Breaking the silence

‘Our country is desperately short of resources to deal with the AIDS crisis, but despite this, we can rely on one fundamental resource — solidarity.’

Finding a voice

Communities should be encouraged to find their own voice in learning about the disease. The article on pp. 2-3 illustrates a pioneering Brazilian health education campaign built around the needs and experiences of a special group at risk from AIDS — immigrant labourers working on construction sites.

The campaign illustrates effective health education methods that have international relevance. With the coordination and advice of ABIA, the project uses the skills and experiences of the labourers themselves, as well as company managers, health professionals, community educators and popular artists. The messages and visuals reflect the language and experiences of the workers, and the creative use of popular art helps to avoid taboos as well as expressing clear messages about safer sexual behaviour. Further information on the work of ABIA is given on p. 4.

A similar process of participatory health education is happening worldwide. In Zambia, secondary school children have formed AIDS education clubs — one example being the David Kaunda School Anti-AIDS Club, which has the support of the ministries of Health and Education and the school headmaster. A doctor working in primary health care acts as its patron. Student members organise their own activities, such as producing a newsletter, writing poems, stories and songs, organising rallies and public talks. One of the students, on graduating from school, started a job as Schools Worker with an AIDS Home Care Team at Chikankata hospital. The hospital has established a home-visit, community-based support scheme for AIDS patients living in the surrounding rural communities. The policy of non-segregation of patients, and the direct participation of family members in patient care, has created the opportunity for more effective, practically based health education.

Cultural exchange

To contribute to the development of community-based solidarity, AIDS Action aims to share information in three main ways: • providing the relevant facts about HIV infection and AIDS, and its treatment • outlining guidelines for action for health education and patient care • describing successful ‘case studies’ to give readers concrete ideas for future action.

Issues in the near future will include information on the correct use of condoms, and the treatment of opportunistic infections, (issue 5 beginning with respiratory infections, such as tuberculosis and pneumonia).

Articles do not set out to provide all the answers — many, in fact, will pose continued on back page

The international newsletter for information exchange on AIDS prevention and control
Before I started the talk, the company engineers warned me: "If some of the men leave half way through — don’t worry, just carry on talking. None of them are obliged to stay".

As soon as I stood up in front of these 400 men — I knew this talk had to be different. It was obvious that they were living under much poorer conditions than other workers I’d talked to.

The men were crowded together along wooden benches in the site canteen, still wearing their safety helmets and boots. Over half of them couldn’t read or write. I began to speak as clearly and as openly as I could — some of the men appeared very shy to begin with, but they became more and more interested. I spoke for half an hour and nobody left at all. Everybody stayed for questions.

The engineers said: “This has never happened before — we didn’t think they’d be so interested in AIDS.”

These men have a very real interest in AIDS. Silvio was speaking to workers at a small company (about 800 employees) where five of them had already developed the disease.

Some months ago, Silvia Ramos — Executive Secretary of the Brazilian Interdisciplinary AIDS Association (ABIA) — was invited by a small construction company in Rio de Janeiro, to give a lunch-time talk to over 400 builders. It was to be the beginning of a major health awareness campaign — among a group of workers whose social and economic circumstances put them at special risk from AIDS.

ABIA believes that construction workers are at special risk from AIDS, largely because of their poverty and isolation. Most are immigrants from the poor, agricultural areas of the Northeast. The majority are aged between 20 and 30 years, and are either single, or separated for months at a time from their wives and children. They come to Rio in search of a job to support their families. The easiest place to find work is on a building site, where they are hired for three to twelve months at a time. They are paid very low wages — it can take months to save a small amount of money.

Most construction workers can only afford to rent bunk-beds in overcrowded dormitories on site; sometimes hundreds of men live, work and sleep on the same building site. Occasionally, workers will visit the surrounding favelas (slum districts) to pay for sexual favours from prostitutes. ‘Some workers will also have sex with each other,’ Silvia explains, ‘it’s called “Solidarity sex”, because they don’t pay for it.’

Being separated from their homes and families, and travelling from one job to the next, means that the personal lives of workers are disrupted. This affects opportunities for developing long-term sexual relationships — and it is through sexual activity with many partners that the workers are most at risk from AIDS. Developing clear educational materials on safer sex was particularly important; the most effective way of doing this had to be carefully researched.

