



AIDS and HIV Infection :

**Information for United Nations
Employees and Their Families**

Orientation Session

Facilitation Guide

UNDG Sub-Group on Training and Personnel

November 1999

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INTRODUCTION

Background:

UN agencies have decided to combine their efforts in dealing with HIV/AIDS issues in the workplace. As part of this initiative, the Joint United Nations Programme on HIV/AIDS (UNAIDS) updated the brochure on AIDS and HIV Infection and the UN (Secretary General) is now calling for a systematic information campaign aimed at reaching UN staff and their families.

Purpose of the Briefing:

The purpose of today's briefing is twofold:

- to introduce the brochure that will be distributed to all UN staff as part of the effort to raise awareness about HIV/AIDS, including its effect on the medical and social aspects of a UN employees work and daily lives;
- to further promote, within the UN system, a culture of tolerance and understanding toward the HIV/AIDS pandemic

The meeting is a first step toward achieving this purpose. As part of this effort, similar meetings are taking place in many other offices all over the world at about the same time. Following the meeting, there will be additional opportunities to continue the process of sharing information and discussing the questions that remain unanswered.

Session objectives:

Upon completion of this session, participants will be able to

- to understand the HIV/AIDS epidemic and its impact on the UN workplace.
- to access and share information about additional sources of help for themselves, colleagues or families affected by HIV/AIDS, including knowing what to do in case of accidental exposure to HIV during work (e.g. rape, car accident, etc.)
- to identify work related and other risk factors for themselves, their colleagues and their families.

Suggested Approaches:

Organisers and facilitators for this briefing may select among the various scenarios presented underneath based on the particular situation of the situation at the various duty stations.

AIDS and HIV Infection. Information for United Nations Employees and Their Families

Orientation session schedule

Session	Time	Duration	Topic	Methods
Session 1: Introduction	00:00 - 00:10	5 min <u>5 min</u> total 10 min	Opening by Head of the office Objectives of the session Content of the session Organization of the session	Presentation by Head of the Office Presentation by facilitator
Session 2: Ice-breaker	00:10 - 00:20	5 min <u>5 min</u> total 10 min	Participants' introductions Creating a conducive environment	Participants introducing themselves Brief group (?) activity
Session 3: Introduction to the brochure	00:20 - 00:55	5 min <u>30 min</u> total 35 min	History of the brochure Content of the brochure <ul style="list-style-type: none"> • Chapters 1-7 • ACC HIV/AIDS personnel policy 	Presentation by facilitator and/or co-facilitator
Session 4: Group work	00:55 - 01:20	5 min <u>20 min</u> total 25 min	How can the information in the brochure be used? Instructions/task Group work	Instructions for group work by facilitator Small group activity
Coffee-break	01:20 - 01:40	20 min		
Session 4 continues: Plenary	01:40 - 03:05	20 min per group <u>5 min</u> total 85 min	How can the information in the brochure be used? Reporting back to plenary Summary	Small group presentations; role-play, reporting back on group discussion, etc. Facilitated and summarized by facilitator and/or co-facilitator
Session 5: Final remarks	03:05 - 03:45	15 min 20 min <u>5 min</u> total 40 min	Confidentiality Emergency situations Introduce follow-up Inform where to find more information/ local facilities	Presentation by the facilitator Discussion
Evaluation	03:45 - 03:50	<u>5min</u> total 5 min	To obtain feedback on the orientation session and the brochure itself.	Individual work

SUGGESTIONS FOR ORGANIZING THE BRIEFING

1. Involve and brief the Head of the Office **prior to the briefing**. In country, make sure that you involve the UN Theme Group on HIV/AIDS. They will be able to help you in organizing such activities and assessing future needs. The UN Theme Groups on HIV/AIDS are currently operating in approximately 150 countries. Whenever possible involve also the UN Resident Coordinator.
2. Selection of the facilitators for the briefing
 - Involve local community/people living with HIV/AIDS as co-facilitators, if appropriate.
 - Terms of reference for facilitators:
 - Core expertise in group-facilitation and good communication skills.
 - Cultural awareness/sensitivity.
 - Ability to adapt the proposed briefing method and materials to local circumstances/culture.
 - Doesn't hurt if expertise in HIV/AIDS, but not necessary.
3. Facilitation tips
 - Opening in country: Resident Coordinator and/or member of the UN Theme Group on HIV/AIDS.
 - Head of office should join the meeting but behave in the same way as anybody else (even ask "stupid" questions). Support the facilitators by asking them a question rather than by interpreting what the facilitator wanted to say.
 - Facilitator should use simple language.
 - Use the transparencies only as a framework but build in the examples.
 - Use an icebreaker at the beginning.
 - If possible, use himself/herself as an example (if I had HIV/AIDS...). If that is absolutely unacceptable use the examples from a point of view of "any of us" or the Rep (with previous approval) or "a colleague".
 - Frequently ask questions to the staff (and comment; can you hear what I am saying?; do I speak in an understandable way?)
4. Venue

A conference room that is comfortable enough for the staff and where the chairs can be moved around. Too big a conference room will create too much space between the participants and will allow for decreased participation. Too small places are not good either. If there is not appropriate space in the office, a hotel conference room may be required.
5. Time required

3-4 hours with coffee break.
6. Necessary material:
 - overhead projector or power point
 - flipcharts
 - markers
 - transparencies + pens for that
 - evaluation forms, pens
 - box of condoms (male and female)
 - suggestion box (optional)
 - pink papers (optional)
7. Audience

Maximum size of audience is 35 persons. In small groups (size less than 35) the role plays are suggested, in larger groups watching a video and discussing the key points might be a better option. The Wildfire game is suggested only for Headquarters environment.

