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SPECIAL
PROGRAMME
ON AIDS

STRATEGIES AND STRUCTURE
PROJECTED NEEDS



WORLD
HEALTH
ORGANIZATION

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Contents

Executive Summary

I Introduction	1
II Programme Goals	2
III Programme Strategies	3
Prevention of sexual transmission	3
Prevention of transmission through blood	3
Prevention of perinatal transmission	4
Prevention of transmission from HIV-infected persons through use of therapeutic agents	4
Prevention of HIV transmission through the development and delivery of vaccines	4
Reduction of impact of HIV infection on individuals, groups and societies	4
IV Programme Organization	5
SPA's major components	5
Programme staff support	5
Organizational bodies	8
V Proposal for 1987	9
National programme support	9
Global activity priorities	14
Personnel and financial implications	15
VI Projected Programme Development and Needs: 1987-1991	18
Projections: the HIV pandemic	18
Special Programme on AIDS: 1987-1991	19

Annex I - Overview of the HIV Pandemic

Annex II - Strategies and Associated Activities: 1987-1989

Annex III - Performance Indicators by Strategy

Annex IV - Focus and Functions of Organizational Components

Executive Summary

The AIDS pandemic is an international health problem of extraordinary scope and unprecedented urgency. The World Health Organization recognizes its responsibility to mobilize international energies, creativity and resources for global AIDS prevention and control. The *Special Programme on AIDS* has been created as the focal point for WHO's global AIDS prevention and control strategy.

The Programme's goals are to prevent HIV transmission and to reduce morbidity and mortality from HIV infections.

Accordingly, the Programme will: support and strengthen *national AIDS programmes* throughout the world; and provide *global leadership*, help ensure *international collaboration* and pursue *global activities* of general value and importance.

During 1987:

- Through its Special Programme on AIDS WHO will collaborate with **50 Member States** to provide urgent and short-term support to national AIDS programmes.
- **Global activities**, already proceeding at an intense level, will accelerate further as Programme staff are recruited.

For this, in 1987, the Special Programme on AIDS will require:

- **Substantially increased personnel**, including 20 headquarters, 16 regional and 10 national level staff.
- **A budget of \$37.12 million**, of which 73% is for national programme support and 27% is for global activities.

The World Health Organization is committed to global AIDS prevention and control. Member States, international agencies and organizations, and scientific leadership have responded extremely favourably to WHO's conceptualization of the global problem and to the early work of the Special Programme on AIDS.

The Special Programme on AIDS is now developing rapidly, is already collaborating in support of national programmes in over 15 Member States, and has stimulated considerable national and international scientific and programmatic momentum.

For 1987, and for the future, the Special Programme on AIDS requires an exceptional level of support, in order to fulfill its critical role in the difficult, complex and costly effort to achieve global AIDS prevention and control.

I Introduction

The worldwide epidemic of human immunodeficiency virus (HIV)¹ and related retroviruses is an international health problem of extraordinary scope and unprecedented urgency (Annex I - Overview of the HIV Pandemic).

From the early to mid-1970s, when the global spread of HIV appears to have started, until the early 1980s, when HIV was first identified, the pandemic was silent. During the mid-1980s, the international health dimensions of the HIV problem became abruptly evident. Now, in the mid and later 1980s, an extraordinary and astonishingly diverse range of impacts of the HIV phenomenon - psychological, social, cultural, economic and political - have started to appear.

The global response to HIV has been characterized by a series of delays in recognizing the HIV pandemic, the range of HIV-associated morbidity and mortality, and the broad spectrum of effects on individuals, families, and societies. There is now widespread realization that the implications of AIDS in terms of human suffering, costs for health services and social impact are devastating.

The World Health Organization recognized the extraordinary dimensions of this threat to global health and its responsibility to mobilize urgently national and international energies, creativity and resources for global AIDS prevention and control.

In May 1986, the World Health Assembly, in resolution WHA39.29, requested the Director-General to explore ways of increasing the extent and types of WHO cooperation with Member States in combating this epidemic, and to mobilize extrabudgetary resources for this purpose. In January 1987 the WHO Executive Board, supported the priority accorded by WHO to this global health problem and endorsed the strategy adopted for the WHO Special Programme on AIDS.

The World Health Organization is committed to global AIDS prevention and control, as publicly stated by its Director-General in November 1986. This commitment urgently requires extraordinary energy and resource in order to respond and react to current needs and problems. However, this commitment also mandates a growing capacity to predict, to prepare, and to lead.

The Special Programme on AIDS (SPA), which was formally established on 1 February 1987, is the vehicle for the World Health Organization's critical role in global AIDS prevention and control.

The scope and complexity of the problem calls for an unparalleled involvement of *all sectors of the international community*. The response to this call has been prompt and highly supportive.

¹ The name "human immunodeficiency virus" has replaced the earlier names for the "AIDS virus", including "Lymphadenopathy-associated virus" and "Human T-lymphotropic virus type III". The related retroviruses include LAV-2, HTLV-4 and other recently recognized retroviruses infecting humans and which are related to HIV; in this document, "HIV" stands for all of these viruses. In addition, "AIDS" refers either to the specific clinical entity, "Acquired Immunodeficiency Syndrome", or, as in the Programme title, to represent the entire health problem associated with HIV infection.

In the UN system close working links have already been established with several organizations, in particular UNDP, UNESCO, UNICEF, UNFPA, and the World Bank.

International agencies participated actively in the two previous meetings of participating parties.

The scientific community is very actively involved, as are a growing number of non-governmental organizations.

For 1987 and for the future, the Special Programme on AIDS requires an exceptional level of support in order to fulfill its critical role in the difficult, complex and costly struggle for global AIDS prevention and control.

This document presents the Special Programme on AIDS and describes its goals, strategies, organization, 1987 operational plans, resource implications, and projected needs for 1987-1991.

II Programme Goals

- **to prevent HIV transmission**
- **to reduce morbidity and mortality associated with HIV infection**

III Programme Strategies

The conceptual framework for the Programme is contained in the six strategies listed below. Annex II provides a more detailed breakdown of ongoing and foreseen activities for each of these strategies during 1987-1989 and Annex III provides information on the associated performance indicators to be used.

1. Prevention of sexual transmission

Worldwide, sexual transmission accounts for the majority of HIV infections. Sexual transmission of HIV can occur from any infected person to his or her sexual partner. Prevention of sexual transmission will require education and information leading to long-term changes in sexual behaviours.

2. Prevention of transmission through blood

Prevention of transmission through blood transfusion

In many parts of the industrialized world, all blood for transfusion is now screened for HIV antibodies. In these areas, two challenges remain:

(a) monitoring for newly detected human retroviruses; and (b) developing increasingly sensitive and specific tests for HIV in blood.

However, throughout most of the developing world, blood for transfusion is not screened for HIV antibodies. The technology to prevent HIV infection through blood transfusion exists, but it must be applied wherever in the world it is needed. In areas where HIV infections are epidemic, screening of blood is an urgent priority.

Prevention of transmission through blood products

Techniques to ensure safety of blood products have been developed. However, monitoring the safety of these products remains important, along with development of methods to further increase safety.

Prevention of transmission through injections and skin-piercing instruments

HIV transmission through these routes is important in three distinct settings: (a) intravenous drug abuse; (b) injections and use of other instruments in medical practice; (c) injections and use of other instruments outside medical practice.

HIV has demonstrated potential to create explosive epidemics among communities of intravenous drug users. Intravenous drug users are not only epidemiologically important in themselves, but also may provide a "bridge" for HIV sexual transmission to the general population.

While HIV can be readily inactivated using specific chemicals or heat, tremendous efforts will be required to ensure the sterility of equipment for all injections or other uses of skin-piercing instruments in medical practice.

Outside the established medical practice system, injections and other skin-piercing practices appear to be frequent. The safety of injections and other practices performed outside the medical system must also be assured.

Prevention of transmission through organ and semen donation

Transmission through organ or semen donation can be prevented with existing HIV screening and detection technology.

3. Prevention of perinatal transmission

Perinatal transmission follows infection of women of childbearing age, usually through heterosexual spread. Pregnancy may accelerate the progression to AIDS in women already infected with HIV. In addition, approximately half of the infants born to HIV-infected women will be infected before, during, or shortly after birth.

4. Prevention of transmission from HIV-infected persons through use of therapeutic agents

Drugs may be discovered that can eliminate HIV or at least reduce the amount of HIV in the body. If such drugs were discovered and developed, the contagiousness of HIV-infected persons could be reduced or eliminated.

5. Prevention of HIV transmission through the development and delivery of vaccines

A vaccine capable of protecting against HIV infection would be the ideal prevention technology.

6. Reduction of impact of HIV infection on individuals, groups and societies

The psychological, family, economic, cultural, social and political impacts of HIV are enormous. Persons already HIV infected, with or currently free of clinical illness, must be assisted, along with their sexual partners, households, and others in their environment. The morbidity and mortality from HIV infection must be reduced.

IV Programme Organization

The Special Programme on AIDS (SPA) is attached directly to the Office of the Director-General. The overall structure of the Programme is reflected in Fig. 1, page 7. Annex IV provides a detailed list of functions for each organizational component and a description of the organizational bodies described below.

