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Report of the UNAIDS Technical Consultation on Social Change Communication

2–3 August 2007

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Executive summary

This document provides an overview of the discussions at the UNAIDS technical consultation on social change communication on 2–3 August 2007 at UNAIDS, Geneva. With 11,000 people being infected every day, HIV prevention is a global priority. UNAIDS *Practical guidelines for intensifying HIV prevention* urge countries to match prevention responses to their epidemics and stress the need to tackle the social drivers of the epidemic, such as gender inequality, HIV related stigma and discrimination and human rights abuses. The meeting explored the role of social change communication in achieving these ends through activities that are effective, measurable and can be taken to scale.

It became evident, during the technical consultation, that there are a number of challenges within the field of health communication and social change communication. These include a lack of coordination, investment and consensus on key issues. Within the context of HIV prevention, and in social change communication more generally, this consultation helped develop a shared recognition of some of these problems and possible solutions. Important steps were taken in the longer-term process of developing a comprehensive approach to social change communication for HIV prevention.

Much work remains, but the technical consultation provides a clear indication of the steps needed to shape communication interventions that will go beyond promoting individual level behaviour change to tackle the social drivers of the epidemic. Importantly, an array of approaches for communication for social change, which previously may have looked separate, or even incompatible, have now been shown to be broadly complementary. Together these approaches work at various levels, utilizing a range of methods, from community mobilization through to mass media interventions. By highlighting the breadth of techniques and approaches, and showing the specific contribution different elements can make to HIV prevention, it will be possible to help those who plan and implement national HIV prevention efforts to design communication programmes accordingly.

A number of practical next steps and actions were identified and, building on the information generated at the meeting, guidance and technical support will be offered on social change communication for national AIDS programmes. A short paper on social change communication, describing the benefits and challenges of its application, will be developed. This will be followed by a high level briefing on social change communication and a technical update, which will explain what is meant by social change communication. It is hoped these documents will help UNAIDS country offices and national AIDS programme managers understand social change communication and enable them to promote it at the national level. They will be disseminated well before the 2008 UN General Assembly reporting.

In order to advance the scheme, opportunities to test the application of these materials will be sought among a few UNAIDS country offices. Given that many UNAIDS co-sponsors have different approaches to communication, efforts will be made to help harmonize efforts, or at least to share examples of successful work.

From the technical consultation, groups emerged to take forward three tasks through working groups: the first on monitoring and evaluation; the second on developing an advocacy strategy showing how social change communication can be broadly promoted, the third on developing

a matrix that lays out the different communication methodologies that can be applied for different purposes or contexts.

Objectives of the meeting

UNAIDS outlined the rationale and objectives for the meeting. Barbara de Zalduondo, UNAIDS, recounted that the UNAIDS Prevention Reference Group meeting in April 2007 had asked the UNAIDS secretariat to consult a range of partners and experts in order to provide countries with guidance on the definitions, core components and quality standards for key HIV prevention activities. The UNAIDS Technical Consultation on Social Change Communication is a continuation of this process, helping UNAIDS review and expand its advice and guidance on the scale and types of efforts necessary to reduce HIV risk behaviour in different epidemic scenarios.

Behavioural prevention (as opposed to clinical services) is falling behind other parts of the response, partly because there is little shared understanding of the specific mix of social and behavioural interventions that are needed in order to reduce vulnerability and risk behaviour. Whereas for treatment and care, there are definitions and standard operating procedures and measurable targets on a range of programmatic outputs (for example, the diagnosis and treatment of Sexually Transmitted Infections and Tuberculosis, for behavioural prevention no such programmatic roadmap exists and there is little consensus on what programme components are required to achieve the desired behavioural outcomes.

de Zalduondo pointed out the consultations held in developing the UNAIDS Prevention guidelines[1]made clear that there is ample knowledge and consensus on what needs to be done to provide comprehensive HIV prevention for a range of populations who are key to the epidemic dynamic and to the response (men who have sex with men, sex workers and their clients, injecting drug users, prisoners et al.). They called for more operational guidance though on how to influence the social drivers that make many of these groups vulnerable[2]. “It’s time to move on from saying, ‘Gender and stigma are important but we don’t know how to make programmes to counter them. When we said that ten years ago, it was understandable. But not today.’ It’s time to say, ‘No, we do know how to do it, and it’s time to get started.’” Many of the debates on social change communication have reached a conclusion in terms of broad principles including the need to reduce gender inequality, HIV-related stigma and human rights violations. There is acceptance that multi-level communication programmes are required. Yet, as countries develop costed national strategic plans, they need a list, including costings, of the core components of comprehensive HIV prevention programmes, including the elements of social change communication programming.

de Zalduondo noted that, though much has been said about how much social change communication has to offer, before UNAIDS can provide guidelines for countries, we need to gather, synthesize and simplify concrete advice on methods for different audiences, along with their costs, expected outcomes and indicators that can be tracked and reported both for learning and accountability.

[1] UNAIDS (2007). *Practical guidelines for intensifying HIV prevention towards universal access*.
[2] UNAIDS (2007). *Practical guidelines for intensifying HIV prevention towards universal access* (p.06, Box1)

Definitions: Development Communication and Health Communication

There are numerous definitions of "health communication" and "development communication" and many different uses of the term “social change communication”.. “Social change communication” was defined by the participants of this UNAIDS Technical Consultation and is elaborated in the pages that follow.

Definitions of "health communication" have tended to stress either mass mediated information dissemination or interpersonal communication within the health-care setting. Jackson and Duffy offer a more fundamental definition:

> "Within the health communication field, communication is conceptualized as the central social process in the provision of health care delivery and the promotion of public health… Health communication is an extremely broad research area, examining many different levels and channels of communication in a wide range of social contexts. The primary levels for health communication analysis include intrapersonal, interpersonal, group, organizational, and societal communication"[3].

“Development communication” is similarly challenging to define as it’s a continually evolving field. One of the key platforms convening leading development communication practitioners is the biannual "Communication for Development Roundtable" For example, the report of the 2001 Roundtable described development communication thus:

> "Using a variety of interpersonal and mass media communication channels to engage, motivate and educate beneficiaries of development programmes, Communication for Development promotes changes in people's attitudes and behaviours and increases their participation in the development process… [Development] communication is a process which links individuals and communities, governments and citizens, in participation and shared decision-making."[4]

Within health communication, there are a number of approaches, theories, perspectives and methods. The background paper for the technical consultation on social change communication showed how these methods and models have developed and diverged over time[5]. One of the challenges for applying social change communication is the difficulty of knowing what model to apply, or which techniques best address specific problems. With the diversity of approaches and perspectives, it is easy to lose track of, or work without an all-encompassing explanatory framework that practitioners can use to plan their response to their HIV epidemic scenarios. For HIV prevention, practical tools and approaches, drawn from all the social change communication tools available, are now urgently required in order to support full and efficient use of communication in HIV programmes.

[3] *L.D. Jackson & B.K. Duffy (Eds.). (1998). Health Communication Research: Guide to Developments and Directions, Westport, CT: Greenwood Press, pp. 1-15 http://www.russcomm.ru/eng/rca_biblio/k/kreps.shtml*

[4] *Communication for Development Roundtable Report, Nov 26 - 28 2001, Manugua, Nicaragua, UNFPA, Panos, Rockefeller Foundation and UNESCO pg 13.*

[5] *Background paper to the UNAIDS Technical Consultation on Social Change Communication, Thomas Scalway, July 2007 www.unaids.org*

In her presentation, de Zalduondo outlined the meeting objectives as being:

- to develop an understanding of the scope of social change communication in relation to health and development communication approaches;
- to examine the role of social change communication in HIV prevention, with a specific focus on tackling the drivers of the epidemic;
- to explore how social change communication can be taken to scale, and shown to have measurable success in reducing the number of new HIV infections;
- to recommend guidance and technical support on social change communication for national AIDS programmes.