‘One of the things ABIA learned early on,’ Silvia explains, ‘was that if we talked about “homosexuality” in our health education materials, none of the men would think this applied to them. Having sex is simply part of being “macho”, whether it is sex with another man or with a woman.’

Convincing the companies
ABIA was alerted to the special need for AIDS education among construction workers both by worker representatives and by some companies; although most companies still refuse to admit publicly that AIDS is a problem among their workforce.

‘We organised a meeting of all the major construction companies in Rio, to try to persuade them to support AIDS awareness campaigns in the workplace. Some 20 companies became actively involved. We then set up a working party, including employers and active representatives of the workers. We met every week, for four months, to develop the script and pictures for an audiovisual.’ Posters and a cartoon book were also planned.

‘We had to research the best way of explaining how AIDS is spread, and how it is not. We completed a survey that told us more about who the workers were, where they were from, their age etc., and we asked organised groups of workers and company managers to go back to the sites and find out what words the men used to describe different types of sexual activity, such as “anal sex” or “oral sex”. They...
would come back and tell us: "In my company, the workers use this word, or that..."

Creating a visual impression

Since the majority of the workers do not know how to read and write, the materials had to make good use of clear pictures — such as photographs and cartoons. But using photographs of real people to illustrate the use of a condom, or anal and vaginal sex, was a problem.

One of the members of the working party, Jorge Guidacci, a political cartoonist and graphic artist, suggested using models. He began sculpting a character based on the traditional bonecos — small, clay figures used as a form of popular communication in the northeast, an artform very familiar to the immigrant workers. Bonecos represent figures from everyday life — such as agricultural labourers or city workers — even dentists pulling out patients’ teeth!

‘Our boneco is called Zé Cabra-Macho — which means “brave heroic man”,’ explains Guidacci; ‘He is a construction worker and usually dressed in a typical helmet and boots. He is a fun hero, who has an active sex life. We use photographs of him to illustrate safer sex.’

Around 60 photographic slides have been developed for the audio visual, which clearly explains about AIDS, and about the Human Immunodeficiency Virus (HIV — the virus that causes AIDS), and how HIV is spread (through infected blood and blood products, needles and syringes, as well as through sex) and how HIV is not spread. The high risk involved in having sex without a condom is stressed, and Zé Cabra-Macho warns: ‘the more people you have sex with, the more danger you put yourself in.’

Avoiding panic

Describing how the virus is not transmitted is crucial. ‘On the one hand, we know these workers are at risk and we had to develop a special campaign to deal with that,’ explains Silvia, ‘but on the other hand, we need to avoid unnecessary panic and discrimination. When we are talking about how the virus is not spread, we are talking about solidarity — about not being afraid of a friend or workmate who has AIDS, or is infected with HIV, about knowing you can share the same cup or spoon, that you can share the same dormitory or even sleep in the same bed. Other workers we talked to — such as office workers — could at least leave the work place and go to their own homes at the end of the day, but it was essential that these workers knew they could live and work safely with someone who is infected with the AIDS virus.’

Health and safety at work

The audio visuals on AIDS will be used in a similar way to existing videos on health and safety at work. Accident levels on site are alarmingly high (many workers fall off scaffolding, for example) and some companies now use videos on basic safety precautions which are shown in the workplace. This practice will be developed and adapted to put across the message about AIDS.

Although this health campaign is specifically aimed at construction workers, its methods and approach have a wider significance. Its success so far is due to a practical commitment to the equal sharing of information. This means that everyone has a right to know the facts about this disease; messages must be clear, as well as culturally and socially appropriate. This can only be achieved by building a campaign based on the active participation and direct experiences of the intended audience.

As a product of this process, Zé Cabra-Macho is an effective campaigning tool. Guidacci explains: ‘In one of the slides Zé Cabra-Macho appears without his safety helmet or his boots — he is ready for sex, but he is not wearing a condom... in the next slide he appears with a big grin on his face; he is wearing his safety helmet and boots, and he is ready for sex, wearing a condom...’ Guidacci smiles and continues: ‘a builder knows he must protect himself from accidents at work, he now also knows he must protect himself from accidents in his love-making!’

Hilary Hughes
Executive Editor
The face of AIDS in Brazil

Dr Walter Almeida, General Secretary of the Brazilian Interdisciplinary AIDS Association (ABIA), challenges the myth that AIDS is a ‘rich, homosexual’ disease and argues that its spread, like that of many other communicable diseases, is aggravated by poverty and injustice.

