

*Acquired immunodeficiency syndrome - prevention and control*

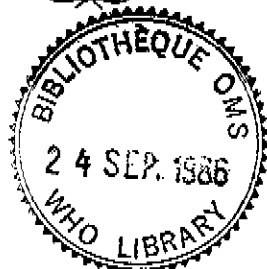


WORLD HEALTH ORGANIZATION  
ORGANISATION MONDIALE DE LA SANTE

*Health education*

AIDS/CPA/86.4  
ORIGINAL: ENGLISH

7806



REPORT OF  
MEETING ON EDUCATIONAL STRATEGIES FOR  
THE PREVENTION AND CONTROL OF AIDS

Geneva, 17-19 June 1986

CONTENTS

	<u>Pages</u>
1. The context for educational strategies for the prevention and control of AIDS . . . . .	2
1.1 The AIDS challenge/issues in prevention . . . . .	2
1.2 Selecting an appropriate AIDS strategy . . . . .	3
1.3 The rationale for public health communication in AIDS prevention . . . . .	3
2. Recommendations . . . . .	4
2.1 WHO Global communication programme on AIDS . . . . .	5
2.1.1 Policy coordination and guidance . . . . .	5
2.1.2 Research into prevention strategies . . . . .	5
2.1.3 AIDS communication strategies and materials . . . . .	6
2.1.3.1 Development of a global promotional packet . . . . .	6
2.1.3.2 Model strategies for national programmes . . . . .	6
2.1.3.3 Special strategies for high-risk groups . . . . .	7
2.1.3.4 Outreach efforts directed towards health and education professionals . . . . .	7
2.1.4 Information collection/dissemination . . . . .	7
2.1.5 Communication expertise . . . . .	7
2.2 The development of national programmes for the prevention and control of AIDS . . . . .	7
2.2.1 Establish a multidisciplinary national AIDS prevention committee (NAPC) . . . . .	7
2.2.2 Establish a communication/education action group as part of the NAPC . . . . .	8
2.2.3 Define AIDS problems and goals; and identify resources needed to carry out communication/education programmes . . . . .	8
2.2.4 Develop programme outcome objectives and action standards . . . . .	8
2.2.5 Develop a communication/education strategy . . . . .	8
2.2.6 Pre-test programme materials . . . . .	9
2.2.7 Implement programme in limited field trials . . . . .	9
2.2.8 Implement national programme . . . . .	9
2.2.9 Evaluate and redirect communication/education strategy, as needed . . . . .	9
2.2.10 Establish research capabilities at the national level . . . . .	9
3. Conclusions . . . . .	10

Annex 1 - List of participants

The issue of this document does not constitute formal publication. It should not be reviewed, abstracted, quoted or translated without the agreement of the World Health Organization. Authors alone are responsible for views expressed in signed articles.

0169X/0286F

Ce document ne constitue pas une publication. Il ne doit faire l'objet d'aucun compte rendu ou résumé ni d'aucune citation ou traduction sans l'autorisation de l'Organisation mondiale de la Santé. Les opinions exprimées dans les articles signés n'engagent que leurs auteurs.

## 1. The context for educational strategies for the prevention and control of AIDS

The 39th World Health Assembly, held in May 1986, urged Member States to implement immediately appropriate public health systems for the prevention and control of Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) infection, calling on the World Health Organization for support (WHA 39.29). In order to assist the Control Programme on AIDS in exploring the complex educational issues involved with AIDS prevention, a meeting on Educational Strategies for the Prevention and Control of AIDS was convened in Geneva, from 17 to 19 June 1986.

The meeting was attended by participants representing expertise in social science, health education and social marketing (Annex 1).

Dr S.K. Litvinov, Assistant Director-General of the World Health Organization, welcomed the participants. He drew attention to the global implications of HIV infection as well as to the overall potential application of the meeting recommendations. HIV infection reflects several biological and epidemiological features which justify a unique sense of urgency among public health officials, health care workers, scientists, political leaders, educators, high-risk groups and the general public. There have been few diseases in recent history that have concerned so many different groups in such a short period of time.

Dr A. Meyer (USA) was elected Chairman of the meeting and Ms E. Ngugi (Kenya) and Ms C. Verzosa (Philippines) were selected as Rapporteurs.

