
2 August 2016

Dear Friends,

We hope that this month's Newsflash finds you well! July has been a busy month for everyone at Firelight, as many of our staff have been traveling, including to the 2016 International AIDS Conference in Durban, South Africa. We have heard great things about the conference in terms of connections made and renewed, developments in the field, and plans for the future as we work together to improve the lives of people worldwide. Accordingly, this month's Newsflash is focused on HIV & AIDS. In this edition, you'll find exciting news regarding a potential HIV vaccine, tips for presenting HIV test results to patients, and highlights from an HIV peer-educator program in Rwanda.

As always, you will also find some resources that we hope may be helpful for our friends and partners as you continue your work. Please feel free to reach out to us if you use resources in your work that you think would be helpful to share, or if you would like to see particular topics featured in the Newsflash!

Best,
The Firelight Team

Article: HIV Vaccine Trial Exceeds Expectations

Article: Giving HIV Test Results

Article: Improving the Lives of HIV-Positive People in Rwanda- Julie's Story

Resource: Lipman Family Prize (Deadline: August 15 2016)

Resource: WISE Accelerator (Deadline: September 8 2016)

(Item 1) HIV Vaccine Trial Exceeds Expectations by Drew Kiser

This week researchers at the 2016 International AIDS Conference in Durban, South Africa, revealed that the interim results for HVTN 100, a HIV-vaccine trial that began January 2015, have already comfortably outperformed those of previous vaccine trials. This paves the way for a much larger study to begin this November.

Only the seventh trial of a vaccine for the most deadly pandemic of the modern world, HVTN 702 will enroll over 5,000 HIV-negative men and women in South Africa over the course of two years to determine whether the drug is as safe and effective as the smaller studies suggest.

The precursor of HVTN 100, the Thailand-based study RV144, became the first trial for an HIV vaccine to show any efficacy when it was completed in 2009, though the results were so faint as to flirt with insignificance. After modifying the dosage and tuning the vaccine to protect against HIV's Clade C subtype more common to sub-Saharan Africa,

researchers began conducting HVTN 100 in South Africa in 2015. Though the primary results are yet to be gathered, the vaccine has surpassed requirements of secondary criteria. These secondary criteria include benchmarks for antibody and white blood cell response — all of which criteria the vaccine has passed with flying colors, opening the door for further research.

This development came out on the same day that the International AIDS Conference decried a \$600-million-dollar plunge in funding for HIV-related research, leading some to speculate that the virus is poised to slip out of control once more. Philanthropists such as Bill Gates have offered to pick up the slack, donating a staggering \$5 billion to sub-Saharan African relief efforts over the next five years, citing a need to protect a burgeoning youth population susceptible to the disease.

Source: <http://bit.ly/2aa3lly>

(Item 2) Giving HIV Test Results from Mountain Plains AIDS Education and Training Center

The purpose of this guide is to help care providers become more comfortable with and proficient at giving HIV test results. Given the global emphasis on “test and treat,” “treatment as prevention,” and the increasing awareness that early intervention can save thousands of lives, this step in the HIV testing process has become a critical component of the spectrum of HIV care. HIV testing provides an opportunity to deliver prevention messages, to assure that the patient enters into care for HIV infection and/or support services that decrease conditions that increase the risk for HIV, and to support long-term retention in care for patients who are found to be infected. A test should be offered to all patients between the ages of 13 and 64 even if there are no apparent risk factors. Tests should be ordered for any patient who requests one. Don’t ask “Why?” (the patient will have his/her own reasons); there will be time after the test to discuss the patient’s concerns.

Prepare the patient for the test by discussing the test and assessing the patient’s ability to cope with a positive result.

- Ask, “What do you expect the test results will be? What do you think you will do if you have HIV? What will change if you are not infected?”
- If the patient talks about violence to self or someone else, more extensive counseling is recommended prior to testing and/or disclosure of test results.
- If the patient expresses fear or anticipates abuse about disclosing to a partner, it would be best to explore those issues prior to testing.

HIV testing can now be done in several ways.

- The traditional test is one in which blood or oral fluids are taken from the patient and sent to a lab. The lab will do the initial screening test (ELISA) and, if the ELISA is positive, will do a confirming test (Western Blot). Reports are sent to the test site in 1-2

weeks.

- The rapid test is done at the site of care and can be completed in approximately 20 minutes. Rapid tests are highly sensitive and specific, so results are usually accurate, but they need to be confirmed by additional testing.
- Home testing is a relatively new testing option. The home testing process is supposed to provide on-line/telephone counseling for home testers.