Looking at the reality

From statistics gathered so far, the distribution of the disease appears to follow patterns found in Europe and North America. More than 90 per cent of cases are male; more than 60 per cent have occurred in homosexual or bi-sexual men.

But these statistics reveal another, alarming reality: more than 10 per cent of the male cases are haemophiliacs who have been infected through contaminated blood products, or through multiple transfusions. In the state of Rio de Janeiro (RJ) 20 per cent of total AIDS cases are due to contaminated blood and blood products — including 35 per cent of the cases in women.

AIDS has highlighted a disaster that has existed for many years

AIDS has highlighted a disaster that has existed for many years; too few resources have been invested in health care services, contributing to the extremely high level of a number of communicable diseases. There are, for example, 20,000 new cases of Chagas’ disease every year, caused by transfusions of infected blood.

An analysis of AIDS cases already registered in the State of RJ, actually contradicts the belief that the disease began in the richer classes; the majority were registered in poorer or working class districts. When we consider cases due to contaminated blood supplies, there is an even clearer link with the poorer classes. Blood is a commercial product in Brazil, part of a multi-million dollar, multi-national industry. ‘Professional’ blood donors can be found on the streets of all the large cities — beggars who regularly sell their blood in order to buy their next meal. A study carried out at the end of 1987, showed that five out of 70 professional blood donors in RJ were found to be HIV seropositive. A national law aimed at decommercialising blood is currently under discussion for inclusion in the New Constitution — but there will be huge economic and structural problems in enforcing it.

Finding a response

In order to develop more appropriate and practical policies of prevention and control, ABIA is attempting to more accurately define the characteristics of the spread of this disease — the real face of AIDS.

ABIA is a non-government organisation, based on voluntary work by individuals from all areas of society, including health professionals, as well as those working for an end to discrimination against homosexuals, and religious groups offering spiritual and practical support to patients on request. Volunteers help coordinate and mobilise educational campaigns (see, for example, pp 2-3), as well as political campaigns, including those aimed at ensuring regulations concerning blood quality control are written into the New Constitution.

Although Brazil is desperately short of resources to fight AIDS, popular groups are demonstrating that it is possible to make positive changes through organised efforts. Such solidarity is the centre through which we can secure the health of a society — because it is through solidarity that we can establish its soul.

Dr Walter Almeida, General Secretary, ABIA, Rua Vicente de Souza 24, Botafogo, 22251 RJ, Brazil.
What to tell someone who has AIDS ...

Telling someone they have AIDS, and then providing the support they need, is not easy. Patients must not only understand this new disease — including how to avoid its spread to others — they must also learn to live with it. The following provides some basic advice for those involved in counselling AIDS patients.

Providing counselling support for someone who has AIDS, means being prepared to build an on-going, trusting relationship. This involves ‘being with’ the patient, listening to him or her, and understanding what the patient is saying, as well as giving practical advice, and emotional support. Good listening skills are essential — as well as an accepting, understanding personality.

What every patient needs to know

It is essential that the patient fully understands the basic facts about the disease, particularly the ways in which the Human Immunodeficiency Virus (HIV) is, and is not, spread.

A person who has very recently been told they have AIDS will be in a state of shock and initially will not be able to take in much of what you say: it is important that you arrange to see the patient again a few days after giving them the news. You can then repeat information and answer their specific questions.

○ Since the most common method of HIV infection is through penetrative sexual intercourse, good counselling on safer sex is essential (see following pages). This should be discussed in a very open, sensitive and positive way.

○ Make sure that the patient is reassured about the ways in which the virus is not spread, so that they do not develop anxieties that result in unnecessary, self-imposed isolation.

○ Find out what medical resources are available in your area (and at what cost) so that you can give realistic advice about available treatment of opportunistic infections. The patient will find it reassuring to know that most opportunistic infections can be treated successfully.

○ Avoid giving the patient a long list of the symptoms and signs of AIDS — some patients may become over-anxious about what illnesses they might develop.

