FEDERAL CENTRE
FOR HEALTH EDUCATION

WHO-COLLABORATING CENTRE
FOR HEALTH EDUCATION

VIth European Consultation on AIDS Prevention Education: "Possibilities of Applying Peer Involvement Approaches in HIV Prevention" Cologne, 1 to 4 November 1993

Bundeszentrale für gesundheitliche Aufklärung

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Bundeszentrale für gesundheitliche Aufklärung, Ostmerheimer Straße 200, D-51109 Köln
Tel.: (0)221/8992-0 Fax: (0)221/8992-300 Telex 8873658 bzga d

VIth European Consultation on AIDS Prevention Education:
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Introduction

The VIth European Consultation on AIDS Prevention Education, organised by the Federal Centre for Health Education (FCHE), Cologne, in collaboration with the World Health Organization/Regional Office for Europe (WHO/EURO), Copenhagen, was held in Cologne from 1 to 4 November 1993, and was dedicated to the topic "Possibilities of Applying Peer Involvement Approaches in HIV Prevention".

The consultations held in previous years had already dealt with the subjects "General AIDS Education" (1987), "Health Promotion and Health Education Approaches to AIDS Prevention at the Workplace" (1988), "Youth and AIDS" (1989), "AIDS and Drugs" (1990) and "State of the Art and Perspectives in an Integrating Europe" (1991).

With a total of 60 experts from 20 European countries and the USA, this consultation recorded the most extensive international participation to date.

Its aim was to enable the exchange of, and joint reflection on, experience, to establish contacts between practitioners and to promote individual innovative powers and organisational skills.

Peer involvement approaches were discussed in three subject groups, each comprising one fundamental paper and several concrete project reports:

a) Peer involvement projects in schools and institutions of higher education

b) Peer involvement in youth projects outside schools

c) Peer involvement projects in non-youth-specific sectors

In addition, there were exchanges of experience and expert discussions in three Working Groups. Finally, a media bazaar offered the participants the opportunity to take a close look at concrete projects from all over the world.

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Scope and purpose

The Federal Centre for Health Education (FCHE), a WHO Collaborating Centre for health education and health promotion, in cooperation with the World Health Organization/Regional Office for Europe (WHO/EURO), regularly stages consultations with representatives from institutions for AIDS prevention. The purpose of these events is the mutual, professional exchange of ideas and information on different aspects of health education in the field of HIV prevention.

The topic at the VIth European Consultation, to be held this year, is peer involvement approaches for target group-specific prevention, a strategy which has seldom been used in AIDS education to date. Previously proven models of peer involvement are to be presented, experience discussed and assessed, and possibilities elaborated for further development and use of the models. In this context, the results of the IIIrd European Consultation on the topic: "Youth and AIDS: Health Promotion and Health Education outside Schools" can serve as a basis to some extent.

The term "peer involvement approaches" encompasses all personal-communication prevention activities in which lay-multipliers work in a target group to which they themselves belong as peers. This may involve people of the same age group, people in the same stage of life or people of different age groups who, in a relevant respect, are considered to be equals (e.g. the prostitutes in the same street). Depending on the working method, a distinction is made between "peer education", "peer projects" and "peer counselling".

The following count as advantages of peer involvement approaches:

- Easier recruitment of multipliers
- Wider range of potential uses
- Lower costs for project initiation and implementation
- Improved effects as regards acceptance and model image

The following count as disadvantages of peer involvement approaches:

- Greater demands on motivation for long-term cooperation of the lay multipliers
- Greater dependence on incalculable circumstances
- More time required for project control by professionals
- Greater need for skills in group-dynamics and teaching

Whether the advantages or the disadvantages are more predominant, and to what extent, is not generally dependent on the type of peer involvement project, but more on a confusing multitude of factors, e.g. temporal, local, financial, personal, conceptual and infrastructural circumstances. Evaluations of peer involvement projects are generally not the rule and are, taking into consideration the complexity of gaining success and the effects triggered, practically impossible to conduct. Therefore, it cannot possibly be the aim of the VIth European Consultation to identify one or more "success formulas" from among the projects presented which can be repeatedly applied in all situations as a kind of stock solution.

More importantly, the event will provide an opportunity for the exchange of, and joint reflection on, the experience obtained, for mutual stimulation and contacts, for the promotion of individual innovation and organisational abilities, for the further development of the projects presented, and for the - possibly joint - development of project ideas. In this context, the event is also to serve as a "workshop".

Consideration of approaches to HIV prevention involving laymen could acquire special significance in view of the current situation where, despite an increase in the need for prevention, the available financial means are decreasing and where less costly models must thus increasingly be sought. The possibilities of peer involvement approaches could also prove to be of particular interest to countries which are currently establishing and expanding their prevention structures - especially those in Central and Eastern Europe.

To supplement the event, an "Idea and Media Bazaar" is intended to give the participants the opportunity to learn from concrete activities in various European countries.

Briefing document

DEFINITION:	"PEER INVOLVEMENT APPROACH" = - PREVENTION - BY PERSONAL COMMUNICATION - BY LAY MULTIPLIERS - WHO THEMSELVES BELONG TO THEIR TARGET GROUP

1. PERSONAL COMMUNICATION

Takes place in three forms in practice:

- **Peer counselling:** individual multipliers work with individual addressees
- **Peer education:** individual multipliers work with groups of addressees
- **Peer projects:** groups of multipliers work for groups of addressees, e.g. a theatre troupe for shows in youth centres

2. PREVENTION

Almost all projects relate to **primary prevention**; health counselling by persons with HIV for persons with HIV is only included in exceptional cases; tertiary prevention is never included, but is always assigned to "Assistance".

3. LAY-MULTIPLIERS

"Layman" means the **status**, i.e. working unpaid or for a small fee. "Layman" means **non-specialist skills** and **competence**.

