

# Arming Health Workers for the AIDS Challenge

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Patients with AIDS present health care personnel with a wide range of new problems in biology, therapy, and behavior. But more striking is that AIDS has led to the resurgence of older problems that had gone unsolved but now must be addressed. Health personnel—sometimes well-briefed, sometimes forced to interpret the facts for themselves, sometimes completely unequipped—are in the front line of the AIDS battle so far as both action and criticism are concerned, and in every country of the world they are eager for information, education, and support to enable them to meet the challenge posed by a disease that has become a fact of everyday life.

There are several reasons for this thirst for knowledge on the part of health personnel. One is a deep-seated desire to do more and do it better; another is the need to be able to answer questions asked by the public, by their elected representatives, and by the media. For health personnel to be able to perform all aspects of their jobs more effectively, they require easily and quickly obtainable information, appropriate training, and the necessary material and psychological support.

## RAPIDLY AVAILABLE, RELEVANT, HIGH-QUALITY INFORMATION

One important characteristic of information about AIDS is its *quality*. The media are frequently criticized for inaccur-

racy, but they are constantly faced with the problem of confirming the reliability of the information they collect. Where AIDS is concerned, that information usually comes from someone working in the health services or from one of the many research centers, and it is not easy for representatives of the media to assess the source's mastery of his subject. Therefore, health personnel must be able to select good quality information and must act toward the media with competence and a sense of proportion when supplying it to them.

The second important aspect of information sought by health personnel is *relevance*. Recently, a large number and wide variety of AIDS publications intended for health workers have appeared: periodic bulletins, specialist journals, bibliographies, and articles published in professional journals. Information is becoming more and more comprehensive, but it is also becoming more complex and sometimes hard to grasp (AIDS is generating its own jargon). The mode or modes of access to relevant information must therefore be chosen carefully, either by the individual health worker or by someone else. In either case, the purpose of the information selected will be to equip health professionals with knowledge that allows them to carry out their duties more effectively and reliably and to provide the public and policy makers with accurate information.

The third crucial aspect of the information destined for health personnel is the *speed* with which it reaches them, and in this respect workers in the developing countries are at a great disadvantage. Long-distance data processing facilities, direct access to the best sources of infor-

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mation, personal participation in congresses and conferences, and the opportunity for everyday access to a wide range of media all enable the health personnel of industrialized countries to bring themselves rapidly up-to-date. Elsewhere, such opportunities are limited and communications problems can be enormous. Information produced in the country itself does not circulate properly, and several weeks or even months may be required for information from abroad to reach the health team in a rural area. Moreover, prohibitive prices or national restrictions on payments in foreign currencies may prevent staff from subscribing to international journals, so that often the information finally reaches those who desperately need it only when and if local journals publish an update.

## **TRAINING FOR SPECIFIC TASKS AND PROBLEM-SOLVING**

Training, including refresher training, is another essential component of preparing health personnel to deal with AIDS. Since it is likely that in coming years no national health service employee or private practitioner will fail to be involved with AIDS in the course of his or her normal professional activities, the volume of training required is immense. The purpose of this training is not only to prepare staff of every category to perform technical tasks properly, but also to enable them to provide effective and appropriate psychological support for people who undergo a screening test, people found to be carrying HIV, patients with AIDS or related symptoms, and relatives of those patients. The training process must also include instruction on how to counsel people to avoid infection and on how health personnel can protect themselves against infection within their professional environment. Staff must also learn how to provide care to patients and

virus carriers and how to motivate and support the infected individual in the battle he or she will have to wage against the disease and against the stigma and rejection that is society's reaction to it.

It is essential to focus the training of each category of health personnel on the specific tasks expected of them and on the particular problems they will have to deal with. In the health sector, the principle of knowing more in order to know better has been broadly accepted, and educators have often lost sight of the fact that knowledge is not an end in itself—it must be applied to performing tasks and solving very specific problems. The advent of AIDS has generated a great deal of knowledge and many new techniques, and it is the health sector's duty to reexamine its approach to staff training so that curricula do not become even more overloaded.

