



National African HIV Prevention Conference

Monday 27th September 2010

FINAL REPORT: 7th December 2010

- 46% of delegates completed the evaluation and are included here.
- The majority of delegates at the NAHIP conference were health promoters working in England.
- 92% of delegates agreed that the organisation of the conference was good.
- 77% of delegates agreed that the range of themes at the conference was good.
- 59% of delegates said their personal aspirations for the conference had been met 'mostly' or 'completely.'
- 79% agreed they had learnt something new.
- 87% agreed that the presentations had increased their understanding of how to use KWP in their work
- 62% agreed they had increased their ability to think critically about their own work.
- 62% agreed they had been inspired to try new working practices.
- 58% of respondents had never attended a previous NAHIP conference.
- The vast majority of respondents felt the length of the conference was "about right" (88%). Of the remainder more felt it was "too short" (8%) rather than "too long" (4%).
- 92% of delegates said they would recommend the conference to other people concerned with HIV and African people.
- 95% of delegates said they would attend a NAHIP conference in the future.

Introduction: National African HIV Prevention (NAHIP) Programme

The NAHIP programme is funded by the Department of Health (DH) and is managed by the African Health Policy Network (AHPN). NAHIP was created to develop and implement a national response to the HIV prevention needs of Africans living in England through a co-ordinated network of contracted agencies across England, delivering a range of direct contact and structural HIV interventions; some specifically targeted at Africans, others targeted more widely but including services to Africans.

The NAHIP programme operates within an evidence-based, comprehensive, collaborative plan of action to meet the HIV prevention needs of Africans living in England - [*The Knowledge, The Will and The Power*](#) (KWP). Using this plan, with its coherent and co-ordinated health promotion aims, NAHIP's shared programme goal is to:

Minimise the number of sexual HIV acquisitions and transmissions involving African people living in England(and those they come into contact with).

NAHIP has also adopted five Strategic Behavioural Aims from the plan:

- ✓ Reduce the length of time between HIV infection and diagnosis.
- ✓ Reduce the number of HIV sero-discordant unprotected intercourse events by increasing the number of times that sex is deferred or declined, by choosing non-penetrative sex and by using male and female condoms.
- ✓ Reduce the number of condom failure events by increasing correct use of condoms.
- ✓ Reduce ejaculation and the presence of other STIs when exposure occurs by increasing withdrawal and STI testing.
- ✓ Increase post-exposure prophylaxis in people sexually exposed to HIV.

The Conference

African people are a priority group for HIV prevention in the UK, yet their prevention needs are not fully understood. It is recognised that their disproportionate needs for prevention interventions, and consequently, the picture of the epidemic, are both complex and constantly changing. Ongoing sector-wide discussions are essential and NAHIP is ideally placed within the sector to facilitate this. The conference provided an opportunity for the sector to pull together to provide a stable and strategic collaborative response in order to begin to steer HIV prevention and intervention programmes through the difficult current climate whilst continuing to increase the services available to Africans living in England.

A diverse range of organisations and individuals attended the conference to debate, share lessons learnt from across the country through HIV prevention research, interventions and to engage and plan responses to the ever changing and complex HIV prevention needs of Africans living in England.

Conference Programme

The conference theme, “Influencing change through Knowledge, Will and Power”, was intended to ensure dialogue on the major issues facing England’s response to HIV in the African population. The theme was selected firstly because it articulates what the sector needs to provide to every individual through interventions to affect behaviour change. The theme also reflected on the tripartite message in the programme’s cornerstone documents: how it can be used to influence the national response and how a sector-wide national response can, in turn, affect wider change using the same structure.

Opening Keynote Speeches: “HIV in public health”

The election of a new coalition government had immediate effects on the national public health agenda. The opening speeches at the NAHIP conference considered what this could mean for the future of HIV in public health, with special focus on African communities in the UK. Simon Kirby (MP for Brighton Kemptown and Peacehaven and Vice-Chair of the APPG on HIV and AIDS) drew parallels between the NAHIP programme and the All Party Parliamentary Group and called for African communities to help shape the agenda. Then Ruth Lowbury (CEO, Medical Foundation on AIDS and Sexual Health) considered in detail the new context of HIV in public health with reference to the proposed changes to commissioning and changes in public health strategy.

