HEALTH PROMOTION AND W.H.O. PREVENTION STRATEGIES IN HIV INFECTION AND AIDS

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Abstract: *In 1981, HIV infection came to light in order to threaten every nation with a paralyzing social and economic tragedy. It surprised and overthrew the social and health systems in the rich countries, while in the poor ones, it made the efforts become inefficient. In many countries, HIV infection revealed many deficiencies and weak points of the social and health system, the inexistence of prevention policies on long term, incapacity of certain hospital structures to adapt themselves, the lack of their relation with the preventive medicine, difficulties of certain social groups in accessing the medical care services.*
Keywords: *HIV infection, social, health system*
Rezumat: *În anul 1981, infecţia cu HIV a ieşit din obscuritate pentru a ameninţa fiecare naţiune cu o paralizantă tragedie socială si economică. În tările bogate, a surprins si dereglat sistemele de sănătate şi sociale, iar în cele sărace a făcut de multe ori ineficiente eforturile de luptă împotriva altor boli endemice. Infecţia cu HIV a relevat în multe tări carenţe si slăbiciuni ale sistemului de sănătate şi social, inexistenţa unor politici de prevenire pe termen lung, inadaptarea anumitor structuri spitaliceşti, lipsa legăturii lor cu medicina preventivă, dificultaţi privind accesul anumitor grupuri sociale la îngrijiri medicale.*
Cuvinte cheie: *infecţia HIV, social, sistem de sănătate*

I. HIV infection and AIDS in Romania

In 1989, Romania experienced a major nosocomial HIV epidemic, with thousand of cases among the institutionalized children.

Until the end of 2003, there have been reported 14353 cases. In the same period of time, there were 4.679 people who had AIDS (1.126 adults, 3.553 children); there were 5.599 people infected with HIV (4.244 children, 1.355 adults) and there were 3.569 deaths recorded.

Approximately 8.000 infected people were assisted in HIV/AIDS Regional Centres and 4.983 (63%) were submitted to the ARV therapy in March 2003 (2.287 children and 2.696 adults).

II. The great impact of HIV/AIDS epidemic at international level.

- 57 countries reached a prevalence rate of 1%; from this limit on, it is considered that the epidemic is spreading to the general population;
- 28 countries reached a prevalence rate of more than 4%; at this level, it is considered that the epidemic can no longer be kept under control;
- 13 countries exceeded a prevalence rate of 10% in adults;
- 7 countries passed to a prevalence of 20%, Botswana and Zimbabwe were the countries with the highest rates, respectively 39% and 34%.
- India had the highest number of people infected with HIV, followed by China; both countries registered at least 10 million people infected with HIV, at the end of 2005;
- Ukraine (1%) and Russia (0.9%), record the most rapid epidemic increase of the world. In Russia, the number of cases doubles every year. The Russian Ministry of Health estimates that 5-10 million of men and young men, aged between 15 and 20, will be HIV positive in the next 5 years.

III. Health promotion and W.H.O. prevention strategies regarding the world population's health

Health promotion represents the strategy of mediation between people and their ecosystem that synthesise the personal choice and the society's responsibilization towards health.

World Health Organization considers that there are five basic principles that form the basis for health promotion:

1. population's involvement as a whole within the context of its every day life, less focusing on the population with an increased risk of certain diseases; the necessity of a proper information campaign for the decision making process;

2. orientation towards the health determinants: environment factors, behaviours, health services, human biology; health promotion should be action-oriented;

3. the use of methods, different complementary approaches, including communication, education, legislation, fiscal measures, organizational change, community development and the spontaneous local activities against the health risks; the sanitary system cannot accomplish, maintain and promote health by its own;
4. providing the public participation and the transformation of the knowledge acquired in behaviours, through the concrete and efficient participation of the public;
5. health promotion represents a joint activity in the social and medical field; the involvement of the medical personnel in the increase of the health education level of the entire population plays an important part in spreading and supporting health promotion.

The values representing health essential component parts must be inoculated to the population, in order to increase the individual autonomy.

The activities for health promotion have a neuter character and are not submitted to the political or other influences.

There is a series of values at each community level, which should be clarified and the role of health promotion is to help people finding out what these values really are.

There are three **principles** that help clarifying the values, as an essential element in health promotion:

1. the importance that must be given to the individuals in clarifying their own values, that is the help awarded for the critical analysis of the values, through education and approaching an attitude that cannot afford judging a certain behaviour or attitude;
2. the use of multiple, flexible and creative methods in the offered help;
3. health promotion develops its actions within the context of certain specific cultures, with its own opinions about the way life should be lived and, that is why, it is important to remove the tendency reflected in the activity of health promoters, according to which their opinions regarding life and its values are either wrong or correct.

