

**The ABCs and Beyond:  
Developing an Operations Research  
Agenda on Comprehensive  
Behavior Change Approaches for  
HIV Prevention**



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*Report from a Technical Meeting*

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and Natalie Phillips-Hamblett**



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## **Executive Summary**

In April 2003, the Horizons Program sponsored a one-day technical meeting to develop and set priorities for an operations research agenda to study effective behavior change strategies for HIV risk reduction, particularly those that focus on what have been called the “ABC” behaviors: Abstinence or delaying sex, Being faithful or partner reduction, and Condom use. Representatives from more than 20 organizations and programs involved in prevention research and programming discussed epidemiological, behavioral, psychosocial, and structural factors that may help determine the effectiveness of promoting the ABCs and other types of prevention programs.

The meeting began with an overview of theoretical perspectives, followed by presentations on Horizons’ studies of risk prevention strategies and on Family Health International’s experiences in behavior change communications. Participants then discussed key questions and themes that future operations research on prevention programming should address, including:

- Making a clearer distinction between ABC behaviors themselves and programs to promote these behaviors, which may necessitate addressing prevention issues beyond ABC, such as building the negotiation skills and supportive social context required to enable young girls to handle sexual pressure from their peers and adults.
- Tailoring clear and consistent prevention messages to different audiences, as well as to the cultural and regional context, in the most effective way.
- Building comprehensive strategies—encompassing multiple messages, channels of information, and strategies—that can be coordinated across different partners and institutions.
- Closing the gap in knowledge about how best to promote partner reduction and faithfulness, in part by clarifying what people perceive when they hear partner reduction messages.
- Improving messaging and programming for youth, including working with younger youth before they become sexually active, with the understanding that youth and their behaviors change over time.
- Developing new models of partnership that include faith-based organizations.

The importance of evaluating the impact of prevention activities, including large behavior change communication programs, and of assessing cost-effectiveness was stressed.

During the meeting, specific opportunities for collaborations and areas of particular interest for each group were discussed, with the goal of permitting each organization to focus on its strengths while working together toward similar outcomes.

Horizons plans to pursue some of the key operations research questions as identified by the technical experts. Horizons will continue to partner with local organizations and engage local decision makers to ensure that the research is relevant both locally and globally.

## Introduction

On April 29, 2003, the Horizons Program hosted a technical meeting in Washington entitled “Comprehensive Behavior Change Approaches for HIV/AIDS Prevention: Developing an Operations Research Agenda.” The main objective of the meeting was to develop and set priorities for an operations research agenda on outstanding questions about effective behavior change strategies for HIV risk reduction, particularly those that focus on what have been called the “ABC” behaviors: Abstinence or delaying sex, Being faithful or partner reduction, and Condom use.

The meeting was designed to help guide the Horizons Program and their partners as they develop new studies, as well as inform other organizations and researchers. The agenda followed up certain key issues and questions that emerged from a meeting in September 2002 sponsored by the U.S. Agency for International Development, “Technical Meeting on Behavior Change Approaches to Primary Prevention of HIV/AIDS: The ‘ABCs’ of HIV Prevention.” This earlier meeting concluded that while much is currently known about how best to promote ABC behaviors, many questions remain.

Representatives from more than 20 institutions and programs actively engaged in international HIV prevention activities were brought together to participate in the discussions. Both researchers and those who implement programs were included. The institutions represented included USAID, such international organizations as Family Health International, Population Services International, and the International HIV/AIDS Alliance, such universities as Johns Hopkins and Harvard, and such faith-based organizations as Lutheran World Services and World Vision.

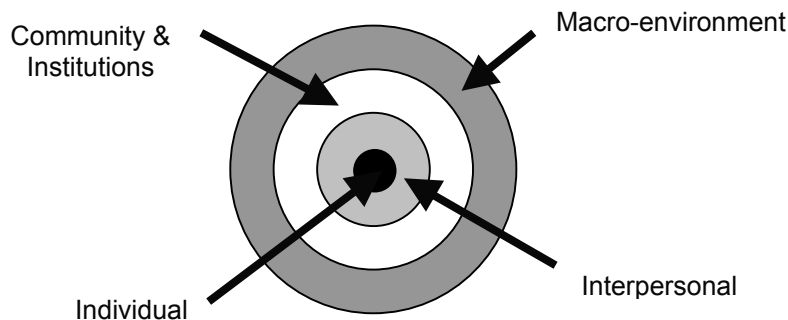
## Setting the Stage

### Research and Theoretical Perspectives on HIV Risk Behavior Change

Julie Pulerwitz, Horizons/PATH, behavior change scientist, opened the day's discussions by highlighting key research and theoretical issues related to behavior change programs focused on HIV prevention.

