

Picturing AIDS: Using Colour Pictures to Raise Global Awareness

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Introduction

Raising awareness on any Public Health issue can be a major challenge, especially where 'sexually transmitted infections' and 'death' are part of the discussions. These are still two major 'taboos' that are rarely or reluctantly talked about. This article is, firstly, about a strategy that was used in Zambia and Botswana to raise awareness around sexually transmitted infections (STIs), with a focus on HIV infections and AIDS. The strategy involved showing clinical colour pictures and story-telling in HIV/AIDS empowerment (AIDucation) in the villages. Secondly, to demonstrate the role of faith community leaders in AIDucation; and thirdly to show that an African village solution or public health HIV/AIDS intervention strategy could be replicated in Europe or the West in addressing the spread and the control of HIV infections and AIDS.

AIDucation in Livingstone, Zambia and Lobatse, Botswana

Zambia and Botswana are two countries in Southern Africa that have been grossly affected by HIV infections and AIDS [1], Table 1, with obvious visible and invisible socio-economic impacts, in the local communities. Reaching out to educate local communities on an 'invisible disease' was a major challenge in the late 1980s and early 1990s. The public health messages had to reach the communities in line with 'prevention is better than cure,' especially as there was no cure or treatment for AIDS at the time...and at present.

There was a national crisis and emergency that had to be addressed in the two Southern African countries to prevent thousands of preventable infections, 'AIDS-related diseases, cancers...' and deaths. Diseases such as tuberculosis (TB), hepatitis, herpes zoster, other sexually transmitted infections especially with genital sores or open wounds; chronic fungal infections; cancers such as Kaposi sarcoma, cervical cancer, lymphomas and anal cancer that can be indicators of undiagnosed and an underlining HIV infection(s) must be high-lighted and taught to the public for prevention of new infections and better access to care.

Colour Pictures in Public Health and AIDS Education (AIDucation)

Raising awareness through the use of colour, clinical & social, pictures with story-telling or use of traditional 'oral history' was born in Livingstone, Zambia, in 1990. Village folks wanted to '...see AIDS so as to believe,' that there was such a '...sexually transmitted infection

that made you so thin...had no treatment...and ultimately caused death.'

AIDS was claiming a lot of lives in the African countries. No one could 'see' AIDS! Many folks did not heed 'the AIDS' Story. If anything it was believed amongst young people that AIDS was an 'American (or Adults) Ideology for Discouraging Sex.' "Scare tactics (AIDS)" of addressing teenage pregnancies and sexually transmitted infections. Denial was very strong.

District Medical Doctor, Dr. Edwin Mapara, embarks on Local AIDucation

A local Zambian medical doctor working at Livingstone General Hospital in Zambia came up with a novel initiative of 'picturing AIDS' to the general public, who doubted the existence of AIDS or "the radio disease...the thinning disease...disease of the blankets," as locals would say in the vernacular languages.

Medical doctors and nurses knew of AIDS. Healthcare personnel are trained with "Medical Illustrations" or "Clinical colour pictures" during their training at medical schools or nursing schools respectively. Medical conditions were 'pictured' before actually seen on the wards, in the clinics or hospitals.

Why not extend the medical and nursing schools' teaching with 'colour pictures' (awareness training tool) to the lay, grassroots community members or villagers? The village folks were in serious denial despite nursing some of the discharged patients in home-based care. The public and home-based care volunteers had to be equally protected from possible infections.

"A Picture is Worth a Thousand Words"

The English say, 'Seeing is believing...a picture is worth a thousand words.' The Africans in the same vein say, "Seeing (eyes) is very different from being told (mouth) ... you remember more of what you see (eyes) than what you hear (ears) or are told (mouth)." This is the foundation of AIDucation, picturing or using visual aids to empower the community.

Prof David Morley, President of Teaching Aids At Low Cost (TALC) Contacted

Dr. Edwin Mapara contacted Professor David Morley, President and founder of Teaching-aids At Low Cost (TALC) in England for the health promotion colour pictures in 1990. The pictures were initially designed and made for nurses and doctors. Dr. Mapara was going

	BOTSWANA	ZAMBIA
1. Country population	2.3 million	14.5 million
2. People living with HIV infection	350,000	1.2 million
3. Adult HIV prevalence	22.2%	12.9%
4. New HIV infections	9,700	60,000
5. AIDS related deaths	3,200	20,000
6. Adults on antiretroviral drugs (ARVs)	78%	63%

Source: UNAIDS Gap Report 2016

Table 1: AIDucation in Livingstone, Zambia and Lobatse, Botswana.

