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SPECIAL
PROGRAMME
ON AIDS

REPORT OF THE
THIRD MEETING OF
PARTICIPATING PARTIES

GENEVA
27-28 APRIL 1987



WORLD
HEALTH
ORGANIZATION

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Introduction and opening of the meeting

The Third Meeting of Participating Parties for the Prevention and Control of Acquired Immunodeficiency Syndrome (AIDS) was convened at the headquarters of the World Health Organization (WHO), Geneva from 27-28 April 1987. Eighty-two representatives from 31 Member States, organizations and specialized agencies of the United Nations, intergovernmental organizations, nongovernmental organizations, foundations and other institutions attended the meeting. A list of participants is attached as Annex IV.

The objectives of the meeting were to review: (a) the progress of the WHO Special Programme on AIDS and (b) plans and projected needs, in terms of manpower and financing, for the implementation of the WHO global strategy for the prevention and control¹ of AIDS. The agenda of the meeting is attached as Annex I.

The meeting was opened by Dr H. Mahler, Director-General of WHO, who described the evolution in the perspective on AIDS that had occurred since the second meeting of Participating Parties held in June 1986². In November 1986, WHO's commitment to global AIDS control had been broadened and intensified. Recognition of the social, demographic, economic and political implications of AIDS had led to urgent and unprecedented action to establish a "critical mass" of personnel in the AIDS unit. This was initially accomplished by marshalling resources from within WHO. Following endorsement of the global strategy — and of the proposed organizational structure for its implementation — by the Executive Board, the Special Programme on AIDS (SPA) had become operational on 1 February 1987 under the direct supervision of the Office of the Director-General.

Dr J. Sepulveda (Mexico) and Mrs B. Kelly (United Kingdom of Great Britain and Northern Ireland) were elected chairperson for the first and second day of the meeting, respectively.

¹ WHO/SPA/GEN/87.1

² AIDS/CPA/86.3

Overview of the AIDS pandemic

Dr Jonathan Mann, Director of the Special Programme on AIDS, presented a brief overview of the pandemic of human immunodeficiency virus (HIV) infection. This global overview was supplemented by individual presentations of the national epidemiological situation by the representatives from Australia, Kenya, Mexico, Thailand, Uganda and the United States of America.

Describing the extraordinary scope of this urgent health problem affecting both industrialized and developing countries, the Director of the Special Programme said that numbers of reported cases of AIDS and of countries reporting AIDS had increased dramatically. As of 27 April 1987, 46 628 AIDS cases had been reported to WHO by 101 countries out of a total of 130 countries reporting to the Organization on AIDS. However, the number of cases reported did not reflect the actual situation: cases of AIDS worldwide were estimated to be in excess of 100 000 and the number of countries reporting was more indicative of the geographic extent of the problem.

In North and South America, Europe and Australia, most AIDS cases were occurring among young (20-49-year old) homosexual or bisexual men and intravenous drug users. However, the estimated proportion of cases of AIDS acquired through heterosexual contact had increased from 1% to approximately 4%. The United States Public Health Service had estimated that, by 1991, 270 000 cases of AIDS would have occurred in the USA. This figure was eight times greater than the total number of cases of AIDS (approximately 33 000) that had occurred since the beginning of the epidemic.

In Europe most countries were considered to be facing an epidemic situation, with an estimated 500 000 to one million persons infected with HIV throughout the continent. The highest rates (cases of AIDS per million population) had been reported from: Switzerland (30.1); Denmark (25.6); France (22.3); and Belgium (20.9). On the basis of current trends, between 25 000 and 30 000 cases of AIDS were expected to have occurred in Europe by the end of 1988.

The number of African countries reporting on AIDS to WHO had increased substantially. Transmission occurred in the same manner as in other parts of the world (sexual, parenteral, perinatal). Heterosexual transmission in both directions (male to female, female to male) was the major source of HIV infection. Also important was parenteral transmission (transmission from blood transfusions and injections with non-sterile equipment). Perinatal transmission (from mother to child) was a significant source of transmission especially in areas where 5-10% of pregnant women had been recorded as HIV seropositive.