Expert-led Session A: “Evidence-Based Approaches to Intervention Design”

This session focused on the processes of developing evidence and employing it strategically and effectively to inform HIV prevention programmes. Dan Wellings (Head of Public Health Research, Ipsos Mori) discussed social marketing and the effective collection and use of research. Dr. Valerie Delpech (Consultant Epidemiologist, Health Protection Agency) described the current HIV epidemiology amongst Africans in the UK. And Dr. Catherine Dodds (Senior Research Fellow, Sigma Research), considered how evidence can be used to develop interventions that meet the needs of Africans living in England, using NAHIP’s “Knowledge, Will and Power” documents as a guide.

Expert-led Session B: “Partnership and Collaboration in the HIV Sector”

This session examined how increased programme effectiveness and efficiency can be achieved through collaboration. Realising that the challenge of research, commissioning, planning interventions, and influencing policy change relating to meeting the diverse HIV prevention needs of Africans in England, does not only stop at having sufficient resources available, but encourages a sector-wide partnership to effectively reduce the incidence of HIV. The Knowledge, the Will and the Power –*plan of action to meet the HIV prevention needs of Africans living in England*, formed the basis for articulating a need for collaboration not only among those in the NAHIP programme but also those beyond it. The session presenters included, Steve James (Chair of ACEVO Health and Social Care Special Interest Group), Dr. Priscilla Nkwenti (Chief Executive Officer, BHA) and Jabulani Chwaula (Programme Manager, NAHIP, AHPN).

Expert-led Session C: “Influencing Change through the Voices of People Living with and Affected by HIV”

This session explored ways in which policy, intervention design, commissioning and research can be influenced by the voices and views of people living with HIV. Matilda Mudyavanhu (Positively UK) shared a project on improving transitional care for young adults living with HIV moving from paediatric into adult care, with focus on involving the voices of patients. Munya Mudarikiri (Trustee, Body & Soul) emphasised the importance of listening to the voices of young people and teenagers living with HIV. Dr. Matthew Weait (Assistant Dean, School of Law, Birkbeck College) looked at the way voice can be used to effect changes in law and policy.

Launch of the KWP website: www.kwp.org.uk

Dr. Catherine Dodds (Senior Research Fellow, Sigma Research) launched the new KWP website, giving an introduction to the interactive features, plans for the website and how it can be used to help commissioners, planners and service delivery organisations target and tailor needs driven interventions.

Plenary Discussion: “Commissioning: the new role of GPs?”

The plenary discussion saw a panel of experts introduce a diverse range of views on the proposed changes to commissioning of NHS services and answer probing questions from delegates. The discussion considered a number of issues from the benefits of increasing public engagement to whether or not GPs have adequate knowledge to commission specialist issues, such as HIV.

Closing Address: The Reverend Canon Dr. Gideon Byamugisha

Canon Byamugisha summed up the key messages of the conference in a rousing address which asked the delegates to do “more with less” with compassion and love.

Most of the presentations are available to download at:
http://www.ahpn.org/activities/index.php?meeting_id=264

CONFERENCE ATTENDANCE & PARTICIPATION IN EVALUATION

All conference delegates received an evaluation form in their delegate pack - it was two sides of A4 and contained 16 questions. Parts of the form were intended to be completed before, during and after the conference. A large print version was also available from the registration desk. All delegates were asked to leave their completed questionnaire in a ballot box after the conference or send it to Sigma Research, freepost, after the event.

No evaluation forms contained a delegate number. One week after the conference 75 paper questionnaires had been returned to Sigma Research. All delegates were contacted by NAHIP by email and asked to complete the survey online if they had not already completed it. In the two weeks following the conference 8 people completed the survey online. Of the 75 paper questionnaires returned 4 were excluded as they were blank.