Background to the meeting

In the global response to AIDS, prevention is a priority. For every one person put on HIV treatment in 2006, six people contracted the virus; 4.3 million people were infected with HIV in 2006. The latest report from the Global Prevention Working Group presents a bleak portrait of prevention efforts globally, where only 9% of risky sexual acts worldwide are protected by a condom, and where only 11% of HIV-infected pregnant women receive the simple treatment required to protect their unborn children.[6]

Michael Bartos, UNAIDS, listed the relevant milestones in the UN response to expand and intensify HIV responses using the power of communication:

- **Nov 1999** – UNAIDS Communications Framework for HIV/AIDS (a document that was distributed and discussed in this meeting);
- **July 2000** – UNAIDS Consultation on HIV/AIDS and Communication for Behavioural and Social Change;
- **June 2001** – UN General Assembly Special Session on HIV/AIDS (UNGASS);
- **June 2005** – UNAIDS Intensifying HIV Prevention Policy Position Paper was unanimously endorsed by the Programme Coordinating Board;
- **2005 to 2007** – Extensive national and regional consultations and activities on prevention, especially in East and Southern Africa;
- **September 2006** – UNAIDS Expert Consultation on Behaviour Change in Prevention of Sexual Transmission of HIV;
- **March 2007** – UNAIDS practical guidelines for intensifying HIV prevention were published;
- **April 2007** – UNAIDS Prevention Reference Group meeting called for standardized definitions and quality standards for behavioural prevention.

Bartos noted some important shifts during these years. In the 2001 UN General Assembly Special Session on HIV/AIDS, there was a call for commitment to the AIDS response and a new consensus on specific time-bound targets, which were all prevention focused. Stigma around causes of HIV was reflected in the inability to reach consensus on naming specific vulnerable groups (such as injecting drug users, men who have sex with men and sex-workers) in the declaration meaning that in some countries working with these groups was challenging. By 2005, HIV treatment was central in the global HIV agenda and there were

[6] *Bringing HIV Prevention to Scale: An Urgent Global Priority*. Global Prevention Working Group, June 2007.

good levels of consensus over vulnerable groups, as shown in the 2005 UNAIDS policy position paper on HIV prevention.

The UNAIDS Technical Consultation on Social Change Communication took place in a context where AIDS in general is far higher up the donor agenda than ever before and where there is wide recognition of the need to intensify prevention.

Two important processes are happening in parallel with national and international AIDS responses. First the universal access process is underway with target setting and monitoring progress with broad consultation. Secondly there is a generalized commitment to the Three Ones principles. Harmonization and alignment at the country level brings many benefits, including accountability frameworks and one national monitoring and evaluation plan.

Practical guidelines on intensifying HIV prevention

Michael Bartos gave an overview of the UNAIDS *Practical guidelines on intensifying HIV prevention.*

The guidelines represent a comprehensive reference on HIV prevention and served to frame discussions within the technical consultation. The purpose of the guidelines is to guide the national planners in defining and addressing local risks and vulnerabilities. They aim to prompt a review of existing HIV strategies and resource allocation. The guidelines emphasize the opportunity and the need to "do more and do better" and the importance of mutually reinforcing strategies in terms of risk, vulnerability and impact reduction: "[…] a comprehensive approach to HIV prevention must address not only risk but also deep-seated causes of vulnerability which reduce the ability of individuals and communities to protect themselves and others against infection."[7]

Bartos noted that not all prevention measures can be achieved in the short term but must be sustained and that prevention and treatment are mutually reinforcing. It was made very clear that the HIV prevention practical guidelines do not stand alone but simplify and explain the integrated programming cycle for prevention in the context of universal access. The UNAIDS *Practical guidelines on intensifying HIV prevention* summarize the building blocks for strong national prevention programmes grounded in policies agreed by national governments. HIV Prevention should be accelerated in order to achieve universal access to treatment, care and support.

In the UNAIDS *Practical guidelines for intensifying HIV prevention*, there is clear recognition of the importance of tackling the social drivers of the epidemic. Three specific social drivers are repeatedly cited as being central: human rights violations, HIV-related stigma and discrimination, and gender inequality. The guidelines also describe the way in which these social drivers interact with the epidemiology of AIDS in different settings, and the patterns of individuals' behaviour.

More analysis of the broad debates and challenges in using communication to tackle these social drivers was given in the background document to the paper. In this technical consultation, social change communication thinkers and practitioners brainstormed on how to apply social change communication to address these three social drivers. The key themes and highlights of their discussions are captured below.

[7] UNAIDS (2007). *Practical guidelines for intensifying HIV prevention towards universal access* (p. 17).

UNAIDS communications framework for HIV: a new direction

Bunmi Makinwa, UNAIDS, gave an overview of the UNAIDS HIV communication framework. He recounted that the communication programmes of the UN agencies were mainly shaped around an information, education and communication approach. Between 1997 and 1999 there were a number of consultations in countries around the world. Through these consultations, consensus was reached that current theories and models of behaviour change do not provide an adequate contextual approach to HIV prevention in the regions.

The UNAIDS HIV communication framework provides a list of contextual domains that can be adapted locally. These include government and policy, socioeconomics, culture, gender relations and spirituality.

The framework has had many successes, often by subtly guiding the thinking and programme development of different groups. However, a combination of internal and external factors hampered the wider uptake of the communications framework. In light of these lessons, many suggestions were made on ways that this technical consultation could support social change communication within the UN system and most of them are incorporated at the end of this document.

Broad challenges in health communication

James Deane of the BBC World Trust outlined some of the broad trends and challenges within health communication. Generally, his position was that health communication, and development communication in general, is currently ill-coordinated, poorly understood, under-resourced and is failing to advance as a field in its own right.

According to Deane, there is barely a single example of a health-related agency or programme that has a clear, coherent and needs-based strategy to use programme communication to achieve its prevention, treatment or other goal. Technical support is fragmented, with a variety of actors offering distinct approaches. Competitive tendering and funding arrangements tend to encourage competition rather than complementary collaboration between agencies and approaches. Furthermore, users find it difficult to know what kind of support they want or which method to use.

Many multilateral and bilateral organizations have undergone major reorganization, mainly following the trend towards decentralization, and programme communication has generally suffered as a result. Institutionally, programme communication is conflated with external communication and is often made a junior part of the same department.

This lack of coordination and institutional capacity has allowed a range of vertical interventions to work in isolation. Deane noted that there are few, if any, mechanisms for cross-cutting programme communication approaches between health challenges, particularly as the sector becomes more fragmented. Meanwhile, coherent planning in-country is potentially undermined if there is no coordination between initiatives.

Partly as a result of these trends, there is a cacophony of different messages and voices within health communication programmes at national, regional and global levels. In the midst of this

noisy, competitive environment, programmers face the key communication challenge of establishing a profile, both internationally and within target countries. The resulting public relations efforts take energy and capacity away from fighting AIDS.

Deane noted that 25 years into the epidemic, few initiatives have systematically built communication capacity and expertise on the ground. Communication appears to be neglected and poorly understood in the minds of many activists, clinicians and donors. Currently, debates within communication are stifled as the whole sector is diminished, which leads to a lack of opportunities for systematic learning.

Deane noted some broad trends in donor interest in AIDS and communication. Medical models are increasingly dominant. They focus on treatment or prevention commodities and on strengthening clinical service delivery systems rather than addressing the community level, social factors that impede access to these and other services. As an extension of this medical paradigm for fighting AIDS, he noted that the new emphasis on prevention is taking place through a treatment paradigm, in terms of the focus on short, measured, doses but not tackling the underlying structural conditions that drive health problems.

Deane outlined some of the donor trends in relation to HIV and communication. In the 1980s and 1990s, HIV drove donor interest in media and communication. Later, HIV bought information and communication technologies into fashion amongst donors. The latest fashion in terms of donor funding in health is an interest in governance and the need to hold governments and development responses to account.

Communication environments are changing, yet there is no understanding of the possible outcomes. Horizontally networked environments, shaped partly by mobile telephony and the internet, mean that messages are more difficult to control and rumours more difficult to combat. However, it also implies that people can now better organize, mobilize and communicate with each other across distances.

Key issues discussed in the meeting

Participation

One of the recurring themes within the technical consultation was the importance of participation in social change communication. Participatory communication, participatory monitoring and evaluation, and an affirmative approach to working with local cultures and institutions were cited as central to good health communication. At the same time, there was an appreciation that participatory communication alone is not always sufficient. The knowledge, skills and technical capacities required for social change communication are not always resident within a community. This is particularly evident when working on communications to compliment technical interventions, such as harm-reduction facilities or voluntary counselling and testing.

Communication to change structural conditions: lessons learnt at the Community Life Project about HIV prevention and care

Ngozi Iwere presented findings on the Community Life Project in Lagos, Nigeria. She started by raising some key issues relating to issues of power and participation within social change communication programming. Observing that social change has occurred throughout human history, she noted that many health communication programmers design interventions for communities as if they were entering a vacuum, where skills and capacities and existing change processes do not exist. They failed to build on the social capital within communities.

