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ECONOMIC AND SOCIAL COUNCIL  
Second regular session of 1988  
INTERNATIONAL CO-OPERATION AND  
CO-ORDINATION WITHIN THE  
UNITED NATIONS SYSTEM

Global strategy for the prevention and control of AIDS

Note by the Secretary-General

The Secretary-General has the honour to transmit to the members of the General Assembly the report of the Director-General of the World Health Organisation on the global strategy for the prevention and control of AIDS. The report was prepared in response to General Assembly resolution 42/8 of 26 October 1987.

\* A/43/50.

ANNEX

Global Strategy for the Prevention and Control of AIDS  
Report of the Director-General of the World Health Organization

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## INTRODUCTION

On 8 July 1987, the Economic and Social Council of the United Nations, in its resolution 1987/75, endorsed the Global Strategy for the prevention and control of acquired immunodeficiency syndrome (AIDS), as prepared by the World Health Organisation (WHO).

On 26 October 1987, following consideration of the report by the Economic and Social Council, the United Nations General Assembly at its forty-second session unanimously adopted resolution 42/8, which supports the global AIDS strategy and invites the Director-General of WHO to report to the Assembly at its forty-third session, through the Council, on new developments in the global AIDS pandemic, and requests the Council to consider the report in accordance with its mandate.

The following report, prepared in response to Assembly resolution 42/8, provides an epidemiological overview and describes activities that WHO is undertaking to direct and co-ordinate the global AIDS strategy.

### I. THE GLOBAL AIDS PLAN

1. The Global Strategy for the prevention and control of AIDS, developed by the Special Programme on AIDS (SPA) of the World Health Organisation (WHO) has received the support of every nation of the world.

#### The World Health Assembly

2. The Fortieth World Health Assembly, meeting at Geneva in May 1987, unanimously adopted resolution WHA40.26, 1/ which endorsed WHO's Global Strategy for the prevention and control of AIDS.

#### The Economic and Social Council

3. The Economic and Social Council, meeting at Geneva from 24 June to 9 July 1987, unanimously adopted resolution 1987/75, which urges all organizations of the United Nations system to support the world-wide struggle against AIDS, in close co-operation with WHO in its role of directing and co-ordinating the urgent fight against AIDS and in conformity with the Global Strategy.

#### The United Nations General Assembly

4. The General Assembly, at its forty-second session, unanimously adopted resolution 42/8 on 26 October 1987, which, *inter alia*: confirms that the World Health Organisation should continue to direct and co-ordinate the urgent global battle against AIDS; urges Governments that have not done so to establish national AIDS control programmes in line with WHO's Global Strategy; urges all appropriate organisations of the United Nations system, including the specialized agencies, bilateral and multilateral agencies and non-governmental and voluntary organisations, in conformity with the Global Strategy, to support the world-wide

struggle against AIDS; and invites the Director-General of WHO to report to the General Assembly at its forty-third session, through the Economic and Social Council, on new developments in the global AIDS pandemic, and requests the Council to consider the report in accordance with its mandate.

#### The World Summit of Ministers of Health

5. The World Summit of Ministers of Health on Programmes for AIDS Prevention, organised jointly by WHO and the Government of the United Kingdom of Great Britain and Northern Ireland, was held in London from 26 to 28 January 1988. This historic meeting was attended by 114 Ministers of Health, delegates from 148 Member States and representatives from United Nations agencies, intergovernmental organisations and non-governmental organisations.

6. The Ministers of Health unanimously endorsed the "London Declaration on AIDS Prevention" (see appendix I to the present report) which, inter alia, states:

"... in the absence at present of a vaccine or cure for AIDS, the single most important component of national AIDS programmes is information and education because HIV transmission can be prevented through informed and responsible behaviour ..."

The first paragraph of the Declaration reads:

"Since AIDS is a global problem that poses a serious threat to humanity, urgent action by all Governments and people the world over is needed to implement WHO's Global AIDS Strategy as defined by the Fortieth World Health Assembly and supported by the United Nations General Assembly."

7. The Ministers also stated, inter alia:

"We shall do all in our power to ensure that our Governments do indeed undertake such urgent action. We undertake to devise national programmes to prevent and contain the spread of human immunodeficiency virus (HIV) infection as part of our countries' health systems."

8. At the Summit, the Ministers declared 1988 a Year of Communication and Co-operation about AIDS. The Director-General announced that 1 December 1988 will be a World AIDS Day. WHO is co-ordinating the Day's activities, during which national Governments - and all organisations and institutions working on any aspect of AIDS research, prevention, control and treatment - will be encouraged to explain to their communities what they are doing about AIDS.

#### The Global Programme on AIDS

9. In January 1988, at its eighty-first session, the WHO Executive Board noted the global support which the WHO Special Programme on AIDS had provided in the last year and endorsed the proposal of the Director-General to rename the programme, "The Global Programme on AIDS".

10. In accordance with the WHO Constitution definition of health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, WHO has developed and issued a policy statement on the social aspects of AIDS prevention and control.

11. In view of the involvement of many disciplines and sectors in national AIDS control programmes, the Global Programme on AIDS is concerned with the biomedical, social and behavioural, informational and educational and health promotional aspects. Since information and education are the mainstay of prevention at this stage, WHO has been defining principles for proper information and education regarding AIDS, and is introducing these principles into national AIDS programmes. As these programmes are set up by national AIDS committees, it devolves on these committees to ensure the involvement of all sectors concerned. At the global level, WHO is ensuring the involvement of other sectors through bilateral and multilateral agencies.

12. To fulfil the mandate of the global AIDS strategy, WHO has taken the lead to issue policy statements on issues emerging from the world-wide epidemic of economic, social, cultural and political reaction to HIV infection and AIDS. WHO has developed policy on criteria for HIV screening programmes, international travel, AIDS in prisons, neuropsychiatric aspects of HIV infection, the effect of HIV on breast-feeding and routine childhood immunization, and on human rights.

13. Protection of human rights is a public health priority. There is no public health rationale to justify isolation, quarantine, or any discriminatory measures based solely on the fact that a person is suspected or known to be HIV-infected. Discrimination and other violations of human rights of HIV-infected persons will diminish the efficiency and effectiveness of national AIDS prevention programmes. WHO is organizing a meeting of all agencies with a major role in the human rights field to develop a common strategy to ensure protection of human rights in the fight against AIDS.

## II. EPIDEMIOLOGY

14. World-wide AIDS surveillance is co-ordinated by the Global Programme on AIDS. Reports are received from WHO collaborating centres on AIDS as well as from individual ministries of health and WHO regional offices.