1. SPA's major components include:

National Programme Support

- To provide technical and financial support to Member States, in collaboration with Regional Offices, in the planning, design, implementation, strengthening, monitoring and evaluation of all components of national AIDS prevention and control programmes.

Health Promotion

- To develop, promote and assist in the design, implementation, monitoring, and evaluation of health promotion interventions which utilize behavioural change strategies and communication techniques.

Research and Development

- To coordinate, promote and support biomedical, epidemiological, social, behavioural and operational research and development.

Surveillance, Forecasting and Impact Assessment

- To promote, support and coordinate the data collection and analysis to describe current and predict future HIV infection trends, along with associated social, economic and demographic impacts and implications for intervention.

Administrative Services

- To provide technical services and administrative support to SPA.

2. Programme staff support

- Given the enormity and the urgency of the task, the staff structure needed for effective implementation of the Programme will be substantial. The projected needs are spelled out in sections V and VI.
- At WHO/HQ level the SPA Programme staff is already being organized into teams, one for each of the major Programme components. The type of expertise needed in these teams is reflected in the tentative organizational chart (Fig. 2). These teams will also be able to draw on expertise in other WHO Programmes for collaboration on issues within their respective areas.

- Given the technical complexity of the problem and the need to rapidly stimulate and support the national programmes there will be a need for WHO/SPA technical staff in a large number of participating countries and in all Regional Offices.
- A large pool of consultants with expertise and experience in all the relevant areas has already been identified, and this pool is constantly growing.

Fig. 1 Organizational Chart of the WHO Special Programme on AIDS

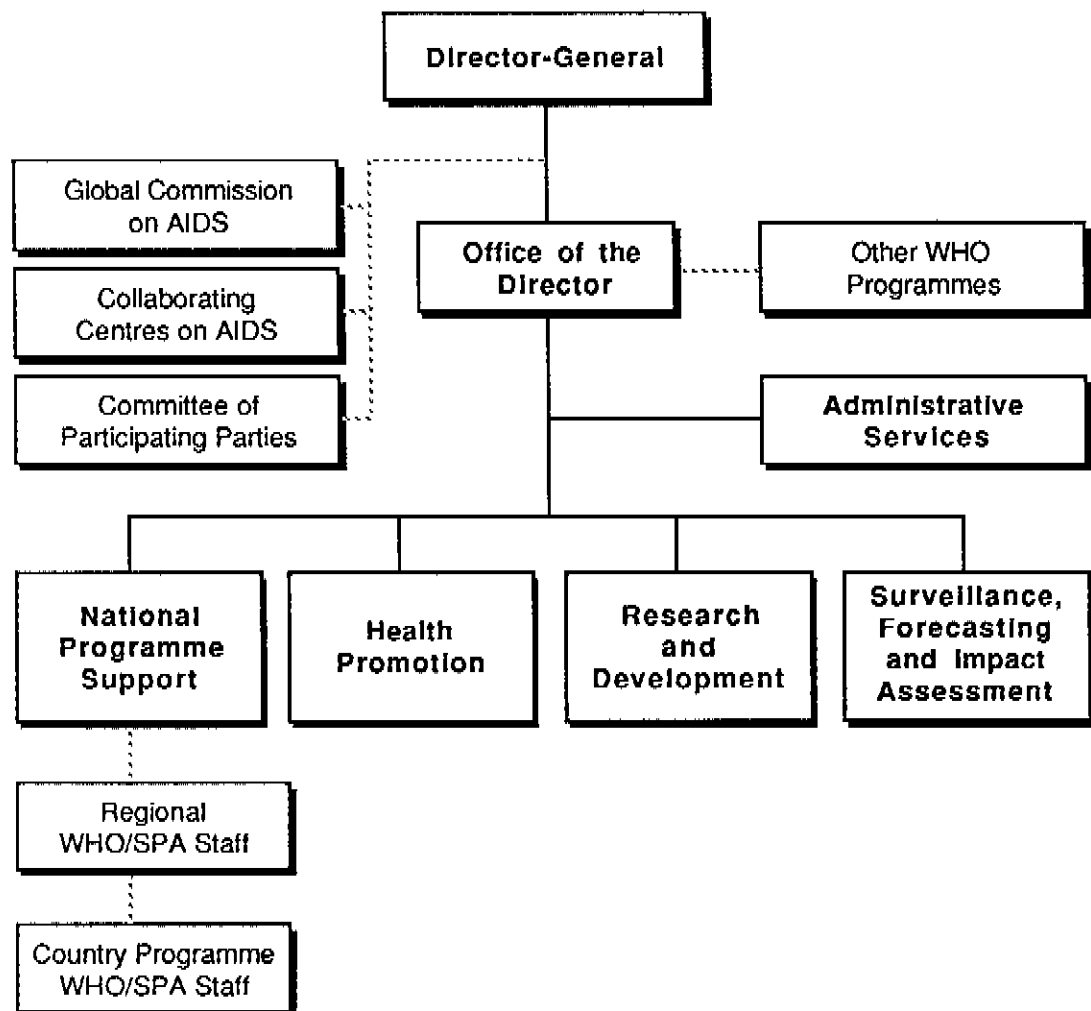
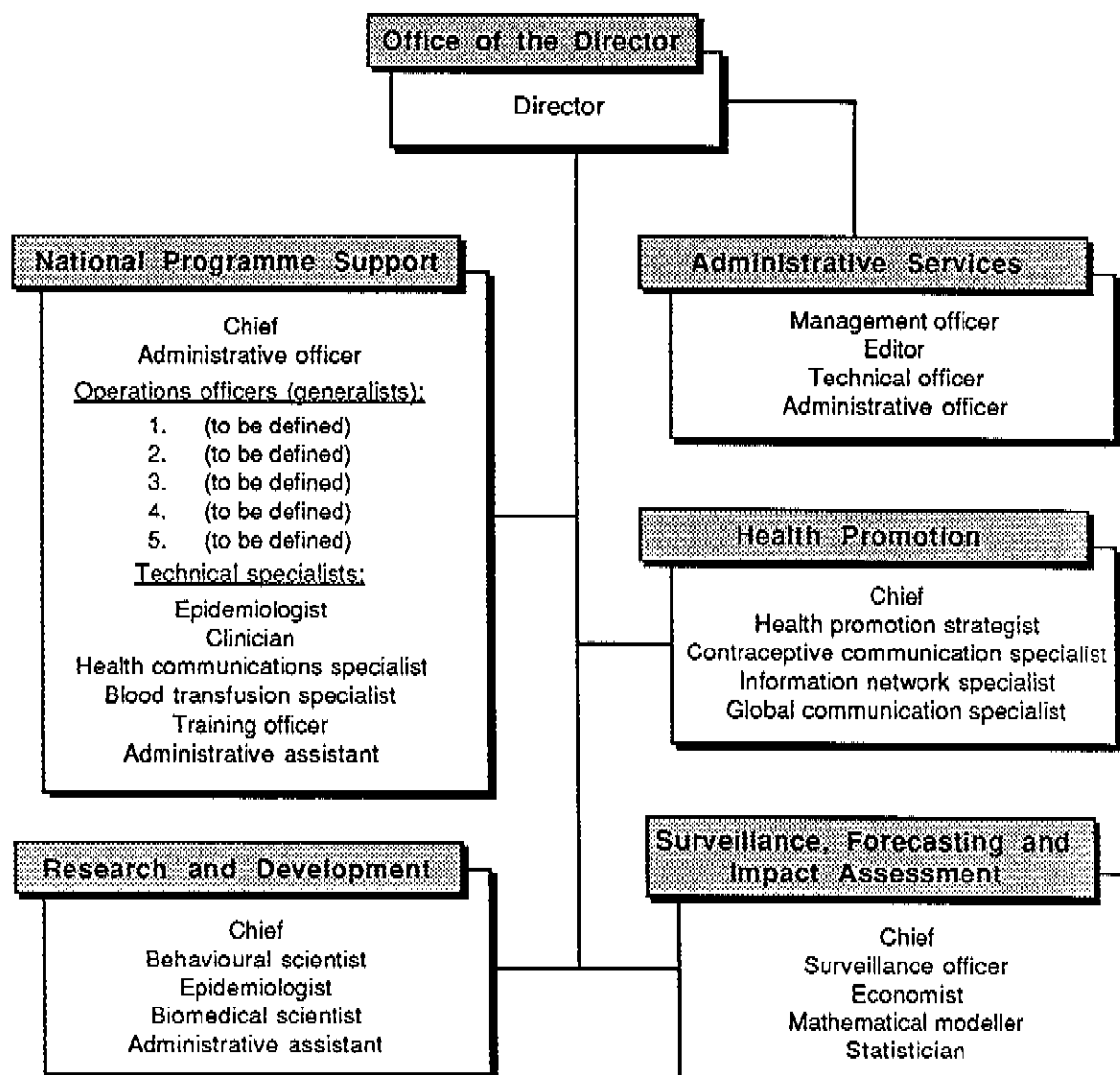


Fig. 2 Provisional Staffing Requirements for Optimal Programme Support at Headquarters



Secretarial staff for the Programme will be recruited on the basis of a 2:3 ratio.