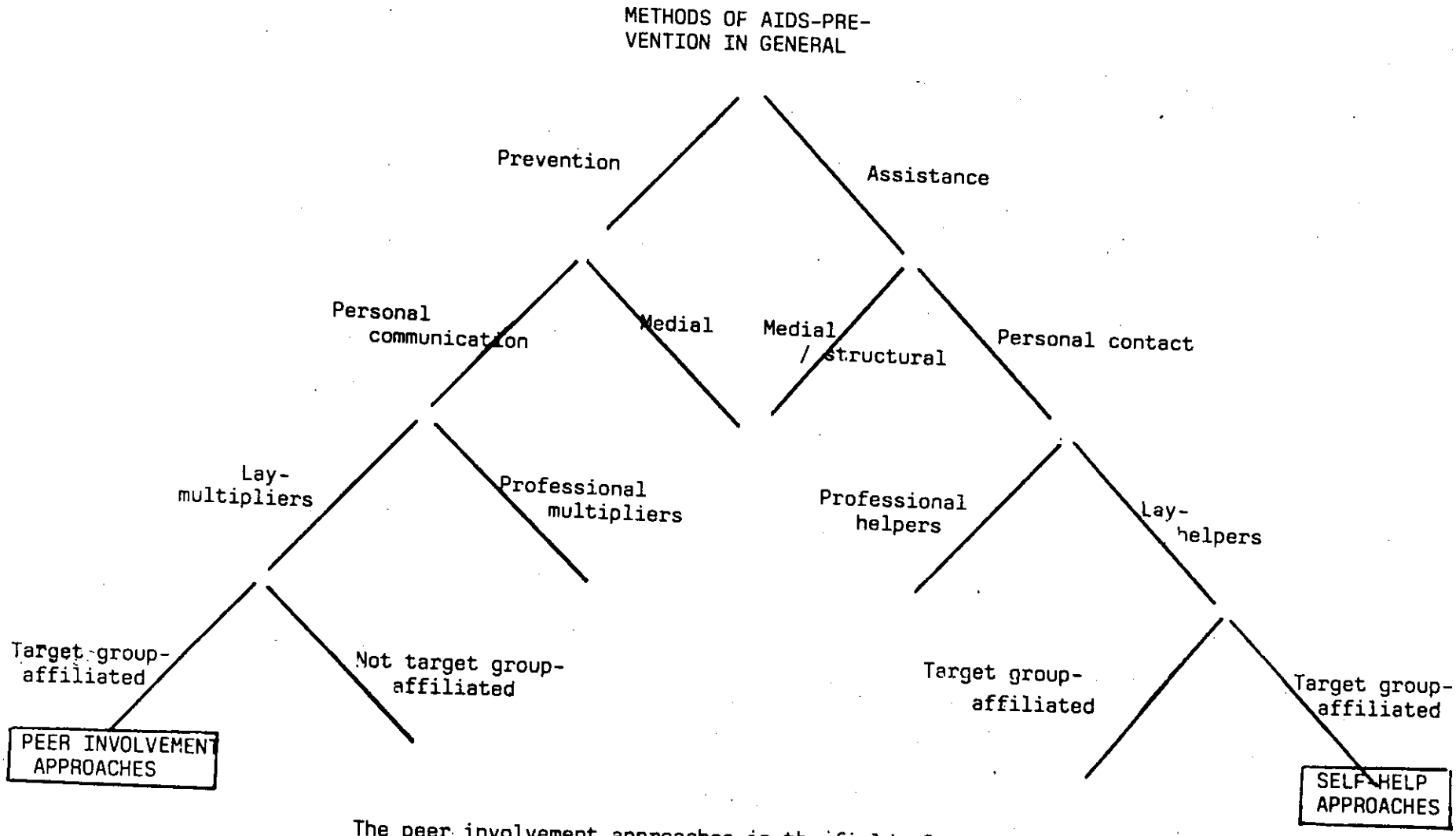
The responsibilities and titles of lay multipliers in projects vary: facilitator, assistant, agent, leader, peer helper, animator, etc.

4. TARGET GROUP AFFILIATION

The equality of the multipliers with the addressees of the target group, i.e. the "peer" relationship, is interpreted with varying degrees of stringency:

- **Same age,** i.e. the same year of birth
- **Same stage in life** or context in life, e.g. high-school pupil, apprentice, person doing alternative military service.
- **Identical status** or same social status (any age), e.g. prostitutes in the same street or town, neighbours in a problem area.

CLASSIFICATION OF PEER INVOLVEMENT METHODS IN THE FIELD OF AIDS-PREVENTION



The peer involvement approaches in the field of prevention correspond to the self-help approaches in the field of assistance.

VIth European Consultation on AIDS Prevention Education
"Possibilities of Applying Peer Involvement Approaches in HIV Prevention"

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Programme

Monday, 1 November

From 2.00 p.m.	**Registration**
4.00 p.m. to 4.45 p.m.	**Welcoming of the participants**
	Opening presentation
	Dr. Elisabeth Pott, Director, Federal Centre for Health Education (FCHE)
	Welcoming addresses Dr. Rudolf Grupp, Federal Ministry of Health (BMG)
	Doortje Braeken, World Health Organisation, Regional Office for Europe (WHO/EURO)
4.45 p.m. to 5.00 p.m.	**Coffee break**
5.00 p.m. to 6.00 p.m.	**Plenary session** Peer Education - A Traditional Approach as an Innovative Method of AIDS Education?
	Doortje Braeken, Rutgersstichting, Netherlands
6.00 p.m. to 7.00 p.m.	**Setting-up of the bazaar**
7.00 p.m. to 7.30 p.m.	**Opening of the bazaar**
7.30 p.m.	**Dinner**

Tuesday, 2 November

9.00 a.m. to 9.30 a.m. **Plenary session**

"Youth Educating Youth" - Projects in Schools
Dr. Ulla Marklund, Stockholm University, Sweden

9.30 a.m. to 11.00 a.m. **Plenary session**
Reports on projects in schools and institutions of higher education

B: Health Promotion and Education (PROMES), Geneviève Houioux, Brussels
D: "School Campaigns by Youths" Project, Ingo Büscher, Berlin
P: Association for Information on Health Education and Promotion, Heitor Manuel Ribeiro da Costa, Lisbon
A: Student Project, Dr. med. Christian Fazekas, Graz

11.00 a.m. to 11.15 a.m. **Coffee break**

11.15 a.m. to 1.00 p.m. **Working Groups**
Recruitment, Training and Guidance of Laymen as Multipliers in HIV Prevention in Schools and Institutions of Higher Education

1.00 p.m. to 2.30 p.m. **Lunch**

2.30 p.m. to 3.00 p.m. **Plenary session**
Organisation and Self-Organisation of Young People in European Countries
PD Dr. Peter Neubauer, Bielefeld University, Germany

3.00 p.m. to 4.30 p.m. **Plenary session**
Reports on youth projects outside schools