The strategy of the Community Life Project is to build a critical mass of families not founded on patriarchal values. The project works with over 4 000 couples on a pre-marriage course in an integrated approach, with links to maternal and childcare, and general counselling support.

Iwere showed how the community approach of the Community Life Project supported options that reinforce people's aspirations, for example, assisting them in a pleasurable and sexually fulfilling relationship. Evaluation happens on a five-year cycle that addresses the need of participants to work within a longer-term framework of social change. Results already showed that an increased number of men were participating in domestic chores; girl children were more valued in families; participants reported more fulfilled sexual and emotional lives; and there was a greater sense of partnership among spouses (wives, for instance, had room to express opinions and participate in decision-making).

From the Community Life Project, Iwere drew a number of lessons. The catalyst or facilitator needs to challenge their own assumptions about the skills and capacities resident in a target community. Adopting a social capital paradigm is crucial in that it allows groups to capitalise on all the qualities, networks and resources pre-existing in the community.

The limits of participation

While the consultation agreed that participation and local ownership of social change communication were key principles, there was considerable discussion about how to ensure that the dialogue and reflection undertaken in individual communities was broadly beneficial and coherent at national or subnational levels. Noting that sometimes external facilitation or guidance is required in participatory exercises, Mahesh Mahalingham of UNAIDS gave the example of Lesotho where, in 2005, many community councils decided to focus their attention on building public toilets, rather than tackling more fundamental issues of sexual transmission. Similarly, Denise Gray-Felder of the Consortium for Communication for Social Change spoke of a project in Zambia that was designed to fight stigma but which became oriented towards voluntary counselling and testing. While in some cases these unexpected results may have beneficial HIV outcomes, there was a general assumption that participatory approaches needed safeguards to ensure that the social change was beneficial and, if planned and funded as HIV programmes, related to useful HIV related outcomes. Some participants noted that if one is "in the business of HIV prevention", then there is a responsibility to prioritize a direct HIV prevention outcome, such as reduced risky sexual practices. This HIV prevention outcome should emerge from a good understanding of the local epidemic, not just principles of participatory communication.

Building the body of knowledge

One discussion in the technical consultation looked at the need to build a body of knowledge within social change communication. There is much published literature and many different models, frameworks and field guides. Yet discussion circled about whether we still needed to prove the validity of social change communication approaches. There was wide agreement that we have "proof of concept" but that we now need better substantiation for the claims that different approaches have positive outcomes in relation to specific health outcomes. According to John Berman of Project Concern International, the lack of investment in generating good baseline information before interventions is now hindering development years after the first social marketing interventions took place. Put simply, it is difficult for those working in social marketing to prove all the benefits that social marketing brings, because there is limited information about social behaviour and attitudes around condoms before the interventions started.

Civil society's role

There was also discussion on the role of civil society in social change communication programming. While much of the discussion about taking social change communication to scale revolved around integrating it within national AIDS control programmes and promoting it to national health managers, a number of roles were envisaged for civil society. It was agreed that civil society would always have to play the role of watchdog in political advocacy and that because civil society was generally the engine of innovation and creativity within health communication, these functions would have to be protected in any approach that was going to scale. In some of the experiences recounted, particularly from Brazil, South Africa and Jamaica, the initiative and energy within civil society had demonstrated its value as one of the key shaping forces within health communication. Any effort to place communication solely within the hands of national governments would possibly jeopardize this passion and innovation.

Accountability frameworks and UN General Assembly Special Session on HIV/AIDS (UNGASS)

Existing accountability frameworks were mentioned as an important backdrop to efforts to develop social change communication. The UNGASS process was discussed as an example, the 2001 Declaration of Commitment having a number of practical targets that heads of state around the world pledged to meet. In 2008 there is an UNGASS reporting process taking place, with countries' progress towards universal access monitored and assessed. The UNGASS targets and indicators provide a road map for what needs to be done. In addition, there are human rights frameworks and instruments that are relevant to social change communication and gender-related targets coming out of the International Conference on Population and Development and Beijing that are still relevant.

Each of these international frameworks provides benchmarks and incentives for national governments to perform in relation to tackling the social drivers of the epidemic. Participants at the technical consultation suggested that UNAIDS take these into account for any guidance generated by the consultation.

Advocacy, communication and social mobilization for Tuberculosis (TB) : lessons for HIV

James Deane introduced the experiences of the Stop TB Partnership, which has developed a process for taking forward advocacy communication and social mobilization. With the assistance of a working group, an advocacy communication and social mobilization country-level strategy was developed and adopted as part of the global Stop TB strategy. Its aim is to address the challenges identified in the Stop TB strategy, including case detection and adherence; stigma reduction; empowering people with TB; and building political support for TB. The working group also produced a Patients' Charter on TB care and an initiative on community care. The group offers substantial technical support for preparation of Global Fund proposals, with significant funds resulting to date.

The strength of the Stop TB advocacy communication and social mobilization strategy is that it is a product of, and rooted within, a partnership with significant shared ownership. This has been developed through an inclusive, multi-stakeholder process together with strong patient involvement. It is a coherent, long-term, comprehensive approach, integrated within the Stop TB strategy. It includes explanation and integration of different communication approaches. The strategy is a living document and continuing point of reference that has resonated widely. It was developed within a context of strong leadership.

During the technical consultation, participants were enthusiastic about taking the model of TB advocacy, communication and social mobilization as an example for how to mainstream social change communication.

A definition of social change communication

Through a participatory exercise, the technical consultation advised UNAIDS on a definition of social change communication. This was produced in order to promote a shared understanding of the key elements of social change communication for all stakeholders working in this arena, including the national AIDS programme planners and managers. Developing a shared language for describing social change communication for HIV prevention was considered by participants to be a first step in addressing the fragmentation and lack of shared understanding outlined in the consultation. It is hoped this will take us a step closer to taking social change communication for HIV prevention to scale.

UNAIDS Definition of social change communication

> *Social change communication for AIDS is the strategic use of advocacy, communication and social mobilization to systematically facilitate and accelerate change in the underlying drivers of HIV risk, vulnerability and impact. It enables communities and national AIDS programmes to tackle structural barriers to effective AIDS responses, such as gender inequality, violation of human rights and HIV-related stigma.*
>
> *Successful programmes have 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 such programmes is to act as a catalyst for action at the individual, community and policy*

levels. Social change communication methods support development of locally owned and implemented solutions for social change that can be measured and tracked over time. Monitoring and evaluation of social change communication fosters both local engagement and quality improvement of change activities. They also foster the ability to share results horizontally(i.e. across similar programmes or communities)and vertically (from community to national levels) for learning and accountability.

Social change communication programmes work. They have been rigorously evaluated and shown to make significant and durable change in deeply rooted harmful practices; from domestic violence to police complicity in violence against men who have sex with men; from denial of HIV in rural communities to fear of using condoms in stable couples.

The principles of social change communication

Partly because of the challenges already outlined in this document, social change communication approaches, rather than fitting into a single, simple framework, have tended to be fragmented. In the past, different donors have supported piecemeal solutions rather than striking an effective balance between different elements within a broad integrated approach.

The technical consultation marked a step forward in that it positioned a range of different approaches within a broad, conceptual framework. Essentially, there seems to be a growing appreciation of the different contributions made by various social change communication approaches. Where once there was polarization and divergence, there now seems to be an increasing sense that many communication tools and methods are complementary within a common approach.

Three varying elements within one integrated framework

From the consultation it seems that social change communication represents a broad approach characterized by three adaptable elements. These elements relate firstly to the level of focus of an intervention; secondly, to the tools selected; and thirdly, to the roles of participation.

For the first element there is a good understanding of the different levels of focus for social change communication programming, whether they be within the individual, couple, peer group, community or some other “domain of context”, or overall enabling environment. The second element – the tools selected – arises because within each level of focus, there are differing and complimentary methodologies. Finally, although participatory principles should inform all approaches, a new appreciation has emerged of the synergy between participatory methods and other large scale or expert-driven interventions. The third variable element in social change communication describes the spectrum of participation underlying different approaches.

While there is clearly a value in having many different directions that social change communication programming can take, it is also clear that work still needs to be done to provide national programme managers a reference for selecting what is the best mix for their local epidemic and societal contexts. Probably this will be through the development of some concise principles and considerations for analysing the local situation, then offering guidance on how to select from a matrix of alternatives on how to move forward.

The first element of social change communication: a range of levels of focus

Within a shared understanding of social change communication, there is recognition that individuals are influenced by his/her social context. A systematic approach to understanding and intervening in the different elements of social context was laid out in a presentation of the ecological model by Jane Bertrand of the Johns Hopkins University Center for Communication Programs.