There was no evidence of transmission through casual contact (including within households), and there was considerable evidence against the hypothesis of insect vector transmission of the disease. While the exact number of HIV-infected persons or AIDS cases in Africa was not known, an estimate of one million infected persons — with an extrapolated annual rate of 10 000 AIDS cases — had been advanced; this was, however, considered to be a minimum by some scientific observers.

Relatively few AIDS cases had been reported in Asia, and most of those confirmed had been associated with exposure to blood products or persons of western origin. Although there was evidence of local HIV transmission, studies suggested that, so far, HIV had not spread far into the general population.

Earlier estimates of the rates of progression of HIV infection, without symptoms, to AIDS and other AIDS-related syndromes had been revised and increased. On the basis of current information it appeared that 10% to 30% of HIV-infected persons would develop AIDS, and an additional 25% to 50%

would develop AIDS-related syndromes during a five-year period. The annual risk of progressing from HIV-infection without symptoms to AIDS appeared to increase with time (i.e., the risk during the fifth year of infection appeared greater than the risk during the second year). Available data suggested that the majority of HIV-infected persons might develop AIDS during the first 10 years after HIV infection and that the remainder might have AIDS-related syndromes.

The AIDS virus also affected the nervous system, both central and peripheral. Approximately one-third of AIDS patients had clinical neurological disorders attributable to HIV infection. These included progressive dementia, aseptic meningitis, encephalitis and peripheral neuropathy.

Based on studies of the natural history of HIV infection, extrapolations from the present to the future suggested that if 5-10 million persons were currently HIV-infected, and assuming that 10 to 30 per cent of these persons would develop AIDS during the next five years, then from 500 000 to 3 million new AIDS cases would emerge from persons already infected with HIV. Compared with the number of AIDS cases reported so far, a more than ten-fold increase in AIDS cases could be anticipated during the next five years.

The Global Strategy

The Director of the Special Programme informed the meeting that the action of WHO was guided by the concept that only a worldwide effort could stop AIDS. The global strategy for AIDS control was based on a combination of aggressive national programmes and international leadership, collaboration and cooperation. The spread of AIDS would be controlled by attacking every mode of transmission in every country, using every scientific and educational tool. The implementation of national programmes was the highest initial priority: each national programme not only attacked AIDS in that particular country but also contributed to global control.

Thus the Special Programme on AIDS had 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.

The WHO Special Programme on AIDS

The Director presented the structure of the Special programme and the functions of the main organizational components: National programme support; Health promotion; Research and development; Surveillance, forecasting and impact assessment; and Administrative services. By April 1987 the first 19 positions had been established; positions were also being established at regional offices and at the national level.

In a detailed presentation, Dr Mann described the activities that had been undertaken by the programme from June 1986 to April 1987. These activities are summarized in the *Special Programme on AIDS Progress Report No. 1* (WHO/SPA/GEN/87.2).

Discussions

Participants commended WHO's rapid and dynamic response to this unprecedented and urgent health problem. The importance of WHO's leadership of the worldwide effort to prevent and control AIDS was strongly emphasized and participants indicated their full backing and support for the WHO Global Strategy.

The importance of WHO's role in supporting national programmes was emphasized. In this regard attention was drawn to the critical situation facing many developing countries where serious health problems, such as malaria, had been compounded by the onset of AIDS. The already insufficient health budget of such countries could not support the additional costs involved in the care of patients with AIDS. These countries were thus heavily dependent on the support that WHO could mobilize on their behalf.

Participants welcomed the practical approach of "learning by doing", followed in providing support to national programmes, and endorsed the use of short- and medium-term plans. WHO was requested to rapidly make available to the participating parties full information concerning progress in the development of national programmes.

WHO's role in coordinating both resources and international activities was considered to be vital to the success of the global effort. In this respect participants expressed particular concern regarding the need for effective coordination of support to national AIDS programmes. It was suggested that WHO prepare proposals for coordination of national and global AIDS activities for consideration by the participating parties before the end of the year.

Financial needs and projections

WHO provided an overview of the financial status of the Special Programme on AIDS as of 31 March 1987 (Annex II). A breakdown of the estimated requirements for global activities and national programme support for 1987 is provided in Annex III.

