

work. If fitness to work is impaired by HIV-related illness, reasonable alternative working arrangements should be made.

8. *Continuation of employment relationship:* HIV infection is not a cause for termination of employment. As with many other illnesses, persons with HIV-related illnesses should be able to work as long

as medically fit for available, appropriate work.

9. *First aid:* In any situation requiring first aid in the workplace, precautions need to be taken to reduce the risk of transmitting blood-borne infections, including hepatitis B. These standard precautions will be equally effective against HIV transmission.



AIDS Prevention through Health Promotion: A Planning Guide

Health promotion can be broadly defined as the systematic attempt to positively influence the specific health practices of large numbers of people by using principles and methods adapted from mass communication, instructional design, health education, social marketing, behavioral analysis, anthropology, and related public health and social sciences. It begins with assessment of the problem, it targets specific actions, and it then develops an action plan that is implemented, monitored, and modified to meet changing conditions. Health promotion is based on the belief that people often behave in ways that seem contrary to what is best for them—but that they have reasons for doing so. Health promoters have the obligation to avoid blaming people for engaging in unhealthy or high-risk behavior, to understand why they choose such behavior, and to develop systems that will encourage voluntary change.

The World Health Organization's Global Program on AIDS is producing a series of publications on health promotion to prevent AIDS. One volume of the WHO Health Promotion Guide is ad-

ressed to members of national AIDS committees (NAC) worldwide who plan, implement, and evaluate health promotion activities to prevent the spread of HIV infection. The guide provides a step-by-step review of the major elements and procedures of health promotion. It outlines an approach to selecting the strategies, techniques, personnel, and skills needed to reach the general public and to encourage changes in high-risk practices among specific audiences.

The guide is divided into four chapters that describe the four elements of the health promotion planning process. Chapter One, "Pre-program Assessment," considers what information is needed to develop the Health Promotion Plan, how the community-based information is best collected, and how community-based research techniques are best managed. Chapter Two, "Planning," explains how a health promotion strategy is selected, what behaviors and audiences are targeted for change, and how the targeted changes are best accomplished. In Chapter Three, "Implementation," the practical considerations for implementing an AIDS health promotion

plan and the multiple channels and resources used to achieve the targeted changes are discussed. Chapter Four, "Monitoring," deals with what program aspects require monitoring and what community-based methods are most appropriate for effective monitoring.

The guide is not meant to be a textbook but rather an annotated checklist designed to give experienced health educators and communications professionals a comprehensive overview of AIDS prevention through health promotion. What follows is a summary of the information presented in the guide.

PRE-PROGRAM ASSESSMENT

Pre-program assessment is the collection of broad-based information on the disease, the audiences, and the communication channels for the purpose of planning health promotion programs. In order to take the appropriate health promotion actions, solid facts are needed about the AIDS problem—its epidemiology, the natural course of the disease, its psychological impact—and the resources available to solve it. Without assessment, health promoters are dependent upon rumors, hunches, and personal judgment.

An AIDS prevention program requires background information in at least seven areas: (1) the local epidemiology of AIDS, (2) the public image of AIDS, (3) high-risk behaviors, (4) institutional and community resources, (5) service and product availability, (6) communication channels, and (7) anticipated obstacles and constraints. These questions can be answered by either rapid or in-depth assessment techniques. Rapid assessment is the collection of community-based information on the problem, audiences, and channels in order to develop an initial health promotion plan. Some information is collected relating to all seven

questions, and the program gets underway quickly. In-depth assessment uses more rigorous sampling techniques involving larger study groups and assesses changes over a longer period of time. In-depth assessment provides more complete and reliable information on a broader range of topics.

All health promotion assessment methods, whether rapid or in-depth, rely on practical community-based information. Theoretical, laboratory, and academic research is not directly relevant to most program planning. Listed below are some of the most common community-based assessment techniques. Different methods appropriate for different phases of the assessment and different information needs include the following:

Community surveys—Information is collected on a population's knowledge, attitude, and/or self-reported behavior, using formal interviews with a large sample of persons chosen to represent the population. Survey research is most valuable when the information gathered is well-defined and the questions are focused and specific.

Intercept interviews—This form of survey research uses a physical location as the means of selecting respondents. Interviewers are stationed at points frequented by the target audience, and the questions usually take only a few minutes to answer. Intercept interviews can yield a large number of responses in a reasonably short time. They can be a cost-effective means of gathering quantitative data.

Audits—A quantitative inventory is performed to determine if products and services are available. Checklists and simple questionnaires are used to collect standardized information from distribution points in the system, and obstacles to distribution are identified by observation and questioning.