Bertrand explained how the ecological approach draws on definitions of both biological and social ecology. The first is derived from the biological sciences, which describe the complex interrelationships among organisms and the environment in which they are embedded. The second is the study of the influence of the social context on behaviour, including institutional and cultural variables.

The ecological model is premised on the fact that there are factors at multiple levels affecting human behaviour. It is essential to understand and address barriers and constraints to behaviour change at these various levels. It is unrealistic to expect individuals to change behaviour if barriers at higher levels are insurmountable. According to Bertrand, at least four levels of context need to be addressed: the individual, the social network, the community and societal.

In a sense, the UNAIDS communications framework, described earlier, provides an approach for engaging with the different domains of social context for individuals which resonates with the ecological model, though tailored for HIV communication.

The presentation from Shereen Usdin, Soul City Institute for Health and Development Communication, also illustrated a number of levels of context, similar to an ecological approach. She highlighted how the individual, community and political domains can be conceptualized for programming and evaluation purposes. In the Soul City framework, the individual presents the basic level for programming purposes, but expanding outwards from the individual are other levels of context which can also be addressed. The individual's community represents another level and the socio-economic and political environment is the final, broadest level. A change in one level of context, for example the political context, would in turn affect the next level, in this case the community. This in turn would eventually affect the individual. Each level can be systematically addressed, for example working with the individual and their attitudes to risk, or lobbying for policy change within the political environment.

The second element of social change communication: a range of tools for programming at different levels

A number of different methods exist to tackle the different levels of social context that shape an individual's behaviour. For example, gender inequality can be mitigated by the use of television of radio, compelling stories or celebrity role models to challenge social norms. Alternatively, it can be addressed by more participatory processes, including the kinds of collective decision-making and action characterized by the communication for social change approach.

Usdin used Soul City's work with South Africa's Domestic Violence Act to illustrate how a selection of tools, including direct lobbying of government, community mobilization and media advocacy, all contributed to bringing the Domestic Violence Act to a speedy reality.

Robert Carr of the Caribbean Vulnerable Communities Coalition delivered a presentation on social exclusion and stigma (see the case study on stigma and discrimination below) and showed how a mixture of approaches brought about change. In this case, a combination of advocacy, media campaigns, lobbying and working with key institutions helped tackle homophobia in Jamaica. Further examples of participatory community interventions by the Communication for Social Change Consortium and Ngozi Iwere of the Community Life Project were also heard.

The third element of social change communication: roles of participation

The many types and philosophies of participation were not discussed in detail but the discussions acknowledged the distinction between two approaches. An open ended support of community dialogue, where the participants define the focus and goals of the activity; and a directed one, where the direction of the activity is set in advance, and participation is a strategy to validate the (external) choice of direction and help reach the pre-decided outcome.

There was some consensus during the consultation that the degree to which the methodology is shaped by either the audience's current priorities or an expert's evaluation of a local epidemic scenario should be influenced by on the analysis of the epidemiological context and the HIV outcome required. Normally a range of methodologies, will be required at each level of intervention. Similarly, both participatory and expert-designed monitoring and evaluation were considered appropriate, depending on the interventions being examined. While social change communication practitioners acknowledge there are limits to participation, there is still a strongly shared principle that, wherever possible, all interventions should be participatory in their design, implementation and evaluation. As Andrew Chetley of Healthlink Worldwide put it in commenting on the feedback from all the communities he worked with, "Listen, listen, listen. All groups, young and old, are asking, 'Why don't you listen to us?'"

Communication for Social Change Consortium

In a presentation that challenged many of the assumptions underpinning current AIDS efforts, Denise Gray-Felder of the Consortium for Communication for Social Change outlined the importance of community participation at every stage of programme implementation.

Gray-Felder outlined some of the principles of communication for social change, an influential movement within the development communication field. She defined it as "consisting of a process of public and private dialogue through which people themselves define who they are, what they want and how they can act collectively to get what they want and need in order to improve their lives."

Gray-Felder emphasised that the meaning of "social change" must be defined by the people who are involved in the process. Communication for Social Change Consortium believe that it involves a fundamental and continual reshuffling of the power relationships within a community that helps every member of that community voice their views, access resources, make decisions, improve their lives and strengthen the community's ability to change and renew itself. She added that the power of many, drawn from the voices of all, can be focused through public dialogue and used to make change that is broadly supported and sustained.

Gray-Felder highlighted the need to include communication skills training that involved facilitating and sustaining dialogue, negotiation and managing conflict. Activities must be kept fresh and dynamic within communities, and outsiders should limit their role to advice and training, rather than direct implementation.

Communication for behavioural and social change: a time for pragmatism

All this marks a sea change. Social change communication has been developed by diverse groups and organizations. The consultation clearly showed how activists, civil society organizations and UN agencies have all played a role in refining communication approaches. While universities and research institutes have tracked progress and helped provide an understanding of these developments, innovation and many of the largest scale and most effective social change communication initiatives have taken place with little or no reference to academic discourse or research methods. The consultation showed how social change communication describes a set of diverse activities and programmes from a whole spectrum of organizations, many with little or nothing in common. For this reason, the fact that there is now increasing consensus on the need for a framework for understanding the precise function, strengths and weakness of all these different approaches is a major achievement. While differences of perspective, sometimes fundamental, still remain on the strengths and weaknesses of different initiatives in different settings, there is a sense in which what once seemed a set of discordant approaches within a fragmented arena now seems like different instruments that can be orchestrated to promote synergies of change at the individual, couple, group and societal levels with the common purpose of HIV prevention.

One of the important implications of this framework, and one of the desired outcomes for the technical consultation, is that there is now a much greater potential for understanding how health communication, including social change communication, can go to scale. Related to this, there is at least a starting point for the development of standardized programmatic output and outcome indicators. Effectively, a broad set of measures and guidelines is emerging which can be held up against a country's situation. If further developed, these can provide an overview of the communication activities and strategy for the country programme, giving ideas on different levels of programming, from individual behaviour change through to supporting an enabling social environment for change. In exploring this process, the consultation suggested that coherence can come from the different proposed methodologies being planned and used together all according to a set of widely supported principles. These will involve a range of participatory and expert-driven methods operating in synergy. Standardized indicators across countries will allow for efforts to be embedded within accountability frameworks, measuring national progress within international commitments towards universal access.

Applying social change communication to the social drivers of the epidemic

General recommendations for applying social change communication

The three social drivers used to structure the technical consultation were gender inequality, stigma and discrimination, and human rights violations. The group work and discussions produced many insights on how to address these drivers. Important themes and practical suggestions emerged in relation to each of them individually and to all of them in common. Before focusing on individual drivers, general themes and common issues are listed here.

In group work and plenary sessions, participants noted the need to map the local situation and develop a baseline of information before making any intervention. Many observed that this understanding of the overall picture would have to be dynamic to correspond with the rapidly changing realities of a rapidly-spreading virus. Keeping in touch with changing trends and instances of gender inequalities, cases of stigma and discrimination or human rights issues would be crucial throughout the project cycle. The information gained from this kind of research, observation and monitoring would be useful not only for the programme involved, but it could also better inform the wider response.

Groups noted that guidance was required for country level programme managers. However, all warned of the challenges of producing guidance that was meaningful for local interventions and at the same time general enough to cater to the extreme diversity across social and epidemiological situations. A couple of participants noted that creating these flexible guidelines would not only be technically demanding but might also not gain much support from donors who would rather see specific, results-oriented interventions.

In tackling each of the social drivers of the epidemic—and acknowledging that in each situation, the drivers may be different—it is first necessary to have a conceptual overview. Documentation and guidance is required to understand each driver. Some is already available, for example, a resource on stigma from the Panos Institute[8]. With the help of some conceptual aides in tackling the driver, it is then necessary to have a strategic approach drawing on multiple levels of intervention, as described earlier in this document. In each case, the intervention should be guided by a human rights and gendered approach. Interventions should be as participatory and empowering as possible, while also having a clear rationale in terms of the local epidemiological situation.

The importance of targeting the source of the next 1000 infections, as mentioned in the UNAIDS *Practical guidelines on intensifying HIV prevention*, was taken one step forward. Tackling the social drivers of the next 1000 infections was agreed to be a powerful ideal, although there was not sufficient time in the meeting to discuss how this could be effected.