The main **domains** of interest in health promotion aim at:

- the access to health, eliminating the disparities brought about the affiliation to a certain group of people;
- the development of a sanogenetic environment (healthy towns, healthy schools) that imposes an adequate national and international policy, where health status is considered a component part in its inclusion in the social and economical development policy. This pattern imposes favouring health when countries' development is designed;
- the creation and development of the social networks and of the social support;
- the promotion of health-favourable;
- the development of knowledge regarding health, starting with young ages.

Possible **measures** for health promotion might be:

- the development of the personal services because people should be informed, convinced about the efficacy of the methods for health promotion;
- the development of the community resources with the multisectorial support of health;
- the development of the organizational structures favourable to health, with the introduction of the parliamentary commissions for health promotion and the stimulation of the co-participation of the responsible factors and of the population (state structures, formal social groups);
- social, economical and legislative regulations;

The specialized literature mentions three possible **patterns** of approaching health promotion and disease prevention.

The first pattern, based on the **understanding of the diseases etiology** and which implies the control of diseases according to their etiology, also includes the risk factors within the etiologic factors.

From this point of view, there are four large groups of diseases (Mc Keown):

1. prenatal diseases brought about upon fecundation – deficiencies or affections of one single gene, producing chromosomal aberrations, independent of the ambiental environment or of behaviour, that cannot be influenced through the current methods of prophylaxis and intervention; due to the fact that they have a reduced frequency in the population, they do not represent a major concern for the public health, because they cannot be prevented, just intercepted;
2. prenatal diseases, after fecundation and due to the intervention of certain factors that act in the intranatal period of time (infectious, physical and toxic factors); some of these affections may be controlled;
3. postnatal diseases due to certain deficiencies and aggressions of the risk factors of the environment, comprising the majority of affections that dominate the morbidity pattern of the developing countries and whose control implies social and economical measures, as well as sanitation measures, requiring the state's intervention (nutritional diseases-malnutrition, the infectious-parasitary diseases, hygiene-related diseases);
4. postnatal diseases brought about the organism or the population's adaptation deficiencies regarding the new pattern of life, being characteristic for the developed countries and which produce behaviour alterations and diseases related to the lifestyle;

The second pattern, called the **epidemiologic pattern**, has as its traditional approach the transmissible diseases, where the intervention measures address either to the receptor, through the increase of the specific or non specific resistance, or to the vector, through the interruption of the transmissible ways, or to the specific

source of infection and it is valid for a limited number of diseases.

The pattern valid for the majority of the diseases that dominate the picture of the present morbidity is the multifactorial epidemiologic pattern, which has in view the frequency of diseases and the factors that condition each class of diseases (biological factors, environmental factors, life style, health services) and the measures of intervention will be taken according to these factors.

The third pattern for approaching health promotion is that of **life stages,** which is more and more frequently mentioned, being considered as adapted to the present health issue. At the basis of this approach lays the idea that the elements unfavourable to health occur in different stages of the life, according to the biological, occupational and medical conditions.

This approach allows the issuance of certain prevention services packages, specific to the age groups, adapted to the needs of the different populational groups (active prophylactic actions meant for the child, adolescent, adult, active population, the elderly).

For the implementation of health promotion objectives, a series of prevention strategies is necessary, which should be issued at national and international level, being adequate to the present needs, as well as to the future ones within the respective areas.

Within these strategies, two types may be differentiated: **populational strategy** and that based on the **individual approach.**

Regarding the **populational strategy**, two different approaches may be described: the ecological strategy and the high risk strategy.

Generally, the populational strategies are based on the population and not on the individual, that is why special attention is paid on the incidence of the disease in the population and not on the disease.

The causes of the incidence are different from the causes of the disease. The genetic factors explain the individual's susceptibility towards the disease, but they do not explain the disease frequency at population level, being able to explain the intraindividual heterogeneity and not the interindividual one. The frequency of the disease is explained by the intervention of the ambiental factors (environment, physical, psychical, social, behavioural – food customs and consumption, professional risks, leisure time risks, preventive, curative and recovery sanitary system).

The populational strategy interests the public health physician and the community's physician.

Ecological strategy is meant for the entire populational group and tries to alter the causes that produce the incidence, aiming at reducing it by changing the average level of the risk factors in the general population and their distribution in the population.

