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SPECIAL
PROGRAMME
ON AIDS

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Foreword

We are very proud that in the very short time since the Special Programme on AIDS was established, on 1 February of this year, a great deal has been accomplished.

- The global dimensions of AIDS are now recognized
- The scientific work on HIV and AIDS is firmly and irrevocably international
- The energies, commitment and creativity of many people - within WHO, in many countries throughout the world, in donor agencies, and in many multilateral and non-governmental agencies - have been catalyzed and directed towards AIDS prevention and control
- The Global AIDS Plan has been designed, the funding to begin its implementation has been provided, and the support of all countries has been marshalled behind WHO as the directing and coordinating agency in this global fight against AIDS.
- Over 90 countries have entered into collaboration with the Special Programme on AIDS

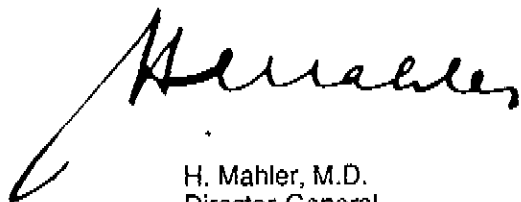
As I said, without hesitation, to a meeting of high level business executives in October in New York, we have created and mobilized a new programme - the Special Programme on AIDS - with a speed and energy which I challenged any of them to match.

Now that we have patted ourselves, briefly, on the back - let us recall that AIDS is certainly not defeated; available evidence indicates that the virus is continuing to spread and the number of AIDS cases climbs steadily. My scientific sources tell me that a vaccine may be even further away than we thought a year ago, and development of therapeutic agents has been frustratingly - although understandably - slow.

Indeed, part of our common struggle has been against defeatism. The voices of despair include those who say that people cannot change their sexual practices and those who claim that the epidemic has already progressed to such an extent in some areas that these areas might as well be abandoned by the rest of the world.

Against these voices we have firmly placed WHO's moral and technical authority. Against the voices calling for costly and unreasonable and ineffective control measures such as screening of travellers, we have placed the collective voice of international experts. Against the threat of chaos and confusion in organizing support to developing countries, we have constructed a logical and transparently open planning process.

As a reader of this Progress Report, I invite you to consider our collective progress towards controlling AIDS as well as the barriers to further progress. We are counting on your deliberation, your assessment and your creativity to help overcome these barriers and help make global AIDS control a reality.



H. Mahler, M.D.
Director-General

Introduction

For the Special Programme on AIDS, this Second Progress Report provides a valuable opportunity to reflect on events in recent months and future directions.

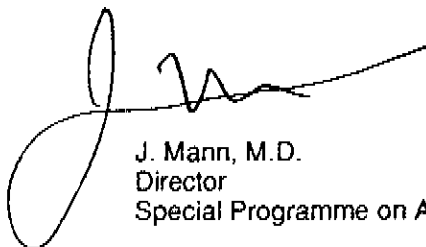
One year ago, in November 1986, the Special Programme had still to be created. Today, having received strong support from both within and from outside of the United Nations system, the Special Programme is actively coordinating and directing the global fight against AIDS.

A remarkable constellation of people and institutions has enabled the Special Programme on AIDS to accomplish the considerable work outlined in this Report.

- Over 200 people have made extraordinary personal commitments of time and effort to the work of the Special Programme. As members of the Special Programme's growing permanent staff, as short-term consultants, as participants in expert committees, these individuals have travelled to over 90 countries and have made exceptional efforts in the service of AIDS control.
- The Programme has benefitted from the generosity of many governments and organizations — bilateral, multilateral, non-governmental, and voluntary — which have provided the Special Programme with strong and consistent moral support, with advice and guidance, and with the human resources and financial support required to implement global leadership. They have also provided the strong leadership outside of the Organization which has borne fruit in the World Health Assembly, the Economic and Social Council, and, most recently, in the United Nations General Assembly.
- The coordinated logistic, technical and administrative help and guidance from many parts of the Organization itself - in headquarters, regional offices and countries - has been crucial.

During the Special Programme's first six months, support to national AIDS programmes has received the highest priority. As a result, we have provided an exceptional level of technical and financial support to national AIDS programmes on all continents. At the same time, we have continued, and even accelerated, our global activities. During the coming year we plan to extend our national support to every country in the world which seeks this collaboration, and we also expect to develop extensively our role in social, behavioural, biomedical, and epidemiological research and development.

This report describes what we have accomplished together since April 1987. However, the challenges before us have increased not diminished. Infection with human immunodeficiency virus continues to spread, AIDS cases increase, and political reaction, discrimination and fear threaten. Yet we draw confidence from what has thus far been accomplished and from the scientific, social and political mobilization which is now well underway. If we can continue to call upon the same dedication, commitment, generosity of spirit and global energy which we have thus far been privileged to experience, we will indeed dominate this new disease, AIDS.



J. Mann, M.D.
Director
Special Programme on AIDS

Highlights

The Global AIDS Plan

Endorsement of the Global AIDS Strategy and Support of WHO's Global Leadership:

- The United Nations General Assembly
- The Economic and Social Council of the United Nations
- The World Health Assembly
- The Venice Summit

National Programme Support

- National AIDS Committees established in 151 countries
- US\$18.9 million to support and strengthen national AIDS programmes
- Over 250 consultant missions
- Requests for collaboration from 127 countries
- Initial visits to 93 countries, 34 more scheduled
- 58 short-term plans complete
- 25 medium-term plans complete
- US\$21 million mobilized in five country donor meetings

Global Activities

- 127 countries now reporting AIDS cases to WHO
- 32 meetings and consultations held on global research and policy issues from 1 May to 1 November 1987 including:
 - III International AIDS Conference
 - WHO/Australian Inter-regional Ministerial Meeting
 - Pan American Teleconference on AIDS
- Over 30 consensus statements, reports, guidelines and articles have been issued including:
 - Criteria for Screening for HIV
 - Breast-feeding/Breast Milk and HIV
 - Contraceptive Methods and HIV
 - Routine Childhood Immunization and HIV
 - Internationally endorsed nomenclature and criteria for characterization of HIV-related retroviruses

The Global AIDS Plan

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

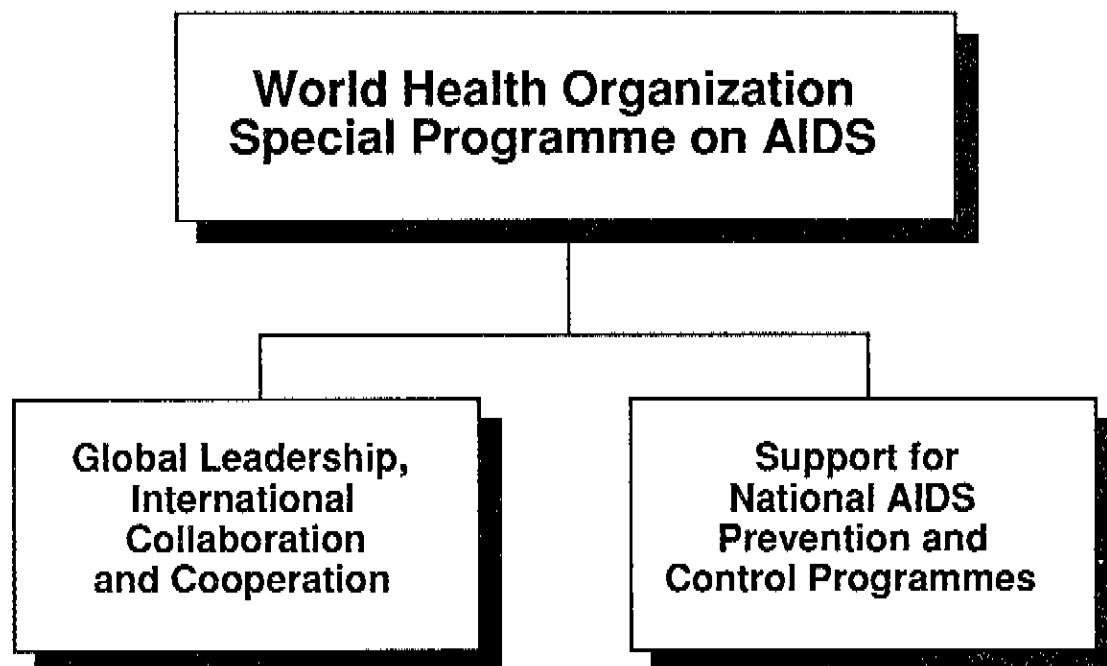
The Fortieth World Health Assembly meeting in Geneva in May 1987, unanimously adopted resolution WHA40.26 (annex 1) which endorsed the World Health Organization's Global Strategy for the prevention and control of AIDS.