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to “ABUSE” the pictures. Deliberate abnormal use (abuse) for the villagers’ empowerment.

TALC is a non-governmental organisation, (<http://www.talcuk.org/>), born in 1964 that supplies cheap (not expensive) teaching aids and books to raise standards of healthcare and improve the quality of life of disadvantaged individuals and communities. TALC has traditionally focused on developing countries. It has now become global and distributes materials to more than 200 countries.

Livingstone General Hospital, Zambia (1989-1990); Athlone Hospital, Botswana (1990-2002); and Community Health Action Trust, London (2005-2010) [2] benefitted from TALC’s health promotion and empowerment colour pictures for “...seeing...story telling.”

AIDUCATION: Picturing AIDS in Europe’s Universities and Colleges

In 2002, after twelve fruitful years of ‘picturing’ AIDS in Botswana, Dr Edwin Mapara re-located to London, to study at the prestigious London School of Hygiene and Tropical Medicine (LSHTM), University of London. The Zambian trained medical doctor had no inclination whatsoever that as from 2005 to date, July 2016, the local African born “AIDucation” programme would become international and part of the university courses.

As a guest lecturer, Dr Mapara shared on “AIDucation” in annual lectures, part of the Diploma in Tropical Medicine and Hygiene (DTM & H) and Diploma in Tropical Nursing (DTN) Postgraduate courses at the University of London and other universities.

Similarly, students studying Certificate courses in Health Promotion at Thames Valley University (TVU) had access to AIDucation. Other European institutions, including Cambridge University with Professor Anne Bailey (former student of Cambridge); and the World Health Organisation (WHO), 2004 had presentations on AIDucation by Dr Mapara.

AIDUCATION: Picturing AIDS in Europe’s Black & Minority Ethnic Communities

In 2005, the black and minority ethnic (BAME) groups in London benefitted from Zambia’s AIDucation programme that was born in 1989. Community Health Action Trust (CHAT), an African-led charity based in Willesden, in the borough of Brent, soon became a household name. CHAT implemented a successful AIDucation Course for the BAME communities that ran for five years. AIDucation was the talk of Brent!

More than 8,000 community members were enlightened and empowered between 2005 and 2010. AIDucation led to the birth of a ‘best practice’ project, a community-based voluntary counselling and testing (VCT) centre at CHAT [3]. The HIV awareness campaign in Brent led to more than 750 people going for a finger-prick HIV test between 2007 and 2009 at CHAT.

AIDUCATION Gives Birth to Voluntary Counselling Centres (VCT) in London

The CHAT VCT Project was a documented a ‘best practice’ – “**Model 2 VCT in community based centres,**” by The London VCT Project Report (August 2007). Soon London followed CHAT’s initiative, as community-based VCTs mushroomed across London that has a population of close to 10 million people. AIDucation’s rallying call was, “**Better to know, than not to know,**” voluntary testing for HIV infection, diabetes, hypertension and chlamydia.

AIDUCATION Library of 120 Colour Pictures from TALC is Foundation

AIDucation lectures, workshops and conferences were built on five (5) sets of TALC colour slides (pictures), 120 pictures. Each teaching set has 24 colour pictures with a script. The pictures are mostly of Africans or Asian people, so as to move away from the initial belief that, “AIDS is a white man’s disease...in gay communities and injecting drug addicts.”

The TALC sets used in ‘picturing’ AIDS to raise awareness and initiate HIV prevention are:

1. Sexually transmitted infections
2. Clinical Manifestations of HIV/AIDS in adults
3. Clinical Manifestations of HIV/AIDS in children
4. Prevention of Mother to Child Transmission of HIV infections
5. HIV/AIDS Prevention and Counselling.

Feedback on Raising HIV/AIDS Awareness with Colour Pictures – Local (London)

CHAT ran a three (3) years Community Integrated Sexual Health Initiative Course (CISHI) sponsored by the Kings Fund, that targeted Pastors and Imams in the BAME communities. The ‘**CISHI AIDucation Course**’ began in 2007 and concluded in 2010. There were a total of 15 courses that lasted 3 days each [4].

