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REPORT OF THE ECONOMIC AND SOCIAL  
COUNCIL

ECONOMIC AND SOCIAL COUNCIL  
Second regular session of 1990  
CO-ORDINATION QUESTIONS:  
PREVENTION AND CONTROL OF  
ACQUIRED IMMUNODEFICIENCY  
SYNDROME (AIDS)

Global strategy for the prevention and control of  
acquired immunodeficiency syndrome (AIDS)

Note by the Secretary-General

1. The Secretary-General has the honour to transmit to the members of the General Assembly and the Economic and Social Council the report of the Director-General of the World Health Organization on developments in the global AIDS pandemic.
2. The report was prepared in response to General Assembly resolution 44/233 of 22 December 1989, in which the Assembly, *inter alia*, urged Member States to increase their efforts to combat AIDS and to encourage, support and facilitate national efforts to prevent the further spread of the disease; called upon international, national and research institutions and organizations to co-ordinate their activities so as to provide input to and be supportive of the policy of national AIDS committees and the global AIDS strategy of the World Health Organization; requested the Secretary-General to invite the Director-General of the World Health Organization, in close collaboration with the other organizations of the United Nations system, to continue to develop and advance the global strategy for the prevention and control of AIDS; and requested the Secretary-General, in collaboration with the Director-General of the World Health Organization, all other relevant organizations of the United Nations system, and the WHO/UNDP Alliance to Combat AIDS, to intensify his efforts, at all levels, to deal with the socio-economic and humanitarian aspects of the pandemic.
3. Accordingly, while the present report provides an update on the global epidemiological situation, it also reflects the increased efforts by United Nations entities in promoting AIDS prevention and control activities, as well as efforts to deal with the socio-economic and humanitarian aspects of the pandemic.

\* A/45/50.

ANNEX

Report of the Director-General of the World Health Organization  
on the global strategy for the prevention and control of AIDS

Summary

This report is prepared in response to resolution 1989/108 of the Economic and Social Council and resolution 44/233 of the United Nations General Assembly, which requested the Director-General of the World Health Organization to continue to develop and advance the global AIDS strategy for the prevention and control of AIDS with specific reference to non-governmental organizations, women, children, abuse of drugs, access to affordable technologies and pharmaceuticals, and the active participation of public and private sector enterprises.

The present document is based, inter alia, on the report of the Director-General to the Forty-Third World Health Assembly (WHA/43/6) (available on request from the Organization's headquarters at Geneva) - and contains contributions from the organizations and specialized agencies of the United Nations system which are members of the Inter-Agency Advisory Group, established by WHO to co-ordinate the AIDS activities of the United Nations system.

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## I. GLOBAL AIDS EPIDEMIOLOGY

### A. World-wide distribution of HIV/AIDS

1. World-wide AIDS surveillance is co-ordinated by the WHO Global Programme on AIDS. Reports are received from individual ministries of health, as well as from WHO collaborating centres on AIDS and WHO regional offices. The number of officially reported AIDS cases world-wide as at 1 April 1990 was 237,110; however, WHO estimates the actual number to be over 600,000.
2. In the past four years, the cumulative number of AIDS cases reported to WHO increased more than 18-fold, and the number of countries reporting AIDS cases to WHO increased by more than 100, which not only illustrates the widespread distribution of AIDS, but also testifies to the growing openness of countries in responding to the pandemic.
3. The full burden of HIV infection and AIDS as a result of transmission from an HIV-infected woman to her fetus or infant remains particularly underrecognized. The underestimate results both from underreporting and from the difficulty in diagnosing paediatric AIDS cases before the child is 15 to 18 months old.
4. In Africa, as at 1 April 1990, more than 1,000 cases had been reported by Burundi, the Congo, Côte d'Ivoire, Ghana, Kenya, Malawi, Rwanda, Uganda, the United Republic of Tanzania, Zaire, Zambia and Zimbabwe, and 500 to 1,000 cases by Burkina Faso and the Central African Republic. Although cases were first officially reported from Africa in 1982, about 90 per cent of the total were cases reported after the beginning of 1987. WHO estimates that, since the beginning of the epidemic, a total of over 300,000 AIDS cases have occurred in adults in Africa, primarily sub-Saharan Africa.
5. In the Americas, as at 1 April 1990, the United States of America had reported 124,282 cases, or over 80 per cent of all cases in the region. Brazil, Canada, the Dominican Republic, Haiti and Mexico had each reported more than 1,000 cases. Countries reporting 250 to 1,000 cases included Argentina (566), the Bahamas (437), Colombia (643), Honduras (512), Peru (254), Trinidad and Tobago (557) and Venezuela (646), while those reporting 100 to 249 cases included Barbados (112), Bermuda (135), Chile (178), Costa Rica (151), El Salvador (165), Jamaica (140), and Panama (180); 100 to 249 cases were also reported by French Guiana (150), Guadeloupe (175) and Martinique (115).
6. In Europe, the greatest numbers of cases were reported from France (8,883), Italy (5,307), the Federal Republic of Germany (4,544), Spain (4,633) and the United Kingdom of Great Britain and Northern Ireland (2,920). The lowest numbers were reported from the eastern European countries, with Albania reporting no cases.
7. In Asia and the Pacific, 51 countries reported the remaining 1 per cent of the world cumulative total, namely, 2,565 cases as at 1 April 1990. In Oceania, 1,760 cases were reported from Australia and 156 from New Zealand. Countries in Asia reported 618 AIDS cases, with the following reporting 10 or more cases:

Japan (182), India (40), the Philippines (26), Thailand (32), Papua New Guinea (13) and Singapore (15). Hong Kong reported 22 cases.

