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WHO-COLLABORATING CENTRE  
FOR HEALTH EDUCATION

**V<sup>th</sup>** European Consultation  
on Public Education and  
AIDS-Prevention  
“State of the Art and Perspectives in  
an integrating Europe”  
Cologne, 17 – 19 November 1991

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Vth European Consultation on Public Education and AIDS Prevention

"State of the Art and Perspectives in an integrating Europe"

Cologne, 17 - 19 November 1991

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## Vth European Consultation on Public Education and AIDS Prevention

### "State of the Art and Perspectives in an Integrating Europe"

Cologne, 17 - 19 November 1991

#### Introduction

The Vth European Consultation on Public Education and AIDS Prevention, held in Cologne, Federal Republic of Germany (FRG), from 17 - 19 November 1991, was organised by the Federal Centre for Health Education (FCHE), Cologne, in cooperation with the Regional Office for Europe of the World Health Organization (WHO/EURO), Copenhagen.

The previous consultations discussed Public Education for AIDS (1987), AIDS and HIV in the Workplace (1988), Youth and AIDS (1989) and AIDS and Drugs (1990).

40 experts from 18 countries, from Norway to Greece and from Ireland to Hungary, were invited to this Consultation.

This Vth Consultation focused on critically taking stock of experience in AIDS prevention and drawing up perspectives for future prevention work in an integrating Europe with special regard to the countries in Central and Eastern Europe.

As an introduction to the debate, there were two presentations on epidemiology:

- the European Perspective, by Dr. Svein Erik Ekeid, WHO/EURO, Copenhagen
- the German Perspective, by Prof. Dr. Meinrad Koch, AIDS Centre of the Federal Health Office, Berlin.

The situation in the reunited Germany and in Central and Eastern Europe was to be discussed.

Two keynote papers on AIDS Prevention Programmes were presented:

- Developments and perspectives in countries with established AIDS prevention structures, by Kay Wellings, EC Concerted Action on Assessment of AIDS/HIV Prevention Strategies
- Developments and perspectives in countries establishing AIDS prevention structures, by Dr. Zofia Slonska, Institute for Cardiology, Warsaw

Following the two keynote papers, a selection of country reports, which widened the spectrum of experience, was given.

In the working groups, the aspects of the keynote papers as well as of the country reports were discussed in greater detail.

A bazaar of AIDS prevention materials, compiled by the participants, enabled them to examine the concepts and ideas used in this field on a Europe-wide basis.

Vth European Consultation on Public Education and AIDS Prevention

"State of the Art and Perspectives in an Integrating Europe"

Cologne, 17 - 19 November 1991

**Scope and Purpose**

The Federal Centre for Health Education (FCHE), Cologne, a WHO Collaborating Centre for Health Education, organises annually, in cooperation with the Regional Office for Europe of the World Health Organization (WHO/EURO) Copenhagen, a Consultation on Health Education and AIDS Prevention. This year's topic is: "State of the Art and Perspectives in an Integrating Europe".

This Vth Consultation will focus on and critically take stock of experience in AIDS prevention and will draw up perspectives for future prevention work in an integrating Europe with special regard to the countries in Central and Eastern Europe.

At the first Consultation on Health Education and AIDS Prevention in 1987, national AIDS prevention campaigns were new. Different approaches, which could not have been evaluated at that time, were presented.

In the meantime, Health Promotion and Health Education as a means of HIV prevention are relatively well established in Western Europe. Structures and working methods are fairly stable. The experimental stage in AIDS prevention is over and a first state of the art can be drawn up.

In the countries of Central and Eastern Europe (as well as in the five new Federal "Länder"), it has, after the opening of the borders, become an urgent necessity to build up extensive and systematic AIDS prevention programmes. These countries could profit from Western European experience.