This strategy is accepted due to the fact that it presents a series of advantages. It brings very important benefices at populational level, it is adequate from the behavioural and psychological point of view because it does not make any discrimination.

One of the main **disadvantages** of this type of strategy results from the fact that it supposed another pattern of approaching the health services. The motivation for the individual and physician is insufficient; it presents reduced advantages for the high risk population and the relation benefice/risk is not as high as in the case of the high risk strategy, being about the so called "paradox of prevention". The prevention measures bring important benefices to the general population and small benefices to the population with increased risk.

High risk strategy is based on the population with increased risk of illness or death and in order to be understood, epidemiology concepts are necessary.

In order to be put into practice, it is necessary, first of all, to identify the high risk persons, because this populational group is the most susceptible to make the disease, what brings about the need for issuing proper measures for preventing or fighting against the disease or against death. Population's screening will represent a basic epidemiological method in choosing the persons who will subsequently be the beneficiaries of the strategies established, by taking into account the notion of high risk. The identification of the susceptible persons may be accomplished without the population's screening, in the cases in which the risk factors are known (pregnant woman, infants, people working in environments with professional noxious substances).

The strategy of high risks has a series of **disadvantages,** such as: increased costs and the difficulties regarding the screening of the entire population; the effects of the strategy are temporary and palliative, their length is limited to the length of the intervention exercised on the high risk populational group.

The benefices of applying this strategy are limited only to the selected populational group, the general population not being involved, what will induce behavioural, psychological limits, due to the ethical segregation, through which only a part of the population is protected, although the number of individuals with high risk is small in comparison with that of the persons with small or moderate risk, who remain unprotected.

Still, this strategy is frequently used due to its advantages, such as: the relation cost/efficacy is favourable, the investment is limited to the high risk persons and the relation benefice/risk is favourable (the possible side effects may occur just in the susceptible persons); the individual and the physician have an increased motivation and the health services may intervene properly for the individual's interests who, knowing the risk factors, will be more interested to adopt prevention measures.

Materno-infantile health care method, founded on the risk notion represents a conclusive example regarding the application of the preventive strategies and it is a social and sanitary intervention policy based on the real data regarding the disease (death) risks, costs, resources, efficacy of the different measures taken. It represents a method for identifying the groups exposed to

an increased risk of disease/death (specific morbidity, infant mortality, maternal mortality), with a view to take decisions regarding the allocation of resources.

The general principle of the method is to provide the best services for all, but favouring those who need them most; thus, it is necessary that essential medical care should be provided for the entire population. The existing resources are affected

Regarding the practical activity, it is preferred to combine the two strategies, because the ecological strategy and the high risk strategy are complementary and not competitive.

Within the **strategy based on the individual approach,** the actions address to the disease-bearer individual and belong exclusively to the clinical sector, being an important strategy for the individual practice, in which the relative risk evolves permanently as an expression of the epidemiologic association force.

Ottawa Charter set up a series of **objectives** to promote health at international level:

1. The development of the public health urban policies;
2. Providing a favourable surrounding environment;
3. Participation in collective multidisciplinary actions;
4. The development of the individual capabilities;
5. Encouraging the new missions of health services;
6. Providing the health preliminary conditions;
7. Promoting health favourable conditions;
8. Accomplishing means for promoting health;
9. The sanitary system should become a mediator for a healthy life;

The programmes and the strategies for health promotion should be adapted to the local needs and possibilities of the countries and regions, taking into account the different social, cultural and economic systems.

Health promotion is a process that gives the populations the necessary means for controlling their own health and for its improvement.

It is a positive concept that capitalized the social and individual resources in the same way as the psychical capabilities.

Health promotion does not exclusively belong to the sanitary sector: all sectors of activity, all those who define the life framework of an individual or of a community are essential component parts of a healthy lifestyle.

Regarding health, there are 5 general objectives in Europe:

1. improving the general health status for all;
2. reducing the inequities (disparities) against health;
3. life styles favourable to health;
4. quality of the surrounding environment;
5. offering adapted and accessible health care services;

The entire activity for promoting health is based on prophylaxis and preventive medicine as an indubitable resource for the implementation, at local level, of the programmes that aim at maintaining the individual and community health, preventing the diseases and at reducing the disability adjusted life years, handicaps, as well as at increasing life expectancy at birth in all age groups, awarding equal changes to all people, so that "health for all" should not remain only a slogan.

