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REPORT OF THE ECONOMIC AND SOCIAL  
COUNCIL

ECONOMIC AND SOCIAL COUNCIL  
Second regular session of 1989  
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

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 further developments in the global AIDS pandemic. The report was prepared in response to General Assembly resolution 43/15 of 27 October 1988.

\* A/44/50/Rev.1.

ANNEX

Report of the Director-General of the World Health Organization  
on the Global Strategy for the prevention and control of AIDS

Summary

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

In its resolution 42/8 of 26 October 1987, the General Assembly confirmed the role of WHO and invited the Director-General of WHO to report to it at its forty-third session, through the Economic and Social Council. The report of the Director-General (A/43/341-E/1988/80, annex) was considered by the Council on 21 July 1988 and was transmitted to the General Assembly by resolution 1988/55 of 27 July 1988 for consideration at its forty-third session.

In October 1988, the General Assembly considered the report and, in its resolution 43/15 of 27 October 1988, reaffirmed the established leadership and the essential role of WHO in the global direction and co-ordination of AIDS prevention, control, research and education. The Director-General was invited to report to the Assembly at its forty-fourth session, through the Council, on further developments in the global AIDS pandemic, and the Council was requested to consider the report in accordance with its mandate.

The following report, prepared in response to the request contained in Assembly resolution 43/15, reviews the epidemiological situation globally and describes the activities that WHO is undertaking at all levels - country, regional and global - to direct and co-ordinate the Global Strategy on AIDS.

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## I. INTRODUCTION

1. By late 1988, all countries were aware of the global dimensions of AIDS, the human immunodeficiency virus (HIV) and their extensive social, cultural, economic and political implications. The directing and co-ordinating role of WHO in the global effort on AIDS has been universally acknowledged and the principles and programme elements of the Global Strategy for the prevention and control of AIDS have been widely accepted and applied. Organizations of the United Nations system and other international organizations, as well as international and national non-governmental organizations, have increasingly participated in activities for the prevention and control of AIDS and have become strongly committed to a co-ordinated approach to AIDS.
2. National committees on AIDS have been formed in virtually all countries, and WHO has collaborated in the development of national AIDS programmes in over 150 countries. Most countries have national plans and programmes on AIDS, at different stages of development, which provide the basis for mobilization of national and international resources. However, fundamental constraints in resources and infrastructure have made it difficult to meet organizational pre-conditions for implementing the formulated national programmes. The situation is further complicated by the severity and apparent intractability of existing problems in health and social systems (e.g., intravenous drug use, weakness of health infrastructure, prostitution) that are among issues to be faced in preventing and controlling AIDS.
3. The challenge of AIDS has led to increased commitment to strengthening primary health care in accordance with the principles of the Global Strategy of Health for All by the Year 2000. The interdependence of prevention and control of AIDS and other health and social problems has increasingly been recognized, as has the need for programme co-ordination and the integration of activities on AIDS within health and social services. Nevertheless, the response to AIDS has challenged the assumptions, structure and operational methods of many institutions and has stimulated reconsideration of basic concepts and operational realities in health.

## II. GLOBAL AIDS EPIDEMIOLOGY

4. World-wide surveillance of AIDS 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.
5. The number of AIDS cases reported to WHO continues to rise rapidly. As at 1 March 1989, 141,894 cases of AIDS had been reported by 145 of the 177 reporting countries and territories.
6. The following table shows the distribution of reported AIDS cases by continent as at 1 March 1989 and the number of countries and territories reporting.

Table. AIDS cases reported by continent (as at 1 March 1989)

Continent	Number of cases	Number of countries or territories reporting	Number of countries or territories reporting one or more cases
Africa	21 322	51	46
Americas	99 752	44	42
Asia	338	38	23
Europe	19 196	30	28
Oceania	<u>1 286</u>	<u>14</u>	<u>6</u>
Total	<u>141 894</u>	<u>177</u>	<u>145</u>

7. The global surveillance data on AIDS continue to 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 with a marked increasing trend in all regions.

8. AIDS statistics are widely circulated 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 need to be evaluated. Under-recognition of AIDS cases and under-reporting to national health authorities mean that the number of reported cases is an underestimate of the total to-date. The actual cumulative number of AIDS cases as at 1 March 1989 is estimated to be about 450,000. Even this estimate does not adequately reflect the current clinical burden caused by HIV because AIDS cases represent only the clinical end-stage of severe or irreversible immune damage due to this severe viral infection.

A. Numbers of cases reported

1. Africa

9. As at 1 March 1989, a total of 21,322 cases (15 per cent of the world total) had been reported from 46 countries in Africa. Nineteen countries reported more than 50 cases each. More than 1,000 cases each were reported by Burundi, the Congo, Kenya, Malawi, Uganda, the United Republic of Tanzania and Zambia. More than 500 cases were reported by Rwanda. The Central African Republic and Zaire

reported more than 300 cases each. The majority of cases has been reported from central, eastern and southern Africa. Although cases were first reported from Africa in the second half of 1982, 82 per cent of all cases (17,563 of 21,322) have been reported since 1987.

## 2. Americas

10. Of the world total of reported AIDS cases, 99,752 or 70 per cent are from 42 countries in the Americas. As at 1 March 1989, the United States of America had reported a total of 86,157 cases, representing over 85 per cent of all cases in the region. Brazil had reported 4,709 cases; Canada had reported 2,196. Other countries in the Americas reporting more than 100 cases include Haiti (1,661), Mexico (1,642), the Dominican Republic (619), Trinidad and Tobago (336), Colombia (308), Venezuela (263), the Bahamas (236), Argentina (197), Honduras (186) and French Guiana (113).

## 3. Europe

11. A total of 19,196 cases (14 per cent of the world total) had been reported from 28 countries in Europe by 1 March 1989. Analysis of 16,647 cases reported (as at 30 September 1988) to the WHO Collaborating Centre on AIDS in Paris showed that between September 1987 and September 1988 the number of cases increased from 8,508 to 16,647, or by 95.6 per cent. As at 1 March 1989, the largest numbers of cases had been reported from France (5,655), Italy (3,008), the Federal Republic of Germany (2,885), Spain (2,165) and the United Kingdom of Great Britain and Northern Ireland (2,049). The highest cumulative case rates per million population are in Switzerland (108.5), France (102.5) and Denmark (69.0). Of countries with over 100 cases, eight reported more than a 50 per cent increase between March 1988 and March 1989 (France, the Federal Republic of Germany, Greece, Italy, the Netherlands, Portugal, Spain and Switzerland). The lowest rates were reported from the eastern European countries, with Albania reporting no cases.

12. In Italy and Spain intravenous drug use still accounts for over half of the total AIDS cases. The percentage of cases involving homosexual males is still over 70 per cent in the six countries reporting over 50 cases (the Netherlands, the United Kingdom of Great Britain and Northern Ireland, Denmark, Sweden, Norway and the Federal Republic of Germany).

## 4. Asia and the Pacific

13. The remaining 1 per cent of the world total, 1,624 cases, was reported from 29 countries in Asia and Oceania. In Oceania, 1,163 cases were reported from Australia and 104 from New Zealand. Asia reported 338 AIDS cases, with the following countries or territories reporting 10 or more cases: Japan (97), Israel (76), the Philippines (20), India (16), Hong Kong (13) and Singapore (10). From the Eastern Mediterranean region, 218 cases were reported, with the following

countries reporting 10 or more cases: Sudan (88), Tunisia (36), Morocco (22), Qatar (21) and Lebanon (11).

#### B. Modes of transmission

14. Epidemiological studies in Europe, the Americas, Africa and Australia continue to document only three modes of HIV transmission:

(a) Sexual intercourse (heterosexual or homosexual) and receipt of donated semen;

(b) Exposure to blood, blood products or donated organs and semen (exposure to blood principally involves transfusion of unscreened blood or the use of unsterilized needles and syringes or other skin-piercing instruments);

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

15. Despite intense international scientific scrutiny, there is still no evidence to suggest any change in these modes of transmission, nor to indicate racial or ethnic resistance to HIV infection or to the pathogenic effects of the virus.