3. In addition, three organizational bodies are proposed to provide additional review, support and guidance to SPA:

Global Commission on AIDS

- To review and interpret global trends and developments related to HIV; to review and evaluate, from a scientific, technical and operational standpoint, the content and scope of the Programme; to advise WHO regarding short, medium and long-term priorities in the research and operational components of the Programme.

Committee of Participating Parties

- To assist the Director-General by: (a) reviewing the progress, plans and budgetary projections of the Programme; (b) reviewing other aspects of the Programme, including ways in which its activities can be coordinated with other organizations and activities.

Collaborating Centres on AIDS

- To form part of an international network providing support services to the Programme.

V Proposal for 1987

A complete list of proposed activities by strategy for 1987 is included in Annex II and the performance indicators to be used by the Programme are listed in Annex III.

The WHO Special Programme on AIDS has two major tasks:

- to support and strengthen national AIDS programmes throughout the world;
- to provide global leadership, help ensure international collaboration, and pursue global activities of general value and importance.

1. National programme support

The national programme

Regardless of its current estimate of HIV activity, every country in the world needs a national AIDS programme. The components of a national AIDS programme have previously been outlined (AIDS/CPA/86.2), and include:

- national willingness to engage in a national AIDS programme;
- creation of a broadly representative national AIDS committee;
- initial epidemiological assessment to determine the extent of the HIV problem;
- initial resource assessment to determine the ability of the existing health system to support the national AIDS programme;
- establishment of AIDS surveillance and HIV serosurveillance;
- development of in-country laboratory capability to support epidemiological surveillance and clinical diagnostic work;
- strengthening of national health systems' capacity to recognize, diagnose and manage HIV infections and associated clinical manifestations;
- educational programmes and services for health care workers at all levels;
- prevention programmes directed towards prevention of:
 - sexual transmission
 - transmission through blood transfusion
 - transmission through blood products
 - transmission through injections and other skin-piercing instruments
 - transmission through organ and semen donation
 - perinatal transmission
 - programmes to reduce the individual, family and social impact of HIV infections

Experience and pragmatic concepts

During 1986, the Programme gained valuable experience through working with many Member States, United Nations and other international agencies and organizations, and other WHO Programmes, as well as through extensive discussions with scientists and scientific institutions.

Accordingly, in developing plans for 1987, WHO/SPA has taken the following pragmatic concepts into consideration

- (i) National willingness to initiate and support a national AIDS prevention and control programme varies greatly but may change rapidly. Accordingly, the number of countries wishing to collaborate actively with WHO and the scope of that collaboration will vary geographically and over time.
 - (ii) WHO must work actively to promote awareness of the need for national AIDS programmes in Member States, regardless of the apparent level of current HIV infection. Member States not yet experiencing or aware of significant HIV transmission must be supported as aggressively as Member States already experiencing epidemic HIV infection.
 - (iii) **To establish or strengthen national AIDS programmes, WHO/SPA must be prepared to support:**
 - a series of *urgent* actions;
 - *short-term* (first year) planning and actions;
 - *medium-term* (3-5 year) planning and support.
 - (iv) **AIDS prevention and control must be integrated into primary health care**, for example, through surveillance and laboratory infrastructure strengthening, integration into training programmes for health and other sectoral workers, involvement with programmes for family planning and sexually transmitted diseases, health promotion, EPI and primary medical care activities. However, the urgent and unprecedented nature of the HIV epidemic requires a strong initial focus and targeted commitment to AIDS prevention and control.
 - (v) Rapid scientific advances and changes in social attitudes towards AIDS (including country level of interest in AIDS prevention and control) mandate that SPA maintain an unusual degree of organizational and fiscal flexibility. Opportunities for effective national and international collaboration must be sought and exploited rapidly.
 - (vi) **SPA faces daunting technical, administrative (including personnel) and logistic challenges.** Innovative approaches will have to be developed, given the nature of the HIV problem, its inherent uncertainties and the urgency with which it must be addressed. SPA's ability to reach its goals will depend heavily upon successful resolution of many logistic and administrative challenges.
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Operational priorities

During 1987, SPA proposes to assist 50 Member States with *urgent* and *short-term* support.

Member States will be identified for priority action according to:

- national acceptance and awareness of the importance of AIDS and expressed commitment to create and maintain a national AIDS prevention and control programme;
- gravity of the HIV situation, based on available national data and knowledge of the regional epidemiological situation;
- potential for prevention of HIV infection (primary prevention) for large segments of national populations;
- the extent to which WHO's contribution will be essential in promoting national programme design and implementation;
- global representation, to ensure that all geographic areas may be assisted, including areas not yet faced with an HIV problem but with a need to develop the necessary alertness and prevention programmes;
- potential for evaluation of programme activities and impact on HIV transmission, in order to maximize knowledge gained from operational experience;
- ability and willingness of national authorities to utilize non-governmental organizations (NGOs) as well as a broad range of health, education and social service sectors as part of the AIDS prevention and control plan.

Collaboration with Member States in 1987 is divided into *urgent* actions which can be undertaken immediately and *short-term* support which requires development of a national plan for AIDS prevention and control. These activities represent the initial phases of SPA support to national programmes.

Urgent actions:

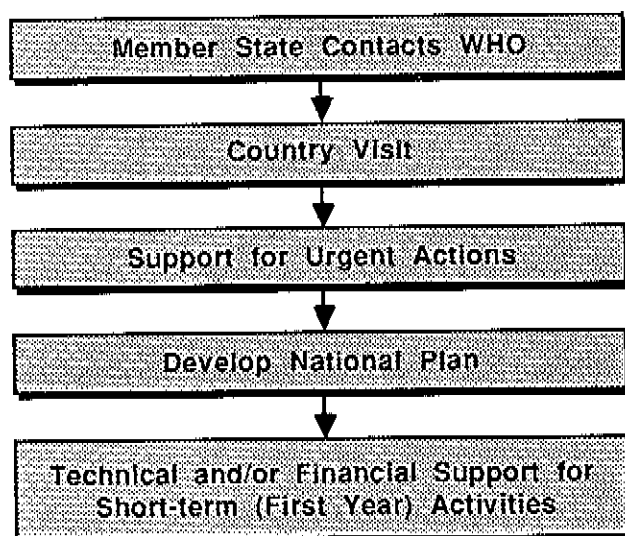
- confirm and reinforce political commitment for national AIDS programme;
- provide guidance on, and if necessary support for, establishment of national AIDS committee;
- identify and provide immediate technical and/or financial support in the following areas:
 - initial epidemiological assessment
 - initial resource assessment
 - strengthening and prompt implementation of existing programmes for education of health care workers
 - strengthening and prompt implementation of existing programmes for public education and information

Short-term support:

- assist in developing and strengthening the national plan for AIDS prevention and control;
- based on the national plan, provide technical and/or related financial support in the design and implementation of the following activities:
 - further epidemiological assessment
 - epidemiological surveillance
 - laboratory capability for diagnosis and support of epidemiological surveillance and studies
 - educational programmes for health care workers at all levels
 - prevention programmes:
 - . sexual transmission: public health communication programmes, including condom promotion and distribution
 - . blood: HIV screening for blood transfusions; programmes to ensure sterilization of needles, syringes and other skin-piercing instruments; programmes to prevent HIV transmission among intravenous drug users
 - programmes to reduce impact of established HIV infections:
 - . counselling programmes for HIV infected persons, their sexual partners, household members and other persons in their social environment
 - . educational programmes for health care workers
- identification and more extensive support of "model prevention programmes" at the national or local level will also be considered in the areas of public health communication, blood transfusion, injections/skin-piercing instruments, counselling and maternal and child health care.

The National Programme Support unit, in close association with regional offices, provides technical and related financial support to Member States. Collaboration with the national AIDS programme begins immediately following agreement between the Member State, the Regional Office, and SPA (often crystallized during a rapid on-site visit by SPA and/or Regional Office staff).

In summary, initial WHO action proceeds as outlined below:



Medium-term planning and support

The national plan also provides the basis for medium-term (3-5 year) strategies and activities. According to national capability and resource availability, the national AIDS programme will be supported to ensure:

- (i) **strengthening and consolidation of major Programme components:**
 - surveillance
 - laboratory support
 - education of health care workers
 - prevention programmes:
 - sexual, blood and perinatal transmission
 - reduction of impact of established infections
- (ii) **evaluation capability for major Programme components;**
- (iii) **extension and broadening of prevention programmes to include:**
 - integrated public health communication programme
 - effective linkages with all relevant primary health care sectors and NGO activities
- (iv) **development of methods to assess and monitor the economic and social impact of HIV;**

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- (v) **participation in regional and global AIDS prevention and control network**, to ensure collaboration, information exchange and full access to new data, strategies, materials and technology.

2. Global activity priorities

Through SPA, WHO will provide global leadership, help ensure international collaboration, and pursue global activities of general value and importance. Headquarters and Regional Offices will collaborate in developing strategies, materials and data for global use and regional adaptation.