15. The number of AIDS cases reported to WHO continues to rise rapidly. As at 1 April 1988, 85,273 cases had been officially reported by 137 of 173 reporting countries. In the past four years, the cumulative number of AIDS cases reported to WHO increased over 15 fold. Nearly 100 more countries report AIDS cases today than four years ago. This not only illustrates the widespread awareness of AIDS, but also testifies to growing openness and international co-operation.

16. The following table shows the distribution of reported AIDS cases by continent, as at 1 April 1988, and the number of countries and territories reporting.

**Table 1. AIDS cases reported by continent**

(As at 1 April 1988)

<u>Continent</u>	<u>Number of cases</u>	<u>Number of countries or territories reporting</u>	<u>Number of countries or territories reporting one or more cases</u>
Africa	10 995	50	43
Americas	62 536	44	42
Asia	231	37	21
Europe	10 677	28	27
Oceania	<u>834</u>	<u>14</u>	<u>4</u>
	<u>85 273</u>	<u>173</u>	<u>137</u>

17. The global AIDS surveillance data indicate that cases are distributed throughout the world. Large numbers have been reported from North America, Latin America, Oceania, Western Europe, and areas of central, eastern and southern Africa. A marked increasing trend is seen in all regions.

18. In 1985, a second human retrovirus, now called HIV-2, was identified and implicated as a cause of AIDS. The natural history of HIV-2 infection is not yet well defined. On the basis of preliminary serosurveys and the identification of cases, HIV-2 transmission appears to be occurring principally in West Africa.

19. Data suggest that HIV-2 infects populations similar to those infected by HIV-1, with heterosexual activity being the dominant mode of spread. Like HIV-1, HIV-2 has the potential to spread rapidly. Active surveillance of HIV-2 infection is necessary. Serosurveys are beginning to document the geographic scope of infection. The simultaneous occurrence of HIV-1 and HIV-2 will have implications for diagnostic services, blood donor screening programmes and vaccine development.

20. The official AIDS statistics are distributed widely and published in the Weekly Epidemiological Record and the journal, AIDS. However, before any conclusions can be drawn from these data, the accuracy and completeness of reporting on AIDS needs to be evaluated. Under-recognition of AIDS and under-reporting to national health authorities, means that the number of reported cases is an underestimate of the total to date. The present world total may be closer to 150,000. Even these estimates do not adequately describe the current clinical burden caused by infection with the human immunodeficiency virus (HIV) because AIDS cases represent only the end-stage of severe or irreversible damage due to this severe viral infection.

**Africa**

21. As at 1 April 1988, a total of 10,995 cases (13 per cent of the world total) had been reported from 43 countries in Africa. Fourteen countries reported more than 50 cases each. More than 500 cases were reported by Burundi, Congo, Kenya,

Malawi, Rwanda, Uganda, the United Republic of Tanzania and Zambia; Zaire and Zimbabwe each reported more than 300 cases. The highest number of cases have been reported from central, eastern and southern Africa. Although cases were first officially reported from Africa in the second half of 1982, over 70 per cent (7,914 of 10,995) were reported in the interval between July 1986 and December 1987.

#### Americas

22. Approximately 75 per cent of the world total of reported AIDS cases are from 42 countries in the Americas. As at 1 April 1988, the United States of America has reported a total of over 55,167 cases, representing close to 90 per cent of all cases in the region. Brazil had reported 2,325 cases, with the number increasing from 801 at the end of June 1986 to 1,695 at the end of June 1987. Canada had reported a total of 1,517. Other countries in the Americas reporting more than 100 cases include Haiti (912), Mexico (713), Dominican Republic (352), Trinidad and Tobago (206), Bahamas (163), Colombia (153), Argentina (120) and Venezuela (101).

#### Europe

23. A total of 10,667 cases (12.5 per cent of the world total) had been reported from 27 countries in Europe by 1 April 1988. Analysis of 10,181 cases reported (as at 31 December 1987) to the WHO Collaborating Centre on AIDS in Paris, France, shows that between December 1986 and December 1987 the number of European cases increased by 111 per cent. The greatest number of cases had been reported from France (3,073), the Federal Republic of Germany (1,669), Italy (1,411), the United Kingdom (1,227) and Spain (789). The highest rate per million population are in France, Switzerland and Denmark. Of countries with over 100 cases, six reported more than a 100 per cent increase between December 1986 and December 1987 (Austria, France, the Federal Republic of Germany, Italy, Spain and the United Kingdom). The lowest rates were reported from the Eastern European countries, with Albania reporting no cases.

24. Analysis of cases in Europe showed that the country of origin of the individual was European in 92 per cent of cases. Geographical origin for other adult cases was African (4 per cent), Caribbean (1 per cent) and other (3 per cent). The percentage of African cases reported from Europe had been decreasing over the past several years (12 per cent in June 1985, and 4 per cent in December 1987).

25. In Italy and Spain intravenous drug use accounts for 64 per cent and 53 per cent of adult cases, respectively. The two countries together reported 67 per cent of the cases in intravenous drug users in Europe.

#### Other areas

26. The remaining 1 per cent of the world total, 834 cases, had been reported from Oceania (including 758 from Australia and 74 from New Zealand). Asia had reported 231 AIDS cases; the following countries reported more than 20 cases: Japan (59), Israel (47) and Turkey (21). From the eastern Mediterranean region, 100 cases had been reported.

Modes of transmission

27. Epidemiological studies in Europe, the Americas, Africa and Australia repeatedly have documented only three modes of HIV transmission:

(1) Sexual intercourse (heterosexual or homosexual);

(2) Contact with blood, blood products, or donated organs and semen. Contacts with blood principally involve transfusion of unscreened blood or the use of unsterilized syringes and needles by IV drug abusers or in other settings;

(3) From infected mother to child - before, during or shortly after birth - (perinatal transmission).

28. Despite intense international scientific scrutiny, no evidence has emerged to suggest any change in these modes of transmission. There is no evidence to support any inherent racial or ethnic resistance to HIV infection or to the pathogenic effects of the virus.

29. Epidemiological and laboratory studies have established that of the "body fluids", transmission seems limited to blood, semen, and vaginal/cervical secretions. Kissing has not been documented to pose a risk of HIV transmission. While unproven, some theoretical risk from vigorous "wet" kissing (deep kissing or tongue kissing) may exist.

30. 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, work, school or prison settings. There is no evidence to suggest 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.

Global epidemiological patterns

31. Although the modes of HIV transmission are constant, three broad yet distinct epidemiological patterns can be recognized worldwide.