8. Cultural sensitivity

Women and men might want to have separate briefings.

9. Evaluation

- Individuals will be asked to evaluate the briefing session. Form attached to this package.
- The organizer/office is asked to evaluate the approach and appraise future needs including consolidation of the individual session evaluations. Evaluation form for the organizer is attached to this package. The results should be forwarded to <<<NAME OF PERSON, ADDRESS IN YOUR ORGANIZATION>>> and **to the UN Theme Group on HIV/AIDS or the HIV/AIDS Focal Point** in your country.

METHODOLOGY

1. Introduction - total 10 min

Opening of the briefing (5 min)

Involve the chair/a member UN Theme Group or other suitable person in the opening of the briefing

Suggested taking points for the opening:

- We have all known about HIV/AIDS in the past years and its effects. However, we are not talking loud enough about it.
- We have tried different approaches when it comes to how it affects us (not our staff) in the UN workplace. UN agencies have decided to combine the efforts in dealing with HIV/AIDS in the UN workplace in order to raise the awareness but also to:
 - a) increase the understanding of HIV/AIDS and its effect on medical and social aspects of one's life;
 - b) increase tolerance towards the colleagues.
- This meeting which is organized to introduce the brochure is only a first step in our efforts to achieve the above goals. Similar meeting is taking place today/this week in many other offices all over the world. However, we will continue even after this meeting and we all need to help that process. We all need to say what more do we need to hear, what other questions we still have unanswered. After this meeting I would like you to think about your comments and questions you still may have which I would like you to write down anonymously on the pink papers which we all have in front of us (show) and place them in the Suggestion box outside this conference room! (Using the suggestion box is optional, we are still debating on this.)
- Thank you and let's hear what's going to happen next.

Objectives of the briefing

Session objectives:

Upon completion of this session, participants will be able

- to understand the HIV/AIDS epidemic and its impact on the UN workplace .
- to access and share information about additional sources of help for themselves, colleagues or families affected by HIV/AIDS, including knowing what to do in case of accidental exposure to HIV during work (e.g. rape, car accident, etc.)
- to identify work related and other risk factors for themselves, their colleagues and their families.

Content/organization of the briefing

The facilitator announces **what is going to be done** in next couple of hours or so.

Suggestion:

- history and power of the brochure
- content of the brochure
- Group work - task
- Coffee-break
- Group work - discussions
- Group work presentations - feedback
- Discussion
- Questions on the pink forms

(Introduction; total of 10 min)

2. Participants introductions and ice-breaker - 10 min

3. Introduction to the brochure - total 35 min

History of the brochure - 5 min

Who has written the brochure, who guarantees the information validity, how much power does the brochure have (like pg 7-9 on the personnel policy), etc.

The content of the brochure (distributed to all already) - 30 min.

Short presentation by chapter and major eye and ear catching points on the transparencies (to be done also). The facilitator should all the time use the page references

Foreword

- The SG emphasises clearly that UN is committed to providing a supportive workplace for its employees regardless of their HIV status
- We still need to work a lot on that and this meeting is one of our tools.

Chapter 1 - The Facts:

- What is AIDS
- How is HIV transmitted
- How is HIV is not transmitted

Chapter 2 - Preventing HIV Transmission

- Preventing sexual transmission of HIV
- Preventing transmission of HIV via blood and blood products
- Preventing transmission of HIV via contaminated needles
- Protecting children

Chapter 3 - Being tested

Very much feared issue

- How does the test work?
- Testing and employment
- Testing and pregnancy

Chapter 4 - Living with HIV and AIDS

- Coping with confirmed HIV infection - different areas if impact
- Mother to child transmission

Chapter 5 - A global overview of the Epidemic

Map on the transparency and perhaps some numbers on global and local rates of incidence - UNAIDS could provide on request. They are also available on web-sites

- <http://unaids.org/highband/document/epidemio/index.html> (global data, in 3 languages)
- <http://unaids.org/highband/document/epidemio/june98/index.html> (local data)

Chapter 6 - The UN response to AIDS

Talks about UNAIDS as the UN response to helping the world to prevent and cope with HIV/AIDS.

HIV/AIDS Personnel Policy

Talks about:

- the rights and obligations of the staff members in relation to information, education and other preventative health measures related to HIV/AIDS.
- voluntary testing, counselling and confidentiality
- terms of appointment and service
- health insurance benefits programmes

Chapter 7 - Staying informed and getting help

- gives a list of websites which can be used to acquire additional information. Where can these be accessed through (directly for each machine in the office?), internet cafes, home stations, schools, libraries... (more web-site addresses can be added)

4. Suggested Activities

Under session 4, you have three suggested options to choose from depending on the size of your group and cultural factors.

Option 4(a) Group work	Option 4(b) Video and discussion	Option 4(c) Wildfire game and discussion
For groups less than 35 people	For larger groups	Suggested for headquarters groups only, size of 20-25 people

Option 4(a): Group work - total 130 min

This option is suggested for groups with less than 35 participants. Small-group work should be limited to 8 - 10 people/group. The goal is to facilitate interaction of people naturally quiet in a larger environment. Select which scenarios presented below would be most appropriate to the context.

Task/theme: How can the information in the brochure be used?

Instructions - 5 min

Apart from reading it by ourselves, we'd like to see how applicable it is really. So, I'd like you to divide in an X number of groups (randomise). Each group will be given a scenario in which a situation of a staff member will be presented. You will discuss the scenario in your group and prepare a role play or any other form of presentation. Some of the key issues that need to focus on in a scenario are indicated below it. The brochure you have can be used as a resource.

