

# AHRF NEWS

**Volume 1  
Issue 3  
January 2004**

## CONTENTS

**5th African HIV  
Research Forum  
Seminar Day 1-3**

**Research Update 4**

- SONHIA

**Funding  
Opportunities 5**

**Searching the Web 5**

**Publications 6-7**

- The SHIBAH Report
- Recommended Standards for NHS HIV Services
- Access to Care: Privilege or Right?
- HIV and other Sexually Transmitted Infections in the United Kingdom in 2002
- Books
- Papers

**Calendar of Events 8**

**Call for Papers 8**

**[www.ahrf.org.uk](http://www.ahrf.org.uk) 8**

## EDITORIAL

In this issue we continue the format of providing alternate prevention and research updates, by featuring an overview of the 5th African HIV Research Forum seminar day and the SONHIA research study (page 4), which is due to get underway in February 2004. Also on the theme of research, Searching the Web (page 5), provides a list of some key relevant websites.

Our regular sections on funding, recent papers and events run from page 5 onwards. Details of our standing call for papers are on the back page and we welcome contributions, comments and suggestions from all our readers.

## 5th African HIV Research Forum Seminar Day

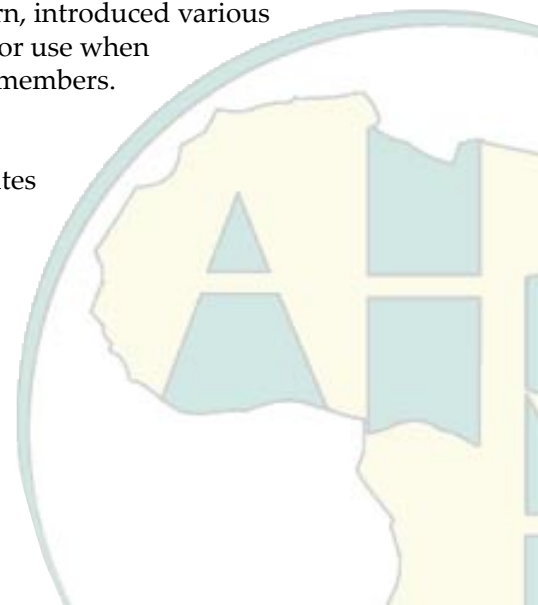
### COMMUNITY PARTICIPATION IN RESEARCH

Community participation has only recently come to be seen as a necessary part of HIV research. Previously, a top down approach to research had generally been the norm leading to communities feeling over-researched, excluded and occasionally, deceived. Increasingly, pressure is being put on researchers to identify the needs of the community, so that research can have more impact in the field. However, difficulties may arise when trying to involve a multi-disciplinary group of stakeholders, especially in large-scale projects.

In order to address this issue the African HIV Research Forum dedicated their Fifth seminar day to **Community Participation in Research**. On October 15th, 80 delegates took part in the seminar held at University of London Union. Josh Levene introduced delegates to the various concepts in community participation with a stimulating and entertaining presentation. Gertrude Othieno provided the African perspective, with a highly informative presentation about African patients in antiretroviral trials.

After lunch, John Imrie discussed his personal experiences of community participation in research, providing useful tips about what researchers might experience. The final presentation given by Dr. Alice Welbourn, introduced various techniques and strategies for use when working with community members.

Overall the day was very successful and gave delegates a good introduction to new ways of working with communities. Many issues were covered, and the Forum Co-chairs suggested the possibility of hosting a full workshop day, focusing on Community Participation, in 2004. ▶



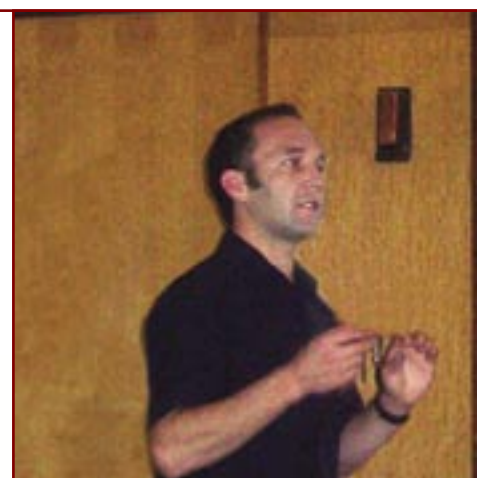
# “Community Participation in Research”

## Community Participation: What it is and What it isn't

Josh Levene, from the [International HIV/AIDS Alliance](#) gave an introduction to community participation, clarifying for delegates what it is and what it isn't. He gave a community oriented view of community participation, where community members own and control the research entirely. Using the example of deprivation he illustrated the difference between researchers' view their study outcomes/exposures and how participants experience them. For example, researchers seek deprivation measures which are simplified and universal, whereas poor people experience deprivation as complex and locally specific.