32. In the first (Pattern I), most cases occur among homosexual or bisexual males and intravenous drug users. Heterosexual transmission is responsible for only a small percentage of cases, but is increasing. Transmission due to blood and blood products occurred between the late 1970s and 1985, but has now been largely controlled through the self-deferral of persons with known risk factors or behaviour and by routine blood screening for the HIV antibody. Non-sterilized needles, other than those used by intravenous drug users, are not significant factors in HIV transmission. The male/female sex ratio ranges from 10:1 to 15:1. Perinatal transmission is occurring; the number of HIV-infected babies is low owing to the relatively low number of women currently infected. The prevalence of HIV infection in the overall population is estimated to be less than 1 per cent but it has been reported to exceed 50 per cent in persons practising high-risk behaviour,



such as men with multiple male sex partners and intravenous drug users. This pattern is typical of industrialized countries with large numbers of reported AIDS cases, including North America, many western European countries, Australia and New Zealand, and parts of Latin America.

33. In the second (Pattern II), most cases occur among heterosexuals. The male/female ratio is approximately 1:1 and, as a result, perinatal transmission is common. Intravenous drug abuse and homosexual transmission are either non-existent or occur at a very low level. In a number of countries, overall population seroprevalence is estimated at more than 1 per cent, and in some urban areas, up to 25 per cent of the young and middle-aged adult population (15 to 49 years of age) are infected. Transmission through contaminated blood remains a significant problem in countries that have not yet implemented nation-wide blood donor screening. In addition, the use of non-sterilized needles and syringes for injection as well as instruments for other skin-piercing procedures is considered an important public health problem. This second pattern is observed in sub-Saharan Africa, and increasingly in Latin America, especially in some Caribbean countries.

34. In the third (Pattern III), HIV appears to have been introduced in the early to mid-1980s and only small numbers of cases have thus far been reported. Homosexual and heterosexual transmission have been documented. Cases have generally occurred in persons who have travelled to endemic areas or who have had contact with individuals from endemic areas, such as homosexual men and female prostitutes. A small number of cases due to receipt of imported blood or blood products have been reported. This third pattern is found in Eastern Europe, North Africa, the eastern Mediterranean, Asia, and most of the Pacific.

#### Estimated infection

35. WHO estimates that several million people have become infected with HIV from the mid-1970s to the present. Based on available information, between 5 to 10 million persons are estimated to be currently infected with HIV worldwide. For a more precise estimation, more valid national HIV prevalence data are required. It is not yet possible to determine the number of HIV-infected people in any individual country.

36. The WHO Global Data Bank is entering all available information from seroprevalence studies throughout the world. The data is required to assess, track and model the HIV pandemic. Increasing knowledge regarding the broad social, economic, cultural and political aspects of HIV and AIDS is also being obtained.

37. From the available data, WHO estimates that, during 1988, approximately 150,000 new cases of AIDS will occur. Therefore, the number of new AIDS cases during 1988 will equal the total number of cases that have thus far occurred worldwide. Adopting the conservative estimate that 5 million people are currently infected, a cumulative total of 1 million AIDS cases would be expected by 1991. The period 1988-1991 would therefore witness over 5 times more AIDS cases than have thus far occurred.

38. HIV infection is lifelong. The virus can survive in the human population if, during the lifetime of an infected person, it can spread to one other person. This suggests that, unless a curative treatment or a preventive vaccine is developed, HIV infection will perpetuate itself relatively easily. Neither cure nor vaccine are likely in the next several years. Despite considerable research a vaccine may be further away than was predicted a year ago.

### III. COLLABORATION WITHIN THE UNITED NATIONS SYSTEM

39. At the invitation of the Secretary-General of the United Nations, the Director-General of WHO and the Director of the Global Programme on AIDS presented the global AIDS problem and the Global AIDS Plan to a briefing of the United Nations General Assembly at its forty-second session, on 20 October 1987. After consideration of the report of the Economic and Social Council, the General Assembly adopted unanimously resolution 42/8 on the prevention and control of AIDS.

40. To ensure a well co-ordinated, multi-sectoral approach in the global fight against AIDS, the General Assembly confirmed WHO's directing and co-ordinating role and reiterated the call of the Economic and Social Council, urging bilateral and multilateral agencies, including those of the United Nations system, as well as non-governmental and voluntary organizations, to support national and international action against AIDS in conformity with WHO's Global Strategy on AIDS. The General Assembly further requested the Secretary-General in close co-operation with the Director-General of WHO, to ensure a co-ordinated response by the United Nations system.

41. In response to General Assembly resolution 42/8, the Secretary-General appointed the Under-Secretary-General for International Economic and Social Affairs as focal point at United Nations Headquarters for activities related to the prevention and control of AIDS. The Director-General welcomed the initiative of the Under-Secretary-General in establishing, under his chairmanship, and in close co-operation with the Director-General of WHO, a United Nations Steering Committee to co-ordinate United Nations activities in support of WHO's Global Strategy for the prevention and control of AIDS, to identify possible joint activities and to develop linkage between individual programmes in this field. This co-ordination effort has already resulted in several new AIDS-related activities within the United Nations and with co-operating non-governmental organizations. A number of meetings have taken place between the Under-Secretary-General, the Director-General of WHO and the Director of the Global Programme on AIDS to facilitate co-operation. WHO is establishing an inter-agency advisory group, under its chairmanship, to facilitate the effective co-ordination of activities of the United Nations system in support of its Global Strategy on AIDS. The United Nations Steering Committee will provide a co-ordinated input to the work of the inter-agency advisory group.

42. In the spirit of General Assembly resolution 42/8, WHO has been working closely with many parts of the United Nations system to encourage and support active participation in AIDS control activities. Collaboration with organizations

of the United Nations system is accelerating as these bodies analyse the effect of HIV on their programmes and develop their plans of action in concert with the Global Strategy. Initiatives from United Nations agencies have resulted in a wide variety of co-ordinated activities.

#### United Nations Development Programme - WHO/UNDP alliance to combat AIDS

43. The Director-General has been considering how best to ensure well co-ordinated action from all those concerned in the global combat against AIDS. The need for this has been reinforced by concern expressed by many countries about unco-ordinated, ill-timed or inappropriate offers of external assistance, as well as by the insistence of donor agencies on well co-ordinated activities in countries as a prerequisite for their support.