The groups may choose their working space as they want. The time for the group work is 20 min. I shall be moving amongst the groups but I won't be interrupting. If you'd like me to ask any question you are free to do so.

Work in small groups (20 min.)

Tea/coffee break (20 min.)

4(a) continues: Back to plenary - presentation (20 min. per group with discussion)

Plenary presentations by small groups

- read the scenario and describe the task
- role play
- how helpful was the book, what was still missing
- feedback from other group members
- feedback from other participants

Scenarios

The idea is that each group takes one theme. See suggested scenarios below to choose from.

Summary

Facilitator summaries key points from the group presentations.

Option 4(b): Video and discussion

Suggested videos:

"Staying alive" is a half-hour video programme, produced in collaboration with UNAIDS, the World Bank and MTV. It features the personal testimonies of six young people living with HIV/AIDS in six different countries. It is available in 9 different languages; English, French, Spanish, Brazilian Portuguese, Italian, Russian, Ukrainian, Japanese and Mandarin. UNAIDS has distributed it to all UN Theme Groups on HIV/AIDS, UNAIDS Country Programme Advisers and Focal Points in countries.

A one-page description of **"Staying alive"** in English, French and Spanish is attached to this package.

Copies of the video can be obtained from World AIDS Campaign Team, UNAIDS Geneva, 20, avenue Appia, CH-1211 Geneva Switzerland, 41.22.791.4709 (phone), 41.22.791.4898 (fax), bhartim@unaids.org.

Discussion:

- Key points in the video and the brochure.

Option 4(c): Wildfire game and discussion

Note: More information on the Wildfire is attached to this package.

WILDFIRE

CAUTIONARY ADVICE

Strong emotional response may be experienced while progressing through this exercise. Comment on the reaction participants are having but do not explore too deeply. The point of the exercise is to clarify issues, not to develop a therapeutic atmosphere. The person touched on the shoulder at the beginning of the exercise may feel a sense of guilt for starting the infection process. Reassure them that this was only an exercise, and the person who really began the cycle was the facilitator. Leave ample time at the end of this exercise for discussion and debriefing and plan a break to follow the closure.

WILDFIRE INFORMATION - OUTLINE ONLY

The GOALS of the wildfire exercise are:

- To develop a sense of urgency and personal engagement in each participant that will affect how quickly and effectively they take action after the workshop; and,
- To develop an understanding that the epidemic affects all of us, not just others so that participants plan their responses to the epidemic from a perspective of personal involvement.

The OBJECTIVES are that by the end of this exercise participants will have:

- developed a heightened understanding of the speed of the transmission of HIV,
- explored further the factual information about HIV infection, its transmission mode ways to stop sexual transmission;
- experienced personally what it may be like to be exposed to or infected with HIV; and
- identified and begun to explore issues related to support for infected individuals.

Important issues raised or reviewed during the WILDFIRE exercise may be summarized:

- Three transmission modes exist, but the vast majority of transmission occurs through penetrative sexual intercourse.
- Once a person is infected they are infected for life and can pass the virus on to others.
- The need for behaviour change to stop transmission.
- The need to talk openly and honestly with sexual partners.
- The difference between HIV infection and AIDS.
- The support required by those infected with HIV.
- The speed of transmission of HIV.

- The need to decide on whether or not to be tested.
- The possible positive outcomes of knowing one's HIV infection status.
- The anxiety inherent in waiting for results.
- The meaning of a positive and negative test result.
- Issues of discrimination.
- The need for confidentiality.

During the exercise the possible spread of infection will be simulated amongst the participants. There will be discussion of the participants throughout the process.

5. Final remarks - total 40 min

Before closing the briefing we will discuss two important issues:

Confidentiality - 15 min

Discuss pro's and con's of using the brochure

Emergency situations and Post Exposure Treatment (PET) - 20 min

Judgement of risk and protocol

- car accident
- sexual violence
- blood exchange

Post Exposure Treatment (PET)

- what it is ?
- where it is ?
- in what situation it can be used?

More information on UN protocol on the Post Exposure Treatment can be found in a communication from the UN Medical Director to all UN Resident Coordinators on 11 March 1999.

Introduction to follow-up and information where to find more information/local facilities - 5 min

The brochure can provide us the framework but the rest is really up to us. We shall meet again and hopefully we'll get some feedback on what happened with it. We would also like to know how understandable (announcing the evaluation) and what other ways of sharing the information we would like to have. In the meantime, in the case you'd like to continue this discussion, you could contact your focal points, or emails (in the organizations - like I'd freely give mine) or myself...

6. Evaluation - 5 min

Before you leave, please take a few moments to fill in the evaluation form placed in front of you. Thank you.

(optional: Pink forms & suggestion box (2 min))

And before you leave, please take a minute to give us your feedback on today, or share with us any unanswered question, or suggestion for the similar meetings. Thank you.)

POSSIBLE SCENARIOS TO CHOSE FROM

1. Situation in the office: (one of)

- a colleague is visibly affected by something and everybody thinks its HIV but nobody knows
- a colleague is confiding in another one saying that he/she has HIV/AIDS and asking what to do that he/she is very afraid to loose the job and so on
- a manager in the office is trying to get rid of a staff member with HIV/AIDS
- a staff member suffers from HIV/AIDS and is being harassed by the colleagues (anonymously)
- A staff member is HIV + - how can the worksite provide a positive and supportive environment; how could the workplace benefit from the staff member's experience (greater involvement of people living with HIV/aids)

2. Situation in the family (one of)

- a spouse finds a brochure at home and accuses a staff that he/she has HIV/AIDS and this is why the paper is at home!!
- a child finds a brochure at home and starts asking questions
- a staff member finds a child reading a brochure and the child thinks that he/she has done something wrong

3. Emergency situation:

Small team, men-women. Great stress, some personal danger but mostly under stress from what they are seeing and hearing. Stress management possibilities are pretty limited... Ms. T. has had a particularly frightening day, breaks down in the evening at dinner. A male colleague comforts her, someone arrives bringing alcohol and all decide a few drinks will help relax them: it's been a one more 12 hour, horrible day...She is still frightened as much of the violence is at night, her colleague offers to stay with her..No one is really planning on having sex, but....