RETURNS	
Registered delegates	173
Registered and attended	151
Attendance rate	87%
Not registered but attended	20
Total delegates	171
Survey returns	79
Response rate	46%

Q1. Indicate your strongest reasons for attending the NAHIP conference.

First reason scored 3 points, second reason 2 points, and third reason 1 point. Unticked reasons scored 0 points.

Reasons for attending NAHIP Conference (n=49, 30 missing)	Mean score	Rank
To learn new things	1.65	1
To meet people working in a similar field	1.49	2
I've benefited from previous conferences	.90	3
It's Britain's only African HIV conference	.80	4
It provides a platform for my agency	.29	5
It's free	.16	6
My manager insisted I attend	.14	7
To meet people I have not seen in a while	.12	8
It's in London	.10	9
To feel less isolated in my work	.02	10
Other	.12	

- **The most common reasons for attending The NAHIP conference was “to learn new things” and “Meet people working in a similar field”.Q2. What are you hoping to personally get out of the conference (what would make it a success for you personally)?**

Hopes for NAHIP conference attendance (n= 51, missing 28)	%
Gain more knowledge (general learning)	35
Gain more knowledge (commissioning)	10
Networking	24
New ideas / inspiration	19
Improve my work	8
Research findings	2
Raise profile of my organisation / present results of my work	2
Best (good) practice	2
Understanding other agencies / projects	1
(Learn about) specific topics	1
Policy issues and developments	1
Other answers	5

Q3. Do you agree or disagree with the following statements?

Q3a: <i>I would have liked more information about the conference before arriving</i> (n=75, missing 4)	%
Disagree	33
Neither agree nor disagree	37
Agree	30

Q3b: <i>I would have liked more opportunity to influence the content of the conference</i> (n=70, missing 9)	%
Disagree	26
Neither agree nor disagree	46
Agree	29

[if respondents Agreed they would have liked more opportunity to influence the programme, they were asked "How could that have happened?"]

9 out of 20 answered (themes below with numbers in category and all 9 comments.)

[1] To inform abstract or talk selection, including selection process (6), all comments:

Call for papers, surveys.

Did not see any call for papers... who steers the conference?

You could call for abstracts (poster session) so we could share what we are doing in each organisation.

Consultation.

Email consultation.

Wider call for suggestions about themes and content via membership email list.

[2] Talk content / format (2)

To be asked about what I wanted to talk about, hope of discussion.

Present a project and idea that it has been delivered and worked.

[3] Other (1)

By listing collective options / collective agreement.

Q4. Please rate the sessions you attended for overall benefit to you on a scale of 1-to-5 where 1='no benefit' and 5='great benefit'. Higher mean rating denotes sessions that were particularly valued.

Q4: NAHIP CONFERENCE SESSION SCORES	Number of delegates	Mean rating
Opening Address (Simon Kirby MP) HIV in public health	60	3.60
Keynote Speech (Ruth Lowbury) HIV in public health	64	4.27
Expert-led session A: Evidence based intervention design	34	4.19
Expert-led session B: Partnership and collaboration in the HIV sector	13	3.54
Expert-led session C: Influencing change through the voices living with and affected by HIV	21	4.19
KWP website launch	69	4.01
Plenary Discussion: Commissioning the new role of GPs?	58	3.59
Closing plenary (Rev Canon Dr. Gideon Byamugisha)	43	4.47

Across all sessions the average (mean) rating was 3.97. The average (mean) rating for the sessions ranged from 3.54 (Expert-led session B) to 4.47 (Closing plenary). Of the 8 sessions (63%) were rated at 4/5 or above (mean score in **bold**). No sessions were rated below 3.

AFTER THE CONFERENCE

Q5: Do you feel these presentations increased your understanding of how to use KWP in your work? (n=67, missing 12)	%
Yes	87
No	13

Q6: Do you feel that the conference was... (n=76, missing 3)	%
Too long	4
Too short	8
About right	88

Q7a: The organisation of the conference was good (n=75, missing 4)	%
Agree	92
Neither agree nor disagree	5
Disagree	3

Of the three people who disagreed, two gave the following reasons why:

The food service was not clearly explained. Thought small dishes were starters.

