 and 1995 the number of Ugandan men reporting three or more non-marital sexual partners fell from 15 per cent to 3 per cent. Success was credited to Uganda’s emphasis on the ABC and ‘zero grazing’ strategy which resulted in a reduction in the number of non-regular sexual partners, an increase in condom use, and delaying sexual debut. The ‘zero-grazing’ campaign and associated high level political engagement supported the country-wide effort to control the spread of HIV - demonstrating how different levels of communication can combine to have a positive effect.

Unfortunately the early gains in Uganda were not sustained into the new millennium and HIV prevention has emerged again as an area needing further attention and investment. At present, approximately 60 per cent of new infections occur among married or cohabiting couples, which are attributed to extramarital relationships or multiple partners. In the past four years there has been an increasing trend in multiple partners, from two per cent in 2000-01 to four per cent in 2004-05 among women and 25 per cent to 29 per cent among men. MCP experiences are once again considered as the norm and the challenges to addressing MCP include conflicting media messages, cultural acceptance, and lack of a supportive environment and the normalization of HIV with the availability of antiretroviral medications.

The presentation concluded that it is vital that communications is sustained and constantly responding to the dynamic social environment around sexual behavior. Moreover, investment in HIV prevention communication must be long-term with regular monitoring of impact.

**Botswana: National MCP Campaign**

A three-year campaign led by the Botswana NACA will be rolled out in the last quarter of 2008, and include branding and consistent
messaging, stand-alone communications on MCP and broader integration of MCP messages into a wide range of existing interventions. Monitoring and evaluation is integrated throughout the three year campaign.

The target groups are people engaged in MCP: young women aged 18-24 and men aged 25-35 with a specific focus on cross-generational sexual partnerships between older men and young girls. The aim of the campaign is to address social values in an open debate about HIV and AIDS, MCP, and sex. Girls will be targeted with messages about the benefits of age-mate boyfriends and delayed debut of sexual activity. Young women will be challenged to consider one partner at a time and entering into sexual relationships for love rather than material gain. Men will be targeted with messaging around the normality of having one sexual partner and in developing supportive peer friendships; and older men will be urged to ensure they do not pressure young women into sex. Couples will be targeted with messages around how partner communication and discussion of problems and issues can lead to better and more satisfying relationships. The combined effort intends to help establish new relationship norms in Botswana.

The Botswana NACA plans to use a ‘Stages of Change’ approach and an example of this approach as applied to young women follows:

<table>
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<tr>
<th>Phase</th>
<th>Stage of change</th>
<th>Message focus</th>
<th>Communications objective</th>
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<tbody>
<tr>
<td>1</td>
<td>Is unaware of risk of MCP</td>
<td>Awareness</td>
<td>Reassessment of risk of relationship with older men</td>
</tr>
<tr>
<td>2</td>
<td>Is aware of risk but still enticed by material goods</td>
<td>Materialism</td>
<td>Reassessment of value of material goods in relation to HIV risk</td>
</tr>
<tr>
<td>3</td>
<td>Have difficulty resisting temptation of material goods</td>
<td>Dignity/ self-worth</td>
<td>Questioning of sources of self-worth, exploration of alternatives</td>
</tr>
<tr>
<td>4</td>
<td>Have difficulty resisting temptation of material goods</td>
<td>Future aspirations</td>
<td>Concern about how multiple relationships damage future prospects</td>
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<tr>
<td>5</td>
<td>Find it hard to be different from friends</td>
<td>Peer social support</td>
<td>Development of new norms affirming new sources of self-worth, condemning materialism</td>
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**Johns Hopkins Health and Education in South Africa: Scrutinize Campaign**

The JHHESA media campaign ‘Scrutinize’ focuses on encouraging people to reflect on the risks involved in different situations through fast-moving animated comedy. The target audience of 18-32 years is encouraged to assess personal risk in relation to sex, alcohol and other behaviours encountered in daily life. Scrutinize uses seven short animated commercials or “animerts” with lively animated characters, that appear in local scenes such as at a shebeen or taxi rank to convey messages around multiple and concurrent partnerships, transactional sex, intergenerational sex and alcohol. Comedy is used to encourage viewers to analyze their behavior and take steps in reducing their risk of HIV infection.
Scrutinize is a series of short animated commercials or ‘animerts’ that centre on the everyday realities placing young South Africans at risk of infection.