Community Participation is efficient because it involves local people and avoids wasting money on priorities that researchers value but have little use in the field. For example, a World Bank study of 25,000 people from all over the world, asked respondents what they felt was the principal issue with health services in their area. Contrary to what researchers might think, the answer was not “communication”, “availability of services” or “usability” but “unfriendly staff”. This highlights how community participation can be a means to greater effectiveness in study design and proposal.

People are also more likely to take care of a project in the long run if they are fully involved, leading to greater sustainability. Community Participation (CP) plays a strong role in promoting the human rights and strengthening civil society. The UK lags a long way behind, when it comes to



incorporating CP, which is often seen as a lo-tech option, only really applicable in developing countries. The objective of CP is empowerment of research participants leading to sustainable local actions and institutions. Researchers act as facilitators to research owned by the local people who use visual rather than verbal methods to produce results that stand up to community, rather than scientific rigour.

## The experiences affecting sub-Saharan African patients' engagement in antiretroviral clinical trials: an exploratory participative action research study

Gertrude Othieno discussed community participation from an African perspective. She presented an overview of an ongoing study, (undertaken with Kevin Corbett at St. George's Hospital, South London), investigating the experiences of Africans involved in anti-retroviral trials. The study sought to enhance the enrolment of Africans and to increase user consultation. Using an action research methodology the researchers employed several cycles of activities. The research process involved cycles of planning, acting, observing and reflecting, embedded in the overall process of the different communities engaging in the study.

The researchers put together a Research Advisory Group (RAG) comprised of patients, academic researchers, doctors, nurses and other health

practitioner to assist in achieving study aims and objectives. The advisory group slowly developed into a reference group. The RAG will eventually become a user forum which will continue after 18 month research study has finished. The study strived to be as democratic as possible with no one individual having absolute power. However, it was not a classic “bottom up” model, having greatly facilitated by researchers and clinicians.

The researchers came across many challenges, from misconceptions about the role of the RAG to clinicians who did not fully embrace the exploratory research approach.



## Challenges of Community Involvement: Realities and Practicalities

John Imrie, from the Royal Free and University College Medical School gave his personal



reflections about the challenges of community participation based on his experiences as an academic researcher. Community involvement and participation is a

priority with funders. Researchers employ various models of community collaboration from stakeholder input models, where the research has input from a variety of interested parties, to partnership models where

researchers go into voluntary organisation to work or vice versa.

Community based organisations (CBOs) can be beneficial to a study by providing access to study participants and insight into the service provider/user

point of view. CBOs can also assist in the dissemination of results and making sure the results are relevant in the field. From the CBO perspective, collaborating

with researchers can help an organisation build its own research capacity and ensure that research is relevant to the needs of the organisation and the community it serves.

Before the research project begins both CBO and researchers should examine why they are undertaking the partnership and whether both parties have the infrastructure to deliver their end of the deal. Agreement should be made beforehand about what model of collaboration should be employed and a contingency plan should be put in place in case things do not work out.

Collaboration has significant added value but it is not inexpensive. Funding can be a potential problem and money should be sought to properly compensate CBOs for their time and input.

More information about speakers and copies of the slides are available from the AHRF website:

## Plenary discussion

Dr. Alice Welbourn lead an interesting discussion about the future of participatory research (PR) in the UK. Before the discussion began she gave a short presentation about methods that can be used in PR that make research more accessible to the wider community.

The UK lags behind many other parts of the world when it comes to PR, although it is not difficult to transfer methods used elsewhere to the UK. Already in Coventry, PR has been used to investigate issues around food security. Whilst, there is some research around Africans and HIV in the UK that has used collaborative methods, most of it has not fully embraced the potential of PR. The use of questionnaires and other prescriptive methods, the selection of specific target groups,

such as those at risk or living with HIV, has limited the participatory nature of the research.