4. Emergency situation:

Duty travel in a SE Asian country with high prevalence of HIV. The team is doing lots of travel in-country via road, visiting a number of sites scattered around the country. They are using a MoH car and driver, but there are no seat belts. The driver is often tired due to long distances travelled. Although they always plan an early departure, something always comes up and the late departure require night travel along narrow crowded roads. They have seen several accidents: one quite severe. They know the blood supply outside the capital is not screened, but....

5. Personal matters:

A man, on duty travel to another country.. meeting with officials, business men.. dinner goes on late, much drinking as toasts are part of the culture. They are joined by several young women late in the evening. He is somewhat uncomfortable about the kinds of joking allusions that are being made, but clearly this is a custom and he is concerned that he not offend anyone. Eventually it is made clear by one of the ministry officials that one of these young women has been arranged for him as a special gesture. They have gotten along very well during this mission, having overcome several conflicts that had arisen during an earlier mission. He has mixed feelings: he certainly doesn't want to offend his host and the others, and doesn't want to be perceived as 'unmanly' or judgmental by the group- and she is very attractive. However, he doesn't normally travel with condoms...but surely if this woman is someone known to the official, she must be ok. After all, the official is the head of the Provincial AIDS Commission.

6. Personal matters:

A man at large national meeting as the key presenter, representative of a UN agency in Geneva. He is working with a local support team of young men and women. He is gay and has been very cautious about letting this be known outside of Geneva...but he has been approached by a couple of the young men who would like to be able to discuss issues of "gayness" and their own feelings with him . One of them has been particularly helpful.. and offers to introduce him to the gay social community. It becomes clear that they perceive him as a highly attractive man.. with

a great deal of status, and certainly of some economic and social “power.” He finds himself a centre of attraction. He did not plan on having sex, does not have condoms with him, but this is a country of low prevalence.. so....

7. Duty travel:

A woman at large international meeting as the key presenter, representative of UN agency in Geneva. Her schedule includes meetings with many country representatives in the evenings after the conference sessions. She has found that her position means that she is perceived as a highly attractive woman.. with a great deal of status, and certainly of some economic and social “power.” She often finds herself a centre of attraction, with many invitations for social activities after the meetings, often in her own hotel. By late in the evening, it’s too late for tennis and swimming, so a quiet drink seems a good way to relax. She does not plan on having sex, does not have condoms with her... but....

(She did take a quick look in her WHO medical kit. After all, didn’t the UN HIV/AIDS policy say something about access to needles and condoms? In the kit she found needles, tubing.. but no condoms.. oh well, too late now...)

8. Family Situation:

Woman has taken post with UNAIDS, moving her family to a new country to take it up. Her husband has also been able to find work.. and the children are in secondary school here now. Everything is quite different, they work long hours and no one is home when the children arrive after school except a young woman who keeps house for them. Their son has made friends, but they are concerned about these friends: they seem to have a lot of money, they don’t seem to have to let their parents know where they are and one night their son came home late smelling of marijuana. The girls in this group look so grown up and talk in a way that shocks them.

Their daughter has a boyfriend and wants to spend more and more time out with him, “like all the other girls.” She is only 15 and this would not be done in their own country. They have forbid her seeing him. The other day, the school called to ask why their daughter had not been in class for two days.

Recently, the school sent home a letter saying they would be starting a sexual health and life skills class. Both parents are alarmed.. why should schools be talking about sex? Their children know that these things are forbidden and shameful. Besides, this type of class is likely to give them ideas and make them think these things are ok.

9. Personal Situation:

A couple working for a UN agency. They have been seeing each other for the past several months and the relationship is very positive for both. They are well informed about the risks of HIV and STDs and each has previously made a decision to avoid casual sex. But this is a relationship that seems to have a future. They are perfectly aware that they are not the first partner for either, and have actually started out using a condom. As time goes by, the relationship deepens. They are both healthy, their previous partners were healthy.... A condom is such a nuisance and they don’t always remember to buy them.. and given the hours they work, condoms are not always easily available. They certainly don’t want to use condoms forever anyway. They talk about HIV tests.. but that means time off from work and, secretly, each thinks it is somewhat frightening. It’s easy to “forget” the condom after a while.

10. Road Accident

While driving along, a young woman rushes to the road and is run over by your car, which was within the speed limit. The accident was not your driver's fault. You get out of the car and find a woman of about 20 years old who may be pregnant and she is bleeding a lot from her leg and head. You have no first aid equipment in your car; you try to stop the bleeding by pressing your

hands on to the wounds while a bystander goes to the medical center to get help. The center is about 2 kms away. The help arrives at the last but it took longer than you had expected and by the time they do arrive your hands and sleeves are covered in blood. You all help to get her to the centre, where you have a chance to clean up and wash yourselves. While you are washing your hands you notice the cuts you got while gardening the day before. The health officer says in passing by, as you are about to leave that this poor woman had enough to worry about her health without a broken leg.