### 1.1 The AIDS challenge/issues in prevention

AIDS and infections with its causative virus (HIV) represent a serious challenge to the international health community. Since its discovery in 1981, AIDS has been documented to occur on all continents, with a total of 26,734 cases having been officially reported worldwide to WHO as of 25 June 1986.

Public health officials evaluating the problem, however, estimate that these cases do not accurately reflect the incidence of the disease on a worldwide basis.

Several features of HIV and AIDS justify a major public health commitment for the prevention of HIV infection at this time:

- The infection is apparently lifelong in many, if not all, infected persons;
- The full range of diseases associated with infection is unknown, but at present includes AIDS and a wide variety of AIDS-associated conditions;
- The virus can infect the central nervous system and cause neurological diseases, including dementia;
- The longer a person is infected with HIV, the more likely he/she is to develop AIDS and other adverse health effects;
- Infected persons can be healthy ("healthy carriers") yet spread infection.

The modes of viral transmission (sexual contact, contaminated blood and blood products, infected mother to child before, during, or shortly after birth) have potential for reaching large segments of the population:

- In some areas (e.g. Central Africa) HIV prevalence is particularly high among women of childbearing age, resulting in a significant risk of infection for their newborn children;
- HIV infection may interact with endemic diseases such as tuberculosis, with profound impact on control programmes against such diseases;

- Neither a vaccine nor an antiviral therapy is likely to become available soon.

Worldwide, the primary means of AIDS virus transmission is sexual, involving heterosexual (male to female, female to male) as well as homosexual contact. Research on human sexuality has been hampered by taboos, social stigma and other impediments but social and behavioural scientists are beginning to understand how sexual practices might be modified.

The prevention of sexually-acquired HIV infection involves major behavioural changes such as:

- Reducing the number of sexual partners;
- Using condoms in all casual sexual encounters;
- Avoiding sexual practices that are traumatic to tissues; reduce the effectiveness of natural (mucosal) barriers; and/or facilitate the exchange of body fluids (especially semen and blood).

The prevention of HIV infection through the use of contaminated needles and other instruments, contaminated blood products or from mother to child also require organizational and personal changes. However, the discussions at this meeting were focused on the sexual transmission of HIV.

### 1.2 Selecting an appropriate AIDS strategy

From an educational perspective, chronic diseases associated with certain life-styles, such as heart disease and cancer have some similarities to AIDS, suggesting that an educational strategy which combines rapid diffusion of information with well designed programmes to achieve life-style changes will be effective.

Given the urgent need to begin prevention activities, it may be useful to disseminate promptly what is currently known about the disease, while simultaneously developing a greater understanding of the relevant behaviours which will be required for achieving widespread and sustainable changes in sexual practices. Behaviour change strategies which result not only in immediate changes but also produce sustainable shifts in life-style for many members of the target community are essential.

### 1.3 The rationale for public health communication in AIDS prevention

Public health communication is the application of promising communication technologies and behavioural change strategies to specific public health problems. Public health communication is broadly defined as the systematic attempt to influence positively health behaviour of large populations using principles and methods of mass communication, instructional design, health education, social marketing, behaviour analysis, and the social sciences.

The success of public health communication, when applied to large-scale populations, depends upon its ability to change behaviour and thereby reduce risks of exposure to HIV. Public health communication must reach the intended audience by rising above the everyday clutter of advice and suggestions to become an important new priority. This goal cannot be achieved by the repetition of simple slogans, mass exhortation to "do the right thing", or the indiscriminate or isolated use of mass media. It requires a sensitive understanding of how people perceive and are affected by a specific health problem, the creation of useful and practical educational messages and the effective delivery of these messages to the appropriate persons.

Public health communication requires a long-term commitment. While a coordinated programme may be divided into sequential phases called "campaigns", which intensify activities during selected periods of time, public health communication is not limited to a single campaign. Although valuable as part of an overall strategy, campaigns, by themselves, have generally had short-lived impact and have created burdensome administrative demands.

