

A six-sided pamphlet advertising the year of the family, World AIDS Day, 1st December 1993 by the World Health Organization, Global Programme on AIDS; front page illustrates a group of men, women and children of various races stand on a pink circle representing the world with red spiked balls floating around them. Colour lithograph.

Contributors

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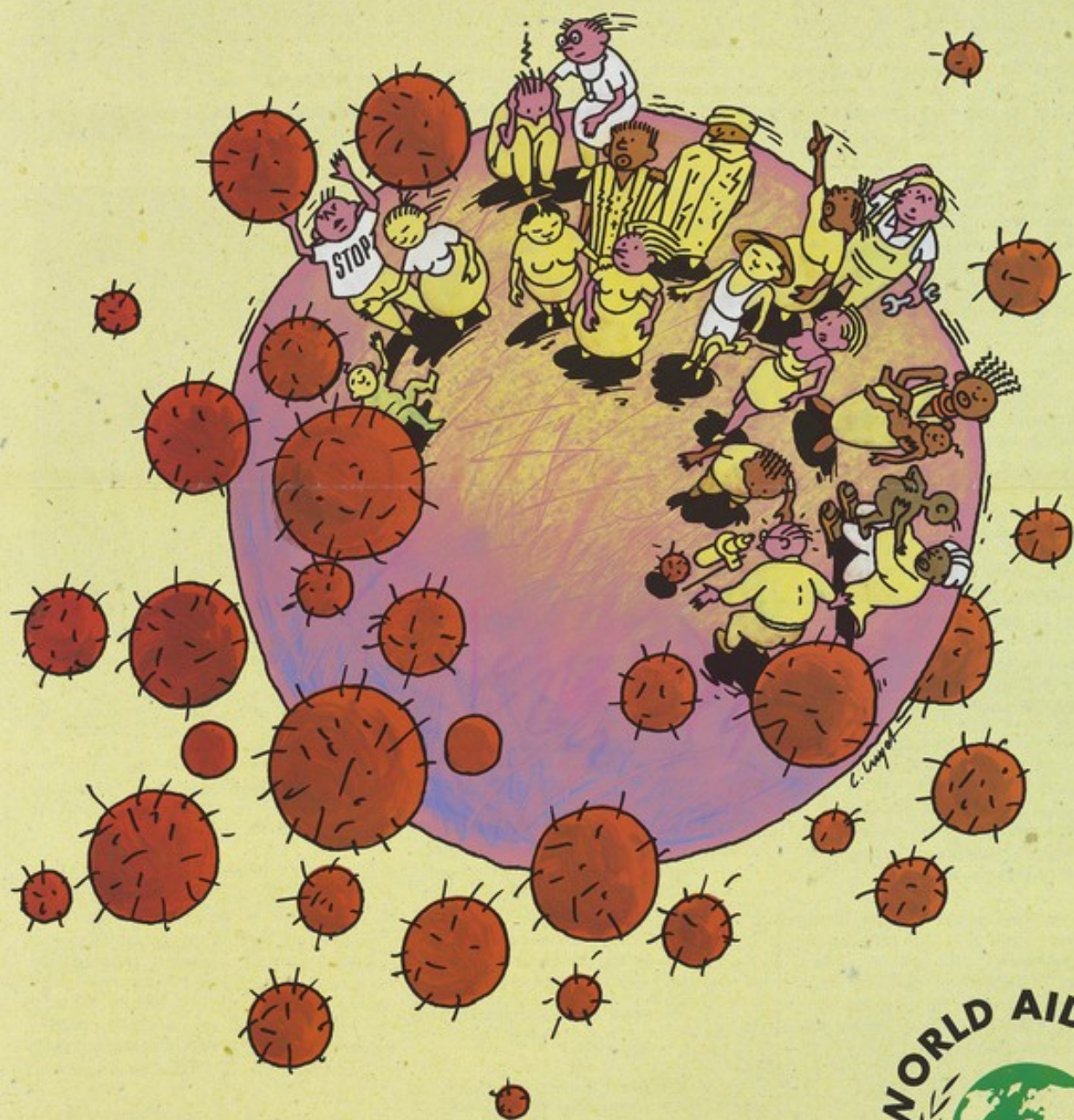
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TIME TO ACT