Help, but don’t over-help

Patients who feel that there is ‘nothing that can be done’ to stop the progression of the disease, or that their health is now in the hands of others, can develop a deep sense of dependency and helplessness. It is important to encourage the patient to feel in control of their own health as far as possible, and to take an active role in their own treatment. You can do this by encouraging him/her to: • eat a healthy diet • avoid anxiety and over-work, if possible • seek early medical attention for the treatment of opportunistic infections wherever possible (for signs or symptoms, see AIDS Action/Who Report issues 1 and 3) • continue to participate in social, recreational and occupational activities as normal.

Be reliable and consistent

Once you have offered support to a patient, make it clear what kind of support you can offer in the long term and stick to what you have promised. Wherever possible, counselling support should be consistent, reliable and on-going. Even if a patient is referred to a different physician, or medical department, this does not imply a change in the counsellor-patient relationship.

continued on p6
Counselling

continued from p5

Try to maintain regular contact with the patient's physician

A patient who is feeling profoundly anxious or stressed, may not understand the medical advice they are given, and may misunderstand what doctors or nurses are saying. If you are not the patient's medical advisor, ask the patient if you can consult with their physician, about recommendations for treatment, rest, work, sexual practices etc.

Let patients discuss their feelings

Allow the patient to express grief or anger. Try to be understanding and accepting; do not ‘judge’ or criticise. The patient may not be able to talk openly about his/her feelings with families and friends, who may find talking about illness, death and dying too painful. Let patients talk about these issues if and when they want to — but let them guide you into these topics.

Many patients will experience profound depression, and/or an emotional ‘void,’ during their illness; the patient will often want someone simply to be there, sharing their feelings, listening to them and showing care and affection — touching the patient is an important part of this support.

Be sensitive to the patient's social unit

Someone with AIDS will often experience as much stress from their personal relationships (when the partner and/or family find out about their illness) as from the disease itself. If you can, obtain the patient's permission to discuss problems with relevant individuals; partners and families will often need counselling support.

Some patients refuse to tell partners, or members of their family about their illness, and will often feel worried or guilty as a result. If possible, find out why a patient is hiding the nature of their illness: they may change their mind if underlying problems/anxieties are discussed.

Encourage group support

Groups of people with similar problems and fears can be a safe and supportive way of sharing information and discussing better ways of coping. Group therapy allows patients to see how others are coping with AIDS, and this can reduce feelings of isolation. Group support may also be found in a broader social context — such as within women's organisations or religious groups.

Remember you, too, have feelings

Working with people with AIDS is stressful. Patients will find many reasons to become angry, and may direct this anger towards you, as well as others. Do not take this personally — allow the patient to discuss their feelings with you.

Carers and health personnel also need support. Try to coordinate a support network amongst colleagues working with AIDS patients — such as regular, interdisciplinary meetings with other professionals and/or community volunteers.

A basic guide to safer sex

Safer sex does not simply mean using a condom, and reducing the number of sexual partners. It means being able to express sexuality in ways that prevent the transmission of HIV. This article provides some practical guidelines for those giving advice about safer sex, especially health care workers and others involved in counselling people with AIDS or HIV infection, and their sexual partners.

Find out what the client (person seeking help or advice) has already heard about safer sexual behaviour

Be prepared for false ideas or misconceptions, for example, that having sex with just one new person, instead of many, is safe sex.

"Safer sex is not just about using a condom, or reducing the number of sexual partners. It's not how many people you have sex with that counts, it's what you do with them. You could have safer sex with a lot of people and never catch anything. Or you could have "unsafe" sex with just one person and get/pass on HIV infection."

Explain about HIV transmission

Between adults, there are only two ways of transmitting the virus that causes AIDS:

- Blood to blood contact — where blood from an infected person
Explain the risks involved in oral sex

Find out what the client understands by oral sex (putting the penis inside the mouth, or kissing a woman’s genital area). If it has been part of the client’s sex life, explain the risks involved.

Current epidemiological evidence suggests that HIV infection is not passed on through oral sex alone. It is difficult for the virus to get from infected semen or vaginal fluids into the bloodstream through the lining of a healthy mouth. Semen, however, should not be swallowed.

‘The safest way of having oral sex, is to kiss around the genital area, avoiding contact with the tip of penis, or with semen or vaginal fluid.’

Discuss safer alternatives to penetrative sex

Help the client to discover that sexual relationships can consist of more than just penetrative sexual intercourse; in some cases, you may meet a lot of resistance to this, initially. But it should be possible for individuals to adapt their sexual desires and fantasies to some extent, within existing cultures and traditions.