1987 priorities include:

- (i) develop and disseminate global messages and prototype materials on AIDS and its prevention and control;
- (ii) develop and promote international consensus in the following areas:
- clinical trials for AIDS vaccine
 - therapeutic trials in international context
 - HIV and international travellers
 - HIV and employee health issues
 - HIV screening issues and programmes
 - exchange of scientific reagents (viruses and sera)
- (iii) establish active information exchange system to support Member States (Ministries of Health, national AIDS committees);
- (iv) epidemiology and impact assessment:
- expand international surveillance for AIDS and HIV infections
 - develop modelling capability to improve estimates and tools for national and international analysis of the HIV pandemic
 - promote international collaborative surveys of HIV infection
- (v) promote, coordinate and support research on:
- sexual behaviour, including condom use
 - operational aspects of HIV screening of blood
 - new HIV screening technologies
 - prevention of HIV infections among intravenous drug users
 - HIV epidemiology, modes of transmission, risk factors
 - counselling strategies
 - epidemiological modelling
 - methodology for assessment of social and economic impact of HIV
 - vaccines and therapeutic agents
 - health care and patient management issues
 - community knowledge and attitudes
- (vi) laboratory support for research and prevention:
- establish network ("banks") for storage and exchange of geographically and temporally representative retroviral isolates and reference sera
 - establish laboratory performance criteria for HIV screening tests in developing world, protocols for evaluation of new tests, and required serum panels
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- (vii) consolidate and publish guidelines and supporting materials:
- national plan development
 - initial epidemiological assessments
 - serosurvey methodology
 - educational strategies for prevention of sexual transmission of HIV
 - prevention of sexual transmission
 - medical assessment and follow-up of HIV seropositives in developing countries
 - counselling of HIV infected persons, their sexual partners, family and others
 - sterilization techniques vis-à-vis HIV
 - prevention of HIV transmission for health care workers at all levels
 - information/education of general public about AIDS and HIV
- (viii) organizational development:
- recruit core staff in Headquarters, Regional Offices and for assignment to Member States
 - develop organizational capability for:
 - identification and training of consultants
 - provision of immediate support to Member States, including HIV laboratory equipment and supplies and condoms
 - organize Global Commission on AIDS and Committee of Participating Parties
 - establish management information system
 - strengthen linkages within WHO and with UN agencies and other international agencies, including NGOs
 - fund-raising
 - establish public information system

3. Personnel and financial implications

Personnel requirements

SPA will immediately require professional staff at *headquarters, regional office* and *country* levels (see section IV, Figs. 1 and 2).

Headquarters staff

During the first year SPA estimates a need for 20 professionals to develop, implement and monitor national support and global activities. Support staff will be allocated according to a standard 2:3 support/professional ratio. Professional staff would include medical officers, epidemiologists, nurses, and experts in public health communications, health planning and administration, social science, laboratory and blood transfusion systems, and informatics. These staff needs have been temporarily and partly met through secondments from other WHO Programmes in order to launch activities while developing the infrastructure.

Regional Office staff

Regional Office capability to assist national programmes as well as headquarters in the design, implementation and evaluation of SPA activities must be strengthened. In 1987, SPA resources would support 16 professional positions in Regional Offices (1 to 4 in each Regional Office), including epidemiologists, laboratory specialists and public health communication specialists.

National staff

Following evaluation of national AIDS programme needs and discussions with Regional Offices, SPA will propose as required, assignment of one or more professional staff to assist national programme design, implementation and evaluation at the national level. WHO/SPA staff based in Member States could include: technical officers and/or epidemiologists, laboratory or public health communications specialists.

Financial implications

Key variables

SPA financial requirements for 1987 will depend upon:

- the number of countries in active collaboration with WHO: SPA estimates that approximately 50 Member States can be provided with technical and/or related financial support during 1987.
- specific situation in Member States requesting collaboration:
 - the extent of their urgent and short-term requirements
 - the availability of other (national, bilateral, NGO) support
 - the extent of national infrastructure

Experience thus far suggests that Member States will generally require between \$250 000 and \$500 000 (on average, \$375 000) for their first-year activities.

1987 Budget (in \$US)

National programme support	
50 member states x \$ 375 000	\$18.75 million
Staff assigned to Member States ¹	\$2.00 million
Staff assigned to Regional Offices	\$2.96 million
Subtotal	\$23.71 million
Global activities	
Priority activities	\$4.18 million
Staff in Headquarters	\$4.40 million
Subtotal	\$8.58 million
Indirect costs (13%)	\$4.82 million
Total 1987 budget	\$37.12 million

¹ All staff positions to be created during 1987 require a minimum of two year funding when established. Professional staff are budgeted at \$80,000 per annum and support staff are budgeted at \$20,000 per annum (regional and national-based positions) or \$40,000 per annum (headquarters-based positions).

VI Projected Programme Development and Needs: 1987 - 1991

1. Projections: the HIV pandemic

There is a pressing need for international collaborative seroepidemiology and for development and collection of epidemiological data throughout the world. While awaiting the findings and exchange of information from these studies, projections of HIV infection and associated morbidity and mortality during the next 5 years must be made with caution.

In particular, there are at present inescapable uncertainties regarding:

- progression and scope of HIV infection worldwide;
- medium and long-term outcome (natural history) for HIV-infected persons;
- progress towards development of vaccine and therapeutic agents;
- responses to prevention messages and extent of resulting sustained behavioural changes;
- social and political reactions to the HIV pandemic;
- emergence and spread of HIV-related retroviruses.

Nevertheless, for planning purposes, SPA has made the following assumptions for the period 1987-1991:

- HIV infection will continue to spread geographically and HIV prevalence will also increase in already affected areas;
 - 500 000 to 3 million new AIDS cases may occur during the period 1987-91 among persons already infected by HIV in 1986;
 - the majority of HIV-infected persons will develop AIDS, or HIV-associated diseases (including HIV neurological problems) during the 5 to 10 years after infection;
 - additional health problems, most probably including cancers and auto-immune diseases, will be recognized as complications of HIV infection;
 - worldwide, 50 to 100 million persons may be HIV infected by 1991;
 - the outcome of HIV infection may be improved by agents to reduce the rate of progression from infection to disease. nevertheless, the morbidity and mortality associated with HIV infection will continue to be important;
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- vaccine will not be available for use in large populations;
 - national AIDS prevention and control programmes will be created in most, if not all countries;
 - responses to prevention messages may be substantial, with some demonstrable changes in risk behaviours in many populations;
 - societal stresses associated with HIV infection and disease will increase dramatically, leading to strong social and political pressure for additional measures to prevent infection;
 - other pathogenic human retroviruses will be discovered, possibly in several areas of the world.

2. Special Programme on AIDS: 1987-1991

In response to the anticipated progression of the HIV pandemic and to unprecedented concern regarding HIV infection at national and international levels during 1987-1991, SPA must be prepared for substantially increased activity and additional roles and responsibilities.

The Special Programme on AIDS will provide global leadership in:

- developing and promoting strategies and models for long-term AIDS prevention and control;
- developing intensified surveillance, monitoring and trend assessment capabilities for the HIV pandemic and for its broad range of social, cultural and economic impacts;
- developing a global resource network to ensure sharing of data, experience and technologies;
- expansion of prevention and control strategies to include the broad category of pathogenic human retroviruses;
- developing global strategies and programmes for:
 - therapeutic agent development, distribution, delivery and evaluation
 - vaccine development, quality control, distribution, delivery and evaluation
- promoting effective and humane strategies for:
 - prevention of HIV transmission
 - management and care of HIV-infected persons
- promoting international exchange and collaboration, as well as support for, expanding areas of biomedical, epidemiological, economic, operational, and particularly social and behavioural research.

The Special Programme on AIDS will provide global leadership for a steadily enlarging consortium of assistance and development agencies, institutions and programmes, whose resources will be

marshalled in support of national AIDS prevention and control programmes.

- WHO will collaborate actively with over 100 national AIDS programmes, including:
 - ongoing technical support
 - ongoing operational support, including country-based staff
 - programme evaluation
- The nature and scope of SPA collaboration with Member States will vary considerably from country-to-country and over time.
- At a minimum, SPA can support Member States in the planning, monitoring and evaluation of their national AIDS programmes.
- SPA will identify, train and deploy large numbers of technical consultants and staff for national posts.

In order to fulfill these global and national support responsibilities, SPA will require substantial financial and personnel resources during the 1987-1991 period.

The following table gives an indication of the estimated resource needs¹ based on the above assumptions:

Year	Financial Resources ¹	Personnel		
	\$US	HQ	Regional Office	Member State
1987	37 m	20	12-16	10
1988	70 m	20-25	20	30
1989	150 m	25	20	50
1990	300 m	25-30	25	75
1991	650 m	30-35	25	100

¹ not including direct costs for medical diagnosis, treatment, or vaccine.

Overview of the HIV Pandemic

1. Introduction

The worldwide epidemic of human immunodeficiency virus (HIV) and related retroviruses is an international health problem of extraordinary scope and unprecedented urgency.

Magnitude of the epidemic

- The present magnitude of the HIV pandemic and its broad impact have been seriously underestimated and underappreciated.
- The HIV pandemic affects both industrialized and developing countries.
- While further global spread and increasing HIV infection are certain to occur, the evolution of the HIV pandemic cannot be accurately predicted at present.

Health Outcomes

- HIV infection is an adverse health outcome of profound importance for the individual, the family and society.
- HIV infections threaten the health gains that had been projected in the developing world.

Social Impact

- The personal, social and economic costs of the HIV pandemic are enormous.
- The HIV pandemic threatens development through its impact on 20 to 40 year olds and its effects on infant and maternal mortality.
- The social impact and societal stresses from the HIV pandemic are already extraordinary and will rapidly become increasingly profound.