WHO/EURO has developed a special working programme for Central and Eastern Europe. Background papers about the situation in the various countries have been prepared. Several meetings on different aspects of AIDS prevention have been organised. Complementary to this, the Vth European Consultation will concentrate on Health Education and Health Promotion in AIDS prevention.

The Vth European Consultation will specifically discuss:

- information of the general public
- access to special target groups (personal communication)
- monitoring and evaluation

by a selection of country reports and practical illustrations of health education strategies and methods.

A wide range of measures against AIDS, relating to concepts, strategies, media and materials of the European countries, will be presented at a "bazaar" in order to exchange and stimulate information and ideas.



Vth European Consultation on Public Education and AIDS Prevention

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Programme

Sunday, 17 November 1991

- |           |  |
|-----------|--|
| 14.00 hrs | Registration   |
| 15.30 hrs | Opening of the Consultation<br>Welcome<br>Statements of participating organisations: <ul style="list-style-type: none"><li>- Federal Centre for Health Education,<br/>Dr. Elisabeth Pott, Director</li><li>- World Health Organization, Regional Office<br/>for Europe,<br/>Svein-Erik Ekeid</li><li>- Federal Ministry of Health,<br/>Franz Josef Bindert</li></ul> |
| 16.45 hrs | Coffee break   |
| 17.00 hrs | Plenary session<br>"Epidemiology of AIDS and HIV-Infection in Europe" <ul style="list-style-type: none"><li>- Svein-Erik Ekeid<br/>WHO, Regional Office for Europe, Copenhagen</li><li>- Prof. Dr. Meinrad Koch,<br/>AIDS Centre of the Federal Health Office, Berlin</li></ul>  |
| 19.00 hrs | Reception  |
| 19.30 hrs | Dinner   |

**Monday, 18 November 1991**

- 09.00 hrs                    **Plenary session**  
Developments and perspectives in countries with  
established AIDS prevention structures  
- Kaye Wellings, EC Concerted Action on Assessment of  
  AIDS/HIV Prevention Strategies
- 09.30 hrs                    **Country reports**  
- NL: Maria Paalman  
- USA: Fred Kroger  
- I: Christine Giovanelli  
- D: Ute Fillinger/Jürgen Töppich
- 11.00 hrs                    **Coffee break**
- 11.15 hrs                    **Working Groups**  
Key elements of the present situation and perspec-  
tives for the future
- 12.30 hrs                    **Lunch**
- 14.00 hrs                    **Plenary session**  
Developments and perspectives in countries establish-  
ing AIDS prevention structures  
- Dr. Zofia Slonska, Institute for Cardiology, Warsaw
- 14.30 hrs                    **Country reports**  
PL: Dorota Cianciara  
BG: Dimiter Kujumdjiew  
CS: Zdenek Kucera  
RO: Doortje Braeken
- 16.00 hrs                    **Coffee break**
- 16.15 hrs                    **Working Groups**  
Key elements of the present situation and perspec-  
tives for the future

- 17.30 hrs                    **Setting-up of display stands by participants**
- 18.00 hrs                    **Opening of Bazaar**
- 19.30 hrs                    **Dinner**
- 20.30 hrs                    **Bazaar**  
- Market place  
- Exchange of information and experience  
- Presentation of print and audio-visual media

**Tuesday, 19 November 1991**

- 09.00 hrs                    **Plenary session**  
Perspectives for AIDS prevention in an integrating  
Europe  
- Katinka de Vries, WHO/EURO
- 09.30 hrs                    **Working groups**
- 11.00 hrs                    **Coffee break**
- 11.30 hrs                    **Plenary session**  
Reports from Working Groups  
Report from the Rapporteur  
Adoption of recommendations  
Closing statements

**Consultation Venue:**

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Vth European Consultation on Public Education and AIDS Prevention  
"State of the Art and Perspectives in an Integrating Europe"  
Cologne, 17 - 19 November 1991

Topics and Results

Introduction

In November 1991, more than 40 experts from 18 countries assembled for the European AIDS Consultation which, since 1987, has been organised by the Federal Centre for Health Education (FCHE) in cooperation with the European Regional Office of the World Health Organization.