1 D E C E M B E R 1 9 9 3

Global Programme on AIDS, World Health Organization, 1211 Geneva 27, Switzerland



World AIDS Day 1993: Time to act

Fourteen million men, women and children are now estimated to have been infected with HIV, the virus which causes AIDS. The total swells by well over 5000 every day, and without urgent action could reach 40 million by the end of the century.

Worldwide, thousands of people are already dedicating their lives to preventing HIV transmission and caring for people with AIDS. For World AIDS Day 1993, the World Health Organization calls on everyone to make their contribution under the slogan "Time to act". It is high time to turn knowledge into action; to take more concrete action against HIV and AIDS - not just on 1 December, but on every day of the year.

World AIDS Day, which dates back to 1988, is an annual day of observance designed to raise public awareness of AIDS and strengthen global efforts against the pandemic.

For groups involved daily in the struggle against HIV and AIDS, World AIDS Day is also a chance to review the past year, to remember those who have died and to celebrate the living. It may be an opportunity for a parade or show which will promote community solidarity and relieve the tensions which accompany life and work with HIV/AIDS.

In 1992, thousands of varying and imaginative events took place on World AIDS Day. They included:

- Competitions, quizzes, sports, concerts, dances, publicity stunts
- Meetings, workshops, seminars, poster displays, information booths, exhibitions, hotlines
- Special features, advertisements, news conferences, press releases, letters to editors
- Statements of solidarity, candlelit ceremonies and marches, community work, memorial services, petitions

This year, WHO hopes the theme "Time to act" will inspire new HIV/AIDS activities by individuals and families, clubs and communities, schools and workplaces, governmental, intergovernmental and nongovernmental organizations. Every day without action makes the problem larger in the future!



As the pandemic continues to spread, it is ...

Time to ... fight denial, discrimination and complacency, among governments, communities and individuals.

Time to ... give young people the knowledge and means to be safe from HIV. Whatever teachers, parents and religious leaders might like to think, many young people have sex.

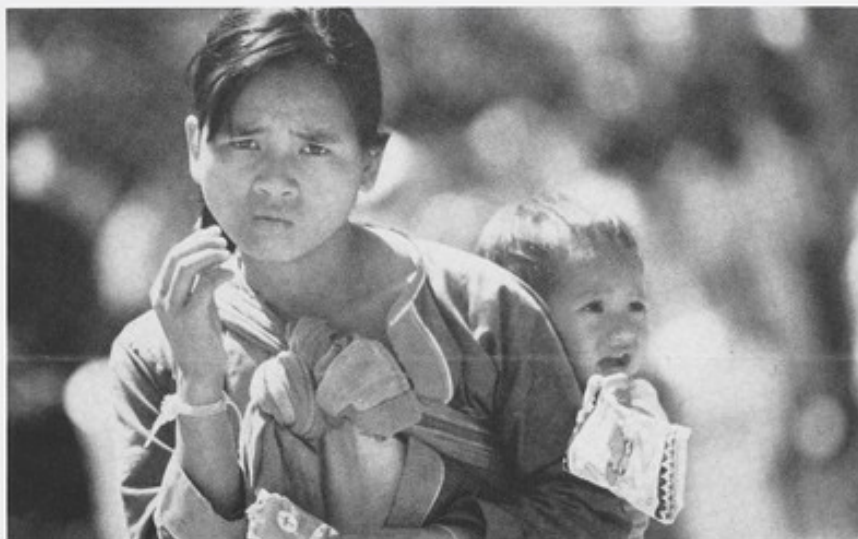
Time to ... reduce the vulnerability of women to HIV infection by improving their health, education, economic prospects, and legal and social status.