16. HIV has been isolated from many body fluids of infected persons. Only blood, semen and vaginal/cervical fluids, however, have been clearly implicated in HIV transmission. In a few instances, breast-feeding has also been implicated in HIV transmission from an HIV-infected mother to her infant. Kissing has not been shown to pose a risk of HIV transmission. While unproven, some theoretical risk from vigorous "wet" kissing (deep kissing or tongue kissing) may exist.

17. 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 telephones or second-hand clothing.

#### C. Global epidemiological patterns

18. Although the modes of HIV transmission are constant, the three broad yet distinct patterns of transmission reported in 1988 can be recognized world wide.

19. In the first (Pattern I), most cases occur among homosexual or bisexual males and urban 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. Unsterilized 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. Mother-to-infant transmission is occurring; the number of HIV-infected infants is low due to the relatively low number of women currently infected. The prevalence

of HIV infection in the overall population is estimated to be much less than 1 per cent but it has been reported to exceed 50 per cent in persons practising high-risk behaviours, such as men with multiple male sex partners and intravenous drug users. This first pattern is typical of industrialized countries with large numbers of reported AIDS cases, including North America, most western European countries, Australia and New Zealand, and parts of Latin America.

20. In the second (Pattern II), most cases occur among heterosexuals. The male/female ratio is approximately 1:1, and as a result mother-to-infant transmission is common. Intravenous drug use and homosexual transmission are either non-existent or occur at a very low level. In a number of countries it is estimated that the prevalence of HIV infection in the overall population is more than 1 per cent, and that in some urban areas up to 25 per cent of certain segments 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 unsterilized 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 currently observed in sub-Saharan Africa and increasingly in Latin America, especially in some Caribbean countries.

21. In the third (Pattern III), HIV appears to have been introduced only in the early to mid-1980s and very few cases have thus far been reported. Homosexual and heterosexual transmission have been documented. Initial cases have generally occurred in persons who have travelled to HIV/AIDS 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 has also been reported. This third pattern is currently found in eastern Europe, North Africa, the eastern Mediterranean, Asia, and most of the Pacific.

22. How extensively HIV will spread in Pattern III countries is difficult to predict. However, where intravenous drug use is prevalent, HIV/AIDS will also be a major potential problem. For example, in Bangkok, the prevalence of HIV infection among an estimated 50,000 intravenous drug users has dramatically increased from less than 1 per cent in August 1987 to about 40 per cent in January 1989.

### III. COLLABORATION WITH ORGANIZATIONS OF THE UNITED NATIONS SYSTEM

23. Collaboration between the WHO Global Programme on AIDS and organizations of the United Nations system is accelerating as those bodies consider the effect of HIV infection on their programmes and in their areas of competence and as they develop their plans of action in concert with the Global Strategy for the prevention and control of AIDS.

#### General Assembly

24. A report by the Director-General of WHO on progress in implementing the Global Strategy was submitted to the General Assembly at its forty-third session, through



the Economic and Social Council (A/43/341-E/1988/80). The Director-General addressed the Assembly on 27 October 1988, during its consideration of the report.

25. On 27 October 1988, the General Assembly adopted resolution 43/15, in which, inter alia, it reaffirmed the established leadership and the essential role of WHO in the global direction and co-ordination of AIDS prevention, control, research and education and stressed the continued need for adequate resources for implementation of the WHO Global Programme on AIDS. The Assembly also stressed the corresponding need to continue to share the pool of world-wide medical and scientific knowledge and experience in the control and prevention of the disease, and affirmed that the struggle against AIDS should be consistent with and not divert attention from other national public health priorities and development goals or divert international efforts and resources needed for overall health priorities. The Assembly commended those Governments which had initiated action to establish national programmes in line with the Global Strategy and urged other Governments to take similar action and all appropriate organizations of the United Nations system to continue to support the world-wide struggle against AIDS.

#### Inter-agency co-ordination

26. In response to General Assembly resolutions 42/8 and 43/15, the Secretary-General appointed the Under-Secretary-General for International Economic and Social Affairs as the focal point at United Nations Headquarters for activities related to the prevention and control of AIDS. The Under-Secretary-General established, under his chairmanship, and in close co-operation with the Director-General of WHO, a steering committee to co-ordinate United Nations activities in support of the WHO Global Strategy for the prevention and control of AIDS, to identify possible joint activities and to develop linkage between individual programmes in this field. WHO established 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 steering committee provides a co-ordinated input to the work of the advisory group, which first met on 1 and 2 September 1988 at Geneva.

27. The advisory group recommended that all United Nations bodies should establish a focal point for AIDS and the necessary internal co-ordination mechanisms for information exchange. The Global Programme has offered to provide support to enable United Nations bodies to commence certain AIDS-related activities with minimal delay. An informal working party of the advisory group met at Geneva on 1 and 2 February 1989 to examine how the United Nations system could contribute to a better understanding of the socio-economic implications of the AIDS pandemic. At the request of the advisory group, WHO is studying the administrative and legal implications of mandatory AIDS screening of participants in meetings of the United Nations system and of applicants for its posts. The ensuing reports, with any related recommendations, will be made available for guidance to organizations of the United Nations system.

28. The Global Programme ensures regular and effective exchange of information on the development of national AIDS programmes with members of the advisory group. The Programme commenced distribution on a monthly basis of an "Activities Update"

newsletter in February 1988. It is one of the means by which a regular dialogue is held among participants in the Global Strategy on AIDS. The "Update" keeps the Programme's external partners informed about the global AIDS situation. Its own activities and the growing international co-operation in all aspects of AIDS prevention and control: scientific, economic, social and cultural.

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

29. Implementation of the WHO/UNDP alliance to combat AIDS was the focus of a workshop held at WHO headquarters at Geneva from 30 May to 3 June 1988. WHO country representatives, UNDP resident representatives and government officials participated in discussions of the national framework for implementation of the alliance in 11 States: Ethiopia, Indonesia, Jamaica, Kenya, Mexico, Papua New Guinea, Rwanda, Senegal, Sri Lanka, United Republic of Tanzania and Zaire. The workshop annotated the document by which the alliance was established in order to incorporate explanatory notes on the functioning of the alliance in practice. Participants concluded that the alliance was a resource to strengthen national capabilities to operate national programmes on AIDS. It will ensure co-ordinated support for national plans by all external partners, including those in the United Nations system.

30. UNDP resident representatives are promoting the integration of national programmes on the prevention and control of AIDS into the overall development priorities, plans and resource allocation of Governments. UNDP has provided funding for various components of national programmes in Côte d'Ivoire, Equatorial Guinea, Jamaica, Rwanda, Senegal, Uganda, Zaire, Zambia and Zimbabwe. Through its ability to provide other United Nations programmes with local currency for operational expenses, UNDP has supported the WHO Global Programme in Rwanda, the United Republic of Tanzania and Zaire, when large sums were needed at very short notice. In addition, UNDP provides the Global Programme with almost daily support in arranging national co-ordination meetings, customs clearance, transport and other programme support services.

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

31. In collaboration with the Global Programme, the United Nations Educational, Scientific and Cultural Organization (UNESCO) is encouraging AIDS education in schools and is developing materials that can be integrated into existing formal (school) and informal educational programmes. To accelerate this process, WHO and UNESCO held joint briefing meetings of UNESCO field staff and UNESCO-affiliated non-governmental organizations at Geneva in April 1988. The Programme is supporting the activity of UNESCO as an integral part of the Global Strategy on AIDS. Pilot projects have been designed to develop, implement and evaluate policy, teacher training and classroom approaches to AIDS education in the local education system. Planning teams visited Kingston in October 1988 and Suva in January 1989 and visits to Ethiopia and Mauritius are planned for April-May 1989.