In her opening address to the Consultation, the Director of the FCHE, Dr. Pott, greeted the participants and extended, in particular, a warm welcome to the representative of the WHO European Regional Office, Svein-Erik Ekeid, and the representative of the German Ministry of Health, Franz Josef Bindert. She outlined the following topics as possible focal points for an exchange of information and discussions:

- The securing of information, also necessary in the future, on the general population since, in those countries with a developed educational structure for combating AIDS, both concern and resources are threatening to decline and, in other countries, are already lower from the outset.
- Coping with new dangers resulting from open frontiers, growing sexual freedom and the increasing availability of illegal drugs.
- Harmonising the quite different messages currently being promulgated in Europe while simultaneously protecting the cultural differences between countries.

Mr. Bindert confirmed how exemplary the strategies for combating AIDS as far as the whole modern health protection strategy is concerned and also what an important role is assumed, amongst others, by the motivation to personal responsibility and solidarity, the use and strengthening of self-help, as well as the link to a network of primary-to-tertiary help. He spoke in favour of an increasing integration of measures in general health policy in which, however, the special threat of infection by HIV still had to be taken seriously.



The individual Country Reports and Summaries on particular aspects, insofar as they were presented in plenum, are available in written form. Those interested can apply to the Federal Centre for Health Education for a copy of the original version (either in German or English).

Altogether, the plenary reports, the supplementary statements and discussions in the Working Groups, as well as the information presented at the evening Media Bazaar, gave most impressive picture of how extraordinarily multi-faceted and diverse the situations and interventions in different countries are. At first sight, it might even seem that the sheer variety was the greatest common factor between the countries. In order to move beyond such an impression, this Report avoids an additive repetition of many individual items of information, concentrating instead on the several tangible points, the main lines of thought and broad overlapping interrelationships, frequently utilising the means of abstraction and simplification.

The structure of the Report follows the arrangement used for the Consultation: firstly, countries are dealt with that already have an established AIDS prevention structure, then countries with a developing structure and, in conclusion, the possible and desirable forms of transnational working correlation.

## 1. Countries with Established AIDS Prevention Structures

All these countries in practice follow a more or less common prevention philosophy with a variety of common standards which, in the meantime, have almost become so normal that they have shifted to the back of our consciousness and are no longer referred to explicitly. Further, and more or less simultaneously, all these countries are subject to a common "competitiveness" in the general trend of their development with the resultant restructuring of their AIDS prevention programmes.

### 1.1 Common Standards

- 1) With regard to measures against AIDS, such as prevention and the promotion of solidarity, the preferred approach is that which encourages personal responsibility and self-control rather than the approach based on individual supervision and restraint.
- 2) For the application of measures, a strongly differentiated spectrum of target groups is considered, each of which can be addressed using various communication strategies (and so give a finer, sociologically motivated division in contrast to the statistically motivated division in the high-risk groups).

Ms. de Vries, from the WHO European Regional Office, named the target groups, into which future prevention strategies in central and eastern European countries will also be differentiated, as being: the general population; young people both in and outside school; homosexuals; prostitutes and their clients; persons receiving treatment for sexually transmitted diseases; people in prison; military personnel; injecting drug-takers; ethnic minorities; persons infected with HIV or ill with AIDS-related diseases; women of child-bearing age; business travellers; tourists.