Total number of participants were two-hundred and fifty (250), who went on to sensitise hundreds more people, Table 2, in the churches, mosques and community organisations with the help of the CHAT AIDucation Team.

Some comments by the **faith leaders** from the evaluation forms at the end of the course on:

Usefulness of CISHI course and use of colour pictures

1. “The course was for everybody. Use of pictures was unique.”
2. “Very useful course. Sometimes I do believe and sometimes I do not believe. CISHI has broadened my knowledge...the pictures impacted on me...the visuals show that AIDS is real... this should have been done in the 1980s... now it is too late.”
3. “Pictures are very useful...pictures show how Adam and Eve were found...nakedness...truth of life...with pictures you see and you learn...we can relate with the pictures.”
4. “Very, very interesting and meaningful...If somebody tells you, you think it is rubbish until you see those pictures...HIV is real.”
5. “The visuals are offensive to pastors with inability to talk openly and freely on HIV/AIDS...blocked by culture of where we are coming from.”
6. “Motives behind the pictures are important...if the motive is to educate people, I do not see anything wrong with that. If the motive is pornography, then there is something wrong.”
7. “Pictures send home the message...what you see has a way of impacting on you...what you see sticks in your heart...recorded in your heart...you remembered forever.”
8. “In our culture pictures may be embarrassing, but once you get the message behind the pictures, they are not embarrassing. They leave a lasting impression.”

Date	Event / Activity	Female – Number	Male – Number	Total number
April 2008	Spiritual Baptist Church Convention, Hammersmith - “AIDS and the Church”	157	68	225
April 2008	Spiritual Baptist Church, Hammersmith - “Role of the Church in Sexual Health Promotion”	56	12	68
April 2008	Follow-up and Certificate Awards – “Experiences after CISHI”	11	5	16
May 2008	The Pentecostal International Worship Centre, Hounslow – “AIDS and the Church”	180	120	300
August 2008	Follow-up and Certificate Awards – “Experiences after CISHI”	17	18	35
Dec 2008	World AIDS Day at Stonebridge Park Complex, Brent	150	100	250
Feb 2009	West African Network Initiative (WANI) – “Empowering Men”	-	17	17
March 2009	CHAT Open Day	34	30	64
April 2009	African Women Care (AWC) and CISHI – “AIDS and TB”	45	-	45
April 2009	Organisation of Positive African Men (OPAM), Hammersmith – “Advocacy and CISHI”	-	51	51
April 2009	He Intends Victory (HIV) Ministries, Wood Green – “Pastoral Care: The Good Samaritan”	37	16	53
May 2009	AIDucation with the Muslims – Harlesden Ummah Community Centre	-	122	122
May 2009	BRAVA AIDucation, CHAT – “Strength in Numbers”	11	5	16
May 2009	Redeemed Church of God (RCCG) Conference, Northolt – “Health First Before Gold”	40	22	62
May 2009	CISHI Experiences and Awards – “What after CISHI?”	4	6	10
July 2009	Mount Carmel Spiritual Baptist Church – “AIDS: The Sleeping Volcano”	21	6	27
July 2009	African Women Care (AWC) and CHAT – “Sex, Culture and AIDS”	55	-	55
July 2009	Organisation of Positive African Men (OPAM) – “Video: What Can I Do?”	-	21	21
August 2009	The ELIM Pentecostal Church – Youth Summer Camp, Isle of Wight, - “STIs and AIDS”	84	36	120 youths
August 2009	Pentecostal Church of God (PCOG) – “God is more than enough: AIDS and the Church”	63	10	73
August 2009	Vauxhall Methodist Church – “AIDS Workshop for the Youth”	32	15	47
	TOTAL PARTICIPANTS	997	680	1677

Table 2: Community faith activities by CISHI trained faith community leaders.