32. In collaboration with the Belgian Government, WHO and UNESCO sponsored a workshop on school health education to prevent AIDS and other sexually transmitted diseases, held at Ghent in September 1988. The workshop reviewed guidelines on

curriculum development prepared by the Global Programme in consultation with the WHO programmes for maternal and child health, health education and health promotion, and sexually transmitted diseases.

#### United Nations Children's Fund

33. Following the presentation made on 22 April 1988 by the Director of the Global Programme on AIDS to the Executive Board of the United Nations Children's Fund (UNICEF), a representative of WHO also made a presentation in New York on 3 May 1988 to the UNICEF regional directors on the Global Programme's activities at the country level. UNICEF has participated in national donor meetings and other meetings on AIDS and is increasing its activities in support of national AIDS programmes. A joint WHO/UNICEF statement on measles immunization for children with known or suspected HIV infection was published in January 1989. 1/

34. A joint WHO/UNICEF meeting on further directions for health promotion campaigns for the general public will be held at Geneva in June 1989. Discussions are under way on further collaboration in determining the special needs of children with AIDS, including drug treatment.

#### United Nations Office at Vienna

35. WHO is collaborating with the United Nations Office at Vienna to develop links between the Global Programme on AIDS and a number of the Office's programmes, including those relating to the Division of Narcotic Drugs, the International Narcotics Control Board, the United Nations Fund for Drug Abuse Control, the Division of Social Development, and the Branch for the Advancement of Women of the Centre for Social Development and Humanitarian Affairs. The Global Programme gave support for the preparation of a report, to the United Nations Commission on the Status of Women, on the effects of AIDS on the advancement of women. A joint project on AIDS and prisons is under way, and a report is to be prepared for submission to the Eighth United Nations Congress on the Prevention of Crime and Treatment of Offenders. There is also collaboration with the United Nations Office at Vienna in the development of the initiative on "self-injecting drug users".

#### United Nations Population Fund

36. The United Nations Population Fund (UNFPA) continues to collaborate with the Global Programme in assessing and developing the role of maternal and child health and family planning programmes in AIDS prevention and control. This co-operation has been strengthened through the appointment of a liaison officer between UNFPA and the office of the Director of the Global Programme on AIDS.

37. Such co-operation will accelerate the process of developing and disseminating policies, guidelines, strategies and research needs in order to facilitate closer operational links between AIDS prevention and control programmes and programmes on maternal and child health and family planning. UNFPA continues to participate in national donor meetings and other meetings on AIDS at the country level, and is providing funding for certain AIDS activities in a number of countries within its support to national development of programmes on maternal and child health and family planning and in the context of the national AIDS plans.

#### World Bank

38. The World Bank is collaborating with the Global Programme in studies on the economic impact of AIDS in the developing world and on the demographic impact of AIDS. A model was developed in three central African countries (Uganda, United Republic of Tanzania and Zaire) 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. This model is now being adapted for use in other developing countries. The World Bank is an active partner in support of national medium-term plans for AIDS prevention and control programmes.

39. Collaborative projects on the following topics are being discussed: assessment of the applicability of a national communication infrastructure to a national AIDS programme; development of tools for the rapid assessment of prevalence and incidence of sexually transmitted diseases as potential surrogates for information on risk behaviour; assessment of resource needs to support and sustain national AIDS programmes; and planning the provision of national health and social services required by HIV/AIDS.

#### International Labour Organisation

40. In collaboration with the International Labour Organisation (ILO), WHO held a consultation on AIDS and the workplace from 27 to 29 June 1988 (see para. 109). The consensus statement from the meeting, which sets out recommendations for policies regarding HIV-infected workers, has been widely distributed to Governments, unions and employers. A joint WHO/ILO brochure on AIDS in the workplace will be released shortly. ILO is collaborating with WHO in further developing its programme on AIDS activities, including planning for a small technical meeting on the special needs of seafarers.

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

41. The Global Programme on AIDS is collaborating with the Food and Agriculture Organization of the United Nations (FAO) in the development and support of a study of the need for changes in areas with a severe HIV/AIDS problem. FAO considers projections of demographic changes due to AIDS to be important in the formulation of future agricultural policies.

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

42. The Global Programme is building an inventory of non-governmental organizations that are active or potentially active in AIDS-related matters at the national and international levels. Its strategy for greater co-operation with them includes provision of information, setting up methods to receive and disseminate feedback from them, and active promotion of their involvement in national programmes. Approximately 100 international non-governmental organizations receive technical information from the Programme through the newsletter "Activities Update". Once Governments have established short-term and medium-term plans, they are communicated to organizations working in those countries. Distribution is also

channelled through the four consortia of development-related non-governmental organizations that have been formed to deal specifically with AIDS matters in Canada, France, the Netherlands and the United Kingdom. WHO has devised a mechanism for supporting activities of such organizations within the framework of national AIDS programmes.

#### Meeting of AIDS service organizations

43. WHO organized the first international meeting of non-governmental community-based AIDS service organizations, which was held at Vienna from 28 February to 3 March 1989, and was attended by 50 organizations principally from countries with Pattern I epidemiology (see para. 19). Participants discussed experience in establishing and maintaining those relatively young and rapidly growing agencies and explored methods of developing closer collaboration with WHO. The meeting is the first of a series to be supported by WHO in strengthening the work of this vital component of the global struggle against AIDS.

#### V. AVOIDANCE OF AIDS-RELATED DISCRIMINATION

44. The forty-first World Health Assembly, which met at Geneva from 2 to 13 May 1988, adopted resolution WHA41.24 entitled "Avoidance of discrimination in relation to HIV-infected people and people with AIDS", 2/ in which, inter alia, the Assembly stated that "respect for human rights and dignity of HIV-infected people and people with AIDS, and of members of population groups is vital to the success of national AIDS prevention and control programmes and of the global strategy".

45. The World Health Assembly requested the Director-General of WHO to take all measures necessary to advocate the need to protect the human rights and dignity of HIV-infected people and people with AIDS, and of members of population groups, and to stress to member States and to all others concerned the dangers to the health of everyone of discriminatory action against and stigmatization of HIV-infected people and people with AIDS, and members of population groups, by continuing to provide accurate information on AIDS and guidance on its prevention and control.

46. In support of resolution WHA41.24, the Global Programme is disseminating materials and exchanging information in this critically important field. It has focused on activities within the "human rights machinery" of the United Nations system and other intergovernmental organizations, activities related to the mandates of other United Nations bodies, and on the extensive network of non-governmental organizations active in the protection of human rights in different parts of the world. At the request of the inter-agency advisory group, resolution WHA41.24 has been distributed to all members for a review of its implications for each agency's particular area of competence and for consideration of its endorsement.

47. An informal consultation on human rights law and machinery relevant to AIDS-related discrimination was held with 11 intergovernmental and non-governmental organizations at Geneva on 18 May 1988. Officers of the Global Programme briefed participants on mechanisms and structures of the Programme and advised them that a

positive, promotional approach to non-discrimination in the context of human rights and public health would achieve more than would the simple exposure of violations. This has been a key feature of the policy of WHO on non-discrimination with respect to HIV-infected people and people with AIDS and members of population groups.

48. At an informal meeting held at United Nations Headquarters on 27 May 1988, WHO consulted with staff from bodies of the United Nations system and with representatives of 28 international, national and community-based non-governmental organizations with interests in (a) international development, (b) international human rights and (c) discrimination against persons with AIDS. The practical aspects of collaboration were discussed, and the need to take a multidisciplinary approach in further developing strategies to promote non-discrimination was confirmed.