- 3) From the results of more recent evaluation and research work, additional and highly specialised sub-groups are being identified within the target groups:
  - very young persons from 12 years of age, who are already exposed to a real risk of infection but who, at this young age, have not yet been reached by behaviour-relevant education measures.
  - the next generation of homosexuals who, according to the unanimous opinion expressed in the reports from international congresses, are more reckless than the generation who modified their behaviour in response to the historical "AIDS shock".
- 4) The problem of undefined limits and reciprocal overlapping between target groups is being increasingly recognised and taken seriously in practice. Unrealistic and rigid thinking is being rejected. The first (but certainly not the last) example of this aspect is the hard-to-name circle of persons who, every now and again, have homosexual relations but who, nevertheless, reject the label of "gay". A Norwegian poster shows us this reality without words: a man and a woman are cuddling each other on a park bench but, at the same time, he is holding hands behind his back with another man who is sitting somewhat to one side.
- 5) Different target groups are being addressed with differing degrees of both intensity and resources. Characteristically, in assigning the resources, optimum weighting of the various factors must be achieved. Thus, primary prevention for persons with high-risk behaviour justifies supplementary efforts for a responsibility-promoting climate in the whole population. Because of the undefined target group limits (see above), this can only be managed by addressing a much wider circle than simply those at high risk.
- 6) The different messages given to various target groups have, to some extent, become a focus of attention. In addressing the general population in Germany, for example, a prominent place has been given to messages of solidarity, whereas, for target groups with a high infection risk, the messages emphasised are those which demonstrate and strengthen preventive behaviour.
- 7) Apart from the messages, the information material and media are also tailored to suit the respective target group. This has been more successful in recent years, partly as the result of increased experience, and partly because a growing public acceptance, together with a changing use of language, made a pragmatic working approach easier.
- 8) In general, the basic principle followed is: pragmatic restriction to health policy objectives without any associated moral aims. That means avoidance of discrimination or, expressed in a positive way, an acceptance of the lifestyle chosen by the target groups.

The representative of the non-governmental German AIDS HELP Organisation pointed out very clearly that the possibilities for prevention among disadvantaged and stigmatised groups can only be fully exploited when, beyond simple acceptance, a development of a positive identity, of emancipation, is promoted.

- 9) The inclusion of non-governmental organisations is given high importance in specifying target groups. Such organisations are given structural assistance and material support in every country, even though they may not have an equally long tradition or similar practical expertise.
- 10) Arising out of the special structures for AIDS prevention, there is an international trend towards AIDS integration concerning general themes and structures - for example, sex education, prevention of sexually transmitted diseases and general health education and health promotion.
- 11) As a supplement to mass communication measures, measures of personal communication have been introduced (as, for example, the campaign presented by the FCHE), partly with the target groups directly and partly strengthened using multipliers. Either in association or as an extension to these measures, outreach work is carried out and promoted as a valuable supplement.
- 12) In all the programmes against AIDS, the unanimously agreed principle of "not only but also" is followed. By using measures in combination and simultaneously, different (but, of course, compatible) aims, messages, sponsors, ways of communication and information material, a synergistic effect should be made possible. Additionally, planned campaigns can be supported, for example, by the (less easily planned) civil courage of the individual person, just as was the case during this Consultation when the activities of the basketball player "Magic" Johnson became so highly topical.

## 1.2 Common Trends

The indications are that, now and in the near future, AIDS prevention in all western countries is becoming more and more a dilemma between a growing problem situation and a declining problem-solving potential.

The problems reveals itself at the epidemiological level, indicating a further progression in the spread of the virus and, in association, an increase in the incidence of illnesses. There is, as yet, no sign of a reversal of this trend. For special target groups, there is even a disturbing repetition in the rising number of new infections. From the point of view of their behaviour, it seems as if the next generation as a whole - young homosexuals in particular, however - are being less influenced by the prevention campaigns than the previous generation 5 or 6 years ago.

Increasing assistance is also indicated at the social level, namely solidarity with the especially endangered and HIV infected persons. A possible test for practical solidarity is, for example, whether the support and lobby work being provided by society as a whole is adequate to cover the rising financial requirements for the care of HIV and AIDS-infected persons. There are already signs that solidarity among the general population in respect of AIDS budgets has reached its limits.