Prevention and Control

- International and national HIV control will require long-term effort and commitment.
- Neither vaccine nor therapy for large populations is likely to become available for at least several years.

¹ The name "human immunodeficiency virus" has replaced the earlier names for the "AIDS virus", including "Lymphadenopathy-associated virus" and "Human T-lymphotropic virus type III". The related retroviruses include LAV-2, HTLV-4 and other recently recognized retroviruses infecting humans and which are related to HIV; in this document, "HIV" stands for all of these viruses. In addition, "AIDS" refers either to the specific clinical entity, "Acquired Immunodeficiency Syndrome", or, as in the Programme title, to represent the entire health problem associated with HIV infection.

- Education is the key to preventing further spread of HIV.
- HIV control must be part of primary health care.

HIV infection represents an unprecedented challenge; an unprecedented and coordinated global response to the pandemic is urgently required.

2. Trends

Numbers of reported cases of the Acquired Immunodeficiency Syndrome (AIDS) and countries reporting AIDS have increased dramatically. As of December 1982, 711 AIDS cases were reported to WHO from 16 countries; by 19 February 1987, 40 770 AIDS cases were reported from 91 countries representing all continents.

Continent	Number of Cases	Number of Countries
Africa	2 576	18
Americas	33 145	33
Asia	103	12
Europe	4 542	26
Oceania	404	2
Total	40 770	91

Reticence in reporting of cases from some areas, combined with under-recognition of AIDS and under-reporting to national health authorities, has meant that the number of reported AIDS cases represents only a fraction of the total cases to date; these are estimated to be in excess of 100 000. WHO considers the number of countries officially reporting cases to be more indicative of the geographical extent and more relevant to an assessment of the scope of the HIV pandemic than the number of reported cases. In addition, due to the long incubation period (up to six years or longer) from HIV infection to the development of clinical disease, the number of AIDS cases provides, at best, an inaccurate and at worst, a misleadingly optimistic view of the real extent and intensity of HIV infection.

WHO estimates that between 5 and 10 million persons are currently infected with HIV. In some areas of the world, 4-15 percent of healthy adults in the general population are already HIV-infected; up to 60-80 percent of persons in various high risk groups are HIV-infected.

3. Outcome of HIV infection

The fate of these HIV-infected persons remains unknown, as scientific knowledge about the natural history of HIV infection is limited to the 5-7 year observation period that has elapsed since AIDS was first described.

Three major HIV-associated outcomes have already been distinguished:

- AIDS
- AIDS-related illnesses
- HIV neurological disease

The eventual spectrum of HIV-associated diseases may be broad, including other potential consequences of immune dysfunction including cancers or autoimmune diseases.

During a five year period:

- 10 to 30 percent of all HIV-infected persons can be expected to develop AIDS;
- 20-50 percent will develop AIDS-related illnesses;
- the proportion of infected persons who will develop HIV neurological disease (particularly dementia) is unknown; however, an epidemic of progressive neurological disease among HIV-infected persons must be considered a realistic possibility.

Ultimately, the large majority of infected persons may suffer a severe adverse health outcome or death associated with HIV infection.

4. Epidemiology

Further spread of HIV is certain to occur, for several reasons:

- Persons with HIV are presumed to be infected for life; most will not develop any symptoms or evidence of illness for at least several years and will therefore be unaware of their infection, during which time they may transmit HIV to others.
- HIV is spread sexually (from any infected person to his or her sexual partner), as well as through blood (transfusions, injections, skin-piercing instruments) and from mother-to-child. This combination of modes of transmission means

that global spread is inevitable and that substantial segments of national populations may eventually be at some risk of exposure to HIV.

- HIV is already disseminated throughout the world, even though regional differences in current intensities of infection are quite important.

Finally, HIV may be the first of a series of retroviruses capable of infecting humans and producing immunosuppression. Recent recognition of additional pathogenic and immunosuppressive human retroviruses in West Africa and possible identification of an AIDS-like retrovirus in South America may herald the beginning of an even larger problem than the present HIV pandemic.

5. Vaccines and treatment

The prevention of HIV transmission would be facilitated by an effective vaccine capable of preventing infection, or a therapeutic agent able to reduce or eliminate the infectiousness of already infected persons. However, despite rapid advances in the early phases of vaccine development, a vaccine suitable for large-scale use is highly unlikely to become available prior to the mid-1990s. In addition, a vaccine has never been made against a human retrovirus and several retrovirologists have raised the possibility that vaccines currently under development may not be protective.

A recent clinical treatment trial among AIDS patients found that azidothymidine (AZT) prolonged life and was associated with clinical and immunological improvement. There were, however, side effects, including bone marrow suppression; longer-term benefits and risks of AZT treatment are currently unknown. AZT may nevertheless represent the first major step towards eventual development of safe and effective therapeutic agents. It is also possible that these agents could have a role in the treatment of asymptomatic HIV-infected persons, acting both to prevent progression to AIDS and reducing or eliminating their infectiousness.

Despite impressive technical and scientific advances, it is unlikely that either a vaccine or a treatment will become available to assist in controlling the pandemic of HIV infection during the next 5 years. The global progression of HIV mandates preventive action while waiting for technological (vaccine, treatment) advances. Therefore, at least during this initial period, prevention will rely primarily upon educational interventions designed to promote sustained behavioural changes.

6. Societal impact

The personal, social and economic costs of the HIV epidemic are enormous. Uncertainties regarding prognosis, along with fears and realities of exposure and ostracism may lead HIV-infected but asymptomatic persons to experience higher levels of stress than AIDS patients themselves. Family structure and function are threatened both by infection and the loss of mothers and fathers. The social and economic fabric is dramatically affected by the epidemic of illness and death

among productive 20-40 year olds, which is typical of AIDS epidemiology in industrialized and developing countries. The HIV epidemic among sexually active women in Africa threatens to reverse the trends of declining infant and child mortality achieved through the Child Survival initiatives. The economic costs of AIDS are enormous. For example, in the United States, the total annual cost of direct medical care for AIDS patients in 1991 is estimated to reach 16 billion dollars. The combined impact of the HIV pandemic, of AIDS, AIDS-related diseases and neurological disease upon health care, insurance and legal systems, economic and social development and indeed entire cultures and populations is already extraordinary and will become increasingly profound.

The depth and extent of personal and public reaction to AIDS throughout the world has been considerable. Fears of AIDS and stigmatization of different groups (homosexual men, haemophiliacs, Africans, westerners, female prostitutes) have become common phenomena. Individual, family, group and social tragedies are occurring regularly as a result of fears, most often unjustified, about HIV infection and its spread. However, this remarkable response has been generated by only 30,000 AIDS cases in the United States, 4,000 European cases, and relatively few reported cases in many other countries. The potential societal stresses resulting from the occurrence of 270,000 AIDS cases in the United States by 1991, 25,000 to 30,000 European AIDS cases by late 1988, and increasing case and infection rates worldwide may be correspondingly great. The WHO estimates of 50-100 million HIV-infected persons worldwide by 1991 will be conservative if HIV penetrates and spreads through South America and Asia.

7. Prevention and control

The magnitude of the HIV pandemic and its broad impact have been seriously underestimated and underappreciated. However, during the second half of 1986, a major shift of perspective and opinion regarding the HIV pandemic has occurred in many North American, European and African countries. For example in Australia, Brazil, France, Italy, The Netherlands, the Scandinavian countries, the United Kingdom and the United States, statements by prominent health officials and dramatically increased financial commitments for AIDS prevention programmes testify to a growing awareness of the scope of the HIV problem at national levels. In Africa, during a meeting on AIDS in Brazzaville in November 1986, representatives from 37 countries agreed that action to control the epidemic of AIDS in Africa had to be given the highest priority.

In May 1986, the 39th World Health Assembly approved the creation of an AIDS programme within WHO (WHA 39.29) In November 1986, the Director-General of the World Health Organization announced that in the same spirit and with the same dedication to global purpose with which WHO undertook smallpox eradication, WHO is now committed to the more urgent, difficult and complex challenge of global AIDS prevention and control.

Strategies and Associated Activities: 1987 - 1989

1. Prevent sexual transmission of HIV

WHO strategy: Collaborate with Member States to develop and strengthen health promotion approaches leading to sustained changes in sexual behaviour.

WHO activities:

- (1) Review current state of knowledge of risk factors related to sexual transmission to help define behavioural, operational and communication research issues.
- (2) Stimulate, support and coordinate studies to determine risk factors for sexual transmission of HIV.
- (3) Design and distribute generic models, prototype materials and guidelines for communication, education and community action programmes (in concert with activity 8, below).
- (4) Promote and support country-specific epidemiological, behavioural and audience research studies needed to develop communication, education and community action plans.
- (5) Provide technical consultation and financial support to strengthen, design, develop, implement and maintain communication, education and community action programmes for the general public, risk groups and other specific persons and groups.
- (6) Promote and support complementary plans with non-governmental organizations and the private sector.
- (7) Promote, coordinate and support the development, improvement and delivery of specific technologies (e.g., condoms and viricidal agents).
- (8) Develop, coordinate and support the monitoring, evaluation, and active exchange of communication, education and research strategies, models and prototype materials.
- (9) Design, develop and assist in the implementation of monitoring and evaluation systems at the country level, including analysis of recurrent costs.