49. At the Fourth International Conference on AIDS, held at Stockholm from 12 to 16 June 1988, WHO presented the principles of resolution WHA41.24 to an international audience of representatives of intergovernmental, governmental and non-governmental organizations and concerned individuals. The response indicated that preventing AIDS-related discrimination was now recognized as central to the successful implementation of the Global Strategy on AIDS. This message was reinforced on World AIDS Day, 1 December 1988, with the involvement of audiences all over the world in advocacy for respect for the human rights and dignity of HIV-infected people and people with AIDS.

50. The Global Programme and the Centre for Human Rights of the United Nations Office at Geneva are collaborating in the planning of regional workshops for representatives of Governments and interested non-governmental organizations on prevention of AIDS-related discrimination through educational programmes, national legislation and jurisprudence. The Global Programme has provided a briefing on the global AIDS situation and the Global Strategy on AIDS for staff members of the Centre. Several consultations are planned for 1989 focusing on the responsibilities and duties of HIV-infected persons.

51. As an observer at the meeting of the Sub-Commission on Prevention of Discrimination and Protection of Minorities, held at Geneva from 8 August to 2 September 1988, a representative of WHO gave a presentation on the public health rationale for protecting the rights of HIV-infected people and people with AIDS. The Director of the Global Programme addressed a meeting of the chairpersons of human rights bodies, convened by the Centre for Human Rights and held at Geneva from 10 to 14 October 1988.

52. On 3 March 1989, the Director of the Global Programme addressed the Commission on Human Rights, which met at Geneva from 30 January to 10 March 1989. An observer for WHO made a similar presentation to the Committee on Economic, Social and Cultural Rights, which met at Geneva from 8 to 25 February 1989.

53. To promote understanding of resolution WHA41.24, a booklet is being prepared on HIV/AIDS discrimination for publication in the second half of 1989, which will be used as the basis for a world-wide information campaign on the principles of resolution WHA41.24.

## VI. GLOBAL COMMISSION ON AIDS

54. The Global Commission on AIDS was established to serve as the means by which the Director-General of WHO obtains expert guidance from eminent persons from a wide variety of disciplines with applicability to the WHO Global Programme on AIDS. The Global Commission reviews and interprets global trends and developments related to HIV and other human retrovirus infections, provides a continuous review and evaluation, from a scientific and technical viewpoint, of the content and scope of global AIDS prevention and control activities, and advises on the establishment of scientific working groups and the research agenda and scientific priorities of the Global Programme. The Global Commission met for the first time at Geneva from 29 to 31 March 1989. Its recommendations to the Director-General of WHO appear in the appendix to the present report.

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

55. The Global Programme has sought to alert countries to the serious public health problem represented by AIDS and has collaborated with countries to support and strengthen development, resource mobilization, implementation, monitoring and evaluation of national programmes on AIDS.

56. As at 1 March 1989, the Programme had collaborated with 152 out of 185 reporting countries and areas on a technical evaluation of the HIV/AIDS situation and/or in support of programme formulation. Of these 152 countries and areas, 117 have formulated a short-term (one-year) plan and 105 received immediate support. The remaining 12 countries and areas were undertaking ongoing activities that did not necessitate the formulation of a new plan; 56 received support in formulating a medium-term (three- to five-year) plan; and 28 benefited from a donors' meeting or consultation.

57. These national medium-term plans form the basis for a plan of action that gives details on activities and on the support provided or required from national and bilateral sources and the WHO Trust Fund for the Global Programme on AIDS. WHO assists in the overall co-ordination of technical and resource aspects of country programmes. Financial support for country programmes is covered by a "project document", signed by WHO and the ministry of health of the country concerned, which describes activities supported by funding through the WHO Trust Fund for AIDS.

58. The national medium-term plan is the justification and impetus for resource mobilization. It is sent at least one month in advance of the meeting to all potential partners, who then meet usually in the capital of the country concerned to pledge their initial support, with the implicit understanding that they will continue in partnership with the Government to support the national AIDS control programme. Co-ordination of such continued support is ensured by an in-country committee of interested parties.

59. The various technical and administrative guidelines have proved to be most useful tools in assisting managers of national AIDS programmes in implementing and

monitoring their programmes. Training workshops have been organized in counselling, laboratory techniques and health promotion to strengthen national capabilities.

### Health promotion

60. Health promotion workshops have been held in all regions and have included practical exercises in identification of target groups, production and pre-testing of health promotion material, development of strategies to reach people with high-risk behaviour and participation in field exercises. A resource package of information and education material from various countries, including video and printed material, has been compiled and distributed to national AIDS programmes. A global network of centres is being established for the exchange of information and materials on AIDS.

61. A dossier of background documentation for the media, entitled "The Global AIDS Factfile" is regularly updated and distributed in English and French to over 1,500 media outlets around the world. "The Global AIDS Factfile" includes a 20-page background document on AIDS, a monthly "GPA Digest" newsletter and a "Case Review" of the listing of AIDS cases reported to WHO.

62. Over 500 copies of an educational video, entitled "AIDS: A Worldwide Effort Will Stop It", have been distributed to individuals and organisations in more than 135 countries. The Global Programme has also produced a 20-minute video in English and French, entitled "A World United Against AIDS", which describes the human impact of AIDS. Additional videos, films and slide presentations are being prepared.

### Guidelines

63. Guidelines are developed by the Global Programme in close collaboration with other WHO programmes, the WHO collaborating centres on AIDS and external organizations concerned. In the WHO AIDS Series, following publication of Guidelines for the development of a national AIDS prevention and control programme 3/ and Guidelines on Sterilization and High-level Disinfection Methods Effective against Human Immunodeficiency Virus (HIV) 4/ in January and April 1988, respectively, Guidelines for nursing management of people infected with human immunodeficiency virus (HIV) 5/ were published in October 1988. All these guidelines have been distributed to all ministries of health and are available through WHO sales outlets.

64. The fourth in the series, guidelines on Monitoring of national AIDS prevention and control programmes - medium-term plans, will be published shortly. Guidelines on prevention of sexual transmission of HIV, AIDS and first aid in the workplace, preventing transmission of HIV health-care settings, health promotion planning, and clinical management of AIDS and HIV infection are being finalized, and counselling materials have been prepared, including a workshop training manual and a manual for training of trainers.



## Monitoring

65. As national AIDS programmes are implemented, monitoring and evaluation of those programmes assume critical importance if they are to function efficiently. WHO co-ordinates and provides technical support for monitoring and reviews of each national medium-term programme at the conclusion of the first year of operation. The intersectoral nature of AIDS prevention and control and decentralized management are emphasized.

66. The first review of a national AIDS programme supported by the Global Programme took place in Uganda during December 1988 by a team composed of national staff, representatives of WHO headquarters and regional offices and interested international parties (including the United Nations and donor agencies). Issues related to AIDS control at the national, district and community levels were examined in order:

(a) To review the adequacy, progress and efficiency of AIDS programme activities;

(b) To establish the relevance and adequacy of planning;

(c) To suggest qualitative and quantitative measures to improve the implementation of the programme;

(d) To identify information requirements and methods to improve monitoring of the programme.

67. The review resulted in recommendations for the reorientation of certain national programme activities for the second year of operation and several recommendations were immediately implemented to accelerate programme activities.

## Global Blood Safety Initiative

68. The Global Programme convened a meeting, held at Geneva on 16 and 17 May 1988, to launch the Global Blood Safety Initiative. More than 80 representatives of Governments, WHO, UNDP and other bilateral and multilateral development agencies, the League of Red Cross and Red Crescent Societies, the International Society for Blood Transfusion, the World Federation of Hemophilia, other non-governmental organizations and blood transfusion services from developing and developed countries attended the meeting. The objectives, principles, activities and organization of the Global Blood Safety Initiative were examined, and the Initiative was endorsed.