The series is the result of a public private partnership between USAID, John Hopkins Health Education South Africa and Levi Strauss. It works in collaboration with other South Africa based communications initiatives in order to maximize audience impact. The campaign uses South African slang and symbols that pre-tested well with the target audience.

OneLove Campaign

Soul City and its Southern African regional partners launch the One love regional MCP campaign in October 2008 for an initial year across nine countries with consistent messaging. The partner countries are: Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe, which all have national level campaigns that are seeking to ensure synergy of messaging on MCP with regional efforts.

A common campaign name and branding potentially allows for greater impact through the sharing of resources and coordination of messaging. The campaign will seek to reach mobile populations and ensure a common identity of purpose, which will help to ensure less confusion in messaging and decrease the likelihood of national stereotypes in relation to HIV. A common regional identification and association with the regional HIV epidemic and social norms around MCP will help encourage a sense of regional responsibility rather than ‘neighbour-blaming’ for social problems. Similar regional campaigns, for example the Caribbean Live Up campaign, have proved successful.

The core campaign message is: Having a multiple and concurrent relationship puts you and your loved ones at risk. A safe relationship means:

- There are no secrets and lies
- Communicating effectively with each other
- Challenging cultural practices that support MCP
- There is respect and equal rights for and between men and women
- Societies must support and encourage safe relationships

The campaign model is based on a combination of mass media and advocacy with outreach/social mobilization that come together to encourage social change. See the model below.

Campaign model

Discussion

Participants debated issues around MCP communications approaches that were raised in the presentations and research findings. Key points follow.

A number of complex issues underlie the practice of MCP that will require careful handling especially as there are some cultural and social norms perceived to be ‘sacred’. Collaboration around communication approaches and sharing best practice in developing effective programmes will help ensure that individual efforts are more likely to be well received and have the desired effect.

Several country communication efforts emphasized the importance of messaging but there was little commonality across the region in terms of a unified call to action. Participants explored the possible
use of a single ‘action message’ across the region such as ‘avoid multiple partnerships’ or ‘always use condoms’ but quickly concluded that the common message should not be shaped around a prescribed action but should help explain the risk associated with MCP.

Regional communications must work in concert with other efforts that tackle the same drivers that support the prevalence of MCP – for example economic and gender inequality. Audience segmentation is vital to address MCP from all of the different points – for example older men with money and cell phones will need different messages to young women. Yet the campaign should open up and prompt personal reflection that encourages people to develop their own solutions rather than prescribe solutions. Encouraging people to discuss how to develop strategies to deal with MCP was thought to be a key communication objective and along with a regional approach, which would help to avoid stereotyping particular groups or nationalities as being responsible for spreading HIV.

Similarities, differences, and challenges in approaches to addressing MCP were discussed in group sessions. The following key points were:

• Ensure that lessons and resources are shared with other countries across the region.
• Campaigns need to also look at factors fuelling MCP, for example alcohol and economic inequality.
• Look at and focus on relationships and communication especially since sex and love are so easily disconnected. A key challenge is how to address the issue of an individual being in a relationship with someone they love while also needing sex with someone they don’t love.
• Interpersonal discussions should occur in multiple settings including schools and communities, and messaging should show couples engaging and talking with each other about emotions, love and desire.
• Addressing MCP is a long process that cannot be solved in two or three years – possibly even 10 years - and communications approaches must be long term with flexibility for evolution of messaging and approach as impact is achieved.
• A staging of messaging was suggested with an initial stage that highlights the risk involved in MCP and later stages exploring strategies that address the risk and challenge social norms.
• Communications should acknowledge the complacency around prevention that has coincided with treatment success and seek to reinforce the message that living with HIV is difficult, even with treatment. Furthermore, communication approaches that consider this route must fully involve people living with HIV in order to avoid unintentional stigma.
• Strategies could include encouraging sexually active older people who are HIV negative to talk about how they managed to live fulfilled sexual lives and remain HIV negative.
• Clarity in messaging is vital and care needs to be taken with terms and expressions that have multiple meanings - for example ‘faithfulness’ and ‘partner’ which can have different meanings for different individuals.
• Concepts like ‘honesty’ were thought to be less ambiguous and could be used effectively.
• Campaigns should involve multiple ‘targets’ and should not only focus on promoting the benefits of loving and protecting oneself but also encourage happy and meaningful relationships with a sense of well being and satisfaction.
• Communications should always be underpinned or supported by mechanisms for further debate and discussion at community level.
• Regarding the overall tone of a regional campaign, some participants suggested the need for boldness that tackled culture head on and used anger to stimulate action and activism, whereas others urged cautious approaches that worked with cultural norms rather than challenged them. All recognized the importance of identifying cultural gatekeepers and bringing them to challenge certain harmful cultural practices either through more controversial ‘direct challenging’ or a softer exploration of solutions.
• Communications should seek to personalise the issue of MCP and
Discussion on the further use of OneLove across the region acknowledged that the campaign could provide a useful platform especially if it was flexible, open to national adaptation, and leveraged broad consensus within countries in order to make it work best at country level. Specific suggestions included greater integration of community drama into the regional strategy, the use of HIV positive people as role models and resource people in prevention and the use of a regional approach to make the case for communication as an effective HIV prevention intervention. Soul City clarified that the name OneLove came through pre-testing across the region and was not a South African concept. Different interpretations of ‘OneLove’ led to agreement that campaigns should include harm reduction and partner reduction elements rather than just promoting one partner. The OneLove campaign clarified that in fact OneLove included different approaches.

In addition, it was said that the campaign could help the region respond to the SADC call for further harmonization and incorporate a strong advocacy component to set the tone and expectation for country-level action. Timing and staging of the campaign was felt to be important with an initial emphasis on encouraging heightened understanding of the MCP risk facing all of Southern Africa. Participants also felt that donors would respond well to collective evaluation of effort that also secured greater synergies and communications impact.

IV. SOCIAL CHANGE COMMUNICATION

This section of the meeting heard presentations exploring different aspects of social change communication. Shereen Usdin of Soul City offered an introduction to current social change communication debates and practice within the context of a broader social ecology model that positions social change communication alongside and complementary to other communication approaches. Sandra Ngwena of the Africa Broadcast Media Partnership presented on working with the broadcast media, Carol Wamatu of PSI Kenya talked about the Kenyan experience around social marketing of condoms and Janine Simon-Meyer and colleagues from IOM presented on using communication at the community level.

Current social change communication debates and practice

One of the key priorities of the meeting was to understand how social change communications can be effectively applied to HIV prevention and to encourage communication practitioners to include social change communications approaches within broader communications or campaigning efforts. This presentation outlined social change communication for HIV within the ‘social ecology model’ that also seeks to leverage the strategic use of advocacy, communication and social mobilization to systematically facilitate and accelerate change that does not just look at behaviour but also addresses the underlying drivers of HIV risk, vulnerability and impact.

It was noted that while there are successful programmes with the capacity to blend participatory methods of community dialogue and empowerment with mass media approaches and other forms of informational and motivational communication and advocacy, the goal of all of these programmes is to act as a catalyst for ‘positive change’ at the individual, community and policy levels. However, there is no clear definition of the approach, core components and quality standards in the applications. And while SCC is being used by many practitioners as a programmatic approach, to better monitor and evaluate successes a taxonomy of terms is needed for consistency. These findings are consistent with the recommendations of the April 2007 UNAIDS HIV Prevention Reference Group Meeting, which called for guidance on definitions, core components and quality standards for HIV prevention social change communications activities to ground initiatives within a particular theoretical framework and better measure the impact.
The social ecology model for strategic communication illustrates levels of influence surrounding individuals, social networks, community and societal levels that involve many reinforcing parts. An individual is a member of a broader environment of family, community, society and state and his/her behaviour is not only self determined but assisted by the broader construct and influenced by formal and informal networks- family, community, society, national and regional. In this regard, change requires efforts targeting several different levels at the same time and when aligned, coordinated, and sustained, diverse efforts and partners can produce strengthened, cumulative results over time.