Sexual behaviour is a kind of ‘language’ that is learnt during adolescence (or earlier). It is a form of personal communication. The threat of AIDS now means that it is necessary to communicate slightly differently. We can all do this by learning to ‘extend’ our sexual ‘vocabulary’: saving lives and learning more about ourselves in the process.

Adapted from National AIDS Manual, produced in the UK as a resource for volunteers and professionals giving advice on AIDS/HIV infection. Further information: Peter Scott, NAM Publications, PO Box 99, London SW21 EL, UK.

* The December 1988 issue of AIDS Action will include a detailed article on the correct use of condoms.
Dr. Angus Nicoll answers questions from a reader in Sierra Leone:

Can the virus be transmitted through a blood-stained razor blade from a barber's shop, or by sharing a razor at home with someone who is carrying the AIDS virus?

Transmission by razor blade has not been reported, but it is sensible not to share razor blades if possible. In a barber's shop, it is essential that all razors are properly sterilised after use. This can be done by boiling for ten minutes or by immersing for ten minutes in freshly made-up bleach solution (eg. 1% solution sodium hypochlorite).

Since one of the ways in which the AIDS virus is spread is via blood, would I be right to think that mosquitoes could spread the virus as well?

No. Mosquitoes do not spread the virus that causes AIDS (HIV). People have suggested that because mosquitoes transfer blood from one person to another they might theoretically transfer AIDS. Actually, mosquitoes — and most other blood sucking insects — do not usually inject blood when they bite their host, they inject saliva. It is the saliva which transmits malaria to a host. There is no evidence to suggest that the virus that causes AIDS is transmitted through saliva in humans or mosquitoes! It is also important to remember that whilst malaria and filariasis are spread by mosquitoes, many other blood-borne diseases are not. For example, Hepatitis-B (which is much more infectious than the AIDS virus) is not spread by mosquitoes. HIV dies very quickly in the mosquito and the amount of blood carried by the mosquito is extremely small. It has been calculated that 2,000 mosquitoes would need to bite one person with HIV infection and then all get up at once and fly quickly to bite a single victim, before that person could become infected. Fortunately not even the mosquito is as organised as this!

What are the risks of using the same toilet, bath or swimming pool as someone infected with the virus?

AIDS cannot be caught by sharing washing facilities or swimming in the same swimming pool. The body secretions which would normally be washed off in a swimming pool (eg. body sweat or saliva) are not body fluids which transmit HIV infection. Blood and semen would only enter a swimming pool under exceptional circumstances! Any virus that did get into a swimming pool would be greatly diluted, making it non-infectious. Most swimming pools also contain disinfective agents, such as chlorine, which inactivates HIV.

Dr. Angus Nicoll is a former Lecturer in AIDS Epidemiology at the London School of Hygiene and Tropical Medicine, and currently works for AMREF Tanzania (African Medical and Research Foundation), P.O. Box 2773, Dar es Salaam, Tanzania.

Other language editions will be out as from September 1988: to be produced in collaboration with non-governmental organisations working on AIDS and/or other primary health care issues in developing countries. French, Portuguese and Spanish editions will be produced respectively by ENDA (Environment and Development in the Third World) in Senegal; ABIA in Brazil and collaborators in Mozambique; and Grupo CID (Comunicaciones Internacionales para el Desarrollo) in USA.
World AIDS Day draws overwhelming response

Plans for World AIDS Day are accelerating as the 1 December 1988 day of communication about AIDS continues to draw an enthusiastic response around the globe.

During the course of five days at last month's IVth International Conference on AIDS in Stockholm, Sweden, nearly 400 organisations, communities and groups involved in AIDS prevention and control, in over 60 countries, expressed strong interest in World AIDS Day. Since then, reports of new organising efforts, from Africa to Asia, North America to Latin America, and Europe to Oceania have continued to arrive at WHO headquarters in Geneva.

'The response has been nothing short of overwhelming', said Dr Jonathan Mann, Director of the WHO Global Programme on AIDS which launched the World AIDS Day project at the London Summit of Health Ministers in January. 'It's the kind of response that will show people around the world that in the fight against AIDS, we are united, rather than divided and alone'.

