



Regional Behavior Change Communication Network

March 2005

DAR ES SALAAM, Tanzania—Behavior-change communication (BCC) is not only a proven HIV prevention tool, it is an indispensable component of safe and effective care, support and treatment programs, including those that provide antiretroviral therapy (ART), according to HIV specialists who gathered at a workshop in Dar es Salaam, Tanzania, during February 21-25, 2005.

“Tanzania is a country of partnerships and is delighted to welcome everyone to discuss the essential partnership between BCC and care, support and treatment,” said Dr. Ali Mzige, Director of Preventive Services with Tanzania’s Ministry of Health. “We look forward to learning more on this subject from the rich and varied experiences of our neighbors in the Africa region who are represented at this meeting.”

Sixty-five professionals from 11 countries attended the workshop, entitled *Behavior Change Communication for Care, Support and Treatment*. The workshop was funded by USAID’s Regional Economic Development Services Office (REDSO) through the component of its program managed by Family Health International (FHI). Clinicians and BCC practitioners from the Democratic Republic of Congo, Eritrea, Ethiopia, Kenya, Mozambique, Namibia, Rwanda, Sudan, Tanzania, Uganda and Zambia discussed ongoing BCC activities related to care and support, and identified gaps where the power of BCC has yet to be harnessed. The workshop was the first cross-disciplinary gathering of its kind.

“This is an opportunity for clinicians and BCC practitioners to come together and share ideas, best practices and really commit to implementing BCC in the spirit of HIV prevention, care and support,” said Dr. Jeff Ashley, Director of the Office of Regional HIV/AIDS Programs in Nairobi. “The focus is not only on the preventive element—when to abstain, how to be faithful, when to use a condom—but on the clinical elements as well. Compliance with antiretroviral drugs, when to see a provider . . .”

Mary Materu, a nutritionist from Tanzania, was pleased to discuss HIV and AIDS with colleagues from different technical areas: “When I came here I said, ‘I go to meetings, but it’s always the same people you know, because we just go to nutrition meetings.’ And here now, many of the BCC people know each other. So we need to integrate more.”

The workshop was organized by the Regional Behavior Change Communication Network, an informal coalition of BCC practitioners who reside or work in Africa. The Network was launched in October 2001, recognizing the severity of the AIDS epidemic and the critical need for high-impact BCC as a strategic component of the response. The purpose of the network is to: highlight the pivotal role of BCC in HIV and AIDS prevention and

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—Dr. Ali Mzige
Director of Preventive Services
Tanzania Ministry of Health

mitigation; improve the quality of BCC activities; reach all BCC practitioners in the region; and provide a forum to exchange key information and innovative practices.

Innovation was a major focus of the workshop. Participants highlighted a range of unique approaches—many of them low cost—to promote treatment seeking and drug adherence. These included enlisting drug-adherent ART patients to support new patients, involving mothers who successfully took Nevirapine and gave it to their child as counselors in prevention of parent-to-child-transmission (PPTCT) programs, recruiting traditional birth attendants to mobilize participation in PPTCT, and adapting family planning and chronic disease management strategies for ART services. (Resource kits on these and other approaches will be posted on the BCC Network website in the coming weeks.)



Video still/Robert Ritzenthaler, FHI

Why do the neighbors gossip?

Clinicians and BCC practitioners act in a role play to dramatize the impact of stigma and discrimination on HIV disclosure and treatment-seeking behavior.

Participants also drew attention to BCC interventions—yet to be developed—that could have high, immediate impact. Dr. Denis Tindeyba of the Elizabeth Glaser Pediatric AIDS Foundation/Tanzania presented a shining example. He cited a Zambian study showing that cotrimoxazole—a simple, inexpensive and widely available drug—can reduce mortality in HIV-positive children by approximately 45 percent, regardless of age or CD4 count. Yet this treatment approach, to be included in updated World Health Organization guidelines, is not known or used by most pediatric AIDS specialists.

“If we provide this child with cotrimoxazole, this child will live a little longer,” Dr. Tindeyba said. “But these messages are not being given out to the mothers. Can you, communication experts, help us provide this simple message?”

REDSO strongly encouraged participants to return to their countries, incorporate innovative approaches discussed at the workshop and report the impact of their efforts. “Just think for a minute how many lives will improve if the people in this room just take home one innovation they learned about at this meeting,” said Gail Goodridge, FHI’s REDSO Project Director. “And imagine how many more lives will benefit if you report back your own adaptations to these practices and these are shared further in our region?”

In a draft declaration of commitment, clinicians and BCC practitioners underscored that without BCC—integrated into clinical and community-based services from the start—people living with HIV and AIDS will have difficulty entering and remaining in the continuum of HIV care, support and treatment. ♣