The public health communication model incorporates several critical features:

- Principles of instruction are drawn from the behavioural and social sciences to guide the processes of problem assessment and message development;
- Experience in mass communication, community mobilization, social marketing and interpersonal communication are combined to guide the development and implementation of the overall communication strategy;
- Development of messages and materials is based on continual research at the community level as well as reports from representatives of specific risk groups; and
- Mass media and print materials (such as pamphlets and posters) are used in conjunction with interpersonal channels of communication.

Key characteristics of existing communication programmes to prevent the spread of HIV infection (e.g. Switzerland, the United States) include:

- Active participation of high-risk groups in programme development;
- Identification of life-style changes which are necessary and possible for the specific audience;
- Direct messages using approaches and vocabulary appropriate for different target groups; and
- Rapid dissemination of information through multiple-channels, i.e., combination of mass media, print and interpersonal interactions.

AIDS prevention, in the absence of a vaccine or anti-viral treatment, represents an immense and in many ways unprecedented challenge, requiring knowledge, skills, creativity and organizational support:

- to define and monitor the prevalence and incidence of the disease;
- to identify the behaviours and factors which increase the risk of infection; and
- to implement and evaluate a variety of educational strategies to reduce that risk.

These activities may provoke controversies which must be anticipated by WHO and addressed with patience and professional care.

## 2. Recommendations

It is urgent that WHO provide leadership in the development of a public health communication programme on AIDS prevention, providing a global perspective to policy makers on the importance of the disease and on the most effective ways to use modern communications to address the problem at national and local levels.

Specific recommendations for the design of AIDS prevention programmes were developed from two perspectives: 2.1 the WHO global communication programme on AIDS; and 2.2 the development of national programmes for the prevention and control of AIDS.

Recommendations for the WHO global programme focus on developing and disseminating clear and consistent messages about AIDS to encourage as well as coordinate educational activities worldwide. The global programme should also seek to expand understanding of how communications can most effectively be used and to identify strategies, models, information and technical advisers who may assist national programmes.

Recommendations for national programmes involve undertaking effective public health communications and social marketing programmes within individual countries to reduce the spread of AIDS through public awareness and behaviour changes.

## 2.1 WHO global communication programme on AIDS

It is recommended that the global programme include five major activities designed to foster worldwide understanding of the AIDS problem, support specific national programmes and contribute towards AIDS control and prevention:

- Policy coordination and guidance for communication activities;
- Targeted communication research;
- Development of model AIDS communication systems, strategies and materials to be adapted locally;
- Information collection and dissemination; and
- Identification and coordination of technical experts in communication disciplines such as social marketing, social sciences, health education, advertising and other relevant areas for use as advisers to WHO and national programmes.

The global programme is directed at decision-makers within developing countries, as well as those within other specialized agencies of the United Nations, bilateral assistance organizations, private voluntary organizations and at all levels of WHO. While it is not recommended that WHO actually produce materials for specific national programmes, it is anticipated that WHO could produce prototype materials that can be adapted to local settings to promote increased public awareness of the global implications of AIDS.

### 2.1.1 Policy coordination and guidance

WHO should seek to standardize a set of core concepts about AIDS - its transmission and other characteristics, prevention strategies and possible intervention approaches.

WHO should also seek regular contact with key policy makers to make new developments in AIDS prevention rapidly known and appreciated. Specific policy coordination in the following areas is recommended:

- With national governments to stimulate the creation of national AIDS prevention committees and expand national programmes;
- With other specialized agencies of the United Nations as well as other international organizations, to explore joint efforts in AIDS prevention and control activities;
- With bilateral assistance agencies to seek support for specific field trials and to ensure overall policy coordination; and
- With private voluntary organizations to promote greater emphasis on AIDS prevention in their outreach programmes.

### 2.1.2 Research into prevention strategies

WHO should promote, guide and coordinate targeted research efforts to identify the behavioural, social and communications variables associated with the prevention and control of AIDS in order to improve our understanding of the problem and guide specific intervention strategies. This research is complementary to the biomedical and epidemiological research needs identified for the WHO Control Programme on AIDS at other WHO meetings. Areas of emphasis should include the following:

- Develop model protocols and coordinate field trials with other agencies on consumer and product research which include:
  - public attitudes, knowledge and reported practices;
  - intervention methods to influence behaviours in different target groups;

- the social cost to target groups of adopting proposed new practices; and
- communication strategies and behaviour modification for persons already infected with HIV;
- Develop evaluation indicators; and
- Develop criteria to monitor programme inputs and outputs which can be used to promote regular programme monitoring. Criteria might include:
  - HIV sero-conversion rates;
  - behaviour change toward promoted behaviour;
  - condom use;
  - condom sales;
  - ability to correctly state risk factors of AIDS; and
  - awareness of term "AIDS".