Literature and archival search—Existing written material on the selected topic is reviewed, including clinical and epidemiological studies; media studies; general market research on similar target audiences and products; demographic, health and nutrition, and contraceptive surveys; medical services records; and commercial sales and distribution records.

In-depth individual interviews—Open-ended and probing questions are used to explore an individual's attitudes, knowledge, and reported behavior. These interviews often require lengthy sessions ranging from 20 minutes to two hours.

Focus group interviews—In these interviews, open-ended and probing questions are addressed to homogeneous groups of individuals to explore their attitudes, knowledge, and reported behavior.

Ethnographies—In-depth studies are done of the behavioral environment into which a given health practice will fit. Ethnographies are useful in determining how other cultural aspects can be used to support a new health practice and to avoid cultural taboos.

Observation studies—Trained observers, using checklists and guides, record and analyze behaviors that occur in the natural environment. Observation studies can be useful in determining how widespread a practice or product is, and whether the materials needed to support the practice are in place.

Product and concept testing—These studies can provide information on the probable acceptance of products or concepts by the target audience.

Pilot tests and test markets—A strategy is applied to a small but representative group of the target audience.

Pricing studies—These studies are used

to determine what the optimal price for a given product should be, by means of interviews and test markets.

Selection of assessment methods is important. Research is no better than the quality and usefulness of the questions asked. Time should be invested in deciding what information is needed and how it will be used. The best research design includes a variety of community-based methods, since combinations of qualitative and quantitative methods answer broader questions and give more reliable information. Poorly done research can be more harmful than no research at all, since it can give a planner confidence to proceed in the wrong direction.

Community-based assessment techniques require a wide range of staff skills. Quantitative techniques, such as sample surveys and intercepts, require experience in large-scale data management. Qualitative techniques, such as focus groups, in-depth interviewing, and ethnographies, require questioning skills and the ability to probe the meaning of responses. Community-based techniques such as store audits, pricing studies, product tests, and observation studies require practical field experience and keen observation skills. Experience in carrying out, for example, a large sample survey does not qualify an individual to conduct focus groups.

In summarizing and reporting results, it is important to keep findings focused and relevant to specific issues around which the planning process must operate. Some of the most important assessment results will include information on the local epidemiology of AIDS, public attitudes toward AIDS, service and product availability, and the communications infrastructure.

PLANNING FOR HEALTH PROMOTION

Health promotion planning is the process of organizing and sequencing activities to achieve specific health promotion goals. The plan should establish goals for specific audiences. It must describe the messages, concepts, services, and products to be made available. It should list key benefits the audience will perceive as important and show convincingly how these benefits will be presented. The principal channels that will be used to deliver the messages, services, and products must be identified, and the schedule and budget necessary to implement the plan must be outlined.

The written plan need not be lengthy. It should reflect the findings of the pre-program assessment, describe what is being proposed, and relate proposals to the overall AIDS program. It should be organized around the answers to key questions:

- **Goals:** How will health promotion help reduce HIV transmission? How do health promotion goals relate to the overall goals of the national AIDS program?
- **Situation summary:** How can the data be summarized to provide the clearest picture of the status of AIDS and HIV infection in the country?
- **Target audience:** Who, specifically, must change their behaviors in order to reduce HIV transmission?
- **Objectives:** What specific attitudes, knowledge, and behaviors are to be changed? To what degree? Over what period of time?
- **Key benefit:** What benefit will the audience recognize as most attractive?
- **Support:** What evidence will make the program's messages believable to a specific audience?

- **Tone:** What creative approach will make these messages compelling and convincing to the audience?
- **Channels:** Which media and instructional networks can reach the audience effectively?
- **Materials and logistics:** What materials and logistical support (such as condoms, training programs, and travel resources) are needed to achieve program objectives?
- **Monitoring:** What aspects of the plan will be evaluated to determine if program elements are in place and operating as planned?
- **Budget and timeline:** How can this plan be accomplished within a given budget and period of time?
- **Summary strategy statement:** What combination of approaches will best suit particular situations, audiences, and objectives?

The strategy statements should be clear and concise and should encapsulate the plan of action for each significant target audience. Together, the strategy statements form the structure of the national program. A comprehensive national program may include a number of different audience-specific strategy statements.

IMPLEMENTATION

Implementation is the process of putting the health promotion plan in action. It means producing, testing, and distributing the products, materials, messages, and services outlined in the health promotion plan, and includes five tasks.

- **Identify the producers and suppliers:** Define who will draw the posters, record the radio and TV programs, prepare the curriculum, train the trainers, and so forth.