As with any medical test, HIV test results should be delivered in a calm, safe, and nonjudgmental manner. Due to ongoing stigma and discrimination faced by people with HIV, the results, whether positive or negative, should be given confidentially, in person, and to the patient alone unless s/he has asked to have another person present. For patients who are not proficient in your language, results should be given through a professional interpreter rather than a family member or friend.

Giving Positive Test Results

The focus of HIV post-test counseling is to provide emotional support to help the newly diagnosed patient:

- cope with the diagnosis,
- access treatment and other care services,
- disclose status to sexual partners,
- remain safe during the initial phase of dealing with a new diagnosis, and
- prevent further transmission of HIV.

Tips for giving a patient positive test results:

- Be specific about the test results. Tell the patient, “The tests confirm that you have HIV infection.”
- After giving the positive test result, allow the patient time to react and process the news before launching into further information.
- Regardless of the patient’s sex or drug behavior, hearing a diagnosis of HIV (or any chronic illness) may be something of a shock. Shock and disorientation are common initial reactions to such news, as are sorrow, anger, fear, or shame, even for patients who already suspected that they were infected.
- Human emotions are complex and varied. Your patient may respond with relief or acceptance. You may be surprised by the patient’s reaction. Remain calm and nonjudgmental regardless of the patient’s response to the news. You might say, “Tell me about your reaction. Is this a surprise or something you were expecting?”
- Even if the patient does not display signs of shock or disorientation, do not try to give too much information in this visit. S/he may still be unable to adequately process long explanations at this time.
- Offer immediate reassurance that HIV does not mean AIDS and is not a death sentence. Stress the importance of receiving care even if the patient does not feel sick right now. Tell the patient, “People with HIV who receive the care they need can live long and healthy lives. With proper treatment you can as well.”
- Tell him/her that additional testing will be needed to know whether s/he has AIDS or not. Explain the difference between HIV and AIDS.
- Ask what specific questions and concerns the patient has right now. Address the

immediate questions in as simple terms as possible. Follow this with, “As time passes, you will have more questions, and your care providers will do their best to answer all of them. If you have questions be sure to ask.”

- Let the patient know what auxiliary and support services exist for people with HIV, and (if you are able) that you will link him/her to a someone to help access services available in your area. Familiarize yourself with the local resources available.
- When the patient is ready (for some, this may be the same day as receiving the test results, for others it may be the next visit after they’ve had a chance to process the diagnosis), conduct a comprehensive risk assessment to identify continued risk behaviors. (A how-to STD/HIV Risk Assessment Quick Reference Guide can be downloaded at www.mpaetc.org under the Products link.)

Assess the following:

- patient’s understanding of how HIV is transmitted
- whether the patient is a past or current injection drug user
- whether the patient currently uses any drugs or alcohol
- whether the patient uses drugs or alcohol before sexual activity
- whether s/he shares drug paraphernalia
- number of sexual partners
- frequency of condom use; are condoms used only in specific sexual situations and/or with specific partners
- patient perception of personal ability to change behaviors
- belief that vulnerability is associated with luck or fate
- whether the patient is being treated for sexually transmitted diseases
- whether he is a man who has sex with other men

Behavioral risk reduction counseling should:

- be patient centered, culturally appropriate, and suitable to the patient’s situation
- be relevant to patient’s individual risks and concerns
- be focused on reducing the high risk behaviors the patient is able and willing to commit to changing
- be focused on small, achievable goals (baby steps), not large, overwhelming, global goals
- offer information about how further STIs and other forms of continued exposure to HIV can compromise a patient’s ability to stay healthy. Offer this as information, not as a scare tactic, but as a reason to have an STI screen.

If a patient is frightened to or unwilling to notify sexual partners of a diagnosis of HIV, explore the reasons. If there is a real concern about abuse or harm to the patient, help him/her work through those issues first. Use your local referral systems to help the patient stay safe. Finally, after giving positive HIV results, immediately link the patient to a clinic or treatment facility.

- Be sure to tell the patient, “Even if you feel fine right now, it is very important to receive good HIV care.”
- Stress that people in regular care live longer and stay healthier than people who wait until they are feeling sick to start treatment.

- The more active the referral, the better for the patient. For instance, it is ideal if you can pick up the phone and make an appointment for the patient while s/he is still in the office. If you are lucky enough to be located close to a treatment facility, you (or a case manager or another member of your staff) can take the patient to the clinic, make introductions, and help him/her get an appointment before s/he leaves.

“While a small number of the test providers indicated that they felt no or little impact of delivering the HIV-positive test result because the diagnosis is ‘not the end of the world’, most indicated it was difficult as it was anticipated that the test recipient would (or did) find the news distressing” (Myers et al., 2007, p. 1017).