One of the recurring themes in discussions about tackling the drivers of the epidemic was the need to build capacity at the local level. Groups, both in the national AIDS programme and within civil society, should be given the opportunity to learn about social change communication. Specifically, the case for tackling the root causes of the epidemic needs to be made at the national level, and the institutional culture of many organizations, based around an information, education and communication approach, needs to be challenged. Recommendations on how UNAIDS and other partners can move forward in capacity building are given at the end of this document.

The following section of this report outlines the points learnt by the technical consultation about social change communication specifically related to three of the social drivers of the epidemic. In each of the three sections below, a case study is presented, general discussion points outlined and then specific recommendations for guidance notes are laid out.

[8] *"How can we tackle stigma and discrimination through effective communication?"* Panos Institute, Spark Background Paper, June 2007.

Applying social change communication to stigma and discrimination

Case study on stigma and discrimination

Robert Carr of the Caribbean Vulnerable Communities Coalition made a presentation entitled Social change communication for structural transformation with a focus on stigma and discrimination.

In Jamaica, there are many reports of violence and discrimination against target groups. The problems have proven to be institutionalized and widespread. Politicians, church leaders, educators and family members often perpetuate social exclusion. While there is some work on fighting stigma against people living with HIV, until the beginning of the campaign there had been silence on sex work and men who have sex with men. At the time, the rank and file among the police refused to protect men who have sex with men, and at times were complicit in the violence against them. In 2004, Carr and his colleagues began a social change campaign to break the silence on violence against men who have sex with men in Jamaica, stimulate public dialogue and change the institutional attitudes and behaviours.
The programme approach used by Carr and his colleagues has included interpersonal communication, institutional communication, mass media and other traditional information, education and communication tools. Carr has used media interventions, a dedicated website page with resources, radio and television public service announcements, key spokespersons and research. Alliances for advocacy have been increasingly important, both in public forums and behind the scenes. In key institutions, such as the church, police, media and government, there has been a sustained effort to keep the issue on the agenda. In Jamaica, nationalism has often represented the human rights of men who have sex with men as culturally alien. For Carr, this means that local voices of authority must be used to localize progressive values. There have been a number of breakthroughs in Jamaica, for example, when the police intervened in a mass homophobic attack, and the media reported the incident fairly. Further, since the campaign began, the print media has broken its silence on the issues, and for several months violence against men believed to be gay was in the news daily. As a result of the interventions, appreciation of issues concerning the human rights of men who have sex with men has improved within the church, media, police and government.

Discussing stigma and discrimination.

During the technical consultation, discussions around stigma were wide-ranging, from the human cost of fighting stigma in a hostile environment, to conceptual frameworks for approaching stigma and the importance of best practice guides on anti-discriminatory language.

There was some discussion over the origins of stigma, including mentioning the central role of fear. Participants agreed on the need to accept that “othering” is human—and central to the construction of identity. In understanding stigma, it is necessary to recognize that its social expressions will be dynamic or fluid. Groups need to engage with reflection on stigma and discrimination over time. Transformation should be seen as a process that needs, among other things, to humanize and personalize the issue of stigma, inspire responses and promote strong public leaders on the issue.

Stigma and discrimination is so localized that it is important to engage with communities to establish the problems and the responses. Sources of stigma differ but it can be measured in

all cultural contexts. Participants noted that there is a need periodically to measure stigma, and the People Living with HIV Stigma Index[9] may be an important tool in this regard.

Funding for work that tackles the drivers of the epidemic, including stigma, is hard to find, and is rarely available for the years required to make lasting change. In addition, funding is not always provided within a framework amenable to social change communication approaches. As a result, practitioners end up having to adapt their terminologies and frameworks to match donor needs. Participants seemed to agree that most mainstream stigma interventions should eventually integrate with the national response, but this may take time. In some countries, at least initially, it is necessary to nurture more innovative, progressive or controversial approaches outside of government programmes.

Stigma and discrimination: considerations for guidance notes

There was a good level of agreement on the fact that fighting stigma can produce successful results. Stigma interventions can reduce the social exclusion associated with HIV and AIDS, and bring more people to services. Yet this is a complex undertaking. Participants stressed that any kind of guidance notes for countries would have to be accompanied by a very clear explanation of the practical benefits that a social change communication approach could have both for stigma, and for more concrete HIV outcomes.

They noted that fighting stigma can only happen within a long time frame and that it takes an intense effort to sustain and manage. Participants noted that some guidance is required on the timeline or minimum duration of interventions. Guidance needs to address the fact that those engaged in fighting stigma must be able to withstand the political and economic pressure that this difficult and sometimes controversial work can entail. While financial and logistical support may be sought from outside of the country, anti-stigma work must be driven by an indigenous movement. In Carr's presentation, participants heard how the work of an external, international agency was labelled as alien to the local culture and contested on those grounds. The indigenous coalition of human rights and HIV prevention and support agencies became critical in localizing the issues and managing the debate that continues to the present.

Another lesson learnt for guidance notes is that social change communication efforts against stigma and discrimination can benefit from working with coalitions, including the voices of those affected. Spokespersons are needed from all classes and sectors. Within this strategic approach, it is necessary to identify the entry points to key institutions and groups.

In fighting stigma, the mass media should be used as a means to an end, not as an end in its own right. For the Caribbean case study, the media was used to frame issues, prime debates, help set the agenda and generally create an enabling environment. However, in the media and the other communication channels used to fight stigma, practitioners must avoid blaming communities (the "stigmatizers").

[9] The People Living with HIV Stigma Index is being developed by the Global Network of People Living with HIV and the International Community of Women Living with HIV/AIDS with support from International Planned Parenthood Federation (IPPF) and UNAIDS.

Applying social change communication to human rights violations

Case study I on human rights

Shivaji Bhattacharya, United Nations Development Programme (UNDP), made a presentation entitled A Quest for Hope, starting with a quote by Canon Gideon: “AIDS is not a disease; it is a symptom of the way we relate to one another in the global village. It represents injustice, inequality and marginalization”.
In his presentation, Bhattacharya outlined a methodology involving “community conversations”, a method that has been developed by UNDP and used in community settings around the world, to unpack complex issues such as stigma and discrimination and also to mobilize and empower community action. This approach is based around facilitation, rather than intervention by experts. The work takes place in communities and employs a dialogic approach. The community defines its own problem, decides on its own solution and implements its own action. This is a participatory approach with space for listening, inclusion, agreement and expressions of concern. A safe space is created by invitation and commitment, not through imposition. Story-telling stimulates dialogue within cultural contexts. The approach builds on local, family and community experiences.

Through the process, participants and the facilitator learn together. According to Bhattacharya, the process strengthens local ownership, indigenous leadership and social cohesion. He noted that the approach is replicable and can be applied or transferred to any issue. One small example of success with the community conversations approach was shown when the number of people coming for HIV testing at a voluntary counselling and testing centre in Alaba, Ethiopia rose dramatically even though the community conversations had happened many miles distant.

Case study II on human rights

Vuyani Jacobs of Beat It Magazine talked about a “treatment-based communication approach”. He noted that in Haiti, South Africa and now increasingly in all Southern African Development Countries (SADC) countries, it can be seen that a treatment-based approach, supported by treatment literacy communication, is producing lasting change.

For Jacobs, positive prevention (the need to protect people living with HIV from re-infection and their partners from infection) goes hand-in-hand with the extension of access to treatment. South Africa’s scaling up of the national AIDS programme will require massive public education and support with targeted and specific messaging. It will also require the massively expanded use of community health workers for basic public health education and community mobilization.

According to Jacobs, conventional prevention efforts are not showing clear results in South Africa. In that country and in other areas of rapid treatment roll-out, there is a need for additional approaches to HIV prevention. This includes positive prevention and positive living. He explained, “When people living with HIV have a positive perspective, we have seen evidence that behaviour can really change.”

In learning to take control of their health, people are also empowered to understand their position in society more broadly. Through the HIV experience, people gain a sense of “agency for change” in their lives and the lives of those around them.

Discussing human rights violations

Many of the discussions about tackling human rights violations as a social driver of the epidemic ranged over discrimination as well as gender inequalities. The technical consultation emphasized the many interactions between AIDS and human rights violations. Human rights violations can seriously compromise the effectiveness of AIDS efforts, for example, by undermining attempts to protect people from infection. Bhattacharya cited the issue of young women (under 18) being coerced into marriages and relationships in which they have little power to negotiate self-protection as an example of HIV prevention campaigns being undermined. Bhattacharya also explained that human rights violations prevent the HIV infected from receiving needed treatment and care. For example, if the existence of men who have sex with men is denied and their sexual orientation criminalized, awareness and education will not reach the indented target groups.