Time to ... set up strong prevention programmes in the workplace, and for business leaders to support wider AIDS activities in the community.

Time to ... bridge the resource gap. GPA calculates that US\$ 1.5-2.9 billion spent yearly on AIDS prevention in the developing world could halve the number of new infections occurring globally by the year 2000.

"The world must do more. Although we know how to prevent HIV transmission, many new infections are still occurring. Although we know how to care for people with AIDS even with limited resources, this care is often lacking. If we want to alter the course of this pandemic, the time to act is now."

Dr Michael H. Merson, Executive Director, WHO Global Programme on AIDS (GPA)



Mother and baby in Northern Thailand

Time to ... listen

We must all listen to those affected most directly by HIV/AIDS. As an example, here is an abridged statement of 12 needs identified by HIV-positive women belonging to the International Community of Women Living with HIV/AIDS:

1. **We need** encouragement, support and funding for the development of self-help groups and networks.
2. **We need** the media to portray us realistically, and not to stigmatize us.
3. **We need** equitable, accessible and affordable treatments and research into how the virus affects women.
4. **We need** funding for services and support for women living with HIV/AIDS, to lessen isolation and meet basic needs.
5. **We need** the right to make our own choices about whether or not to have children.
6. **We need** recognition of the right of our children and orphans to be cared for, and of our role as parents.
7. **We need** health care providers and the community to be educated about the HIV/AIDS risks and needs of women.

8. **We need** recognition of our basic human rights, with special regard for prisoners, drug users and sex workers.

9. **We need** research into woman-to-woman transmission of HIV, and support for lesbians living with HIV/AIDS.

10. **We need** decision-making power and consultation on all levels of policy and programmes affecting women with HIV.

11. **We need** economic support to help women living with HIV/AIDS in developing countries be self-sufficient.

12. **We need** any definition of AIDS to include the symptoms and clinical manifestations specific to women.

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Time to ... organize



Jagran, a street theatre troupe from India performs a play on AIDS

Once you have decided to organize a World AIDS Day event, it is time to turn ideas into action. Here is a check-list which may be useful at the planning stage:

1. Form a planning committee, remembering to involve representatives of your target audience
2. Identify your needs and agree on objectives
3. Brainstorm ideas. Select individual actions/events to form a strategy
4. Draw up a timetable, set dates for further meetings and progress reviews
5. Work out what resources will be needed
6. Work out your logistical needs
7. List local leaders and celebrities who may agree to become involved
8. Agree on who will do what
9. Appoint someone to coordinate with the media
10. Put the plan into action
11. After World AIDS Day, evaluate how your events went. What did you learn for 1994?



