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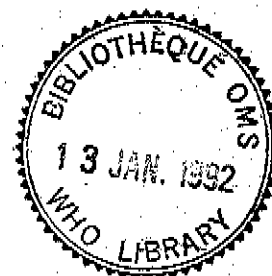
GLOBAL PROGRAMME ON AIDS

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## MULTICITY ACTION PLAN ON AIDS CARE AND SERVICES

Third Meeting



Liverpool  
8-10 April 1991

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1991

EUR/HFA TARGET 4

This document presents the findings, conclusions and recommendations of the third meeting held in Liverpool from 8 to 10 April 1991. It was convened by the Regional Office for Europe to promote work aimed at achieving the following target in the health for all strategy.<sup>a</sup>

#### **TARGET 4**

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

*By the year 2000, 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 - prevent/control  
HIV INFECTIONS - prevent/control  
HEALTH SERVICES  
HEALTH PLANNING  
URBAN HEALTH  
HEALTH PROMOTION  
CONSUMER PARTICIPATION  
AUSTRIA  
GERMANY, FEDERAL REPUBLIC OF  
SPAIN  
SWEDEN  
UNITED KINGDOM  
CCEE

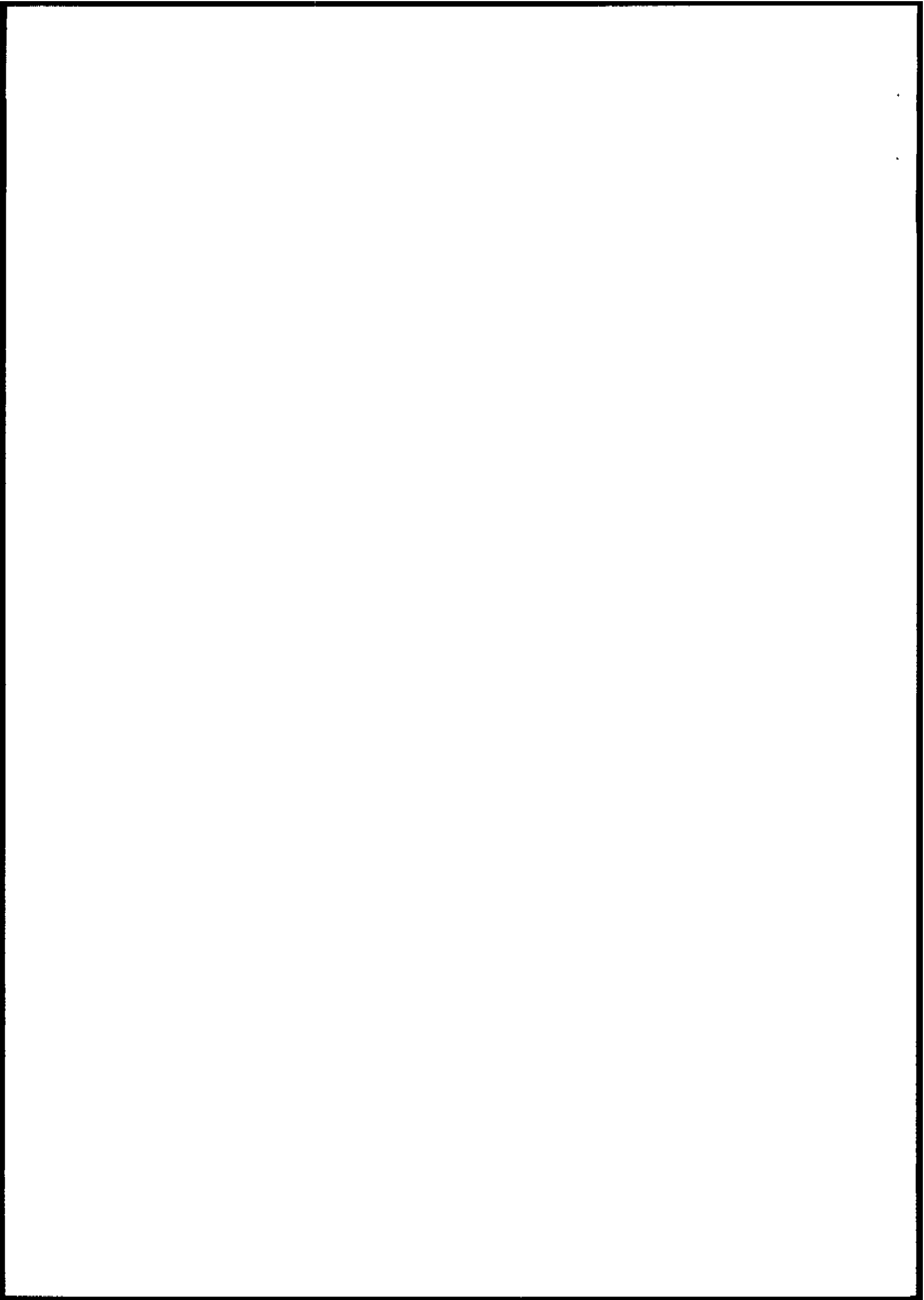
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<sup>a</sup> *Targets for health for all. Copenhagen, WHO Regional Office Europe, 1985 (European Health for All Series, No. 1).*