Social change takes time, and interventions need to have a long-term plan of five years or more, with simultaneous interventions on multiple levels, and coordination of efforts to maximise impact. The combination methods, partners and time-scales of social change communication require multiple, linked M&E strategies, and the UNAIDS-led global social change communication working group is developing an M&E framework for social change communication in consultation with implementers and researchers in HIV communication.

**Using Broadcast Media**

The presentation offered an insight into the opportunity afforded by the African Broadcast Media Partnership to extend and reinforce communication efforts. The Partnership came out of a call by former UN SG Kofi Annan for the media to become more proactive in the fight against HIV and AIDS. The Global Media AIDS Initiative was formed alongside the African Broadcast Media Partnership which includes 35 countries with 57 public and commercial broadcast companies. The ABMP works on a hope centred approach and their specific objectives are to:
• Develop policies, strategies and structures to ensure integration of HIV and AIDS as a core business priority of the company;
• Dedicate resources, including financial, technical and other expertise from their own existing resources in support of the first objective;
• Identify and develop program content across programme genres and schedules with consistent, clear and forthright messaging within a comprehensive communications approach to HIV reduction;
• Engage with government and other in-country partners to coordinate with in-country HIV and AIDS campaign and to leverage additional resources in support of these objectives;
• Commit a minimum of 5 per cent airtime per day in an 18 hour daily schedule (06h00-24h00) across all stations and programme formats.

Discussion

Competition for resources and air time can sometimes result from initiatives like the Africa Broadcast Media Partnership. For example, in Namibia, communications programmes have found it difficult to negotiate partnerships as broadcasters have already committed the five per cent airtime to ABMP programming. ABMP and Onelove both agreed that it is important to ensure local work is enhanced and not compromised by regional efforts and that more preparation and consultation time is sometimes needed to ensure regional efforts work in a supportive and coordinated way on the ground with key national partners.

Regarding the development of ABMP content, local broadcasters are part of a creative subcommittee that aims to be culturally sensitive, and includes representation from across the region.

Social marketing in Kenya

PSI Kenya presented experience from the social marketing of condoms. Condoms were identified as a youth product for promotion recognizing the low reported condom usage among young women aged 15-24. From the start of their campaign PSI focussed on men and moved away from the functional benefits of the product and tapped into youth aspirations. They decided to focus on youth with regular partners since the majority of this group report unprotected sex.

PSI has been challenged to develop different approaches for different target audiences as condoms had become associated with casual sex alone. Encouraging condom use within more established relationships was the real challenge resulting in the need to constantly monitor the sexual behaviour in order to understand when and how condom promotion was needed.

PSI is itself a strong brand, which can present a challenge when engaging stakeholders who have questioned whether PSI sponsored efforts are based on a profit motive linked to a commercial interest in increasing product sales. All of these issues have had to be tackled within the context of constantly shifting trends and behaviours.

Targeted communication for local communities

The International Organization for Migration presented on the Partnerships on HIV and Mobility in Southern Africa (PHAMSA) Project, which seeks to address the dislocation of migrant communities and create a sense of a caring community, and healthy lifestyle, that may encourage people to avert the risk of HIV. Migration is one of the main contributors to MCP in Southern Africa. PHAMSA has seven pilot sites in five countries in three sectors-commercial agriculture, mining, fishing. Their social change communication approach is modelled around community dialogue, peer education and community mobilisation. IOM has identified several challenges to implementation of social change communication including the fact that the organization is not a specialist communications organization and that there is a need to further integrate efforts with existing programmes, resources and skills to make the best of opportunities.
Discussion

Working groups presented the following points as elements that should be achieved through a focus on MCP in HIV prevention communication:

1. Shared communication tools are critical to a concerted regional effort that addresses all levels of the social ecology model, including both narrative and visual materials that help communicate the basic concept of MCP and why it poses an HIV risk.

2. Tools for professionals to respond to an increased public awareness and in order to support different interventions, for example couple counselling, referrals, interpersonal communication. These could also be useful to back up each of the different stages in the social ecology model.

3. Mass media and general public information should be creative and entertaining in addition to being accurate and informative. Advocacy that influences public debate and supports social mobilization and activism on the issue was also felt to be important.