#### B. Modes of transmission

8. Epidemiological studies in Europe, the Americas, Africa and Australia continue to document only three modes of HIV transmission: (a) sexual intercourse, whether heterosexual, homosexual or bisexual; (b) exposure to blood, blood products, or donated organs or semen (exposure to blood principally involves transfusion of unscreened blood or use of inadequately sterilized needles, syringes, or other skin-piercing instruments); and (c) perinatal transmission from an infected woman to her fetus or infant.

9. There is no evidence to suggest that HIV can be transmitted by the respiratory or enteric routes or by casual person-to-person contact in any setting, including household, social, workplace, school or prison settings. There is no evidence that HIV transmission involves insects, food, water, toilets, swimming pools, sweat, tears, shared eating and drinking utensils, or other items such as second-hand clothing or telephones.

#### C. Global epidemiological patterns

10. WHO has described several broad patterns of HIV transmission and AIDS according to prevailing sexual practices and social risk behaviour (mainly intravenous drug use).

11. Pattern I areas include the industrialized countries of North America, Western Europe, Australia, New Zealand and, to some extent, Latin America. Extensive spread of HIV probably began in the late 1970s or early 1980s, affecting predominantly homosexual men and intravenous drug users. The overall male-to-female ratio of HIV-infected persons has been 10:1 and, as at late 1989, the total cumulative number of HIV-infected persons is estimated to be about 2 million. The epidemiological pattern in some Pattern I countries is evolving. In many Latin American countries, transmission among heterosexuals with multiple sex partners has been increasing, making this the dominant mode of HIV transmission. Because of that shift, this region has been reclassified as Pattern I/II.

12. Pattern II areas include primarily sub-Saharan Africa, and increasingly countries in the Caribbean and parts of Latin America. In those areas, heterosexual transmission of HIV predominates, the male-to-female ratio of HIV infections and AIDS cases is close to equal, and perinatal transmission is on the rise. WHO estimates the cumulative number of HIV infections in those areas to be over 3 million. Rural areas generally have been less severely affected, but that may be changing. There are still many Pattern II countries whose populations at risk of HIV infection appear as yet relatively unaffected by the HIV/AIDS pandemic.

13. Pattern III areas include Asia, most of the Pacific countries (excluding Australia and New Zealand), eastern Europe, northern Africa, and the Middle East, where HIV was introduced in the early to mid-1980s, but the general prevalence of both AIDS cases and HIV infections in those areas is low. In at least one Pattern III country, Thailand, extensive spread of HIV infection has been documented, with the prevalence among the estimated 50,000 Bangkok intravenous drug users rising from about 1 per cent in late 1987 to about 50 per cent in early 1990. Also, in early 1989, HIV infections were found among intravenous drug users in Rangoon. In south-east India, surveys of prostitutes in some cities have found an HIV prevalence of between 5 per cent and 15 per cent.

#### D. HIV prevalence estimates and global AIDS projections

14. In 1987, WHO estimated that between 5 and 10 million individuals were infected with HIV-1 or HIV-2, distributed more or less equally between Pattern I and Pattern II (including Pattern I/II) areas, with about 100,000 or fewer in Pattern III areas. In mid-1988, the estimate of WHO was closer to the lower end of the 1987 estimate - about 5 to 6 million. Estimates of HIV-infected individuals have generally been revised downward as data have accumulated; for example, the Centres for Disease Control of the United States Public Health Service estimated in 1986 that about 1 to 1.5 million individuals across the United States were HIV-infected, while the 1989 estimate was 1 million.

15. The majority of AIDS cases projected for the next five years would be expected to occur even if HIV transmission had ceased completely in 1989. The median time from infection to the development of AIDS is about 10 years. Thus, over the next decade, at least 3 million additional adult AIDS cases can be expected to develop among the more than 5 million persons throughout the world estimated to have already become infected with HIV as by 1988.

16. Early in 1989, WHO projected the course of the AIDS pandemic to the year 2000, using the Delphi questionnaire survey method. Participants were selected for their knowledge of the global epidemiology of HIV infection and AIDS. The Delphi projections suggest that the cumulative total number of adult AIDS cases might reach 5 to 6 million by the year 2000. More than half the AIDS cases in adults in the 1990s are expected to develop in persons already infected by 1988. Many of the projected AIDS cases that might arise from future HIV infections are considered to be preventable by global and regional HIV/AIDS prevention and control efforts carried out in conjunction with national programmes.