69. A consultation of blood transfusion specialists was held at Geneva from 20 to 22 March 1989 to consider the problems and constraints in the establishment of safe blood transfusion services in developing countries. "Accelerated strategies" for reducing the risk of transmission of HIV and other blood transmissible agents were developed for areas where blood transfusion services cannot be organized in the short term.

Development of the strategy for condom and virucide services

70. The Global Programme has defined a strategy for the provision of condoms and virucides following a series of meetings with organizations concerned with population, family planning and sexually transmitted diseases. The objective of the strategy is to reduce sexual transmission of HIV by promoting and supporting the inclusion of condom and virucide services in national AIDS programmes. To implement the strategy the Global Programme will:

- (a) Co-ordinate existing organizations (mainly in family planning) concerned with the design and implementation of the delivery of condom and virucide services;
- (b) Identify needs and provide human, financial and/or technical resources to help the national AIDS programmes in implementing effective, well managed programmes of condom and virucide promotion and delivery.

71. The Global Programme is establishing specifications for the procurement of condoms for the prevention of the sexual transmission of HIV and recommendations for condom quality assurance to cover the whole process, from the manufacturing plant through the distribution system to the user.

Services for family planning, maternal and child health and control of sexually transmitted diseases and AIDS

72. The Global Programme and UNFPA are collaborating on a project to develop and implement strategies to optimize the interactions between national AIDS programmes and national programmes for maternal and child health and family planning and for control of sexually transmitted diseases. The project is being developed in co-ordination with the condom and virucide services strategy and will build upon the conclusions of the discussion group on AIDS and maternal and child health and family planning held at Geneva from 30 May to 1 June 1988. Nine participants from eight countries and representatives from Family Health International, the International Planned Parenthood Federation, UNICEF and UNFPA took part in the discussions. Priorities identified by this group included the integration of AIDS prevention and control components into family planning activities and the prevention of the transmission of HIV in specific tasks performed by all types of maternal and child health and family planning workers. Following the WHO consultation on sexually transmitted diseases (STD) as a potential risk for HIV transmission (see para. 110), an informal meeting was held with representatives of national STD programmes and of the European Economic Community. This meeting developed a plan to forge links to enhance the integration at the national level of AIDS prevention and control programmes into existing services for control of sexually transmitted diseases.

Initiative on self-injecting drug users

73. The Programme's activities have been expended in the promotion of measures to reduce HIV-related risks in the behaviour of self-injecting drug users, in close collaboration with other organizations of the United Nations system and non-governmental organizations.

74. Following discussions with organizations at the United Nations Office at Vienna, a detailed activity plan has been developed for expanded collaboration in 1989 in the world-wide epidemiology of drug injection, evaluation of risk reduction interventions for HIV transmission among drug injectors, legal environment for risk-reduction interventions among drug injectors, and support to national AIDS programmes in implementing risk-reduction interventions as part of national AIDS programmes.

#### AIDS and health and social services

75. The Global Programme's activities in the area of health and social services for AIDS have been assessed, including the provision of services and an assessment of their impact and of the burden on health services resulting from HIV infection and AIDS (e.g., more counselling, displacement of other patients, modification of the educational curricula for health care providers). The evaluation of needs, priorities and opportunities in the provision of health services has involved external organisations with experience in the provision of care to HIV-infected persons and AIDS patients.

76. Activities in 1989 include (a) the development of a consensus on the health and social services needs of persons with HIV infection and disease, and the policy and programme implications of these needs, (b) identification, evaluation and dissemination of information on targeted programmes for HIV/AIDS patient care, (c) support to member States in health and social services planning, (d) development of guidance on clinical management of HIV/AIDS patients, including treatment and the rational use of drugs in national programmes, and (e) development of guidance and of a curriculum for medical/public health professionals in HIV/AIDS patient care and guidelines for assessing manpower training needs. Support will also be provided to centres for training courses in clinical management of AIDS.

### VIII. RESEARCH AND DEVELOPMENT

#### Research steering committees

77. Three research steering committees provide detailed guidance and support for priority components of the research agenda of the Global Programme and review relevant proposals for research. The behavioural research steering committee has been formed to focus on research in the fields of risk behaviours and effectiveness of communication. The biomedical research steering committee focuses on clinical research, diagnostics, and drug and vaccine research and development. The research steering committee on evaluation methods focuses on epidemiology research, evaluation research and impact assessment.

#### Co-ordination of vaccine development

78. There is no vaccine at present for the prevention and control of AIDS, and a vaccine will not be easily developed because of the enormous antigenic variation observed among different HIV strains and lack of a good animal model in which protective immunity could be evaluated. It has been demonstrated that humans mount

both humoral and cellular immune response to HIV antigens, although it is not known how those immunological markers correlate with protection.

79. A number of candidate vaccines are undergoing pre-clinical trials in experimental animals, and at least four are undergoing Phase I trials to evaluate the vaccine's toxicity and immunogenicity. At a later stage, Phase II and III trials will need to be organized to evaluate the efficacy of the candidate vaccine in protecting against HIV infection. Whereas the small number of volunteers needed for Phase I trials can be recruited in the country where the vaccine is developed, Phase III trials are likely to require the enrolment, in an international context, of large numbers of volunteers in populations with high seroconversion rates. These trials will require extensive international co-ordination to obtain the necessary epidemiological information and to assure appropriate follow-up.

80. A meeting held at Geneva from 27 February to 2 March 1989 of investigators, manufacturers, regulatory authorities, and experts in clinical trials to consider the ethical and scientific problems of undertaking antiviral and/or vaccine trials agreed on a framework for the development of internationally acceptable guidelines for such trials.

#### Drug development

81. The array of antiviral drugs currently being tested against HIV infection and AIDS has led WHO to serve as a forum for the exchange and validation of scientific information on these drugs. Over 40 different antiviral drugs and immunomodulatory agents are currently being considered in more than 100 ongoing clinical studies, although in March 1988 only one drug, Zidovudine (known as AZT), had been licensed for the treatment of AIDS patients. Trials of the usefulness of Zidovudine in preventing progression of HIV infection to disease are under way. However, Zidovudine is expensive (approximately \$US 8,000 per patient annually) and has a high level of toxicity.

82. New combinations of drugs or chemical modification of existing ones may result in more acceptable therapeutic approaches. In addition, better knowledge of the molecular and cellular biology of HIV is opening the way for more rational drug design. An example is the use of genetically engineered CD4 molecules (the virus receptor on the surface of T4 lymphocytes and macrophages), which could block the initial stages of virus-cell interaction. Some natural products have been shown to have antiviral activity in vitro, and their potential use in controlling HIV needs to be investigated.

#### Animal models

83. The development and evaluation of antiviral agents and vaccines would be greatly facilitated if animal models for HIV infection and disease could be established. A consultation held at Geneva from 28 to 30 March 1988, attended by 28 experts from eight countries, indicated that there are a number of potentially useful animal models for HIV infection and disease, including the Simian Immunodeficiency Virus models. The relevance of these models to the human situation, especially regarding the pre-clinical evaluation of drugs and vaccines,

was discussed, and the resulting information will be considered in the preparation of the corresponding guidelines. 6/

#### AIDS reagent project

84. In order to facilitate the assessment and free exchange of reagents needed for biomedical research on HIV, the Global Programme has set up a project on AIDS reagents with a collaborating centre on AIDS. The project will co-ordinate collaborative research for the standardization of reagents and of laboratory techniques for viral characterization. A repository is being established of virus isolates from different parts of the world, which will be used to monitor virus genetic variation of epidemiological importance. Likewise, a much needed panel of HIV-2 serum is currently being assembled and characterized.

#### Evaluation of diagnostic assays for HIV infection

85. A project for the comparative evaluation of diagnostic assays for HIV infection has been established with a WHO collaborating centre on AIDS at Antwerp, Belgium. It permits a standardized comparison of screening and diagnostic methodologies not only for sensitivity and specificity, but also for critical operational characteristics. This project is now being extended to a small number of testing laboratories in developing countries in order to obtain comparative data in conditions more representative of the prevalent situation in the field. Member States will be provided with a matrix of information on the operation, performance, shelf-life, cost and other relevant characteristics of each test to facilitate comparisons and guide test-kit selection.