44. The Director-General reached the conclusion that the optimal solution is to combine the strengths of WHO as international leader in health policy and in scientific and technical matters related to health and as the lead agency in the fight against AIDS, and of the United Nations Development Programme (UNDP) as leader in socio-economic development and of each of its resident representatives as co-ordinator of United Nations operational activities for development in countries. He has now completed negotiations with the Administrator of UNDP. Attached (appendix II) is the policy framework of the WHO/UNDP alliance to combat AIDS, which came into force on 29 March 1988.

45. UNDP resident representatives are actively supporting the Global AIDS Programme to implement, monitor and evaluate national programme support activities. The alliance will ensure co-ordinated support for such national plans by all external partners, including those in the United Nations system.

#### United Nations Educational, Scientific and Cultural Organisation

46. The Global Programme on AIDS and UNESCO have been actively collaborating in the promotion of AIDS education in schools. A joint UNESCO/WHO meeting of educational specialists was held in Paris from 29 June to 1 July 1987. The meeting formulated a plan of action on AIDS education in formal and informal educational settings, which was presented to the UNESCO General Conference held in Paris in October 1987. The Director of the Global Programme on AIDS addressed the General Conference and Educational Section in support of this collaboration, on 28 October 1987. The Global Programme on AIDS will support the activity of UNESCO as an integral part of the Global AIDS Plan. To accelerate this process, WHO/UNESCO held joint briefing meetings of UNESCO field staff and UNESCO affiliated non-governmental organisations at Geneva from 14 to 22 April 1987.

#### United Nations Children's Fund

47. Co-operation with UNICEF continues and has been strengthened by the presentation of the Director of the Global Programme on AIDS before the Executive Board of UNICEF on 22 April of WHO's views on its agenda item entitled "Review of the impact of AIDS on women and children and the UNICEF response". WHO anticipates

extensive collaboration with UNICEF in the examination of the significant impact of AIDS on women and children. The Global Programme on AIDS will make a presentation to the Regional Directors of UNICEF in New York, on 3 May 1988, on the activities of the Global Programme on AIDS at the country level. UNICEF is already involved in activities in several African countries in support of national AIDS programmes.

48. WHO and UNICEF have issued a Joint Statement on Immunisation and AIDS and also issued updated information to field staff concerning the sterilisation of syringes and needles. The statement reiterates that all injections should be given with a sterile syringe and a sterile needle. UNICEF participated in the consultation on HIV and routine childhood immunisation and the consultation on breast-feeding/breast milk and HIV infection. UNICEF has participated in national donor meetings and other AIDS meetings.

#### United Nations Population Fund

49. UNFPA is collaborating with the Global Programme on AIDS in assessing the role of family planning and maternal and child health programmes in AIDS prevention and control activities. This co-operation will be strengthened through the appointment of a liaison officer between UNFPA and the Office of the Director of the Global Programme on AIDS. A representative of the Global Programme on AIDS addressed a meeting of national representatives of UNFPA in New York on 12 April 1988. UNFPA participated in the consultation on contraceptive methods and HIV infection and the consultation on breast-feeding/breast milk and HIV infection. A joint policy document is currently under consideration.

#### Food and Agriculture Organization of the United Nations

50. A meeting on nutrition and AIDS, co-sponsored by WHO and the Sub-Committee on Nutrition of the United Nations Administrative Committee on Co-ordination, was held at Geneva on 28 February 1988. Further discussions will be held with FAO on the potential interaction between nutrition and AIDS and the potential impact of AIDS on food production.

#### World Bank

51. The World Bank is collaborating with the Global Programme on AIDS in studies on the economic impact of AIDS in the developing world and on the demographic impact of AIDS. The initial phase of the development of a model for estimating the direct treatment-related costs and the indirect costs from the years of social and economic productivity lost due to HIV infections and AIDS has been completed in three central African countries during the first quarter of 1988. The initiative of the Director-General of WHO, launched at the Fourth Meeting of Participating Parties for the Prevention and Control of AIDS in November 1987, to associate the World Bank more closely with the Global Strategy on AIDS has been welcomed by the President of the World Bank and discussions are continuing.

### International Labour Organisation

52. The General Conference of the International Labour Organisation (ILO) passed a resolution on AIDS at its seventy-fourth (Maritime) session, held at Geneva in September 1987. The Governing Board of the ILO is requested to consider, in close collaboration with WHO, undertaking a study on the health problems of seafarers.

53. In collaboration with ILO, WHO is planning a consultation for June 1988 to address the risks of HIV infection in the work-place and the appropriate policies for dealing with individuals who are infected with HIV. A joint WHO/ILO brochure on AIDS in the work-place will be released shortly.

### World Tourism Organisation

54. The Global Programme on AIDS released an "AIDS Information for Travellers" brochure at the General Conference of the World Tourism Organisation (WTO) on 27 September 1987. WTO had endorsed the brochure and has involved travel agents, airlines and tourism organisations in its reproduction and distribution. Official translations exist in English, French and Spanish.

## IV. COLLABORATION WITH NON-GOVERNMENTAL ORGANIZATIONS AND FOUNDATIONS

### American Foundation for AIDS Research

55. The Global Programme on AIDS and the American Foundation for AIDS Research (AMFAR) are collaborating on a joint project for the dissemination of technical and scientific information to developing countries.

### International Council of Nurses

56. The Global Programme on AIDS addressed the meeting of national representatives of the International Council of Nurses (ICN), held at Auckland, New Zealand, on 15 August 1987. WHO/ICN have issued a joint declaration which refers to the rights and responsibilities of nurses worldwide in caring for people with HIV infection. Following wide review, WHO/ICN guidelines for the nursing care of patients with HIV infection has been finalized by a joint Global Programme on AIDS/WHO Nursing unit consultation and will shortly be distributed through ministries of health and international nursing non-governmental organizations.

### Fondation Marcel Merieux

57. The Global Programme on AIDS collaborated with the Fondation Merieux in a symposium entitled "AIDS epidemics and societies" on 20 and 21 June, at Annecy, France.

### League of Red Cross and Red Crescent Societies

58. Throughout the past year, the Global Programme on AIDS has worked actively with the League and with individual Red Cross Societies, particularly in the areas of blood donor screening and public education. This collaboration is culminating in the Global Blood Safety Initiative that will be launched in May 1988 (see sect. V below).

### Other non-governmental organizations and foundations

59. The Global Programme on AIDS is actively working with other organizations, including the Academy for Educational Development, African Medical Research Foundation, Commission of the European Communities, Family Health International, International Federation of Social Workers, International Planned Parenthood Federation, Fondation France Liberté, Médecins du monde, Médecins sans frontières, Institute of Medicine of the United States National Academy of Sciences, the United States National Council for International Health, Nordic Red Cross Societies, Organization of Co-ordination and Control of Endemic Diseases in Central Africa, Panos Institute, Project Hope, Save the Children Fund, Terre des hommes, World Council of Churches, World Emergency Relief and World Hemophilia AIDS Center.

