Report on the 2nd International Executive Diploma Conference on HIV/AIDS Prevention

Govender I, MBChB (Wits), MBA, MCFP (SA), Dip. (HIV/AIDS Prev.) PO Box 428, Stanger, 4450, Email: indiran@telkomsa.net

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I recently attended the International Diploma Conference on HIV and AIDS Prevention, held by the College of Venereal Disease Prevention of London. The course took place at the Falmer Campus Conference Centre of the Brighton University from the 23 to 27 August 2004. The course structure and content were very appropriate to a universal approach to HIV and AIDS prevention. I found the experiences of other delegates and what is happening in their respective countries very enlightening and educational. Delegates came from all parts of the world with most representatives from Africa including Ghana, Nigeria, Uganda, Botswana, South Africa, DRC and West Indies. The course coordinator and Principal of the College of Venereal Disease Prevention, Dr. Prince Efere, is a natural facilitator and educator. A well-informed and engaging speaker, filled in when two speakers were unable to present their topics. Speakers and presenters were from communities working with people at risk for HIV/AIDS organisations, media consultants and human rights activists and included religious organisations.

Surprisingly 20 million people in the UK are below the poverty level. The prevalence and outcome of HIV and AIDS was highest in this group and ways of targeting education to this population were explored. Religious approaches with formation of support groups and formalized structures showed positive influence on the education and prevention of HIV/AIDS. The links between poverty, drug abuse and education were also explored. Some clinical aspects were discussed but not in detail. These included the HIV virus, modes of transmission, opportunistic infections, and vaccine development. A lively discussion on the origin of the HIV virus ensued with different theories presented.

A delegate human rights lawyer, discussed the influence of HIV/AIDS on the rights of humans, both as members of society and as patients. The impact of HIV/AIDS on the workplace and views on discrimination were also presented and encouraged a healthy discussion session. The South African delegates comprised doctors, representatives from the transport department and non-governental organisations. Other delegates included members of parliament from Ghana and Uganda, the Red Cross, volunteer and church organisations, departments of health from various African countries and school teachers. The conference afforded delegates the opportunity to educate themselves about interventions in other countries, such as Uganda, Ghana and West Indies, who have central HIV/AIDS committees in the offices of their presidents, which have positively allowed for unified concerted efforts against HIV/AIDS. Statistics indicate that their policies have been highly effective. This was demonstrated by the decreasing incidence of HIV/AIDS in these communities. The decrease in HIV/AIDS prevalence in these countries is different from other countries in Africa which have a more fragmented approach. Some countries like Uganda have included sex education in the school curriculum starting at the primary school level. The impact has been a move towards safe sex practice including abstinence, use of barrier contraception, decreased stigmatisation and incidence of HIV/AIDS. Thus the increased knowledge has led to changes in sexual behaviour. Some customs in Africa, such as the inheritance of a dead brother's wives have also been abandoned to some extent due to the fear of HIV/AIDS

This conference showed me the need for a central co-ordinating body in

the fight against HIV/AIDS. The fight against HIV/AIDS needs a global approach which includes decreasing poverty and improving living conditions, education aimed at prevention, sexual education and antiretroviral therapy for those infected with the virus. There is a need for formalized approaches with regard to sex education in the school curriculum at all levels. Poverty and HIV/AIDS are intricately related and poverty alleviation programmes and related issues should be primarily addressed before any drug therapy is instituted.

Educational messages must be adequately propagated to the target groups through effective use of all available and appropriate media. If television adverts are used to inform the target group, it must first be ascertained if the targeted group are television owners and viewers; broadcasting time of the advertisement(s) and efficacy of the message must be considered. Another very important aspect of the course was that of strategic planning measures in HIV/AIDS prevention and management. To aid in strategic planning, the PEST (political, economic, social/cultural, technological) and SWOT (strenghts, weaknesses, opportunities, threats) methods were suggested as useful analytical tools. The use of these tools was clearly demonstrated at the conference and long term strategic planning suggested. It exposed me to various tools and methodologies which can now be utilised for HIV/AIDS education in my practice and community. This conference is a platform to network on a macro scale, share experiences and strategise with other delegates on education and training measures. I recommend the course to any family practitioner who wants to broaden his knowledge and skills on the management of HIV/AIDS.¥