Time to ... know 12 facts for World AIDS Day

1. **HIV and AIDS**
HIV (human immunodeficiency virus) is the infectious agent which causes AIDS (acquired immunodeficiency syndrome). People infected with HIV look and feel healthy for many years, but they can still pass the virus on to others.
2. **Modes of transmission**
More than three quarters of all HIV infections in adults have occurred through sexual intercourse - heterosexual and homosexual - without condoms. HIV can also be transmitted by infected blood or blood products, by the sharing of contaminated needles, and from an infected woman to her baby before birth, during delivery, or during breast-feeding.
3. **HIV and AIDS are a worldwide problem**
WHO estimates that more than 14 million men, women and children worldwide have been infected with HIV, and that about two and a half million of them have developed AIDS.
4. **Sexual transmission of HIV can be prevented**
Abstinence, fidelity between uninfected partners, and safer sex can prevent sexual transmission of HIV. Safer sex includes non-penetrative sex and sex with condoms.
5. **Infection through blood can be stopped**
Blood for transfusion can be tested for HIV infection and discarded if the virus is detected. Needles, syringes and skin-piercing instruments should be sterilized after use or discarded. They should never be shared.
6. **How HIV is NOT transmitted**
HIV does not survive easily outside the body and is not spread through ordinary social contact. There is no risk in everyday contact at work, at school or at home; no chance of infection through shaking hands, touching or hugging; no possibility of infection in swimming pools or toilets; no danger from mosquitos or other insects.
7. **People living with HIV and AIDS**
The experience and involvement of people living with HIV and AIDS are vital to improve care and support and to prevent further spread of HIV infection.
8. **Isolating people with HIV or AIDS does not help**
To identify or isolate people with HIV or AIDS is to violate human rights. It also endangers public health by driving vulnerable people underground and by giving others the impression that they are not at risk.
9. **Information and education are crucial**
There is currently no vaccine against HIV infection and no cure for AIDS. We must rely on changes in personal behaviour to stop the spread of HIV. Information and education are vital to behaviour change.
10. **AIDS prevention is an investment**
Annual spending of US\$ 1.5-2.9 billion on AIDS prevention could halve the number of new adult HIV infections in developing countries by the year 2000. It would also save US\$ 90 billion more in the cost of deaths and illnesses avoided. Individuals and communities, recipient and donor countries can find this money if the will is there.
11. **Time to Act**
With well over 5000 new infections every day, time is of the essence. Delays in setting up AIDS prevention programmes cost lives which could be saved. It is time for all of us to join the dedicated people already working to slow the spread of the epidemic.
12. **You can help**
You can make sure that you and others understand the facts about HIV and AIDS. You can express care and compassion for people living with the virus. ... This World AIDS Day, and every day, you can join the worldwide effort against AIDS.

A Tanzanian trucker promotes condoms from his truck window



Time ... to work with the media

As you want a large audience for your World AIDS Day events, you will need as much publicity as possible. The media - newspapers and magazines, radio and television stations - can help you in this ... if you let them know what is happening.

Here are 9 points to help you to work with the media:

1. Choose a media coordinator, who will talk to journalists and help them in their job.
2. Develop a media plan: find out which newspaper, magazine, radio or television station

would be most interested and make contact with the reporters who cover stories like yours.

3. Shape your event to be interesting to the media (radio: music, discussions; TV: visual performances; print media: photo themes).
4. Find out how far in advance each segment of the media would appreciate a press release. Magazines might need it weeks in advance.
5. Prepare a press release, giving details of the story and some background information. Explain the reason for World AIDS Day and the purpose of your event. Tell the media that you are part of the biggest annual day of

action against AIDS. Adjust to the style of the media (features, hard news, human interest stories).

6. Either as part of the press release or separately, set out clear policy statements where possible.
7. Follow up the press releases with offers of interviews, visits and photo/video opportunities.
8. Hold a news conference to give journalists a chance to ask questions. Mornings are a good time.
9. Be accessible, accurate and informative.

AIDS: Images of the epidemic



There are heartening examples from around the world of people taking action to prevent the spread of HIV and help care for those with AIDS. The following stories are from a WHO book intended for the general public, **AIDS: Images of the epidemic**, which is now in press. Through text and photographs, the book explains what AIDS is and where it is spreading. It explores some of the reasons why the epidemic continues to expand. And it tells the stories of people who are contributing creatively to prevention and care.

Spreading the word about AIDS

Parked on a street busy with shoppers and office workers emerging into the warm evening air, Paisak Chom Muand waits for his taxi to fill with passengers before leaving for the city of Chiang Mai in the mountains of northern Thailand. Paisak has been a taxi driver for 20 years, covering the route through the rice fields and small villages between San Sai and the city several times a day, carrying around a hundred passengers.

A couple of years back he heard that taxi drivers were invited to attend an AIDS information course at the local community hospital. "I didn't really believe then that AIDS existed," Paisak says. "I thought it was a government policy to eliminate brothels. But I went along anyway, and ended up as one of 14 drivers asked to become volunteer educators."