Dr. Pulerwitz first described the theoretical understanding and research strategy within the Horizons Program for behavior change related to HIV risk reduction. Drawing on the ecological model, behavior is understood to be shaped at multiple levels and by varied forces. These include the individual level, the interpersonal level, the community level, and the macro-environment level (see Figure 1).

**Figure 1 Behavior shaped at multiple levels: adapted from ecological model**



Urie Brofenbrenner (2000). Ecological systems theory. In A. Kazdin (ed.) *Encyclopedia of psychology*. Washington, DC, and New York, NY: American Psychological Association and Oxford University Press.

The Horizons research strategy therefore explicitly acknowledges that individuals are embedded in social and structural contexts that must also be addressed to create an environment that supports healthy behaviors already present as well as behavior change that further enhances risk reduction. Studies by Horizons focus on examining behaviors within their social context and on testing innovative behavior change strategies at multiple levels. These may include evaluating:

- Activities to augment information, skills, and economic opportunities at the individual level.
- Couple counseling or training for community “gatekeepers” such as health care workers or teachers at the interpersonal level.
- Community mobilization techniques at the community level.
- The impact of different policies at the macro-environment level.

Applying this concept to the specific strategy of promoting the ABC behaviors, as was concluded at the 2002 technical meeting at USAID, it is important to make available a comprehensive set of messages about delayed sexual initiation or abstinence, faithfulness or partner reduction, and condom use. Thus, those receiving the messages have access to all of the information and can make informed choices.

Yet it is also vital to appropriately tailor the behavior change messages according to the intended audience of particular programs. For instance, programs for youth who are not yet sexually active may focus on promoting a delay in sexual initiation, while programs for sex workers may focus on promoting consistent condom use. Programs for migrant workers might focus on partner reduction when away from home. Good formative research is needed to help develop specific messages and activities that are appropriate for different audiences.

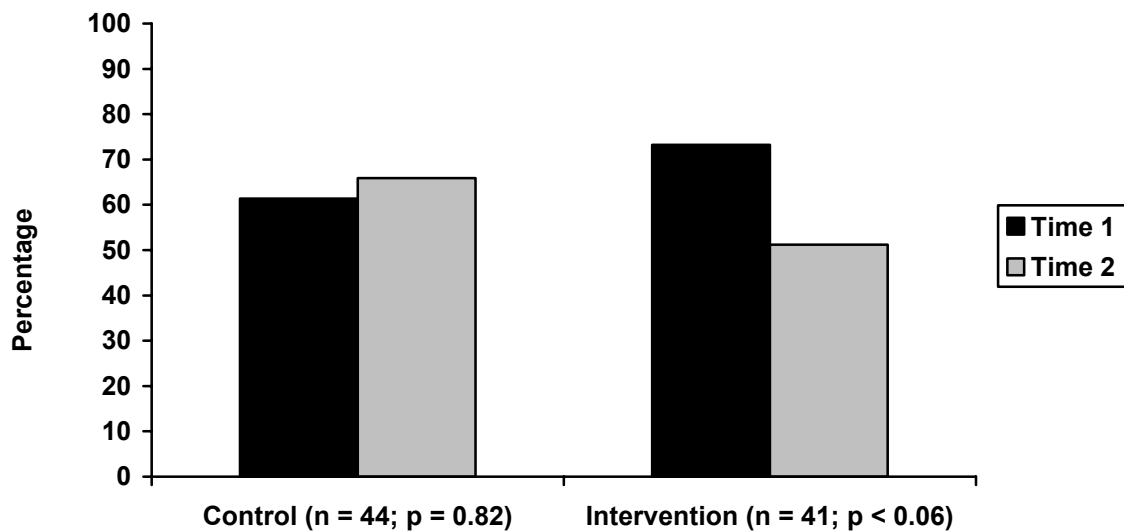
Dr. Pulerwitz then highlighted findings from three studies that are testing strategies to promote primary prevention of HIV, as well as emerging results from an ongoing meta-analysis of evaluations of abstinence-only programs. The studies focus on three different key populations for the epidemic: youth, migrant workers, and sex workers. The meta-analysis is being conducted by researchers at Johns Hopkins Bloomberg School of Public Health, and complete findings should be available in the near future.

## **Promoting life skills in secondary schools**

In Thailand, South Africa, and Mexico, Horizons and local partners are assessing the impact of a school program to improve HIV-related knowledge, skills, attitudes, and behavior of secondary school students. The goal is to test whether better teacher preparation and a life skills approach can lead to the adoption of ABC behaviors, including delayed age at first sex, abstinence, and condom use. The intervention study includes both intervention and control groups, and data were collected at baseline, plus at two follow-up points, immediately after the intervention and five months later.