The Venice Summit of the Heads of State or Government and the representatives of the European Community, meeting in June 1987, stated: "The World Health Organization (WHO) is the best forum for drawing together international efforts on a worldwide level to combat AIDS, and all countries should be encouraged fully to cooperate with the WHO and support its special programme of AIDS-related activities."

The Economic and Social Council of the United Nations meeting in Geneva from 24 June to 9 July 1987, unanimously adopted resolution E/1987/75 (annex 2) which urges all organizations of the United Nations system to support the worldwide struggle against AIDS in close cooperation with the World Health Organization in its role of directing and coordinating the urgent fight against AIDS and in conformity with the Global Strategy.

The United Nations General Assembly, at its forty-second session in New York in October 1987, unanimously adopted Resolution A/42/8 (annex 3) which, *inter alia* :

- confirms that the World Health Organization should direct and coordinate the urgent global battle against AIDS;
- urges Governments which have not done so to establish national AIDS control programmes in line with WHO's Global Strategy;
- urges all appropriate organizations of the United Nations system, including the specialized agencies, bilateral and multilateral agencies and non-governmental and voluntary organizations, in conformity with the Global Strategy, to support the worldwide struggle against AIDS;
- invites the Director-General of WHO to report to the forty-third session of the General Assembly.



Goals

- Prevent AIDS virus transmission
- Care for AIDS virus-infected people
- Unite national and international efforts against AIDS

Office of the Director

As spokesman for the Global AIDS Plan, the Director of SPA has visited five of the six WHO regions during the period 1 May to 1 November 1987. At the invitation of Member States and as speaker at major conferences, the Director has visited 17 countries: Australia, Belgium, Cuba, Ecuador, Egypt, France, Greece, Haiti, Italy, Japan, Mexico, Norway, Uganda, United Kingdom, Union of Soviet Socialist Republics, United States of America and Zaire.

Significant recent statements:

- Forty-second Session of the United Nations General Assembly, New York, 20 October 1987
- World Health Assembly, Geneva, 5 May 1987
- III International AIDS Conference, Washington, D.C., 2 June 1987
- United States House of Representatives Committee on Science, Space and Technology, Washington, D.C., 17 September 1987
- UNESCO General Conference, Paris, 28 October 1987

Key meetings

Key meetings held during the past few months have catalyzed the implementation of the Global Strategy and been significant landmarks in AIDS prevention and control.

WHO/Australian Inter-regional Ministerial Meeting on AIDS

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

A declaration issued by the meeting:

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

Pan American Teleconference on AIDS

A regional AIDS conference, organized by the Pan American Health Organization and SPA in Quito, Ecuador from 14-15 September 1987 was transmitted by satellite to over 650 locations and over 50,000 health workers "attended" the teleconference. SPA supported the attendance in Quito of 25 participants from 14 countries. This meeting has played a catalytic role throughout Latin America.

Major conferences

Several major conferences on AIDS have been jointly organized or co-sponsored by WHO:

III International Conference on AIDS

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

The Conference remains the major annual event for presentation and exchange of scientific information in the fields of AIDS epidemiology, virology, molecular biology, immunology, serology, animal models, neuropsychiatric aspects, oncology, diagnostic tests, clinical manifestations, behavioural and addiction aspects, public health, ethical and psychosocial implications and prevention and control strategies. SPA supported the attendance of 59 participants from 25 countries.

WHO/Japan Conference on Integrated Strategy for the Control of AIDS and other Human Retroviral Infections and Hepatitis B

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

Second International Symposium on AIDS and Associated Cancers in Africa

WHO co-sponsored the Second International Symposium on AIDS and Associated Cancers in Africa, held in Naples, Italy from 7-9 October 1987. To promote and stimulate cooperative research, SPA supported the participation of 26 researchers from African countries. The meeting will be held annually as a permanent forum for researchers from African and non-African countries.

World Summit of Ministers of Health on Programmes for AIDS Prevention

The Fortieth World Health Assembly, in Resolution WHA40.26 (annex 1), emphasized that information campaigns and improved public health education are essential elements if the spread of AIDS is to be controlled.

A World Summit of Ministers of Health on Programmes for AIDS Prevention to be held in London from 26-28 January 1988, is being organized jointly by WHO and the Government of the United Kingdom. Invitations have been issued to ministers of health from the 166 Member States of WHO, to UN agencies, intergovernmental organizations and non-governmental organizations. The overall objective of the meeting is to provide ministers of health and senior policy-makers with a forum on strategies for AIDS prevention and control with particular emphasis on information and education. SPA will support the participation of 90 delegates from 58 countries.

WHO Consultations

Criteria for screening programmes for HIV

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

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

These criteria are designed to serve public health interests while protecting respect for human rights. Their application will help ensure the most effective outcome from screening programmes carried out as part of HIV prevention and control strategies.

The full report of the meeting (WHO/SPA/GLO/87.2) has been distributed to all ministries of health and national AIDS committees.

Screening for HIV of participants attending WHO meetings

Following consideration of the reports of the above meeting and the meeting of International Travel and HIV (WHO/SPA/GLO/87.1), the Director-General issued the following directive for all WHO programme activities:

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

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

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

Prevention of HIV transmission through injections

SPA convened a meeting within WHO on the prevention of HIV transmission through injections and other skin-piercing procedures on 8 July 1987. The urgency of the issues raised in that meeting led the Director-General to issue a 'note verbal' to all ministers of health of Member States on the subject (annex 4).

HIV and routine childhood immunization

A consultation was jointly sponsored by SPA and the Expanded Programme on Immunization (EPI) to review available information on HIV infection and immunization in order to assess the need for modification of the guidelines established in 1986 by the Global Advisory Group of EPI. The meeting, held in Geneva from 12-13 August 1987 was attended by 13 participants from eight countries including immunologists, virologists, disease control specialists, infectious disease specialists and experts in immunization and epidemiology. After reviewing all available information, the participants endorsed the Global Advisory Group's recommendation on the use of EPI antigens. Therefore, EPI immunizations are recommended for HIV-infected infants and children except for those with clinical manifestations of AIDS for whom BCG is to be avoided. A joint SPA/EPI statement from the meeting was published in the *Weekly Epidemiological Record* (WER (1987, 2 Oct.) 62 (40): 297-299) and the full report of the meeting (WHO/SPA/GLO/87.3) will be available shortly.

Prevention and control of AIDS in prisons

Prevention and control of AIDS in prisons will be discussed in a consultation convened by SPA in Geneva from 16-18 November 1987.

The Consultation will involve 25 medical, administrative and political experts from 20 countries who will consider the special issues relating to AIDS in prisons.

Informal Consultation on inter-relations of AIDS and Tropical Diseases

An informal consultation on inter-relations of AIDS and Tropical Diseases is being jointly organized by SPA and the Special Programme for Research and Training in Tropical Diseases (TDR). Up to 50 participants from 20 countries will participate in the meeting being held at the Kenya Medical Research Institute in Nairobi from 1-4 December 1987.