GB: IBIS Trust, Amanda Brodala, London
USA: Peer Education Program for Schoolchildren and 'Runaways', Wendy Arnold, Los Angeles
CH: Musical "Take It", Dr. Rolf Mühlemann, Basle

4.30 p.m. to 4.45 p.m.	**Coffee break**
4.45 p.m. to 7.00 p.m.	**Working Groups** Youth Cultures and their Infrastructure as a Source and a Stage for Prevention Projects
7.30 p.m. to 8.30 p.m.	**Dinner**

<u>Wednesday, 3 November</u>

9.00 a.m. to 9.30 a.m.	**Plenary session** Peer Involvement Approaches and Self-Help Approaches - Delimitation, Comparison, Transitions Dr. Ann Richardson, Great Britain
9.30 a.m. to 11.00 a.m.	**Plenary session** Reports on projects from various fields PL: "You Are Not Alone" Foundation, Joanna Malewska, Warsaw H: Project for Gypsies and Prostitutes, Dr. Katalin Bolvary, Budapest IRL: Aidswise, Ger Philpott, Dublin NL: Darkroom Project; Peter Dankmeijer, Amsterdam
11.00 a.m. to 11.15 a.m.	**Coffee break**
11.15 a.m. to 1.00 p.m.	**Working Groups** Cooperation of Professionals and Laymen in Delicate Prevention Fields
1.00 p.m. to 2.30 p.m.	**Lunch**
2.30 p.m. to 4.00 p.m.	**Working Groups** Compilation and evaluation of the results of the group work
4.00 p.m. to 4.15 p.m.	**Coffee break**
4.15 p.m. to 6.00 p.m.	**Working Groups** Continuation
7.30 p.m.	**Dinner**

Thursday, 4 November

9.00 a.m. to 11.00 a.m.	**Plenary session** Presentation of results of the Working Groups Moderation: Dr. Elisabeth Pott, FCHE
11.00 a.m. to 11.15 a.m.	**Coffee break**
11.15 a.m. to 12.00 noon	**Recommendations** Presentation: Dr. Elisabeth Pott, FCHE
12.00 noon	**Lunch** Thereafter: Departure of the participants

Venue:

Maternushaus
Kardinal-Frings-Strasse 1-3
D-50668 Köln

Tel.: (+49) 221/1631-0
Fax: (+49) 221/1631215

VIth European Consultation on AIDS Prevention Education:
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Topics and results

Opening statements

The European AIDS Consultation, which has been staged by the Federal Centre for Health Education (FCHE), in cooperation with the World Health Organization/Regional Office for Europe, every year since 1987, was attended by 60 experts from 20 countries this year.

Dr. Elisabeth Pott, Director of the FCHE, opened the Consultation, greeted the participants and extended a special welcome to the new Head of Department at the Federal Ministry of Health, Dr. Grupp, to Ms. Doortje Braeken, as the representative of the WHO Regional Office for Europe, and to Dr. Zbigniew M. Halat, Poland's Deputy Minister of Health, as a special guest at the Consultation.

Dr. Pott stated that the FCHE had so far benefited greatly from the five previous AIDS Consultations. Valuable ideas had been incorporated in the concrete approaches of the FCHE concerning AIDS prevention work. This pride in the work done in recent years was combined with the hope that others might also be able to profit from these events by gathering ideas for their practical on-the-spot work.

Concerning the current debate in Germany and the risk of HIV infections due to blood transfusions, Dr. Pott expressed the hope that, once the situation had been clarified in every detail, it would be able to guarantee even greater safety than in the past. Sex and intravenous drug use continued to be the more common routes of infection, and there must be no let-up in education work in this quarter. It was not enough just to provide information about routes of infection and protection options. Bearing this in mind, it only remained to be stated that successful prevention work was essentially based on self-responsibility and solidarity with those affected.

Dr. Pott is of the opinion that peer involvement approaches in HIV prevention are an important opportunity at this particular time, in a situation where drastic cuts in the funds available for prevention work are in the offing. However, principles of this kind had already been realised in the AIDS education work of the FCHE for a long time, as illustrated by the intensive cooperation with the Deutsche AIDS-Hilfe e.V. (DAH) and the involvement of members of the target groups, both in the mass-communication and personal-communication campaign.

Dr. Grupp drew attention to the fact that the English word "peer" had no equivalent in Germany. He hoped that the Consultation would provide an opportunity to examine this approach, which was hardly established in Germany, and learn from the experience of Germany's neighbours. It was, of course, also important to discuss specific problems associated with peer involvement approaches.

Dr. Grupp emphasised that the AIDS risk had not yet been overcome and that, on the contrary, the willingness to take risks was on the rise again in some sectors.

As the representative of the WHO, **Doortje Braeken** welcomed the participants and gave a welcoming address from the responsible Regional Coordinator of the Global AIDS Programme, **Dr. Johannes Hallauer**. In his address, he emphasised the importance of multidisciplinary and multisectoral intervention programmes aimed not only at effective concepts, but also non-discriminatory laws, as well as the creation of supportive living environments. Peer involvement approaches had proven to be an effective means of increasing public involvement in the work and of conveying effective messages to various target groups, particularly with a view to giving greater consideration to the point of view of affected persons in the work.

Ms. Braeken expressed the hope that the recommendations made at this event would lead to a dialogue on peer involvement and the establishment of supportive networks.

Following these welcoming addresses, a **general introductory presentation** entitled "Peer Education - A Traditional Approach as an Innovative Method of AIDS Education?" was given by **Doortje Braeken**. This introductory presentation, which presented fundamental perspectives for the Consultation as a whole, was followed by the opening of the Media Bazaar, where almost all the participants of the Consultation presented their projects in the form of photographic and written documentations, posters, brochures, give-aways and more.

Course of the event

In the following days, the Consultation discussed peer involvement approaches in three subject groups, i.e.

1) Reports on projects in schools and institutions of higher education

2) Reports on youth projects outside schools

3) Reports on projects in various non-youth-specific sectors

Each of the three subject groups included a general scientific presentation and various concrete project reports. The presentations in the plenary sessions and the reports were supplemented by in-depth exchanges and discussions concerning the various approaches and the experience obtained to date.