In South Africa, important findings include a decrease in the number of sexual partners of male youth in the intervention group, with no such change found in the control group (see Figure 2). Analyses are restricted to youth aged 12-21 reporting multiple partners at baseline. Even given the limited sample size, the change is still significant at the  $p < 0.06$  level. Attitudes in support of abstinence increased in the intervention group. Another important finding is that the program did not lead to increased sexual activity: 36 percent of the intervention group was sexually active at follow up, compared to 37 percent of the control group.

**Figure 2 Change in percent of South African boys reporting more than one sex partner during last six months\***



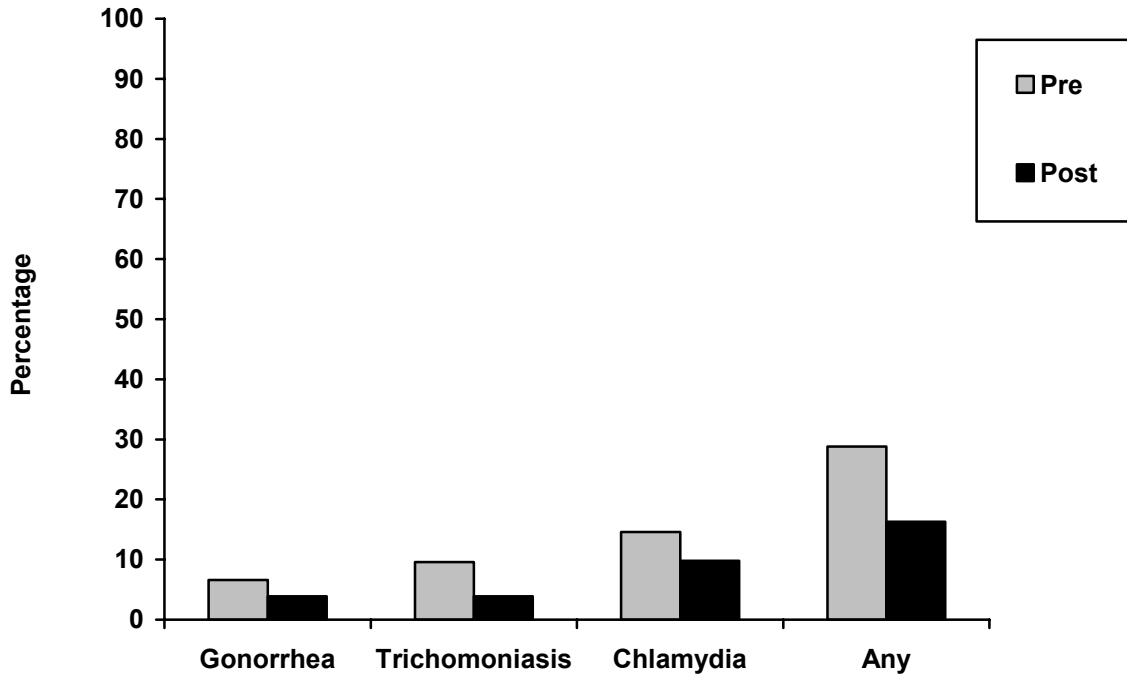
\*McNemar's test used to test significance.

### Promoting 100 percent condom use in sex establishments

In the Dominican Republic, Horizons and local partners collaborated on a study to develop and test two approaches to achieving 100 percent condom use in sex establishments: an approach that encourages compliance through education and mobilization of sex workers and brothel owners via workshops and behavior change communication activities, and a combination of this approach with government regulation and enforcement. The goal was to adapt the well-known and successful 100 percent condom program from Thailand to another developing country. In addition to pre- and post-quantitative surveys and qualitative research with sex workers, STI testing was conducted to triangulate the data collected.

The results of the study included a 40 percent increase in consistent condom use with all partners (31.5 percent to 53.8 percent;  $p < 0.001$ ), and over 40 percent reduction in STIs (28.8 percent to 16.3 percent) (see Figure 3).

**Figure 3 STI rates among sex workers in the Dominican Republic (n = 402; p < 0.01)**



**Prevention in a migrant community**

In South Africa, the Carletonville Project, which is implemented by Horizons and local partners and based in a gold mining area, evaluates the impact and cost-benefits of a comprehensive HIV/STI intervention program focusing on migrant miners, sex workers, and community members from the surrounding community. The intervention uses a hybrid design, including peer education, community mobilization, and condom promotion, to encourage ABC behaviors, plus STI syndromic management and periodic presumptive treatment of common STIs. With a focus on partner reduction, condom use, and care-seeking behaviors, emerging findings include a significant decrease in the number of partners reported by migrant workers as well as a significant increase in condom use (see Table 1).

