ICTs in the fight against HIV and AIDS

ICT can play a pivotal role in ensuring timely and speedy diagnosis as well as in improving and securing the quality of health care in most medical disciplines.

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Information and communication technologies can offer key opportunities for organisations, communities and people living with HIV and AIDS, to intensify their efforts in the mitigation of the epidemic. Exploratory research conducted in Botswana, Zambia and Mozambique revealed that people working in the field of HIV and AIDS are interested in the use of ICTs. Yet the high cost of equipment and maintenance as well as limited knowledge and skills for using ICTs were highlighted as barriers to effective use of ICTs. Participants suggested that the use of ICTs made assist to improve the flow of HIV and AIDS between communities in the southern African region, to promote advocacy and networking on a global level and provide support the health care systems.

Recommendations from the research included the implementation of a process of vision building and awareness creation among AIDS Service Organisations (ASOs) on the potential use of cost-effective ICTs. In addition, it was also recommended that smaller pilot projects need to be created, providing internet access to community radio programmes through the development of community access points.

HIV/AIDS in Sub-Saharan Africa

The HIV and AIDS epidemic is the greatest development challenge facing the Sub-Saharan Africa today. UNAIDS (2005) estimates that currently 25.8 million people are living with HIV in Sub-Saharan Africa, as compared to 25.4 million in 2004. Although the region accounts for only 10% of the world's population, it is home to two thirds (60%) of all people living with HIV. In 2004, seven of the ten countries in the southern Africa region reported prevalence rates over 15% (Table 1).

Over the past twenty years, the epidemic has eroded many of the development gains. Overall life expectancy has decreased and morbidity and mortality have increased. UNAIDS (2005) reports that approximately 2.7 million deaths of adults and children in sub-Saharan Africa were caused by AIDS. This accounts for 87% of all AIDS related deaths in the world.

However, UNAIDS Global HIV/AIDS report (2005) shows that adult HIV infection rates have decreased in some countries. This has been attributed to behaviour change as reflected by increased use of condoms, delay of first sexual experience and fewer sexual partners; yet, it is important to note that the overall trends continue.

Exploring ICTs more to mitigate HIV/AIDS

Recognising the potential of ICTs, SIDA (Swedish International Development Agency) and its affiliate SPIDER (Swedish Program for ICT in Developing Regions) commissioned research to explore the opportunities for using ICTs in mitigating HIV and AIDS in Southern Africa. Using a participatory approach, the study focused on three countries, Zambia, Botswana and Mozambique. It addresses two key questions: (i) how can ICTs contribute to the empowerment of people living with HIV/AIDS and (ii) how can ICT improve ongoing and planned HIV/AIDS programmes in the region.

In this research, a literature review was conducted to explore current and existing research on the use of ICTs within HIV and AIDS prevention, care and treatment programmes in southern Africa. Using a participatory approach, researchers explored

Table 1: HIV and AIDS prevalence among adults (15 - 49) by the end of 2003 in selected countries

Country	Adults	Adults with HIV	Women with HIV (%)
Angola	220 000	3.9	130 000
Botswana	330 000	37.3	190 000
Lesotho	300 000	28.9	170 000
Malawi	810 000	14.2	460 000
Mozambique	1 200 000	12.2	670 000
Namibia	200 000	21.3	110 000
South Africa	5 100 000	21.5	2 900 000
Swaziland	200 000	38.8	110 000
Zambia	830 000	16.5	470 000
Zimbabwe	1 600 000	24.6	930 000

the perceptions and experiences of HIV and AIDS organisations in three countries (Zambia, Botswana, Mozambique) with regard to the use of ICTs in their work. Data were collected and analysed, using a variety of qualitative methods such as focus group discussions, informal interviews and participant observation. Recommendations for exploring and expanding the use of ICTs within HIV and AIDS were developed.

What's revealed, what's needed

In the three countries, participants from the focus group discussions emphasised that ICTs could be instrumental in mitigating HIV and AIDS. In particular, participants emphasised the role of ICTs in documenting and sharing experiences, enhancing networking, improving HIV and AIDS knowledge management, and increasing the efficiency and effectiveness of HIV and AIDS programmes and health care services. Key barriers for using ICTs can be divided into two: 1) internal challenges such as the cost and expense of purchasing and maintaining ICT equipment and services as well as the lack of capacity to use ICTs among NGOs and ASOs, and 2) external barriers such as high illiteracy rate among clients and poor infrastructure in large regions of the country.

To enhance the use ICTs within HIV and AIDS prevention, care and treatment programmes, participants emphasised that several basic conditions need to be put in place. These include:

- Improved coverage of basic infrastructure for telecommunication, data communication and electricity supply;
- Enhanced capacity of individuals and organisations to use, operate and maintain ICTs;
- Improved capacity of target audiences and clients of NGOs, CBOs and ASOs to access and use ICTs;
- Improved capacity of information producers to use ICTs to create and communicate accurate, relevant information on HIV and AIDS and other health issues.

Participants also provided recommendations on ICTs interventions, which may strengthen the quality and coordination of HIV and AIDS prevention, care and treatment programmes. It was suggested that ICT programmes should focus on:

- Developing a platform for vision building, planning, co-ordination, monitoring and evaluation amongst the HIV/AIDS stakeholders groups and support a coordinated multi-sectoral approach in countering HIV/AIDS;
- Providing access to vital information which can support individuals to shield against the worst effects of the epidemic;
- Rehabilitating health delivery systems through the application of ICT for distance counselling and logistic support;
- Make use of existing traditional and modern ICT programmes, such as existing community based radio networks.

Need of pilot projects

Based upon the priorities defined in this research, pilot projects are proposed to explore the viability and impact of the recommended interventions. Pilot projects recommended include:

- The establishment of Community Access Points (CAP)
- Developing and implementing system for distance consult and improved logistic support for drug distribution are also required.
- Support research on 'expert' systems
- Facilitating the process of awareness and vision building on how ICT can be used in prevention and care is another necessity.

Since the completion of the research, several projects and programmes have or will be started which focus on strengthening the use of ICTs and HIV/AIDS in the southern African region. The number of best practices in this field are limited and therefore, it was recommended to research and share experiences in an effort to strengthen knowledge around ICTs and HIV/AIDS.

ICT use by SAfAIDS

The Southern Africa HIV/AIDS Information Dissemination Service (SAfAIDS) is a regional NGO based in Harare, Zimbabwe. Established in 1994, SAfAIDS uses information as a tool to enhance dialogue and catalyse social change within communities of practice in order to significantly scale-up the regional HIV/AIDS response. With support from local partners, SAfAIDS currently implements its programmes in Namibia, Zambia, Malawi, Lesotho, Swaziland, Mozambique, Angola, Zimbabwe, South Africa, Botswana and Tanzania. SAfAIDS core activities include capacity development; information production, collection and dissemination; networking and building partnerships, and promoting dialogue and debate on cutting-edge issues related to HIV and AIDS. In its future programmes, SAfAIDS will explore new and available technologies in an effort to increase its reach and impact. ■