WHO Collaborating Centres on AIDS

The Third Meeting of the WHO Collaborating Centres on AIDS was held in Washington D.C. on 6 June 1987. The meeting adopted three consensus statements: Transmission of HIV; HIV infection and health workers; Present and future developments in laboratory Testing of HIV. The report of the meeting will be published in the *WHO Bulletin* (Bull WHO (1987) 65 (6)) and has appeared in summary form in the *Weekly Epidemiological Record* (WER (1987, 24 Jul.) 62 (30): 221-228).

WHO Collaborating Centres on AIDS are actively working with SPA by training laboratory workers, preparing documents, evaluating test kits, and preparing and standardizing reagents and reference material. Technical support has been drawn from several centres to conduct epidemiological assessments in countries in Africa and formulate short-term plans of action.

Prior to the next meeting of Collaborating Centres, to be held in conjunction with the IV International AIDS Conference in Stockholm in June 1988, each Centre will assess its resources for providing further support to national, regional and global SPA activities.

During 1988, a substantial number of collaborating centres will be designated in Africa. In addition, collaborating centres in health education and social and behavioural research will be identified.

Collaboration within WHO

Examples include:

BLG Biologicals

Consultation on blood and blood products, 9-11 December 1987

CDD Diarrhoeal Diseases Control

Consideration of HIV-associated diarrhoeal diseases in CDD evaluations

CDS Communicable Diseases

SPA participation in a meeting organized by the Programme of Sexually Transmitted Diseases, on the 'Prevention and Control of Sexually Transmitted Diseases including AIDS in Young People', 12-16 October 1987.

Discussions on liaison between SPA and the Sexually Transmitted Disease Programme

DAP Action Programme for Essential Drugs

Discussions regarding anti-HIV drugs

EPI Expanded Programme on Immunization

Joint consultation on HIV and routine childhood immunization, 12-13 August 1987

FHE Family Health

Technical working group on HIV infection and family planning

Technical working group on perinatal transmission of HIV and the relationship of breast-feeding to infection in infancy

Joint consultation on breast-feeding/breast milk and HIV infection, 23-25 June 1987

HLE Health Legislation

Information on legislation and policies introduced by Member States in regard to AIDS and HIV infection is being collected and disseminated upon request. A more formal survey of national legislation in this area is underway.

HRP Research Development and Research Training in Human Reproduction

Joint meeting on contraceptive methods and HIV infection, 29-30 June 1987

HST Epidemiological Surveillance and Health Situation and Trend Assessment

Survey methodology design

IEH Public Information and Education for Health

Press conferences, distribution of news releases

JMS Joint Medical Services

Adviser for policy on HIV and WHO staff

MNH Mental Health

Technical working group on intravenous drug use and HIV infection

NUR Nursing

Joint consultation on nursing and HIV infection (March 1988) will:

- finalize WHO/International Council of Nurses guidelines for nurses
- develop core curriculum module of education for student nurses

ORH Oral Health

The integration of education on HIV prevention throughout the ORH programme

Letter on "Dentists' professional and ethical responsibilities for HIV-positive patients and patients with AIDS" to all governments and dental associations

Two-day meeting on infection control and the role of industry

Seminar on role of the dental profession in HIV prevention. Courses in 11 countries on oral manifestations of HIV infection and role of oral health personnel

Preparation of slide set and companion booklet for wide dissemination

TDR Research and Training in Tropical Diseases

Joint meeting on inter-relations of AIDS and tropical diseases, 1-4 December 1987

Collaboration

The United Nations Family

The United Nations General Assembly

At the invitation of the Secretary-General of the United Nations, the Director-General of WHO and the Director of SPA presented the global AIDS problem and the Global AIDS Plan to a briefing of the forty-second session of the United Nations General Assembly in New York on 20 October 1987.

After consideration of the report of the Economic and Social Council of the UN, resolution A/42/8 (annex 3) was unanimously adopted.

The resolution confirms WHO as the director and coordinator of the urgent global battle against AIDS and reiterates the call of the Economic and Social Council of the UN (annex 2: Resolution E/1987/75) for all appropriate organizations of the UN system to support the worldwide struggle against AIDS in conformity with WHO's Global Strategy.

SPA collaboration with UN agencies is accelerating as these bodies analyse the effect of HIV on their programmes and develop their plans of action in concert with the Global Strategy.

UNDP

UNDP has actively collaborated with SPA to ensure linkages at the national level. UNDP resident representatives have been informed about and involved in the national programme support activities of SPA. At the regional and global level close collaboration has been achieved for support and planning.

UNESCO

SPA and UNESCO have been actively collaborating in the promotion of AIDS education in schools. A joint UNESCO/WHO meeting of educational specialists was held in Paris from 29 June to 1 July 1987. The meeting formulated a plan of action on AIDS education in formal and informal educational settings which was presented to the UNESCO General Conference held in Paris in October 1987. The Director of SPA addressed the General Conference and Educational Section in support of this collaboration on 28 October 1987. SPA will support UNESCO's activity as an integral part of the Global AIDS Plan.

UNICEF

UNICEF has appointed a consultant to liaise with SPA to help define UNICEF's role in the Global AIDS Plan.

UNICEF participated in the consultation on HIV and routine childhood immunization and the consultation on breast-feeding/breast milk and HIV infection. UNICEF has participated in national donor meetings and other AIDS meetings.

UNFPA

UNFPA is collaborating with SPA in assessing the role of family planning and maternal and child health programmes in AIDS prevention and control activities. UNFPA participated in the consultation on contraceptive methods and HIV infection and the consultation on breast-feeding/breast milk and HIV infection. A joint policy document is currently under consideration.

World Bank

SPA and the World Bank are collaborating in studies of the economic impact of AIDS in the developing world and on the demographic impact of AIDS. Discussions have also started on a two-year research agenda concerning the economics and demography of AIDS.

ILO

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

AIDS educational activities will be discussed at the next session of the joint ILO/WHO Committee.

Other Organizations**World Tourism Organization**

SPA released an 'AIDS Information for Travellers' brochure at the General Conference of the World Tourism Organization (WTO) on 27 September 1987. WTO had endorsed the brochure and is now involving travel agents, airlines and tourism organizations in its reproduction and distribution.

American Foundation for AIDS Research (AMFAR)

SPA and AMFAR are working on a joint project for dissemination of technical and scientific information to developing countries.

International Council of Nurses (ICN)

SPA addressed the Meeting of National Representatives of ICN in Auckland, New Zealand on 15 August 1987. WHO/ICN have issued a joint declaration which speaks to the rights and responsibilities of nurses worldwide in caring for people with HIV infection. WHO/ICN guidelines for the nursing care of patients with HIV infection are under preparation.

Fondation Marcel Mérieux

SPA collaborated with the Fondation Mérieux in a symposium on "AIDS - Epidemics and Societies" on 20-21 June in Annecy, France.

League of Red Cross and Red Crescent Societies

SPA is working actively with the League (including partial support for the AIDS specialist post at League Headquarters) and with individual Red Cross Societies, particularly in the areas of blood donor screening and public education. Guidelines are under preparation.

SPA is actively working with other organizations including the Academy for Educational Development, African Medical Research Foundation, Commission of the European Communities, Family Health International, International Federation of Social Workers, International Planned Parenthood Federation, Fondation France Liberté, Médecins du Monde, Médecins sans Frontières, National Academy of Sciences (USA) - Institute of Medicine, National Council for International Health, Nordic Red Cross Societies, Organization for Coordination and Control of Endemic Diseases in Central Africa, Panos Institute, Project Hope, Save the Children Fund, Terre des hommes, World Council of Churches, World Emergency Relief, World Hemophilia AIDS Center.

Public information

Worldwide media interest in AIDS and in WHO/SPA activities has been consistently intense, reflected in the number of interviews and press conferences given by the Director-General and the SPA Director. In recognition of the responsibility to provide vital, accurate, timely, and potentially life-saving information, a Public Information Office was established within SPA in October 1987.