**Table 1 Reported risk behaviors in Carletonville, South Africa**

	1999		2001		P-value
	%	n	%	n	
<b>Casual sex partner in last 12 months</b>					
Miners	66.5	827	43.5	994	< 0.0001
Community	65.2	1521	42.5	1411	< 0.0001
<b>Always used condoms with last casual partner</b>					
	1998		2001		
Miners	18.7	899	24.4	994	< 0.0001
Community	24.7	1190	29.5	1411	< 0.0001

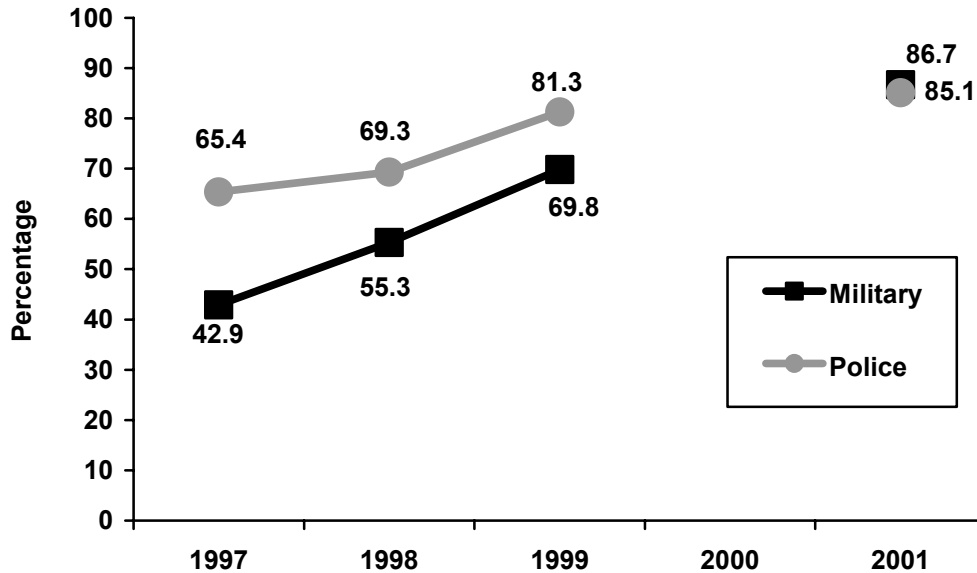
### Programmatic Issues for Behavior Change Interventions

Carol Larivee, associate director for behavior change communications at the Institute for HIV/AIDS, Family Health International, then further oriented the day's discussions by addressing key programmatic issues about comprehensive behavior change communications for HIV prevention and by describing key BCC programming questions. Ms. Larivee highlighted two projects implemented by FHI/IMPACT, one in Cambodia and another in Nigeria.

The project in Cambodia utilized a multi-stage process to develop appropriately tailored behavior change communications for the intended audiences, namely sex workers and the police/military. These steps included a review of in-country literature, accessing epidemiological data on prevalence rates, application of the Behavioral Surveillance Survey where possible, and formative research with the intended audience. Examples of implemented activities include outreach to brothel-based sex workers with condom promotion, STI treatment, condom social marketing, free VCT services, and an HIV mass media campaign.

Project results included a significant increase in condom use among police and military officials (see Figure 4). Rates of sex with female sex workers also decreased from approximately 75 percent for both military and police in 1997 to 67 percent for military and 59 percent for police in 1999. The key BCC lessons include the importance of tailoring a message mix to target the specific needs of a local population, to design BCC messages based on information from the local community, and to ensure that messages remain relevant and consistent through multiple mass and interpersonal channels and social networks.

Figure 4 Rates of consistent condom use among Cambodian military and police



An ongoing IMPACT project in Nigeria focuses on fostering partnerships across key local institutions, including local and state government, faith-based organizations, NGOs, unions, health care providers, and condom social marketers, to implement coordinated, comprehensive BCC for HIV prevention. Committees consisting of these various partners agree upon and coordinate key components of the intervention and thus create consistent and non-conflicting messages. The intended audiences for this intervention include transport workers, sex workers, students, and church attendees. Concerned about the appropriate mix of messages and synergy of channels through which the intervention is broadcast, the project reaches intended audiences via print materials, TV/radio, outreach, peer education, the pulpit, and joint community events. This type of coordination appears to be successful, but a more rigorous evaluation is needed to measure the impact.

Ms. Larivee ended the presentation with a list of high-priority research questions about how to best implement effective BCC for HIV prevention. These included the following:

- What is the impact of a comprehensive BCC approach coordinated with all stakeholders on individual and community behaviors?
- What is the impact of linking prevention, care, and support to individual and community behaviors?
- How extensive does the target population research need to be to develop the appropriate message mix?
- What is the appropriate mix and synergy of channels (interactivity among the mass media, community, and interpersonal channels) for the greatest effect on behavior?

- What is the impact of political support for BCC messages on the adoption of new behaviors?
- What is the impact of participatory BCC strategy development on the adoption of new behaviors?
- How do community dialogue and discussion through existing community groups and structures affect behaviors?
- How important is accurate self-risk assessment in the behavior change process?
- How do social norms affect personal choice in adopting behaviors?