Participants agreed that fulfilling the human rights of men, women and children means vulnerability to HIV infection is reduced. It was noted that human rights standards and principles must inform prevention, treatment and care interventions. A human rights response focuses on empowering people – especially the most vulnerable and marginalized people – with the knowledge and resources to understand, claim and realize their rights.

According to Bhattacharya, communication programmes have obligations within larger rights issues in relation to gender inequalities, disability, ethnicity and class. As part of recognizing these obligations, communication for development, advocacy and media initiatives must monitor the obligations of “duty bearers” and empower and inform “rights holders” visibly and responsibly.

Human rights: considerations for guidance notes

Guidance notes should draw on existing human rights instruments and structures, including the office of the United Nations High Commissioner for Human Rights and the United Nations Commission on Human Rights and . Those developing tools and guidance should stress the indivisibility of rights. This is particularly important given the fragmented funding environment that many initiatives are operating in.

Guidance notes should stress that rights-based approaches are very useful for getting people to participate. As Jacobs emphasized, demands for rights have been a rallying call behind many HIV campaigns. Most groups can relate to the concept of human rights. However, as participants noted, we need to avoid imposing rights from outside.

In shaping national AIDS programmes to tackle the issue, it is important to work with nongovernmental organizations and other partners who focus on human rights. There is a need for stronger coalitions to speak with a larger voice. Shadow reporting for UNGASS by civil society organizations is one of the mechanisms which can be used for drawing more attention on these issues.

Participants recognized that though there were many tools available to support a rights-based approach, not all were accessible. Participants noted that there is a need for capacity development in the area between AIDS and human rights, including education for those affected by HIV. As a practical measure, guidance could usefully support local production of resources to frame rights language, which is considered to be particularly powerful.

Applying social change communication to gender inequalities

Case Study

Working in India, Breakthrough is an international human rights organization that uses education and popular culture to promote values of dignity, equality and justice.
In India, women comprise over 40% of those infected by HIV. Eighty percent have contracted the infection from their husbands or partners. Women living with HIV are denied their rights to confidentiality, shelter, employment and access to their children. They experience high rates of violence from their partners and receive little social support if they seek redress.

Breakthrough aims to put domestic violence on the public agenda with a multi media campaign, *Mann Ke Manjeere.* Some of the aims of Breakthrough are to create awareness about new gender laws and policies; empower women to access their rights; bring down the social barriers that prevent women from accessing their rights; sensitize the implementing agencies on women's rights; and to create and work with networks to further their goals.

Breakthrough's work included an award-winning music video on domestic violence, which reached over 100 million households. The video was translated into six international languages. They also produced a manual on reducing domestic violence. Over 75,000 people were trained and sensitized. There were corporate interventions and now nine Delhi University colleges have adopted Breakthrough's curriculum.

Three years of sustained intervention have reached over 200 million people through two advertisement campaigns, the music video, the website and the Human Rights Film Festival.

Discussion about gender inequalities

Discussions about gender inequalities and HIV were wide-ranging. It was clear that gender inequalities should not only be targeted as a driver of the epidemic in its own right, but that all methods within the social change communication approach should also be gendered. Participants stressed the need to advocate for funding that is specifically earmarked for gender and to ensure that social change communication is included in HIV national strategic plans.

Much of the discussion concerning gender involved the importance of securing and improving knowledge of lessons learnt and best practices. In all future work, there should be an effort to monitor and evaluate programmes within some kind of standardized framework so that programmes can be compared and so the evidence base of effective programme models expands and can be replicated.

The group work sessions agreed that the United Nations Theme Group should lead in building a constituency for communication on gender, communication and HIV. UNAIDS should convene stakeholders and support programme implementation built on best practice and making communication for social change on gender an integral part of national strategy. In June 2006, the UNAIDS Programme Coordinating Board requested the Joint UN Programme on HIV/AIDS (UNAIDS) to develop guidance to support key stakeholders in expanding and scaling-up efforts to promote gender equality in the context of national AIDS responses. In follow-up, UNAIDS developed the draft guidance[10] which was presented to the Programme Coordinating Board in June 2007.

[10] http://data.unaids.org/pub/Presentation/2007/policy_guidance_address_gender_issues_item4_2_en.pdf

Anchored within the three ones framework, the draft guidance is intended to support national partners in strengthening gender elements in the strategic planning, coordination, funding, and monitoring and evaluation of national AIDS responses.

Participants noted that all gender interventions should be done within the harmonization context and aim for sector-wide reform. Mainstreaming of gender throughout the AIDS response is crucial; all programmes should be gender responsive[11]. It is important to cover all aspects of gender and HIV, including areas such as men, boys, women and transgendered people. In addition, institutional architecture for reproductive health and other related issues—not specifically HIV or AIDS—can be mobilized by social change communication programmes.

While mainstreaming is crucial, attention must be paid to promoting specific gender approaches, such as addressing gender-based violence, economic empowerment, meaningful male involvement and the understanding of women's legal rights. Since the gender and HIV guide is in place, it is possible to specify concrete steps and criteria for gender response programming at service delivery level. Communication for social change should support these steps by building awareness and demand for these changes.

Gender inequalities: considerations for guidance notes

Guidance notes should offer practical advice on mapping previous gender and communication efforts to identify gaps with respect to HIV and gender, and identify the lessons learned.

Guidance needs to ensure an understanding of the gender dynamics of HIV by disaggregated age and sex data analysis. Providing information on how to capture and analyse this information would be a useful starting point.

In supporting social change communication at the local level, efforts should be made to ensure HIV prevention approaches do no harm, for example, through the negative portrayal of women and girls in public campaigns.

Although a variety of efforts were discussed, there was an emphasis on "participatory approaches for culturally transformative changes". In working with gender in this way, there is a need to listen. This is especially true of those voices that have been marginalized, such as women living with HIV, young girls, and older women and grandmothers.

Guidance notes should stress that in working with gender, there is a need to find and cultivate leaders from all social groupings, particularly women living with HIV.

[11] http://data.unaids.org/pub/ExternalDocument/2007/20070608_gupta_weiss_genderandhivpaper_en.pdf

Notes on scaling up social change communication

Going to scale

During the technical consultation, participants tackled the problem of how social change communication efforts in a country can be managed and shown to "add up" across communities to comprise a unified and integrated national HIV prevention programme. The aim was to understand the challenges in connecting social change communication efforts across communities of interest, localized communities and states/regions. While much of this discussion was started in the specific context of monitoring and evaluation, it ended by highlighting a number of issues in scaling up generally.

One challenge is the fact that the focus on behaviour change, through the information, education and communication approach, is entrenched within the institutional fabric of the response in many countries. Further, not all donors accept social change communication, which means advocacy is needed if it is to be sold as a unified concept. The fact that "the communication strategy needs a communications strategy" became something of a running joke in the meeting.

Participants noted that there is a difference between knowing what works at the grass-roots level in specific communities, and deriving general principles that apply across all communities. There is some bridging that is required, both in the methodologies employed, the strategies used, and the structures to implement work at these different levels.

Participants discussed whether there was a need to scale up or scale across effective existing community level communication processes. One participant noted, "In terms of scale – the risk we run is jumping to mass models – the easiest option." There was discussion about whether we were talking about expanding or "scaling across" by rolling out good communication planning and implementation as a mosaic of different responses tailored to different local conditions.

The trend to decentralization in most countries may provide an alternative to investing in unwieldy central control structures for social change communication. Decentralization provides multiple levels of management and administrative capacity, useful for different tiers of communication programming.

Beyond the discussion concerning scaling up versus scaling across, there is a need to look beyond the project level and consider how the programme can be enlarged in every dimension. For example, going to scale can also mean mainstreaming social change communication across different sectors. It may mean looking at the larger architecture that influences HIV at a local level, for example, nutrition and education. Social change communication should be linked to these mechanisms, although questions were raised as to how this could be programmed. There was doubt too about where to draw the line before everything becomes encompassed within the social change programme.

If performance-based funding is required for community-level HIV interventions, then it could be possible to aggregate initiatives within a common funding and evaluation framework. Donors encourage organizations to partner, but this can encourage collaboration based on the wrong reasons. In going to scale, participants noted the importance of partnering

organically, as opposed to *opportunistically*. Some participants suggested that rather than joining substantial coalitions of community projects together, it may be more successful to do pilot projects and scale up progressively.