The AIDS Public Information Office has two goals: provide consistent, accurate and timely information to Member States and the public on AIDS; develop and strengthen SPA activities at the national, regional and global level. These goals will be achieved by working in concert with the Information and Education for Health Division of WHO.

Objectives of the SPA Public Information Office:

- provide timely information on AIDS and SPA to the media, both on request and as developments warrant
- increase the distribution, availability, and quality of public information about AIDS and SPA
- encourage careful and comprehensive reporting on AIDS and SPA
- provide public information counsel to SPA
- develop guidelines and materials in support of an information strategy for national AIDS programmes

AIDS: The Global Report

In March 1988, WHO will launch a new publication, 'AIDS: The Global Report'.

The book is aimed at the general public and will be widely available in bookstores throughout the world. It will be published annually as the authoritative state of the world report from the WHO Special Programme on AIDS.

SPA Staffing

Headquarters

As of 1 November 1987, SPA Headquarters staff (full and part-time) including secondments from other programmes, short-term consultants and temporary advisers involved a total of 41 professional and 25 general services staff (Table 1).

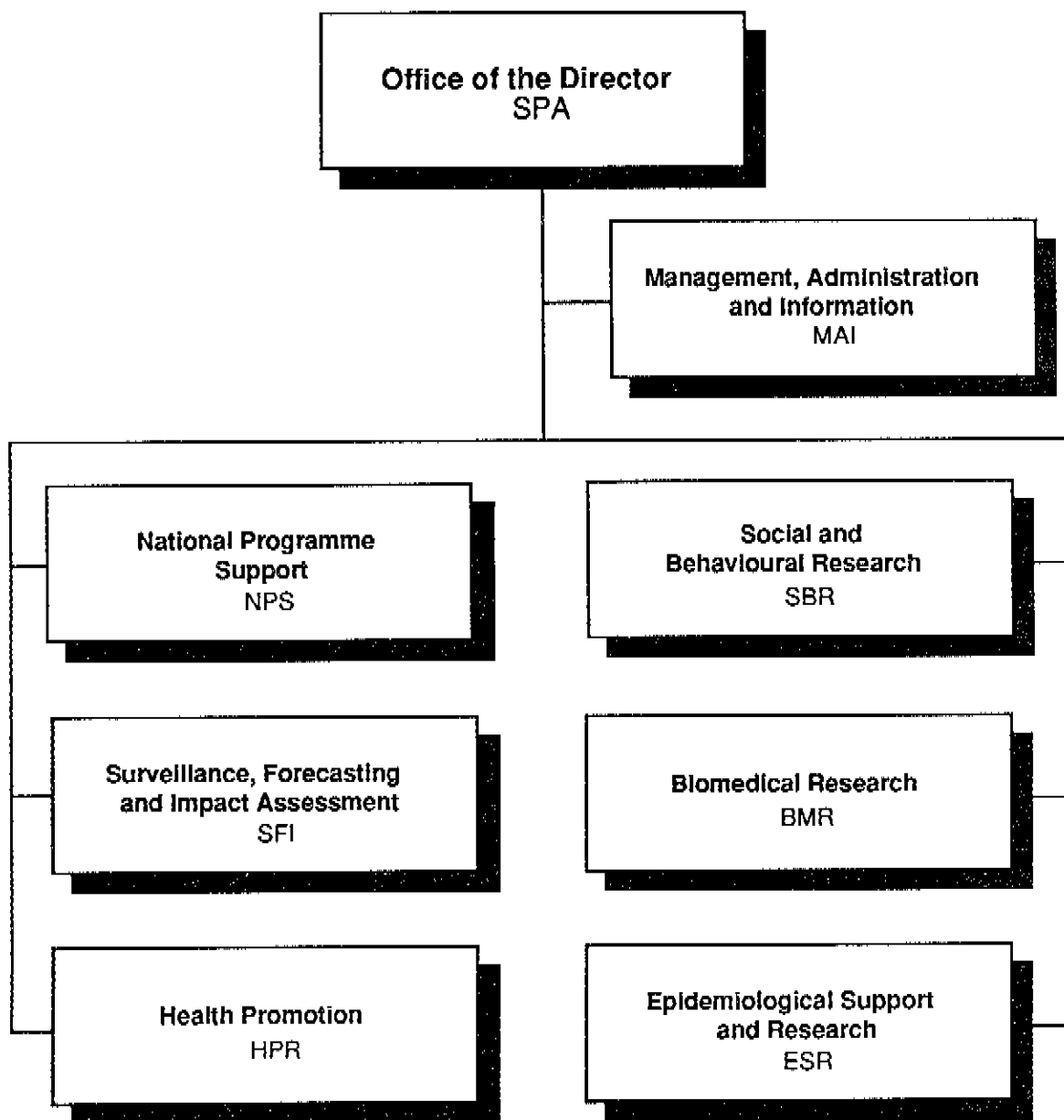
Regional

As of 1 November 1987, nine interregional professional posts located in regional offices have been established. Five additional posts are expected to be established by the end of 1987 and up to 15 further posts are in 1988. Secretarial staff in regional offices (ratio of 1 per two professional posts) will be supported by SPA.

Country

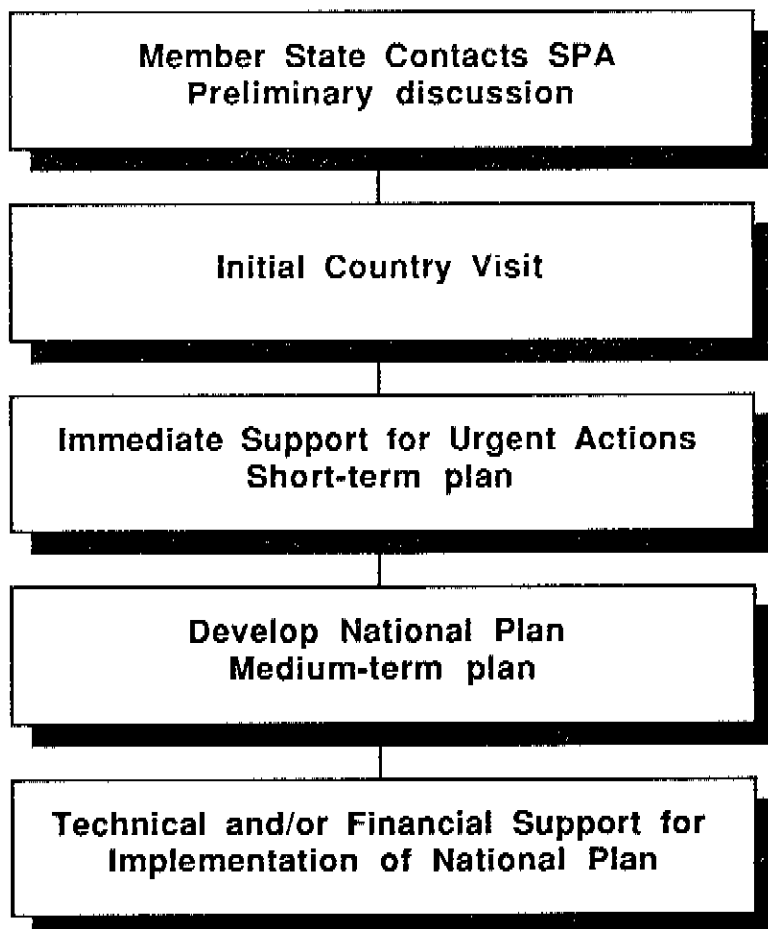
To support national AIDS control programmes, SPA will have established 12 posts in six countries by the end of 1987. Further posts will be established as country needs are defined in national medium-term plans.