## V. A GLOBAL BLOOD SAFETY INITIATIVE

60. The Global Programme on AIDS is co-ordinating a Global Blood Safety Initiative to safeguard blood from the possibility of transmission of HIV and other viruses such as hepatitis. The initiative will be launched by a consortium of participants, including as its core, the Global Programme on AIDS, the WHO Health Laboratory Technology Unit, the League of Red Cross and Red Crescent Societies, the International Society for Blood Transfusion, and the United Nations Development Programme. The broader consortium will include non-governmental organizations and parties interested in improving blood safety. The endeavour is based on the conviction that reducing blood-borne transmission of diseases, including HIV infection, can only be effectively achieved for the long term by establishing blood transfusion systems capable of implementing adequate quality control procedures, including screening, on a routine and sustained basis. The initiative is therefore part of the broader effort by WHO at strengthening health systems. Planning meetings were held in January and March 1988 and a large meeting is planned for May 1988.

## VI. GLOBAL COMMISSION ON AIDS

61. A Global Commission on AIDS is being established to provide WHO with expert advice from eminent persons from a wide variety of disciplines with applicability to its Global Programme on AIDS. The Commission will comprise 18 to 24 biomedical and social scientists, primary health care specialists, legal and economic experts and technical and aid management specialists who will serve in their personal

capacities to represent the broad range of disciplines required for review of the activities of the Global Commission on AIDS. Members of the Commission will be appointed by the Director-General of WHO to serve for a period of three years and will be eligible for further reappointment.

62. The Global Commission on AIDS will have the following functions:

(a) To review and interpret global trends and developments related to HIV and other human retrovirus infections;

(b) To review and evaluate, from a scientific, technical, and operational view point, the content and scope of the Global Programme on AIDS;

(c) To provide expert guidance for the global activities of the Global Programme on AIDS;

(d) To advise the Director-General of WHO regarding short-, medium- and long-term priorities in the scientific and technical components of the Global Programme on AIDS, including the establishment of scientific working groups; and

(e) To provide the Director-General of WHO and the AIDS Management Committee with a continuous evaluation of the scientific and technical aspects of the Global Programme on AIDS.

#### VII. SUPPORT OF THE GLOBAL PROGRAMME ON AIDS TO NATIONAL PROGRAMMES

63. Every country in the world needs a comprehensive national AIDS programme. Ultimately, AIDS cannot be stopped in any one country unless it is stopped in all countries.

64. As at 11 April 1988, national AIDS committees have been established in over 150 countries.

65. WHO support to national AIDS programmes has reached an unprecedented level with 139 countries having entered into collaboration with the Global Programme on AIDS. Over 300 consultant missions have been completed to a total of 117 countries. A further 22 countries will be visited by the end of the third quarter of 1988.

66. WHO missions have resulted in the preparation of 78 short-term (6 to 12 months) and 22 medium-term (3 to 5 years) plans for national AIDS control programmes. The Global Programme on AIDS is collaborating with a further 31 Member States in the completion of these comprehensive medium-term plans.

67. The completed activities of the collaboration of the Global Programme on AIDS with Member States as at 11 April 1988 are shown below:

	Assessment visit	Short-term plan	Immediate support*	Medium-term plan
	<u>Number of countries</u>			
Africa	43	42	37	16
America	35	7	24	6
South-East Asia	8	8	3	
Europe	6	3	1	
Eastern Mediterranean	14	10	7	
Western Pacific	11	8		
<b>Total</b>	<b>117</b>	<b>78</b>	<b>72</b>	<b>22</b>

\* Technical services agreement or other form of technical and financial support.

68. Following the official endorsement of the national medium-term plan, national donor meetings have been jointly organized by the Ministry of Health and WHO in eight Member States: Uganda (21 and 22 May 1987), United Republic of Tanzania (23 and 24 July 1987), Rwanda (27 and 28 July 1987), Kenya (30 and 31 July 1987), Ethiopia (3 and 4 August 1987), Zaire (11 and 12 February 1988), Senegal (15 and 16 February 1988) and Zambia (15 and 16 March 1988).

69. Each national donor meeting resulted in full funding for the first year of operation of the national AIDS programme. A total of \$US 35 million was pledged at these meetings, with the funds to be made available either through the Global Programme on AIDS or bilaterally within the framework of the approved national AIDS plan. In each country a National Management Committee has been established to co-ordinate all the parties involved. Donor meetings are scheduled for an additional four countries by June 1988.

70. The technical, logistic and administrative challenges inherent in this level of support to national programmes has required the development of guidelines, administrative tools and training workshops. Guidelines have been prepared on the development of medium-term plans, and on developing national policies for screening. Standard lists of laboratory equipment for serological (ELISA) testing for HIV have been prepared and are continuously updated to expedite procurement. Standardised systems of funding, budgeting and accounting for support to national programmes are being developed to accommodate the complex interaction of input from national, bilateral and multilateral sources. Systems for monitoring the supply of



equipment and test kits for HIV have been established. A collection of information and education material from various countries, including video and printed material, has been compiled.

71. Support is being provided to Member States in the execution of their programmes. This has taken the form of consultant services, training in laboratory and clinical aspects of AIDS prevention and control, and the posting of WHO long-term staff. The Global Programme on AIDS has continued to conduct workshops to strengthen national capability for HIV antibody testing and screening. By the end of 1987 over 350 laboratory workers from 103 countries have been trained in HIV antibody testing procedures.

#### Guidelines

72. A new publication, WHO AIDS series, began in January 1988 with the publication of Guidelines for the development of a national AIDS prevention and control programmes. The second in the series, Guidelines for Sterilisation and High Level Disinfection Methods Effective against Human Immunodeficiency Virus (HIV) were published in April 1988. The guidelines have been distributed to all ministries of health and are available through WHO sales outlets.

### VIII. RESEARCH

#### The biomedical research and development strategy

73. The Global Programme on AIDS provides a global forum for the exchange and validation of technical information and expertise, and has unique potential to facilitate the development and improvement of diagnostic reagents, anti-viral agents and vaccines, including their rapid but ethically and scientifically sound transfer to all countries in the world.

74. An Advisory Group on Biomedical Research on AIDS was established in November 1987 to advise the Global Programme on AIDS on policies, objectives and strategies for biomedical research and to identify opportunities to promote research co-ordination. The Group recommended that the Global Programme on AIDS take the initiative in facilitating the conduct of clinical trials of anti-viral agents and/or vaccines, and in the preparation of guidelines for trials performed in an international context.