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### Introduction

The Multi City Action Plan (MCAP) on AIDS Care and Services comprises twelve Healthy City Project cities. The designated Coordinating City is Liverpool. Present at the third meeting, hosted by Liverpool, were Camden, Düsseldorf, Gothenburg, Liverpool, Rennes, Seville, Vienna, Zagreb (List of participants attached as Annex 3). Apologies had been received from Eindhoven and Glasgow.

The three-day meeting included

- a) A seminar on "The international perspective on the response to HIV infection and AIDS", held on 8 April 1991;
- b) A business meeting, held from 9 to 10 April 1991; and
- c) Site visits in the city of Liverpool, conducted during the morning of 9 April 1991.

The seminar was sponsored by the Merseyside and Cheshire AIDS Information Group and was open to all HIV/AIDS care workers within the Mersey Region; approximately one hundred people attended. Presentations were given by MCAP focal points from Camden, Gothenburg, Seville and Vienna, and by the representative from the Global Programme on AIDS in the Regional Office for Europe.

The seminar provided local HIV/AIDS health care workers from the statutory as well as non-statutory sectors with an opportunity for introduction to AIDS prevention and control initiatives by other municipalities in the European Region. It also provided a forum for a wide range of partners to establish contact with international counterparts through the MCAP network.

The MCAP group was welcomed by the Lord Mayor of Liverpool at a reception in which the HIV/AIDS work was commended by the City Council. The City of Liverpool has given considerable support to the work of the MCAP on AIDS Care and Services. In its capacity as member of the MCAP group, the Health Authority of Liverpool has derived a lot of publicity from its membership and by hosting the meeting, and has thus enhanced visibility and credibility of the work initiated in the city.

On 9 April 1991, site visits were conducted to HIV/AIDS care centres in the city, including

- the in- and out-patient hospital facility;
- drug dependency unit;
- hot-line centre;
- drop-in centre for youth;
- Body Positive self-help group;
- health promotion unit and
- needle exchange programme.

The centres presented their work and expressed appreciation of the opportunity to share their experiences with international colleagues. The exchange was introductory to an on-going process of communication which would be taken up between related services through the MCAP network. The objective of the site visits was to facilitate contact and exchange of information between interest groups. The emphasis was placed on the practical utilization of the MCAP group in order to strengthen communication on matters related to HIV/AIDS action programmes.

Business meeting, 9-10 April 1991

The agenda of the meeting included:

1. Update reports from cities
2. Joint work: MCAP on AIDS document on Essential Needs
3. Proposed project work with countries of Central and Eastern Europe (CCEE)
4. Time-scale and future meetings

1. Update reports from cities

1.1 Camden

The study of community care provision which had been conducted in Bloomsbury Health Authority (now Islington/Bloomsbury) is now being refined according to defined priorities. It is the intention to conduct the study in as many other cities as possible to enable comparison. It was agreed that the Project cities would facilitate contact with the relevant focal points in each city.