- “Very good course, but lack of sensitivities in language used... information was quite good, but language was insensitive (Explicit sexual health language – vagina, clitoris, penis, fore-skin, vaginal and penile discharge, vaginal sex, anal sex, oral sex...)”
- “The video about Pastor Gideon (Uganda) is touching...to see a pastor living and talking about HIV...the video made me look at AIDS differently...It is real... I saw the pictures...and that video made me change my mind...this is reality...AIDS is real...the Church has a role to play...Pastor Gideon’s video must be shown to all the churches...it is well!”
- “The pictures told the story...it said it all even if you did not understand the English language. Not too much writing...it was story-telling. What is AIDS? How is it transmitted? What can we do? The questions were all answered in pictures...clear.”
- “It (CISHI) was very useful. It broadened my knowledge and understanding. I would have shunned somebody with HIV if I knew the status of that person before CISHI. I would not shake his hand...now I can mingle with them without fear of catching it (AIDS).”
- “We never had any AIDS discussions in our church.”
- “I never carried out any activities...I was not bold enough. Secondly the culture did not allow me to talk about sex. You dare not discuss it at all...either in the church, community or group...it is a taboo subject.”
- “Very useful course...before CISHI I never talked HIV infections to my congregation.”
- “Before CISHI I was involved in some HIV/AIDS activities, but not as much as now...my knowledge did not permeate to the church...nothing much will change...ours is a spiritual approach.”
- “Activities before CISHI, we never had...I did some health activities but not focussed on HIV problem only...it was broad health like smoking, blood pressure and obesity.”
- “Many people believe AIDS is for homosexuals...not for the church to address.”
- “No activities at all...AIDS was for doctors and nurses to teach and not pastors.”

HIV/AIDS activities by participants before contact with CISHI

- “We never talked about AIDS in our church...these are matters NOT talked about...there were no activities at Church...it was not on our agenda...our people are saved!”
- “ We are faith based...we believe that that God heals everything...by His stripes men are healed of their infirmities... but after the course we were more down to earth kind of what we should do for our members.”
- “None...only after CISHI...you cannot give out what you do not have. You cannot teach on what you do not know (Subject of AIDS.)”

Knowledge on HIV infections and aids before cishi course

- “I never believed that AIDS was there before coming to CHAT (CISHI course). Now I talk like a doctor. I have learnt a lot. AIDS is about listening and talking.”
- “There was nothing on HIV/AIDS in the earlier modules of Theology...just like in medical schools, it (AIDS) was not there in the early days of Medical training, so how do you expect it to be there in Theology training?”
- “We were ignorant about HIV and AIDS, and therefore we did not participate...we were not involved...You cannot give out what you do not have. You cannot teach on what you do

not know (Subject of AIDS)...that is why discriminating behaviour.”

4. “The Bible says my people perish because of lack of knowledge... AIDS is a good example where we lacked knowledge...people died and will continue to die.”
5. “Knowledge is power. We lacked knowledge...As the Bible says, we are saved to save others...The knowledge is given to me (as a pastor), so as to impart it to other people. I plan to organise some programmes...church gatherings...family gatherings...where my duty is to introduce the knowledge to them (congregation members) and then work with a doctor to teach the rest...to reduce stigma and welcome all...All made in God’s image.”
6. “We lacked knowledge, wisdom and understanding...Ours is to help look after people with HIV/AIDS and to give them hope, just like Jesus gave hope. Some pastors do not know or understand that this includes looking after people with HIV / AIDS. Christ came more for the sick and oppressed...the church must care for its flock...even with AIDS.”

Church leadership and silence on AIDucation

1. “I blame healthcare workers (doctors and nurses) for not taking the initiatives to talk to their faith leaders! You cannot blame pastors (for their inaction). They are not trained to be advocates or public health specialists.”
2. “The lack of vision by church leaders have helped to destroy lives...Jesus came to save lives and not to destroy lives...Most pastors are not HIV/AIDS aware!”
3. “We all need to be educated on AIDS...Lack of education leads to assuming promiscuous behaviour for cause of AIDS...anybody can catch AIDS, even pastors.”
4. “Am I my brother’s keeper? Yes we are. We are brothers and sisters in the eyes of God. So we must look after each other, with or without AIDS.”
5. “Pastors are sinning by judging people...our leaders did not have the knowledge...this led to discriminating behaviour and silence...the Church did not want to cause fear and to lose church members because of talking about AIDS.”