Table 1
Organization of the Special Programme on AIDS



National Programme Support

SPA support to national programmes proceeds as outlined below:



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

- As of 1 November 1987, National AIDS Committees have been established in 151 countries.
- As 1 November 1987, SPA staff had visited 93 countries in response to requests from 127 countries for collaboration (Table 2). The remaining 34 visits have been scheduled to take place before the end of 1987.
- In close association with regional offices, SPA has completed over 250 consultant missions.
- SPA missions have resulted in the preparation of over 50 short-term (6-12 months) plans for national AIDS control programmes.
- 25 countries have now prepared 3-5 year (medium-term) plans and SPA is collaborating with a further 61 Member States in the preparation of these comprehensive medium-term plans.
- At a planning workshop to be held in Trinidad from 16-20 November 1987, participants from 19 Caribbean countries will formulate national AIDS prevention and control programmes.
- To date US\$ 11.3 million has been obligated and US\$ 7.6 million is earmarked for national programme support in 1987.
- National Donor Meetings have been held in five Member States: Uganda (21-22 May), Tanzania (23-24 July), Rwanda (27-28 July), Kenya (30-31 July) and Ethiopia (3-4 August). Each meeting was jointly organized by the Ministry of Health and WHO, following several months of collaboration leading to official endorsement of the medium-term national AIDS plan.

Each national donor meeting resulted in full funding for the first year of operation of the national AIDS programme. A total of US\$ 21 million was pledged at these meetings, with the funds to be made available either through SPA or bilaterally within the framework of the approved national AIDS plan. In each country a National Management Committee has been established to coordinate all the parties involved. SPA staff have been assigned in Uganda and official posts are being established in the four other countries to support further the implementation of the national AIDS plan.

Table 2

SPA/WHO collaboration with countries and areas in support of national AIDS programmes
(as of 1 November 1987)

■ completed □ ongoing or planned

Country or area	Assessment visit	Short-term plan	Immediate support*	Medium-term plan	Mobilization of interested parties
Afghanistan	■	■	□		
Albania	■	■	□		
Algeria	□				
Angola	■	■	□		
Anguilla	■		■	□	
Antigua and Barbuda	■		■	□	
Argentina	■	■	■	■	
Bahamas	■		■	□	
Bangladesh	□				
Barbados	■		■	□	
Belize	■		■	□	
Benin	■	■	■	□	□
Bermuda	■		■	□	
Bolivia	■			■	
Botswana	■	■	■	■	□
Brazil	■	■	■	■	
British Virgin Islands	■		■	□	
Bulgaria	■	■	□	□	
Burkina Faso	■	■	□	□	□
Burma	□				
Burundi	■	■	■	□	□
Cameroon	■	■	■	■	□
Cape Verde	■	■	□	□	
Cayman Islands	■		■	□	
Central African Republic	■	■	■	■	□
Chad	□				
Chile	■	■	□	□	
China	□				
Colombia	■			□	
Comores	■	■	□	□	

continued

Table 2 (cont)

Country or area	Assessment visit	Short-term plan	Immediate support*	Medium-term plan	Mobilization of Interested parties
Congo	■	■	■	■	□
Cook Islands	□	□			
Costa Rica	■			■	
Cote d'Ivoire	■	■	□	□	□
Cuba	■			■	
Curacao	□				
Democratic Yemen	■	■	□	□	
Djibouti	□				
Dominica	■		■	□	
Dominican Republic	■	■	■	■	
Ecuador	■			■	
Egypt	■	□			
El Salvador	■	■	■	■	
Equatorial Guinea	□				
Ethiopia	■	■	■	■	■
Fed. States of Micronesia	□				
Gabon	■	■	□	□	□
Gambia	■	■	■	□	□
Ghana	■	■	□	□	
Greece	■	■	□	□	
Grenada	■		■	□	
Guatemala	□			□	
Guinea	■	■	□	□	
Guinea-Bissau	■	■	■	□	□
Guyana	■		■	□	
Haiti	■	■	■	■	
Honduras	■			□	
Iceland	■				
India	□				
Indonesia	□				
Iran	■	■	□	□	
Israel	□				
Jamaica	■		■	□	
Jordan	■	■	□	□	
Kenya	■	■	■	■	■
Kiribati	□	□			
Kuwait	■				
Lebanon	□				
Lesotho	■	■	■	□	□

continued

Table 2 (cont)

SPA/WHO collaboration with countries and areas in support of national AIDS programmes
(as of 1 November 1987)

■ completed □ ongoing or planned

Country or area	Assessment visit	Short-term plan	Immediate support*	Medium-term plan	Mobilization of interested parties
Liberia	■	■	■	□	□
Libyan Arab Jamahiriya	□				
Madagascar	■	■	□	□	
Malawi	■	■	■	□	□
Maldives	□				
Mali	■	■	□	□	□
Marshall Islands	□	□			
Mauritania	□				
Mauritius	■	■	■	■	□
Mexico	■	■	■	■	
Mongolia	■	■	□	□	
Montserrat	■		■	□	
Mozambique	■	■	■	■	□
Namibia	□				
Nauru	□				
Nepal	■	■	□	□	
Niger	■	■	■	□	□
Nigeria	■	■	■	□	□
Niue	□				
Oman	□				
Palau	□				
Panama	■			□	
Papua New Guinea	□	□			
Paraguay	■			□	
Peru	■			□	
Philippines	■				
Rwanda	■	■	■	■	■
St. Christopher and Nevis	■		■	□	
St. Lucia	■		■	□	
St. Vincent & the Grenadines	■		■	□	
Samoa	□	□			
Sao Tome et Principe	□				
Senegal	■	■	■	■	□
Seychelles	■	■	□	□	

continued

Table 2 (cont)

Country or area	Assessment visit	Short-term plan	Immediate support*	Medium-term plan	Mobilization of interested parties
Sierra Leone	■	■	■	□	□
Solomon Islands	□	□			
Somalia	□				
Sri Lanka	■	■	□	□	
Sudan	■	■	□	□	
Suriname	■		■	□	
Swaziland	■	■	■	□	□
Syrian Arab Republic	■	■	□	□	
Thailand	□				
Togo	■	■	□	□	
Tonga	□	□			
Trinidad and Tobago	■		■	□	
Tunisia	■	■	□	□	
Turks and Caicos Islands	■		■	□	
Uganda	■	■	■	■	■
United Rep. of Tanzania	■	■	■	■	■
Uruguay	■			■	
USSR	■				
Vanuatu	□	□			
Venezuela	■		■	□	
Viet Nam	□				
Zaire	■	■	■	■	□
Zambia	■	■	■	■	□
Zimbabwe	■	■	■	□	

* Technical Services Agreement (TSA) or other form of technical and financial support

127 countries have requested collaboration:

- 44 in Africa,
- 39 in the Americas,
- 15 in the Western Pacific
- 14 in the Eastern Mediterranean,
- 6 in Europe,
- 9 in South-East Asia

- 93 initial visits done, 34 scheduled
- 52 TSAs signed, 26 under preparation
- 58 STPs prepared, 9 scheduled
- 25 MTPs prepared, 61 scheduled
- 5 meetings held for mobilization of interested parties, 24 planned

The technical, logistic and administrative challenges inherent in this level of support to national programmes has required the development of guidelines, administrative tools and training workshops. Guidelines have been prepared on the development of medium-term plans, and on developing national policies for screening. Standard lists of laboratory equipment for serological (ELISA) testing for HIV have been prepared and are continuously updated to expedite procurement. Standardized systems of funding, budgeting and accounting for support to national programmes are being developed to accommodate the complex interaction of input from national, bilateral and multilateral (WHO) sources. Systems for monitoring the supply of equipment and test kits for HIV have been established. A collection of information and education material from various countries, including video and printed material, has been compiled.

Approximately 100 consultants from 23 countries have been oriented to SPA through two briefing sessions held in Geneva. The first (18-19 June 1987), concentrated on the formulation of short-term plans, while the second (12-14 October 1987), focussed on support to countries for the implementation of national AIDS plans.