With the problem of AIDS being in the forefront of worldwide concern, health personnel have found themselves under the spotlight before an audience seeking information and guidance. Even though AIDS has dramatic social and behavioral, as well as medical, ramifications, the health services have played the dominant role in making the general public aware of the nature and extent of the AIDS problem, and in every country they are continuing to lay the groundwork for intersectoral mobilization to prevent and control the disease. This is a leadership role to which the health services are unaccustomed and for which in many cases they are poorly equipped.

In recent months, many health ministries have become unusually aggressive in reacting against their lack of resources, the undeserved label of being consumers rather than producers, and the low priority often given to health considerations within the national political context. The ministries have set up technical advisory committees on AIDS, expanded them to

include representatives of other ministries, and managed to gain more attention from the highest government authorities. These changes have happened spontaneously, and in many cases the health services have been faced with a new and serious challenge: taking charge of intersectoral activities very much in the public eye and maintaining close cooperation and collaboration with other sectors that are better equipped and that generally wield more authority. There is an urgent need to provide health personnel who work at the national government, province or district, and community levels with training in the skills they require to carry out leadership and coordination duties, in order to maintain not only the professional dignity of those now responsible for this task but also the credibility of all the health services, public and private.

A final aspect of staff training concerns the need of health workers to learn how to get the community actively involved in prevention and control activities. AIDS came on the scene just when primary health care was successfully being transformed from concept into practice. The disease is daily rising higher on the list of health priorities everywhere in the world. Efforts to prevent its transmission must be concentrated where transmission takes place—in the community. The most affected countries, whether industrialized or developing, favor the idea of community support for AIDS patients, including home treatment with family backup and financial, emotional, social, and religious support. In some countries, the AIDS patient's return to the village will stimulate closer collaboration between health service personnel and traditional practitioners. Knowledge obtained by working to prevent and control AIDS in the community can also be applied to speeding up the implementation of primary health care.

## **FINANCIAL, MATERIAL, AND PSYCHOLOGICAL SUPPORT**

Health personnel must be provided with the necessary support to carry out their tasks. Such support is primarily of a practical nature. Intensive health education cannot be undertaken without the necessary structures, staff, and communication media. It is an expensive and difficult undertaking, and health education units are traditionally among the health services least well provided with human, material, and financial resources. In some national programs today, the budget for AIDS education is ten times the previous budget for all health education activities. This "shot in the arm" for a hitherto undersupported area of endeavor should have many favorable repercussions on health activities as a whole, provided that the sudden expansion is properly planned and that additional financial resources are allocated at the national or international level.

Material and technical support must also include the facilities necessary to detect the virus in donated blood and to sterilize medical and surgical equipment properly, so that health care procedures do not lead to virus transmission. Material and technical support also means providing staff with the equipment and supplies they need for their own protection. National programs in developing countries are having to cope with a dramatic increase in requests for supplies of gloves, reliable and unbreakable laboratory and sampling equipment, and protective clothing, necessitating additional financial resources. Stocking and distribution of supplies and replacement of equipment sometimes occasion major problems; on the positive side, the same precautions used against AIDS will produce substantial gains in the prevention of other viral diseases, especially hepatitis B.

There must be a legal framework as well as internal health service regulations to provide clear guidelines with respect to the rights of individuals and responsibilities of staff regarding such issues as screening for HIV, monitoring virus carriers, and treating patients. This legal and administrative framework provides essential backup for health workers faced with public opposition or hostility when carrying out their prevention and health care activities in the community. For many years, health legislation has received inadequate attention. The advent of AIDS calls for a special effort in this area.