Denial, stigmatisation and discrimination in faith communities

1. “There is stigma and discrimination in the church...I was in that group of people who spread stigma and discrimination before October 2008...I used to condemn those people with AIDS...I could not live with them, shake their hands or even imagine eating with them...After the CISHI course I can eat with them, use the same plate and I can sit with them...I do not put them as second class citizens anymore...They are (human beings) just as I am.”
2. “Pastors have been sinning by not shepherding His (Jesus) sheep...HIV is not for sinners...It is for any person...the church must not be judgmental...the church must love.”
3. “Stigma exists because of ignorance...ignorance is root of stigma...you shall know the truth and the truth shall set you free...pastors through visits and shaking hands of clients can address stigma through pastoral action.”

4. “Do not blame the people living with HIV/AIDS. We love them. People need love...unconditional love...like Christ did for us.”
5. “People were trying not to talk about HIV infection initially (Denial). We had to AIDucate the church and it has paid off... People are empowered. People did not even know the meaning of wearing a red ribbon...people wrongly assumed that wearing the red ribbon showed that somebody had AIDS!”
6. “Stigmatisation is still rife in Church...that is why the people do not want to test for HIV. Discrimination is there...encourage the people to have HOPE...pray with them...I will not announce it in church...confidentiality is kept...I do not even explain it to my assistant pastors...I lead the person to the hospital...trust is very important.”
7. “We need to address stigma and discrimination through the church leaders...if leaders are AIDucated then no problem... The old fashion ones do not want to change. The new generation are changing...Leaders are the ones who influence the congregation.”
8. “Some church leaders do not want even to hear about it (AIDS). Not even in their own churches. Some leaders do not understand...they believe it is not their problem...it is a problem for doctors and nurses...it is a lack of knowledge and wisdom...pray for them.”

The law and the church

1. “The authorities are not in support of pastors praying in hospitals. So many churches avoid trouble by avoiding AIDS’ issues and leave them to the doctors. We deal with the spiritual welfare of the person...not the medical.”
2. “Many laws are holding down programmes. Some churches do not want confrontation with authorities so keep away from controversies of the church, sex and AIDS...your church can easily be closed down.”
3. “Chances are limited, the law does not give a free hand...you are not allowed to ask somebody to go for HIV testing...the law does not allow you to be counselling because it is for specialists trained in counselling.”
4. “We do not preach condoms...the law does not allow you to talk freely...there is God...there is healing...there is divine health...To avoid the law, churches keep away from HIV/AIDS...we leave it to the doctors and nurses.”
5. “The law is not friendly at all here ... but you can walk into any hospital in Africa and the people want you to pray for them. The others (patients) will also call you to pray for them, not here...here there is political correctness to fear!”
6. “In Africa you have the liberty to preach without the government interfering, but here there are too many laws...one has to be careful with the language used...sensitive.”
7. “There are so many hurdles...blockades...legislature... government policies...legal barriers...one has to be careful how he speaks to patients... mentioning God, Christ, or bringing your faith into places is a very sensitive issue...you can be in trouble.”
8. “Hope and belief is given by the African church, but here if the church is quiet and not involved, how does it give that hope and belief to somebody with AIDS? It is difficult.”

9. "Even as a hospital chaplain you have no right even to suggest prayers for a patient...even if the patient is dying...you have no right...you cannot blame pastors for not being involved (in the AIDS campaign)."
10. "The law needs to be AIDS friendly for the church to be visible in church AIDucation!"

The church and the use of the condoms

1. "The condom issue is a controversial one and a naughty one. They say it prevents AIDS...I do not preach on condoms...I preach on abstinence... my advice is something that should give a 100% protection and security."
2. "For those who are Christians, with the power of the Holy Spirit, I admonish them to abstain...For those who are not Christians I encourage them to use condoms. Those people who do not have the power of the Holy Spirit to abstain must use condoms as they are not protected...even some Christians who do not have the power of the Holy Spirit must use condoms."
3. "I now freely talk about HIV/AIDS and the condom in my church...All of us must fight the battle...I talk about safer sex freely in church...family planning...pregnancies and STI (sexually transmitted infections) prevention...We discuss condoms in the Bible classes and not on the pulpit in front of the congregation...there is no conflict with church doctrine."
4. "What if an atheist might marry a Christian sister and infect the Christian sister? What happens? Meanwhile the sister has been abstaining...so they must use condoms."