On the other hand, the potential for implementing prevention measures and making them effective is becoming less:

Firstly, there are reports that, either at present or in the foreseeable future, the financial resources for campaigns will either stagnate or even be reduced. The resultant task will be either to achieve the same necessary results with less money, or particular measures and actions will have to be cut. The Working Group discussions indicated that neither of these two options gave a clear direction for the future.

Secondly, western countries are now making the common experience that, following the crisis situation and widespread furor of 5 years ago, the general interest shown in AIDS has declined strongly (and not only among the general population but also among the special target groups). This means that the threshold of resistance towards the same messages and the same behavioural decisions is thus higher than it was 5 years ago. It also means that, even assuming a constant expenditure of effort on prevention work, the tendency is for the effect of messages and measures on the target groups to be on the decline. Reckless behaviour is now more likely to occur and, owing to advanced epidemiology, this is also more risky than it was in previous years.

The dilemma described above, between a growing problem situation and a declining problem-solving potential, necessitates quantitative and qualitative restructuring of the established AIDS programme. A question which still needs to be answered is how more can be achieved with less. Since central and eastern European countries are being confronted by an even greater resource dilemma, it is possible that the new solutions, which may be expected to develop there, could also serve as stimuli for western countries.

## 2. Countries with Developing AIDS Prevention Structures

The present danger of becoming infected and of a further spread of the virus is still extremely low. This epidemiological situation is, on average, comparable with the situation in western Europe 5 years ago. A similar constellation, where there was an advanced epidemiological situation in one geographical region, but a delayed spread of many years in another, existed between the USA and western Europe. The practical consequence which may be learned from this constellation is: "Use the lead! Intervene as early and as effectively as possible." In his presentation, Svein-Erik Ekeid also came to this fundamental imperative. It can, at the present time, be applied to AIDS prevention in central and eastern European countries.

Thus, it would be a great temptation to press forward with such analogies and to attempt a much wider transfer of experience from the initial and subsequent AIDS prevention measures to future programmes in central and eastern Europe. However, there are three particular factors against this idea.

## 2.1 The Problem

The future epidemiological development will not tend towards a steady and continuous process but rather to an accelerating one (but which cannot be calculated with any great precision and is furthermore disputed). The probabled dynamic factors are, among others:

- through the opening of national frontiers, population mobility and migration between East and West will increase which can increase sexual contact and the risk of infection
- with increased purchasing power, the market for illegal drugs will increase or become established
- with higher rates of unemployment and simultaneous sex tourism from western countries, an increase in prostitution can be anticipated
- with the liberalisation of social conventions and laws, coupled with the simultaneous creation of new possibilities for social contact (e.g. discos, newspaper personal columns, sex shops), sexual liberality will spread.

## 2.2 Conditions for Action

The establishment, implementation and effectiveness of prevention measures meets with a number of very special problems. Such problems can take the form of limitations, obstacles and shortcomings. To name only the most important:

- 1) An obstacle can, for example, be the legal situation, such as where homosexual contact is unlawful (or was unlawful until recently).
- 2) An obstacle can be an handed-down custom or moral adopted by a society which already makes any references to sexuality largely taboo.
- 3) Such an obstacle can be strengthened and confirmed against the background of religious influence.
- 4) A further obstacle is alcoholism. The present normally high rates of alcoholism favour a high readiness to take risks. It is possible that the problems of economic equalisation will bring about a further increase in alcoholism and thereby reduce still further personal responsibility for safe sex.