4. Preparation should help identify the strengths and weaknesses of partners working at different levels to help ensure all parts of the social ecology model were addressed and did not lead to a lopsided effort, for example, high levels of mass media work remained unsupported by community level effort and interpersonal communication.

5. A range of media and approaches with consistent messaging should be used in any context including:
   - Talk shows, dramas, PSAs, radio shows
   - Billboards, booklets, pamphlets, posters
   - National forums - parliament, meetings to ensure that is on the national agenda
   - Behavioural change communication
   - Advocacy to ensure all government ministries are engaged
   - Social mobilisation including the use of ambassadors, celebrities and role models to talk about the messaging
   - Advocacy targeting the gatekeepers of social norms including community and faith leaders
   - Tools to support informed peer to peer conversations
   - Media training on MCP

V. BUILDING A COMMUNITY OF PRACTICE

For the penultimate session three presentations helped inform group thinking about options for building a community of practice for practitioners working in HIV prevention communications across the hyper-endemic Southern Africa region. Naume Kupe, AIDSPortal, Sara Page, SAFAIDS and Anya Venth, Soul Beat Africa, which all support HIV related communities of practice in Southern Africa, presented information and experience on how their efforts support networking and expertise.

AIDSPortal is an initiative to facilitate knowledge sharing and networking among organisations involved in the AIDS response. It is a web portal for use to share information, and they develop and adapt simple tools to support country and region led networking. AIDSPortal can also lend technical advice to organizations seeking to be better linked to electronic HIV and AIDS information and partners. SAFAIDS, on the other hand, their core business is
documentation, information production and dissemination, networking, building partnerships, capacity development, advocacy and promoting dialogue on HIV and TB. And, Soul Beat Africa is another well established web based platform for discussion and debate with thousands of subscribers. It is part of the Communications Initiative Network, with interactive features: page reviews, polls, blogs, discussion forums and online collaboration.

These organizations suggested that building a community of practice for MCP should use a combination of approaches including face to face meetings, documentation of best practice, strategies and evaluation and e-discussions. They agreed that identifying the level of debate at community, national or other levels, and ensuring that facilities are in place to keep the agenda alive was an important focus for any community of practice. The publication of grey material that is often omitted from other websites was thought to be hugely useful as were the opportunities to easily link to activities at country level rolling out across the region.

Discussion
Three questions were used to prompt and guide discussion:

- What capacity is needed to establish an effective community of practice?
- How can we best document and share best practices?
- How can we build communities of practice using the internet?

Groups agreed that a regional community of practice should reflect some of the regional structures with SADC emerging as the most obvious platform to support networking. A community of learning with common goals and experiences that draws on the national AIDS authorities of the SADC region could be extremely useful. The community would quickly need to define its common goals, describe the various initiatives that keep it ‘linked’ as a community and also articulate what is best practice within the community.

Ideally the community should focus on broad linking themes such as MCP but include all communication aspects of combination HIV prevention. Skills and capacities needed to support an emerging community of practice include facilitation, documentation and editing capacity with strong access to technology. The community would need to ensure that members could easily access web based information and draw on emerging new leadership within the community for technical and political guidance as well as leadership in moderation, facilitation and convening. Expertise in HIV and AIDS, public health, monitoring and evaluation, social science, marketing and publicity in addition to communications would be vital to a thriving community and any design should reflect that.

A common understanding of the commonality that links members would need to be established particularly if the community emerges as envisaged as a multidisciplinary entity. Membership mapping would help ensure who is ‘on board’ and able to contribute and who is active in which complimentary field. A core group of active and high profile participants would help ensure that the community of practice has movement and direction.

Regarding best practice, the community must be able to respond timeously to emerging issues and emerging practice in order to effectively influence other countries approaching similar challenges. Fast learning of lessons was viewed to be crucial should best practices really have impact. Country specific policy and strategy documents should be shared even when not critiqued or analysed to help support regional joint learning. Evaluations should be shared and posted including any lessons learned as organizations start implementation. Any new research should be shared and the community of practice could also be a useful reference for countries keen to test materials and draft strategies in development.

An opportunity to question and define concepts is vital in helping ensure that the region moves ahead based on its own realities rather than global realities debated in Washington or Geneva. Meetings,
conferences and websites should also profile best practices and existing manuals such as those developed by SAFAIDS, which should be used to guide best practice development. Best practices with the most likely policy and programming influence were identified as the most useful.