Feedback on Raising HIV/AIDS Awareness with Colour Pictures – International

Global or international comments on "Pictures: Using Images to raise HIV/AIDS awareness" narrated in 2010, from the Communication Initiative Network website – <http://www.comminet.com/healthcomm/top-tens.php?showdetails=188> [5].

1. "The slides are informative. 'Seeing is believing.'" [Western Europe]
2. "I found the information very useful indeed and thanks so much for forwarding it." [East and Southern Africa]
3. "The pictures and slides really help in getting the message across." [Global]
4. "Dear Sir, I studied the glimpses of your article very thoroughly and found a topic for my research. I have decided to use the idea in the context of Pakistan that how pictures could affect people's behaviour in averting them from the risk of AIDS." [South Asia]
5. "This method is very educative and straightforward. Sometimes language can be a barrier to effective communication hence the use of pictures is imperative. However, some pictures could have a negative impact on people living with HIV when dealing with secondary prevention. Nevertheless this method is easily monitored and evaluated to facilitate the measuring of the long term impact." [Western Europe]
6. "This is a simple but most effective way of imparting knowledge and creating an unforgettable impact on an audience." [East and Southern Africa]

7. "The programme gives a true image of what sexual health is about and sensitises the general public about the intensity of the havoc caused by sexually transmitted infections. The use of pictures in education has had a definite positive impact on the participants of my sexual health training sessions. It is definitely working." [Western Europe]
8. "A picture is worth a thousand words.' These pictures make our work as health educators much easier, especially as a resource that we can access so readily, I believe that health educators can access them from anywhere in the world. Find more materials so that over time, the picture bank becomes bigger and bigger. Keep the spirit of sharing these invaluable resources. Best regards." [East and Southern Africa]
9. "I strongly believe Dr. Mapara is right in using pictures to education AIDS. Having seen the pictures myself, I still have that imprinted in my memory and feel once I saw the pictures, I truly believed. There are so many myths and stories that surround AIDS and the pictures tell only one story, 'You will contract AIDS if you do not protect yourself against it.' AIDS has been looked at as an 'African problem' but that is not the case. With the financial migration of Africans and Asians to Europe and America, political asylum seekers and refugees, this is something that the entire world should be worried about and continue to do something about. Pictures are just one way of trying to combat AIDS as there are several other ways. I congratulate Dr. Mapara and urge him to continue." [East and Southern Africa]
10. "This is simply fantastic. Keep up the good work." [East and Southern Africa]
11. "This resource deserves additional rating. The resource is not just fantastic, but it is indeed what the world needs as indeed what Dr. Mapara says, 'Seeing is believing.' The resource can be used in every situation, i.e., teaching, HIV campaigns and even in hospitals. I propose the resource be adopted by World Health Organisation (WHO). Saying more would spoil the soup. Congratulations and keep up the good work." [East and Southern Africa]
12. "Very useful material, physical evidence of what is heard." [East and Southern Africa]
13. "This material is very useful. I was wondering if this or some of the material could be translated to be used by the community health workers in the grassroots. And educating through pictures is useful in that pictures do not need many words to get the message through." [East and Southern Africa]
14. "The resource is important in sexual health awareness campaigns with young people. The target group pays more attention to pictures and seem to participate more actively than in other forms of communication." [Western Europe]
15. "Dr. Mapara has successfully produced a tool to tackle one of the major barriers to health promotion and health education – getting the message across to a wide and culturally diverse population. I am particularly impressed with his engagement of young people around HIV infection, AIDS and sexual health generally. His passion and commitment to this approach captivate audiences which must ultimately lead to community involvement and action." [Western Europe]