A further session, to be held in Australia from 18-20 November 1987, will lead directly to the formulation of eight medium-term plans in the Western Pacific region.

SPA Laboratory Workshops

SPA has continued to conduct workshops to strengthen national capability for HIV antibody testing and screening. By the end of 1987 over 350 laboratory workers from 103 countries will have been trained in HIV antibody testing procedures. Three further workshops, in Abidjan, Dakar and Bangkok are planned to be held in the first quarter of 1988.

Table 3
SPA Laboratory Workshops on HIV Antibody Screening,
May - December 1987

Region	Date	Location	Countries Represented	Number of Participants
Africa	4-9 May 1987	Nairobi, Kenya	Kenya, Ethiopia, Gambia, Mozambique, Angola, Botswana, Swaziland	16
	22-26 June 1987	Ibadan, Nigeria	Nigeria (national workshop)	60
Americas	15-19 June 1987	Mexico	Cuba, Dominican Republic Guatemala, Haiti, Mexico	12
	24-28 Aug 1987	Panama	Colombia, Costa Rica, Ecuador, El Salvador, Honduras, Nicaragua, Panama Venezuela	11
	26-30 Oct 1987	Rio de Janeiro, Brazil	Argentina, Bolivia, Brazil Chile, Paraguay, Peru, Uruguay	14
Eastern Mediterranean	28 May -2 June 1987	Cairo, Egypt	Egypt, Cyprus, Iraq, Jordan, Pakistan, Somalia, Sudan, Yemen Arab Republic	16
	21-26 Nov. 1987	Islamabad, Pakistan	Democratic Yemen, Iran, Libya, Pakistan, Syria	20
	December 1987	Kuwait	Afghanistan, Bahrain, Kuwait, Lebanon, Oman, Qatar, United Arab Emirates, Saudi Arabia	15
Western Pacific	2-6 Nov. 1987	Tonga	Samoa, Cook Island, Fiji, Guam, Kiribati, Papua New Guinea, Solomon Islands, Tonga, Vanuatu, French Polynesia, Marshall Islands, Micronesia, Palau, New Caledonia	16

Regional Activities

Regional offices play a major role in national programme support activities including planning missions and laboratory workshops. In addition, regional offices conduct a wide variety of activities of regional importance, in collaboration with SPA. Selected highlights of regional activities in support of the Global AIDS Plan are presented below:

Africa

The Regional Committee (Bamako, Mali, September 1987) expressed its commitment to AIDS prevention and control.

Five meetings of participating parties in support of national AIDS programmes have been held in Uganda, Tanzania, Kenya, Ethiopia and Rwanda.

A conference of ministers of health of the Organization of African Unity (OAU) held in Cairo, 29-30 April 1987, stressed the urgent need to enhance AIDS prevention activities in Africa. A summit meeting of the heads of OAU Member States and Government held in Addis Ababa, Ethiopia, from 27-29 July 1987 endorsed this recommendation.

An increasing number of countries are notifying AIDS cases and an increasing number of countries have established national AIDS committees.

A round table on the development of laboratory services in peripheral areas was held on 12-16 October 1987 to examine alternative HIV diagnostic methods.

The first workshop on counselling of HIV-infected persons and their families was held in Nairobi, Kenya from 29 September to 2 October 1987.

A workshop was organized in collaboration with the League of Red Cross and Red Crescent Societies in Cotonou, Benin from 20-23 October 1987. A further workshop was held in Harare, Zimbabwe from 27-30 October 1987 to discuss the participation of the League in AIDS prevention activities.

WHO collaborated in the production of a film on AIDS in Africa, produced by Fondation France Liberté.

The regional office is assessing the resources of more than 10 institutions for possible designation as WHO collaborating centres on AIDS.

Americas

The first Pan American Teleconference on AIDS was held in Quito, Ecuador on 14-15 September 1987. This conference summarized the available knowledge on the epidemiology, virology, clinical aspects and public health issues in AIDS. A final report is being prepared in preparation for the second Pan American Teleconference on AIDS, planned for 7-9 September 1988.

Health education materials have been collected from a large number of countries and have been shared throughout the region. Special efforts are underway to establish health education/information centres at CAREC and in Mexico by the end of 1987.

Technical assistance has been provided by PAHO/WHO SPA staff to all countries developing national AIDS prevention programmes. By mid 1988, all countries in this

hemisphere will have active AIDS prevention and control programmes.

A US\$ 5 million, five-year AIDS Research Programme Contract was signed with the US National Institutes of Health, National Institute of Allergy and Infectious Diseases. Protocol development is underway in four areas: AIDS seroprevalence epidemiological surveys; natural history of HIV, and related retroviruses, infections; heterosexual transmission of AIDS, and perinatal transmission of AIDS. Staff are being recruited for this research programme. This is a collaborative project between scientists of NIAID, PAHO and participating countries.

Quarterly surveillance has been established utilizing an adaptation of the WHO surveillance form and the revised WHO/CDC case definition. The AIDS situation in the Western Hemisphere is being actively monitored by the PAHO/WHO AIDS Surveillance Programme.

At the annual Regional Committee meeting in Washington, D.C. from 21-25 September 1987, the AIDS situation in the Western Hemisphere was actively discussed by all the delegations. An AIDS resolution calling on the countries to develop strong national AIDS prevention and control efforts was passed unanimously. All countries in the Hemisphere also subscribed to that part of the resolution which calls upon them to refrain from HIV testing of travellers.

South-East Asia

At the Regional Committee meeting held in the Democratic People's Republic of Korea in September 1987, a plan of action for AIDS prevention and control was approved.

A national surveillance meeting on AIDS is being held at the National Institute of Communicable Diseases in New Delhi, India from 16-19 November 1987.

Clinicians from Mongolia and Nepal have been supported to visit the United Kingdom and the United States of America to observe the management of AIDS and HIV infection. Thailand is planning a national workshop on the diagnosis of AIDS in late November 1987 as a prelude to an inter-country workshop to be held in early 1988.

Europe

The regional office participated in a number of meetings on AIDS organized by SPA headquarters and provided information on the current status of HIV-I epidemic in the region.

The plan for EURO regional activities on AIDS was approved by SPA in July 1987.

A meeting on Training on AIDS for Personnel in Drug Treatment Centres, took place in Bremen, Federal Republic of Germany, 26-28 August 1987. The summary report is available from EURO.

A report on the current situation of the HIV epidemic in the region and the EURO programme on AIDS were presented to the thirty-seventh session of the Regional Committee in Bruges, 14-18 September 1987. A resolution affirming the importance of AIDS prevention activities was adopted unanimously.

Eastern Mediterranean

During 1987 an extraordinary positive change in the attitude of national authorities has been observed. Thirteen of the 23 countries requested WHO collaboration for the development of national programmes and all but one country have established national committees and identified national focal points on AIDS.

The regional plan for developing national capabilities in laboratory diagnosis is progressing as planned and at least two laboratory staff from each country have been trained in the laboratory diagnosis of AIDS.

The regional office is actively disseminating technical information on AIDS to national authorities and has responded positively to all requests made by national authorities to participate in various forums and scientific meetings on AIDS.

Western Pacific

A WHO/Government of Japan joint conference on integrated strategy for the control of AIDS and other human retroviral infections and hepatitis B was held in Tokyo, Japan 5-9 October 1987.

An intercountry training course on the laboratory diagnosis of HIV, HTLV-I and HBV infections will be held in Tonga from 2-6 November 1987. The services of four consultants are being provided for the course.

Surveillance, Forecasting and Impact Assessment

AIDS Surveillance

The collection, analysis and dissemination of data relevant to the control of AIDS, is a responsibility of the Surveillance, Forecasting and Impact Assessment Unit (SFI) of SPA.