The notion of critical mass was discussed a few times during the technical consultation. There was a sense that there is a stage within a programme or situation when social change starts to occur in dramatic and beneficial strides forward. The example of treatment activism in South Africa was cited often in this regard. Participants noted that dose, quality and intensity matter, and there were some contributions made about social movements and complexity theory. Little that was said on these issues was conclusive except that it was an area where more research and attention is needed.

In scaling up, participants noted there are a number of dangers that need to be addressed. These dangers can be social (for example, large-scale, unintended, harmful consequences), institutional (for example, sudden, exponential increases in demands for services) and political (for example, when the process is used for malevolent purposes).

Participants wondered who had experience in handling these kinds of dangers. In the face of such challenges, donors may rather pursue large budget programmes run by international partners.

Participants noted some country experiences on going to scale:

- In Brazil, the national AIDS programme works at scale by focusing on three or four national campaigns and outsourcing the rest of the work at local level. Guidelines are produced for those working at the local level. The government also provides flexible financial support to nongovernmental organizations at the community level. This means that there is national coverage, some consistency in messaging and advantages of scale in terms of aggregation of data. Yet there are also locally adapted and driven responses.
- In Nigeria, going to scale occurs by working through the many districts and states. There is district-level government that supports community-level decision-making. Communities have internal governance processes that run parallel with the local government. They share roles and responsibilities.

Some regional perspectives on going to scale

In order to ensure that discussions resonated with experiences from regions around the world, five participants were invited to reflect on discussion during the meeting. They were Rafael Obregon from Colombia (Ohio University), Paulo Lyra from Brazil (Pan-American Health Organization), Svetlana Plamadeala from Moldova (Country Coordinating Mechanism secretariat – National AIDS Programme), Maurice Apted (communication specialist) from Southeast Asia, and Lois Chigandu Mukome from Zimbabwe (SafAIDS). They highlighted the diversity of epidemics, with factors such as conflict, migration and discrimination shaping their local situations. In each of these regional perspectives, it was clear that social change communication would play an important role but that in each location responses would be very different and uniquely tailored.

Evaluating social change communication

Introduction

Through a range of presentations and group work sessions, the technical consultation identified key challenges and priority areas for improving monitoring and evaluation for social change communication. Participants noted that monitoring and evaluation is crucial, not only in helping individual programmes to perform but also in the contribution it makes to the international public health body of knowledge. The information should be collated and analysed, just as in the clinical sciences data is stored and monitored over time.

Evaluation findings need to be available, current and compelling for each and every kind of approach within the social change communication framework. Social change communicators should be contributing to peer-reviewed literature in order to take the field forward. Monitoring and evaluation are also concerned with the transparency and accountability of what can be large-scale efforts. In this sense, different kinds of information need to be generated, including immediate feedback on progress, long-term tracking and more generalizable evaluation and validation of approaches.

Conversations on evaluation in the consultation were wide-ranging and technically demanding. As one participant put it, “It’s like solving a multi-variant equation with all the variables unknown. Everything should relate to everything.” In part this comment was made because the definition of social change communication was only arrived at towards the end of the meeting. Although there was increasing consensus that social change communication involves a range of approaches working at different levels, this understanding was not sufficiently concrete early on to yield comprehensive recommendations on the corresponding form of monitoring and evaluation.

Clearly, some of the points made only refer to specific elements of the social change communication approach. For example, evaluation of participatory communication tackling human rights generated different issues and ideas than discussion of a mass media intervention aimed at tackling a more precise set of contextual factors influencing an individual’s behaviour. From the discussions, it was clear that each element of social change communication would require a tailored monitoring and evaluation approach. But, again, these would be able to fit within a broad and integrated social change communication framework.

Four presentations were made that related specifically to monitoring and evaluation. Some key messages coming from these presentations are summarized below. Common themes emerging from these presentations and points coming from the other consultations are outlined after the presentation summaries.

Understanding risk and behaviour: a socio-ecological model

Jane Bertand, Johns Hopkins University Center for Communication Programs, presented on how monitoring and evaluation worked in the ecological model. According to Bertand, “Most programme evaluation has focused on the individual.” She said that evaluators must develop the right indicators to reflect appropriate levels of context influencing individuals’ behaviour. These indicators must be reliably measurable, conceptually sound and amenable to change.

One of the difficulties in monitoring and evaluating through an ecological framework is that there are rarely sources of information that can measure more than one level. One rare exception is the demographic and health surveys, which range from social and policy level data to information on individual behaviour.

Participatory monitoring and evaluation

Denise Gray-Felder, Consortium for Communication for Social Change, presented on monitoring and evaluation from a communication for social change perspective. This involves "a cyclical process where participants collaboratively determine and verify achievements, reflect and learn, build on what is working, identify challenges and improve practice on the basis of the above".

Key questions posed were: who is the evaluation for and who should decide what constitutes success. Key principles include the need for a respectful approach; aiming for equity, particularly in bringing unheard voices to the fore; the need to be flexible and responsive; and using evaluation as a community capacity-building exercise.

One of the methodologies promoted by Gray-Felder was the "Most Significant Change" approach. In this approach, all stakeholders are involved in deciding what kinds of change to record, and stories are used to identify the impact of an intervention. Not only does this approach generate rich and cross-validated data, but also, through the process, it strengthens the dialogue and communication processes within the communities involved.

One result… and its possible significance

Amy Bank, Fundacion Puntos de Encuentro, presented on her organization's evaluation work. Puntos is not specifically a health project, but donors wanted to measure the health outcomes associated with the programme. Bank showed how Puntos' evaluation helped to elucidate the social change process. It did not so much demonstrate the relationship between the Puntos mass media intervention and the final health outcome (consistent condom use) as show instead the chain of social interactions and individual shifts in belief that the mass media intervention triggered for a positive overall effect. For example, it showed mass media, which triggers audiences to talk about sexuality and health, is highly beneficial because discussing these issues is often a precursor to behaviour change.

Evaluating Soul City: a multilevel communication for social change initiative

Shereen Usdin, Soul City noted the need to measure intermediate indicators that may predict success. She spoke of the challenges of attribution, ensuring data consistency and the importance of data triangulation**.** Soul City mixes simple descriptive analysis with complex inferential analysis, for example, regression analysis that allows stronger associations between output and outcome to be made. They use a number of measures to ensure triangulation and consistency.

Challenges in evaluating social change communication

From all the presentations, group work and plenary discussions, a number of challenges emerged concerning the evaluation of social change communication.

A key issue arising is the difficulty of grasping what social change actually encompasses. Social change may comprise of incremental changes in such abstract categories as leadership or stigma. These broad social processes have no built-in indices for monitoring shifts. The

ecological model suggests some ideas on how some of the intangibles may be broken down and addressed. For example, when measuring social capital, one can look at the levels of systems around an individual, assess what social capital is required to affect change and evaluate progress accordingly. Yet a compact and systematic monitoring and evaluation approach may be difficult to square with the complex realities on the ground. Also, the approaches used to measure progress would almost certainly differ significantly according to the audiences or groups reached. These could range from policymakers through to the most marginalized of social groups.

In terms of evaluating the impact made by programme communication on some social drivers of the epidemic, Jane Bertrand spoke of the challenge posed by the fact that researchers can't "manipulate" the drivers in an experimental sense. The status of women, for instance, cannot be isolated in randomized control trials.

Assessing a timeframe for social change communication is challenging. A number of statements were issued that contradicted each other. Some participants argued that monitoring and evaluation can only occur in the longer term – for example, around ten years. Other presentations showed that effects at a number of levels could be measured within a fairly short timeframe. It could be that different elements of social change communication will require not only different evaluation approaches but also different timeframes for evaluation.

Evaluation: further considerations for guidance

In tackling the issue of monitoring and evaluation, it is important to recognize that one is not starting from a blank sheet. There are already many different frameworks and listings of indicators; some of these were made available to participants during the technical consultation. Clearly, these were developed in relation to particular approaches and may need adaptation, but they represent a good starting point. Similarly, there are many studies, population-based surveys and surveillance systems in place at the country level. We need to consider how we tap into this work.

Costing social change communication interventions was discussed in the technical consultation. Overall it was felt that there is more to be done on costing interventions, as well as costing monitoring and evaluation. This is crucial to one of the purposes of monitoring and evaluation – that of giving some indication of cost-benefit analysis. It was noted that the Johns Hopkins University has a study of costings in nine developing countries, which is available on their website and also published in the *Journal of Health Communication* in 2006.