Structure of the report

It is neither the intention nor the purpose of this report to summarise a whole string of individual presentations, reports and Working Group results in the form of minutes. Rather, the aim is to provide a systematic summary of the main impressions and insights gained in the Consultation as a whole. Consequently, the arrangement of the report is not geared to the sequence of the Consultation. It includes contributions from the presentations, reports and Working Groups, as well as from numerous informal discussions on the sidelines.

It should be pointed out that the course of the Consultation and the sequence in which the individual contributions were presented can be taken from the Programme. The FCHE has most of the contributions, as well as a host of project descriptions and publications on peer involvement, which are being systematically arranged and are available on request.

The "Recommendations to the WHO and to Government and Non-Government Institutions and Organisations for Health Promotion and HIV Prevention" were presented by Dr. Pott at the end of the event and adopted by the Consultation following a brief debate.

1. General backgrounds of the importance of peer involvement approaches in HIV prevention - Theses

1.1 **Peer groups have a major socialising and value-orienting function for young people and adults in general.** Georg Neubauer noted: "In the face of pluralisation of life-styles and values, and increasingly unclear orientation in life, the peer group creates a socialisation environment which is comparatively clearly defined and holds the promise of normative security".

This value-orienting function of peers can be consciously used and exploited in order to establish cognitive knowledge, a knowledge of how to act, and attitudes as regards protection against infection with HIV. This is the fundamental idea behind peer involvement approaches in HIV prevention.

1.2 **The subjective feeling of being part of a group, and personal, frank discussions within this group, have a health-promoting function in their own right, independently of consciously introduced messages.** The presentation by Ann Richardson was enlightening in this context, as it clearly illustrated the common aspects, transitional areas and differences between AIDS self-help with secondary-preventive effects and peer-supported primary prevention. In her introductory presentation, Doortje Braeken reported on a Dutch study concerning teenage pregnancies. This study had shown that the young girls who had become pregnant were most frequently those who were not able to talk openly about sexuality and contraception within their peer group.

1.3 **Self-confidence and self-esteem** - being essential factors of a self-responsible and "healthy" approach towards dealing with sexuality, contraception and protection against AIDS, for example - are promoted almost automatically by the peer principle: "If my peers can think and act like that, so can I!".

1.4 Health promotion and health education must always and generally be **embedded in the everyday contexts of the lives of the target persons**. The shaping of personal spheres of life and life-styles in a way that suits their subjective needs is demonstrated by peer multipliers in a quasi-exemplary fashion when they lead and establish open and frank discussions on sexuality in their own peer group, or when the guests in a gay leather bar in Amsterdam - supported by professionals, but of their own free will - develop pin-up posters with photos of their barkeeper and Safe Sex messages, thus designing "their" bar the way they want it, while exerting health-promoting, exemplary effects at the same time.

1.5 In addition to these general backgrounds, peer multipliers have several concrete, practical advantages over professional multipliers. They are far more likely to speak the **same language** as the target group. They know the group's needs from their own experience. **As peers, they can talk more easily and more openly, particularly about sexuality.** Decidedly intimate and direct questions are aired and discussed more easily than is usually possible in talks between adults and youths or, for example, between prostitutes and professional counsellors. Finally, the attitudes and messages of people in the same situation have far less of a battle to gain **acceptance and credibility** than the messages and attitudes of professional "educators" (see 1.1).

1.6 Peer projects are often **inexpensive** in comparison with "professional" prevention. However, it should be noted that even peer projects hardly ever work without some funding. Appropriate preparatory training of the peer multipliers, accompanying support in the form of advisory talks, as well as material assistance and, finally, suitable evaluation of the project, all cost money. Furthermore, the Consultation showed that peer projects need not necessarily be run on an honorary basis. Fees and the reimbursement of expenses are also conceivable in this context.

2. Review of the various peer involvement projects realised and discussed

2.1 Different working methods

As in professional HIV prevention, peer projects also use a wide variety of working methods. **Group talks with the nature of information and discussion events** are the commonest working method, but by no means the only one. Doortje Braeken reported on a

project organised by the Rutgersstichting, in which young people were assisted in developing a **newspaper on sexuality and love**, based on their own ideas, for people of the same age. Dr. Rolf Mühlemann from the School Medical Officers' Office in Basle presented the "Take it" project, a **musical** which was produced jointly with young people and performed exclusively by young people for young people. The **designing of rooms** using personally selected or personally produced posters was shown, inter alia, by the Amsterdam example.

2.2 Different fields of work

Peer-based HIV prevention projects take place within the framework of widely differing fields of work. **Schools** and **institutions of higher education** offer special conditions of their own. Major **national youth associations**, such as the British YMCA, offer other possibilities than the musical performances mentioned in the form of **self-organised large-scale events**.

2.3 Different target groups

A project from Portugal was presented, which is intended to reach the **pupils of all secondary schools** in the country, while the "In-Team" project of the Berlin Senate is initially restricted to **a single grammar school in Berlin**. At the University of Graz, **students from all faculties** can benefit from an AIDS information event offered by fellow students from various faculties, whose seminar director puts one session of his seminar at their disposal for this purpose. Joanna Malewska from Poland directs her offers at **young people whom she meets at rock concerts and other youth events**. Dr. Katalin Bolvary from Hungary reported on an impressive project in Budapest which, within the framework of streetwork performed by members of the target group, addresses **gypsies who find themselves exposed to a high risk of HIV infection as a result of prostitution**.

Peer projects are often the only opportunity for prevention, particularly in the case of so-called **hard-to-reach groups**. Doortje Braeken came up with some critical food for thought in this context: "Is it not in fact the health promotion authorities and institutions that are hard to reach, for instance for prostitutes, gypsies, runaways, young homosexuals?".

2.4 Different cultural, legal and financial background conditions

As the Vth Consultation in 1991 had already shown, HIV prevention within the framework of peer involvement projects takes place under different cultural, legal and financial background conditions. Heitor Ribeiro da Costa reported from Portugal that health promotion and sex education are a long way from being a normal part of the school curriculum in his country. In post-

communist Poland, with its strong Catholic background and suffering economy, AIDS prevention is mainly based on the personal initiative of young people, such as Joanna Malewska, in contrast to the relatively accepted and publicly promoted gay leather scene in Amsterdam, for example.

2.5 Different degree of professional control, different role and autonomy of the peer multipliers

As also clearly expressed in the statement section of this report, the various peer projects also differ greatly in the extent to which the aims and methods of the project are defined by the peer multipliers alone. The aforementioned example of the newspaper project of the Rutgersstichting in the Netherlands was realised on the basis of relatively great autonomy of the peer multipliers.