#### Laboratory diagnosis of HIV infection

86. A consultation on laboratory diagnosis was held at Geneva from 31 August to 2 September 1988. As new diagnostic techniques are constantly being developed, standardized methods for their evaluation and use are essential. A number of collaborative studies are under way or are being organized in several areas: evaluation of the operational characteristics of diagnostic kits; establishment of global and regional panels on sera; laboratory proficiency testing; standardization of "immunoblotting"; and alternative strategies for confirmatory tests. The laboratory evaluation of newly developed assays for HIV-2 infection was reviewed at a meeting held at Geneva in February 1989. Guidelines for the serological diagnosis of HIV infection and for biosafety aspects of HIV testing laboratories are being developed. The biosafety guidelines were reviewed during a meeting of directors of WHO collaborating centres in biosafety with representatives of the WHO collaborating centres on AIDS at Geneva in March 1989.

#### HIV infection and tuberculosis

87. The Global Programme on AIDS, the WHO Tuberculosis Unit and the International Union against Tuberculosis and Lung Disease (IUATLD) are collaborating in research into the interactions between HIV and tubercle bacillus infection and measures for disease control. A technical advisory meeting was held at Geneva on AIDS and tuberculosis in August 1988. Experts from Africa, the Americas and Europe compiled

a list of priority research questions and developed a plan for co-ordination of research and control. A small technical steering group will be established to review applications for funding in these priority areas.

88. A joint statement summarizing current knowledge and giving specific recommendations on HIV/AIDS aspects of national tuberculosis programmes and priorities for research on disease control was released in March 1989. The special problems of HIV/AIDS and tuberculosis were discussed at the joint WHO/IUATLD regional meeting held at Dakar from 13 to 16 March 1989.

#### Clinical research

89. A meeting held at Geneva on 4 and 5 August 1988 reviewed the status of clinical management of AIDS and HIV infection and identified priorities for further research, including prevalence of opportunistic infections, development of simple tools for their diagnosis, chemotherapy and chemoprophylaxis, impact of concurrent diseases on the natural history of HIV infection, and validation of clinical criteria for diagnosis of HIV infection.

#### Traditional medicine and AIDS

90. In addition to the contribution of traditional practitioners in health education, counselling and family support activities, traditional medicine could play a role in AIDS prevention and control through the use of medicinal plants and natural products found to have antiviral and/or immunomodulating activities. The Global Programme on AIDS and the WHO Traditional Medicine Programme organized an informal consultation, which was held at Geneva from 6 to 8 February 1989, to review present activities in this area, to develop broad protocols for pre-clinical evaluation of promising compounds, and to establish a mechanism to provide laboratory evaluation of selected traditional remedies claimed to have beneficial effect on AIDS patients.

#### Neuropsychiatric aspects of HIV infection

91. During the Fourth International Conference on AIDS (Stockholm, 12-16 June 1988), two meetings of researchers were held to promote the development of research on neuropsychiatric aspects of HIV infections. The researchers considered the elements needed in a battery of tests that could be approved for inclusion in studies of the neurological and neuropsychiatric status of HIV-infected individuals who are otherwise healthy. Better definition is needed of the spectrum of neurological and neuropsychiatric manifestations of HIV infection, including AILs, in developing countries. Protocols and study instruments for better assessing the neurological and neuropsychiatric effects of HIV infection are being developed.

#### Sexual behaviour and HIV transmission

92. A protocol and questionnaire have been developed for a survey of sexual behaviour and, in particular, of the frequency and distribution of high-risk sexual practices. A meeting on social and behavioural research priorities, held at Addis

Ababa for countries in east and southern Africa from 28 March to 1 April 1988, decided on measures to adapt the research materials for the studies to local needs.

#### Drug injecting and HIV infection

93. A technical working group met twice in 1988 to develop research materials, including a protocol and questionnaire, for a large inter-city study of drug injecting. During the Fourth International Conference on AIDS, the Global Programme organized two meetings at which research workers prepared a plan of action for the study, reviewed a draft analytic framework for the monitoring of interventions to reduce risk, and made recommendations for expansion and implementation of the framework. Initial discussions on collaboration in this research were held with the European Economic Community at an ad hoc working party on AIDS held at Berlin (West) on 27 June 1988.

#### Knowledge, attitudes, beliefs and practices

94. A study design, protocol and questionnaires have been prepared for surveys of variations in knowledge, attitudes, beliefs and practices about HIV infection and its modes of transmission. Surveys using the study design and questionnaire have been completed in two African countries and one country in South-East Asia, while studies using the final version of the questionnaire are under way in 12 African countries and one European country. The study design and research materials were adapted for use in Europe and the Americas and also for use with a school-age population.

#### Changes in sexual behaviour of homosexual men

95. Compilation and analysis are being undertaken of health promotion activities targeted to homosexual and bisexual men from eight cities in industrialized and developing countries. Several studies conducted among homosexual and bisexual men indicate a declining incidence of infection in a number of communities. The Global Programme will examine the reasons for the adoption of safer sex behaviours and will assess which strategies could be applied in the design of other targeted health promotion programmes.

#### Epidemiological research

96. A project is under way in West Africa to promote collaboration and co-ordination of research on HIV-2. A meeting held at Geneva in February 1989 to review current studies in HIV-2 epidemiology and to identify further needs for laboratory development of diagnostics brought together prominent African, European and American researchers on HIV-2, who identified priorities and approaches for clinical and epidemiological studies in HIV-2 and recommended that WHO play a major role in the co-ordination of those research activities. Links are being established with laboratories for particular aspects of HIV-2-related research, such as determining the genetic sequence of HIV-2 isolates.

97. An inventory of HIV/AIDS-related research and research facilities in developing countries has been completed for the African region and is in

preparation in other regions. In the context of national plans on AIDS and in collaboration with activities supported by other organizations, opportunities for institution strengthening and training will be developed for an integrated research programme determined by local needs and linked to national efforts for the prevention and control of HIV/AIDS. Particular attention will be given to mutual support for the strengthening of research capability and to the integration of such activity with similar and related activities conducted by other WHO programmes.

98. The Global Programme is defining a "core" of essential national research to support national activities for the prevention and control of AIDS. For these essential research related activities, generic protocols that can be adapted to particular national situations will be developed.

99. A framework has been developed to guide the allocation of resources and periodic assessment of national activities for the prevention and control of AIDS, using quantitative and qualitative information on the nature, effectiveness and cost of interventions. In collaboration with the Global Programme, Switzerland is testing the utility of the framework in an assessment of its national programme. Discussions are under way for similar tests in industrialized and developing countries.

## IX. MAJOR CONFERENCES

### International Conference on AIDS

100. An annual international conference on AIDS co-sponsored by WHO remains the major annual event for presentation and exchange of scientific information in AIDS epidemiology, virology, molecular biology, immunology, serology, animal models, neuropsychiatric aspects, oncology, diagnostic tests, clinical manifestations, behavioural and drug addiction aspects, public health, ethical and psychosocial implications and prevention and control strategies. Over 7,000 participants attended the Fourth International Conference on AIDS, which was held at Stockholm from 12 to 16 June 1988. The Global Programme supported the participation of 68 nationals. The Fifth International Conference on AIDS will be held at Montreal, Canada, from 4 to 9 June 1989. An estimated 10,000 participants are expected to attend. The Global Programme will provide support for the attendance of 79 participants from 65 countries, including 14 journalists from developing countries.