- **Create draft materials:** Describe how the training will be structured, what images and words will be used, and who will be the spokespersons in TV ads.
- **Pretest and rehearse:** Determine how materials and training designs will be tested to ensure that they work for the specific audiences.
- **Produce the materials:** Select who will do the printing, record the radio and TV programs, and conduct the training workshops.
- **Diffuse and distribute:** Determine who will deliver and use the flyers, air the radio and TV programs, and provide the face-to-face training and counseling.

People with skills in training, counseling, community organization, and oral presentation are the human contact points for AIDS prevention. Interpersonal programs provide critical face-to-face contact. These programs influence the target audience, develop skills, and provide support, and each of these desired results requires people with slightly different abilities. These persons need educational support and appropriate training.

Health service providers have a crucial role to play in AIDS prevention. Because they are perceived as reliable sources of information, what they tell people about AIDS has special importance. Counseling infected individuals may be difficult for some health workers, and training programs to teach counseling techniques as well as AIDS information, may be needed.

Television spots, radio interviews, posters, flyers, and banners are just a few of the many materials that can be used in health promotion. Creative talent to design the materials must be lined up, and the materials produced must be pre-

tested, finalized, and then distributed. Wise distribution is critical to the success of the program. Technical experts in broadcasting may be needed to advise on distribution plans.

MONITORING

Even well-conceived plans can encounter problems; for example, slogans that seemed clear to planners may confuse the intended audience, posters may never reach distribution points, radio spots targeted at one audience may inadvertently offend another audience segment. Monitoring—the regular measurement of progress during a health promotion intervention—is the means to detect problems in concept or execution so that they can be corrected.

The first monitoring task is to decide what to measure. Many health promotion programs can be evaluated by asking the following six questions:

- Has the target audience been exposed to the message?
- Do they understand it?
- Do they believe or accept it?
- Did they act on it /apply it correctly?
- Have they incorporated it as a routine at appropriate times?
- Has any health benefit resulted?

Monitoring uses many of the same community-based techniques as pre-program assessment, but applies them while a program is under way to determine whether significant problems are occurring during implementation. Like pre-program assessment, monitoring works best when several techniques are used at the same time.

Short questionnaires can be administered at key locations to collect reliable data on a narrow spectrum of informa-

tion. Small-scale behavioral studies based on observations can help determine whether self-reported data are reliable. Actual behavioral change is frequently difficult to monitor, though some behavioral change is subject to measurement (for example, through tracking of condom sales). In-depth interviewing may be necessary to find out about other types of behavioral change. These studies can be costly to conduct and often can be used for evaluation purposes as well as monitoring.

Results from monitoring can be a powerful tool to attract public attention, foster public support, and influence decision-makers. The news media are generally eager to report new information about AIDS and progress towards AIDS prevention. Results of a health promotion campaign that demonstrate

changes in public knowledge, attitudes, and behavior are important news stories. A particular health promotion piece—such as a song or television ad—can become a news item itself if monitoring shows that it was heard or viewed by millions.

A second important by-product of monitoring is its value for the health promoter's professional development. Analysis of monitoring results not only reveals specific program weaknesses or strengths, but also teaches valuable lessons about behavioral change in the society which are applicable to other aspects of the AIDS problem.

Finally, monitoring can have a powerful impact outside the field of health promotion by providing insights into human behavior that can influence overall AIDS policy.



Report of the Consultation on the Neuropsychiatric Aspects of HIV Infection

Cases of acquired immunodeficiency syndrome are often accompanied by neurologic and psychiatric disorders: 70% of persons who die of AIDS exhibit significant mental and neurologic impairment, and pathologic changes in the central and peripheral nervous system have been reported in the autopsy of up to 90% of AIDS cases (1, 2). Recent reports have also suggested that neuropsychiatric disorders may occur earlier in the course of

HIV-1 infection, and possibly even in persons who lack physical symptoms, that is, those classified as Groups II or III according to the U.S. Centers for Disease Control (CDC) classification (see Annex, p. 205). These reports have raised apprehensions concerning possible public health and safety hazards that could result from neurologic, cognitive, or behavioral abnormalities in otherwise asymptomatic infected individuals, particularly those involved in occupations in which mishaps endanger many lives, such as civil aviation or operation of nuclear reactors.

To examine currently available data and formulate appropriate policy responses

Source: World Health Organization, Global Program on AIDS. Report of the Consultation on the Neuropsychiatric Aspects of HIV Infection, Geneva, 14-17 March 1988. Document WHO/GPA/DIR/88.1. Geneva, 1988.