1.2 Düsseldorf

The municipality is building its first hospice for people with AIDS - its first hospice of any kind. The city has a great deal of experience working with CCEE, from its work with the former German Democratic Republic. This experience proves very useful to other project cities which will engage in collaborative work with the CCEE.

1.3 Gothenburg

A study of "Ethnic minorities - questionnaire about HIV/AIDS information" was in progress. Data is collected from cities throughout Europe. Gothenburg is particularly engaged in HIV/AIDS prevention for ethnic minorities in the city. More information on findings of this study should be available by the next meeting.

1.4 Liverpool

Liverpool has been actively involved in developing and strengthening intersectoral collaboration in the field of AIDS care and services in the municipality. A leaflet had been produced entitled, "HIV/AIDS - a joint strategy", as an expression of the coordinated partnership between the health and local authorities and the non-statutory organizations. The overall aim of the joint strategy has been to ensure the provision of a comprehensive range of services which:

are appropriate and flexible to individual needs;  
increase public awareness and understanding about HIV/AIDS;  
are easily accessible and based upon principles of confidentiality and equal opportunity; and  
take account of the views of users, carers and service purchasers and providers in the planning and delivery of services.

### 1.5 Seville

During the six months, which had passed since the last meeting of the group, extensive work had been carried out in Seville, as a result of the Multi City Action Plan. Late in 1990, the City Council Health Services had introduced the Municipal Programme on HIV/AIDS Prevention and hired a Coordinator. Prior to this, the only services available in the city had been hospital treatment, an STD clinic, which referred seropositive people to a hospital, an AIDS hotline and a voluntary organization with no outreach workers.

During the past five months the Municipal Programme had started to collect data on the needs of people with HIV infection. Using the model presented by Vienna, the programme had organized a seminar on the Community and HIV/AIDS, inviting all groups working with populations at risk in the city: injecting drug users, prostitutes and children of prostitutes, ex-prisoners and young people at risk. (There is no organized group for homosexual men in the city.) The seminar resulted in the establishment of the Citizens' Commission on AIDS Prevention, in which eleven groups in all are represented. The Commission meets once a month and coordinates the work towards implementation of the Municipal Programme for HIV/AIDS Prevention. The actions taken by the Commission to date include:

- Home Aid (which is a joint project with the Red Cross Society);
- Self-Help Group (which meets weekly in the Municipal Health Promotion Center);
- outreach work with injecting drug users;
- used needle collection;
- work with prostitutes;
- collaboration of pharmacists in the prevention programme.

### 1.6 Vienna

Vienna had completed its draft report on integration of statutory and non-statutory services. Unfortunately, due to financial constraints and a change in policy in Vienna, the Austrian AIDS Hilfe will soon undergo an organizational change, so that the central body in Vienna will be divided into decentralized local bodies. These changes may make it difficult to ensure future representation by the Austrian AIDS Hilfe in the MCAP group.

## 2. Joint work: Document on Essential Needs

### 2.1 Introduction

The Multi City Action Plan evolved from the recognition that many cities in the Healthy Cities Project have common problems. These cities have developed common strategies for addressing the problems. A flexible framework for action, which enables cities to work together in specific priority areas, would improve communication of ideas, experiences, resources and expertise. It would also present an opportunity for involving new partners in the Healthy Cities Project at local level.

The aim of the MCAP is to encourage innovative action for health at the local level. AIDS care and services is a priority focus for action; the MCAP on AIDS currently comprises twelve Project cities, which have jointly started the process of developing and implementing an action plan on common strategies related to improving the care and services available for people living with HIV/AIDS.