Non-verbal techniques can help participants visualise the issues being researched during the process they are learning and sharing information. Performative methods such as drama and role play, dance and song, can be used to gather data to be used in research. Diagrams, drawings and "issues maps" can also be used.

By involving the whole community and focusing on a wider range of issues, the whole research process starts off from a different perspective. Community members develop greater social capital in relations to the

issues and it is an effective way of highlighting how all people are affected by HIV.

The Stepping Stones training manual, developed by Dr. Welbourn, provides more information about these techniques.

The Manual is available at: [www.stepsstonesfeedback.org](http://www.stepsstonesfeedback.org)



# Research Update

This section sets out research news sent in to AHRF News by members of the Forum or announced at the 5th seminar day.



## Key Focus

### SONHIA

#### Study of Newly Diagnosed HIV Infection amongst Africans in London

**Background:** The UK heterosexual epidemic is intimately linked to that in sub-Saharan Africa, with Africans forming the second largest group affected by HIV in the UK. There were over 6500 Africans diagnosed with HIV in the UK 2002. Africans present for diagnosis later than non-Africans; they are more likely to be present with an AIDS defining illness (35%) than non-Africans (13%).

**Aim:** Describe the health beliefs, health care utilisation and clinical presentation patterns of newly diagnosed HIV positive Africans in London in order to inform development of culturally appropriate HIV prevention interventions.

**Methods:** The study consists of both quantitative and qualitative components. Eligible respondents will be all HIV positive persons attending study centres who: are 18 years or older; were born or raised in Africa and have been diagnosed for the first time in the 6 months preceding recruitment. The study will include Africans of all ethnicities.

A cross-sectional survey will be conducted at 10 treatment centres across London. A self-completed questionnaire will be given to recruited participants. Respondents will be reimbursed for their time. Using 80% power, 330 respondents will be recruited in order to detect significant associations of moderate strength.

The qualitative component of the study will take the form of semi-structured in-depth interviews. Results from the cross-sectional survey will be used to structure the interviews.

**Outputs:** This study will increase our understanding of the factors which influence access to, and utilisation of, health and social services by Africans in Britain. Data generated will be used to assess: the HIV testing behaviours of Africans in the UK; factors associated with delayed presentation to care; the proportion of HIV infections acquired within the UK and the probability of onward transmission of HIV infection related to undiagnosed HIV infection.

For further information contact:

#### Fiona Burns or Ibi Fakoya

MESH Programme, Centre for Sexual Health and HIV Research, 4th Floor, Mortimer Market Centre, London WC1E 6AU • Tel.: 020 7380 9300 ext. 8188 / 8970  
Email: fburns@gum.ucl.ac.uk • ifakoya@gum.ucl.ac.uk

**Mike Kesby** from the University of St. Andrews announced his study “HIV related sexual behaviours among African migrants in London: A participatory research design and pilot project” is about to go into the pilot stage.

**Edwige Fortier** reported that the All Parliamentary Group on AIDS is meeting with individuals from a wide range of organisations to discuss the implementation of recommendations from the recent APPGA report on Migrants and HIV.

**Marsha Saunders** announced that she will be working on an asylum seekers and sexual health handbook. Work will begin with a training programme aimed at community researchers who will provide much of the information.

**Katharine Sadler** from the Health Protection Agency announced that the MAYISHA II study will begin recruiting field workers for the pilot stage of the study in February 2003.

In the first quarter of 2004, **Ibi Fakoya** will be publishing the results of the cross-sectional survey carried out at the 4th African HIV Research Forum Seminar day. The questionnaire was designed to assess the research, training and evaluation needs of African organisations and researchers in the UK.

If you would like your research news included in this section see page 8 about contact details or visit our website:  
[www.ahrf.org.uk/news](http://www.ahrf.org.uk/news)

# Funding Opportunities

New funding opportunities for HIV and Sexual Health related research appear throughout the year. In this section we highlight some relevant call for proposals.