11. Rape Incident

You are in your own town coming home from the office/from cinema with your friends. It is late and your mind is busy on a problem. The person who normally does your end of year budget is absent and you do not know who will be able to do it for the office. It has been one of these days and to cap it off the lift to your apartment is not working and you have to walk up the 4 flights of stairs. As you go you are furious with everything and do not notice that the light on the third floor landing is out. As you arrive on the landing you think this is strange and before you can react you are grabbed and pushed violently to the floor. You fear for your life and are threatened with a knife/gun. You decide that to survive, the best thing to do is to submit so that you stay alive and are raped with no hope of anybody coming to save you.

EVALUATION (TO BE FILLED BY PARTICIPANT)

1. How would you rate the session overall - Please insert a check (✓) in the relevant box

	Extremely Poor	Poor	Average	Good	Extremely Good
Content					
Facilitation					

2. What was the most beneficial aspect of the session ?

3. What other issues would you like to be looked at ?

4. Would you consider using/sharing this brochure within a non-working environment: family, school, etc .

No Yes

Please briefly explain your decision ?

5. Did you receive the brochure and when?

EVALUATION

TO BE FILLED BY ORGANIZER AND RETURNED TO

- to <<<NAME OF PERSON, ADDRESS IN YOUR ORGANIZATION>>>
- to **the UN Theme Group on HIV/AIDS or the HIV/AIDS Focal Point** in your country.

1. **How many sessions did you organize ?**

2. **How many staff members were trained per session ?**

3. **Major obstacles encountered during planning / delivery ?**

4. **Recommendations for future actions ?**

STAYING ALIVE

OVER 30 MILLION PEOPLE ARE INFECTED WITH HIV WORLDWIDE
9 OUT OF 10 PEOPLE DO NOT KNOW THEY ARE INFECTED
THERE IS STILL NO CURE

STAYING ALIVE is a half-hour programme presented by internationally-acclaimed recording artist, **GEORGE MICHAEL**, whose consistent personal support for AIDS charities worldwide is profound and well-documented.

STAYING ALIVE is a unique collaboration between **UNAIDS**, the **WORLD BANK** and **MTV** and features the personal testimonies of six young people living with HIV/AIDS in six different countries - Brazil, India, the Netherlands, Ukraine, USA and Zambia together with useful, accurate information about the modes of HIV transmission.

The aim is to both educate and inform the MTV audience and encourage and inspire viewers' participation in education, prevention and support projects in their own communities.

STAYING ALIVE includes the compelling stories of Aleksey, an injecting drug-user living with AIDS in Odessa in the Ukraine and the progressive outreach work of the organization *Faith, Hope, Love* that distributes clean needles, condoms and information among the drug users of the Palermo district of Odessa; Kegan, an HIV-positive heterosexual female and her HIV-negative flatmate, Peggy, in San Francisco, California, USA whose cohabitation dispels many myths surrounding the transmission of the HIV virus; Henk, a man who lives in Amsterdam, the Netherlands who works as a peer counsellor at a HIV support group, as he goes for an HIV test for the first time; Matthew, a young HIV-positive Zambian man who, having lost his girlfriend to AIDS shares his sense of loss, shock, and sadness of testing positive; Gita, a sex worker in Calcutta, India, who distributes condoms and information among sex worker colleagues in the brothels of the poverty-stricken Sonagachi district; Valeria in Brazil, an HIV-positive young woman who got infected by her boyfriend whose testimony is contrasted with those of four young men who talk about their love of sex and their unsafe sexual practices.

Each story is rich in character, contrast and visual style and reveals both the human face of HIV and the many social, economic and political factors which continue to assist the spread of this global disease.

STAYING ALIVE is available for viewing and broadcast in 9 different languages: English, French, Spanish, Brazilian Portuguese, Italian, Russian, Ukrainian, Japanese and Mandarin.

For information, please contact World AIDS Campaign Team, UNAIDS Geneva, 20, avenue Appia, CH-1211 Geneva Switzerland, 41.22.791.4709 (phone), 41.22.791.4898 (fax), bhartim@unaids.org.

STAYING ALIVE

* *Restez en vie*

**PLUS DE 30 MILLIONS DE PERSONNES SONT INFECTÉES PAR LE VIH DANS LE MONDE
9 PERSONNES SUR 10 NE SAVENT PAS QU'ELLES SONT INFECTÉES
ON NE GUÉRIT TOUJOURS PAS DU SIDA**

STAYING ALIVE est une vidéo d'une demi-heure présentée par un chanteur connu sur la scène internationale, **GEORGE MICHAEL**, qui s'est toujours profondément engagé personnellement en faveur de manifestations destinées à récolter des fonds pour le SIDA dans le monde.

STAYING ALIVE est le fruit d'une collaboration unique entre l'**ONUSIDA**, la **BANQUE MONDIALE** et **MTV** et relate les témoignages de six jeunes vivant avec le VIH/SIDA dans six pays – le Brésil, les Etats-Unis, l'Inde, les Pays-Bas, l'Ukraine et la Zambie – tout en contenant des informations exactes et utiles sur les modes de transmission du VIH.

Le but est à la fois d'éduquer et d'informer le public de MTV et d'encourager la participation des spectateurs à des projets d'éducation, de prévention et de soutien dans leurs propres communautés.