Preliminary estimates of budgetary needs for 1988 totalled US\$ 62.7 million, including US\$ 17.9 million for global activities, US\$ 37.6 million for support to national programmes and US\$ 7.2 million for overall programme support costs.

A number of participants confirmed existing pledges or gave tentative indications of the level of support that their governments were ready to provide to the global effort; more precise information would be provided in due course. From this discussion it appeared that the total funds that could be expected for 1987 would amount to approximately US\$ 39 million.

Conclusion

Following extensive discussion, the meeting participants adopted the following consensus statement:

The Third Meeting of Participating Parties for the prevention and control of AIDS, meeting in Geneva on 27-28 April 1987,

1. acknowledges that the AIDS pandemic is an international public health problem of extraordinary scope and urgency, which requires urgent international action;
2. compliments the Director-General for the World Health Organization's (WHO) dynamic response to the global AIDS emergency and strongly endorses the WHO global strategy for AIDS prevention and control;
3. strongly recommends that the World Health Organization assume a global leadership role and responsibility for mobilizing and coordinating international initiatives and resources for global AIDS prevention, control and research and acknowledges the WHO Special Programme on AIDS as the focal point for international action in support of these activities;
4. recommends and endorses strongly that WHO assert the international leadership and coordinating role in support of national AIDS programmes;
5. recommends strongly that countries establish, strengthen and implement national programmes for the prevention and control of AIDS in accordance with the WHO global strategy; and urges WHO to strengthen its capacity to support countries in this task;
6. encouraged by the increasing and substantial financial support to the WHO Special Programme on AIDS from donors, urges prospective multilateral, bilateral and other donors to provide assistance in conformity with these national AIDS programmes;
7. further urges WHO, in association with the national governments concerned, to disseminate information on these programmes;
8. recommends that the WHO Special Programme on AIDS immediately support countries in the coordination and implementation of existing national AIDS programmes and give urgent attention to the development of suitable guidelines for further coordination and cooperation; these guidelines should form an integral part of future national AIDS programmes;
9. requests the WHO Special Programme on AIDS to develop specific proposals for comprehensive coordination of national and global AIDS activities in consultation with interested parties; and to submit a report on this to the next meeting of participating parties;
10. recommends that the Special Programme on AIDS organize a meeting as soon as possible of a group of participating parties for the specific purpose of reviewing these proposals for coordination of national and global AIDS activities. In addition, it recommends that the Special Programme on AIDS organize a Meeting of Participating Parties to take place in December 1987;
11. respectfully requests that this statement be brought to the attention of the Fortieth World Health Assembly for adoption of a resolution of that body.

Annex I

Third Meeting of Participating Parties for the prevention and control of AIDS
Geneva, 27—28 April 1987

Agenda

1. Opening of the meeting
2. Overview of the AIDS pandemic
3. Selected national reports
4. The WHO Special Programme on AIDS
 - Activities to date
 - Plans and projections: 1987/1988
5. Challenges in the implementation of the global strategy for AIDS prevention and control
6. The future of global AIDS control
7. Closure

Annex II

Third Meeting of Participating Parties for the prevention and control of AIDS
Geneva, 27—28 April 1987