Over 250 organisations, including several major international organisations, television networks and national groups working on AIDS prevention programmes have already indicated they are planning events for World AIDS Day, including films, broadcasts, public events, concerts, meetings and youth activities.

World AIDS Day support from GPA will include:

- 'Action Kits' with ideas for World AIDS Day events
- A World AIDS Day newsletter providing regular updates on developing activities
- Images suitable for decorating T-shirts, bags, posters or any other suitable display items with the World AIDS Day symbol
- A global mailing list for those wishing to receive World AIDS Day materials and updates
- Distribution of World AIDS Day fact sheets and brochures.

The objectives of World AIDS Day are to:

- Tell people everywhere that AIDS can be stopped worldwide
- Convince people that their responsible behaviour can protect them and stop the spread of AIDS
- Encourage compassion and understanding towards those who have AIDS or are infected with the virus
- Highlight the extraordinary range and scope of the fight against AIDS all over the world
- Support AIDS prevention and control programmes everywhere.

Information on World AIDS Day is available by contacting the WHO Global Programme on AIDS, Public Information in Geneva.

World Health Organisation adopts anti-discrimination resolution on AIDS

Protecting the rights and dignity of people infected with the human immunodeficiency virus (HIV), or who have AIDS, is vital to the success of the national AIDS programmes and the Global AIDS Strategy. This is the message in a resolution adopted by consensus at the 41st World Health Assembly held in Geneva May 2 - 13. The resolution urges 166 member states of WHO to:

- Foster a spirit of understanding and compassion for HIV-infected people with AIDS through information, education and social support programmes;
- Protect the human rights and dignity of HIV-infected people and people with AIDS, and of members of population groups, and to avoid discriminatory action and stigmatisation of them in the provision of services, employment and travel;
- Ensure the confidentiality of HIV testing and to promote the availability of confidential counselling and other support services to HIV-infected people and people with AIDS.

Dr Jonathan Mann, director of GPA said the World Health Assembly action has made avoiding discrimination in relation to HIV-infected people and people with AIDS a central part of the global AIDS strategy.

AIDS: a worldwide effort will stop it
Counselling in HIV infection and disease

The world is facing an epidemic for which there is presently no cure and no early prospect of a vaccine. The epidemic thrives on human ignorance, fear and resistance to change. The disease is acquired immunodeficiency syndrome (AIDS). AIDS can be prevented, however.

Programmes for preventing the spread of HIV focus on changing attitudes and behaviour; counselling is a critical part of such programmes. Counselling not only provides information and education in a personal manner, but it helps HIV-infected persons and those associated with them to come to terms with their situation and accept and carry through their responsibilities.

AIDS can be prevented

On the basis of available information, The World Health Organisation estimates that between five and ten million people are infected with the virus that causes AIDS—the human immunodeficiency virus (HIV). Most of them do not know they are infected. Between 500,000 and three million of them are expected to develop AIDS by the early 1990s. This means that during the next five years there may be 5 to 20 times more AIDS cases than there have been over the last five years.

Several features of HIV infection and AIDS should be noted:

- Infection with the virus is life-long. Once a person is infected, the virus remains in the body and the risk of developing AIDS or other conditions related to HIV increases with time.

- A person who is infected with the virus may have no symptoms for years and may be quite unaware of the infection. However, such a person can pass the virus on to others—the main route of spread is through sexual contact.

- People infected with HIV can continue to be fully functioning members of society. They should be helped to do so and to behave responsibly so as to prevent further spread of HIV.

- HIV infection can be prevented even without a vaccine. It is spread by well recognised and specific behaviours, mainly involving sexual relations and the sharing of contaminated needles. These behaviours are amenable to the exercise of individual responsibility and control. Avoidance of risk behaviour can stop the spread of the infection.

- The AIDS epidemic has provoked fear and misunderstanding about what HIV infection and AIDS mean for social relationships and society. Policy-makers, health workers, the public, and those most directly affected have all been influenced by this fear and misunderstanding.

The role of counselling

Counselling is a process that can help people understand better, and deal with, their problems, and communicate better with those with whom they are emotionally involved. It can improve and reinforce motivation to change behaviour. Counselling helps people learn to deal with fear and anxiety. It can provide support at times of crisis. It helps them face up to their problems and to reduce or solve them.