### International Conference on AIDS in Asia and the Pacific

101. The International Conference on AIDS in Asia and the Pacific was held at Bangkok from 6 to 9 March 1989. The Conference was jointly organized by WHO and the Ministry of Public Health of the Royal Government of Thailand, in collaboration with Mahidol University, Bangkok. Over 200 delegates from 40 countries participated in the Conference, which reviewed and further developed efforts for AIDS prevention and control in Asia and the Pacific.



### Second Regional Conference on AIDS in Africa

102. The Second Regional Conference on AIDS in Africa, held at Kinshasa, Zaire, from 24 to 27 October 1988, was organized by WHO with the collaboration of the Ministry of Health of the Republic of Zaire. National AIDS committee chairmen, directors of national AIDS programmes and chiefs of AIDS information, education and communication activities from 44 countries in the WHO African region and one country from the Eastern Mediterranean region attended the Conference, together with representatives of multilateral and non-governmental organisations. The Conference focused on shared experience and discussion of the following topics of particular importance for the further development of national programmes on AIDS: implementation and monitoring of national AIDS programmes; defining and reaching target groups; counselling; involving the media in promoting prevention and control of AIDS; surveys of knowledge, attitudes, beliefs and practices; surveillance for HIV infection; and condoms. The executive summary of the Conference has been published. 1/

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

103. The Global Programme co-sponsored the Third International Symposium on AIDS and Associated Cancers in Africa, held at Arusha, United Republic of Tanzania, from 14 to 16 September 1988. In order to promote and stimulate co-operative research, the Global Programme facilitated the participation of approximately 40 researchers from African countries. The Symposium will be held annually as a forum for researchers from African and non-African countries. The Fourth International Symposium on AIDS and Associated Cancers in Africa will be held at Marseilles, France, from 18 to 20 October 1989.

### International Symposium on Information and Education on AIDS

104. WHO co-sponsored the first International Symposium on Information and Education on AIDS, held at Ixtapa, Mexico, from 16 to 20 October 1988. The Symposium served as a forum for reporting on innovations in education and information programmes to prevent AIDS and on lessons learned from such programmes. It provided an opportunity for an exchange of technical information in the areas of evaluation, public information and counselling. The Global Programme provided support for the attendance of participants from 18 countries. The Second International Symposium on Information and Education in AIDS will be held at Yaoundé, Cameroon, from 22 to 26 October 1989, jointly organized by WHO and the Government of Cameroon with the theme of "Innovations in AIDS health promotion". The Symposium will be co-sponsored by UNESCO, UNICEF and the International Union for Health Education.

## X. OTHER WHO CONSULTATIONS

### Interregional consultation on developing an epidemiologically-based strategy for HIV/AIDS prevention and control in Asia

105. Recognising the need to seize the opportunity for prevention of HIV infection in areas of the world with Pattern III epidemiology, WHO convened an interregional consultation, held at New Delhi from 6 to 8 June 1988. Epidemiologists and senior health policy staff members from several Asian and Pacific countries participated in discussions with WHO staff from the Global Programme on AIDS and the regional offices for South-East Asia, the Western Pacific, the Eastern Mediterranean and Europe. In the context of the Global Strategy for the prevention and control of AIDS, endorsed by all member States, the consultation g/ developed HIV/AIDS surveillance strategies for Asia.

### Impact of technology on strategies for the prevention and control of AIDS

106. An informal consultation, held at Boston, Massachusetts, United States of America, on 26 and 28 July 1988, considered the likely "scenario" if a drug were found to prevent or delay significantly the development of AIDS in HIV-infected persons. It focused on the logistic and public policy aspects of such a drug.

### WHO collaborating centres on AIDS

107. The fourth meeting of the WHO collaborating centres on AIDS was held at Stockholm on 17 June 1988, following the Fourth International AIDS Conference. Representatives discussed ways in which each centre could provide further support to national, regional and global activities of the Programme. Two statements were approved and later published, g/ one on common situations and HIV and another on heterosexual transmission of HIV. Approximately 15 centres in Africa are under review for designation as collaborating centres. In addition, collaborating centres in health education and social and behavioural research are being identified.

108. WHO collaborating centres on AIDS are working with the Global Programme in training laboratory workers, preparing documents, evaluating test kits, and preparing and standardizing reagents and reference material. Technical support has been received from several centres in epidemiological assessments in countries in Africa and in the formulation of short-term plans of action.

### AIDS and the workplace

109. A consultation on AIDS and the workplace was convened by WHO in collaboration with ILO and held at Geneva from 27 to 29 June 1988. Thirty-six participants from 18 countries attended, including representatives of Governments and unions and the business, public health, medical, legal and health education professions. The consultation addressed three themes: risk factors associated with HIV infection in the workplace; responses by business and workers to HIV/AIDS; and use of the workplace for AIDS education activities. 10/ The consultation developed a consensus statement, which included the following directive:

"Consistent policies and procedures should be developed at national and enterprise levels through consultations between workers, employers and their organizations, and where appropriate, governmental agencies and other organizations. It is recommended that such policies be developed and implemented before HIV-related questions arise in the workplace."

The statement also emphasizes that:

"protection of the human rights and dignity of HIV-infected persons, including persons with AIDS, is essential to the prevention and control of HIV/AIDS. Workers with HIV infection who are healthy should be treated the same as any other worker. Workers with HIV-related illness, including AIDS, should be treated the same as any other worker with an illness."

#### Sexually transmitted diseases as a risk factor for HIV transmission

110. A consultation on sexually transmitted diseases as a potential risk factor for HIV transmission, convened by the Global Programme and the WHO Sexually Transmitted Disease Programme and held at Geneva from 4 to 6 January 1989, issued a consensus statement and identified future research priorities and approaches for improved understanding of the biological interactions between HIV and sexually transmitted diseases. The consultation concluded that while HIV-1 is transmitted sexually in the absence of other sexually transmitted diseases, the weight of the evidence for genital ulcer disease as a risk factor for HIV-1 transmission is sufficiently strong to suggest that intervention for genital ulcer disease may contribute to prevention of sexual transmission of HIV-1.

#### Partner notification for preventing HIV infection

111. A consultation on partner notification for preventing HIV infection, convened by the Global Programme and the Sexually Transmitted Disease Programme and held at Geneva from 11 to 13 January 1989, reached the consensus that partner notification programmes should be considered, but within the context of a comprehensive programme for the prevention and control of AIDS. However, partner notification raises serious medical, logistical, social, legal and ethical issues. Partner notification involves benefits and risks, including the potential to help prevent HIV transmission and to reduce the morbidity and mortality of HIV infection, but also the potential to produce individual and social harm and to detract from other AIDS prevention and control activities. The consensus statement sets out critical issues that should be addressed if considering the development of partner notification activities within a comprehensive AIDS prevention and control programme.

#### Consultation on AIDS and sports

112. To provide guidance to practitioners of sports medicine, officials of sports organizations and public health professionals, a consultation on AIDS and sports was held at Geneva on 16 January 1989. It was organized by the Global Programme on AIDS and the Cardiovascular Diseases Unit of the WHO Division of Noncommunicable Diseases in collaboration with the International Federation of Sports Medicine.

Participants included representatives of the Medical Commission of the International Olympic Committee, the International Federation of Sports Medicine, the International Federation for Wrestling, the International Rugby Football Board, and several experts on epidemiological and public health aspects of AIDS. The consultation reached a consensus, 11/ which included the following statement:

"There is no medical or public health justification for testing or screening for HIV infection prior to participation in sports activities. Persons who know they are HIV infected should seek medical counselling about further participation in sports in order to assess risks to their own health as well as the theoretically possible risk of transmission of HIV to others."

The first paragraph of the statement reads as follows:

"No evidence exists for a risk of transmission of the human immunodeficiency virus (HIV) when infected persons engaging in sports have no bleeding wounds or other skin lesions. There is no documented instance of HIV infection acquired through participation in sports. However, there is a possible very low risk of HIV transmission when one athlete who is infected has a bleeding wound or a skin lesion with exudate and another athlete has a skin lesion or exposed mucuous membrane that could possibly serve as a portal of entry for the virus."