2. Prevent HIV transmission through blood

Prevent HIV transmission through blood transfusions

WHO strategy: Collaborate with Member States to develop and strengthen (a) blood transfusion systems to ensure appropriate collection, screening and use of blood and (b) counselling and medical evaluation services (pre- and post-donation).

WHO activities:

- (1) Strengthen and develop blood transfusion systems to ensure appropriate collection, screening and use of blood:
 - develop generic guidelines and training materials;
 - survey national and institutional blood collection and transfusion systems;
 - develop and implement protocols to evaluate the need for HIV screening at institutional and national levels;
 - stimulate, coordinate and support the development, improvement and delivery of HIV laboratory screening techniques;
 - provide technical consultation to design, develop, strengthen and maintain blood transfusion systems and associated HIV screening;
 - coordinate and support the provision of required equipment, supplies, training and recurrent costs for blood transfusion systems and associated HIV screening;
 - coordinate and support operational research to delineate key logistic and economic issues;
 - develop model monitoring and evaluation systems, including analysis of recurrent costs.
- (2) Develop and strengthen counselling and medical evaluation services (pre- and post-donation):
 - assist in the design, implementation and evaluation of donor deferral and pre-donation identification and counselling methods;
 - develop guidelines and prototype materials for medical evaluation and counselling of seropositive donors.

Prevent HIV transmission through blood products

WHO strategy: Collaborate with Member States to ensure that blood products are produced in a manner which eliminates the risk of HIV transmission.

WHO activities:

- (1) Develop uniform scientific criteria and establish WHO standards for heat inactivation, chemical treatments and serological testing of blood products.
- (2) Develop guidelines to assist producing countries in ensuring that the blood used for the preparation of plasma derivatives is free of serological markers of HIV.
- (3) Review manufacturing protocols to assess conformity with WHO standards and provide guidance to importing countries.

Prevent HIV transmission through injections and use of other skin-piercing instruments

WHO strategy: Collaborate with Member States to ensure the use of sterile needles, syringes and other skin-piercing instruments.

WHO activities:

- (1) Stimulate, support and coordinate epidemiological studies to identify and quantify risk factors for HIV transmission among intravenous drug users and persons exposed through injections or other use of skin-piercing instruments.
- (2) Conduct surveys of injection and other skin-piercing practices in medical and other settings.
- (3) Stimulate, support and coordinate operational and behavioural research for programmes designed to limit unnecessary injections and promote use of sterile techniques for immunizations, injections and other use of skin-piercing instruments.
- (4) Develop generic guidelines and materials to assist countries in identifying and educating groups at risk of HIV exposure through injections and other use of skin-piercing instruments.
- (5) Develop generic guidelines and training materials directed to practitioners and others using needles and skin-piercing instruments.

¹ Special attention will be directed to collaboration with the EPI Programme and UNICEF regarding the safety of childhood immunizations.

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- (6) Provide technical consultation and financial support for local and national programmes designed to limit unnecessary injections and ensure sterile techniques for immunizations, injections and other use of skin-piercing instruments.
 - (7) Design, develop and assist in the implementation of monitoring and evaluation systems, including analysis of recurrent costs.

Prevent HIV transmission through organ and semen donation

WHO strategy: Collaborate with Member States regarding the development and implementation of practices and policies to prevent HIV transmission through organ and semen donation.

WHO activities:

- (1) Develop guidelines for organ and semen donation.
- (2) Monitor the occurrence of HIV infections associated with organ or semen donation.

3. Prevent perinatal transmission of HIV

WHO strategy: Collaborate with Member States in the development, implementation and evaluation of interventions to reduce perinatal HIV transmission.

WHO activities:

- (1) Stimulate, support and coordinate research to identify and quantify risk factors for and efficiency of perinatal transmission and to describe the natural history of maternal and fetal/infant infection.
 - (2) Develop consensus on current knowledge and research priorities and support behavioural and operational research relevant to strategies for prevention of perinatal transmission.
 - (3) Develop generic guidelines and prototype materials for communication, education and other approaches to the identification and counselling of HIV-infected women of childbearing age, for adaptation according to national policies and practices.
 - (4) Provide technical consultation and financial support to design, develop, strengthen and maintain local and national systems to reduce perinatal transmission.
 - (5) Design, develop and assist in the implementation of monitoring and evaluation systems.
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4. Prevent transmission from HIV-infected persons through use of therapeutic agents

WHO strategy: Collaborate with institutions and Member States to develop, test, produce and deliver therapeutic agents.

WHO activities:

- (1) Facilitate development of therapeutic agents by stimulating, supporting and coordinating meetings, research, exchange of information and other activities to identify and address scientific and technical issues.
- (2) Establish, coordinate and support mechanisms to promote international scientific collaboration and social and ethical acceptability in the design, implementation, monitoring and analysis of field trials.
- (3) Establish recommendations for the production and control of priority therapeutic agents.
- (4) Develop feasible approaches to the delivery of therapeutic agents.

5. Prevent HIV transmission through the development and delivery of vaccines

WHO strategy: Collaborate with institutions and Member States to develop, test, produce and deliver vaccines.

WHO activities:

- (1) Develop WHO-coordinated international bank for HIV and related retroviruses, serum, and related reagents.
 - (2) Facilitate development of vaccine by stimulating, supporting and coordinating research, meetings, exchange of information and other activities to identify and address scientific and technical issues.
 - (3) Establish, coordinate and support mechanisms to ensure international scientific collaboration and social and ethical acceptability in the design, implementation, monitoring and analysis of vaccine trials in humans.
 - (4) Establish recommendations for the production of and standards for vaccines.
 - (5) Develop feasible approaches to the delivery of vaccines.
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6. Reduce impact of HIV infection on individuals, groups and societies

WHO strategy: Collaborate with Member States to develop and implement policies and practices to reduce the impact of HIV infection on individuals, groups and society.

WHO activities:

- (1) Develop generic strategies and prototype materials for counselling of HIV-infected persons and their sexual partners, families and other relevant groups (e.g., schools, workplace).
- (2) Promote, coordinate and support research related to implementation and evaluation of counselling strategies.
- (3) Provide technical consultation and financial support for the development and strengthening of local and national programmes for medical management of, and psychosocial assistance to, HIV-infected persons.
- (4) Promote, coordinate and support research factors associated with expression of HIV disease in HIV-infected persons (co-factors).
- (5) Promote, coordinate and support research related to assessment of the economic and social impact of HIV.
- (6) Develop and implement strategies to assist Member States in reducing the economic and social impact of HIV.

Performance Indicators by Strategy

1. Prevent sexual transmission of HIV

- (1) Complete written review of risk factors for sexual transmission; define and prioritize communication, marketing and social science research areas; complete written reviews of background for these research areas.
- (2) Define epidemiological research agenda and set priorities; establish active information exchange on studies on risk factors for sexual transmission.
- (3) Develop and distribute recommendations for prevention of sexual transmission and associated generic information messages; review content of existing national materials and support materials improvement; fund local materials production and distribution; complete guidelines for development and implementation of communication and education interventions; produce and distribute guidelines (protocols) for targeted epidemiological, behavioural and marketing studies.
- (4) Commission field studies in 10 countries.
- (5) Conduct technical advisory missions to initiate interventions and planning process in at least 20 countries; assist 10 countries in initiating communication and education prevention interventions; support intercountry meetings on communication and education plans and programmes.
- (6) Develop collaborative projects with NGOs and the private sector in at least 10 countries.
- (7) Complete written reviews of condom and spermicide including: (a) efficacy vs HIV infection; (b) usage; (c) distribution; (d) manufacturing; (e) marketing issues; and (f) experience in sexually transmitted disease and family planning contexts; establish Consortium on Technologies to Prevent Sexual Transmission of HIV; organize international scientific meeting to review and evaluate effectiveness of currently available technologies in prevention of sexual transmission of HIV (late 1987); define research priorities and needs; develop global plan for increasing condom utilization addressing these research priorities and needs, including: (a) the estimation of current condom use and projected needs; and (b) establishment of consensus with manufacturers, scientists and distributors to determine how projected needs should be met; review standards for condom manufacturing; design and implement global condom promotion strategy, including global messages, prototype materials and condom distribution; develop and support national condom promotion strategies, including: (a) development of standard methodology (protocols) for assessment of condom use and practices; (b) support of 10 countries in conducting condom use assessment; (c) development of strategy for national

¹ Performance indicators are linked to "WHO Activities" listed in Annex II.

condom promotion; and (d) support of 30 countries in implementing national condom promotion strategy, including condom purchase and distribution.

- (8) Establish active interchange system for communication, education, and research strategies, models and materials.
- (9) Conduct technical advisory missions to initiate interventions and planning process in at least 20 countries.