## The Global Fund - Calls for Proposals

The Global Fund to Fight AIDS, Tuberculosis and Malaria today issues a call for a new round of proposals for grant funding. The new round of grants will contribute to a substantial increase in the amount of money available in the global fight against the three diseases. We are looking for proposals of the highest quality, particularly from partnerships that include the private sector and local non-governmental organisations. Applicants are strongly encouraged to submit proposals through a new web-based Proposals and Grants Management System available on the website in English, French, and Spanish from January 14 2004. Updated guidelines and application forms are also available for downloading from [www.theglobalfund.org/en/apply/call/](http://www.theglobalfund.org/en/apply/call/). For more information please click on the web link below. Web [http://www.theglobalfund.org/en/media\\_center/press/pr\\_040110.asp](http://www.theglobalfund.org/en/media_center/press/pr_040110.asp)

## Wellcome Trust - Programme Grants

To provide support for up to five years for internationally competitive research relevant to human and animal health. The actual amount available is unspecified as the level of support available depends on the scientific needs of the work. Applicants should note that recent awards have rarely exceeded £1,200 000. Applications can be made at any time and are processed on a rolling basis for consideration at Panel meetings which are held five times a year. Applicants are advised to allow at least six months from submission of a full application to their preferred start date. Enquiries and applications should be sent to the Scientific Programme Manager of the appropriate Panel. See their website for further information Contact Rebecca Christou, Grants Information Officer Tel. 020 7611 8888 • Web <http://www.wellcome.ac.uk/en/1/biosfgunkfunprg.html>

## Community Fund of the National Lottery - Medical Research Grant

The fund request applications from researchers looking at a wide range of disease conditions related to health and social well-being. The priority for this year is promoting social inclusion. Proposals must be led by applicants from the charity or voluntary sector with research organisations or individual researchers named as partners. The scheme aims to encourage links between the voluntary sector and the research community.

Contact: Community Fund, Corporate Office, St. Vincent House, 16 Suffolk Street, London SW1Y 4NL • Phone: 0845 7919191  
Web: <http://www.community-fund.org.uk>

---

## Searching the Web

Searching the world wide web can be a daunting and time consuming affair. A google.com search of "African HIV" returned 81,900 results from UK websites alone. Of course, being more specific about what you are looking for greatly improves the accuracy of your search and the more terms entered the more relevant the results. However, getting optimal results from universal search engines such as Google and Yahoo is an acquired skill, often learned through trial and error. Usually what we need is to go straight to a web site of interest and search there. Below are some sites that provide a good starting point for those researching in HIV.

<http://www.thenetworkonline.org.uk>

The Network brings together over 60 community based HIV/AIDS organisations across the UK and provides a voice of organisations run for and by people living with HIV & AIDS. As well as providing information from a community perspective, the website allows you sign up for daily news alerts about the latest developments in HIV/AIDS as reported in the international and national press.

<http://www.avert.org>

AVERT is an international HIV and AIDS charity based in the UK. Their website is one of the most popular in the world and provides excellent resources for the young and those new to HIV. The statistics section gives accurate and up-to-date statistics about HIV and other Sexually Transmitted Infections (STIs) both worldwide and by region.

<http://www.sigmaresearch.org.uk/>

Sigma Research is a social research group specialising in the behavioural and policy aspects of HIV, AIDS and sexual health. Their website provides a comprehensive listing of their published reports (available to download) as well as access to questionnaires used in the research. An excellent site for those seeking examples of good report writing.

[www.blackhealthagency.org.uk](http://www.blackhealthagency.org.uk)

The Black Health Agency's website is due to re-launch in February 2004. The site will hopefully provide detailed information about the activities of HIV organisations in the north of England.

[http://www.hpa.org.uk/infections/topics\\_az/hiv\\_and\\_sti/hiv/hiv.htm](http://www.hpa.org.uk/infections/topics_az/hiv_and_sti/hiv/hiv.htm)

The new Health Protection Agency website contains plenty of detailed information about a variety of communicable diseases. Unfortunately the website is a bit difficult to navigate, making the latest HIV surveillance data almost impossible to locate in a hurry. This URL that takes you straight to the HIV section. The annual report on HIV and STIs can be easily found from there.

[www.ahpn.org.uk](http://www.ahpn.org.uk)

The African HIV Policy Network website lists contact details for African Health Forums across the UK.