- 5) The general public interest in the topic of AIDS has now become relatively low. At a time of radical change in the current political and economic situation, other anxieties and cares have assumed a much higher relevance in the public mind. This also affects persons with a statistically higher degree of risk, particularly consumers of illegal drugs, homosexuals and prostitutes.
- 6) Public trust in government authority and the media, as well as trust between professional workers themselves, is low, as a result of the experience gained with other political regimes.
- 7) In the present phase of the epidemic, they can no longer count on the particular élan and creativity of organisers and sponsors of measures which, as in the earlier years of the AIDS shock, so inspired western prevention programmes. Often, it is not easy to recruit and motivate volunteers for non-governmental organisations.
- 8) In the present economic and political restructuring phase, their own financial possibilities are limited, at least in comparison with western countries.
- 9) Further efforts are required to make good-quality condoms and disposable needles available quickly and cheaply.
- 10) The initial assistance and supporting measures begun by various western organisations are highly inadequate, or not even coordinated, so that uncertainties and obstacles are created.

When considered together, these obstacles and shortcomings show that the conditions for action are essentially less favourable than they were during the comparable epidemiological situation in western Europe.

### 2.3 The Choice for Practical Interventions

Faced with increasing dangers on the one hand and mounting obstacles to intervention measures on the other, it would be particularly useful to know, with regard to the establishment of new structures, which measures

- have the best effects
- have the least undesirable side effects
- and are the most economical.

It would also be valuable to be able to learn from the successes and failures of western prevention campaigns. However, the evaluations of western intervention strategies are mostly inadequate for this purpose, since:

- evaluation results for individual measures are often lacking;
- critical analyses of inadequacies and failures are lacking or, at least, there are no reports available;
- only new knowledge and abstract attitudes are proved while no indications are given as to which measures produce emotional learning and behavioural changes;

- a composite evaluation of all the measures carried out in a country is prepared. However, it is no longer possible to identify either the contribution to the total effect made by an individual measure or the contribution to the total effect made by external historical, or even quite unique, conditions.

Thus, the theoretically conceivable possibility for an immediate build-up of new prevention structures based on measures already tested as being the most effective and economical, is, in practice, not available.

It is all the more noteworthy how original and up-to-date the approaches and forms of such new structures can be. The first examples reported so far mentioned:

- that, in the Czech and Slovak Federal Republic, bold new concepts of social marketing are being worked on,
- that many countries are considering building up a modern comprehensive sex education concept in association with AIDS prevention,
- a measure from Hungary, which received much attention, where street-workers from the ethnic minority group of gypsies were to be trained to work amongst their own people,
- in conclusion, which was very inspiring for participants to hear, the innovative and exploratory enthusiasm with which ancient barriers of silence are being crossed when, in a holiday project, young people learn for the first time to speak openly with each other about sexuality.

In respect of all these and other unnamed projects, the question arises how the wishes for support can be most sensibly fulfilled.

### 3. Possibilities for Support and Cooperation

In view of the special features of the present situation, as presented, and the conditions in the countries with an established prevention structure, it would certainly be an illusion to hope for a methodically calculated transfer of programmes and interventions from western to eastern countries.

But, as summarised in Section 1 of this Report, those sharply differentiated standards of programme development and management which have been jointly developed over the years are certainly usefully transferable. Expressed another way, what is transferable is the "Philosophy of Prevention Work" in general.

Still further, however, other and more practical possibilities may be visualised. As demonstrated by the wide interest shown by participants at the Consultation, both in the group discussions and at the presentations and conversations in the Media Bazaar, particular value is attached to a lively, collegial exchange of experience. Its function is less the transfer of knowledge and more:

- a market for ideas and a stimulus for personal development and adaptation,
- a source of help for one's own problems, the defining of aims and project designs,
- motivation, stimulation and encouragement for personal activities.

In order to fulfil these three supporting functions, various forms of cooperation could be built up between countries with already established prevention structures and those countries where such structures are in development:

- sponsorship and partnership at all levels: between countries, projects, institutes and individuals;
- bilateral consultation and coordination between countries with developing structures;
- harmonisation and coordination of supporting measures from western countries at all levels;
- establishment of cooperation networks;
- participation in transnational projects, such as "Healthy City";
- development of a joint European prevention campaign.