### **Goals and Process for Group Discussion**

Johannes van Dam, deputy director of the Horizons Program, presented the goals of the meeting and the planned structure for the group discussions.

Dr. van Dam reminded the group that HIV/AIDS operations research is field based and focuses on testing different programmatic strategies to reduce HIV infection and mitigate the impact of the HIV/AIDS epidemic in the developing world. The operations research paradigm has the advantage of enabling researchers to examine the impact of programs in a real world setting, as well as quickly disseminating results and implementing programmatic lessons on the ground. Each Horizons study works with local implementing and research partners, as well as local officials, to ensure broad-based community support and ownership. The Horizons Program also has a global mandate, where lessons emerging from studies are intended to be relevant both locally and globally. The specific characteristics of OR and the timeline of Horizons—which ends in 2007—will influence the type and number of studies that can be pursued under the Horizons Program. However, other key questions could be explored through various partnerships, and it is hoped that other organizations will take forward some of the questions that emerge from the day's discussion.

Using the issues presented earlier in the day as a starting point, the group held a brainstorming session on important questions about comprehensive BCC programs for HIV prevention. Participants discussed what types of studies would fit in an operations research agenda, what the goals and main outcomes of the studies should be, and which populations should be focused upon.

After this session, the discussion was devoted to reaching a general consensus on high-priority topics and questions. The participants were asked to submit one question they believed was the most important to pursue, and then the group organized them according to categories. Some of the questions identified as priorities address more than one major theme, but for the purposes of this report are categorized so that they do not repeat. Finally, a discussion was held on specific opportunities for studies and collaborations that address the questions.

The remainder of this report highlights the main themes that emerged from the discussions, lists the questions identified by meeting attendees, and addresses next steps.

## Main Discussion Themes

*The first theme that emerged from the discussion involved understanding the ABC approach within the context of what is currently known about effective HIV prevention programs and what the gaps in the current knowledge base are. Key points raised in the discussion are highlighted below, and the key operations research questions, as selected by the meeting participants, then follow.*

### **“ABC” Behaviors as Program Outcome vs. Program Content**

One discussion focused on the relationship between the specific behaviors that are among the hoped-for outcomes of HIV risk reduction programs—delayed sexual initiation or abstinence, faithfulness or reduced numbers of sexual partners, and consistent condom use—and a program that has the goal of promoting these behaviors. The behaviors themselves are the intended outcome: engaging in these behaviors will reduce risk of HIV/AIDS. Yet to successfully promote these behaviors, a program needs to include a number of components and activities that focus on more than just the ABC messages. These activities may include explicit messages encouraging preventive behaviors but may also include the development of policies to support these behaviors, such as the 100 percent condom use policy that has been used with success in brothels. Other activities may be targeted toward developing adolescents’ self-esteem and skills to refuse or delay sex, so that they have the capacity to implement these behaviors. In particular, issues related to gender—such as the fact that girls and women often do not have the power to negotiate safer sex or abstinence—need to be taken into account.

Opinions expressed included that the distinction between ABC behaviors and a program to promote these behaviors is not sufficiently made. Participants also emphasized that it would therefore be important to address the context in which sexual risk behaviors are enacted and directly address factors that place people at risk in programs to promote the ABC behaviors. Furthermore, it is important to measure changes in behaviors that are related to these other program activities, such as a change in skills to negotiate condom use, in order to identify important steps toward such behaviors as the consistent use of condoms. A concern was also expressed that the packaging of ideas into an ABC “approach” has taken precedence over other well-known and useful frameworks in behavior change communications.

### **Tailoring the ABC Message to the Target Group and Context**

There was general consensus among meeting participants that different combinations of messages to promote abstinence and condom use and reduce the number of sexual partners are needed for different individuals and groups in different situations. These messages should be tailored to the particular group the program hopes to reach.

For example, programs that aim to reduce the HIV risk of sex workers and their clients would likely focus on condom use as opposed to abstinence, while programs for pre-sexually active youth would likely focus initially on delaying sexual initiation and abstinence, and if they become sexually active, then using condoms. Furthermore, the appropriate message may differ depending upon the cultural and regional context as well as the stage of the HIV epidemic (e.g., more generalized or more concentrated among specific groups).

Participants suggested that a key component of behavior change programs is having the appropriate “message mix” for specific audiences. Yet questions remain regarding how tailored a program has to be for it to be effective. While most participants thought that the program should be tailored to the audience and cultural context, others thought it may be possible to develop effective programs with similar themes and components that may be applied or adapted to multiple cultural contexts.

