



# WHO

REGIONAL OFFICE FOR EUROPE



GLOBAL PROGRAMME ON AIDS

## COORDINATED CARE SERVICES FOR PEOPLE LIVING WITH HIV/AIDS

Second Meeting



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1990

EUR/HFA TARGET 4

24376 ✓  
EUR/ICP/GPA 059(B)  
8603r  
ENGLISH ONLY  
UNEDITED

This document presents the findings, conclusions and recommendations of the Second Meeting of the Working Group on Coordinated Care Services for People Living with HIV/AIDS held in Madrid from 24 to 26 April 1990. It was convened by the Regional Office for Europe to promote work aimed at achieving the following target in the health for all strategy.\*

#### **TARGET 4**

##### **REDUCING DISEASE AND DISABILITY**

*By the year 1990, the average number of years that people live free from major disease and disability should be increased by at least 10%.*

#### **Index terms**

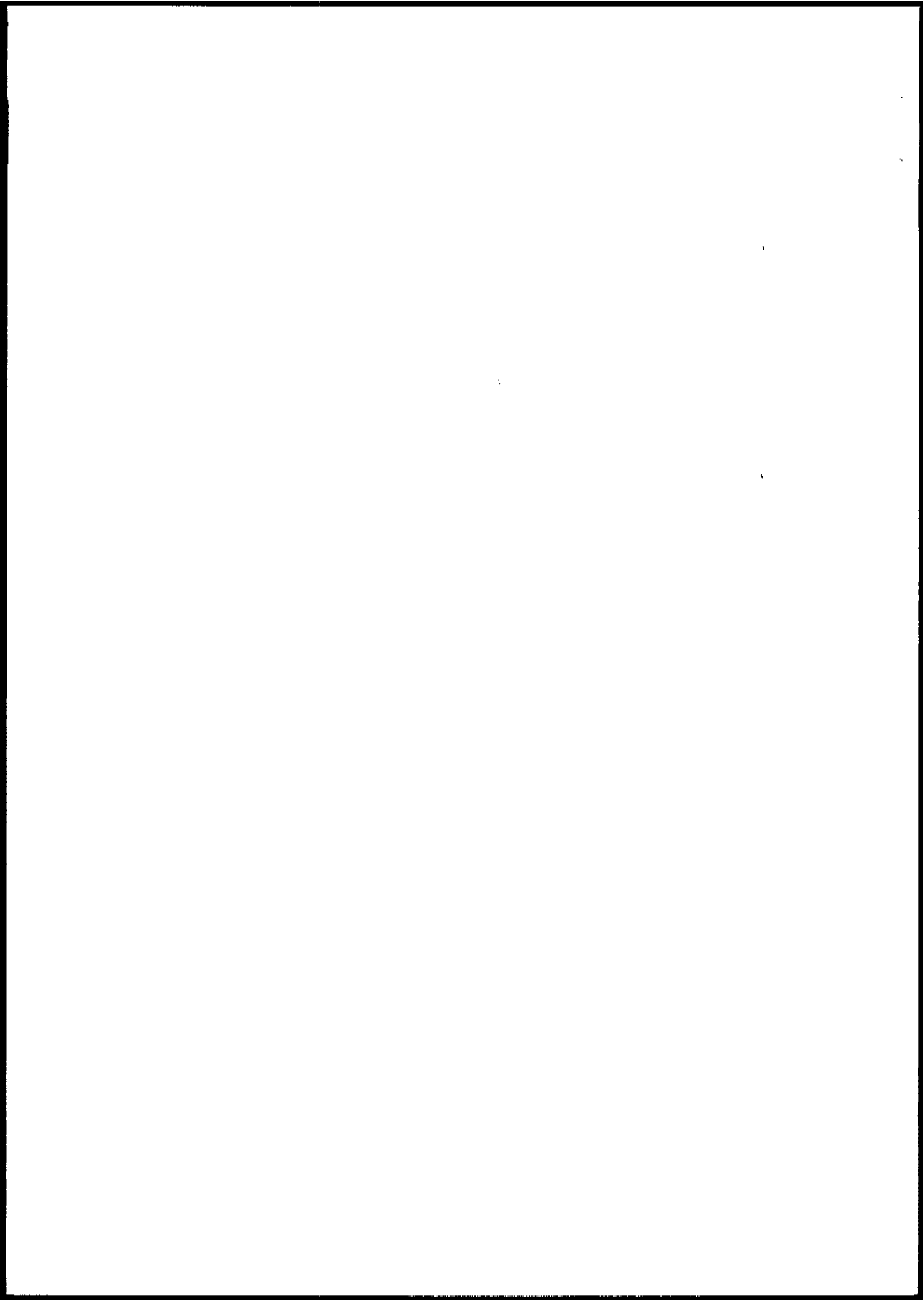
ACQUIRED IMMUNODEFICIENCY SYNDROME  
HIV INFECTIONS  
DELIVERY OF HEALTH CARE  
HEALTH OCCUPATIONS - education  
VOLUNTARY WORKERS - education  
ATTITUDE TO HEALTH