STAYING ALIVE nous raconte ainsi l'histoire émouvante d'Alexei, toxicomane par injection vivant avec le SIDA à Odessa, en Ukraine, en décrivant le travail de proximité de l'organisation *Faith, Hope, Love*, qui distribue des seringues et des préservatifs et donne des informations aux toxicomanes du quartier de Palerme, à Odessa; celle de Kegan, jeune femme hétérosexuelle séropositive et de l'amie avec laquelle elle partage son appartement, Peggy, séronégative, à San Francisco, en Californie - cohabitation qui dissipe les nombreux mythes entourant la transmission du VIH; celle de Henk, un homme qui vit à Amsterdam, aux Pays-Bas, travaille comme conseiller au sein d'un groupe d'entraide, et va passer un test de dépistage pour la première fois; celle de Matthew, un jeune zambien séropositif qui, ayant perdu sa petite amie à cause du SIDA, exprime sa tristesse, son désarroi et le choc qu'il a ressenti en apprenant qu'il était séropositif ; celle de Gita, prostituée de Calcutta, en Inde, qui distribue des préservatifs et des informations à ses consoeurs dans les bordels du quartier pauvre de Sonagachi; enfin, celle, au Brésil, de Valeria, jeune femme séropositive infectée par son ami et dont le témoignage contraste avec ceux de quatre jeunes hommes qui parlent de leur amour du sexe et de leurs pratiques sexuelles à risque.

Chaque histoire est vivante et filmée de façon différente, et met en relief à la fois l'aspect humain du VIH et les nombreux facteurs sociaux, économiques et politiques qui continuent de favoriser la propagation de cette maladie dans le monde.

STAYING ALIVE est disponible en neuf langues : anglais, espagnol, français, italien, japonais, mandarin, portugais du Brésil, russe et ukrainien.

Pour tout renseignement, veuillez vous adresser à l'équipe de la Campagne mondiale contre le SIDA, ONUSIDA Genève, 20, avenue Appia, CH-1211 Genève, Suisse, 41.22.791.4709 (tél.), 41.22.791.4898 (fax), bhartim@unaids.org.

*Staying Alive**

* *Seguir Viviendo*

**EN TODO EL MUNDO HAY MÁS DE 30 MILLONES DE PERSONAS INFECTADAS POR EL VIH
NUEVE DE CADA DIEZ PERSONAS NO SABEN QUE ESTÁN INFECTADAS**

STAYING ALIVE es un programa televisivo de media hora de duración presentado por el cantante **GEORGE MICHAEL**, un artista de renombre internacional cuyo firme apoyo personal a las obras de beneficencia relacionadas con el SIDA en todo el mundo es sólido y reconocido.

STAYING ALIVE es una iniciativa de colaboración singular entre el **ONUSIDA**, el **BANCO MUNDIAL** y **MTV** en que se presenta el testimonio de seis jóvenes que viven con el VIH/SIDA en seis países distintos –el Brasil, la India, los Países Bajos, Ucrania, los Estados Unidos de América y Zambia-, junto con información útil y precisa sobre los modos de transmisión del VIH.

Su objetivo es educar e informar a la audiencia de MTV y al mismo tiempo estimular e inspirar la participación de los telespectadores en proyectos de educación, prevención y apoyo en sus propias comunidades.

STAYING ALIVE incluye el relato de las distintas situaciones que viven Aleksey, un consumidor de drogas intravenosas con SIDA en Odessa (Ucrania), comprometido en la intensa labor divulgadora de la organización *Faith, Hope, Love*, que distribuye agujas estériles, preservativos e información entre los usuarios de drogas del barrio de Palermo, en Odessa; Kegan, una mujer heterosexual VIH-positiva y Peggy, su compañera de apartamento VIH-negativa, en San Francisco (California, EUA), cuya convivencia disipa muchos mitos sobre la transmisión del VIH; Henk, un hombre que vive en Amsterdam (Países Bajos) y trabaja como asesor inter pares en un grupo de apoyo sobre el SIDA, en el momento en que acude a someterse por primera vez a la prueba del VIH; Matthew, un joven zambiano VIH-positivo que, tras haber perdido a su compañera por causa del SIDA, comparte su sentimiento de pérdida, conmoción y tristeza al resultar positivo en la prueba del VIH; Gita, una profesional del sexo en Calcutta (India) que distribuye preservativos e información entre sus colegas profesionales del sexo en los prostíbulos del mísero barrio de Sonagachi; y Valeria, una joven brasileña VIH-positiva que se infectó a través de su compañero y cuyo testimonio se contrasta con el de cuatro jóvenes varones que hablan de su goce con el sexo y de sus prácticas sexuales peligrosas.

Cada relato es rico en personas, contrastes y estilo visual, y muestra tanto el rostro humano del VIH como los múltiples factores sociales, económicos y políticos que siguen favoreciendo la propagación de esa epidemia mundial.

STAYING ALIVE está disponible para su visión y difusión en nueve idiomas distintos: chino (mandarín), español, francés, inglés, italiano, japonés, portugués (del Brasil), ruso y ucraniano.

Para obtener más información, póngase en contacto con el Equipo de la Campaña Mundial contra el SIDA en la siguiente dirección: ONUSIDA Ginebra, 20 avenue Appia, CH-1211, Ginebra, Suiza, o bien por teléfono (41.22.791.4709), fax (41.22.791.4898) o correo electrónico **bhartim@unaids.org**.

WILDFIRE

Additional information

In order to be able to work effectively within the epidemic it is important for participants to experience what it feels like to be exposed to HIV infection personally. This helps in developing a sense of personal engagement and a full understanding of the disease and its implications.

The **GOALS** of the wildfire exercise are:

- To develop a sense of urgency and personal engagement in each participant that will affect how quickly and effectively they take action after the workshop
- To develop an understanding that the epidemic affects all of us, not just others so that participants plan their responses to the epidemic from a perspective of personal involvement.