The internet is an important and obvious platform to underpin the emerging community of practice in the region and should support face to face meetings and other aspects of the community and be used as the most consistent common platform or connection for daily interaction. An internet platform could be shared and promoted through a variety of partner newsletters and websites and help ensure that community members are able to understand who is who and who is doing what in the region.

National policy and strategy documents should form a core part of the internet platform; especially as prevention and communication strategies and plans are often notoriously difficult to access via government or NAC websites. This type of grey material may well be ‘posted’ with SADC or UNAIDS already yet is not widely accessible.

Evaluations of MCP projects would be useful alongside up to date research and summaries of current debates on MCP related issues. Communication and campaign materials developed for MCP should be posted online to stimulate the creativity of countries and organizations starting to develop briefs and creative approaches to address MCP. An electronic site could also include a feedback or interactive mechanism to support information exchange.

Online discussion forums to share lessons learned could be integrated into the internet platform or website and could include ongoing forums with email components to provide regular updates. Some caution was expressed about the amount of resources needed to properly moderate discussion forums even though they are useful when well populated and considering that emails/postings can be just as informative as discussion.

VI. CLOSING SESSION
There was broad agreement that the meeting was an important step towards developing an active community of practice for HIV prevention communication in Southern Africa to accelerate efforts and promote a more coordinated response to MCP and HIV.

The meeting recommendations were:
1. Hold a follow-up meeting in March or April 2009.
2. Considerably widen the constituency of meeting attendees to include more grassroots and more regional level representation, including most importantly the engagement of SADC which had not been possible at this meeting.
3. Partners should share costs where possible and look to also secure two opportunities a year to bring practitioners together for face-to-face interaction.
4. UNAIDS should ensure that local engagement of UNAIDS country offices and joint UN teams was secured – the regional management meeting of UNAIDS was highlighted as an opportunity to brief country staff and encourage their broader engagement and support.
5. UNAIDS will create specific pages on its regional website www.unaidsrstesa.org to post the meeting report and key presentations.
6. Work on multiple concurrent partnerships must not be allowed to develop as a separate component outside of the broader package of combination prevention efforts.
7. Messaging should be clear and bold but not necessarily seek to prescribe an ‘answer’ to MCP, but rather MCP communication needs to be more sophisticated in raising the issue clearly and then acknowledging that the best solutions will be developed at
an individual and community levels. Communication should resist the temptation to ‘try and do it all’.

8. Motivate several tiers of participation including securing opportunities for truly multi-disciplinary engagement that ventures beyond established communication fields to embrace professionals working in HIV prevention, AIDS strategy, social sciences, gender and broader development.

9. Any work at the regional level should draw heavily on country needs and build on existing stakeholder engagement efforts when developing strategies and designing approaches.

10. There is need for strong advocacy at the regional level to influence policy makers and opinion leaders with projects such as the Champions initiative and AIDS2031 offering opportunities to engage existing leadership structures.

11. UNAIDS should take a leadership role working in partnership with Soul City, Soul Beat, AIDSPortal and SAFAIDS to further define how a regional ‘community of practice’ would grow and develop.

12. The group should remain realistic and set achievable goals as the community of practice develops – acknowledging that it is easier to plan and harder to implement. The idea of rotating responsibilities for convening and coordination was proposed although there was also consensus that UNAIDS should take on a leadership role in future coordination.

13. A website or websites together with e-forums and other regular forms of communication would help support the growing community of practice and complement planned face to face meetings.

14. Considering that a regional campaign could help address the stigma sometimes associated with some ethnic groups who have been ‘blamed’ for HIV incidence in the past, use the Onelove campaign to advocate at a high level and in a way that reduces the political risk of some leaders in country in stepping forward to champion MCP.

15. Existing mechanisms such as the Soul Beat Newsletter on MCPs in December 2008 should be used strategically – as should the SAFAIDS newsletter. Both organizations called for inputs and more engagement.

UNAIDS and Soul City committed to working closely with the SADC Secretariat HIV team to ensure their full engagement as the work develops - including ensuring that SADC structures referenced the work underway in the region looking at multiple concurrent partnerships.