### **Gap in Knowledge About Partner Reduction Strategies**

Citing findings related to the successful reduction of HIV prevalence in Uganda, some participants stated that the reduction in number of sexual partners reported by Ugandans was a key element, in addition to behaviors such as delayed sexual initiation by youth and condom use, and other factors such as political support, HIV stigma reduction campaigns, and female empowerment activities.

In fact, one participant stated, partner reduction was perhaps the most substantial and important change in individual behavior. Given this finding, more efforts should be directed toward promoting partner reduction and monogamy and determining whether it in fact does have as large an impact as the Ugandan findings suggest.

However, there is a gap in knowledge about how best to promote partner reduction and faithfulness, including a lack of clarity about what people perceive when they hear partner reduction messages and what type of intervention strategies might be successful. Different strategies may be appropriate for youth and older couples as well. But another participant expressed concern that the faithfulness message is a value-laden one, since the opposite of being faithful is being unfaithful, a self-characterization that appeals to few. The danger would be that those who did not wish to identify themselves in that way due to fear of stigmatization would ignore such messages, don’t consider themselves at risk of HIV, and would therefore not be affected by the messages. The challenge becomes promoting different partner reduction strategies without reinforcing stigma against those who have multiple partners.

### **Lack of Clarity in ABC Programs**

The definition of the ABC approach was discussed at length, and most deemed it unclear. Programs often have different definitions of the ABC behaviors they try to promote. For example, abstinence is sometimes defined as abstaining until marriage, sometimes as abstaining for a given period of time, and sometimes as abstaining until achieving a close, long-term partnership. Furthermore,

research indicates that different members of the audience may hear the same message yet define it differently.

The participants agreed that the preferred strategy should be comprehensive (i.e., encompassing multiple combinations of messages and strategies), which suggests that there should be room for multiple understandings and definitions of the behaviors so that they can be targeted to specific populations. On the other hand, using the “ABC” paradigm as an umbrella term, with so many definitions of how the messages are used in practice, can become confusing or misleading. There is thus a need to clarify the various definitions and strategies used in different settings.

From the list of priority operations research questions identified by meeting participants, the following were related to behavior change strategies to promote the ABC behaviors:

- What is the added value of coordinating comprehensive behavior change messages across different institutions and messengers (e.g., FBOs and schools and NGOs)?
- How does an audience define such terms as abstinence, faithfulness, and consistent condom use, and how are these HIV prevention messages understood? Are different ABC messages complementary and/or contradictory, particularly for youth?
- How can partner reduction and monogamy (the B component of ABC) be effectively promoted, especially to youth? Should there be a study comparing what can be considered a typical message—one that focuses on condom use and abstinence—to one emphasizing all three ABC components equally?
- What is the link between accurate self-risk assessment, open community dialogue, and the adoption of safer sex practices?
- How can social norms in support of HIV risk reduction be promoted, and what is the resulting impact?

*The second main theme that emerged from the discussion looked at youth as a particularly vulnerable group and the need to reach youth with effective, comprehensive HIV risk reduction programs. Key points raised in the discussion are highlighted below, followed by top-priority operations research questions selected by the meeting participants.*

## **Tailoring Appropriate and Effective Messages for Youth**

A discussion took place on the appropriate combination of ABC messages for youth. For example, different messages should be tailored for youth who are sexually active as opposed to those who are not.

A concern was raised that multiple messages addressing abstinence, delayed sex, partner reduction, and condom use might be considered confusing or contradictory by youth, especially if each term is defined differently in different interventions. For example, faithfulness messages are quite complex, ranging from faithfulness to one short-term boy- or girlfriend, to faithfulness to one marital partner over the life course.

Other participants stated that there is evidence that the messages are not confusing, that youth can understand complex messages, and that it is important not to withhold specific messages but instead to present them as a comprehensive package. In fact, ethical issues surface if information is withheld from youth.

Questions do remain, however, about how best to implement programs for youth that include a comprehensive package of messages, and which program partners would be most interested and capable of influencing youth.

### **Importance of Working with Younger Youth**

A number of participants emphasized the importance of working with younger youth so that they can be reached before they become sexually active and also right when they become sexually active so they are prepared with HIV risk reduction information. Most programs currently focus on youth 15 to 24 years old, but it was suggested that reaching youth 9 to 14 years old is just as important. Opinions expressed included that this was particularly important where generalized epidemics exist, such as in Africa, and where sexual debut is comparatively early.

However, many questions remain about what types of programs are appropriate and effective with this younger age range and what types of behavioral outcomes could be used to measure effectiveness of a program with pre-sexually active youth. Another participant noted that some research has been conducted on youths' first sexual experience, but that more information is needed.

### **Community Context Must Be Addressed**

Participants said that the support of the community is key in helping youth to enact HIV prevention behaviors. Youth are influenced by the opinions of their peers, parents, and other significant adults such as teachers. It is important to acknowledge the role that family support can have on a youth's sexual choices by, for example, including activities with family members in a program targeted for youth.