### 2.1.3 AIDS communication strategies and materials

While there are many areas of materials development that WHO could support, it is recommended that WHO concentrate its efforts in four specific areas:

- The development of a global promotional packet;
- Model strategies for national programmes;
- Special strategies for high-risk groups; and
- Outreach efforts directed towards health professionals.

#### 2.1.3.1 Development of a global promotional packet

The packet is recommended as an initial step to establish a continuing and systematic communication programme with decision-makers who may not fully understand the implication of AIDS for the future. The primary goal is to increase the understanding of AIDS as a medical and social problem.

It is recommended that the packet include both print and broadcast materials which complement each other and that a cadre of staff at each Regional Office be trained in the effective use of these materials. Materials which personalize the AIDS problem, helping to make the problem real and concrete, may be the most effective.

#### 2.1.3.2 Model strategies for country programmes

Recognizing the wide variety of cultures, media systems, and expression of the AIDS problem throughout the world, it is recommended that WHO develop a series of model strategies to meet different national and local needs, concerns and standards of acceptability. Using experts familiar with each region, model communication plans could be defined for discussion and adaptation at national and local levels. Key variables include:

- The degree of policy support for AIDS prevention and control;
- The epidemiological characteristics of HIV infection, including identification of high-risk groups;
- The available channels of communication, health service infrastructure, local organizations and media systems;
- The level of available resources; and
- The cultural implications of the disease.

### 2.1.3.3 Special strategies for high-risk groups

It is recommended that WHO collaborate with national institutions (e.g. medical, educational, religious) in identifying strategies for communicating with specific high-risk groups such as male/female prostitutes and homosexual men.

### 2.1.3.4 Outreach efforts directed towards health and education professionals

It is recommended that WHO develop strategies to educate health and education professionals.

These activities could include:

- Integrating AIDS into the curricula for health and education professionals;
- Presenting scientific sessions for practising physicians and other health professionals in collaboration with national medical associations; and
- Developing diagnostic tools/algorithms for clinical use.

### 2.1.4 Information collection/dissemination

It is recommended that WHO establish a system of providing updated technical information on AIDS prevention to national programmes.

### 2.1.5 Communication expertise

It is recommended that WHO create an advisory board on public health communications with responsibility for:

- Providing continued advice to the WHO global communication programme;
- Planning discrete, short-term education/communication interventions; and
- Identifying international and local experts to assist national programmes.

## 2.2 The development of national programmes for the prevention and control of AIDS

National authorities must make a substantial commitment to AIDS prevention and allocate sufficient resources accordingly. Individual countries should develop effective communication/education programmes for the prevention and control of AIDS. Recommended activities will require specialized knowledge of local customs for adaptation of programme activities to specific national needs. Countries should consider the following actions in developing their prevention and control programmes:

### 2.2.1 Establish a multidisciplinary National AIDS Prevention Committee (NAPC)\*

The recommended roles of the NAPC include advocacy, data collection and interpretation, resource mobilization and overall national coordination.

It is recommended that committee representatives be drawn from both public and private sectors including, but not limited to: Ministries of Health, Social Welfare, Education, Information and of the Interior; private medical practitioners; private school associations; private sector communications; special interest groups; opinion leaders; and media "gate keepers".

---

\* The use of this term and its corresponding acronym are used as examples only and do not necessarily imply endorsement for a single terminology in this area.

2.2.2 Establish a communication/education action group as part of the NAPC

This sub-group would develop and promote implementation of communication/education activities specific to the country, as coordinated by the NAPC. As an immediate first step, this subgroup should use the packet of educational and promotional materials developed by WHO to generate awareness, commitment and support among national and local decision-makers for AIDS prevention and control programmes.