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\* *Targets for health for all.* Copenhagen, WHO Regional Office Europe, 1985 (European Health for All Series No. 1).

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## Introduction

The second meeting of the Working Group on Coordinated Care Services for People Living with HIV/AIDS was attended by representatives from Denmark, Portugal, Spain, Sweden and the United Kingdom. The participants were providers of care for people living with HIV/AIDS, either in the statutory health system or in nongovernmental agencies in their respective countries.

Given the range of needs of people living with HIV/AIDS and the wide spectrum of services provided by different professional groups, there is clearly a need for coordination of these efforts. There is also a need to acknowledge the skills, experiences and quality of care which each sector, organization and group uniquely provides. Coordinating services enables individuals with HIV/AIDS to benefit most from available care services, and improves efficiency and resource management of the care network.

The Working Group was established as an advisory body with practical experience in coordinating care services, to draw up recommendations to improve the provision of care for people with HIV/AIDS. The aim of this second meeting was to identify key training issues related to HIV/AIDS, for care providers.

The discussion focused on three areas:

- the influence on care of prevailing attitudes towards HIV infection and related lifestyles/behaviours;
- factors related to resistance to providing care for people with HIV/AIDS; and
- essential components of a training programme, with emphasis on the psychosocial aspects of care.

Probably more than ever before, the health professions have had to examine their own attitudes towards patients with whose lifestyles they may disagree; the psychosocial awareness and interpersonal skills of care providers are challenged more than ever. Also there is a great need to improve caring skills because the technical limitations of the health profession with regard to HIV infection necessitate greater emphasis on direct and indirect care.

## Attitudes

The nature of the disease itself and the related lifestyles/behaviours affect the attitudes of care providers, and differ from the voluntary to the statutory health care sectors. Voluntary agencies which have emerged from the gay movement are concerned with providing care and support for an often marginalized portion of the population. Members of AIDS service organizations with roots in the gay movement have a profound commitment to the needs of gay individuals; to cohesion, group identity and political priorities. Such organizations have provided people who have HIV/AIDS with care, support and advocacy of legal rights when other traditional services have ignored these needs.

The national Red Cross societies, with long-standing traditions of care and service provision in communities, have met reluctance from volunteers related to caring for people with HIV/AIDS. The most common factors have been

- (c) rotating responsibility for care to diminish stress;
- (d) debriefing sessions to vent stress;
- (e) psychiatric consultations for staff when indicated;
- (f) creation of an AIDS consultative team;
- (g) collaboration with community services, e.g. home, hospice and respite care facilities and AIDS service organizations;
- (h) using the expertise of voluntary agencies to assist in developing psychosocial aspects of training programmes.

Annex 1

LIST OF PARTICIPANTS

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