Girls are often married by their mid- to late teens in many communities and as married women do not have the choice to abstain, even if their partner is HIV-infected. In the case of forced or coerced sex, the youth in question (most commonly young girls) clearly do not have control over their sexual behaviors and cannot negotiate abstinence or condom use. Programs to support girls to remain free of HIV risk should focus on activities to empower them and help them develop negotiation skills, but should also address the community context and involve other important adults and authorities.

## **Youth and Their Behaviors Change Over Time**

Opinions expressed included that it is important to remember that behavior changes over the life span: youth become sexually active over time and need to be prepared to reduce their HIV risk at all points in their life. Different knowledge and skills are needed by youth when they delay initiating sexual activity than when they are negotiating condom use. It was suggested that the focus should not be simply promoting the three specific ABC behaviors but also on developing skills to accurately assess one's personal HIV risk and to enact a wide range of behaviors to reduce that risk.

From the list of high-priority operations research questions identified by meeting participants, the following were related to youth:

- Does the juxtaposition of delay, partner reduction, and condom use (ABC) messages create conflicting or contradictory messages? Does this result in more or fewer high-risk sexual activities among youth?
- How can one implement comprehensive behavior change programs with younger youth (ages 9 to 14)? What are appropriate interventions for this age group?
- How does one create an enabling environment in a community so that youth can enact HIV risk reduction behaviors?
- What leads youth to accurately perceive self-risk? What is the link between accurate self-risk assessment among youth, open community discussion about risk, and adoption of safer sex practices?

*The third main theme that emerged from the discussion was about the existing and potential role of faith-based organizations in collaborations to promote HIV risk reduction. Key points raised in the discussion are highlighted below, followed by the top-priority operations research questions, as identified by the meeting participants.*

## **Current Role of FBOs in Addressing HIV/AIDS**

Participants discussed the current and potential role of faith-based organizations in HIV/AIDS prevention programs. Many FBOs are currently involved in HIV care, support, and prevention across the world. One participant said there is some evidence that connectedness to a religious institution is one factor protecting youth under ten and adults from HIV.

Many of the non-FBO meeting participants already partner with FBOs to implement activities worldwide. It was also acknowledged that the activities and perspectives of FBOs vary a great deal; some are committed to comprehensive ABC prevention activities, including condom promotion, and some are not. As one participant stated, some groups advocate for condom use by citing support from the Bible that it is a Christian's moral duty to not spread infection. Other FBOs refuse to include messages about condoms in their programs and focus instead on abstinence and/or monogamy.

Participants from both FBOs and other organizations said that little is known or documented about the nature and impact of faith-based initiatives and that research in this area is needed.

### **FBOs As Influential Members of Civil Society**

Participants noted that FBOs from varied religious perspectives have substantial networks of individuals grounded in a common faith experience. Religious leaders both preach from the pulpit and work in the community and can implement HIV prevention activities from both locations. The great reach and influence of FBOs in most societies signify that they are very important partners in the struggle against the HIV/AIDS epidemic. Participants suggested that useful research might explore the role that religious institutions can play in shaping group and broader social norms about HIV risk behavior.

### **Developing New Partnership Models**

There was much speculation during the meeting about various models of partnering to use resources most effectively and have the greatest impact on the ground. Questions remain about which partnerships are the most fruitful and how to coordinate across key institutions – such as faith-based organizations, the government, and NGOs – so there is a consistent, effective, and comprehensive behavior change communications strategy.

One suggestion was to coordinate ABC messages across different institutions, so that FBOs can focus on the abstinence and partner reduction messages and condom social marketing groups can focus on condom promotion, while also acknowledging the other options. In this way, groups with different approaches can concentrate on their strengths while not denying the value of other perspectives.

From the list of top-priority operations research questions identified by meeting participants, the following were related to faith-based organizations:

- What are the various roles FBOs have played in HIV prevention and care? Which have been successful? Which have not? How do religious leaders fit into a comprehensive HIV prevention behavior change approach?
- How can FBOs best spread their message: from the pulpit or from the community?
- What would the impact be of an FBO-implemented program emphasizing A and B among youth?
- Which partnership models (FBO, CBO, government) are most effective in achieving HIV risk reduction behavior change, especially among youth, in high-prevalence settings? What are the feasibility and impact of a comprehensive behavior change program through FBOs vs. other institutions?