Confronted by a health problem about which knowledge is still scanty, by patients—often very young—whose chances of survival are slim, and (in some communities, at least) by an excessive number of consultations and hospital admissions, health workers are daily exposed to severe psychological stress. It is becoming more and more difficult to persuade staff to remain in departments that see a lot of AIDS cases. Some such departments have granted their staff shorter working hours, others have introduced a system of staff rotation, and others have initiated group dynamics sessions at which staff can discuss problems they have with their patients and in their working environment. All these initiatives need to be followed up rigorously, for the physical and psychological stress to which health personnel are subjected creates conditions that prevent them from providing their patients with adequate support.

## **PROSPECTS FOR FURTHER ACTION**

Public and private health organizations have already made significant contributions to the expansion of information available for use by health personnel.

The World Health Organization has published a periodic bulletin (*Update on AIDS*), disseminated epidemiological and technical data in the *Weekly Epidemiological Record*, and produced and distributed technical documents on various aspects of AIDS control, such as guidelines for planning national programs and reports on HIV screening criteria (see pp. 176–182), new retroviruses, and international travel. Many other reports are being prepared. The WHO Division of Public Information and Education for Health, strengthened with staff expressly assigned to the Global Program on AIDS, has collected a large quantity of audiovisual material produced in different parts of the world that can be used to develop other materials properly suited to local situations.

Great use has already been made of radio and television to pass on information to the general public and to health personnel in particular. WHO is at present establishing a system that will enable a worldwide user network to have access to an AIDS data bank. Users of the network will need only an ordinary microcomputer connected to a telephone line.

As for training, numerous courses, workshops, and conferences on AIDS have been held during the last few years. These activities have been concerned with varied aspects of AIDS control, ranging from the serological diagnosis of the infection and its clinical and psychological management to information and education. WHO has brought together over 150 specialists in briefing seminars for consultants employed by the Global Program. Two seminars of that type were held in Geneva and one in Australia, during which the consultants who carried out over 300 missions in various parts of the world between February and December 1987 were briefed. Other seminars are being held in 1988 in the Region of the Americas, the African Region, and

the Eastern Mediterranean Region. Guides are being prepared for trainers of various categories of personnel who work in health and other sectors.

Although WHO recognizes the advantages of an international exchange of participants in training activities, the Global Program is concentrating its efforts on individual countries. Once the trainers themselves have received thorough training, the specific social and cultural features of national AIDS programs and the need to train large numbers of people make it essential that training take place in the participants' own environments.

The Global Program on AIDS furnished large-scale support to countries in

1987, allotting to national programs almost US\$18 million, or about two-thirds of its total budget. A large proportion of these funds was devoted to strengthening the structures, educational activities, and equipment of the national programs. For 1988, a sum of US\$50 million was committed for country activities, and an increasing proportion of national budgets is being assigned to AIDS control by the countries themselves.

The efforts begun so far must be sustained. Provision of information, training, and effective support must be commensurate with the size of the AIDS problem and will require long-term, worldwide mobilization.



## AIDS and the Workplace

Human immunodeficiency virus infection and the acquired immunodeficiency syndrome represent an urgent worldwide problem with broad social, cultural, economic, political, ethical, and legal dimensions and impact.

National and international AIDS prevention and control efforts have called upon the entire range of health and social services. In this process, in many countries HIV/AIDS prevention and control problems and efforts have highlighted the weaknesses, inequities, and imbalances in existing health and social systems. Therefore, in combatting AIDS, an opportunity exists to reexamine and evaluate existing systems as well as assumptions and relationships.

Today there are 2.3 billion economically active people in the world. The workplace plays a central role in the lives of

people everywhere. A consideration of HIV/AIDS and the workplace will strengthen the capacity to deal effectively with the problem of HIV/AIDS at the local, national, and international levels.

In addition, concern about the spread of HIV/AIDS provides an opportunity to reexamine the workplace environment. It provides workers, employers and their organizations, and, where appropriate, governmental agencies and other organizations with an opportunity to create an atmosphere conducive to caring for and promoting the health of all workers. This may involve a range of issues, and concerns not only individual behavior but also matters of collective responsibility. It provides an opportunity to reexamine working relationships in a way that promotes human rights and dignity, ensures freedom from discrimination and stigma-