## II. EVOLUTION OF THE GLOBAL AIDS STRATEGY AND HIGHLIGHTS OF 1989 ACTIVITIES OF THE WHO GLOBAL PROGRAMME ON AIDS

### A. Global AIDS strategy

17. The work of WHO is predicated on its critical role of co-ordinating and directing world-wide efforts against AIDS. As the political and social response to HIV becomes increasingly complex, and biomedical research brings not only new

tools, but also new complexities to HIV/AIDS prevention and control, WHO must respond to new challenges as it seeks to further the three objectives of the global AIDS strategy: to prevent HIV transmission, to reduce the personal and social impact of HIV/AIDS, and to unify national and international efforts against HIV/AIDS.

18. Development, monitoring and evaluation of the global AIDS strategy is the central responsibility of WHO in AIDS prevention and control. Particular attention is being given to monitoring the implementation of key policies through national AIDS programmes. The rapid pace of scientific, epidemiological, social, and political developments requires constant attention, because they have a direct influence on the global AIDS strategy.

19. In response to challenges of HIV, many countries have developed different approaches to specific problems. For example, innovative efforts to reduce HIV transmission among self-injecting drug users have included programmes for needle exchange and for expansion of needle/syringe availability and bleach distribution. In each instance, those approaches are part of a broader health promotion and prevention activity.

20. In the area of the care and treatment of HIV-infected persons, including those with AIDS and those living with them, a wealth of experience is now available, particularly in non-governmental and other community-based organizations. However, without careful evaluation of those experiences and the development of methods to ascertain health and social service needs, the care and support of affected people may be inadequate.

21. In 1980, the Programme had been focusing on three areas which merit special attention. First, strategic and operational relationships between the global AIDS strategy and primary health care must be strengthened to ensure the integration of AIDS prevention and control activities within primary health care programmes, unless this would compromise HIV/AIDS programmes. Second, it is essential to strengthen the role of non-governmental organizations in developing, implementing, and monitoring the global AIDS strategy at all levels, as called for by the World Health Assembly in its resolution WHA42.34. Third, as research produces new diagnostic, therapeutic and preventive technologies, it is essential to consider strategies to ensure global availability of appropriate new technologies.

#### B. Highlights of 1989 activities

22. During its two meetings in 1989, the Management Committee of the Global Programme on AIDS reviewed the implementation of the 1989 programme budget and endorsed the overall strategy presented in the proposed programme budget for 1990 and estimates for 1991. Five organizations of the United Nations system are members of the Management Committee - United Nations Children's Fund, United Nations Development Programme, United Nations Educational, Scientific and Cultural Organization, United Nations Population Fund and the World Bank - in addition to the Commission for the European Communities, 18 donor Governments and 12 Member States selected by the WHO Regional Committees. The Management Committee met on 26 and 27 April and is scheduled to meet again from 26 to 28 November 1990.

23. By the end of January 1990, the progress accomplished in establishing national AIDS programmes was notable in three ways. First, every country in the world has created a national response to HIV/AIDS. Second, by the end of 1989, of the 159 countries collaborating with WHO, 123 had short-term plans and 95 had formulated a medium-term plan for their programme (table 1). Third, the quality of planning has improved substantially as attention is paid to national differences and increasing experience being gained in implementation and programme review.

TABLE 1. Support to national AIDS programmes, 1987-1989  
 (cumulative numbers of countries)

	1987 November	1988 January	1988 June	1989 January	1989 June	1990 January
Initial technical visits	93	111	137	152	155	159
Short-term plans	58	75	106	118	120	123
Medium-term plans	25	26	28	51	74	95
Resource mobilization meetings	5	5	9	29	42	65
Programme reviews	-	-	-	1	5	10

24. Technical support has been provided in designing, implementing, and monitoring short- and medium-term national AIDS plans. In addition, substantial support has been provided in areas of particular importance for national AIDS programme development, including health promotion, epidemiological surveillance, clinical management of HIV infection and AIDS, counselling, and laboratory and blood transfusion services. Operational support to national AIDS programmes has included personnel, training, equipment and supplies, as well as financial resources.

25. While the initial and preparatory steps have proceeded rapidly, difficulties have been encountered in the process of national AIDS programme development. Implementation of the programmes has been constrained by two major problems: pre-existing limitations on human and institutional resources, and special complexities involved in AIDS prevention and control. Fundamental resource and infrastructure constraints have made it difficult to meet organizational pre-conditions for advancing from national programme formulation to implementation. Understaffed and underequipped ministries of health see AIDS as yet another challenge at a time of severe resource constraints, and these difficulties are compounded by uncertainty about the depth and sustainability of international support for national AIDS programmes in the developing world.



26. A major effort in manpower planning and development has been made to support national programmes in evaluating staff needs and defining skills to be provided through training, and helping them to undertake such training. For example, more than 400 health educators participated in training workshops in various regions in the world. More than 300 laboratory specialists have been trained in HIV diagnosis, and almost 1,000 in counselling HIV-infected persons and families.