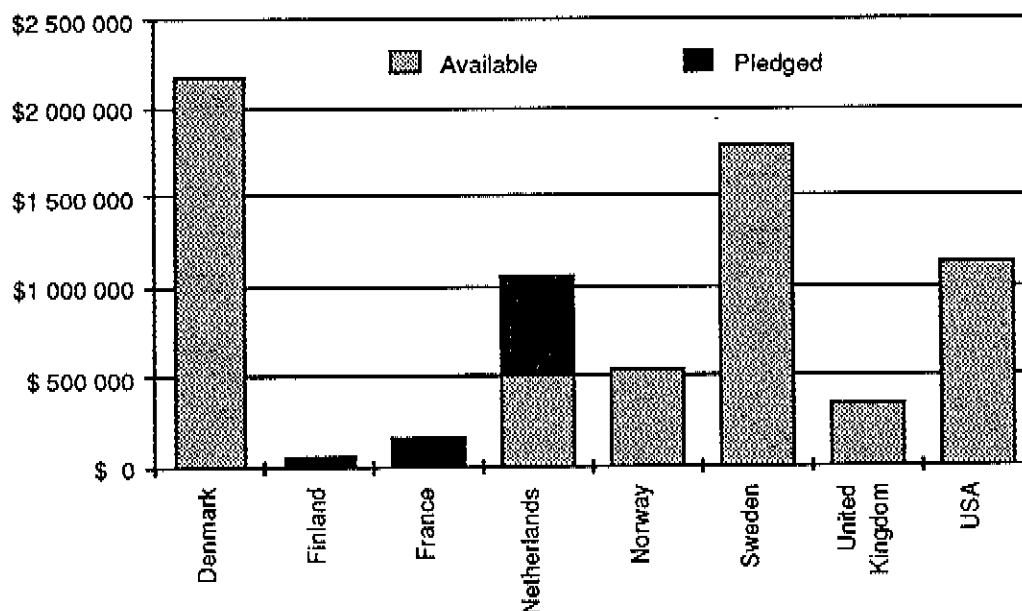
Financial Status of the Special Programme on AIDS

31 March 1987

This summary provides an overview of the financial status of the Special Programme on AIDS as of 31 March 1987

I Total funds available and pledged

Member State	Total	Available	Pledged
	US\$	US\$	US\$
Denmark	2 179 124	2 179 124	
Finland	66 667		66 667
France	163 934		163 934
Netherlands	1 069 363	511 111	558 252
Norway	540 054	540 054	
Sweden	1 790 545	1 790 545	
United Kingdom	357 143	357 143	
USA	1 140 500	1 140 500	
(miscellaneous)	171	171	
Total	7 307 501	6 518 648	788 853



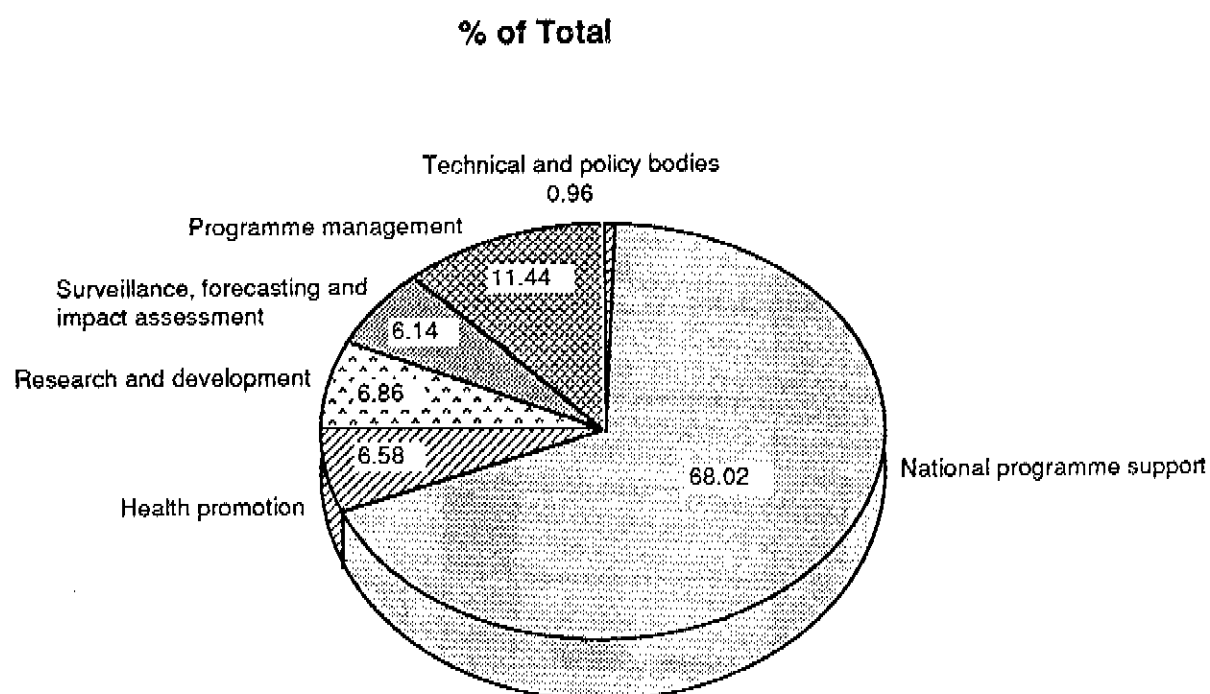
Annex II (cont.)