[www.aidsmap.com](http://www.aidsmap.com)

This excellent site provides access to the British HIV Association, the National AIDS Manual, The International HIV/AIDS Alliance and all the information contained within. Users should go straight to the sitemap to search for documents about treatment, prevention, and community action. The site also includes an extensive links section.

<http://aidsmobility.org/>

The European Project AIDS & Mobility (A&M) offers support to organisations within the European Union that provide HIV/AIDS-related services to migrant populations (prevention, care and support). The Documentation Centre on the website allows you to search over 900 publications on HIV prevention and care for migrants and ethnic minority groups, refugees and tourists.

# Publications

This section aims to provide a comprehensive review of research related to the UK African HIV epidemic published in the last quarter. This issue covers publications between October and December 2003.

## RECENT REPORTS

Chinouya, M. Ssanyu-Sseruma, W. Kwok, A. **The SHIBAH Report.** Health First, London, 2003. ISBN 1900295024

The SHIBAH project was set up to explore issues affecting the sexual health and well being of black Africans residing in South London and living with HIV. It aimed to investigate their sexual health promotion and service delivery needs, with a view to enhancing the future effectiveness of local services. The report supports other research findings that low income, housing problems, immigration difficulties and unemployment feature as high priority problems for black Africans living with HIV. Recommendations include sexual health promotion initiatives aimed at local black African communities and investment in community based support.

To receive a free copy of this report. Please email your name and mailing address to: [info@ahrf.org.uk](mailto:info@ahrf.org.uk) Alternately visit:

Medical Foundation for AIDS and Sexual Health **Recommended standards for NHS HIV services.** MEDFASH, London, 2003. ISBN: 0727918443

A cornerstone of the National Strategy for Sexual Health and HIV, this report covers 12 aspects of service provision for people with HIV and offers guidance on managed service networks. Each standard offers an evidence-based rationale, key interventions, implications for service planning, guidance on practice, and suggested audit indicators. Reading lists for supporting evidence, policy documents and professional guidelines are appended. The recommended standards will serve as a tool for planning and auditing service development, a framework for commissioning and a resource for partnership between service users and providers. The House of Commons Health Select Committee has recommended their use by strategic health authorities in the performance management of trusts.

The report is available online at: [www.medfash.org.uk](http://www.medfash.org.uk)

## BOOKS

### **Health and Social Justice: Politics, Ideology, and Inequity in the Distribution of Disease**

Edited by Richard Hofrichter

**Publisher's Blurb:** This important book examines the political implications of various perspectives used to explain health inequities and explores alternative strategies for eliminating them.

Jossey-Bass • Oct. 2003 • 688 pages • ISBN: 0787967335

### **Lipodystrophy Syndrome in HIV**

Edited by Christine A. Wanke and Sherwood L. Gorbach

**Publisher's Blurb:** This volume allows the reader to develop a relatively complete snapshot of HIV-associated Lipodystrophy syndrome and confront the emerging literature with a critical eye.

Kluwer Academic Publishers • Oct. 2003 • 248 pages  
ISBN 1402076223

### **Learning from HIV and AIDS**

Edited by George Ellison, Melissa Parker and Catherine Campbell

**Publisher's Blurb:** Written for students and researchers, and taking an interdisciplinary perspective, this book provides a complete picture of HIV/AIDS - from the biological and social factors which facilitate HIV transmission - to the powerful cultural and political forces which fuel the pandemic.

Cambridge University Press • Oct. 2003 • 318 pages  
ISBN: 0521004705

Broring, G. et al. **Access to Care: Privilege or Right? Migration and HIV Vulnerability in Europe.** NIGZ European Project AIDS & Mobility, Haarlem, 2003.

This document contains a comprehensive report from each of the countries involved in the European Project AIDS & Mobility (A&M) network. The reports describe the epidemiology, migration patterns, attitudes, policies, and service needs of European countries. The country reports illustrate that the AIDS epidemic in Europe is far from over and that the consequences of the disease are particularly striking in migrant and ethnic minority communities.

The report is available online at:

[www.aidsmobility.org/Country\\_report\\_oct03.pdf](http://www.aidsmobility.org/Country_report_oct03.pdf)

### **Health Protection Agency et al.. Renewing the focus.HIV and other Sexually Transmitted Infections in the United Kingdom in 2002.**

Health Protection Agency, London, 2003. ISBN: 0901144614

This report presents the annual major analysis and review of the epidemiology of HIV and other sexually transmitted infections in the UK. It shows the estimated overall prevalence of HIV infection in adults increased over 12 months by 20%. Detailed

The following papers were published in peer-reviewed journals between 1<sup>st</sup> September 2003 and 31<sup>st</sup> December 2003.