27. WHO has played a critical role in generating resources internationally and in co-ordinating their allocation to countries, both by making support from the WHO trust fund for the Global Programme on AIDS available to countries for their short-term programmes (in most cases those funds were the sole source of external support) and by organizing resource mobilization meetings for 65 countries during the period May 1987 to January 1990, which yielded over \$US 160 million.

28. Guidelines developed by the Programme in close collaboration with other WHO programmes, the WHO collaborating centres on AIDS, and external organizations concerned, have been published in the WHO AIDS Series, which is distributed to all ministries of health and made available through WHO sales outlets. During 1989 and early 1990, the following volumes in the WHO AIDS Series were published: the second edition of the Guidelines on Sterilization and Disinfection Methods Effective against human immunodeficiency virus (HIV), a/ Guidelines on the Monitoring of National AIDS Prevention and Control Programmes, b/ Guide to Planning Health Promotion for AIDS Prevention and Control, c/ Prevention of Sexual Transmission of Human Immunodeficiency Virus (HIV), d/ and Guidelines for AIDS and First Aid in the Workplace, g/ which were developed in collaboration with the League of Red Cross and Red Crescent Societies and ILO.

29. The theme of World AIDS Day in 1989 was AIDS and youth. WHO distributed over 50,000 newsletters and brochures and tens of thousands of "action kits" with a guide for organizing World AIDS Day events. The kits were produced in English, French, Spanish, Portuguese, and German, with additional materials in Russian and Chinese. WHO produced two special videos designed to reach young people, issued special packages of radio materials to over 200 countries and provided a 24-hour global radio "hot line" service on 1 December for radio journalists. WHO organized events at headquarters and inaugurated an international panel of the "Names Project Quilt". Similarly, round-table discussions, the production of video tapes, broadcasts and seminars were organized by the six regional offices of WHO and the Liaison Office in New York.

30. The theme for World AIDS Day 1990 is "Women and AIDS" and it will reflect the increasing effect of AIDS on women, as well as the crucial role women play in preventing infection with HIV and caring for HIV-infected people and people with AIDS.

31. The Government of France and WHO organized the International Conference on the Implications of AIDS for Mothers and Children, held in Paris, from 27 to 30 November 1989, under the co-sponsorship of UNDP, UNICEF, UNESCO, the ILO, the World Bank and the Council of Europe. In preparation for the Conference, 10 technical working groups were set up on the following topics relating to HIV/AIDS in women and children: virology; immunology; epidemiology; clinical

management; HIV and pregnancy; diagnosis; implications for health, education, community and social welfare systems; and economic and demographic impact. The Declaration made by the Conference on 30 November was reviewed by the WHO Executive Board in January 1990 and commended to the attention of the Forty-third World Health Assembly.

32. As part of the efforts to strengthen collaboration with non-governmental organizations, WHO supported the organizing committee for a proposed non-governmental international council of AIDS service organizations scheduled to be launched in June 1990. In addition, a preliminary version of an inventory of non-governmental organizations working on AIDS in developing countries, prepared under contract with the United Nations Non-Governmental Liaison Service, was completed in November 1989.

33. Since 1988, non-governmental organizations working on AIDS at the country level have been able to obtain funding from the country accounts in the WHO Trust Fund for the Global Programme on AIDS, subject to review by the national AIDS programme. In addition, in 1989 over \$US 650,000 were provided to non-governmental organizations for country-level activities. In 1990, \$US 1 million are allocated to the experimental partnership programme for innovative and replicable community-based activities in HIV/AIDS prevention and care. All such activities are subject to approval by the national AIDS programme.

34. Innovative activities during 1989 included the development of condom procurement standards with increased emphasis on the issue of quality assurance and the preparation of materials to support condom services management at the national level. In addition, clinical management protocols for HIV infection and disease management had been developed and field tested. The Programme also designed a new WHO staging system for HIV infection and disease, now being tested in 30 centres, as a common basis for comparing studies from various countries.

### III. COLLABORATION WITHIN THE UNITED NATIONS SYSTEM

35. Co-ordination is facilitated through the United Nations Steering Committee, chaired by the Under-Secretary-General for International Economic and Social Affairs, and through the Inter-agency Advisory Group, established by WHO to co-ordinate AIDS activities of the entire United Nations system. The Inter-agency Advisory Group is studying the impact of AIDS on health, personnel and welfare policies and practices of the United Nations system, and will make recommendations on this to the Administrative Committee on Co-ordination or the Consultative Committee for Administrative Questions, as appropriate.