As of 1 November 1987, 62 811 cases of AIDS had been officially reported to WHO from 127 countries throughout the world. The AIDS statistics are widely distributed and published in the *Weekly Epidemiological Record* and the journal *AIDS*. However, before any conclusions can be drawn from these data, the accuracy and completeness of reporting on AIDS needs to be evaluated.

AIDS cases reported to WHO as of 1 November 1987

Continent	Number of cases	Number of countries or territories reporting 1 or more cases
Africa	5 857	37
Americas	48 591	41
Asia	208	18
Europe	7 477	27
Oceania	678	4
Total	62 811	127

Lack of reporting and widespread under-recognition and under-diagnosis of AIDS means that the number of reported cases is a marked under-estimate of the true incidence of AIDS. WHO estimates that, as of late 1987, from 100 000 to 150 000 cases of AIDS have actually occurred worldwide. Even these estimates do not adequately describe the current clinical burden caused by HIV because AIDS cases represent only the end-stage of severe or irreversible damage due to this severe viral infection.

Since July 1987, SFI staff have visited the WHO Regional Offices in the Americas (Washington D.C.), South-East Asia (New Delhi), Europe (Copenhagen) and the Western Pacific (Manila) to review the status of national AIDS reporting.

Global AIDS Data Bank

Computer hardware and software to operate a WHO global AIDS data bank is expected to be operational in early 1988. Evaluation of the format, data bases and technology to be utilized is underway.

The global AIDS data bank will include AIDS cases, HIV-1 and HIV-2 seroprevalence data and additional information (economic, demographic, social, behavioural) for assessment and monitoring of global AIDS.

The definition of AIDS

The clinical and laboratory definition of AIDS has changed as documentation of the wide spectrum of clinical manifestations due to HIV has accumulated, and as specific laboratory tests to detect HIV infection and immune deficiency has been developed.

The initial definition of AIDS was developed by the Centers for Disease Control (CDC) of the US Public Health Service in 1982. This definition was subsequently accepted by WHO in 1985. However, use of this definition requires extensive laboratory (culture and/or histology) capability. Since most developing countries often lack adequate laboratory facilities, a definition of AIDS which would enable clinicians to arrive at this diagnosis with maximum precision was needed. As a result of a workshop held in Bangui, Central African Republic in 1985, a WHO clinical definition of AIDS in Africa was developed.

AIDS cases reported to WHO are accepted if they meet either the CDC/WHO or the WHO clinical definition.

In 1987, the CDC definition was revised to place greater emphasis on HIV infection status, to include additional indicator diseases and to accept presumptive diagnosis of some of the indicator diseases. Following review by the WHO Collaborating Centres and the regional offices, WHO has accepted the new definition. The impact of this new CDC/WHO definition on reported cases of AIDS to WHO is unclear, but is not expected to be large.

HIV serosurvey guidelines

To assess the extent of HIV infection requires standardized methods for measuring the prevalence of HIV infection in a specific geographical area or defined population.

In June 1987, SPA convened a small working group of medical epidemiologists, health survey specialists and biostatisticians to develop guidelines for HIV serosurveys. Draft guidelines have been disseminated for review and evaluation. These guidelines have been adapted for field evaluation and use in national serosurveys in Uganda and several other countries.

AIDS modelling

A working conference on AIDS modelling, co-sponsored by SPA and the US National Academy of Sciences, was held in Washington from 15-17 October 1987.

Over fifty participants contributed to the workshop on modelling the spread of HIV infection and the demographic impact of AIDS. SPA sponsored the participation of modellers and epidemiologists from Europe and Africa.

The workshop concluded that no single modelling approach could be selected due to the lack of data on sexual partner exchange rates, and the limited understanding of the natural history of HIV infection and prevalence and patterns of infection and disease.

Impact Assessment

Accurate AIDS data is critical as the base to assess the future impact of AIDS on health care systems, national economies and demographic patterns. A detailed listing of the potential impact of AIDS and HIV infection (i.e. medical, economic, social, demographic, etc) is being prepared by SPA staff. This list will be distributed to experts in various disciplines for their assistance in identifying studies which are underway to measure these impacts and to develop priorities for WHO support in these areas.

SPA and the World Bank are collaborating in studies of the economic impact of AIDS and on ways to improve planning for the expected caseload. Initial visits to develop the studies in three countries are scheduled for the last quarter of 1987. Preliminary estimates will be available in early 1988 of the direct medical costs and the indirect costs from the social and economic productivity lost due to AIDS. Issues to be addressed include: the projected effect of AIDS on the nation's supplies of essential drugs; the possibility that AIDS patients will displace from the health system patients whose problems could be cured using available therapies; and the threat posed to a country's development prospects by the years of lost productivity due to AIDS and other clinical conditions due to HIV. Discussions have also begun with the World Bank on a two-year research agenda concerning the economics and demography of AIDS.

'AIDS Scenarios' will be explored in a consultation being organized by the WHO European Office with the support of SPA. The social and economic implications of AIDS for Europe will be discussed during the meeting on 18 November 1987.

Biomedical Research

The Biomedical Research and Development Strategy

SPA has unique potential to provide a global forum for the exchange and validation of technical information and expertise, and can facilitate the development and improvement of diagnostic reagents, antiviral agents and vaccines, including their rapid but ethically and scientifically sound transfer to all countries in the world.

An Advisory Group on Biomedical Research on AIDS has been established to advise SPA on policies, objectives and strategies for biomedical research and to identify opportunities to promote research coordination. In the first phase (November 1987 - February 1988) the group will develop policies and general objectives. The second phase (February 1988 - May 1988) will develop detailed strategies and actions for implementation through extensive discussions with scientists, institutions, public interest groups and pharmaceutical companies throughout the world.

SPA believes the additional time taken in development of the biomedical research and development strategy will markedly improve the ultimate contribution of this unit. Nevertheless, the biomedical research and development unit of SPA is not awaiting full elaboration of the research strategy.

Coordination of Vaccine Development

The development of vaccines to prevent HIV infection represents a major scientific challenge, related both to the antigenic variability observed among different HIV strains and to our limited understanding of the immune response to HIV infection.

WHO has traditionally served a critical role in vaccine development by facilitating communication and collaboration and by organizing collaborative studies to standardize vaccines and methods for their evaluation.

In December 1986, SPA held an informal consultation in Geneva to discuss AIDS vaccine trials in human populations.

Further consultation took place in Munich in May 1987, to discuss recent advances in the development of vaccines against AIDS and to provide recommendations for the design of guidelines for clinical trials, including standardization of immunological and virological procedures for the evaluation of vaccines.

As part of the biomedical research and development strategy, SPA will continue to facilitate international cooperation in the development of HIV vaccines and in the design of clinical protocols for human trials, to ensure the quality of study design and ethical review.

Animal Models

The development and evaluation of antiviral agents and vaccines would be greatly facilitated if animal models for HIV infection and disease in humans could be established. Animal models presently available, such as chimpanzees and rhesus monkeys, are inadequate because these animals do not develop clinical manifestations of HIV infection. A meeting on possible new animal models for the assessment of antiviral agents and vaccines is being organized for early 1988.

AIDS reagent project

To facilitate the assessment and free exchange of reagents needed for biomedical research on HIV, SPA has created an AIDS reagent project. The project will coordinate collaborative research aimed at the standardization of reagents and laboratory techniques for viral characterization.

A Working Group met at the WHO Collaborating Centre on AIDS in London from 13-14 July 1987, to define the strategy for organization of a global bank of prototype virus strains and other important reagents, such as virus DNA clones, well characterized serological reagents, monoclonal antibodies and cell lines.

Viral strains have now been offered by several leading laboratories to be maintained in a small number of designated centres. These reagents will be made available through SPA.

A repository of virus isolates from different parts of the world is being established and will be used to monitor virus genetic variation of epidemiological importance.