**Kesby, M. et al. (2003). An agenda for future research on HIV and sexual behaviour among African migrant communities in the UK.**

*Soc.Sci.Med.*, 57, 1573-1592.  
The epidemiology of the recent rise in HIV cases in Britain highlights the need for more research among the heterosexual African migrant population. The authors advocate that a broad range of qualitative techniques be deployed both to uncover the empirical details of specifically African sexual behaviours and to highlight and explore the 'relational' nature of sexual decision-making. Researchers need to utilise the parallel literature on the social embeddedness of HIV in Africa to inform analysis of the British context. It would then be possible to address the crucial question of whether the social conditions known to cause high-risk behaviours and facilitate transmission in Africa persist, or are transformed, after migration to the UK. Finally the authors propose that researchers seek ways to work with, not on, African communities in order to facilitate their own informed management of sexual health.

**Gibb, D. M. et al. (2003). Decline in mortality, AIDS, and hospital admissions in perinatally HIV-1 infected children in the United Kingdom and Ireland.** *BMJ*, 327, 1019.

The authors describe changes in demographic factors, disease progression, hospital admissions, and use of antiretroviral therapy in children with HIV. 944 children with perinatally acquired HIV were reported in the United Kingdom and Ireland by October 2002; 628 (67%) were black African, 205 (22%) were

aged > or = 10 years at last follow up, 193 (20%) are known to have died. The proportion of children presenting who were born abroad increased from 20% in 1994-5 to 60% during 2000-2. In children with HIV infection, mortality, AIDS, and hospital admission rates have declined substantially since the introduction of three or four drug antiretroviral therapy in 1997. As infected children in the United Kingdom and Ireland are living longer, there is an increasing need to address their medical, social, and psychological needs as they enter adolescence and adult life.

**Day, J. H. et al. (2003). Attitudes to HIV voluntary counselling and testing among mineworkers in South Africa: will availability of antiretroviral therapy encourage testing?** *AIDS Care*, 15, 665-672.

This study was conducted to identify attitudes that influence uptake of HIV voluntary counselling and testing (VCT) amongst gold mine workers in South Africa; 105 healthy men were interviewed. The level of basic knowledge of HIV was high, but reported awareness of the extent of HIV infection in the workforce and perceived personal risk of HIV infection was low; one-third of the men had been tested. Fear of testing positive for HIV and the consequences, such as stigmatization, disease and death, were the major identified barriers to VCT. A vigorous community education programme is essential if the introduction of ART is to be effective in promoting uptake of VCT

**McGinnis, K. A. et al. (2003). Understanding racial disparities in HIV using data from the veterans aging cohort 3-site study and VA administrative data.** *Am.J.Public Health*, 93, 1728-1733.

The authors identified race-associated differences in survival among HIV-positive US veterans to examine possible etiologies for these differences. Nationally, minority veterans had higher mortality rates than did white veterans with HIV. Minority veterans had poorer health than white veterans with HIV. No significant differences were found in clinical management or adherence. HIV-positive minority veterans experience poorer survival than white veterans. This difference may derive from differences in comorbidities and in the severity of illness of HIV-related disease

**Taha, T. E. et al. (2003). Short post exposure prophylaxis in newborn babies to reduce mother-to-child transmission of HIV-1: NVAZ randomised clinical trial.** *Lancet*, 362, 1171-1177.

The authors aimed to determine whether post-exposure prophylaxis of nevirapine plus zidovudine given to babies only reduced transmission of HIV more than did a regimen of nevirapine alone. The overall rate of mother-to-child transmission at 6-8 weeks was 15.3% in 484 babies who received nevirapine and zidovudine and 20.9% in 468 babies who received nevirapine only (p=0.03). At 6-8 weeks, in babies who were HIV negative at birth, 34 (7.7%) babies who had nevirapine and zidovudine and 51 (12.1%) who received nevirapine only were infected (p=0.03)-a protective efficacy of 36%. Post exposure prophylaxis can offer protection against HIV infection to babies of women who missed opportunities to be counselled and tested before or during pregnancy. The nevirapine and zidovudine regimen is safe and easy to implement