#### A. Activities carried out jointly by the World Health Organization and an organization or specialized agency of the United Nations system

36. The WHO/UNDP Alliance to combat AIDS continues to co-ordinate support for national plans for AIDS prevention and control from all external partners,

including those in the United Nations system, and to organize resource mobilization meetings in collaboration with Governments. Under the auspices of the Alliance, UNDP has also been involved in assisting the integration of national AIDS plans into overall development policies and priorities at the country level, in supporting programme development and delivery, and in helping Governments to minimize the impact of HIV/AIDS on social and economic development. A second workshop on implementation organized by the Alliance, held at Geneva from 10 to 12 July 1989, brought together representatives of national AIDS programmes, as well as staff of UNDP and WHO from 18 countries, with a view to drawing up detailed operational guidelines (see also paras. 56-59 below).

37. In collaboration with UNESCO, WHO completed a Guide for school health education to prevent AIDS and other sexually transmitted diseases. It served as a catalyst for seven projects aimed at introducing innovative approaches to AIDS education within school systems. Those projects are being implemented with the collaboration of UNESCO and the ministries of education and of health within the various countries - currently, Ethiopia, Fiji, Jamaica, Mauritius, Sierra Leone, the United Republic of Tanzania and Venezuela. This guide is complemented by a version containing policy guidelines for high-level planners and administrators, which provides the rationale and methodology for integrating AIDS education into school curricula.

38. WHO provided technical and financial support for the World Consultation of Teachers' Organizations on Education for AIDS Prevention, which took place at UNESCO headquarters in Paris from 2 to 7 April 1990. WHO is co-sponsoring the meeting with UNESCO, the ILO, and four international teachers' organizations (the International Federation of Free Teachers' Unions, the World Confederation of Organizations of the Teaching Profession, the World Confederation of Teachers, and the World Federation of Teachers' Unions). The aim of the meeting was to mobilize teachers' associations world-wide to provide support for education projects within their countries (see also paras. 60 to 62).

39. WHO provided forecasts of the numbers of HIV infections and AIDS cases in infants and women in sub-Saharan Africa for UNICEF programme planning of services for women and children. UNICEF continues to participate actively in resource mobilization meetings for national AIDS plans.

40. WHO co-hosted with UNICEF a workshop on future directions for national AIDS information and education campaigns for the general public, held at Geneva from 19 to 21 June 1989, with the following objectives: (a) to reflect on past experience with national education and information campaigns, national immunization, and related child-survival campaigns, and contraceptive/family planning campaigns; (b) to evaluate the effectiveness of national AIDS information and education campaigns, and (c) to formulate recommendations for future directions. It was attended by 23 health educators and administrators from national AIDS programmes, UNICEF offices, and national organizations (see also paras. 64-67 below).

41. WHO is collaborating with the United Nations Office at Vienna to develop links relating to the Division of Narcotic Drugs, the International Narcotics Control Board, UNFDAC, the Social Development Division, and the Division for the

Advancement of Women of the Centre for Social Development and Humanitarian Affairs. A joint project on AIDS and prisons is under way; and a report is being prepared for the Eighth United Nations Congress on the Prevention of Crime and Treatment of Offenders, to be held in Havana in August 1990. The Office is collaborating in the initiative on self-injecting drug users. Ways of expanding the involvement of ministries of social welfare in AIDS-related activities are being discussed (see paras. 68-71 below).

42. Collaboration between UNFPA, the WHO Global Programme on AIDS and the Division of Family Health has resulted in the development of technical and managerial guidelines. An AIDS training strategy for service providers in MCH/FP has also been developed and is in the initial stages of implementation. At the country level, UNFPA continues to participate in national AIDS programme donor meetings and is promoting the incorporation of appropriate AIDS prevention and control activities into its ongoing support to the development of national MCH/FP programmes. UNFPA has funded a project in Kenya on the integration of AIDS information-education-communication strategy with population education, and has helped formulate a project in Thailand on improving reproductive health in women from high-risk groups. Close co-operation between UNFPA and WHO is facilitated by the secondment of a UNFPA staff member to WHO/GPA (see also para. 51).

43. The World Bank is collaborating with WHO in studies on the economic and demographic impact of AIDS and its implications for health-care costs. Joint activities include projects on costing national AIDS programmes, developing methodology for rapid assessment of prevalence of sexually-transmitted diseases, and assessing communications infrastructures. WHO is collaborating with the World Bank to develop a research tool for the assessment of technical, institutional, and personnel resources for education and information interventions in terms of their usefulness for health promotion for AIDS prevention and control. The World Bank is providing financial support to collaborative research between GPA, the Special Programme of Research, Development and Research Training in Human Reproduction and the Special Programme for Research and Training in Tropical Diseases.

44. A joint WHO/ILO brochure on AIDS and the workplace has been prepared, and guidelines for AIDS and first aid in the workplace, as a collaborative activity of WHO, ILO and the League of Red Cross and Red Crescent Societies (see para. 29 above). WHO and ILO collaborated in two other consultations: on AIDS and seafarers and on occupational exposure of health workers to HIV.

45. Technical collaboration between the United Nations Population Division and WHO has been established to assess the demographic impact of HIV/AIDS. A joint technical meeting involving AIDS programme personnel from Africa, and potential funding agencies for promising AIDS models was held at New York in December 1989.