Financial Status of the Special Programme on AIDS

31 March 1987

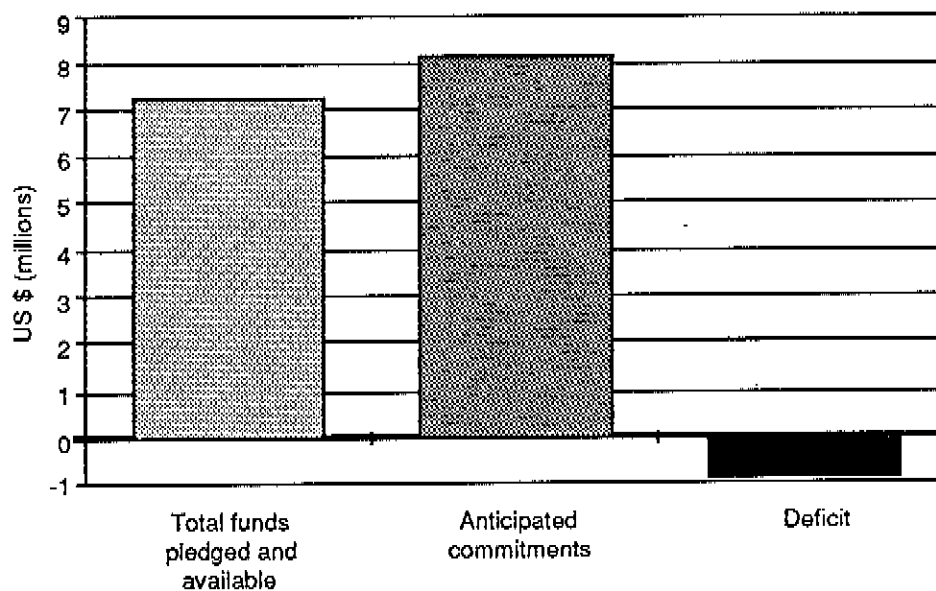
II Anticipated Financial Commitments by Programme Area

Programme Area	Commitments
Technical and policy bodies	79 100
National programme support	5 576 087
Health promotion	539 236
Research and development	562 175
Surveillance forecasting and impact assessment	503 415
Programme management	937 504
Total	8 197 517



Annex II (cont.)**Financial Status of the Special Programme on AIDS
31 March 1987****III Financial Summary (US \$)**

Total funds available	6 518 648
Total funds pledged	788 853
Total funds available and pledged	7 307 501
less: Anticipated commitments	8 197 517
Deficit	(890 016)



Annex III

Third Meeting of Participating Parties for the prevention and control of AIDS
Geneva, 27—28 April 1987

1987 Budget Global activities

Staff costs	1.5m
Obligations to date	1.0m
Health promotion	1.7m
Research and development	2.8m
Surveillance, forecasting, impact assessment	0.9m
Officer of Director/administrative services	2.4m
Total	10.3m

1987 Budget National Programme Support

50 countries x 375 000/country	18.8m
Staff (regional and country)	1.1m
Total	19.9m

Annex IV

Third Meeting of Participating Parties

List of Participants

Governments

Argentina

Professor M. Ambrona
Head, Programme for the Control of
Sexually Transmitted Diseases and AIDS
Ministry of Health

Australia

Dr D. de Souza
Deputy Secretary and Chief Medical Officer
Commonwealth Department of Health

Belgium

Dr Thiers
Directeur, Institut d'Hygiène et
d'Epidémiologie
Ministère de la Santé publique et de la Famille
Dr J. an Mullem
Médecin, Service médical Administration
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Brazil