I left. The audience did not fully follow the threads.

Q7b: The range of themes in the conference was good (n=75, missing 4)	%
Agree	77
Neither agree nor disagree	15
Disagree	8

Six respondents who disagreed gave a reason for this, which are included here:

Felt a bit like a whole day talking about commissioning. No opportunity to share best practice in novel prevention groups

I understand why it was the case - but the entire day focussed a bit too much on the new government & commissioning arrangements - which may not have been the best fit for many people in attendance.

More cases about how policy influences front line / service users / clear examples on the impact of policy on people.

More on African MSM.

Research info Africans – Bass Line 2008 -09 report .

The links between KWP and the presentations were not made concrete in the conference i.e. - it would have been more useful to have practical examples of what works and what does not work.

Q7c: <i>The conference venue was accessible and comfortable.</i> (n=197, missing 8)	%
Agree	94
Neither agree nor disagree	5
Disagree	1

Q7d: <i>I'd recommend the NAHIP conference to other people concerned with HIV and African people.</i> (n=75, missing 4)	%
Agree	92
Neither agree nor disagree	7
Disagree	1

Q8. Do you agree or disagree with the following as a consequence of attending the conference:

Q8a: <i>I learnt things that were new to me</i> (n=75, missing 4)	%
Agree	79
Neither agree nor disagree	15
Disagree	7

Q8b: I have increased my ability to think critically about my own work. (n=77, missing 2)	%
Agree	62
Neither agree nor disagree	33
Disagree	5

Q8c: I have been inspired to try new work practices. (n=73, missing 6)	%
Agree	62
Neither agree nor disagree	32
Disagree	7

Q8d: I have a better understanding of my role in the African HIV health promotion sector. (n=74, missing 5)	%
Agree	66
Neither agree nor disagree	28
Disagree	5

Q9. Which of the following roles do you carry out?

Q9: Job roles [not exclusive] (n=53, missing 26)	%
Health promoter	48
Health service, service provider	25
Researcher	20
Other	13
Counsellor / therapist	10
Service commissioner (funder)	8
Local Authority service provider	6
Policy Officer / maker	4
News media	4

10 specified other roles including: clinical psychologist; community organisation; coordinator of HIV services; MSC student; outreach; social worker & project worker; support people with HIV; trustee; unemployed; volunteer.

Q10. Which city or region of the UK do you work in (or which country if outside the UK)?

Q10: Areas where delegates worked (n=67, missing 12)	No.	%
UK-wide	3	5
All England	3	5
East of England	4	6
East Midlands	4	6
London	31	46
North East	-	-
North West	2	3
South Central	3	5
South East Coast	4	6
South West	1	2
West Midlands	3	5
Yorkshire & Humber	1	2
Northern Ireland	-	-
Scotland	6	9
Outside UK	2	3

Delegates listed as 'outside UK' comprised: Zambia & Sub-Saharan Africa.

Q11. How did you hear about the NAHIP conference?

Q11: How did you hear about the NAHIP conference? [not exclusive] (n=75, missing 4)	%
Email from NAHIP	51
From the NAHIP website	23
From the AHPN website	11
From a colleague	25
Other	11

Other ways were identified as: friends (3); fellow student; at the conference; AHPN mailing; invited to speak; been before; invited through LSHP

Q12: Which NAHIP conferences have you been to before this one. (n=71, missing 8)	%
May 2004 at the TUC (n=11, missing 68)	14
May 2006 at the TUC (n=16, missing 63)	20
March 2008 at Regent's College (n=20 missing 59)	25
No, none of these (n=46, missing 33)	58

Q13: Do you think that you will attend the NAHIP conference in the future? (n=75, missing 4)	%
Yes	95
No	1
Don't know	4

Q14: Looking back at your answer to Question 2, did you get what you were looking for? (n=72, missing 7)	%
Not at all	3
A little	18
Somewhat	20
Mostly	49
Completely	10

Q15. Please complete the following sentence in fewer than 20 words: The main way in which I benefitted from this conference was...