### 2.2 Objectives

The objectives of the MCAP on AIDS care and services are based on the Health for All principles of equity, multisectoral collaboration and community participation. Within the context of these principles, the MCAP on AIDS has defined its common goals to include:

- definition of a strategy for joint work;
- outline of priority areas for joint work;
- development of methods for action/evaluation;
- development of specific plans of action.

The process of preparing a document on comprehensive care and services available or needed in the MCAP on AIDS Project cities forms the basis of joint work in the group.

The aim of this document is to support a dynamic, ongoing process of creating, supporting and maintaining comprehensive programmes for HIV/AIDS care at the local level. The document is intended to support MCAP joint action to improve care and services in the respective cities, providing compiled, updated information on: HIV/AIDS prevalence, demographic data, services available, providers, innovative programmes, and gaps in services. The data will provide models of good practice, relevant to the contexts of each local situation, and present opportunities for joint work.

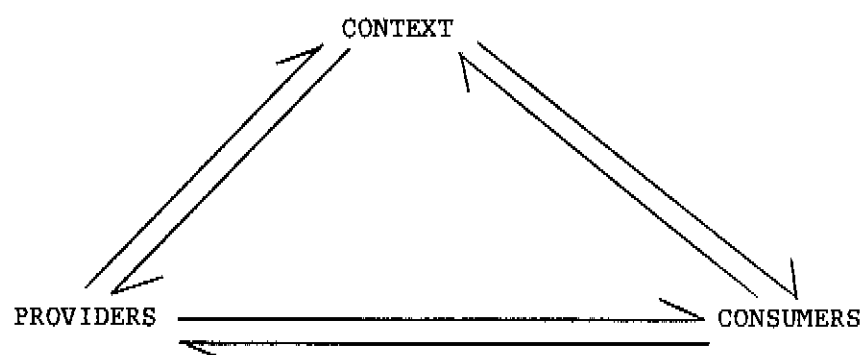
### 2.3 Comprehensive care and services

The concept of care encompasses an approach which is comprehensive, recognizing the range of needs for well-being, sustained throughout the illness, integrating and coordinating the range of services in both the statutory and non-statutory sectors, ensuring equitable provision of care.

High quality of care ensures the provision of services which are: available, appropriate, effective, acceptable, adequate, timely, reliable, accessible, and continuous.

Services which are appropriate and acceptable must be based on the needs and wishes of the consumers of these services and, to the greatest extent possible, should be planned in cooperation with consumers. The role of advocacy bodies, self-help groups and other non-statutory AIDS service organizations is vital to ensuring equitable and appropriate services for all those affected by HIV/AIDS.

Assessments and definitions of comprehensive care models are made within a triangular framework:



3. Proposed work with countries of central and eastern Europe

The proposal for project work with countries of central and eastern Europe (Annex 1) was discussed and prompted a great deal of enthusiasm in the group. As St. Petersburg was the next CCEE city to be designated it was agreed to invite the city to join the MCAP on AIDS care and services.

During the Healthy Cities Project mission to St. Petersburg (13-17 May 1991) the city was designated the 31st project city. The Multi City Action Plan concept was introduced to the project office, and the city was invited to participate in the MCAP on AIDS care and services. Participation will probably be on a rather passive basis initially, due to lack of financial resources and due to the many pressing priority issues with which the city must deal. Contact with the other Project cities is essential, however, and a good network for information exchange needs to be established. Health promotion, AIDS prevention and control, counselling and ethical issues are key priority issues for the city at present, all areas where the MCAP on AIDS could provide information and expertise. Contact should be established between Liverpool, as Coordinating City, and the St. Petersburg project office.

4. Time-scale and future meetings

The time-scale for future work is attached as Annex 2. It was agreed that the next business meeting would be held in Barcelona during the annual Healthy Cities Symposium, held from 25 to 29 September 1991.

Liverpool will continue as Coordinating City, at least until that time.

Time-scale of events, see Annex 2.