#### Ethical issues and epidemiological research

113. The Global Programme on AIDS held an informal consultation on ethical issues and epidemiological research at Geneva on 9 February 1989. The consultation concluded that the design of an HIV serosurveillance methodology should endeavour to maximize the likelihood of obtaining useful epidemiological information about the distribution of HIV infection in a relevant community while simultaneously minimizing the likelihood of adverse individual or community consequences from the screening. While each surveillance method has its inherent limitations, unlinked anonymous screening is an accurate and cost-effective method for public health surveillance of HIV infection. The Global Programme is developing a statement to describe criteria that should be considered before establishing this method in any setting.

#### XI. WORLD AIDS DAY

114. World AIDS Day was observed on 1 December 1988 in every country of the world. The day was a global event linking people across all boundaries in a spirit of understanding, compassion and solidarity.

115. WHO sponsored World Aids Day at the close of the Year of Communication and Cooperation about AIDS with the following themes: "Let's talk about AIDS", "Join the world-wide effort" and "Tell the world what you're doing about AIDS". WHO headquarters at Geneva co-ordinated and monitored activities throughout the world and observed World AIDS Day events throughout 24 hours.

116. On every continent and in every country, people participated in dialogue about AIDS - in families, schools and workplaces. The dialogue forged a spirit of tolerance, compassion and understanding, and opened new channels of communication within and between countries.

117. World AIDS Day 1988 was a truly historic landmark, not only for AIDS prevention but also for health. WHO produced and circulated World AIDS Day materials including the World AIDS Day symbol, fact sheets, brochures, newsletters, an "action kit" and an "event planner". Preparations are under way for World AIDS Day on 1 December 1989, which will focus on youth.

#### Notes

1/ World Health Organization, Weekly Epidemiological Record, No. 64 (1989), pp. 48-49.

2/ See World Health Organization, Forty-first World Health Assembly, Geneva, 2-13 May 1989, Resolutions and Decisions, Annexes (resolution WHA 41.24).

3/ World Health Organization, AIDS Series, No. 1.

4/ Ibid., No. 2.

5/ Ibid., No. 3.

6/ See Weekly Epidemiological Record, No. 63 (1988), pp. 137-138, document WHO/GPA/BMR/88.2, AIDS Series, No. 2, pp. 223-225, and Bulletin of the World Health Organization (1988) (in press).

7/ Weekly Epidemiological Record, No. 64 (1989), pp. 13-15.

8/ See document WHO/GPA/SFI/89.1 entitled "Report on the informal consultation on developing an epidemiologically based strategy for control of AIDS/HIV in Asia".

9/ See Weekly Epidemiological Record, No. 64 (1989).

10/ See document WHO/GPA/DIR/88.4 entitled "Report of the consultation on AIDS and the workplace".

11/ See document WHO/GPA/INF/89.2 entitled "Consensus statement".

APPENDIX

Recommendations of the first meeting of the Global Commission on  
AIDS to the Director-General of the World Health Organization

The GCA makes the following particular recommendations for the consideration of the Director-General:

1. Support for overall GPA strategy: The GCA expresses its strong support for the Global AIDS Strategy adopted by WHO. The GCA is of the opinion that the overall strategy adopted by WHO and the activities undertaken by GPA, to combat the AIDS epidemic is sound. The GCA urges the Director-General to maintain his efforts to convince Member States and all relevant components of the United Nations system to maintain their support for GPA and its mission. That support should be sustained and increased - and not diminished.
2. Integration of initiatives: The GCA commends the very high level of co-ordination already achieved within the activities of GPA. High priority should be given to the integration of the activities of GPA within the context of the overall strategy of WHO and in particular for the attainment of primary health care. Close attention should be specially paid to co-ordination between WHO programmes and the national programmes of Member States. Such attention should pay appropriate regard to any particular features of the culture, environment and special problems of Member States which necessitate special adaptations or modifications of the global programmes in order that they will have maximum effectiveness in containing AIDS and responding to its individual and social consequences.
3. Policies on AIDS and drug use: The advent of AIDS presents an important new dynamic with great significance for global and national strategies concerned with illicit drug use. It is important that this new dynamic should be reflected both within the policies and programmes of WHO itself and in WHO initiatives in relation to Member States and other relevant international agencies. The GCA notes the report concerning the high level of co-operation already established with the United Nations Drug Control Programme. It recommends that this should be intensified, particularly in response to the Director-General's call, at the outset of the meeting, for fresh examination of policies on drug use, particularly in the context of HIV/AIDS. Of particular relevance in this connection is the fact that long-term preventative educational programmes for youth present a special opportunity for a mutually supportive approach by WHO and other agencies, to the extent feasible, combining resources and experience. The problem of AIDS and drugs in prison is another example where existing work needs to be further developed and strengthened.

4. Risk behaviour in heterosexuals: The GCA recognizes the particular need for GPA to address closely those activities which involve a high risk of the transmission of HIV. It recommends to the Director-General that special attention be paid in this context, in co-operation with the Member States involved, to the problems presented by prostitution and multiple partner sexual activities particularly in (but not limited to) developing countries.
5. Risk behaviour in homosexual and bisexual men: The GCA draws to the attention of the Director-General the reports concerning the difficulty of sustaining behaviour modification among homosexual and bisexual men in (but not limited to) developed countries. In the development of its activities GPA should give particular attention to this issue.
6. Attention to applicable international law: The initiatives of GPA concerning respect for human rights and measures for anti-discrimination deserve commendation. These initiatives can be enhanced by articulation of the applicable international law on human rights relevant to the containment of AIDS and the reduction of its impact on society and individuals. It is important for GPA to highlight WHO's awareness of applicable international law on human rights especially relevant to AIDS/HIV and to disseminate, within the WHO Secretariat and externally to Member States, information about the provisions of such law. That law is reflected in the resolution of the Forty-First World Health Assembly concerning AIDS and Discrimination. However, the authority for the principles contained in that resolution derives from earlier binding instruments of international law. Public health needs, even those as urgent as AIDS, do not provide a blanket exemption from observance of human rights obligations. WHO, as a specialized agency of the United Nations, must pay particular attention to the field of AIDS policy and programmes to ensure compliance with established international statements of human rights. It should also be aware of regional statements of human rights.
7. Closer involvement of NGOs: There is a crucial need at this stage of the global and national initiatives relevant to AIDS actively to involve in national programmes, all relevant non-governmental organizations (NGOs), community based organizations and the private sector. GPA should in every appropriate way take steps to increase the awareness of other relevant international organizations and national AIDS committees concerning the desirability of involving NGOs, community based organizations and private voluntary organizations, especially in the fields of activities directed towards prevention of the spread of AIDS.
8. Initiatives in research and development: The GCA recognizes the important start made by GPA in co-ordinating and conducting international efforts in epidemiological, biomedical and psychosocial research and HIV impact assessment. Current initiatives will be examined carefully by the Research Steering Committees. The GCA recommends that a major agenda

item of the next meeting should be examination of the reports of the Research Steering Committees and a consideration of the initiatives to be proposed for 1990 and beyond.

9. Improved supply of AIDS/HIV Data: There is a vital need to improve the speed and accuracy of the supply of relevant data to WHO concerning levels of HIV infection and of cases of AIDS. The quality and effectiveness of WHO and national policies and programmes relevant to HIV and AIDS obviously depends to a great extent on the quality of the data being gathered by Member States and provided to WHO. In some parts of the world (particularly, but not limited to, parts of Africa), there is a reason to believe that the supply of data and its quality could be significantly improved. The GCA recommends that urgent steps be taken to ensure that this problem is tackled effectively, in close collaboration with the relevant authorities of Member States.

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