Footnote pg4:

1 The Swaziland Consultation recommended that partner reduction should be a key focus for social change communication interventions at the country and regional levels, recognising that multiple and concurrent partnerships with low consistent condom use, in the context of low levels of male circumcision are key drivers of the HIV pandemic in Southern Africa.
## Annex One: Meeting Agenda

### Day One: WHERE ARE WE?

**Objective:** Reaffirm understanding of research, regional context and focus on MCP; highlight the importance of regional collaboration and consistency of message.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session and Objective</th>
<th>Presenter</th>
<th>Chair</th>
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</thead>
<tbody>
<tr>
<td>08.30</td>
<td>Arrival, registration, coffee</td>
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<tr>
<td>09.00</td>
<td>Outline of the meeting objectives</td>
<td>Andy Seale (UNAIDS)</td>
<td></td>
</tr>
<tr>
<td>09.15</td>
<td>Welcome, logistics and introductions</td>
<td>Harriet Perlman (Soul City)</td>
<td></td>
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<tr>
<td>09.45</td>
<td>Overview: Placing MCP in Africa within the wider HIV prevention agenda</td>
<td>Mark Stirling (UNAIDS)</td>
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<tr>
<td>10.15</td>
<td>Tea Break</td>
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### Research on Emerging Evidence

**Session Objective:** Share emerging evidence on MCP, highlighting the importance of regional focus and collaboration.

<table>
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<th>Time</th>
<th>Session and Objective</th>
<th>Presenter</th>
<th>Chair</th>
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</thead>
<tbody>
<tr>
<td>10.45</td>
<td>Impact of coordinated communications: findings from SA survey</td>
<td>Warren Parker (CADRE)</td>
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<tr>
<td>11.15</td>
<td>Evidence for focusing on MCP</td>
<td>Prof. G Setswe (HSRC)</td>
<td>Sue Goldstein (Soul City)</td>
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<tr>
<td>11.45</td>
<td>MCP: 10 country regional MCP study</td>
<td>Michael Jana (Soul City)</td>
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<tr>
<td>12.15</td>
<td>Facilitated group discussion</td>
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<tr>
<td>13.00</td>
<td>Lunch</td>
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</table>

### Updates on experiences and lessons learned from MCP

**Session Objective:** Share practical experiences in addressing MCP; highlighting gains and challenges.

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<th>Session and Objective</th>
<th>Presenter</th>
<th>Chair</th>
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<tr>
<td>14.00</td>
<td>Uganda: Straight Talk</td>
<td>Topi Agutu (Straight Talk)</td>
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<tr>
<td>14.20</td>
<td>Botswana: National MCP Campaign Plan</td>
<td>Toby Kasper (Botswana PSI)</td>
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<tr>
<td>14.40</td>
<td>South Africa: Scrutinize Campaign</td>
<td>Richard Delate (JHESA)</td>
<td>Lebo Ramafoko (Soul City)</td>
</tr>
<tr>
<td>15.00</td>
<td>OneLove Campaign</td>
<td>Finelda Khuruses/Desert Soul</td>
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</tr>
<tr>
<td>15.20</td>
<td>Questions for clarification</td>
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<tr>
<td>16.00</td>
<td>Tea Break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.15</td>
<td>Breakout group discussions</td>
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</table>

**Breakout Objective:** Smaller group discussion. Similarities, differences and challenges in approaches to addressing MCP. How to manage consistent messaging.

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<th>Time</th>
<th>Session and Objective</th>
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<tbody>
<tr>
<td>17.00</td>
<td>Group discussion continued with food and drinks</td>
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The session will look to close at 18:00 but participants are welcome to stay into the early evening. Light food and drinks will be available.
**Day Two: WHERE ARE WE GOING?**

*Objective:* Recap key principles/ recommendations for effective communication; deepen understanding of effective social change communications; discuss opportunities for regional collaboration; explore ways to create a regional hub for information sharing on MCP.