Annex 1

## PROPOSAL FOR MCAP PROJECT WORK IN CCEE

Introduction

The Multi-City Action Plan which was developed in consultation with Project Cities was based on the premise that groups of cities could work together to address common concerns needing priority consideration. The priority areas which have been defined are Youth, Elderly, Housing, Traffic, Equity, Nutrition, Tobacco, AIDS Care, and Hospitals.

The MCAP focuses on pragmatic development and implementation of plans of action, and member cities are confronted with the realities of the obstacles as well as the opportunities for action at local level. They have experiences of the successes and failures of different initiatives, and well appreciate the limitations to implementation due to practical, political and financial constraints.

With the many emerging needs and urgent priorities in various health related areas in the CCEE, and the relative openness of CCEE to new ideas, expertise and collaboration with cities in Western Europe, a project link between cities in CCEE and MCAP groups provides a relevant and timely opportunity for information exchange.

Project description

The project intends to provide an exchange of practical experiences and know-how within the defined MCAP areas, in selected cities in CCEE. It will also provide the CCEE cities with the opportunity for on-going collaboration with relevant contact persons and institutions for continued training and research in the MCAP cities within the specific area of interest.

The emphasis of the project is placed on developing networks of equal partners at local level; the approach implies a dynamic exchange of experiences and expertise: "peer training at city level".

The project could furthermore enable the collection and comparison of a series of data related to the MCAP area of focus.

Motivating factors for MCAP groups to embark on the project could be

- a) opportunities to expand networks within the MCAP specifically and the HCP more generally
- b) opportunities to expand contacts with partners at local city level, in preparing project input and follow-up
- c) greater visibility for activities implemented in MCAP cities - within the city as well as internationally.

Within a given MCAP group, the Coordinating City will be responsible for all administration related to the project, and will coordinate the input from member MCAP cities. It will be the responsibility of each city to develop input and materials using local resource persons and institutions.

#### Plan of action

MCAP groups choosing to participate in the project can initiate contact with selected cities in CCEE jointly with the HCP office in the Regional Office. Preliminary contact with the CCEE city health authority will define areas of interest and priority, within the given MCAP area. Partners in the CCEE city will also define the prime target group in their city, and designate a focal point.

The MCAP group will prepare the outline for a 2-3 day workshop to be held in the city. The agenda should also include site visits in the city as relevant. The workshop should be conducted with active participation from the target group.

Using the MCAP on AIDS care and services as a reference point, the project could include an introductory presentation of experiences in developing programmes for:

AIDS care: home/community care, discharge planning and follow-up, terminal care, respite care, foster care;