2.2.3 Define AIDS problems and goals; and identify resources needed to carry out communication/education programmes

The prevention and control of AIDS will require long-term, country-specific strategies for behaviour change. Therefore, the communication/education subgroup should simultaneously:

- Identify the available and needed resources to undertake comprehensive communication/education interventions;
- Begin the development of baseline/formative research to guide the planning of each country's individual communication/education intervention.

2.2.4 Develop programme outcome objectives and action standards

The goals of the programme should be determined in specific, measurable terms.

2.2.5 Develop a communication/education strategy

The development of a communication/education strategy for the prevention and control of AIDS should be consistent with the goals of the NAPC and based on an understanding of the current AIDS-related attitudes, knowledge and behaviours among the general public and high-risk groups in each country. It is recommended that representatives of high-risk populations and target audiences be included in the planning of communication/education strategies to ensure the clarity as well as sensitivity of the materials and approaches. Basic components of a communication/education strategy include:

- Identifying the potential target audiences and segmenting these audiences on the basis of key country specific variables including:
  - Geographical location; sex; age; literacy/education level; sexual practices; message receptivity level; socio-economic status; religious preference; race/ethnicity; infected/non-infected status; early adaptor potential.
- Selecting primary and secondary target audiences:
  - Primary audience(s). Those segments of the population which have been identified as key targets on the basis of risk status, accessibility, message receptivity, or other variables;
  - Secondary audience(s). Those individuals or groups which provide essential support for primary target audience acceptance. These include decision-makers; opinion leaders and traditional authority figures.
- Determining the specific behaviours to be influenced.
- Determining specific, measurable educational objectives based on intended changes in behaviour and their associated factors:
  - Improving knowledge of issues in general public and high-risk groups; educating target audiences regarding risk factors; altering the image of AIDS; motivating constructive actions; teaching specific new behaviours and skills; providing positive consequences to reinforce existing appropriate behaviour patterns; providing appropriate support for HIV antibody positive individuals and members of high-risk groups.

- Selecting educational strategies which are most appropriate for achieving educational objectives:
  - Mass media; pamphlets; interpersonal skills training; individual, group or peer counselling; patient education.
- Determining the specific context of the messages and interventions to be delivered:
  - Develop a list of specific primary and secondary communication objectives for each element of the programme which outlines in specific words what the target audience is to know, to believe or do; and
  - Focus on key benefits and motivations for target audience behaviour change.
- Determining the character and content of specific communication/education strategies:
  - Message tone; "positioning" of the issue; phrases and symbols; images created; use of authority figures; factual versus emotional appeals; use of peer group spokespersons; testimonials (e.g. AIDS patients telling their story).
- Selecting the "channels" for implementing each programme strategy and how it will be phased:
  - Mass media; interpersonal with public and private medical community and health workers; traditional media (songs, drama, etc.); local authority; churches/education professionals; public relations; other special interest groups; vaccination certificate requirements; and health advice for international travel (WHO).

#### 2.2.6 Pre-test programme materials

These materials should be pre-tested among the appropriate target group to determine their effectiveness and should be revised accordingly.

#### 2.2.7 Implement programme in limited field trials

Communication materials and approaches should be field tested and their impact evaluated in terms of predetermined criteria.

#### 2.2.8 Implement national programme

After revisions are made following field trials, the communication/education programme can be instituted on a national level. Monitoring of current activities will be important to provide the basis for continual evolution of the national programme.

#### 2.2.9 Evaluate and redirect communication/education strategy, as needed

Undertake routine measures to evaluate progress and permit programme to be revised as necessary.

#### 2.2.10 Establish research capabilities at the national level

A range of research activities may be required to guide long-term programme activity. These include:

- Sociomedical and epidemiological research (serosurveys) to assess the scope of the HIV problem;
- Baseline survey of public attitudes, opinions, knowledge and behaviours to assess interim programme outcomes;

- Formative research among target audiences to guide communication/education strategy and materials development, including knowledge, attitudes, behaviours, influencing agents, patterns and channels of effective communication, motivational dynamics (barriers and facilitation elements), behaviour change potential, personal "cost" associated with behaviour change;
- Message pre-testing; and
- Evaluation for:
  - Tracking attitudes and awareness levels;
  - Monitoring progress and assessing behaviour change;
  - Monitoring trends in levels of HIV infection (seropositivity); and
  - Reassessing communication/education strategies based on the current state of the knowledge.