#### Co-ordination of vaccine development

75. The development of vaccines to prevent HIV infection represents a major scientific challenge, related both to the antigenic variability observed among different HIV strains and to our limited understanding of the immune response to HIV infection. WHO has traditionally served a critical role in vaccine development by facilitating communication and collaboration and by organizing collaborative studies to standardise vaccines and methods for their evaluation.

76. The Global Programme on AIDS will continue to facilitate international co-operation in the development of HIV vaccines and in the design of clinical protocols for human trials, to ensure the quality of study design and ethical review. The Global Programme on AIDS is convening a group of investigators, manufacturers, regulatory authorities, and experts in clinical trials to consider the ethical and scientific problems of undertaking anti-viral and/or vaccine trials and to develop acceptable guidelines.

#### Standardization

77. New diagnostic methods are constantly being developed: standardized evaluation and use of these techniques is essential. WHO is co-ordinating several international projects on standardization of diagnostic techniques, neutralization tests and evaluation of diagnostic assays.

#### Social and behavioural research

78. The Social and Behavioural Research Unit of the Global Programme on AIDS has established multidisciplinary technical working groups drawing on researchers from 33 countries, to develop further a wide spectrum of research or training areas relating to HIV infection. These include knowledge, attitudes and beliefs, sexual behaviour, prostitution, intravenous drug use, family planning, breast milk/breast-feeding, injecting practices, traditional and alternative care and the special needs of children.

79. The Global Programme on AIDS convened a consultation involving 13 specialists from eight countries to review counselling needs in different socio-cultural environments. Following extensive review by specialists in several countries, WHO guidelines on counselling were finalized and the first of a series of training workshops was held at Nairobi, Kenya, in September 1987.

### IX. MAJOR CONFERENCES

#### WHO/Australian Interregional Ministerial Meeting on AIDS

80. A meeting of ministers of health, senior health advisers, clinicians and laboratory experts from over 30 countries in the Western Pacific and South-East Asian regions was organized by the Australian Government and WHO at Sydney from 21 to 24 July 1987. With the exception of Australia and New Zealand, the epidemiological pattern of AIDS and HIV infection in the regions is markedly different from the pattern seen in Africa and the pattern in industrialized countries. The meeting catalysed the development of national AIDS plans and programmes and facilitated appropriate collaboration. A declaration issued by the meeting:

"... urged the participating Governments to take full advantage of the opportunity for prevention and promptly establish or strengthen national programmes to prevent and control AIDS, in balance with other health programmes and in conformity with the WHO Global Strategy."

#### Pan-American teleconference on AIDS

81. A regional AIDS conference, organized by the Regional Office for the Americas, the Pan American Health Organisation and the Global Programme on AIDS at Quito, Ecuador, on 14 and 15 September 1987 was transmitted by satellite to over 650 locations and over 50,000 health workers "attended" the teleconference. This meeting has played a catalytic role throughout Latin America.

#### Third International Conference on AIDS

82. The International Conference on AIDS is co-sponsored by WHO annually. Over 7,000 participants and more than 1,000 journalists attended the Third Conference, held in Washington, D.C. from 1 to 5 June 1987.

83. The Conference remains the major annual event for presentation and exchange of scientific information in the fields of AIDS epidemiology, virology, molecular biology, immunology, serology, animal models, neuropsychiatric aspects, oncology, diagnostic tests, clinical manifestations, behavioural and addiction aspects, public health, ethical and psychosocial implications and prevention and control strategies. The Fourth International Conference on AIDS will be held at Stockholm, Sweden, from 12 to 16 June 1988.

#### WHO/Japan Conference on integrated strategy for the control of AIDS and other human retroviral infections and hepatitis B

84. This Conference was jointly organized by WHO and Japan with the objective of developing an integrated approach to the prevention of HIV, other human retroviral infections and hepatitis B. Thirty-five participants from 21 countries attended the Conference held at the Sasakawa Health Foundation at Tokyo, Japan, from 5 to 8 October 1987.

#### Second International Symposium on AIDS and Associated Cancers in Africa

85. WHO co-sponsored the Second International Symposium on AIDS and Associated Cancers in Africa, held at Naples, Italy, from 7 to 9 October 1987. To promote and stimulate co-operative research, the meeting will be held annually as a permanent forum for researchers from African and non-African countries.

#### Global impact of AIDS

86. The first international conference to focus on the economic, demographic and social aspects of AIDS and HIV infection was co-sponsored by WHO and held in London from 8 to 10 March 1988. The Conference on the global impact of AIDS was attended by over 1,000 participants.

## X. WHO CONSULTATIONS

### Criteria for screening programmes for HIV infection

87. The complexity of screening for HIV infection was considered at a meeting on "Criteria for HIV screening programmes", convened by the Global Programme on AIDS at Geneva, on 20 and 21 May 1987. Twenty-one participants from 17 countries attended the meeting, including epidemiologists, virologists, experts in legal medicine and ethics, social and behavioural scientists and disease control specialists.

88. The meeting developed a comprehensive list of criteria which should be explicitly addressed in the planning of any HIV screening programme. These criteria include: programme rationale; population selected; test methodology; location of laboratory testing; data management and confidentiality; plan for informing the person; counselling; social impact; legal and ethical considerations, including informed consent.

89. These criteria are designed to serve public health interests while protecting respect for human rights. Their application will help ensure the most effective outcome from screening programmes carried out as part of HIV prevention and control strategies. The full report of the meeting has been distributed to all ministries of health and national AIDS committees. 2/

### Screening for HIV of participants attending WHO meetings

90. Following consideration of the report of the above meeting and the meeting on international travel and HIV, 3/ the Director-General issued the following directive for all WHO programme activities:

"The screening of international travellers for human immunodeficiency virus (HIV) has been carefully considered and WHO's technical guidance on this issue is that, at best and at great cost, such screening would only briefly retard the spread of HIV, whether regarded from the global or the national perspective. Serious logistic, epidemiological, economic, legal, political and ethical problems would be inherent in any such screening.

"However, one of the United Nations agencies, in organizing training seminars with participants from developing countries, has come under pressure from the host country government to request screening tests for HIV and a certificate of seronegativity for participants from abroad.

"Should this issue arise with respect to any programme activity organized by WHO, please ensure that it is dealt with in keeping with WHO's Global Strategy, including the above-mentioned technical guidance. Should Governments insist on such screening in spite of this guidance, WHO will have no alternative but to relocate the programme activity concerned."