In the Recommendations, which have been jointly elaborated in the Working Groups, these possibilities are considered in greater detail (see next section).

With special reference to future European AIDS Consultations, the suggestion is made to aim more strongly for a workshop character as a means of stimulating the exchange of experience. Also, it would be useful to focus attention on special themes as, for example, "The Planning and Preparation of Projects", "Management of Projects", "Expert Supervision for Social Marketing" or "Evaluation of Measures".

It is right that central and eastern Europe should stand poised between the pressure to act and the restraint to act. But perhaps it is precisely the duality of this situation that will force a creative, artistic solution which might also be stimulating for other countries.

In the coming years, it could be particularly rewarding to attend AIDS seminars in central and eastern European countries. There, participants will be able to say with justification, just as Fred Kröger from the USA Centre of Disease Control said to us at the beginning of his contribution, "I came to listen and to learn".



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**Statement and Recommendations**

The Vth European Consultation on Public Education and AIDS Prevention "State of the Art and Perspectives in an Integrating Europe" described in its presentations, its supplementary information, its discussions in the working groups and in the material presented in the media bazaar, a very imposing picture of the multi-faceted situations and the various interventions in the different countries.

The participants at the Vth Consultation tried to outline common ways of action, taking into account and respecting social and cultural differences. Furthermore, they tried to remove international barriers and obstacles to effective AIDS prevention strategies.

The participants at the Vth European Consultation realised that a methodological transfer of programmes and parts of the AIDS prevention strategies of Western European countries to Central and Eastern European countries was tempting but, impracticable at the moment. Rather, a lively and friendly exchange of information would be more important and might be realised in bilateral cooperations.

At the end of the Consultation, the participants recommended the following:

**Support Directory**

We recommend that WHO Europe should complete a directory of individuals able to offer advice and guidance on issues such as training, evaluation, use of the media, community development, etc.

**Training**

We recommend that WHO should fund and organise a training programme for a limited number of selected personnel in Central and Eastern Europe. These people would provide the basis of a resource for further training that can take place at national level.

### NGO's and ASO's

The role of NGO's and ASO's has been critical in HIV prevention in every country. We recommend WHO to provide practical support for nurturing the effectiveness of these embryonic groups in Central and Eastern Europe to operate within their developing national structures by:

- a) funding individuals and groups to participate in consultations/conferences organised by NGO's and ASO's in other countries, to include sessions aimed at people who are HIV positive, people with AIDS, drug users, or specific events such as the International Lesbian and Gay Association Conference.
- b) promote twinning of NGO's across borders
- c) consider organising specific consultations at national level to facilitate and promote greater networking; recognising the restrictions that inadequate resources, limited skills and experience will have on the ability of these organisations.
- d) encourage the formal statutory bodies to recognise the partnership role of effective NGO's and ASO's.

### Implication of Opening Borders

We recognise that the opening of borders between Eastern and Western Europe has implications for the spread of HIV. We urge WHO and member states to facilitate cooperation and exchange of information and experience at many levels to combat this spread. This can happen at different levels: government, community, consultations and by means of training workshops and study visits amongst countries.

It is important to recognise that the HIV epidemic has highlighted areas of discrimination and marginalisation which, particularly in a climate of changing social and political circumstances in CCEE, must be dealt with specifically. Therefore, we recommend a health promotion programme related to national priorities.

### Integration of HIV/AIDS Education

We recommend that HIV/AIDS educational activities be integrated into a broad health promotion programme in order to enhance impact. This integration is necessary because knowledge of HIV/AIDS is inextricably linked to sexual health and relates directly to issues such as sexually transmitted diseases, drug and alcohol and life-style issues. This is particularly important in the area of school health education.