A mixture of professional control and substantial codetermination on the part of the peer multipliers is realised by the "In-Team" example in Berlin. The peer projects investigated by Ulla Marklund in Sweden and presented at the Consultation were largely and clearly controlled by professionals. There, the fellow pupils assumed the functions of teachers, acting as so-called peer teachers. Their task was to enforce statutory bans on cigarette smoking and alcohol consumption among youths.

In her introductory presentation, Doortje Braeken advocated the theory that peer projects always work well if the principle is applied "from the bottom up", i.e. if the ultimate decision-makers are the peer multipliers themselves. On the other hand, the Consultation also established that different concepts were both necessary and fruitful, depending on the prevailing background conditions.

2.6 Different views of "equality", the peer relationship

In the strictest sense, the peer group of a young person is his or her group of friends, with whom he or she spends a lot of time, both in the leisure sector and in the school or work sector. A school class, all the pupils of a school, youths of more or less the same age, students at the same institution of higher education, or people in the same problem or need-generating situation, such as prostitution, etc., are examples of peer relationships with varying degrees of closeness, which can be used within the framework of concrete peer projects. This different nature and closeness of the peer relationship naturally has different consequences as regards the conditions for success and the possible effects of the project. The project in Portugal, where students of biology, medicine and pharmacology instruct pupils at secondary schools, has less specific peer effects than the "In-Team" project in Berlin, where personally-known pupils from the same school hold group discussions in the different school classes.

2.7 Different goals

In all the actual projects presented, there were common goals and, in keeping with the different cultural and political background conditions and the philosophy of the initiators, equally specific and special goals. The **goals common to all projects** include:

- A factual knowledge concerning HIV and AIDS,
- A knowledge of how to act as regards the correct use of condoms and other possible forms of protective behaviour,
- A self-responsible and accepting attitude towards condoms, etc.,
- Stability in the changes achieved in knowledge, attitudes and actions.

Goals which were named in individual projects only include, for example:

- Getting to know and accept different sexual and other lifestyles (Berlin, Graz, etc.),
- Talking openly and directly about sexuality, personal sexual desires and personal sexual behaviour (ditto),
- Growing and differentiated sexual self-determination,
- Solidarity with persons affected by HIV and AIDS,
- Critical awareness and self-responsible decision-making as regards the HIV test, protection options and the political dimensions of AIDS,
- Spontaneous further propagation of the messages (snowball effect) (Portugal, Belgium, etc.),
- General change in the climate as regards health promotion, HIV prevention, etc. (Berlin),
- Frequently achieved secondary goal: personal gain of the peer multipliers themselves as regards self-esteem, communication skills, sexual self-determination, etc.
  In this context, Ulla Marklund recommended that, in the field of drug prevention, for example, young people at risk be selected as peer multipliers, precisely because of the great personal benefits.

2.8 Different forms of, and criteria for, selection of peer multipliers

Some projects involving great autonomy on the part of the peer multipliers permitted no selection and no corresponding criteria at all, except perhaps for enthusiasm and a personal willingness to take part. Other projects, such as the Swedish peer projects for alcohol and cigarette prevention presented by Ulla Marklund, included detailed lists of criteria for peer multipliers: these included not only an exemplary status as regards the messages (or risk, see above), popularity and high standing within the peer group, but also communication skills, sensitivity, etc.

The selection procedures also differed widely. The methods used include selection of the peers by teachers of other professionals, public invitations and volunteering of the peer multipliers, and also the selection of new peer multipliers by those already taking part.

2.9 Different forms of preparatory training

Here, there are differences not only in the **scope** of the preparatory training, varying between a few days and several months, but also in the **range of topics communicated**. Of course, the communication of correct factual knowledge is essential in every case, and only a few projects reported of approaches based more on self-experience with personal attitudes or teaching behaviour.

Both **general and practical methodological requirements and guidelines** for peer activity were developed either by the professional initiators in cooperation with the peers, or independently by the peers themselves.

The **sponsors** or **instructors for preparatory training** were, for example, the "Abstinence Movement" in Sweden, members of the Rutgersstichting in the Netherlands, and professors and other university lecturers in Graz.

In some projects, such as the "Peer Education Program" in Los Angeles, the preparatory training ended with a **test** of material knowledge and internalisation of the requirements. There was no such examination in many of the other projects.

2.10 Different forms of accompanying support

Depending on the philosophy of the initiators, the financial and temporal framework, the objectives and other differing factors, the nature of the accompanying support provided for the peer multipliers varied. This support is given with **varying degrees of continuity, varying frequencies, and also in widely differing forms**. The forms of support described ranged from supportive

counselling talks, joint development of creative, innovative changes in the project and support from professional journalists in the case of the Dutch newspaper project, for example, up to financial support in the form of fees for the peer multipliers.

3. Results and experience

The Consultation generally confirmed the impression previously obtained during the preparatory research work. There are only few studies concerning the conditions for success and the special nature of peer projects in HIV prevention. Furthermore, many of the projects realised in practice are not evaluated at all, or only incompletely. Nonetheless, the generally important insights and results of the various presentations and contributions to the Consultation can be summarised as follows:

3.1 It is important to establish clarity as to the **reasons for selecting the peer approach**. Are professional multipliers to be replaced by peer multipliers for reasons of cost, or is the peer approach chosen for conceptual reasons? Considering this question precisely and honestly is the first condition for the success of a peer project.

3.2 The **degree of self-determination and/or professional external guidance of the peer multipliers** is an essential aspect. The initiators of a peer project must make a clear decision as to the degree of autonomy they want to give the peers, and whether and to what extent they can accept the resultant loss of own control over the project.

3.3 Equally important is the question as to the **nature and closeness of the peer relationship between the multipliers and the participants or users of the project**. Unintentional social discrepancies between multipliers and participants which are not taken into account may ultimately generate more resistance than clear-cut teacher/pupil structures.

3.4 The **skills of the peer multipliers** as regards correct factual knowledge and the formulation of clear messages, as well as appropriate assessment of the level of knowledge and learning capacity of the participants, are one of the main influencing factors. Peer multipliers who are peers in the strict sense of the word, i.e. persons of equal standing with the participants, but who display deficits where these skills are concerned, may produce failures. Nevertheless, the quality of the peer relationship seems to be more important than the teaching qualifications of the peer multipliers. The conclusion to be drawn from the comprehensive study by Ulla Marklund on Swedish peer teacher projects was that, as regards changes in attitudes and behaviour, projects of this kind implemented by professionals

are better than peer projects, but the latter are better than nothing at all.