### WHO collaborating centres on AIDS

91. The third Meeting of the WHO Collaborating Centres on AIDS was held in Washington, D.C. on 6 June 1987. The meeting adopted three consensus statements: transmission of HIV; HIV infection and health workers; and present and future developments in laboratory testing of HIV. The report of the meeting was published in the WHO Bulletin 4/ and has appeared in summary form in the Weekly Epidemiological Record, 5/

### Prevention of HIV transmission through injections

92. The Global Programme on AIDS convened a meeting within WHO on 8 July 1987 on the prevention of HIV transmission through injections and other skin-piercing procedures. The urgency of the issues raised in that meeting led the Director-General to issue a note verbale on the subject to all ministers of health of Member States.

### HIV and routine childhood immunization

93. A consultation was jointly sponsored by the Global Programme on AIDS and the WHO Expanded Programme on Immunization (EPI) to review available information on HIV infection and immunization in order to assess the need for modification of the guidelines established in 1986 by the Global Advisory Group of EPI. The meeting, held at Geneva, on 12 and 13 August 1987, was attended by 13 participants from eight countries, including immunologists, virologists, disease control specialists, infectious disease specialists and experts in immunization and epidemiology.

94. After reviewing all available information, the participants endorsed the Global Advisory Group's recommendation on the use of EPI antigens. Therefore, EPI immunizations are recommended for HIV-infected infants and children except for those with clinical manifestations of AIDS for whom BCG is to be avoided. A joint GPA/EPI statement from the meeting was published in the Weekly Epidemiological Record 6/ and the full report of the meeting 7/ has been widely distributed.

### Prevention and control of AIDS in prisons

95. A Consultation on Prevention and Control of AIDS in Prisons was convened by the Global Programme on AIDS from 16 to 18 November 1987 at Geneva. A total of 37 specialists from 26 countries participated, including experts in public health, prison and medical administration, prisoner care, occupational health and safety, epidemiology and health policy.

96. The meeting developed a detailed consensus statement which states that the general principles adopted by national AIDS programmes should apply equally to prisons as to the general community. The policies of prison administrations should be developed in close co-operation with health authorities. The statement has been distributed to ministries of health and national AIDS committees.

#### Informal consultation on the interrelation of AIDS and tropical diseases

97. An informal consultation on the interrelation of AIDS and tropical diseases, jointly organized by the Global Programme on AIDS and the WHO Special Programme for Research and Training in Tropical Diseases, was attended by 50 participants from 20 countries and held at the Kenya Medical Research Institute at Nairobi from 1 to 4 December 1987. The meeting examined available data on the possible interactions between HIV infection and a variety of tropical diseases, including malaria, schistosomiasis, leprosy and trypanosomiasis. A series of protocols for researching these interactions were developed and priorities for investigation identified.

#### Consultation with non-governmental organizations

98. The Global Programme on AIDS convened an informal consultation with international non-governmental organizations on AIDS at Geneva on 4 February 1988. It discussed the impact of AIDS on communities, adjustments to the programmes of such organizations to take account of the AIDS pandemic, the risk of HIV infection to their personnel in the field and ways to involve the organizations in the design and implementation of national AIDS prevention and control programmes. Several have gained significant experience in working with groups and in areas where Governments have little or no contact; they could provide a very useful channel or mechanism for national AIDS control programmes that would enable the programme to be far more comprehensive. The consultation reached a consensus on the recommendation that follow-up would best be achieved by the creation of informal networks among participants and not by any formal structure.

#### Nursing and HIV infection

99. A technical consultation on nursing and HIV infection was jointly organized by the Global Programme on AIDS and the WHO Nursing unit at Geneva from 7 to 9 March 1988. The 17 participants from 14 countries included the WHO regional nursing officers, experts in the fields of curriculum design, infection control and AIDS care, and representatives from the International Council of Nurses (ICN), International Confederation of Midwives (ICM) and the World Council of Churches. The meeting endorsed WHO/ICN Guidelines for nurses and reviewed a core curriculum module for student nurses. It agreed to support the implementation of the guidelines and to encourage the integration of the modules into the curriculum of nursing schools.

#### Neuropsychiatric aspects of HIV infection

100. The neuropsychiatric aspects of HIV infection during the asymptomatic stage were examined during a consultation convened by the Global Programme on AIDS at Geneva from 14 to 17 March 1988. The 48 participants from 17 countries included experts from the fields of clinical psychology, epidemiology, ethics, health economics, health policy, health service administration, law, neurology, occupational health, psychiatry and public health.

101. The consultation reported that, at present, there is no evidence for an increase of clinically significant neurological or neuropsychological abnormalities in HIV-infected people who are healthy. Therefore, there is no justification for HIV screening as a strategy for detecting functional impairment in asymptomatic persons.

102. The most important outcome of these deliberations is that Governments, employers and the public can be assured that, based on the weight of available scientific evidence, otherwise healthy HIV-infected individuals are no more likely to be functionally impaired than uninfected persons. Thus, HIV screening would not be a useful strategy to identify functional impairment in otherwise healthy persons. Furthermore, there is no evidence that HIV screening of healthy persons would be useful in predicting the onset of functional impairment in persons who remain otherwise healthy.

#### AIDS in the work-place

103. A consultation on "AIDS in the work-place" will be convened by the Global Programme on AIDS, in collaboration with ILO, at Geneva in June 1988. The consultation will review and evaluate current data on the risks of HIV infection in the work-place, the response of business and workers to HIV/AIDS, and the potential of the work-place for AIDS education programmes.

#### Notes

1/ See World Health Organization, Fortieth World Health Assembly, Geneva, 4-15 May 1987, Resolutions and Decisions, Annexes (WHA.40/1987/REC/1).

2/ Document WHO/SPA/GLO/87.2.

3/ Document WHO/SPA/GLO/87.1.

4/ Bulletin of the World Health Organization, 65: 829-834 (1987).

5/ Weekly Epidemiological Record, 62: 221-228 (1987).

6/ Ibid., 297-299 (1987).

7/ Document WHO/SPA/GLO/87.3.

APPENDIX I

London Declaration on AIDS Prevention, adopted by the World  
Summit of Ministers of Health on Programmes for AIDS  
Prevention, on 28 January 1988

The World Summit of Ministers of Health on Programmes for AIDS Prevention, involving delegates from 149 countries representing the vast majority of people of the world, makes the following declaration:

1. Since AIDS is a global problem that poses a serious threat to humanity, urgent action by all Governments and people the world over is needed to implement WHO's Global AIDS Strategy as defined by the Fortieth World Health Assembly and supported by the United Nations General Assembly.

