

## **HIV/AIDS TOTAL MANAGEMENT MODEL (*ATOMM*)**

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The HIV/AIDS Total Management Model (*ATOMM*) expounds the need for comprehensive client-centred HIV/AIDS prevention, care and support services. It emphasizes the importance of creating substantial linkages among existing sexual and reproductive health (SRH) and HIV/AIDS interventions since single interventions without linkages to other interventions deliver a limited impact on attitude and behaviour change. *ATOMM* aims to bring about synergy among the interventions and to boost clients' motivation toward prevention and voluntary counselling and testing (VCT) for HIV/AIDS, as illustrated in the figure below.

Appropriate and timely provision of services is required in the model, considering the process of clients' behaviour change, that is, knowledge (K), approval (A), intention (I), practice (P), and advocacy (A). BCC, advocacy, VCT, STI management, support and care for people living with HIV/AIDS (PLWHA) need to work synergistically to stem the spread of HIV/AIDS and to mitigate the impact of the epidemic on society.

Through BCC interventions appealing to both intellect and emotion, individuals and communities undergo the process of behaviour change. People are first exposed to accurate knowledge, assess their own attitude and risk related to HIV/AIDS, and then recognize that everybody is at risk of HIV infection. As a result, some people develop the intention to change, and then actually do change their attitude and behaviour regarding HIV prevention. For example, with access to condoms, some people may start using condoms for prevention. BCC interventions must motivate people not only to take precautions against HIV infection but also to get tested for HIV, and moreover to have a supportive attitude to PLWHA.

VCT is an effective intervention for people who are in the early stages of the behaviour change process. It can facilitate and reinforce the process for HIV prevention and also offer a critical entry point for early care and support for those who are HIV positive.

Without care and support services, people cannot be easily convinced of the benefits of testing. Availability of and linkage with care and support services for PLWHA gives

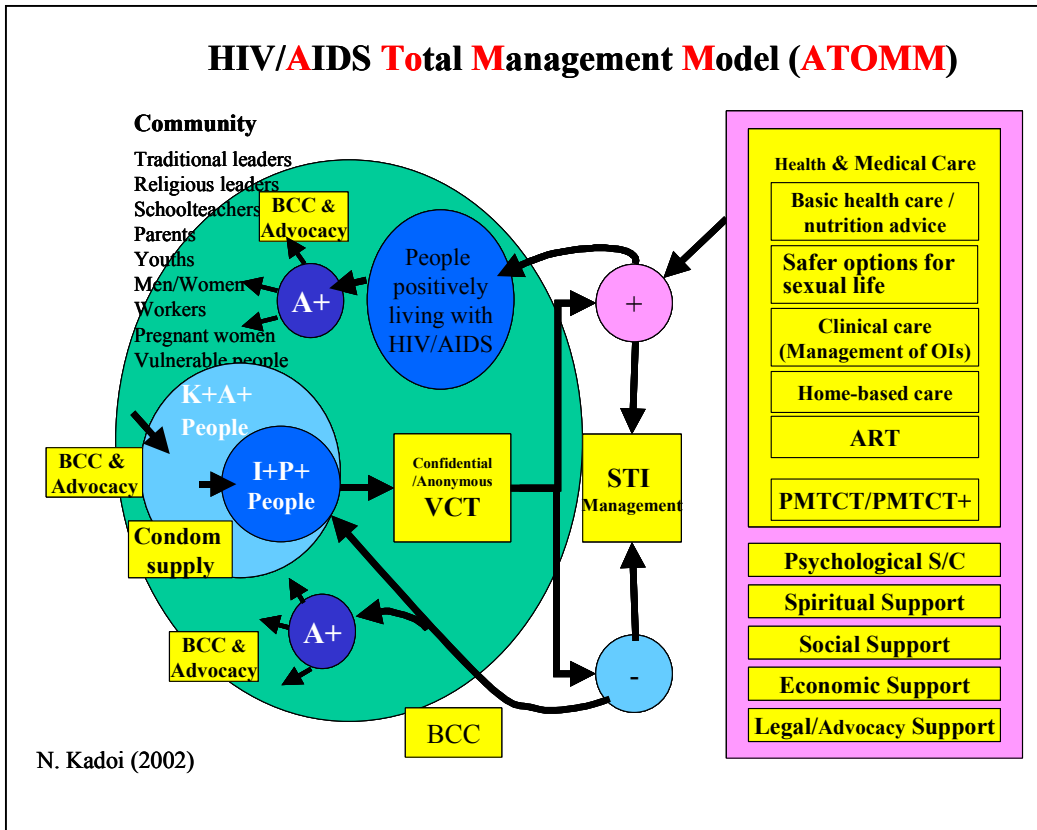
people a sense of security and hope and strongly influences their motivation to be tested for HIV. Services may include health and medical care, psychological and spiritual support and care, social and economic support, as well as legal and advocacy support. Health and medical services may embrace sexual and reproductive health services, nutritional care and support, home-based care, early management of opportunistic infections, anti-retroviral therapy (ART) and prevention of mother-to-child transmission (MTCT), etc. Although all these care and support services may not be available and affordable in most the places, some of them are available or could be established.

With care and support, PLWHA can lead a positive life in their community. Some PLWHA may decide to disclose their HIV status to the society and actively participate in BCC and advocacy. Their testimonies can make such a strong impact on people's attitude and behaviour that more people become motivated to change their sexual behaviour and attitude toward PLWHA, and to participate in VCT. In this way, the circular flow of people as illustrated in the figure is strengthened.

VCT plays another important role in prevention. It motivates those with negative results to remain uninfected and take preventive measures. Some highly motivated people may become advocates of safer sex, abstinence and VCT, and also contribute to reduction of the stigma and discrimination surrounding HIV/AIDS. The flow of people is again boosted. In the figure, double circular flows of people are created with VCT at the centre.

The more people come to know their own HIV status through VCT, the more people become conscious of avoiding risky behaviour. The more PLWHA receive early care and support, the more the impact of HIV/AIDS on the society is mitigated.

*ATOMM* will help programme planners and managers to visualise the total situation of client-centred management of HIV/AIDS programmes. It calls their attention to strong coordination and collaboration to create substantial linkages among SRH and HIV/AIDS interventions. The synergy among the interventions created through operationalisation of *ATOMM* will contribute to accelerating the attainment of the goal of halting and reversing the spread of HIV/AIDS.



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