

89576

WHO/GPA/INF/89.7  
Original: English  
Distr.: General

E F

---

GLOBAL  
PROGRAMME  
ON **AIDS**

---

STATEMENT FROM THE  
SECOND REGIONAL CONFERENCE  
ON AIDS IN AFRICA

KINSHASA, ZAIRE  
24-27 OCTOBER 1988



WORLD  
HEALTH  
ORGANIZATION

---

## **Statement from the Second Regional Conference on AIDS in Africa, Kinshasa, 24-27 October 1988**

---

The Second Regional Conference on AIDS in Africa, organized by WHO with the collaboration of the Ministry of Health of the Republic of Zaire, was held in Kinshasa from 24 to 27 October 1988. National AIDS committee chairpersons, directors of national AIDS programmes and chiefs of AIDS information, education and communication (IEC) activities from 44 countries in the WHO African Region and one country from the Eastern Mediterranean Region attended the conference, along with representatives of multilateral and nongovernmental organizations.

Following presentations on scientific and technical issues, participants divided into eight working groups. These groups shared their experience and discussed the following topics which are of particular importance for the further development of national AIDS programmes: implementation and monitoring of national AIDS programmes; defining and reaching target groups; counselling; involving the media in promoting AIDS prevention and control; surveys of knowledge, attitudes, beliefs and practices; surveillance for HIV infection; and condoms. A brief summary of these discussions follows.

---

### **Implementation and monitoring of national AIDS programmes**

It is necessary to establish a strong programme managerial structure at the central level, including direct access of its responsible officer to the highest levels of the ministry of health. Centrally coordinated planning, budgeting and evaluation, combined with decentralized responsibilities for programme implementation, is desirable in national AIDS programmes, together with an integration of AIDS activities in other primary health care activities, especially maternal and child health, family planning, immunization and sexually transmitted disease (STD) control programmes. As medium-term national programmes are established, the role of the national AIDS committee shifts from executive to advisory and therefore a clear definition of roles is needed. Multi-sectoral cooperation and involvement of nongovernmental organizations (NGOs) should be encouraged. While resources should be allocated to other sectors or NGOs, the coordinating and guiding role should remain clearly with the health sector. National staff must control national programmes; staff in national AIDS programmes may require financial support for additional responsibilities; the responsibilities of international support staff must be clearly defined. Clinical management issues, including community-based care and support for HIV-infected persons, are of increasing importance.

---

### **Defining and reaching target groups**

The process of identifying target audiences for IEC activities and ranking them in order of priority should begin with an epidemiological assessment to determine:

- 1 their importance in preventing the spread of HIV (e.g., prostitutes); and
  - 2 their likelihood of exposure to HIV (e.g., adolescents). The accessibility of target audiences and their contact with communication channels may also be relevant factors when deciding on an order of priority. It is essential that themes, messages and choice of communication channels reflect the particular needs and characteristics of target audiences; this can only be
-

---

assured if materials are developed and pre-tested with them. IEC activities should be linked clearly with the provision of those health and social services needed to promote and sustain the desired behaviour change.

---

## **Counselling**

The vital importance and central role of counselling in national AIDS programmes was emphasized. Counselling is a means of maintaining social integration of HIV-infected persons, including those with AIDS. Counselling can be a powerful tool to change negative or dysfunctional behaviour and to reinforce positive behaviour. Alternative modes and locations for provision of counselling must be explored, to take full advantage of local and national traditions and resources. While health workers may frequently be a point of entry to counselling services, other professionals, family, volunteers and NGOs should play a vital role, particularly when strengthened through training, supervision and the provision of appropriate resources. Maintenance of confidentiality in counselling is critical.

---

## **Involving the media in promoting AIDS prevention and control**

National AIDS programmes should provide accurate and current information to the media; determine the best media for each target audience and enlist regular support from the media. To accomplish these tasks, the programme should take active steps to educate and orient the media (seminars, provision of educational and background materials), allocate sufficient resources for media collaboration, ensure representation of the media on the IEC sub-committee of the programme, and in the planning process for major public information efforts such as World AIDS Day. World AIDS Day activities should be held throughout the country; involve many sectors of society; be designed to be ongoing; and be used to develop closer and effective links with the media.

---

## **Knowledge, attitudes, beliefs and practices (KABP)**

Information on knowledge, attitudes, beliefs and practices about AIDS is fundamental to the planning of AIDS prevention and control programmes, especially the development of educational strategies. Obtaining this information should be a priority within each national AIDS programme. If data are available these should be used, but KABP surveys will usually be required. Prior to undertaking KABP surveys, populations of interest, data to be collected and the relevance of survey results for programme planning should be clearly defined. The logistic and resource requirements of KABP surveys are often underestimated; realistic costing of survey work is therefore essential. To the maximum possible extent, studies should use standardized methods and approaches in order to permit cross-national comparisons as well as temporal comparisons within countries. National researchers and institutions should be utilized for KABP research; this will require establishing linkages with universities and other sources of social and behavioural science expertise.

---

## **Surveillance for HIV infection in national AIDS programmes**

Serosurveillance for HIV infection is necessary in all programmes in order to monitor trends in HIV infection and help guide action. Several approaches are available but sentinel serosurveillance is preferable. Pregnant women presenting for antenatal care, blood donors and STD patients are considered to be some of the important groups for serosurveillance. The unlinked anonymous testing method is recommended to ensure that surveillance data are unbiased by patient refusal to participate in HIV testing. This involves HIV testing of blood collected for other purposes without informing the individual and with the assurance that test results cannot be linked with personal identifiers. Therefore, unlinked testing requires strict

---

---

attention to methodological details, such as recording the absolute minimum of personal information. Prior to initiating surveillance based on unlinked testing, extensive discussion is required along with training to include a strong emphasis on professional rules of conduct.

Alternatively, when testing with personal follow-up is desired, different arrangements are obviously needed. It is important not to mix these approaches; it would be highly undesirable to test blood without consent and then inform the person of the results.

---

## **Condoms**

There is a shortage of condoms in many countries. Demand often exceeds supply, even in countries where condom promotion is not far advanced. People often lack accurate knowledge on the effectiveness and proper use of condoms and where to obtain them. Unfavourable attitudes exist about effectiveness, loss of sensation, inconvenience and expense of condoms. Barriers to more widespread condom use include: the knowledge of and the ability to reach risk groups, costs to the user, accessibility, poor quality, and lack of information on proper use. Technical assistance, training and planning are required to help national AIDS programmes develop efficient condom logistics and distribution systems integrated with IEC activities and overall national AIDS plans.