Counselling may help people solve problems arising out of HIV infection in themselves, their families, or others to whom they are close. It is a means of ensuring that information on AIDS is correct and consistent, and of assessing life-styles, personal expectations, and willingness and capacity to change behaviour.

Counselling can be used to make sure that individuals considering being tested for HIV infection are well informed and appreciate the technical, social, ethical and legal implications of testing.

Counselling as a service should ensure continuing access to the counsellor and consistent support from the health and social system. It must ensure adequate time for discussion and problem-solving. Ensuring time for discus-
Counselling has an important symbolic value: it signifies society's willingness to provide support and care.

Counselling as a process respects the individual regardless of sexual preference, socio-economic background, state of health or national, religious or ethnic origin.

Counselling is a means of helping people avoid discrimination against HIV-infected persons and of ensuring their continued integration in society.

**Counselling for whom?**

The need for counselling arises in many circumstances related to HIV and AIDS.

- Individuals considering being tested or screened for HIV infection need to be carefully prepared and supported. They need to know the facts about testing and its implications. Their decisions should be founded on correct information.

- Counselling is vital when a test shows HIV infection. It helps deal with the resultant fear and anxiety and often hostile attitudes on the part of both the patient and the patient's family, friends and other loved ones.

- HIV-infected persons who are otherwise healthy may experience more stress than those who already have AIDS. They will often need special care and support. Counselling is needed as an integral part of the management of stress and as a means of motivating them towards positive behavioural change.

- As HIV-related diseases develop, medical needs must be met quickly and efficiently. A function of a counselling service will be to mobilise support and refer patients to medical care and other services that can help maintain hope, dignity and quality of life.

- AIDS and other HIV-related diseases can result in unemployment, loss of educational possibilities, and other social handicaps. Counselling can help to reduce such effects. It can help to mobilise the continuing medical and emotional support that patients and those who are caring for them need.

- Sometimes a person may be infected but cannot, or will not, be tested. People with risk behaviour, such as intravenous drug users and prostitutes, need to be counselled and helped to behave in ways that will reduce their risk of contracting HIV infection or passing it on to others.

- Counselling is also useful for those who are tested and found not to be infected. They too need to be advised about what they should do to avoid HIV infection.

- Health workers, family, friends and all who come into regular social, or professional contact with HIV-infected persons and AIDS patients, can benefit from counselling and the support it provides.

**Who provides counselling?**

In different circumstances different people can undertake counselling. A counsellor should be able:

- to communicate information about HIV infection and AIDS in an accurate, consistent and objective manner;

- to gain the trust of people who need help with their psychological and social difficulties;

- to listen sympathetically to people who are afraid, anxious, distressed, and possibly hostile;

- to understand other person's feelings, to accept these feelings and their expression without criticism or censure, and to respond to them in such a way that the other persons can feel free to express their feelings;

- to help HIV-infected people understand their problems and those of other people in their lives who are affected;

- to help people reduce or resolve their problems.

Many people already have some experience as counsellors. With additional training in the skills needed to work with people affected by AIDS and related problems they can provide valuable care and support.
Risk reduction

In all countries there are people whose behaviour increases their risk of becoming infected with HIV. Homosexual and bisexual men, male and female prostitutes, men and women with many sexual partners, intravenous drug users and their sexual partners, for example, are at such increased risk.

It is particularly important that education and counselling services are provided for such persons. They need to learn accurately the nature of the disease, how it is transmitted and how HIV infection can be prevented.

What needs to be done now

1. Counselling is a vital part of all strategies for preventing and controlling AIDS. It not only helps those who are already infected adapt to their problem but also helps prevent the further spread of HIV infection.

2. Counselling needs to be integrated with all HIV testing, screening, and medical care programmes. Counselling has to be recognised as an integral part of all health care programmes and activities for HIV control and prevention.

3. Large numbers of people need to be trained in the skills of counselling. New training programmes should be instituted. Existing programmes in counselling will need to include training on HIV infection and AIDS.

4. Counselling services should be readily available and accessible.

For further information on establishing a counselling service for HIV infection and AIDS, please contact the Global Programme on AIDS, World Health Organisation, 1211 Geneva 27, Switzerland.

CASES REPORTED BY CONTINENT AS OF: 31/07/1988

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Any questions about the content of the WHO Report should be sent to WHO/GPA/HPR, 20 Avenue Appia, 1211 Geneva 27, Switzerland.