Since then, three of Paisak's regular passengers have died of AIDS. He has witnessed the distress of their families as mourners at the funerals have refused to touch the rice prepared, hurried away after the ceremony, and shunned them ever since. As a volunteer educator, with training and support from the health services, he gets regular supplies of AIDS information leaflets to tuck into the containers in his passenger cab, stickers with catchy messages about AIDS, and condoms to offer to the passenger riding beside him if the opportunity should arise and the gesture seems appropriate.

Paisak says that practically all his passengers pick up a leaflet, and that today they are very ready to discuss AIDS as people they know begin to fall sick. An elderly relative in Paisak's own family recently died of AIDS. "No one wanted to touch him, or only with gloves on," he said. "But I knew from my training that there was nothing to fear and I should not keep away from him."

"Our assumption was that taxi drivers could be used very effectively as agents for change as they are in contact with so many people a day, and often ferry customers to the brothels," says Dr Surasing, a dentist in the office of the Provincial Medical Officer in Chiang Mai and the man behind the volunteer educator campaign. The team of around 80 taxi drivers in five districts is part of a larger campaign to reach out to people at the grass roots. Dr Surasing's network of volunteer educators includes hairdressers like Mrs Prathum, whose small, neat salon stands on a busy main road. She took up the work after frightened and ignorant people began whispering that having a haircut posed a danger of infection with HIV.

As she trims and curls and brushes, she engages her customers in conversation about AIDS, gently challenging denial, correcting misconceptions, and handing out leaflets they can take home. Mrs Prathum - married to a school-teacher and mother of two daughters - feels a mission to protect people by passing on the knowledge she has gained about AIDS. Her salon has a reputation for rigorous hygiene and she proudly displays a notice in her window stating that she has passed her training with the health department and is one of their star educators.

Others in the network include brothel managers, prostitutes, Buddhist monks and "tuk-tuk" drivers, whose nippy, three-wheeled open vehicles are the most popular public transport in cities snarled with cars. Dr Surasing and his team have written a series of radio scripts. "No one

listens when the government broadcasts information," he explains, "so we pay popular disc jockeys to incorporate the messages we have scripted in their shows." The team also produces calendars for the general public - "there's a different AIDS message on each page, and it has thirty days to sink in," says Dr Surasing - and videos for showing on the air-conditioned, long-haul buses running daily between Chiang Mai and Bangkok. These feature ordinary Thais who tell how they became infected with HIV, in an effort to dispel the belief that AIDS is always someone else's problem.

Evaluating the effectiveness of such an education campaign is extremely difficult, says Dr Surasing, but it is probably significant that the rate of new STD infections in Chiang Mai has slowed and that the incidence of HIV infection among sex workers appears to be stabilizing.

Central to the success of the campaign is the fact that it uses "peer educators" - people of the same background and social standing as their target audiences, who speak the same language, share the same values and know better than any outsider how to communicate with them. "A major principle of good communication is to start from where people are, not where you think they are," says Dr Herbert Friedman, head of WHO's Adolescent Health Programme. "This is much more difficult if education comes from professionals in ivory towers." It is a principle that has been widely recognized and applied in the fight against AIDS.

A bar owner in Ethiopia buys condoms which she then sells to her clients





Boys playing in Czestochowa, Poland

Youth to youth

Peer educators are used extensively in youth programmes. The assumption is that young people not only know best how to communicate with each other; they will also be trusted by their peers not to have a hidden agenda. Youngsters are often uniquely imaginative, using currently fashionable styles of music, theatre and art as powerful vehicles for information.

For example, Teens for AIDS Prevention (TAP), a project based in Washington, DC, recruits secondary school pupils to become peer educators, and gives them intensive training for two weeks at lunch time and during free time between lessons. Teaching the basic facts about AIDS is the quickest and easiest part of the training. To give youngsters a deep appreciation of what AIDS means, and of the need for behaviour change, training also includes long discussion periods, role play (often based on newspaper cuttings collected by recruits), and meetings with people with AIDS. The peer educators then devise their own campaigns for use among their fellow students. One outcome has been a catchy song about AIDS called "Stupid Cupid".