*Other issues that were raised in the discussion include research and methodological challenges in evaluating national communication programs and the quality of programs to promote ABC behaviors, the importance of linking ABC messages with services, and cost-effectiveness evaluations. Each point is described in more detail below, followed by the top-priority operations research questions, as identified by the meeting participants.*

## **Importance and Challenge of Evaluating National Communication Campaigns**

A participant raised the importance of evaluating national communications campaigns, noting that few national HIV prevention campaigns have been well evaluated. Another participant agreed that the need exists but the challenges of evaluating a national program have severely limited the number of attempts to do so. These challenges include the cost and the difficulty of finding an appropriate control group (i.e., a group that is not exposed to the campaign) and the difficulty of attributing risk reduction among program participants to the effects of the campaign as opposed to other activities. Participants called for revisiting these issues and the need to overcome the methodological challenges.

## **Measuring the Quality of Interventions**

Participants discussed the fact that there are many current programs that include messages about abstinence, faithfulness, and condom use, as well as activities to promote these behaviors, but there are few if any standards to measure the content or quality of these programs. Opinions expressed included that there have been meta-analyses published to attempt to evaluate the impact of these programs across studies, but because there is little or no information about the quality of the programs that are being compared, the results hold limited meaning.

It was suggested that developing a tool to describe and compare interventions is essential. This tool would include such information as the types of activities employed, the topics covered, how each HIV risk reduction message is presented, and the length of the intervention. Gathering this information could lead to the development of indicators for program quality.

## **Varied Data Collection Approaches**

Participants suggested that both evaluation research and other types of research on the ABC paradigm are needed. Because evaluations require substantial investments of time and resources and do not always emerge with conclusive evidence, it would be worthwhile to also conduct diagnostic and formative research to clarify some of the key issues being raised at the meeting.

## **The Need to Link ABC Messages with Services**

Participants said that for ABC communications activities to be successful, links should be forged with health care services and such activities as condom distribution and voluntary counseling and testing. It is important that behavior change communication programs be part of a broader comprehensive program.

## **Cost-effectiveness Studies**

Once impact issues were raised, other participants asked how much money would be needed to make an impact, scale up activities, and budget appropriately for future interventions. Research on program impact should include a costing component whenever possible.

From the list of top-priority operations research questions identified by meeting participants, the following were related to a diverse set of topics:

- What is the effect of mass media plus community mobilization interventions versus mass media alone on behavioral outcomes?
- What are some operational frameworks and tools to rate the quality of key BCC interventions?
- What is the best way to link ABC prevention messages and activities to HIV/AIDS-related services?
- What is the most cost-effective way to ensure HIV prevention, especially among youth?

## Conclusions and Next Steps

The gathering raised key questions about how to most effectively promote HIV risk reduction behaviors, particularly delayed sex and abstinence, monogamy and partner reduction, and condom use (i.e., the so-called ABC behaviors), and set priorities for future operations research.

Major themes that emerged from the discussion included: (1) understanding the ABC approach within the context of effective HIV prevention programs, (2) the importance of reaching and impacting youth, and (3) the role of faith-based organizations in comprehensive behavior change strategies. Other important issues that emerged included research and methodological challenges related to evaluating national communication programs and the quality of programs to promote the ABC behaviors, the importance of linking ABC messages with services, and cost-effectiveness evaluations.

During the meeting, specific opportunities for collaborations and areas of particular interest for each group were discussed, with the goal of permitting each organization to focus on its strengths while working together toward similar outcomes. For example, a collaboration between Horizons and FHI to test the impact of comprehensive BCC programs for youth under the IMPACT or YouthNet programs was discussed. The Center for Communication Programs at Johns Hopkins University hopes to test the impact of national communications programs in countries in which they are working. World Vision and Lutheran World Services described some of their ongoing comprehensive HIV prevention activities and expressed interest in collaboration. ICRW, a Horizons partner, is also actively developing research collaborations with FBOs through the CORE Initiative Consortium. Dialogue remains ongoing with a number of groups, and we are left with the hope that fruitful collaborations will be forthcoming.

The Horizons partnership—the Population Council, PATH, the International HIV/AIDS Alliance, ICRW, Tulane University, Family Health International, and Johns Hopkins University—plans to pursue some of the key operations research questions as identified by the technical experts. Horizons will continue to partner with local organizations and engage local decision makers to ensure that the research is relevant both locally and globally. Horizons will also actively pursue new partnerships. The operations research agenda that emerged from the discussions will hopefully act as a guide for other organizations and researchers as well.

## Appendix

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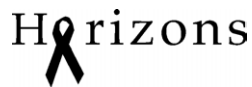
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# Horizons

Horizons is a global operations research program designed to:

- Identify and test potential strategies to improve HIV/AIDS prevention, care, and support programs and service delivery.
- Disseminate best practices and utilize findings with a view toward scaling up successful interventions.



*Horizons is implemented by the Population Council in collaboration with*

- International Center for Research on Women (ICRW)
- International HIV/AIDS Alliance
- Program for Appropriate Technology in Health (PATH)
- Tulane University
- Family Health International (FHI)
- Johns Hopkins University

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