3.5 The active peer multipliers must derive **enjoyment** from their work on the project. **Effective long-term motivation and continuous involvement** are one of the most difficult demands of peer projects to fulfil.

3.6 **The following can be noted at the level of the messages and contents**: repeated, platitudinous warnings about the dangers and appeals to use condoms, for example, do not bring about the desired success. Peer projects especially show that the needs of young people, in particular, lie more in open, direct and detailed discussions on sexuality, information on the use of condoms and mutual exchanges of sexual desires and values.

Only attractive contents and messages which are wanted by the participants are suitable for communication by peers. Repressive messages, such as the enforcement of statutory bans on smoking and drinking, obviously contradict the peer approach.

3.7 More than other HIV prevention projects, peer projects need detailed and specifically documented **prior coordination with higher-ranking and equal-ranking institutions, such as the school authorities, school directors, teaching staff, parents, municipal and other working groups, the churches, etc.** Only if there a clearly coordinated approval in this large circle of cooperation partners can peer projects have the necessary backing and support in the event of conflicts. This is not least important because AIDS education also always involves sex education.

3.8 Some of the **requirements** developed by Wendy Arnold for the "Peer Education Program" in Los Angeles can perhaps be regarded as generally applicable: **"Be authentic, don't contradict your feelings or your knowledge in what you say. Accept the fact that you don't have infinite knowledge and infinite competence. If needs be, formulate your limits and name options for further counselling and help. Make sure that your factual information is clear, simple and concrete"**.

3.9 Finally, the following statement can be made as regards the frequently cited **low budget** of peer projects: given the familiar widening gap between declining funds for AIDS prevention, on the one hand, and the resurgence of high-risk behaviour in many sectors and the resultant growing need for preventive interventions, on the other, the peer approach offers particularly attractive opportunities.

At the same time, it must be noted that even peer involvement approaches need money for training, support (particularly in the case of long-term projects) and evaluation. And, finally: they cannot replace other forms of HIV prevention.

VIth European Consultation on AIDS Prevention Education:
"Possibilities of Applying Peer Involvement Approaches in HIV Prevention"
Cologne, 1 to 4 November 1993

Statement and recommendations

With its expert papers, project presentations, Working Groups, numerous informal discussions and a Media Bazaar, the VIth European Consultation on AIDS Prevention Education on the subject of "Possibilities of Applying Peer Involvement Approaches in HIV Prevention" successfully and impressively communicated the fact that **positive experience** has been obtained all over the world with various forms of peer involvement approach.

The participants used the Consultation as an opportunity for an intensive **exchange of ideas and experience** and for **expert discussions** on the chances of success, the prevailing conditions and the **theory** and, above all, **practice** of peer involvement approaches.

Different forms

All prevention activities in which lay multipliers work in a target group to which they themselves belong as peers can be grouped under the term "peer involvement approaches". However, the Consultation showed that the approaches used differ decisively in at least **three different respects**:

a) **Variously strict interpretation of the "peer" relationship:**

Same age; same stage in life; equality as regards other situations in life (e.g. prostitutes, runaways, visitors to the darkroom of a particular leather bar, etc.).

b) **Different working methods:**

For instance: information and discussion events; production of own newspapers, radio broadcasts and other media; theatre or musical projects; designing own rooms by means of posters and the like **under more or less restrictive external conditions**, e.g. the 45-minute cycle of school lessons; the possibility of playing loud music or not.

c) **Degree of professional control of the project or, conversely, the freedom of self-determination of the peers:**

On the one hand, there are projects with extensive external control:
Professional prevention institutions plan the contents, messages, methods, scope and target groups of a personal communication campaign, for example, but choose "peers" from among the target group to implement the events because they are more likely to be accepted, speak the same language as the participants, etc.

On the other hand, there are projects with extensive self-determination on the part of the peers:
Certain members of a group (e.g. of young people) use their own ideas to plan activities which they consider could help to improve dealing with such subjects as sexuality and AIDS in their group; they are supported by professionals with initial stimuli, constant suggestions, training, accompanying and reflecting discussions, as well as money for costs incurred and/or as fees for their commitment, while remaining the decision-makers for the project at all times.

The Consultation noted that all these different and often highly creative and innovative approaches are both meaningful and promising for HIV prevention. Different forms of prevention work, also including peer involvement approaches, are both important and successful in different cultural, legal and social contexts.

Different factors and effects

At the same time, it became clear how important it is to determine the position of a particular project within the categories described. After all, this has consequences as regards numerous factors and effects of a peer project, such as the **costs**, the possibilities and, if applicable, the criteria for **selection** of the peers by professionals, the topics and **training** methods, the forms of accompanying support, the number of participants reached, the reliability and clarity of the **messages** conveyed, the nature of the desired and undesired social and psychological **side-effects** of the events, the possibility and form of **evaluation**, etc.

Special importance and opportunity

Despite all the differences, the Consultation was able to note that, generally speaking, peer involvement approaches can offer specific, outstanding opportunities as regards a number of important demands of HIV prevention today. Many peer projects operate on a comparatively **low budget** and realise the **lifestyle concept** of the WHO in a special way in the process.

Peers are often better **accepted** per se than professionals, they have an accurate **knowledge of the needs of their group**, they speak the **same language** and, among themselves, they can frequently speak more **simply, authentically and openly about their own sexual experiences and desires, and ask others about theirs**, than they ever could with even the best-trained sex educationalist. Last, but not least, they can also reap outstanding benefits for themselves in terms of their **self-esteem, communication skills, sexual self-determination** and maturity, as well as their **safety** from an HIV infection. On the other hand, the Consultation participants were aware that **all other approaches towards HIV prevention still have their own specific importance** and that the peer approach, as important an element as it is, cannot solve every problem.

In addition, the Consultation noted that **peer principles were developed and realised from the outset in HIV prevention, particularly in homosexual circles**. This is a strength of this education work, in particular. The current resurgence of a willingness to take risks, e.g. among young homosexuals, demands that thought again be given to intervening here with the help of peer approaches.