Fifty-six delegates (71%) provided further comments, which have been grouped into the following themes.

1. Learning: GENERAL (n=17, selected quotes)

- Information insights.
- New ideas and tools for use and feeding back to all partners.
- More knowledge on HIV.
- You have continue to impress me and help me understand HIV prevention learning.

- Through interactive session like in discussions.

2. Learning: Commissioning / Policy (n=17, selected quotes)

- About the GP / HIV consortium
- Opportunities to consider potential impacts of white paper.
- Understanding how little we know about GP commissioning.
- That I was not the only person who was unclear about how we are going to handle the coming changes.
- To put the white paper into a new context and establish what many are thinking.

3. Networking (n=9, selected quotes)

- Useful networking experience - partnership sessions well attended.
- Networking and knowledge.
- Networking and listening to young people living with HIV and their needs.
- Seeing I'm not alone and discussing one-to-one with peers
- Networking.

4. Learning: Specific issues (n=7, selected quotes)

- Living with HIV, pregnancy & HIV among African communities.
- Accessing the KWP online as it is a vital tool in commissioning services.
- Hearing the voices of the people living with HIV and how they could be used to effect policy and change.
- Listening to the expert led session on evidence-based intervention design' by Dr V. Delpech and research on Stigma.
- Evidence based workshop.

5. Inspiration (n=2)

- Listening to Gideon – inspired.
- To get even more motivated in helping people through my work.

6. Other (n=2)

- Wonderful

Q16. What other comments do you have about the conference or this evaluation?

1. General positive(n=23, selected quotes)

- It was well executed.
- Evaluation easy thanks conference focused on relevant issues.
- Great conference fabulous well done a great conference once more.
- Well done. Looking forward to the next one especially as it will probably include other health issues.
- I enjoyed the conference it was very knowledgeable to my needs

2. General negative (n=8, selected quotes)

- The panel should aim to answer all questions asked instead of focussing on only a few questions. Putting the Reverend last reduced its significance when it was very important.
- Terms of contributors didn't like the female set up - no chance to meet new people as no introductions though sessions activities not interactive enough.
- Guys - the NAHIP conference is too important to be dull - and it was a bit dull. Please can we have a bit more imagination creativity and energy? The expert sessions were unfocussed - the conference would have benefitted from a more creative approach e.g. - questions to the audience small group work more EDITED presentations. The didactic nature of the sessions was frankly boring.
- It seems that the one HIV prevention conference mislead the audience however thank you.
- I enjoyed overall the input from young. Felt the debate re GP role could have been better managed. Some speakers difficult to hear. No example of London based commissioning services already in place. 'Move on that's it' not too helpful felt plenary floundered somewhat.
- There needed to be a formal comfort break between last two sessions.

3. Organisation: Suggestions for future (n=1)

- More network time, more experimentation and conversation based sessions, less reporting on the same things over and over again

4. Programme: Suggestions for future (n=1)

- Agenda for the conference if it could be discussed widely and presentation particularly of Bass line 2008 -2009.

5. Specific comments on venue (including food) (n=4)

- Please consider food provision which I think was a bit of cheat love the conference though.
- Loved the new style lunch worked really well.
- The food was inappropriate for an African clientele. Waste of money basically!!
- The food was ok in the end but not sure if I liked the way it was served.

6. Specific comments on sessions (n=2)

- The closing address was unduly long.
- [name illegible] failed to provide any evidence for his research & he was exceptionally rude to the [specified] delegate in responding to a question. This should have been addressed by the chair. He demonstrated lack of knowledge about HIV.

7. Other comments (n=5)

- Good luck and continuation.
- It was a good conference but how will we know the information for the panel we missed was there a good reason why lunch was provided the way it was?
- Although the range of topics was too narrow this was a well organised and interesting conference well done to the organisers.
- How would I have the information from the two sessions that I did not attend I think if such good sessions run concurrently there should be ways to share the information. The main course was not ideal for most of the African people.
- I would have also liked listen to the other two sessions as well.

[END]

gary.hammond@sigmaresearch.org.uk

7th December 2010