However, the issue of teaching young people about sex and AIDS is often controversial. Many parents and school authorities fear that sex education will give

approval - and even encouragement - to early sexual activity. "We adults deny adolescent sexuality hoping that if we don't think about it, it won't happen," says Dr Mariella Baldo, a youth expert in the Global Programme on AIDS. "But there is a good deal of evidence that youngsters become sexually active far earlier than many adults are prepared to recognize." And there is now strong evidence from a number of surveys that sex education does not lead to early intercourse. If anything, it encourages responsibility: youngsters who have had sex education tend either to postpone intercourse or, if they do decide to have sex, use contraceptives.

"But we have learnt from experience that giving information is not enough on its own," says Dr Baldo. "If sex and AIDS education in schools is to be effective, young people must have access to condoms and to family planning and STD services. And they must learn the skills that are so crucial in sexual relationships."

"Giving young women decision-making and negotiating skills means, among other things, teaching them to recognize the consequences of their actions so that they can withdraw from a potentially compromising situation before it goes too far," she explains.

Caring for people with HIV/AIDS

Everywhere, the epidemic of disease is advancing like a tidal wave that has been gathering force. Nothing that is done in the field of prevention can stop the wave from breaking, as the millions who are already infected go on to develop AIDS. In the communities where the virus started spreading earliest, and where AIDS has already become part of everyday life, the need for care - often over a period of years - is challenging families, friends and health care systems.

Taking care to the people

In the Kagera Region of the United Republic of Tanzania, on the western shore of Lake Victoria, nearly half of all hospital beds are filled with AIDS patients. In poor, remote corners of the land, many more people are suffering and dying of AIDS at home, without any contact with the health services. In 1990, staff at Rubya Hospital, tucked away in a hilly rural area of the region and serving many villages round about, decided to try

bringing clinical care to AIDS patients in their own homes as a way to ease pressure on the hospital and reach those who never came for treatment. Soon a small volunteer team consisting of two nurses and a clinician were bicycling or walking to see patients in the villages during their off-duty hours.

The team quickly realized that simple clinical care was not enough: patients and their families also needed some kind of counselling to help them come to terms with AIDS, their fears of death, and their anxieties about their children's future. So they appealed to WAMATA, a self-help organization for people with HIV/AIDS, to train them in counselling.

Established in Dar es Salaam, WAMATA had recently started a branch in the Rubya area.

Under the guiding hand of WAMATA, Rubya Hospital's home-based care project won the backing of an international donor, becoming, in June 1991, the country's first pilot project for home-based care.

Today, the team consists of a paid administrator and assistant, besides the health professionals, who continue to volunteer their services free of charge. Every village in the project area has two or three village health workers (VHWs), all of them people with HIV infection or AIDS, who have been trained in basic health care, AIDS education and counselling skills. The project's eyes and ears at village level, the VHWs, do what they can for people with AIDS and refer any problem they cannot handle to the professional volunteers. Patients too sick for home care are admitted to hospital, sometimes accompanied by a family member who is then taught how to care for the patient when discharged home.

Odelia Rwenyagira, a nurse educator with the team, spends much of her time teaching home care to families and people in the community. She stresses good nutrition, the avoidance of opportunistic infections, and the pooling of resources to support families struggling with sickness and poverty. "We found that a lot of patients were dying not because of infections only, but because they were starving," says Mr Protase Karani, the project's administrator. "After prolonged illness when they couldn't work, they had nothing to subsist on. We talked to the community and got them to see that, rather than all contributing to the burial fund as is the tradition, they should contribute to looking after people with AIDS while they are still alive."

Besides the VHWs, other people with AIDS are also involved in the project as counsellors. "They are accepted easily by fellow patients because they have the same problems, and that's a big advantage in counselling," says Karani. "But working for the project helps the people with AIDS too: they get a small regular income; they get supplies from the project's small farm to keep up their strength; and because they're always in contact with us, they get early treatment whenever they have a health problem."