46. WHO provided technical and financial support for an FAO study to explore methods to assess the potential impact of HIV/AIDS on food production and agricultural policies in central Africa. A report on this initial modelling method has been prepared (see also para. 77 below).

47. WHO supported a consultation on AIDS and human rights, organized by the United Nations Centre for Human Rights, and held at Geneva from 26 to 28 July 1989. This was the first meeting on HIV/AIDS and human rights to be held by the United Nations, and its recommendations, addressed both to the Centre and to WHO, specify a number of areas in which work should be furthered. The results of this consultation were discussed and endorsed by the Sub-Committee on the Prevention of Discrimination and Protection of Minorities at its meeting held from 7 August to 1 September 1989, when that body appointed a special rapporteur on this topic.

**B. Activities carried out individually by organizations and specialized agencies of the United Nations system**

48. The following paragraphs are based on contributions from the organizations which are carrying out the activities.

49. The Department of International Economic and Social Affairs of the United Nations Secretariat continued to emphasize AIDS prevention and control activities in all relevant aspects of its work programme in 1989, particularly on the social and economic impact of the epidemic in developing countries. In December 1989, the Population Division Task Force of the Department, established to study the demographic implications of the pandemic, convened in collaboration with WHO a Workshop on Modelling the Demographic Impact of the AIDS Epidemic in Pattern II countries. The workshop's aim was to ensure that models of the AIDS pandemic and its demographic impact provided the information necessary for appropriate health policy formulation and implementation.

50. The Department has developed a methodology to help identify potential implications that AIDS could have on individual socio-economic sectors in specific countries. The approach suggested in the report on the methodology was endorsed by the United Nations Steering Committee and by the Inter-Agency Advisory Group on AIDS. Accordingly, the Department developed a project proposal, which will be carried out in late 1990 in collaboration with WHO, UNDP, the regional commissions and other interested organizations and agencies.

51. United Nations Population Fund (UNFPA) is financing projects which integrate AIDS-related activities into maternal and child health care programmes or information/education/communication programmes, such as those in Benin, Cameroon and Liberia. Final drafts of separate guidelines on various aspects of that integration have been prepared and will be published in 1990.

52. United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) carried out a situation analysis aimed at assessing needs for strengthening blood-safety procedures at hospitals which received and treated Palestine refugees, with special attention being accorded to NGO hospitals in the occupied territories of Gaza and the West Bank. Measures were undertaken to keep all health staff up-to-date on AIDS-related problems through discussions and distribution of related publications, stressing the importance of sterilization and disinfection procedures, and through the improvement of safety measures for burning disposable syringes and needles. UNRWA added HIV infection to the list of weekly infectious

disease returns to ensure prompt reporting and active surveillance. Close contact was maintained with the public health authorities of host governments to ensure effective exchange of information and the co-ordination of control measures.

53. The United Nations Interregional Crime and Justice Research Institute and the Istituto Internazionale di Studi e Informazioni Sanitaria (ISIS), a WHO collaborating centre, launched jointly a drug abuse prevention education programme aimed at 14 to 18 year old students in Italian secondary schools. Called STOP DROGA, the programme which contains an AIDS component has been developed bearing in mind target 3 adopted by the International Conference on Drug Abuse and Illicit Trafficking in Vienna, June 1987 which aims, inter alia, to provide young people with precise information on drugs in order to prevent drug abuse as a result of ignorance. Depending on the availability of resources, the two institutions will attempt to expand the programme in Italy during 1990-1991, following which efforts will be made to transplant it in an appropriate manner to other countries, including Eastern European and developing countries.

54. The United Nations University (UNU) has collaborated with WHO in adapting rapid assessment procedures (RAP) for field studies of social patterns associated with AIDS. UNU hopes to publish "RAP for AIDS" and distribute it widely with support from WHO. A workshop on the use of RAP methodology for AIDS research has been planned for July 1990 in Nairobi.

55. To mark World AIDS Day 1989, the Department of Public Information of the Secretariat co-sponsored, in collaboration with WHO and the United Nations International School, a one-day symposium focusing on AIDS and youth, which included presentations by panelists, a play about AIDS prevention, films and video tapes, as well as a panel display on AIDS in the General Assembly public lobby, provided by UNICEF and WHO. The Department is planning a similar one-day event for 1990 with the theme "Women and AIDS". Discussion is under way with WHO for the production of an educational video and accompanying teaching guide on AIDS targeted primarily to high schools.

56. The Economic Commission for Latin America and the Caribbean, the United Nations Centre for Human Settlements and the United Nations Medical Service also carried out activities on the control and prevention of AIDS.