The development and implementation of a national education/communication strategy should not be viewed as a rigid sequence of procedures leading to a one-time campaign. The education process is likely to span many years. Thus the strategies will need to be revised and modified over time in the light of experience and changing needs.

### 3. Conclusions

The meeting participants strongly support WHO's interest and role in developing educational strategies for the prevention and control of AIDS.

WHO should take the necessary steps to develop and disseminate standardized technical messages on AIDS and AIDS prevention, stimulate research into prevention strategies, and develop linkages with organizations representing health professionals, international agencies, and private sector social marketing resources.

At the national level, epidemiological assessment of the local HIV problem and appropriate adaptation of potential communication technology to local needs are the essential complementary phases in developing a public health communication approach to AIDS prevention and control.

WHO's collaboration with Member States in the implementation of AIDS prevention strategies could be most effectively assured by the provision of technical expertise to assist both in the local epidemiological assessment as well as the development/adaptation of appropriate communication media strategies.

WHO should establish and maintain links with experts in public health communication, including social scientists, health education specialists and social marketing experts. These linkages would enable the Organization to continue a fruitful dialogue in this important and dynamic field, adjust its global strategies through reviews of the application of this technology for the prevention and control of AIDS, and assist Member States in the identification of technical expertise for local programme planning and implementation.

LIST OF PARTICIPANTS

Dr W. Darrow  
Research Sociologist, AIDS Program, Center for Infectious Diseases, Centers  
for Disease Control, Atlanta, Georgia 30333, USA

Ms M. Debus  
Needham Porter Novelli, 3240 Prospect Street, N.W., Washington, D.C. 20007, USA

Ms J. Haffey  
PATH/PIACT, 1255 23rd Street, N.W., Washington, D.C. 20037, USA

Mr J. Jones  
Center for Health Promotion and Education, Centers for Disease Control,  
Atlanta, Georgia 30333, USA

Dr A. Meyer  
Adviser for Development Communication and Social Marketing, Office of  
Education, Bureau for Science and Technology, U.S. Agency for International  
Development, Washington, D.C. 20523, USA

Ms E. Ngugi  
Chief Nursing Officer, National AIDS Coordinator, Ministry of Health, Afya  
House, Nairobi, Kenya

Mr J. Obetsebi-Lamptey  
President, LINTAS, P.O. Box 1262, Accra, Ghana

Dr W. Smith  
Senior Vice President, Academy for Educational Development, 1255 23rd Street,  
N.W., Suite 400, Washington, D.C. 20037, USA

Dr B. Somaini  
Chef de la Section de l'Epidémiologie médicale et Laboratoire de Contrôle,  
Office fédéral de la Santé publique, Case postale 2644, 3001 Berne, Switzerland

Dr P.E. Touchette  
Department of Pediatrics, University of California - Irvine, Medical Center,  
101 The City Drive South, Bldg 27, Route 81, Orange, California 92668, USA

Ms C. Verzosa (At present in Washington)  
Executive Director, Kabalikat, Manila, Philippines

SECRETARIAT - World Health Organization, Geneva

Dr F. Assaad  
Director, Division of Communicable Diseases

Mrs C. Dasen  
Information Officer, Programme Support Service, Division of Public Information  
and Education for Health

Mr H.S. Dhillon  
Associate Director, Health Education Service, Division of Public Information  
and Education for Health

Mrs K. Esteves  
Technical Officer, Epidemiology and Management Support Services, Division of  
Communicable Diseases

Mr S.S. Fluss  
Chief, Health Legislation, Health and Biomedical Information Programme

Mr J. Ling  
Director, Division of Public Information and Education for Health

Dr S.K. Litvinov  
Assistant Director-General

Dr J. Mann  
Responsible Officer, Control Programme on AIDS, Division of Communicable  
Diseases

Dr J. Orley  
Senior Medical Officer, Division of Mental Health

Mr W.C. Parra  
Management Support Officer, Epidemiology and Management Support Services,  
Division of Communicable Diseases

Dr H. Tamashiro  
Scientist, Epidemiology and Management Support Services, Division of  
Communicable Diseases

\* \* \*