

FEDERAL CENTRE  
FOR HEALTH EDUCATION



WHO-COLLABORATING CENTRE  
FOR HEALTH EDUCATION

International Consultation

on

Public Education and AIDS-Prevention

18 - 20 October 1987

Cologne, F.R.G.

SUMMARY REPORT

by

Steven Wayling

**ARCHIVEXEMPLAR**

140015

Reg.-Nr.: 14.15.e

### SUMMARY REPORT

Responding to the recommendations put forward at the WHO/EURO meeting on "AIDS diagnosis and control: current situation" (Munich: 16-18 March 1987), the Federal Centre for Health Education, a WHO collaborating centre for health education, convened a meeting on AIDS - information, education and evaluation. Thirty-two participants from seventeen European countries and the United States attended, as did representatives of WHO/EURO, the Council of Europe, the Federal Ministry of Youth, Family Affairs, Women and Health, and the Federal Centre for Health Education.

In Cologne - the first international meeting oriented to AIDS and health education - the roles, objectives and means of health education in AIDS prevention were examined. Four areas for discussion were outlined in advance to the participants arrival:

1. Review and discuss approaches for health education approaches to AIDS prevention within the European region.
2. Obtain current update of AIDS information measures being undertaken in various European countries.
3. Exchange information on the monitoring and evaluation of such interventions and develop a coordinated approach where feasible.
4. Establish a health education network for an ongoing exchange of information and experiences.

A series of observation and conclusions are attached.

Dr. Elisabeth Pott (Director, Federal Centre for Health Education) welcomed the participants, noting the many countries represented. This interest in AIDS and health education, she continued, reflected the desire for close cooperation between governments, NGO's and inter-governmental organizations to work together to combat the AIDS epidemic. Professor Dr. Steinbach (Director - Health Department, FRG) supported Dr. Pott's comments by bringing attention to the international nature of AIDS and the need, and challenge, to develop avenues of international cooperation. Dr. Desmond O'Byrne (Technical Officer - Education for Health, WHO-EURO) placed health education into the larger perspective of health promotion, identifying the need to focus on well-being and positive health rather than only the negative aspects of AIDS. He explained that this meeting was part of the larger WHO AIDS perspective, and that any outcomes here would be carefully reviewed by the WHO Special Programme on AIDS for possible integration into its global programme.

It was agreed that the entry point to AIDS education is the overriding objective to inhibit the further spread of HIV infection. And education remains the most viable means of combating AIDS in the foreseeable future. As all participating countries have initiated

national campaigns, the consultation focused on the different methods of public education through a series of national presentations, followed by an information bazaar. The bazaar allowed participants to display and exchange country-specific material. This proved an effective means of disseminating information and afforded participants an opportunity for informal discussions on areas of individual interest.

It was readily apparent from the national presentations that many diverse approaches are being taken to AIDS prevention. These ranged from general information programmes for the whole population (U.K.) to programmes specific to encouraging condom use (France). From programmes that made strong use of the media (Norway) to ones that used the educational system (U.S.S.R.). Some were government sponsored and controlled (Portugal), others were shared with interest groups (Switzerland). Some made use of humour (Norway) while others maintained a factual, straightforward approach (Poland). An evaluation of each programme and approach was advocated in order to determine the best means of health education given different socio-economic factors.

Following presentations from twelve countries, and European presentations from WHO-EURO, three working groups considered the means to a coordinated public education approach to AIDS prevention. During these sessions, members considered how best to utilize the conceptual approaches of health promotion and the lifestyles concept. Within these discussions, participants also addressed the issue of monitoring and evaluating AIDS programmes.

In all areas, it was agreed that health educators must shoulder this unprecedented responsibility, and, where feasible, the existing approaches and infrastructures should be used. The challenges presented by AIDS should be incorporated into the concepts of health promotion, positive health and well-being. Furthermore, all potential educators should be identified, appropriately trained and supported. These might include inter-governmental organizations, non-governmental organizations, voluntary groups and exemplaries such as politicians, teachers, patient representatives, and well-known public figures.

Special attention was given to the changing nature and social aspects of AIDS and the spread of HIV. The group noted the decreased rate of HIV infection in the homosexual population and the increase of HIV infection in intra-venous drug abusers (IVDA) and prostitutes. These last two groups are difficult to access and present the greatest threat for spreading the infection in the heterosexual population.

Using the lifestyle concept, groups members focused on the interplay between the individual and environmental factors which influence lifestyle. While it was acknowledged that technical interventions at the individual level are a prerequisite, it was also seen as critical that health education address the larger issue of socially determined patterns of behaviour. In this context, the difficulty in trying to change individual behaviour was recognized and the associated need for health education to focus on collective health. But it was noted that as there is no absolute definition of health, there is no absolute ideal lifestyle.

## Observations and Conclusions

1. Although AIDS presents new dilemmas for educators, prevention and management actions should, when possible, use the existing infrastructures, programmes, projects and concepts for education, information and research.
2. The AIDS issue must be kept in a proper perspective. It cannot be allowed to consume all our energies and resources to the detriment of other responsibilities.
3. The explicitness of AIDS material is dependent on the intended audience and information source.
4. Health educators must make use of all potential educators (multipliers) with access to the general population and target groups. Proper training and support is, however, a prerequisite.
5. Health educators must be prepared to utilize and cooperate with other professional groups, e.g. marketing/advertising specialists and economists. Information and evaluation strategies should be developed by health educators in consultation with other professional groups.
6. A health education network of expert and interest groups should be developed to facilitate an intra- and inter-national exchange of information in a timely and ongoing basis.
7. The consultation recognizes that political interests are inherent in the AIDS issue. Two sub-groups are identified: interest groups including the media, patient representatives, public groups, educators and physicians; and politicians and policy-makers with individual loyalties. These sub-groups, for the most part, have vested interests that should be considered.
8. The consultation recognizes the cultural bias in the AIDS issue, e.g. attitudes and legislation towards sexuality vary by country and region. But although the content of health education strategies may not be applicable across national boundaries, general concepts and techniques can be useful, regardless of culture, and should be shared.
9. Health educators should encourage safe behaviours rather than attempt to change lifestyles. They should accept varied lifestyles and thereby encourage social tolerance by their example.
10. Although specific high risk groups are known, they should not be unnecessarily promoted in the mass media. This only fosters an atmosphere of intolerance and social unrest.
11. The issues of HIV testing and HIV positive individuals requires, and merits, detailed examination. And although prevention is the priority, the care and support of sero-positives is seen as a natural extension of the health educators role.

12. Health educators should be concerned with the prevention, control and care aspects of AIDS rather than any hidden agendas.
13. The participants of this consultation find the undue emphasis on fear in the WHO AIDS logo incompatible with WHO's emphasis on positive health and health for all.