2. Prevent HIV transmission through blood

Prevent HIV transmission through blood transfusions

Blood transfusion systems to ensure appropriate collection, screening and use of blood:

- (1) Publish and distribute guidelines on appropriate collection, screening and use of blood.
- (2) Finalize survey instrument; and assist 10 Member States in carrying out surveys.
- (3) Finalize and distribute evaluation protocol; and assist 30 Member States in implementation and analysis of evaluation protocol.
- (4) Determine optimal performance parameters for tests in developing countries; establish mechanisms and assess HIV laboratory screening methods; establish mechanisms for promotion and support of screening methods adapted to the developing world; establish panels of reference sera; establish centralized system for purchasing of HIV antibody screening tests.
- (5) Establish Consortium on Prevention of HIV Transmission through Blood Transfusions; develop consultant and technical resource base, including linkages with National Red Cross Societies and League of Red Cross and Red Crescent Societies; provide 40 Member States with technical consultation.
- (6) Provide equipment, supplies and other support in selected areas, as per 40 Member States identified above.
- (7) Finalize operational research protocols.

Develop and strengthen counselling and medical evaluation services (pre- and post-donation):

- (1) Assist 5 Member States in assessing pre-donation screening.
- (2) Publish and distribute standards and guidelines.

Prevent HIV transmission by blood products

- (1) Establish standards and criteria.
- (2) Issue guidelines.

Prevent HIV transmission through injections and use of other skin-piercing instruments

- (1) Complete written review of epidemiology of HIV transmission among intravenous drug users and persons exposed through injections or other use of skin-piercing instruments; establish consensus on epidemiological, behavioural and operational research agenda; written review of worldwide data on intravenous drug users; consultation to identify research issues in immunizations and HIV including risks of transmission by immunization and risks of live vaccines to HIV-infected persons; written review regarding injections (other than immunizations) and other skin-piercing instrument practices in Africa, South America, and Asia; consultation on injection use (other than immunizations) and research agenda; support serological surveys among intravenous drug users in 20 countries.
- (2) Develop methodology for surveys to describe and assess: (a) injection and other instrument exposures and practices (source(s) and numbers of injections; source(s) and numbers of exposure to other skin-piercing instruments; needle and instrument sterilization practices through observational studies); (b) hospital and clinic practices regarding needles and other instruments; (c) indications for injections by practitioners; and (d) consumer attitudes regarding injections; support surveys using standard methodologies as described above.
- (3) Coordinate and support behavioural and operational research on intravenous drug user identification and interventions to prevent HIV transmission; establish active information exchange on intravenous drug users and programmes for prevention of HIV transmission.
- (4) Prepare generic education guidelines and materials.
- (5) Complete written review on sterilization methods vis-à-vis HIV; promote and support studies to refine these methods, as needed; issue guidelines and training materials for health workers delivery immunizations and other injections following generic guidelines.
- (6) Support intervention programmes in 5 African, 2 South/central American and 2 Asian countries; assure the provision of adequate quantities of sterilization equipment for immunization devices; produce prototypes of self-destructible disposable injection equipment.
- (7) Review and strengthen existing monitoring practices; assist in monitoring intervention programmes.

Prevent HIV transmission through organ and semen donation

- (1) Develop and distribute guidelines.

3. Prevent perinatal transmission of HIV

- (1) Complete written review of existing data on perinatal transmission and natural history of HIV infection; identify research priorities; establish active information exchange on studies of perinatal transmission and natural history of HIV infection; convene consultation on perinatal transmission by breast milk.
- (2) Identify research needs.
- (3) Develop guidelines and prototype materials for counselling of HIV-infected women of childbearing age; develop guidelines for prevention of perinatal transmission at national level.
- (4) Conduct technical advisory missions to 10 countries; assist 5 countries in developing national systems.
- (5) Assess existing national surveillance systems for perinatal transmission in 5 countries identified.

4. Prevent transmission from HIV-infected persons through use of therapeutic agents

- (1) Convene meeting to review current activity and identify research priorities.
- (2) Establish mechanism.
- (3) Establish recommendations through above mechanism.

5. Prevent HIV transmission through the development and delivery of vaccines

- (1) Complete organizational and logistic arrangements for international virus, serum and reagent banks.
- (2) Establish working group on AIDS vaccines; convene meeting and establish priorities and implement plan; establish further committees and convene required seminars and meetings; deliver targeted communications to producers, producing countries and countries in which vaccines may be tested.

6. Reduce impact of HIV infection on individuals, groups and societies

- (1) Publish and distribute generic guidelines and prototype materials.
- (2) Identify research priorities; support research in priority areas.
- (3) Assist programmes in 5 countries.
- (4) Convene meeting to review existing data and identify research priorities.

7. Other activities

- (1) National programme support including development of initial assessment guidelines; epidemiological assessments in 30 countries; development of national plan guidelines; review, strengthening and development of national plans in 50 countries; establishment of surveillance systems in 20 countries; review, strengthening and development of in-country laboratory capability (ELISA) in 20 countries; review, strengthening and support of education and training of health care workers.
 - (2) International travel including review of international travel issues, including tourists, students, long-term visitors, and sexual tourism; consultations (3) on international travel issues; development and dissemination of generic prevention messages for international travellers; establishment of active information interchange on policies and practices affecting international travel.
 - (3) Meetings including Global Commission on AIDS (2 in 1987); Committee of Participating Partners (1 in 1987); Network of Collaborating Centres (1 in 1987); Regional Meetings (7 in 1987); Support of travel to designated international meetings; Physician education exchange (Asia, South America, Middle East).
 - (4) Information exchange including reprint, library and reference service; information targeted to MOH, Regions, WRs; National AIDS Committee Network; NGO Network; National Education Ministry Network.
 - (5) Public information including production and dissemination of global informational materials including pamphlets, brochures and audiovisuals; production of film on AIDS in Africa; production and distribution of media kit; seminars for public information staff and media.
 - (6) Fund-raising and special events including organization of fund-raising among foundations and other NGOs; organization of special event(s) for awareness, informational and fund-raising purposes.
 - (7) Epidemiological surveillance, modelling and forecasting including collection and dissemination of surveillance data, including case reports and results of seroprevalence surveys and studies; development of epidemiological model; field test model in 5 countries; identification of key realizable data needs for
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model improvement; support of epidemiological and other studies to address data needs identified above; development of simplified model for interactive planning at national level.

- (8) Impact assessment including establishment of areas of research and concern (methodology and approaches); written reviews of available information in these areas; support of research protocols; coordination of meeting on social and ethical impact of AIDS, including historical aspects.
- (9) Employee health including review of existing policies and issues; consultation on employee health issues.
- (10) Consultant identification and orientation including identification of all relevant areas and issues; preparation of orientation programmes.
- (11) Health worker education liaison including survey of relevant curricula practices and needs; development of modules to meet needs; support of development and dissemination of health worker material through NGOs.
- (12) Programme STCs for country assignments.
- (13) Other support services including informatics, translation, staff training and development.
- (14) Regional activities including support of 1-4 staff persons for each region.

Focus and Functions of Organizational Components

1. National programme support

Focus: To provide technical assistance and financial support to Member States in the planning, design, implementation, strengthening, monitoring and evaluation of all components of national AIDS programmes.

Functions:

- (1) Develop generic guidelines, for national and local adaptation, on the prevention and control of HIV infection.
- (2) Develop generic guidelines for, and assist in the development of, national AIDS programme plans.
- (3) Provide technical, financial and operational support to develop, strengthen and maintain:
 - national AIDS committees, task forces and other planning and coordinating bodies and mechanisms;
 - national epidemiological assessment and surveillance of AIDS;
 - national assessment of human and technical resources currently and potentially available to the AIDS programme;
 - laboratory diagnostic capabilities, including equipment, supplies, training and meeting of recurrent costs;
 - education and training of health workers at all levels;
 - programmes for counselling of HIV-infected persons;
 - programmes for medical management and psychosocial assistance to HIV-infected persons;
 - targeted communication and education interventions for risk groups and the general public;
 - national systems for procurement and distribution of technologies to prevent HIV transmission;
 - blood screening, collection and transfusion systems;
 - evaluation of blood donor referral mechanisms and appropriate donor counselling techniques;

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- systems to ensure appropriate use of injection equipment and other skin-piercing instruments, including educational strategies directed towards practitioners, high risk groups and the general public;
 - monitoring, training, supervision and counselling mechanisms for reduction of perinatal HIV transmission;
 - monitoring and evaluation systems for tracking progress of prevention and control activities, including analysis of recurrent costs, and information exchange systems on those activities.

2. Health promotion

Focus: To develop, promote and assist in the design, implementation, monitoring, and evaluation of health promotion interventions which utilize behavioural change strategies and communication techniques.

Functions:

- (1) Establish guidelines for health promotion interventions at global, regional and national levels.
 - (2) Design, develop, support and coordinate targeted communication, social science and audience research.
 - (3) Design, field test and refine generic models of communication and education systems, strategies, methods and materials.
 - (4) Design, field test and refine modifications to assure consumer adoption of technologies to prevent HIV transmission, including condoms and viricidal agents.
 - (5) Design and implement global communication and education strategies and materials.
 - (6) Design and conduct in-service training for global programme staff in communication and education strategies and processes.
 - (7) Monitor and evaluate the effectiveness of ongoing behaviour change, communication and education activities; and revise strategies, methods and materials accordingly.
 - (8) Identify and coordinate experts relevant to communications strategies including experts in social sciences, social marketing, health education and advertising.
 - (9) Develop, coordinate and support the monitoring, evaluation, and active exchange of communication, education and research strategies, models and prototype materials.
 - (10) Develop generic strategies and prototype materials for counselling of HIV-infected persons and their sexual partners, families, and other relevant groups.
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3. Research and development

Focus: To coordinate, promote and support biomedical, epidemiological, social, behavioural and operational research and development.