Madame L. Guerra Macedo Rodrigues
Director of the Division of Sexually
Transmitted Diseases and AIDS
Ministério de Saude

Canada

Mr T. Mooney
Senior Programme Officer
Multilateral Technical Cooperation Division
Multilateral Programme Branch
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Dr A. Clayton
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China

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Ministry of Public Health

Denmark

Mr B. Olsen
Under Secretary of State
Ministry of Foreign Affairs
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National Board of Health
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Annex IV List of Participants

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Ministère de la Santé

Madame C. Graillot
Sous-Directeur adjoint
Ministère de la Coopération

Mr H. Ladsous
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la France auprès de l'Office des Nations
Unies à Genève et des Institutions
spécialisées ayant leur siège en Suisse

Germany, Federal Republic of

Professor K.O. Habermehl
Chairman of Virology
Director, Institute of Clinical and
Experimental Virology
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Dr Rolf Korte
Head, Department of Health,
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Dr T. Schwarz
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Haiti

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Ministère de la Santé publique et
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Mr A. Malhotra
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Ministry of Health

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Annex IV List of Participants

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Mr N. Oström
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United Republic of Tanzania

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Chairman, National Task Force on AIDS
Head, Department of Immunology and
Microbiology
Ministry of Health

Dr P. Hiza
Chief Medical Officer
Ministry of Health

United States of America

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Office of Health, Bureau of Science
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US Agency for International Development
United States Department of State

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US Public Health Service
Department of Health and Human Services

Union of Soviet Socialist Republics

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Zaire

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Ministry of Health

Zambia

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Assistant Director of Medical Services
Ministry of Health

Annex IV List of Participants

United Nations Organizations and Specialized Agencies

United Nations Children's Fund

Dr S. Ofori Amaah
Primary Health Care Adviser

Dr J. Bennett
Regional Adviser on Community Health
UNICEF Office for East Africa

United Nations Development Programme (UNDP)

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Education Sector

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Commission of European Communities

Mr A. Vanhaeverbeke
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Mademoiselle M. Baraldini
Direction générale du Développement

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Dr Hassan Ghaznawi
Assistant Professor of Community Medicine
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Annex IV List of Participants

Nongovernmental Organizations

Christian Medical Commission

Ms Birgitta Rubenson
Programme Secretary

International Planned Parenthood Federation

Dr P. Senanayake
Medical Director

League of Red Cross and Red Crescent Societies

Dr Nicole Carpentier
Coordinator, Red Cross and Red Crescent
Programme on AIDS
Blood Programme

Foundations and Institutes

The American Foundation for AIDS Research

Mr M.F. Silverman
President

Fondation Danielle Mitterand

Mr Raphaël Doueb
Secrétaire général

Mr Dominique Naspleze
Conseiller en média

Maxwell AIDS Foundation

Mr Nick Grant
Personal Representative of Mr Robert Maxwell
Chairman of the Davos Media Committee

Panos Institute

Miss Renée Sabatier
Director, AIDS Information Unit

Project Hope

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Project Hope Publications (Health Affairs)
The Project Hope Health Science
Education Centre