Guidance is going to be needed on how to prioritize relevant indicators relative to different epidemic scenarios. As a first step, in any generic guidance going to countries, the social change indicators should be prioritized in accordance with different sample epidemic scenarios and social situations.

Jane Bertrand spoke of the "eternal challenge, balancing the need for standardized indicators endorsed by international agencies versus indicators generated through participatory processes". Guidance is required on how to get the right mix of evaluation methods for any social change intervention.

Participants noted that it was necessary to define "community". A community can be a geographic or social entity. Where communities are constituted across multiple national boundaries, (for example, online communities of men who have sex with men), regional structures are difficult to monitor as there are many countries involved with different politics and infrastructures. Guidance should be offered to address these issues.

Evaluation approaches must be able to show negative consequences of any interventions. They also must allow for the production of knowledge about that which social change communication alone can not accomplish and where other kinds of interventions are required.

Guidance needs to clarify the minimum standard of a social change communication intervention if it is to be credible. Quality in social change communication needs to be defined and explained in relation to the different elements of programming.

Capturing and measuring synergies

An overview of findings from the National AIDS Communication Study in South Africa

Warren Parker, Centre for AIDS Development, Research and Evaluation (CADRE), presented another kind of evaluation that was embedded in a dynamic appreciation of the "social epidemiology of HIV".

Through a large-scale, qualitative and quantitative analysis, Cadre showed the cumulative effects of a range of different media initiatives. Focusing on no single organization, programme or media product, Parker showed how the level of exposure to mass media campaigns correlated clearly and positively with beneficial health outcomes. This kind of meta-analysis of programmes can give evaluators a broad overview of the country. He also showed how the quantitative and qualitative data could be made to interact in such a way as to give a good level of understanding of the contextual factors and rationale of sexual behaviour.

To capture and measure synergies, we need to take a wide view, with an appreciation of the enabling communication environment. To measure synergies, there needs to be a profound understanding of the epidemic and the programming required to tackle it. Capturing synergies requires us to understand communication ecology. There was consensus that we need to understand scale and the possibility that there may not be only one model that can be scaled up.

Capturing synergies is complex as there are many confounding variables. More studies are required to address this. Participants noted that we need to map all kinds of interventions in order to evaluate what is effective. In measuring synergies, the consultation showed that practitioners should be wary of working in silos. There were many potential silos named that can serve to narrow understanding of synergies, including the artificial distinction between social mobilization and social change communication; working purely within singular thematic areas of AIDS, not, for example across programmes targeting both AIDS gender inequality *and* AIDS stigma; and finally working exclusively within AIDS, not measuring and capitalizing on the contributions of different sectors, such as education.

Next steps in taking social change communication to scale

There is still a good deal of work required to review and understand different approaches to social change communication. There is a need promote the synthesis of research reports and the existing frameworks to provide a practical overview that is useful and accessible to national AIDS programme managers. The aim of this work should include consideration of what practical steps and tools are available and recommended to plan and monitor activities to address the social determinants behind "the next 1000 infections".

In this technical consultation, the parameters of the framework were alluded to. Now some of the key components and the remaining detail need to be filled in. This will require a technical framework to be developed. This should demonstrate how countries can assess their local epidemics and select from a variety of social change communication methods that focus on the appropriate levels of social context with the appropriate levels of participatory methodology. The resulting framework is likely to be broader than existing frameworks as it will encompass approaches which are both expert driven, for example the strategic communication approaches developed by John Hopkins University Centre for Communications Programmes, and approaches which are developed and driven by communities themselves, including communication for social change approaches.

This framework should offer a range of different solutions across axes of participation and level of focus. It should be accompanied by a matrix that shows how different solutions can address the different elements necessary for HIV prevention. A working group, formed at the meeting, is currently working on the development of this matrix.

Participants noted that what appeals to a lot of policymakers are the epidemiological arguments. In the high-pressure world of the national AIDS programme manager, speaking in general terms of the social drivers will not be as compelling as showing how they relate to concrete outcomes, for example, the extent to which stigma programmes can enhance voluntary counselling and testing interventions. Simple promotional information about social change communication is now required.

As a first stage, participants noted that a consultant should converse with different people within the national AIDS programme to explain the value of communication for social change and to trigger interest in a more comprehensive introduction to the approach. To facilitate this process, we need a persuasive flyer or short ten-page introduction to explain social change communication.

This work should drive demand for more technical assistance but first a database of experts—people who are skilled in communication for social change—needs to be established.

Participants noted that the Commission on Social Determinants of Health is an important opportunity for the sector. The Commission argues, "Realizing health equity requires empowering people, particularly socially disadvantaged groups, to exercise increased collective control over the factors that shape their health."

Finally, participants discussed where leadership was needed from UNAIDS. One area in particular is the need to ensure that national strategies respond to local epidemic scenarios, even if that means working with vulnerable groups outside of the usual government strategy. Also needed from UNAIDS is overall leadership in coordinating the many communication

resources, projects and programmes currently resident among the cosponsors. Participants urged UNAIDS to either play this coordinating role or to identify who among the cosponsors should do so.

This two day consultation advanced a common understanding of social change communication and its specific roles in addressing the social drivers of HIV epidemics. However, more remains to be done. Participants volunteered to continue this productive process through technical working groups on:

1. Development of a matrix of framework that presents the diverse methods and their uses;
2. Monitoring and evaluation of social change communication;
3. Positioning social change communication appropriately in the global AIDS and development architecture.

Annex 1

Follow-up action points from the UNAIDS technical consultation on social change communication

Meeting report

1. Circulate the report of the meeting to participants and publish on the UNAIDS website. **[Action: UNAIDS secretariat prevention unit by October 2007.]**

Follow-up briefing materials

2. Develop a concise and accessible brochure (about 10 pages) on social change communication to promote the approach to national programme managers, UNAIDS, donors and other partners. This brochure will explain some of the core principles of social change communication, offer examples of where it has been used and give an indication of how it can be applied and measured in a broad range of settings. **[Action: First draft produced by the UNAIDS secretariat prevention unit and meeting rapporteur for inputs by all meeting participants by October 2007.]**

3. Develop a high-level briefing on social change communication directed towards policy decision-makers in key bilateral and multilateral institutions. **[Action: UNAIDS secretariat prevention unit to define logistics and timeframe by October 2007; selected meeting participants to be involved in briefing.]**

4. Develop a technical update on social change communication. This document will be more comprehensive than the brochure above and feature more of a technical overview of social change communication. The technical update will provide a clear framework for understanding the approach and will enable high-level partners, joint country teams and national programme managers to support and apply social change communication. It will be disseminated to these partners well before the 2008 UN General Assembly High Level Mid Term Review. **[Action: A drafting team including the meeting's content team, (self-) selected participants and the UNAIDS secretariat prevention unit by November 2007.]**

Active Promotion of Communication for Behavioural and Social Change

5. Share the results of the technical consultation with UNAIDS cosponsors and seek to develop a common UN-system view of its role in HIV programming. **[Action: UNAIDS secretariat prevention unit to convene through the cosponsors coordinators group by December 2007.]**

6. Support a concerted effort to promote social change communication at the International AIDS Conference in Mexico City, August 2008 including abstract-driven sessions and satellite sessions with a panel of expert speakers presenting on different aspects of social change communication. **[Action: Meeting participants,**

together with UNAIDS secretariat prevention unit and conference focal points, by respective timelines for conference participation (note initial selection of plenary sessions will be November 2007).]

7. A possible special edition of a journal featuring social change communication. **[Action: yet to be defined – open for initiative by any meeting participant.]**

Technical Working Groups

8. Develop a matrix that lays out the different communication methodologies that can be applied for different purposes or contexts, to be included in the technical update. **[Action: A drafting team including James Deane, Robert Carr, Robin Vincent and other meeting participants by October 2007.]**

9. Establish a core group to devise strategies on how social change communication could best be promoted at the international level and possibly develop an advocacy strategy showing how social change communication can be broadly promoted. **[Action: Group members include Robert Carr, James Deane, John Berman, Robin Vincent, Denise Gray-Felder, Shereen Usdin, support provided by UNAIDS secretariat prevention unit; group to meet by December 2007.]**

10. Establish a core group to anchor conversations around monitoring and evaluation of social change communication programming. **[Action: Jane Bertrand to convene by November 2007.]**

Technical guidance and support

11. Conduct a mapping of technical expertise on social change communication available on a regional basis through the UNAIDS technical support facilities and its implementation at the country level. **[Action: UNAIDS secretariat technical support unit in conjunction with the technical support facilities by December 2007.]**

Annex 2

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