57. Although the WHO/UNDP Alliance to Combat AIDS was officially proclaimed on 29 March 1988, on an informal basis collaboration between WHO and UNDP field offices had begun at an earlier stage in several countries. Approximately 18 months after proclamation of the Alliance, a comprehensive questionnaire was sent in October 1989 to all UNDP field offices, not only to obtain an assessment on a country-by-country basis of the effectiveness of the Alliance and information about ongoing or planned HIV/AIDS-related activities in country programmes, but also to obtain an analysis of the potential impact of HIV on social and economic development. Responses to those questionnaires have been received from almost all field offices and, while they have, in general, reported that the Alliance has been an effective instrument in combating HIV/AIDS, there have been variations in the degree to which UNDP has been involved in ensuring the integration of national AIDS plans into overall development policies and priorities at the country level, in

resource mobilization, in supporting programme development and delivery, and in minimizing the impact of HIV/AIDS on social and economic development.

58. In an increasing number of countries, country programmes have included HIV/AIDS components as either self-standing UNDP projects or as a component of ongoing UNDP health or education programmes. In many others, according to responses to the questionnaire, there are ongoing or planned country indicative planning figure (IPF) inputs to short- and medium-term plans for national HIV/AIDS control. According to information from WHO, based on pledges by UNDP at the country level during the course of in-country resource mobilization meetings, during the period 1987-1989, UNDP has committed over \$US 10.8 million either through the WHO Trust Fund for the Global Programme on AIDS or directly to some 28 countries in Africa, Asia and the Caribbean. In addition, responses to the questionnaire indicated that an amount of approximately \$US 5.3 million in national IPFs for projects or project components dealing with HIV/AIDS had been earmarked or already committed.

59. At the inter-country level, the Regional Bureaux for Africa, for Asia and the Pacific and for Arab States and European Programmes have provided \$US 620,000, \$US 1,400,000 and \$US 400,000, respectively, through the Global Programme on AIDS. That money is being utilized to assist Governments in the respective regions to develop and initiate national short- and medium-term plans. The UNDP Global Programme has provided \$US 300,000 to the Global Programme on AIDS for unearmarked support and \$US 700,000 to the Global Programme on AIDS for support to initiate the Global Blood Safety Initiative. In addition, as foreseen in the Alliance, a reimbursable global IPF project of \$US 2 million was approved by the Governing Council in February 1988 for a facility to bridge the time between firm pledges for external support and the actual receipt of funds as pledged. That facility has been utilized by the Global Programme on AIDS in nine countries for a total of \$US 1,987,800.

60. It is the view of the Administrator that, while UNDP has made a contribution to the struggle against HIV/AIDS, much more should be done and advantage should be taken of every opportunity to assist Governments and, through them, institutions, organizations and individuals in meeting this challenge.

61. In March 1989, UNESCO established the AIDS School Education Resource Centre (ASERC) for the collection, analysis, exchange and dissemination of information and documentation among UNESCO member States and their partners in the field of education for AIDS prevention. The Centre is being connected to the UNESCO central computer system.

62. The Sector for Culture and Communication of UNESCO will support the global AIDS strategy in two ways: (a) through research of the cultural environment in which prevention campaigns are being launched; and (b) by developing appropriate information and communication campaigns for various target groups. The aims of the first are to understand the cultural values and symbols of the societies in which prevention activities are planned, so that the messages designed for information campaign purposes may succeed. The focus of the second is on developing information-communication methods which draw on successful campaign experiences in

the past, but which also take into account different cultural and social contexts. In recent years, that was developed mostly within the communications programme for prevention against drug abuse, but is likely to be expanded in the future to cover the specific dimensions of AIDS.

63. At the request of the Director-General of UNESCO, a working group entitled "Man versus the virus" has been established by the European Academy of Science, Arts and Letters and the UNESCO Regional Office for Science and Technology for Europe and North America (ROSTE). The group works in the field of human retrovirus and will undertake action towards the establishment of a network of European and North American laboratories co-operating in research in this field.

64. By early 1990, UNICEF had programme support in the AIDS field in all developing countries seriously affected by AIDS, particularly in Africa and the Caribbean, and in close collaboration with the WHO Global Programme on AIDS. UNICEF funds are provided for governmental and non-governmental AIDS activities which are consistent with the global AIDS strategy, and with the priorities of national AIDS programmes.

65. To prevent sexual transmission of the HIV, UNICEF supports AIDS prevention education for adults; for example, seminars for journalists in the United Republic of Tanzania, training for political leaders in Uganda on protecting young girls from infection, and training of health workers, community and church leaders in AIDS awareness in Kenya through a national women's organization and the Christian Health Association. In Zaire, UNICEF trained regional information, education and communication specialists, provided relevant materials and translated instructional materials into four national languages. UNICEF also supports AIDS-prevention education through the school systems in several countries, recognizing that school-based education is a key element in reaching the critical age group, adolescents; it also supports education for high-risk out-of-school youth, including rural youth and urban street children.

66. UNICEF has supported the prevention of transmission of HIV (hepatitis, and other infections) through contaminated skin-piercing equipment, by taking major steps to ensure the safety of government immunization programmes and maternal and child health services, by providing equipment, sterilizers, training in infection control and, where appropriate, disposable needles and syringes.