IV. Health promotion and W.H.O. prevention strategies in HIV/AIDS

For the past years, the international communities paid special attention to the programmes for preventing and fighting HIV/AIDS, materialized in a number of important initiatives:

- UN programmes;
- The Global Fund to fight AIDS, Tuberculosis and Malaria;
- 3 by 5" initiative;
- PEPFAR (President's Emergency Plan for AIDS Relief) in U.S.A.;

In 2005, global expenses of 8,3 billion dollars are expected; but the needs are much greater. For the year 2006, UNAIDS provided a budget of 15 billion dollars necessary for the effective response in the countries with HIV/AIDS epidemic, with low or average living standard.

At the beginning of 2003, UNAIDS Countryand Regional Support Department"(CRD) defined the action strategy for preventing and fighting HIV/AIDS with 5 major objectives:

- Encouraging the dynamic management for an efficient and effective response of the affected countries;
- Mobilization and empowerment of the public partnership with the civil public and private society and the engagement of the civil society;
- Management strengthening and the dissemination of the strategic information;
- Providing the capacity of planning, implementing, monitoring and evaluating the response of the countries affected by the epidemic;
- Facilitating the access to the technical and financial resources, as well as their efficient use.

The Global Coalition on Women and AIDS, established by UNAIDS at the beginning of 2004, exercises its actions on a number of directions:

- Preventing HIV infection among the young adolescents;
- Reducing the violence against women;
- Protecting the property and the rights of women;
- Providing equal access to care and treatment for women;
- Improving women's assistance by the help of the community;
- Promoting the access to new prevention option, including female condom and microbiocide substances;
- Continuous support of the universal education efforts aiming at girls.

"HIV/AIDS and the strategies for reducing poverty" is another programme set up under the aegis of the UN, United Nation Development Program

W.H.O. strategy for 2004–2007 is conceived as an orientation document, flexible, which should guide the

activities of all national and international partners. The strategy proposes 3 major areas of intervention:
1. Prevention of HIV transmission – the main goal is to maintain the HIV incidence in 2007 at the 2002 level. Within this area there are foreseen eight priorities determining the focus of the whole strategy towards prevention activities, especially the prevention of HIV transmission among young people and groups with risk behaviors associated with commercial sex or injecting drug use.
2. Access to treatment, care and psycho-social support services for people infected, affected or groups vulnerable to HIV/AIDS. This second major area aims at: ensuring access to universal treatment, care and social support for PLWHA, as well as at reinforcing the health care system for sexually transmitted infections and substance abuse. This intervention area has four priorities focused on the promotion and respect of the rights of PLWHA and vulnerable groups.
3. Surveillance of HIV and associated risk factors. The goal of the third priority area of the strategy is to develop and maintain efficient surveillance systems for HIV/AIDS and associated risk factors, to provide timely information regarding the epidemic and the determinants of its evolution and to allow development of appropriate programmers and interventions, including social intervention for PLWHA and vulnerable groups.

Besides the three main intervention areas, the strategy foresees the national coordination mechanism for strategy implementation, as well as the monitoring and evaluation of the framework and resources allocation.

V. Guiding principles of the National HIV/AIDS Strategy

1. HIV/AIDS is more than a public health priority. It is a complex problem, which affects all the components of the society.

2. The strategy will be mainly focused on prevention and reducing the social impact of HIV/AIDS. The resources allocated have to address vulnerable groups (at risk) and the affected communities.

3. Multisectoral and interdisciplinary involvement is essential for an appropriate response to the HIV epidemic.

4. The people and the groups have to have the necessary knowledge in order to prevent the infection with HIV. It is essential to ensure all conditions for this to happen.

5. Equal access to care and elementary services is guaranteed to all people infected/affected by HIV/AIDS.

6. All people infected with HIV or living with AIDS, as well as vulnerable groups have equal and continuous access to treatment, medical care and services according to the standards foreseen in the existing legislation.

7. The rights of the PLWHA, as well as the ones of the people belonging to vulnerable groups are guaranteed by the national legislation and the international treaties to which Romania is a signatory part, with a special focus on the right to confidentiality.

8. The individual responsibilities of the people infected with HIV or living with AIDS are stated.

9. All necessary conditions for universal precautions implementation must be ensured in order to prevent every possibility of HIV transmission within the sanitary and the social work systems.

10. HIV testing is voluntary and/or anonymous, providing full guarantee of confidentiality and pre- and pos-testing counselling, both in the public and private sector.

11. Creating socio-economic development policies and programs that take into consideration the HIV/AIDS phenomenon.

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