Problems

Needless to say, these approaches not only offer opportunities, but also involve typical problems, such as the **difficulty of evaluation**, the **complexity of the influencing factors**, the difficulty in ensuring continuity and also the **possibility of undesired** effects. It can happen that peers propagate factually incorrect messages, or they may be intolerant towards certain groups, e.g. homosexuals, or develop an authoritarian style vis-à-vis the participants. Furthermore, specific problems and failures must be expected if the goals and the approach of a peer project are incompatible, for instance if young people are in fact "supposed" to create their own newspaper on sex and AIDS and this newspaper is then censored by the professional supporters and/or the sponsors.

Recommendations to the WHO and to Government and Non-Government Institutions and Organisations for Health Promotion and HIV Prevention

The WHO should **gather information** on the numerous different forms of peer involvement approach and **systematically record their differences**. The available experience should be documented and published.

The great demand for an ongoing exchange of experience and networking should be used as a chance to optimise practical work, and more opportunities for such exchanges should be organised at the national and international level.

This Consultation again showed that the WHO should strive for an international standard of consistent, clear and straightforward messages on HIV transmission and methods of protection.

The WHO and the government and non-government institutions and organisations for health promotion and HIV prevention should always also consider and examine **peer involvement approaches** when developing and improving their **own strategies and campaigns** for HIV prevention.

The WHO should encourage government and non-government institutions and organisations for health promotion and HIV prevention to engage in **cooperation based on acceptance, even with informal youth groups and other groups**, especially high-risk groups whose protective behaviour is on the decline. Peer prevention approaches should be selected as a prevention method for such hard-to-reach groups, in particular.

The WHO should also make every effort to ensure that possibilities are available throughout Europe for engaging in HIV prevention which is based on **acceptance of different lifestyles, solidarity with those affected by HIV and AIDS**, respect for the variety of sexual behavioural patterns without moralising, as well as the promotion of a positive, **humanistic attitude towards sexuality**.

The WHO should organise a pan-European conference involving countries from Western, Central and Eastern Europe. This conference should be organised specifically for peer multipliers who are involved in peer initiatives/projects within the framework of HIV prevention. The purpose of this meeting would be to exchange points of view, experiences and perspectives, as well as the development of general guidelines to be drawn up by peers for their work.

Research

Quantitative research into the sexual behaviour and other HIV risk-relevant behavioural patterns of young people and other relevant groups should continue to be promoted.

Qualitative research into various sexual behavioural patterns and other relevant behavioural patterns must continue to be promoted, particularly with a view to peer involvement approaches.

Evaluation of past peer involvement approaches is eminently important for increasing implementation of the method. Therefore, there is an urgent need for development and improvement of suitable methods.

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List of participants

Wendy Arnold
Peer Education Program (PEP)
5410 Wilshire Boulevard
Suite 203

USA - Los Angeles, CA 90036
Tel.: +1/213-937.0766
Fax : +1/213-937.0779

Dr. Katalin Bolvary
National Institute for
Health Promotion
Andrássy út. 82
1378 PF. 8

H - 1062 Budapest
Tel.: +36/1-132.7386
Fax : +36/1-131.6112

Doortje Braeken
Rutgersstichting
Postbus 17430

NL - 2517 ES 's Gravenhage
Tel.: +31/70-3631750
Fax : +31/70-3561049

Amanda Brodala
The IBIS Trust
32, Weymouth Street

GB - London W1N 3FA
Tel.: +44/49-477.8137
Fax : +44/49-477.2533

Ingo Büscher
Senatsverwaltung
für Gesundheit
Parochialstrasse 1-3

D - 10179 Berlin
Tel.: +49/30-3032.730
Fax : +49/30-3032.736

Saulius Chaplinskas
AIDS Preventive Centre
of Lithuania
Molétu plentas 40

LT - 2021 Vilnius
Tel.: +7/0122-350465
Fax : +7/0122-350225

Dr. Dorota Cianciara
National Institute of Hygiene
Department of Health Education
& School Health
Dolna Street 42

PL - 00774 Warszawa
Tel.: +48/22-411173
Fax : +48/22-497484

Christa Damm
Landgrafenstrasse 41

D - 50931 Köln
Tel.: +49/221-404618

Peter Dankmeijer
Burp GVO Amsterdam
Prins Hendriklaan 12

NL - 1075 BB Amsterdam
Tel.: +31/20-676.1066

Dr. Marianna Diomidis
Ministry of Health and
Social Welfare
Central Laboratory of
Public Health
P.O. Box 14156

GR - 11510 Athinai
Tel.: +30/1-7716388
Tel.: +30/1-8235634 (Ministry of Health)
Fax : +30/1-7715738

Cees van Eijk
National Committee on
AIDS Control - NCAB
Section Information and
Prevention
Polderweg 92

NL - 1093 KP Amsterdam
Tel.: +31/20-6939444
Fax : +31/20-6927989

Dr. med. Christian Fazekas
Friedrichstrasse 25

A - 8010 Graz
Tel.: +43/316-848439
Fax : +43/316-3852477

Marina Grinchak
Estonian Centre on
AIDS Prophylaxis
Paldiski mnt. 52/6A

200 006 Tallin
Estonian Republic
Tel.: +372/2-493187
Fax : +372/2-771675

Dr. Rudolf Grupp
Bundesministerium für
Gesundheit
Postfach 17 02 08

D - 53108 Bonn
Tel.: +49/228-9410
Fax : +49/228-9414978

Thomas Hafer
Mauritiuswall 33

D - 50676 Köln
Tel.: +49/221-202908

Dr. Zbigniew M. Halat
Deputy Minister of Health
Ministry of Health and
Social Affairs of Poland
Miodowa 15

PL - 00923 Warszawa
Tel.: +48/22-260728
Fax : +48/22-260966

Geneviève Houioux
PROMES
Université Libre
Route de Lennik 808

B - 1070 Bruxelles
Tel.: +32/2-645.4671 (Red Cross, Health Education Unit)
+32/2-555.4081 (University)
Fax : +32/2-555.4049

Miriam Karp
Eastern Health and
Social Services Board
12-22 Linenhall Street

IRL - Belfast BT2 8BS
Tel.: +44/232-321313
Fax : +44/232-233020

Waldemar Kiessling
Brunecker Strasse 2

D - 81373 München
Tel.: +49/89-7601011

Dr. Dimiter Kujumdjiew
Bulgarian Red Cross
AIDS Telephone
Str. Tina Korkowa 16

BG - Sofiya
Tel.: +359/2-894095
+359/2-835993
Fax : +359/2-885349

Evita Leskovsek
University Institute for Public
Health and Social Welfare
Trubarjeva 2