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<th>Time</th>
<th>Session and Objective</th>
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<tbody>
<tr>
<td>09.00</td>
<td>Recap Day one. Group work feedback</td>
<td></td>
<td>Simon Sikwese</td>
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<td></td>
<td><strong>Effective Social Change Communication</strong></td>
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<tr>
<td></td>
<td><em>Objective:</em> Principles for effective social change communication, current debates and practice.</td>
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<tr>
<td>10.00</td>
<td>Introduction to Social Change Communication debates and practice</td>
<td>Shereen Usdin</td>
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<tr>
<td>10.20</td>
<td>Using Broadcast Media</td>
<td>Sandra Ngwenya (ABMP)</td>
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<tr>
<td>10.50</td>
<td>Social marketing (emphasis on condom use)</td>
<td>Carol Wamatu (PSI Kenya) Rayhana Rassool</td>
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<tr>
<td>11.20</td>
<td>Tea Break</td>
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<tr>
<td>11.45</td>
<td>Targeted communication for local communities</td>
<td>Janine Simon-Meyer (for IOM)</td>
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<tr>
<td>12.15</td>
<td>Facilitated group discussion</td>
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<tr>
<td>13.00</td>
<td>LUNCH</td>
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<tr>
<td></td>
<td><strong>Building a community of practice</strong></td>
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<tr>
<td></td>
<td><em>Objective:</em> to build a community of SCC best practice; explore ways to create a regional hub for information sharing.</td>
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<tr>
<td>14.00</td>
<td>Connecting and building a community of practice</td>
<td>Naume Kupe (AIDS Portal)</td>
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<tr>
<td>14.15</td>
<td>Documenting and sharing best practice regionally</td>
<td>Sara Page (SAAIDS)</td>
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<tr>
<td>14.30</td>
<td>Building communities of practice using the internet platform</td>
<td>Anya Venth (Soul Beat) Andy Seale (UNAIDS)</td>
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<tr>
<td>14.45</td>
<td>Facilitated discussion</td>
<td></td>
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<tr>
<td>16.00</td>
<td>Tea Break</td>
<td></td>
<td></td>
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<tr>
<td>16.15</td>
<td>Recommendations for moving MCP Regional Collaboration forward</td>
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</tr>
<tr>
<td>17.30</td>
<td>Close</td>
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## Annex Two Participants List

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## Annex Three: Meeting Evaluation Summary

### Things that work well

**Meeting Structure**
- Meeting of HIV prevention communications practitioners is a good idea
- Organization - pre-planning and organization before the meeting; sending out agenda and important information beforehand; good time management
- Agenda - focused; sufficient time allocated to session and breaks;
- Participants - diversity of participants added great value for deliberations
- Documentation - Sharing of documentation and presentations “it’s amazing that we all have soft copies of the presentations”
- Networking - the opportunity to network; social interaction in the evening allowed time for one on one informed networking

**Content**
- Presentations – relevant; refocused attention on importance of tackling MCP within broad HIV prevention; Information sharing from partners based on evidence; Practical examples of best practice from various partners; Background and rationale information on why MCP must be a priority in HIV prevention; How to use the internet to take the dialogue forward; Country specific examples; Presentation of Onelove
- Group discussion – rich discussions; focused attention on importance of tackling MCP within broad HIV prevention; good participant comments; good variety; experiences on other campaigns and initiatives; Group work feedback

**Logistics**
- Central venue
- Good food

### Things that could be improved

**Meeting Structure**
- More organizational representation outside of the few major organizations – involve CS organizations implementing on the ground; governments; BCC specialists in NACs and SADC
- Presentations - Presenters should stay for the entire meeting; extending the call for presentations earlier so other people get an opportunity to present; presentation times too short
- More group discussions and activities (to keep energies up and people focused); broader group breakout sessions with specific outcomes/ workplan; participation in small groups flagged somewhat towards the end
- Circulate meeting notes and participant contacts

**Content**
- Discussions - should have included one on the coordinating mechanisms; discussions started to go too far into designing campaigns which was not productive
- Presentations - more focus on the needs and nature of a regional response (before) looking at how response would take place; there should be a separation of what are regional elements and what has to be done at country level; there needs to be less time on information needs; should have included ways to market MCP to leaders; presentations on communities of practice were too similar

**Logistics**
- Venue: Air conditioning/ venue ventilation
- Early communication prior to meeting on logistical issues
- Accommodation: participants should be housed in the same hotel