Functions:

- (1) Establish, support and coordinate mechanisms that will ensure international scientific collaboration and social and ethical acceptability in the design, implementation, monitoring and analysis of:
 - vaccine trials in humans;
 - therapeutic agent field trials.
 - (2) Stimulate, support and coordinate research to:
 - determine the nature, extent, risk factors and efficiency of all modes of HIV transmission;
 - describe the natural history of HIV infection, especially among mothers, infants and children;
 - develop and assess case definitions for AIDS and HIV-associated conditions;
 - improve medical management of HIV-infected persons;
 - develop and evaluate counselling strategies;
 - determine co-factors for expression of HIV disease;
 - evaluate the epidemiology and natural history of HIV-associated neurological disease;
 - identify and evaluate other, as yet unreported health consequences of HIV infection.
 - (3) Assess, stimulate, coordinate and/or support the development and improvement of:
 - HIV laboratory screening techniques;
 - technologies, including condoms, viricidal agents, and single-use syringes, designed to prevent HIV transmission.
 - (4) Assess the current state-of-knowledge and support new social, behavioural and operational research relevant to:
 - all risk factors and their relative importance in HIV transmission;
 - sexual transmission of HIV and the development of appropriate health promotion and product strategies;
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- blood collection, screening and transfusions systems;
 - injection and other skin-piercing practices in medical and non-medical settings;
 - health-care and behavioural practices related to perinatal HIV transmission;
 - counselling strategies and programmes.
- (5) Develop a WHO-coordinated bank for HIV and related retroviruses, serum, and related reagents.
 - (6) Develop recommendations for the production of, and standards for, vaccines and priority therapeutic agents.
 - (7) Develop scientific criteria and standards for heat inactivation, chemical treatment, and serological testing of blood products.
 - (8) Review manufacturing protocols for blood products according to WHO standards, and provide guidance to importing countries.

4. Surveillance, forecasting, and impact assessment

Focus: To promote, support and coordinate the data collection and analysis designed to describe current and future HIV infection trends, their social, economic and demographic impacts, and implications for interventions.

Functions:

- (1) Maintain a global epidemiological surveillance system for HIV infection and associated morbidity and mortality.
 - (2) Stimulate, coordinate and support the design, implementation and analysis of surveys and other studies of the social, economic and demographic impact of HIV infection.
 - (3) Stimulate, coordinate and support development and use of mathematical models for prediction of spread of HIV infection, and associated social, economic and demographic impact.
 - (4) Incorporate model-derived information to evaluate and refine strategies for limiting spread and impact of HIV infection.
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5. Administrative services

Focus: To provide technical services and administrative support to the Programme.

Functions:

- (1) Develop, coordinate and implement the active exchange of targeted technical information with Member States, donor agencies, collaborating centres, other organizations, and selected target groups.
- (2) Prepare general information articles for publication and dissemination, including press statements.
- (3) Prepare routine and special reports to meet the requirements of the Organization, donor agencies and other institutions.
- (4) Establish and maintain administrative linkages and arrangements with donor agencies, international organizations, and NGOs.
- (5) Provide editorial services in the preparation of organizational documents, scientific papers and reports.
- (6) Provide administrative support in management, contractual, financial, logistical and informatic activities.
- (7) Provide support in the organization of technical and management meetings.
- (8) Provide administrative support to the Global Commission on AIDS, the Committee of Participating Parties, the Network of Collaborating Centres and special working groups and committees.

6. Global Commission on AIDS

Proposed terms of reference

- (1) Review and interpret global trends and developments related to HIV.
- (2) Review and evaluate, from a scientific, technical and operational standpoint, the content and scope of the Programme.
- (3) Advise WHO regarding short, medium and long term priorities in the research and operational components of the Programme.

Proposed composition

- (1) 20 members, to include representative(s) from:
 - social science
 - epidemiology

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- public health education and communication
 - biomedical science
 - social and economic development
 - administration and management
- (2) Constituted by the WHO Director-General, who also appoints members taking into account suggestions from the Network of Collaborating Centres and the Committee of Participating Parties. In the selection of the members, due consideration will be given to attaining an optimum diversification and balance of personal experience, professional background and international standing.
 - (3) Terms of service: 3 years, except that one third of initial membership to serve 2 years, and the remaining two-thirds to serve three years. Reappointment for additional terms would be possible.
 - (4) Meetings to be held at least annually.

7. Committee of Participating Parties

Proposed terms of reference

To assist the Director-General by:

- (1) reviewing the progress, plans and budgetary projections of the Programme.
- (2) reviewing other aspects of the Programme, as desired, including ways in which its activities can be coordinated with other organizations and activities.

Proposed composition

Under active consideration.

8. Network of collaborating centres on AIDS

Terms of reference

- (1) A WHO Collaborating Centre on AIDS will be designated by the Director-General to form part of an international collaborative network providing support services to the Programme.
 - (2) Criteria for selecting institutions and the methods used to designate these as WHO Collaborating Centres on AIDS will be based on the procedures outlined in the WHO Manual (XV.2.70-280).
 - (3) Although the functions of each collaborating centre may vary, most thus far
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designated have included:

- assisting Member States in initial studies/surveys on AIDS and HIV infection;
- assisting Member States in developing laboratory capabilities by providing technical expertise, training, and proficiency testing;
- performing confirmatory serological testing;
- conducting quality control for national reference laboratories;
- providing reference material and reagents;
- assisting in the dissemination of technical information.

Composition

- (1) Current total of 27 Collaborating Centres.
- (2) Proposed expansion:
 - geographical: to include additional centres in Africa, South/Central America and Asia;
 - areas of primary focus to include centres with special expertise in behavioural, social, economic, communications and other aspects of prevention and control useful to the Programme.
- (3) Meetings to be held at least annually.

List of existing collaborating centres

The following centres are already designated or are in the process of being designated:

African region

Institut Pasteur, Boîte postale 923, Bangui, Central African Republic

Region of the Americas

Department of Cancer Biology, Harvard School of Public Health, 665 Huntington Avenue, Boston, Massachusetts 02115, USA

Laboratory Centre for Disease Control, Tunney's Pasture, Ottawa, Ontario, Canada K1A 0L2

AIDS Program, Center for Infectious Diseases, Centers for Disease Control, Atlanta, Georgia 30333, USA

National Institutes of Health, Building 1, Room 111, Bethesda, Maryland 20205, USA

Fundação Oswaldo Cruz, Avenida Brasil 4365, Caixa Postal 926, 21040 Rio de Janeiro, Brasil

Center for Drugs and Biologics, Food and Drug Administration, 5600 Fishers Lane, Rockville, Maryland 20857, USA

South-East Asia region

National Institute of Virology, 20A Dr Ambedkar Rd, 411001 Pune, India

Faculty of Medicine, Department of Microbiology, Siriraj Hospital, Mahidol University, Bangkok, Thailand

European region

Institut de Médecine et d'Epidémiologie africaine et tropicales, Hôpital Claude Bernard, 10, Avenue de la Porte d'Aubervilliers, F-75944 Paris Cedex 19, France

Collaborating Centres on AIDS of the Federal Republic of Germany¹

- Department of Hygiene and Medical Microbiology, Max von Pettenkofer Institute, Pettenkoferstr. 9A, 8000 Munich 2
- Institut für Klinische und Experimentelle Virologie der FU, Berlin
- Robert-Koch Institut des Bundesgesundheitsamtes, Berlin
- Paul-Ehrlich-Institut, Frankfurt

¹ Included under umbrella designation.

National Institute of Hygiene, Gyali ut. 2-6, 1097 Budapest, Hungary

Central Public Health Laboratory, 61 Colindale Avenue,
London NW9 5HT, UK

National Bacteriological Laboratory, 10521 Stockholm, Sweden

Unité d'Oncologie virale, Institut Pasteur, 28, rue du Docteur Roux, F-75724 Paris
Cedex 15, France

Centro Nacional de Microbiología, Virología e Inmunología Sanitarias,
Majadahonda, Madrid, Spain

National Reference Centre for AIDS, Athens School of Hygiene, Athens, Greece

Institut de Médecine Tropicale "Prince Léopold", Nationalestraat 155, B-2000
Antwerp, Belgium

Department of Virology, Istituto Superiore di Sanità, Laboratorio di Virologia, Viale
Regina Elena 299, 00161 Rome-Nomentano, Italy

National Institute for Biological Standards and Control, Hampstead, London NW3
6RB, UK

Vaerstypelab Rigshospitalet, Tagensvej 20, 2700 Copenhagen N, Denmark

D.I. Ivanovsky Institute of Virology, 16, Gamaleya Street, 123098 Moscow, USSR

Eastern Mediterranean region

Faculty of Medicine, Kuwait University, Kuwait

National Institute of Health, Islamabad, Pakistan

Western Pacific region

National AIDS Reference Laboratory, Fairfield Hospital, Yarra Bend Road,
Fairfield, Victoria 3078, Australia

Institute for Virus Research, Kyoto University, Sakyo-ku, Kyoto 606, Japan

Department of Pathology, Singapore General Hospital, Singapore