

## Co-operatives to bridge Gaps in the HIV / AIDS Awareness

### Programs:

*Most HIV/AIDS communications programs have been aimed at achieving individual-based changes in sexual and social behavior. While aspects of this approach are desirable and should be maintained, evidence from research and practice in many countries shows that existing approaches generally have major limitations in terms of ownership of the awareness campaign and its sustainability; thus, a stakeholder analysis is needed.*

The Rockefeller Foundation Communication for Social Change Network concluded that while mass education campaigns aimed at changing individual behavior play an essential role in AIDS prevention, they are highly unlikely to be successful or sustainable unless they are accompanied by self propelled deep-rooted social changes.

While there remains no cure for AIDS and no vaccine, and effective treatment remain widely unavailable to the poor, the greatest weapon in humanity armory to contain this pandemic remains humanity's most unique characteristic – communication.

One way is to focus on what is actually meant by “communication for social change” and then examine this more narrowly defined process in terms of its constituent parts. Issues such as the role of leadership, the role of the media, participation, accountability and ownership within the response to HIV form integral part of the communication for social change.

The approach associated with deep rooted social change essentially has to have following strategic choices:

1. Sustainability of social change is more likely if the individuals and communities most affected *own* the process and content of communication.
2. Communication for social change should be empowering, horizontal (versus top-down), give a voice to the previously unheard members of the community, and be biased towards local content and ownership.
3. Communities should be the agents of their own change.
4. Emphasis should shift from persuasion and the transmission of information from outside technical experts to dialogue, debate and negotiation on issues that resonate with members of the community.
5. Emphasis on outcomes should go beyond individual behavior to social norms, policies, culture and the supporting environment.

All UN member states adopted the Millennium Declaration, which sets out eight goals to be achieved by 2015. Goal six of the MDGs aims to “*Combat HIV/AIDS, malaria, and other diseases*”. In relation to HIV, goal seven aims to “*Have halted by 2015 and begun to reverse the spread of HIV/AIDS*”.

The above goals relate to a set of targets and each target has following indicators to monitor progress.

1. HIV prevalence among young pregnant women,
2. rates of condom use, and
3. number of children orphaned by HIV/AIDS.

In each country, funding applications are coordinated through the Country Coordination Mechanism (CCM), which is designed to include broad representation from governments, NGOs, civil society, multilateral and bilateral agencies and the private sector. Most NGOs and community based organizations are not taking part in their country's CCM, due to their lack of capacity and the fact that consultations are poorly structured.

Funding in the past has generally focused on those strategies where short-term impact can be easily measured – such as condom distribution programs – at the expense of more multi-faceted programs encompassing social change. Strategies where results can be measured in the short term are not those which will necessarily have the greatest long-term impact.

Over 22 million people have died in 20 years, and more than 42 million people are infected with a virus which was unknown in 1980. Characteristics of this pandemic, caused by a virus that takes up to 10 years between infection and symptoms to appear, and inextricably bound up with complex issues of sex and sexuality, prejudice and discrimination, poverty and inequality, demands a long-term strategy. No widely available vaccine or cure is expected to be developed within at least a decade. Simple prevention methods provide good protection against its most common form of transmission.

It is difficult to reach any other conclusion than that our failure to confront and contain this pandemic is one of history's most spectacular demonstrations of humanity's failings. The vast majority of HIV vulnerable people live in poverty. Any strategy required to tackle it has to be rooted in an understanding that the spread of HIV/AIDS is inextricably linked to issues of gender inequality, discrimination, poverty and marginalization.

Large sums of money have been spent on activities aiming to achieve rapid results. Often the results have been disappointing or short lived. Often the emphasis is on information dissemination, and the distribution of health messages. While information is vital, past successes in fighting AIDS suggest that approaches need to be far broader than this.

A responsible civil society, with communities able to take ownership of the response to HIV/AIDS through a co-operative action, can catalyze extraordinary change and mobilization. Through analysis of the historical response and today's policy and donor context, it is argued that it is time for nothing less than a fundamental reappraisal of HIV communication strategies and the institutional framework to sustain it.

Current international interest, funding and mobilization for AIDS create a unique opportunity to build an effective response to the crisis. But few of the lessons of the past are contributing to current approaches. Past successes have been characterized not only by strong national leadership but also by open public debate. Ownership and participation are vital. What works is when the energy, anger and mobilization of civil society have

been at the forefront of our responses. Too little in today's response to AIDS fosters these dynamics. Co-operatives, being one of the most legitimate and strongest community based organizations have been inadvertently missed by the authorities seating at the CCMs.

AIDS is a long-term and complex problem requiring approaches which will not always be simple to measure. On the basis of past analysis approaches should move from putting out messages to fostering an environment where the voices of those most affected by the pandemic can be heard. This shift from message to voice will mark a fundamental and radical shift in the fight for AIDS.

While HIV/AIDS information and key health messages remain crucial, it is important to look beyond these messages – no matter how empowering and context-sensitive they might be – and help to develop environments where vibrant and internally derived dialogue can flourish.

Globally and historically, leadership on HIV/AIDS issues has more often come from the bottom of society than it has from the top. Co-operative movements on HIV/AIDS could not only be critical in raising awareness of HIV/AIDS issues in terms of health and sexual behaviors, but they could also be the main instigators in politicizing it.

*Strengthening community participation in creating greater social cohesiveness is one approach to shifting the risk profile of vulnerable population.” Social cohesion is defined as “When people have a sense that they are engaged in a common enterprise; they believe they are facing shared challenges; they are members of the same community; and they are hopeful.”*

It is often argued that mass media campaigns are not effective in directly changing individual sexual behavior, and this is sometimes true because of ad hoc and fragmented approach. The media could be more effective and critical in stimulating public debate and dialogue, and in challenging the kind of long-established social norms that prevent more widespread changes in behavior, if the follow up and door step service is rendered by a responsible co-operative action.

Time has matured to draft a global policy based on co-operative action to deal with the menace.