**Bradshaw, D. et al. (2003). Initial burden of disease estimates for South Africa, 2000.** *S.Afr.Med.J.*, 93, 682-688.

This paper describes the first national burden of disease study for South Africa. The top single cause of mortality burden was HIV/AIDS followed by homicide, tuberculosis, road traffic accidents and diarrhoea. HIV/AIDS accounted for 38% of total Years of life lost (YLLs), which is proportionately higher for females (47%) than for males (33%). Pre-transitional diseases, usually associated with poverty and underdevelopment, accounted for 25%, non-communicable diseases 21% and injuries 16% of YLLs. .

**Boerma, J. T. et al. (2003). Understanding the uneven spread of HIV within Africa: comparative study of biologic, behavioral, and contextual factors in rural populations in Tanzania and Zimbabwe.** *Sex Transm.Dis.*, 30, 779-787.

Large differences in the spread of HIV have been observed within sub-Saharan Africa. Substantial differences exist between the contemporary sociodemographic profiles of rural Manicaland and Kisesa. However, these differences did not translate into measurable differences in the biologic or behavioral factors for which data were available and did not explain the much higher HIV prevalence found in Manicaland. These findings might reflect more extensive AIDS-selective mortality and behavior change or greater bias in reporting of sexual behavior in Zimbabwe

To include your publication in this section see page 8 about contact details or visit our website: [www.ahrf.org.uk](http://www.ahrf.org.uk)

# Calendar of Events

If you would like to add your event to our Calendar see below about contact details or visit our website: [www.ahrf.org.uk/events](http://www.ahrf.org.uk/events)

## Key Event

### 3RD NATIONAL AFRICAN HIV PREVENTION CONFERENCE

#### What Next? The Future of HIV Prevention with African Communities

London 11-12 March 2004

National African HIV Prevention Programme (NAHIP) is organising the 3rd National African HIV Prevention Conference.

This two-day event offers an opportunity for health professionals, community workers, people with HIV and the African communities to share their experiences and knowledge in HIV prevention. The conference will explore issues around HIV & migration, new prevention technologies, interventions, law, media, gender and culture. Delegates will also have an opportunity to see and hear papers/posters on research within African communities.

For more information visit:

[www.nahip.org.uk/conference](http://www.nahip.org.uk/conference)

## JANUARY

- African HIV Prevention Evaluation Workshop 15/01/04

## FEBRUARY

- African HIV Prevention Evaluation Workshop 05/02/04
- Improving information about HIV & STI among the UK African population 20/02/04
- Love Africa Valentines Day Event 14/02/04

## MARCH

- National African HIV Prevention Conference 11-12/03/04
- Northern Forum Conference: An innovative response to HIV prevention in African Communities 17/03/04

## Visit the African HIV Research Forum Website.

The AHRF website is intended to be a community resource, accessible to all those interested in UK African HIV issues. The site is updated weekly and provides information about forthcoming events;



research findings, job vacancies, tenders available and much more. If you would like to publicise a conference, a tender, or announce research findings, feel free to contact us at [info@ahrf.org.uk](mailto:info@ahrf.org.uk) or go to [www.ahrf.org.uk/contactus1.htm](http://www.ahrf.org.uk/contactus1.htm) and follow the instructions.

## Call for papers

The next issue of AHRF News will be a Prevention Update and is due for publication in **April 2004**. We welcome submissions about prevention interventions from individuals involved in the African HIV sector. Additionally, if you would like to update us about your research or submit an article about an event you have hosted please send your article to the address below. Submissions should be no longer than 1000 words. If you are posting your submission please ensure you include an electronic copy on a PC formatted floppy disk.

### Contact AHRF News

Address: Ibi Fakoya, African HIV Research Forum, 4th Floor, Mortimer Market Centre, Off Capper Street, London, WC1E 6AU  
Tel.: 0207 387 9300 ext 8188 • Fax: 0207 380 9660  
Email: [info@ahrf.org.uk](mailto:info@ahrf.org.uk)

To submit your document online simply go to [www.ahrf.org.uk/contactus1.htm](http://www.ahrf.org.uk/contactus1.htm) and follow the instructions.