67. UNICEF is also supporting efforts to aid women and children who are HIV-infected or suffering from AIDS-related illnesses - especially the growing number of AIDS orphans. Examples include support of an organization in Uganda to assist non-governmental organizations in caring for AIDS orphans; support for an international conference, which will design ways to meet the AIDS prevention and social needs of street children; in Zaire, UNICEF supports a national women's group, which provides home care, psychological support and education for families with AIDS patients; and in the Congo, UNICEF funds a pilot centre for counselling seropositive women.

68. The United Nations Office at Vienna implemented a project to identify the interrelationships between AIDS and the status of women. The results of that



project were summarized in a report of the Secretary-General entitled "Effects of AIDS on the advancement of women" (E/CN.6/1989/6/Add.1). In considering the report at its thirty-third session, the Commission on the Status of Women adopted a draft decision on "Activities to assist women in the fight against the acquired immunodeficiency syndrome pandemic", [ ] which was endorsed by the Economic and Social Council in decision 1989/127.

69. The United Nations Office at Vienna is considering a planned pilot survey on the legal environment of the availability of sterile needles and syringes in 12 countries. The project will analyse the legal control and distribution practices, in order to understand how they influence the availability of sterile needles and syringes which, in turn, may affect self-injecting drug use and transmission of HIV. The United Nations Office at Vienna programme for the utilization of community resources for the prevention and reduction of drug abuse, implemented on a regional basis, has as one of its objectives the prevention of HIV infection associated with drug abuse. Three regional workshops, organized in Bolivia, Kenya and Spain, included measures to achieve that objective.

70. The topic of AIDS and youth, as well as the activities of the United Nations Office at Vienna working group on AIDS, have been widely publicized and discussed in several meetings of the Vienna Non-Governmental Organization Committee on Youth. The report of the Secretary-General to the General Assembly at its forty-fourth session on "Policies and programmes involving young people: participation, development, peace" (A/44/387), portrayed AIDS as a major youth concern.

71. A project for field work for mobilizing social welfare, voluntary, community and other groups in the campaign against AIDS in Africa is planned to be jointly implemented in 1990 by the WHO Regional Office for Africa and the United Nations Office at Vienna.

72. The Twenty-seventh Assembly of the International Civil Aviation Organization (October 1989) agreed to the inclusion of the subject "AIDS in civil aviation" in the technical work programme for the next triennium. At the regional aviation medicine seminar held in Paris from 13 to 17 November 1989, a full day was devoted to "AIDS in relation to flight safety". The possible development of a policy concerning AIDS and HIV seropositive subjects was discussed.

73. The Assembly of the International Maritime Organization at its sixteenth session held in October 1989, adopted a resolution entitled "Undesirability of HIV screening of crews and passengers of ships" (resolution A.639(16)), in which the Assembly, inter alia, urged member States which had introduced screening to reconsider the relevant measures with a view to repealing them.

74. In 1989, UNHCR was represented at two international meetings that addressed, inter alia, the issues of AIDS and refugee movements: the Commonwealth Meeting on AIDS and Human Movement, held in London in May 1989; and, in September 1989, the Meeting on Refugees and AIDS, organized in Washington, D.C. by the Refugee Policy Group.

75. An informal working group on AIDS was constituted within UNHCR headquarters to undertake the elaboration and updating of policy on refugees and HIV, and to monitor the protection of refugees with HIV.

76. Jointly with the International Organization for Migration, UNHCR drafted guidelines on the management of HIV among Indochinese refugees in camps in Thailand, with emphasis on the confidentiality of screening results.

77. In 1989, FAO undertook two case studies in the United Republic of Tanzania and Rwanda on the potential impact of AIDS on food production and consumption through its effect on household labour supply and incomes. The concern of FAO was that AIDS could further restrict the ability of certain vulnerable groups to grow or buy sufficient food to meet their nutritional requirements. FAO is concerned by the human and policy implications of those studies. They clearly show the risk of deterioration in household nutrition from the loss of one or more adult members, particularly where women already have a heavy workload, and are less able to divert labour from cash-crop production. The impact on children could be particularly severe. Labour-intensive cash-crop production may be reduced in order to concentrate on fewer, less time-demanding food crops, with consequent losses in export earnings for the country, and deterioration in both the quantity and the quality of food consumed. Those findings should be followed up and consideration should be given as to how best the international community could support the countries facing that situation. Such support could include assistance to strengthen national capabilities in AIDS-related policy analysis, to develop and introduce labour-saving technologies, and to prepare appropriate nutrition interventions.

#### Notes

- a/ WHO AIDS Series No. 2 (Geneva, 1989).
- b/ WHO AIDS Series No. 4 (Geneva, 1989).
- c/ WHO AIDS Series No. 5 (Geneva, 1989).
- d/ WHO AIDS Series No. 6 (Geneva, 1990).
- e/ WHO AIDS Series No. 7 (Geneva, 1990).
- f/ Official Records of the Economic and Social Council, 1989, Supplement No. 9 (E/1989/27/Rev.1), chap. I.B, para. 2, draft decision I.

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