Giving Negative Test Results

A negative test result may mean that the patient has not been infected with HIV, or it may be that s/he is in the “window period” of time between becoming infected with the virus and producing antibodies. Most people will develop detectable antibodies within 2 to 8 weeks (the average is 25 days), but some individuals will take longer. Therefore, if the initial negative HIV test was conducted within the first 3 months after possible exposure, repeat testing should be considered 3 months after the exposure occurred to account for the possibility of a false-negative result.

If the HIV test produced a false negative result, the person can transmit HIV to others during this “window period.” In fact, the window period is an especially dangerous time for transmission because the viral load is usually very high during this period. This makes prevention and risk reduction counseling a crucial component of giving negative test results.

Prevention counseling must include guidance on methods to prevent HIV transmission to others and to prevent transmission to the patient if s/he is indeed uninfected. At a minimum, this will involve:

- An explanation of the test results, including information about the window period for the appearance of HIV antibodies and a recommendation to retest 3 months after a recent exposure. “Although the test indicates that you are not infected, it is possible that the virus hasn’t had time produce enough antibodies to show up in your blood/oral fluids. To be certain that you do not have HIV, I recommend getting another test 3 months after your last risk of exposure. Can I help you figure out when that would be?”
- An assessment of the patient’s risks, including substance use, sexual behavior, and a history of violence, abuse or trauma. A how-to STD/HIV Risk Assessment/Risk Reduction Quick Reference Guide can be downloaded at www.mpaetc.org under the Products link.
- Advice on methods to prevent acquiring HIV (consistent condom use, not sharing injection drug paraphernalia, limiting number of sex partners, not having sex while intoxicated or high, etc.). This information can also be found in the Risk Assessment/ Risk Reduction Quick Reference Guide.
- Referral to substance abuse and mental health services as appropriate and available.
- Referral to case management or community based services to provide more comprehensive education and support if available.

- Referral to domestic violence services as appropriate and available
- Referral to an HIV specialist for evaluation for pre-exposure prophylaxis (PrEP), if you feel the patient will have on-going risks. PrEP is the routine use of HIV medication to help people at high risk avoid acquiring and transmitting the virus.

Given the ongoing advances in HIV treatment, conducting HIV testing as a routine standard of care, appropriate posttest counseling, and swift linkage to treatment and services will help ensure optimal outcomes for patients who do not know they are infected with HIV, and may help to prevent infection in those who are not. Delivering test results in a calm and supportive manner can enhance the relationship between patient and provider, and may contribute to early linkage to HIV care.

Source: <http://bit.ly/2a575dy>

(Item 3) Improving the Lives of HIV-Positive People with Disabilities in Rwanda-Julie's Story from the CDC

“My name is Julie, and I am a 45 year old blind woman living in Rwanda. I am married to a blind man and practice small farming to sustain myself and my family. For many years I knew my HIV status and it troubled me a lot. People used to talk about me, wondering who infected a blind woman, and I would feel ashamed. I decided not to give birth because I believed I would infect my child and they would never forgive me.”

People with disabilities, like Julie, are disproportionately affected by HIV because of lack of information and marginalization. In 2008, through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), a CDC/Health Resources and Services Administration (HRSA)-funded program was launched in Rwanda to provide equitable access to HIV prevention, care, and treatment to people with disabilities.

The program, called Strengthening Communities to Integrate People with Disabilities in the National HIV & AIDS Response in Rwanda, is being implemented as a New Partners Initiative project by Handicap International. The program supports at least 1,200 people with disabilities who are infected and/or affected by HIV.

Peer education has played a key role in linking people with disabilities to HIV services such as voluntary counseling and testing, preventing mother-to-child transmission, and social support groups. This approach has increased participation of people with disabilities and reduced stigma. Strategies used to reduce discrimination included positive living, strengthening civil society, effective advocacy, mainstreaming disability, and improving services and access to services.

The project has had tremendous impact on the lives of HIV-positive disabled persons. Julie received HIV services and was later trained as a peer educator by the Rwanda Union of the Blind (RUB) and Handicap International. Through this experience, she

says, “I developed self-esteem. I was encouraged by other people in the same group. I started teaching other blind people and felt good and worth about myself. I went for more counseling sessions and I am a peer counselor encouraging other people with disabilities to seek service.”

While in training as a peer educator, Julie also learned about ways to prevent mother-to-child HIV transmission. “I decided to have a child, took all the prevention medicines given at the health center, and I now have a beautiful child who is not HIV positive,” she said. “I am also doing well with my small business. The program improved my life tremendously.”