The **OBJECTIVES** are that by the end of this exercise participants will have:

- developed a heightened understanding of the speed of the transmission of HIV
- explored further the factual information about HIV infection, its transmission modes and ways to stop sexual transmission
- experienced personally what it may be like to be exposed to or infected with HIV
- identified and begun to explore issues related to support for infected individuals,

Important issues raised or reviewed during the WILDFIRE exercise may be summarized:

- Three transmission modes exist, but the vast majority of transmission occurs through penetrative sexual intercourse.
- Once a person is infected they are infected for life and can pass the virus on to others.
- The need for behaviour change to stop transmission
- The need to talk openly and honestly with sexual partners.
- The difference between HIV infection and AIDS,
- The support required by those infected with H IV.
- The speed of transmission of HIV.
- The need to decide on whether or not to be tested.
- The possible positive outcome of knowing one's HIV infection status.
- The anxiety inherent in waiting for results.

- The meaning of a positive and negative test results
- Issues of discrimination.
- The need for confidentiality.

During the exercise the possible spread of infection will be simulated amongst the participants. There will be discussion of the feelings of the participants throughout the process.

WILDFIRE: THE EXERCISE

The exercise takes 1 hour 30 minutes.

What you will need:

For the WILDFIRE EXERCISE a floor space large enough to allow all participants to stand in a circle is needed. Enough chairs for all participants should be arranged in a circle.

The facilitator must have 20 envelopes, each containing a card, half of the cards must be marked "POSITIVE" and half marked "NEGATIVE".

The exercise can be run with between 10 - 25 participants. It should be noted well, that it is dangerous to run this exercise with more than 25 participants.

Running Wildfire:

INTRODUCTION

Read the participants the following description of the rationale, goals and objectives:

“In order to be able to work effectively within the epidemic it is important for participants to experience what it feels like to be exposed to HIV infection personally. This helps, in developing a sense of personal engagement and a full understanding of the disease and its implications.”

“The goals of the wildfire exercise are: to develop a sense of urgency and personal engagement in each participant that will affect how quickly and effectively they take action after the workshop and; to develop an understanding that the epidemic affects all

of us, not just others so that participants plan their responses to the epidemic from a perspective of personal involvement”.

“The objectives are that, by the end of this exercise, you will have: developed a heightened understanding of the speed of the transmission of HIV and will have explored further the factual information about HIV infection, its transmission modes and ways to stop sexual transmission. You will have experienced personally what it may be like to be exposed to or infected with HIV and identified and begun to explore issues related to support for infected individuals”.

Stress the importance of confidentiality in relation to all matters of personal information and HIV infection. Remind the participants that the need for confidentiality extends to this exercise and that there must be a mutual trust within the group for people to feel that they can be honest in the exercise. They must respect, as confidential, any personal information, which becomes known during the exercise.

STEPS TO FOLLOW:

Ask the participants to put down anything they are holding and to stand in a circle facing inwards.

Approach one participant and shake their hand. Tell them and the rest of the group that, for this exercise, a handshake is equivalent to having unprotected sexual intercourse. While still holding the participant’s hand, explain that we need some mechanism to indicate personal exposure to HIV and a light scratch on the palm of the hand during the handshake is the chosen method. Stress that scratch on the palm indicates HIV exposure only and not HIV infection. Demonstrate the hand scratch to the person you are shaking hands with and to the other participants. If this person was to shake hands with others, they would now scratch their palms.

Stop your handshake. Tell everyone that this was only a demonstration and that no one, at this stage has been exposed to HIV in the exercise.

Tell the group that you will shortly ask them all to close their eyes and that you will then walk around inside the circle several times during which you will touch one person on the shoulder. For the course of the exercise, this “touched” person will be HIV infected. The person whose shoulder you touch is not to tell any other group members. However, they will scratch the palm of every person’s hand they shake during the exercise.

Tell them that if, during the course of the exercise, any one of them is scratched on the palm, they must then scratch the palms of other people they shake hands with. Remind people every time they shake hands they are having unprotected sexual intercourse.

After touching the single person, ask the participants to open their eyes and see if they can identify the person in the group who has been touched, “HIV infected”. Bring out the point that you can’t tell if a person is infected by looking at them.

Start the group discussing how they felt as you walked around the circle. Bring out the point that even in a game, people are fearful of being labeled as HIV infected, they do not want to be touched. You should concentrate on facilitating the group to provide answers and information rather than giving it yourself.

Repeat the instructions of the exercise and stipulate the maximum number of handshakes per participant:

10-15 participants, “up to 3 handshakes per person”.

15-19 participants, “up to 4 handshakes per person”.

Step out of the circle and ask the participants to begin shaking hands with whomever they wish, but only up to the stipulated number.

When the hand shaking stops, stop back into the centre of the circle. Ask if anyone who chose not to shake hands. Bring out the point that everyone will make individual choices about having unprotected sexual intercourse. Ask the others to return to their outer circle seats.

Seat the inner circle and explain that those in this group have examined their history and have concluded they have placed themselves at risk for HIV infection in the past, that is they have been exposed. Explain that those in the outer have also looked at their sexual history and have decided that they have not been at risk of HIV infection.

Get the group to discuss what it is like to be in either position, those on the outside looking in first, followed by those on the inner circle.

You can use questions such as these to generate thought, discussion and the examination of issues;

- a. “Outer circle”, WHAT HAVE YOU DONE THAT WAS DIFFERENT TO THE INNER CIRCLE?
- b. “Outer circle”, WHAT DO YOU THINK ABOUT THOSE IN THE MIDDLE?
- c. “Inner circle”, WHAT ARE YOU THINKING NOW THAT YOU REALISE YOU MAY BE INFECTED?
- d. “Inner circle”, WOULD YOU TELL ANYONE YOU MAY BE INFECTED? WHO?
- e. “Inner circle”, WHAT WOULD YOU NEED AT THIS STAGE?
- f. “Inner circle”, WOULD YOU CONTINUE HAVING UNPROTECTED SEXUAL INTERCOURSE?