61000 Ljubljana
Slovenia
Tel.: +38/61-123245
Fax : +38/61-123245

Ruth Lohmann
AIDS-Koordinierungsstelle
Rheinland-Pfalz
Paulinstrasse 114

D - 54292 Trier
Tel.: +49/651-12100
Fax : +49/651-25592

Iwona A. Mackiewicz
National Leader
Peer Youth-to-Youth
Health Promotion
Movement "Sami Sobie"
c/o Ministry of Health
Secretariat Dr. Halat
Miodowa 15

PL - 00923 Warszawa
Tel.: +48/22-260728
Fax : +48/22-260966

Joanna Malewska
Foundation "You are not alone"
ul. Rozlogi 9/15

PL - 01310 Warszawa
Tel.: +48/22-6642720 (home)
+48/22-262979 (work)

Stephane Mantion
Association des Jeunes
contre le SIDA
6, rue Dante

F - 75005 Paris
Tel.: +33/1-46330227
Fax : +33/1-43541138

Ulla Marklund
National Institute of
Public Health
Box 27 848

S - 11593 Stockholm
Tel.: +46/8-7833519
+46/8-7206042
Fax : +46/8-7833545

Dr. Vlastimil Mayer
Institute of Virology
Slovak Academy of Sciences
Dúbravská cesta 9

SL - 84246 Bratislava
Slovak Republic
Tel.: +42/7-374469
Fax : +42/7-374284

Methody Methodieff
National Centre for
Health Promotion
AIDS Social Programme
Medical Academy, Presidium
15, D. Nestorov Str.

BG - 1431 Sofiya
Tel.: +359/2-591148
Fax : +359/2-592074

Dr. Rolf Mühlemann
Vorsteher
Schularztamt BS
St. Alban-Vorstadt 19

CH - 4052 Basel
Tel.: +41/61-2723838
Fax : +41/61-2723688

Dr. Georg Neubauer
Fakultät für Pädagogik
Universität Bielefeld
Universitätsstrasse 25

D - 33615 Bielefeld
Tel.: +49/521-1063152
Fax : +49/521-10658844

Kate Newitt
Eastern Health and
Social Services Board
12-22 Linenhall Street

IRL - Belfast BT2 8BS
Tel.: +44/232-322454
+44/232-321313
Fax : +44/232-233020

Mikael Nyström
Finnish Student Health Service
Health Centre of Helsinki
Töölönkatu 37A

SF - 00260 Helsinki
Tel.: +358/558-0441381
Fax : +358/558-4050500

Libor Pavlosek
National Centre for
Health Promotion
Sokolska 54

CZ - 12139 Praha 2
Tel.: +42/2-293401
Fax : +42/2-299609

Ger Philpott
Aidswise
Olympia House
62 Dame Street

IRL - Dublin 4
Tel.: +353/1-603135
+353/1-6773591
Fax : +353/1-6773127

Sigrid Reichert
Bundesministerium
für Gesundheit
Koblenzer Strasse 63-66

D - 53108 Bonn
Tel.: +49/228-941.3212

Heitor Manuel Ribeiro da Costa
AIEPS Association
Education and Health Promotion
Avenue Antonio José de Almeida 46-40

P - 1000 Lisboa
Tel.: +35/11-795.5285/6
Fax : +35/11-795.5135

Dr. Ann Richardson
39, Glenmore Road

GB - London NW3 4DA
Tel.: +44/71-722.7076
Fax : +44/71-722.7076

Alison Robert
Broke Advisory
233 Tottenham Court Road

GB - London SE1
Tel.: +44/71-278.9941
Fax : +44/71-278.9512

Rainer Schilling
Deutsche AIDS-Hilfe e.V.
Dieffenbachstrasse 33

D - 10921 Berlin
Tel.: +49/30-6900870
Fax : +49/30-69008742

Whitney Sterling
John-F.-Kennedy-Schule
Teltower Damm 87-93

D - 14167 Berlin
Tel.: +49/30-8072710
Fax : +49/30-8073377

Gary Svenson
Department of Infectious Diseases
University Hospital of Lund
Getingevägen 4

S - 22185 Lund
Tel.: +46/46-173662
Fax : +46/46-323895

Dr. Gabriele Traun-Vogt
Österreichisches Aids-Informations-
und Dokumentationszentrum
Blechturmgasse 7-9

A - 1050 Wien
Tel.: +43/1-5451310
Fax : +43/1-5451310

FEDERAL CENTRE FOR HEALTH EDUCATION

Ostmerheimer Strasse 200
D - 51109 Köln (Merheim)
Tel.: +49/221-89921
Tx. : 8873658 bzga d
Fax : +49/221-8903460

Dr. Elisabeth Pott
Director

Günther Welsch
Head of Department, "Basic Issues and Coordination"

Margareta Nilson-Giebel
"International Relations" Section

Helene Reemann
"International Relations" Section

Beate Lausberg
"Project Planning and Coordination, Personal Communication, AIDS Education" Section

Inge Krach-Thewissen
"Sex Education" Section

Thomas Porschen
"International Relations" Section

Hannelore Frechen
"Collaboration with Länder and Associations/Health Insurance Companies" Section

Franz Galliat
"Advanced Training in Health Education, Adult Education, Intervention Programmes" Section

Heike Ettischer
"Collaboration with Länder, Communities, Associations and other Institutions; Coordination of Education Work; Advanced Training (Sex Education)" Section

Ute Fillinger
"Project Planning and Coordination, Personal Communication, AIDS Education" Section

Angelika Hessling
"Collaboration with Länder, Communities, Associations and other Institutions; Coordination of Education Work; Advanced Training (Sex Education)" Section

Harald Lehmann
"Collaboration with Länder, Communities, Associations and other Institutions; Coordination of Education Work; Advanced Training (Sex Education)" Section

Dr. Dr. Wolfgang Müller
"AIDS Control Measures" Section

Moderators:

Christa Damm

Waldemar Kiessling

Beate Lausberg

Rapporteur:

Thomas Hafer

Research:

Dr. Thomas Bliesener

Interpreters:

Jörg Schmirler

Jennifer Neuhann