Sasakawa Memorial Health Foundation

Professor K. Kiikuni
Managing Director

Annex IV List of Participants

WHO Secretariat

Dr H. Mahler
Director-General

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Assistant Director-General

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Dr B. Bytchenko
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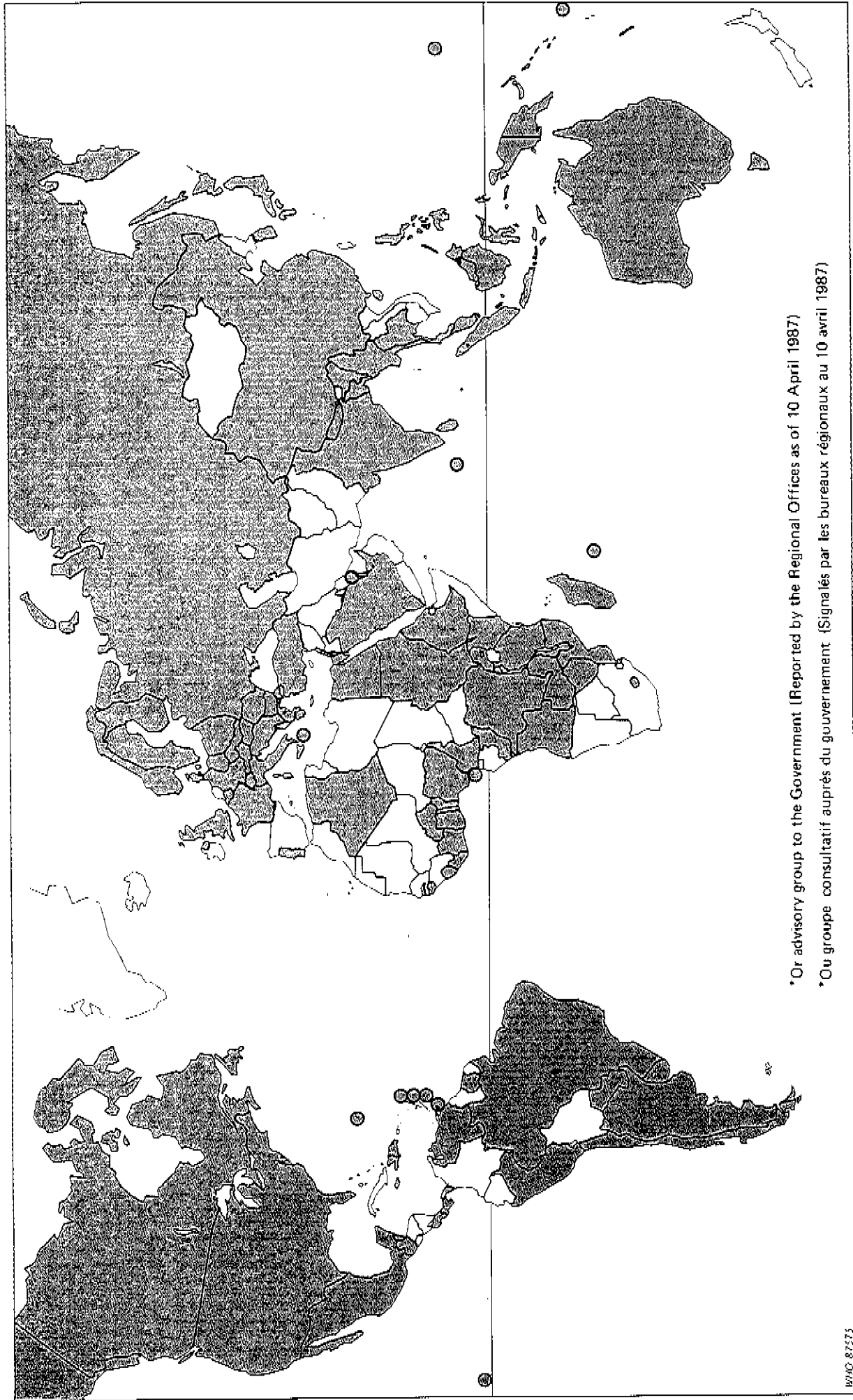
Dr N.K. Shah
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Dr D. Tarantola
Special Programme on AIDS

Dr T. Umenai,
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Disease Prevention and Control,
Regional Office for the Western Pacific

Ms R. Villars
Headquarters Programme Committee

COUNTRIES WHICH HAVE ESTABLISHED A NATIONAL AIDS COMMITTEE*
PAYS QUI ONT CONSTITUE UN COMITE NATIONAL DE LUTTE CONTRE LE SIDA*



*Or advisory group to the Government (Reported by the Regional Offices as of 10 April 1987)

*Ou groupe consultatif auprès du gouvernement (Signalés par les bureaux régionaux au 10 avril 1987)

COUNTRIES REPORTING ON AIDS TO WHO AS OF 1 APRIL 1987
PAYS AYANT SIGNALÉ DES CAS DE SIDA A L'OMS AU 1 AVRIL 1987