16. "Using pictures in educating people is very important especially for communities where English is not their first language or have low levels of education. More so 'seeing is believing' and it can make a bigger impact. I have had the opportunity to use this material in some of our trainings and our users found it very beneficial. Continue the good work." [Western Europe]
17. "We use the pictures for our seminars and workshops, although take some precautions for the elderly." [Western Europe]
18. "Most adults remember what they see more than what they hear. So the use of pictures as a strategy in AIDS Education and Prevention work is an excellent one." East and Southern Africa]
19. "This is a very useful resource that needs to be replicated in our communities in Kenya." East and Southern Africa]
20. "Having watched the slides during my visit to the U.K in the year 2009, that just ended, I strongly believe they (pictures) are the best way to reach even in the illiterate masses of many developing countries and also the already developed countries. I am also a believer of 'SEEING IS BELIEVEING' as the saying goes. How I wish Malawi which has been one of the hardest hit in the sub-Saharan was considered, and accorded an opportunity to benefit greatly from Dr. Mapara. How I wish he was here yesterday than the unknown tomorrow." [East and Southern Africa]
21. "I think pictures or images talk more than we do. For me it is a good way to make people aware of the diseases. Good luck Dr. Mapara!" [West Africa]
22. "As the population in Africa is in majority illiterate the best way to spread such important information is by pictures in the sense that Africans are more visual memory. This method already in use in Ivory Coast has helped a lot to bring the population at an acceptable level of knowledge of this calamity." [West Africa]
23. "Useful to acknowledge input from regional examples, e.g. TASO-Uganda. This shows the practicability of interventions in almost similar settings. TBA and PMTCT figures, Botswana have some impressive figures!! Article has a genuine applicability on a wider regional scale." [East and Southern Africa]
24. "I have found that visual aids/pictures are the most effective way to reach young people with the effects of sexually transmitted infections. This is knowledge that I have gained from previous experience, working with young people. Although tutors have sometimes found the images offensive, young people have not, they have seen and acted by way of seeking more advice and resources to practice safe sex." [Western Europe]
25. "Refreshingly innovative, frank and positive approach." [East and Southern Africa]
26. "The methods used by Dr. Mapara are the most effective that I have ever experienced. They offer a visual impact that is extremely effective. I have seen the impact that these pictures have had on members of the public and I would recommend that every person who values their way of life take time to investigate this method." [East and Southern Africa]
27. "Useful pictures to be used to educate people. People need to understand these things by visualising." [East and Southern Africa]
28. "I am a Social worker, Pastor and Sexual Health Promotion Specialist, with 22 years of experience. I am a founder of

Widows and Orphans Relief and Development Trust (WORD). As a pastor I have seen negative attitudes towards people living with HIV and a blame culture of immorality so rife coupled with ignorance as the church has closed its ears to information. I have taken it as a challenge for our organisation to work with the church in Africa to make them take on HIV as part of their agenda. The use of pictures will just be the quickest way of making them understand. As Edwin says, 'Seeing is believing.' As a sexual health promotion specialist we have worked with Edwin during our different promotion days such as World AIDS Day and others. We have also used them (pictures) in training primary care staff. They are a very useful tool and will not hesitate to refer others to them." [Western Europe]

29. "This is an effective medium of communication on HIV infection and AIDS. It is relevant, provocative and thoughtful." [Western Europe]

30. "Excellent!" [Global].

Feedback on Raising HIV/AIDS Awareness with Colour Pictures – DTN Course

Some comments from students and nurses studying for the Postgraduate Diploma in Tropical Nursing (DTN) at the London School of Hygiene and Tropical Medicine, University of London;

- ✓ "I wish that the AIDucation had a more global view."
- ✓ "Loved Edwin and his stories – what a great lecturer!"
- ✓ "Very inspiring talk from Edwin on AIDucation"
- ✓ "I can see why Edwin has such a good reputation for his lectures, they were brilliant!"
- ✓ "The AIDucation was excellent, very informative."
- ✓ "Dr. Edwin Mapara: Awesome!!!"
- ✓ "Absolutely amazing!"
- ✓ "Lecture on AIDucation very exciting and lively!"
- ✓ "He kept attention levels very high during the entire lecture."
- ✓ "Dr. Edwin Mapara is not your everyday Lecturer. I could literally recite what he taught after the Lecture. He is so precise, adds all ingredients that will make you not forget what he teaches. He is a treasure."

Mwape Peer Awards New York 2011, "PHYSICIAN AWARD"

AIDucation born in Zambia in 1989 and accepted internationally in 2005 was given international recognition at an award ceremony in New York City, America, in 2011. The MWAPE peer awards, New York 2011, Dr. Edwin M Mapara, 'Physician Award'.

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