One problem the project has identified is denial, even in the presence of debilitating symptoms. Walking along a path towards a house from which rose a plume of pungent wood-smoke, nurse Odelia told of the young woman she was about to visit, who was typical of the patients on

Brenda Lee House, a home for persons with AIDS in Sao Paulo, Brazil





A young Tanzanian girl orphaned by AIDS

her books. The woman had nursed her older sister - an AIDS patient - in Dar es Salaam until she died, only to return home sick herself. However, she would not acknowledge that she, too, had AIDS. "As long as they continue to deny their condition they're very hard to help," said Odelia. "Acceptance is one of the most important elements in treatment. But we don't push them. Perhaps after two or three visits this young woman will trust us and open up."

Rubya's home-based care programme has answered a real need. "If WAMATA hadn't

been there I would already be dead. I had lost the will to live," says Dominic France, a father of seven who survived tuberculosis and now works as a peer counsellor when he is not troubled by swollen legs. His testimony is echoed by many in the hills near Rubya, where people who were wasting away from lack of care, hunger and despair have been thrown a lifeline.

However, there are many more who live beyond the scope of the programme. Thirty-six villages were originally involved in the home-based care scheme, but when it was chosen as a pilot project to be funded by foreign aid, the donor agency would cover only a few of the villages. "Being left out of the pilot study was a terrible blow to those communities," says nurse Odelia. "People became badly demoralized and most have gradually given up the struggle to organize self-help."

The mushrooming workload on the now tiny programme imposes a heavy strain, says Protase Karani. Having started with only 23 patients, the project had 227 people on its books within 18 months. The demand for counselling is such that patients seek out the project team at the hospital if they need to talk, rather than wait for their visit. The strains are exacerbated by the deepening poverty of the community, as more people become ill and die, leaving fewer and fewer resources on which to draw.

"The village government is supposed to pay the VHWs. But the village doesn't have money, so the project is paying a small honorarium to prevent them from becoming demoralized," says Karani. "WAMATA also has a revolving loan scheme and VHWs are given priority in recognition of their work. We are also

hoping to get them bicycles because they often have a long way to travel."

The model's reliance on low-paid or voluntary work, though unavoidable in most countries, could be one of its main drawbacks. A social worker in the regional capital, Bukoba, tried to sell the idea of home-based care to a gathering of "Ten Cell" leaders - officials of the lowest tier of the Tanzanian government who are responsible for ten households each. One man, who had been listening carefully, asked: "Who is going to run this thing? This is 1992, times are hard, who can afford to work for nothing?" He sat down to a round of applause from his fellow officials, who looked expectantly at the social worker for an answer.

But despite scepticism from some quarters, home-based care programmes - heavily reliant on volunteers from the communities served - operate successfully in a number of African countries including Kenya, Zambia, Zimbabwe and, most notably, Uganda, where The AIDS Service Organisation (TASO) was the pioneer in the field. The appeal of home-based care is that it uses the traditional care network in rural Africa, the extended family, while providing professional support to help families shoulder the extra burden of AIDS. The burden falls mainly on women, who are the family's traditional care-givers. Dr Roland Swai, head of the epidemiology unit of the Tanzanian national AIDS programme, says the government is aware that hospitals could not cope alone with the burden of AIDS. "Treating chronically ill people gets cheaper the closer to the community you can deliver care," he said. "And with AIDS, care in the community is feasible. Families can do a lot if they are supported."

World AIDS Day 1994 - AIDS and the Family

It is not too early to start thinking about World AIDS Day 1994, which has been designated the International Year of the Family. As AIDS represents an increasingly heavy burden for millions of families around the world, WHO is proposing to link World AIDS Day with all the other activities which will be undertaken worldwide for the Year of the Family.

Please let us know what kind of events you are organizing, by writing to:

World AIDS Day - Global Programme on AIDS
World Health Organization
1211 Geneva 27 - Switzerland



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