2. We shall do all in our power to ensure that our Governments do indeed undertake such urgent action.

3. We undertake to devise national programmes to prevent and contain the spread of human immunodeficiency virus (HIV) infection as part of our countries' health systems. We commend to all Governments the value of a high level co-ordinating committee to bring together all government sectors, and we shall involve to the fullest extent possible all governmental sectors and relevant non-governmental organisations in the planning and implementation of such programmes in conformity with the Global AIDS Strategy.

4. We recognise that, particularly in the absence at present of a vaccine or cure for AIDS, the single most important component of national AIDS programmes is information and education because HIV transmission can be prevented through informed and responsible behaviour. In this respect, individuals, Governments, the media and other sectors all have major roles to play in preventing the spread of HIV infection.

5. We consider that information and education programmes should be aimed at the general public and should take full account of social and cultural patterns, different lifestyles, and human and spiritual values. The same principles should apply equally to programmes directed towards specific groups, involving these groups as appropriate. These include groups such as:

- policy makers;
- health and social service workers at all levels;
- international travellers;
- persons whose practices may place them at increased risk of infection;
- the media;



- youth and those that work with them, especially teachers;
- community and religious leaders;
- potential blood donors; and
- those with HIV infections, their relatives and others concerned with their care, all of whom need appropriate counselling.

6. We emphasize the need in AIDS prevention programmes to protect human rights and human dignity. Discrimination against, and stigmatisation of, HIV-infected people and people with AIDS and population groups undermine public health and must be avoided.

7. We urge the media to fulfil their important social responsibility to provide factual and balanced information to the general public on AIDS and on ways of preventing its spread.

8. We shall seek the involvement of all relevant governmental sectors and non-governmental organizations in creating the supportive social environment needed to ensure the effective implementation of AIDS prevention programmes and humane care of affected individuals.

9. We shall impress on our Governments the importance for national health of ensuring the availability of the human and financial resources, including health and social services with well-trained personnel, needed to carry out our national AIDS programmes, and in order to support informed and responsible behaviour.

10. In the spirit of United Nations General Assembly resolution 42/8, we appeal:

- to all appropriate organizations of the United Nations system, including the specialized agencies;
- to bilateral and multilateral agencies; and
- to non-governmental and voluntary organizations

to support the world-wide struggle against AIDS in conformity with WHO's global strategy.

11. We appeal in particular to these bodies to provide well-co-ordinated support to developing countries in setting up and carrying out national AIDS programmes in the light of their needs. We recognize that these needs vary from country to country in the light of their epidemiological situation.

12. We also appeal to those involved in dealing with drug abuse to intensify their efforts in the spirit of the International Conference on Drug Abuse and Illicit Trafficking (Vienna, June 1987) with a view to contributing to the reduction in the spread of HIV infection.

13. We call upon the World Health Organisation, through its Global Programme on AIDS, to continue to:

(a) Exercise its mandate to direct and co-ordinate the world-wide effort against AIDS;

(b) Promote, encourage and support the world-wide collection and dissemination of accurate information on AIDS;

(c) Develop and issue guidelines on the planning, implementation, monitoring and evaluation of information and education programmes, including the related research and development, and ensure that these guidelines are updated and revised in the light of evolving experiences;

(d) Support countries in monitoring and evaluating preventive programmes, including information and education activities, and encourage wide dissemination of the findings in order to help countries to learn from the experiences of others;

(e) Support and strengthen national programmes for the prevention and control of AIDS.

14. Following from this Summit, 1988 shall be a Year of Communication and Co-operation about AIDS, in which we shall:

- open fully the channels of communication in each society so as to inform and educate more widely, broadly and extensively;
- strengthen the exchange of information and experience among all countries; and
- forge, through information and education and social leadership, a spirit of social tolerance.

15. We are convinced that, by promoting responsible behaviour and through international co-operation, we can and will begin now to slow the spread of HIV infection.

## APPENDIX II

### WHO/UNDP alliance to combat AIDS: policy framework

1. The prevention and control of AIDS requires urgent, world-wide action, first and foremost in the health sector. AIDS also has profound social and economic implications. Its control therefore requires political commitment at the highest level, and appropriate social and educational measures. WHO has assumed its constitutional role of directing and co-ordinating the global fight against AIDS. Its Global Strategy on AIDS, approved by the Fortieth World Health Assembly, includes a wide range of research and development activities in diverse health and related socio-economic and behavioural fields, as well as operational support to countries based on existing and emerging knowledge in these fields. This support aims at strengthening national capacities to set up and operate national AIDS plans, governmental focal points to this end being ministries of health fulfilling their function of directing and co-ordinating authority on national health work with their related multisectoral health councils, in accordance with World Health Assembly resolution WHA33.17.
2. Countries engaged in AIDS prevention and control have expressed concern about unco-ordinated, ill-timed or inappropriate offers of external assistance to combat AIDS. Similarly, in order to ensure relevant, effective and efficient action, donor agencies have insisted on well co-ordinated activities in countries as a prerequisite for their support.
3. To ensure a well co-ordinated, multisectoral approach in the global fight against AIDS, the United Nations General Assembly confirmed WHO's directing and co-ordinating role and urged bilateral and multilateral agencies, including those of the United Nations system, as well as non-governmental and voluntary organizations, to support national and international action against AIDS in conformity with WHO's Global Strategy. The General Assembly further requested the Secretary-General of the United Nations, in close co-operation with the Director-General of WHO, to ensure a co-ordinated response by the United Nations system.
4. A key component of the reforms taking place in the United Nations system is co-ordinated, complementary and harmonious action by all its bodies. Within that system, UNDP plays the lead role regarding social and economic development. Moreover, the UNDP Resident Representative in any country is at the same time the Resident Co-ordinator of the United Nations system's operational activities for development. UNDP is therefore the natural body to ensure co-ordinated support by the United Nations system for socio-economic matters in countries.
5. WHO, through its Global Programme on AIDS, and UNDP are therefore forging an alliance to control AIDS globally, combining the strengths of WHO as international leader in health policy and in scientific and technical matters relating to health, and of UNDP as leader in socio-economic development and of each of its resident representatives as co-ordinator of United Nations operational activities for development in countries.

6. This alliance will support countries in developing, implementing, monitoring and evaluating well-co-ordinated, multisectoral national AIDS plans in line with the global strategy on AIDS. It will also help countries to ensure co-ordinated support for such national plans by all external partners, including those of the United Nations system. In this way, all partners will find their rightful place, in their field of competence, in the fight against AIDS.