Source: <http://bit.ly/1oEMrls>

(Item 4) Lipman Family Prize (Deadline: August 15 2016)

About the Prize

The Barry and Marie Lipman Family Prize at the University of Pennsylvania is an annual global prize given to one organization that celebrates leadership and innovation in the social sector with an emphasis on impact and transferability of practices.

The award recognizes and amplifies the work of organizations devoted to positive social impact and creating sustainable solutions to significant social and economic challenges. The ultimate goal is to spread the global lessons found in local success.

Application Process

The application process will be open for month usually between July and August of each year. This first phase of the application includes five essay questions, organizational profile information and the submission of financial documents.

Applications are reviewed under the supervision of staff and faculty at the University of Pennsylvania. All applicants will be notified in October whether or not they will continue to be considered in that year’s selection process.

The honorees and winning organization will be announced in April. The winner and honoree organizations will attend a special award ceremony and related events held at the University of Pennsylvania.

Award Components

Announced each spring at an award ceremony at the University of Pennsylvania’s Wharton School, the Lipman Family Prize includes

- A \$250,000 unrestricted cash award for the winning organization and \$50,000 for each of the two other honorees.
- An ongoing partnership with the University dedicated to knowledge sharing and support of the organization. This includes promotion of their work and accomplishments in the Lipman Prize network of organizations, Penn faculty and alumni, and social impact funders.
- Access to tuition-free executive education programs at Wharton Executive Education

and the Center for Social Impact Strategy, valued at approximately \$15,000.

All three honorees for the Lipman Family Prize receive the same non-monetary benefits. Together with the University of Pennsylvania, each year's honorees will help to build new knowledge, resources, and solutions for the social sector.

To apply, visit: <http://whr.tn/2asrU6h>

(Item 5) WISE Accelerator (Deadline: September 8 2016)

The WISE Accelerator is a program designed to support the development of innovative projects in the field of education. It relies on the expertise of qualified mentors and partners to provide projects with effective strategies and concrete support in order to ensure their development. Each year, five projects are selected to join the program. These projects are followed for one year, during which time they benefit from tailor-made mentorship to address their specific needs. In addition, the WISE Accelerator serves as an intermediary to connect the selected projects to an international network that creates opportunities to share knowledge and find support from donors and investors.

Eligibility Details

The WISE Accelerator supports innovative projects that have a high potential for

- scalability;
- positive impact in education.

Projects addressing education challenges through the use and/or design of technology in all sectors and regions are welcome to apply. Projects in this particular field can cover a wide range of offers and activities. From the conception of apps and digital games to the creation of online platforms or the design of new curricula and pedagogies integrating technology, all education projects that are using or linking technology to their DNA are invited to apply.

Ideal candidates for the WISE Accelerator will be existing projects at an early stage of development, with the following attributes:

- Established for at least two years;
- A significant and growing number of beneficiaries or customers;
- A record of activity with a product or service that has been successfully implemented and beyond proof of concept;
- Existing, stable revenues, and new opportunities for growth;
- A dedicated team, with an established physical space or office;
- Deep knowledge of the market or educational context and of their beneficiaries' or customers' needs;
- Clear future objectives and motivation to further develop;
- Good understanding of the project's current challenges in scaling.

Projects from all sectors and regions of the world are invited to apply to the WISE Accelerator.

Applications should only be for original projects related to the field of education and technology. Projects should be formally constituted and should have progressed beyond proof of concept. The WISE Accelerator is not intended for new and untried ideas. Any such applications can not be considered. All applicants must complete the official online application form fully and provide detailed information on the educational activities of the project, as well as areas in which support may be required.

Application Guidance

The WISE Accelerator Committee, composed of leading experts in education and social entrepreneurship, will conduct a rigorous selection process. Applications will be assessed according to the following criteria:

- Solution and innovation;
- Strategy and management;
- Development beyond proof of concept, and potential for growth.

Due diligence with shortlisted projects may be organized to further clarify information about the project. Project representatives will be contacted to schedule calls, if needed. Projects will be selected in November, and announced in December 2016.

To apply, visit: <http://bit.ly/2a6HLrR>

As part of the Firelight Foundation's Capacity Building Program, Firelight provides "Newsflashes" to share relevant resources and information with our active grantee-partners via weekly emails and via post on a monthly basis. We hope that by facilitating access to information for grassroots, community-focused organizations, programming for children and families, as well as organizational development, is enhanced. Past editions of the Firelight Newsflash can be found on our website:

<http://www.firelightfoundation.org/resources/newsflash>

We welcome your comments, feedback and ideas for upcoming Newsflashes at newsletter@firelightfoundation.org

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