Remember to remind everyone that only an exposure has occurred.

At some stage during the discussion participants will ask about the possibility of an HIV antibody test. It is important here to clarify the difference between HIV infection and AIDS and to discuss the testing procedure, and the meaning of positive and negative results.

When participant says they would not want a test ask "WHY NOT?" If they continue to say no to testing, move on.

Offer the test and generate or encourage acceptance for the sake of the exercise. Be careful not to give the impression that you are advocating being tested as a general policy. If anyone continues to refuse a test ask them to return to the outer circle but REMEMBER to check back with them when the exercise is over.

Shuffle the result envelopes and pass them out asking participants not to open their envelopes but to hold them. Refer to the waiting period for results that is common in the country where the workshop is being held and get the group to discuss the new issues now involved.

You may use questions such as :

- a. WHAT WOULD YOU NEED DURING THE PERIOD ?
- b. WOULD YOU TELL ANYONE YOU HAD THE TEST? WHO?
- c. WOULD YOU CONTINUE WITH UNPROTECTED SEXUAL INTERCOURSE?
WHY OR WHY NOT?
- d. WOULD YOU BE ABLE TO CONCENTRATE FULLY AT WORK AND/OR HOME?
- e. WHAT ARE YOU THINKING ABOUT DURING THIS TIME?

Before asking them to open their envelopes remind the participants that the results should not be given in this way. Results should be provided in a personal and confidential setting.

Ask those with negative results to replace their cards in their envelopes, pass them back to you and join the outer circle.

Get the group to discuss how it feels to get a negative result. Discuss the need for follow-up testing if risk behavior had occurred within the 3 months prior to this test, due to the window period. Discuss the need for behavior change in order to maintain HIV negative status.

Get the group to discuss the thinking and feeling of those left with a positive result. Stress that there are positive aspects of knowing; reducing stress, getting help early etc.

You can use questions like:

- **HOW DO YOU FEEL?**
- **WHAT WAS THIS RESULTS MEAN FOR YOUR LIFE?**
- **WOULD YOU TELL ANYONE? WHO?**
- **WOULD YOU CHANGE YOUR BEHAVIOUR?**
- **WOULD YOU TELL YOUR WORK COLLEAGUES AND/OR EMPLOYER?**
- **WHAT WOULD YOU NEED AT THIS POINT IN TIME?**
- **WHAT ACTION MIGHT YOU TAKE AS A RESULT OF THIS RESULT?**

Constantly stress the difference between HIV infection and AIDS. Respond to requests for information.

When the discussion has covered all of the concerns ask the positive result participants to place their **results** in the envelopes. Take the envelopes back one by one reminding the participants that this has been an exercise only and as they pass the envelope to you they also pass away the virus.

Each of the “positive” result participants, will require a personal debrief at this stage and an effective way of achieving this is to ask each participant to stand and step out of the inner circle, ask them to say their name in full and then ask “their name” now looking back at the situation what do they think about HIV infection”.

After all positive result people have been debriefed ask all participants to stand in a circle again. Ask 60 participant to reflect on the exercise and say “one” word only to express their feeling or thoughts, following their participation.

Close the exercise by asking the group to shake hands with as many people as they wish, but they are not to scratch any palm. Emphasize that the exercise is now over.

QUESTIONS USED DURING WILDFIRE

A Questions such as these to generate thought, discussion and the examination of issues:

- a. "Outer circle", WHAT HAVE YOU DONE THAT WAS DIFFERENT TO THE INNER CIRCLE?
- b. "Outer circle", WHAT DO YOU THINK ABOUT THOSE IN THE MIDDLE?
- c. "Inner circle", WHAT ARE YOU THINKING NOW THAT YOU REALISE YOU MAY BE INFECTED?
- d. "Inner circle", WOULD YOU TELL ANYONE YOU MAY BE INFECTED? WHO?
- e. "Inner circle", WHAT WOULD YOU NEED AT THIS STAGE?
- f. "Inner circle", WOULD YOU CONTINUE HAVING UNPROTECTED SEXUAL INTERCOURSE?

B. QUESTIONS FOR THE INNER CIRCLE WHILE ASKING TO OPEN THEIR ENVELOPES WITH HIV ANTIBODY TEST RESULTS

- a. WHAT WOULD YOU NEED DURING THIS PERIOD?
- b. WOULD YOU TELL ANYONE YOU HAD THE TEST? WHO?
- c. WOULD YOU CONTINUE UNPROTECTED SEXUAL INTERCOURSE? WHY OR WHY NOT?
- d. WOULD YOU BE ABLE TO CONCENTRATE FULLY AT WORK AND/OR HOME?
- e. WHAT ARE YOU THINKING ABOUT DURING THIS TIME?

C. FOR PEOPLE WITH POSITIVE HIV ANTIBODY TEST RESULTS

- HOW DO YOU FEEL?
- WHAT DOES THIS RESULT MEAN FOR YOUR LIFE?
- WOULD YOU TELL ANYONE? WHO?
- WOULD YOU CHANGE YOUR BEHAVIOUR?
- WOULD YOU TELL YOUR WORK COLLEAGUES AND/OR EMPLOYER? WHAT WOULD YOU NEED AT THIS POINT IN TIME?
- WHAT ACTION MIGHT YOU TAKE AS A RESULT OF THIS RESULT?