### Messages

We recommend that WHO should facilitate consistency in disseminating prevention messages by organising a consultation to consider the vast range of messages (true, untrue and unclear) currently circulating to facilitate the compilation of relevant HIV prevention messages based on up-to-date information. This consultation should establish core messages which can be used throughout Europe and which could be disseminated from a WHO collaborating centre. It should also develop proposals for continuous monitoring and evaluation of these messages. A list of terms should be included with an indication of their accuracy, strengths, weaknesses, desirability and applicability in different contexts.

### Evaluation

To evaluate educational strategies and plan for future interventions, we recommend that member states and WHO support a European survey comprising core questions being asked of the general public. This could be supplemented by additional questions specific to national contexts to ascertain patterns of behaviour more accurately.

To complement these initiatives, we recommend the establishment of technical centres of excellence to act as clearing houses which can be readily accessed by those requiring the relevant service (e.g. an evaluation centre along the lines of the Paris Epidemiological Centre).

Furthermore, we recommend the facilitation of cooperation between countries in the selection of useful indicators with which to measure the strengths and weaknesses of interventions.

More intervention - linked research should be initiated in order to determine the most effective and efficient health promotion activities.

Recognition of the value of basic research in shaping programme design and content is vital. Initially, this should be through consultation of people recognized as having expertise in this area, for them to produce their own recommendations for future cooperation.

Produce a compendium of case studies with important illustrative lessons for public education.

### Declining Resources

Declining resources make it necessary for priority activities. Costly interventions like face-to-face education should be reserved for high-risk individuals. Other target groups should be reached by more cost-effective methods.

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Vth European Consultation on Public Education and AIDS Prevention

"State of the Art and Perspectives in an Integrating Europe"

Cologne, 17 - 19 November 1991

List of Working Papers

Statements of Participating Organisations

Dr. Elisabeth Pott, Director, Federal Centre for Health Education, Cologne,  
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"State of the Art and perspectives in an integrating Europe"

Svein-Erik Ekeid, Regional Coordinator, World Health Organization, Regional  
Office for Europe, Copenhagen, Denmark

"Principles of prevention in national HIV/AIDS control programmes"

Background Papers

Svein-Erik Ekeid, Regional Coordinator, World Health Organization, Regional  
Office for Europe, Copenhagen, Denmark

"Epidemiology of AIDS and HIV infection in Europe"

Prof. Dr. Meinrad Koch, AIDS Centre of the Federal Health Office, Berlin,  
Federal Republic of Germany

"Present Status of Epidemiology of HIV/AIDS in the Federal Republic of  
Germany"

Kaye Wellings, Academic Dept. of Public Health, London, Great Britain

"State of the art and perspectives in an integrating Europe"

Dr. Zofia Slonska, Institute of Cardiology, Warsaw, Poland

"Developments and perspectives in countries establishing AIDS prevention  
structures"

Country Reports

Fred Kroger, Director, National AIDS Information and Education Programme,  
U.S. Centres for Disease Control, Atlanta, USA

"HIV prevention efforts in the USA"

Christine Giovanelli, Assessorat für Sozial- und Gesundheitswesen der auto-  
nomen Provinz Bozen, Südtirol, Italien

"Überwachungssystem der HIV-Infektionen in der autonomen Provinz Bozen"

Jürgen Töppich, Bundeszentrale für gesundheitliche Aufklärung, Köln, Bundesrepublik Deutschland

"Ausgangssituation und Perspektiven für die AIDS-Aufklärung in den östlichen und westlichen Bundesländern der Bundesrepublik Deutschland 1990/91 - auf der Grundlage vergleichender repräsentativer Befragungen"

Dr.Dr. Wolfgang Müller/Ute Fillinger, Bundeszentrale für gesundheitliche Aufklärung, Köln, Bundesrepublik Deutschland

"Die AIDS-Präventionsarbeit der BZgA"

Dr. Dimiter Kujumdjiew, Bulgarian Red Cross, AIDS-Telefon-Sofia, Bulgaria

"AIDS-Prävention - Erfahrungen und Perspektiven"

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