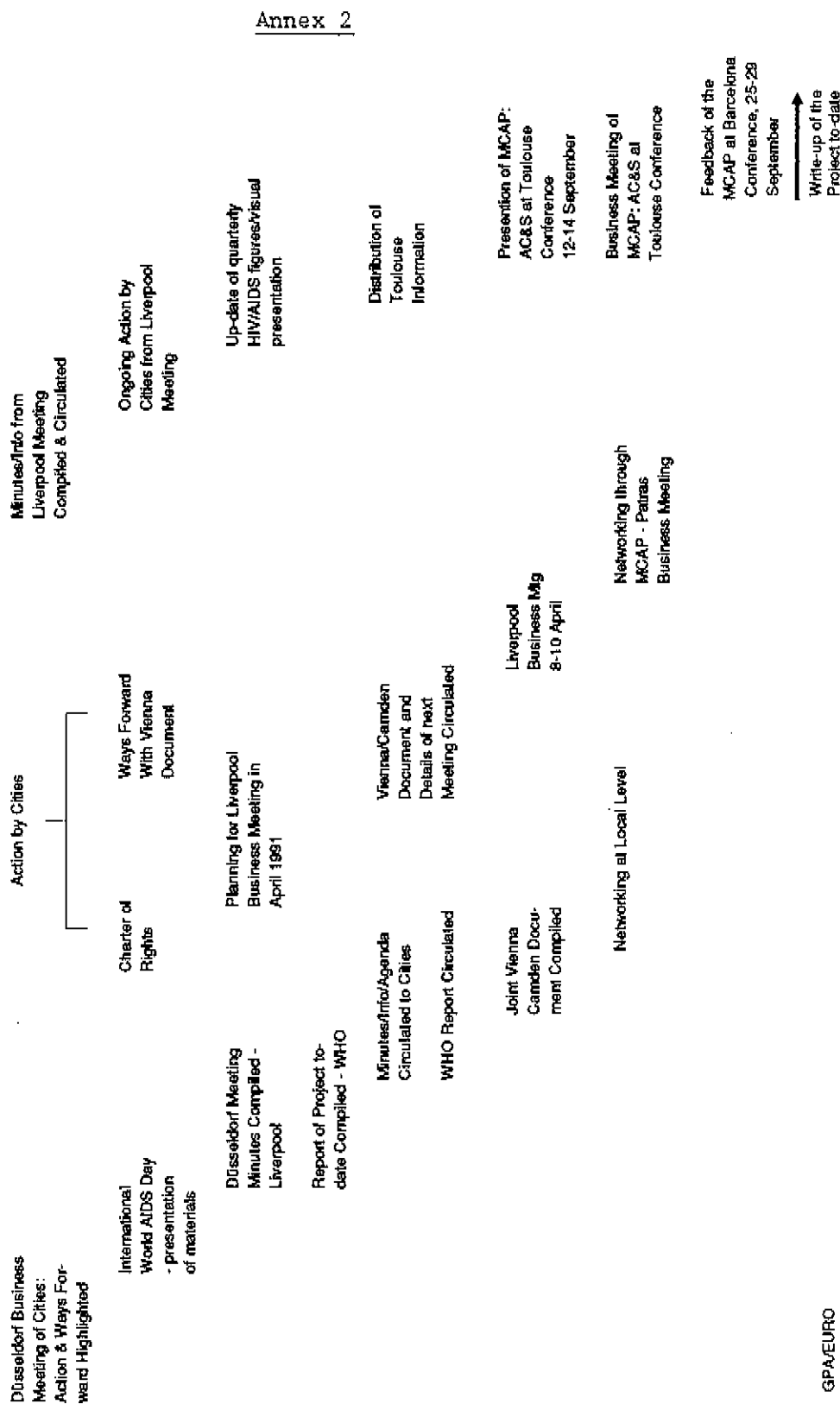
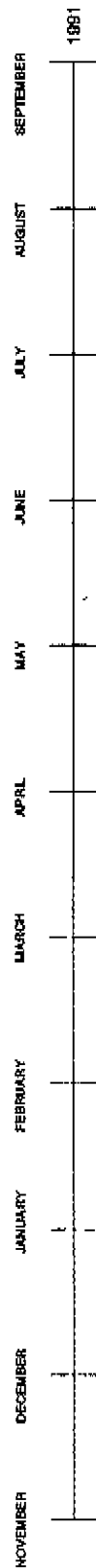
intersectoral collaboration: strengthening/mobilizing the voluntary sector policy: the role of advocacy in ensuring anti-discriminatory action/policies.

Study tours to MCAP member cities could strengthen the networking initiatives of the project and could provide CCEE cities with insight and experiences, using the contacts with the MCAP group. This will facilitate establishing further contacts at a wider scale in the cities.

The presentations may be prepared by a group of relevant partners in the cities. As one example, a section outlining practical steps to setting up lay home care, including training, materials, etc., may be prepared by a team of nurses providing home care in a non-statutory organization. (For example ACET in London, with which the MCAP on AIDS focal point for Bloomsbury is collaborating. ACET also has extensive experience in working in CCEE).

# MULTI-CITY ACTION PLAN: AIDS CARE & SERVICES (AC&S) TIME-SCALE OF EVENTS

NOVEMBER 1990 - SEPTEMBER 1991



Annex 2

Annex 3

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