Evaluation of diagnostic assays for HIV infection

A project for the evaluation of diagnostic assays for HIV infection has been established with the WHO Collaborating Centre on AIDS in Antwerp.

This project will permit a standardized comparison of screening and diagnostic methodologies not only for sensitivity and specificity, but also for critical operational characteristics.

Member States will then be provided with a matrix of information on the operation, performance, shelf-life, cost and other relevant characteristics of each test to facilitate comparisons and guide test kit selection.

New techniques for the laboratory diagnosis of HIV infection

The laboratory technology for diagnosis of HIV infection has evolved and is continuing to evolve. A consultation is being organized for early 1988, to exchange information and design collaborative studies for evaluation of new methodologies, such as direct HIV antigen detection, or the use of synthetic peptides for the detection of specific HIV antibodies. During this meeting, emphasis will also be placed on the identification of techniques adapted for use under field conditions.

Standardization of diagnostic techniques

New diagnostic methods are constantly being developed; standardized evaluation and use of these techniques is essential.

SPA is convening a consultation on standardization of diagnostic techniques at the WHO Collaborating Centre on AIDS in Stockholm, 7-8 December 1987. The international panel of geographically and temporally representative reference sera and further collaborative studies for the evaluation and standardization of diagnostic techniques will be discussed.

Standardization of Neutralization Tests

Several laboratories in different countries are involved in assays of neutralizing antibodies for HIV in connection with immunological and virological studies, including vaccine development. A wide variety of techniques and reagents are used; standardization is of great scientific importance.

A workshop is being organized for February 1988, to compare the sensitivities and specificities of the assays utilized by different groups and to consider the feasibility of establishing panels of reference reagents to standardize methods.

Working Group on HIV-Related Retroviruses

Following a meeting on "Newly Identified HIV-Related Retroviruses" (Geneva, February 1987) a Working Group was established to provide an international framework for the exchange of information and collaborative work on the characterization of these new retroviruses. This group, which included the leading AIDS virologists, first met at the WHO Collaborating Centre on AIDS in Madrid from 15-16 June 1987. An agreement was reached regarding criteria for the characterization of HIV-related retroviruses, as well as on a proposal for an internationally acceptable nomenclature of these viruses. This proposal has now received the endorsement of the International committee on Taxonomy of Viruses and was recently published (*AIDS 1*: 189-190, 1987).

HIV Infection and Tuberculosis

Recent data show that immunosuppression from HIV infection leads to a greater rate of progression to tuberculosis among persons infected with the tubercle bacillus. Following consultation with the relevant WHO units and the International Union Against Tuberculosis and Lung Disease (IUATLD), SPA reviewed this problem during the Joint Session of all Scientific Committees of the IUATLD held in Paris from 27 September to 2 October 1987.

SPA is organizing a collaborative working group to examine the interactions between HIV and tuberculosis. The group will develop a specific plan of study and will form practical linkages between AIDS control and tuberculosis control programmes at the national and international level.

Social and Behavioural Research

SPA convened a consultation on psychosocial research needs in HIV infection and AIDS held in Geneva from 25-28 May 1987. The twenty participants included epidemiologists, psychologists, anthropologists, social demographers and economists from 12 countries. Four major research areas were identified:

- high-risk behaviours and situations
- perception and knowledge, in relation to behaviour and risk of infection
- responses to epidemics - traditional and anticipated
- effect on family life and social structures

The Social and Behavioural Research Unit of SPA has established multidisciplinary technical working groups drawing on researchers from 33 countries to develop further a wide spectrum of research or training areas. A number of institutions are being assessed for designation as WHO collaborating centres in this area.

High-Risk behaviours

Sexual behaviour and HIV transmission

The technical working group first met at the University of Wales in Cardiff from 22-24 July 1987. At a second meeting, held in Geneva from 19-23 October 1987, a study design, protocol and research instrument for studying the frequency and distribution of high-risk sexual practices in different population groups was developed. Field testing will begin during January 1988 in five countries - Kenya, The Philippines, Tanzania, Uganda and the United States.

Prostitution and HIV transmission

A technical working group, established in August 1987, has prepared a draft study design, protocol and research instrument for studies of the practices and adoption of protective measures by female prostitutes. These materials are under review by national researchers in Brazil, Germany, Mexico and The Philippines. SPA has established collaboration with other national and international research institutes working in this area and is planning a technical consultation in February 1988.

Intravenous drug use and HIV infection

A technical working group, organized in September 1987, has prepared a draft outline of research needs, including methodologies to assess intervention policies and strategies to reduce the risk of HIV infection among IV drug users. Two technical consultations are planned for 23-25 November 1987 and 18-20 January 1988 to evaluate intervention programmes for HIV risk reduction among IV drug users.

Other injecting practices and HIV infection

A technical working group has prepared an outline of studies on injecting practices which occur outside the formal health care system. The aim of the studies is to identify the prevalence of injecting behaviour, the groups involved, the sterilization procedures followed, and the perceived risk of infection (by both those giving and those receiving injections).

Social perceptions and explanatory models

Knowledge, attitudes and beliefs

A technical working group has prepared a draft study design, protocol and research instrument to study variations in knowledge of HIV infection, modes of transmission and attitudes to behaviour change. These materials are currently being pretested in Bulgaria, Iran, Kenya and Nigeria. To facilitate adaptation of the protocol by national researchers, the technical working group is preparing a manual which describes different survey methodologies.

Coping responses, including psychosocial and epidemiological implications

Counselling

In April 1987, SPA convened a consultation involving 13 specialists from eight countries to review counselling needs in different socio-cultural environments. The resulting guidelines on counselling are currently being reviewed by specialists in several countries.

The first of a series of Training Workshops on Counselling for HIV Infection and AIDS was held in Nairobi, Kenya from 29 September to 1 October 1987. This workshop was attended by 34 participants from 6 African countries. A training manual which was developed during this workshop is now being revised. A manual for training of trainers is also in preparation.

A two-week study tour of AIDS hospital facilities in the United Kingdom was organized for clinicians from Africa during July 1987. The participants were able to observe case-management and counselling activities.

HIV infection and families

Family Planning

A consultation to review the impact of HIV infection and the AIDS epidemic on family planning policies and programmes was held in Geneva on 18 May 1987. Senior staff from major international family planning organizations such as IPPF, UNFPA, Pathfinder, Family Health International, Columbia University and the Population Council, participated in discussions with staff from SPA, the Division of Family Health and the WHO Special Programme of Research, Development and Research Training in Human Reproduction (HRP). A report on AIDS and Family Planning has been prepared.

outlining the major concerns and areas for SPA interaction with family planning organizations. A plan of action for SPA will be developed by early 1988.

A meeting on contraceptive methods and HIV infection was organized by SPA and HRP, on 29-30 June 1987. The information available on the possible interactions between contraception and HIV infection was reviewed and a wide range of research needs were identified. Seventeen participants from nine countries attended the meeting representing a wide range of disciplines including epidemiology, immunology, sexually transmitted disease control, reproductive physiology, and gynaecology. The results of the meeting were published as a statement in the *Weekly Epidemiological Record* (No. 33 - 14 August 1987, 62, 244).

A technical meeting on HIV infection and maternal and child health is planned for February 1988. The purpose is to review this problem in different social, economic and health resource environments and identify areas where counselling and education on HIV prevention can be incorporated. Analysis of the activities and responsibilities of different health workers ("task analysis") will be undertaken to identify the type of guidelines and training required.

Breast milk/breast-feeding and HIV infection

In view of the importance of breast milk and breast-feeding for the health of infants and young children, and of the increasing prevalence of human immunodeficiency virus (HIV) infection in many parts of the world, a Consultation on Breast-feeding/Breast milk and HIV Infection was organized by SPA and the Division of Family Health in Geneva from 23-25 June 1987. Its purpose was to review current information on the potential for transmission of HIV in breast milk through breast-feeding and to identify further research needs in this area. Twenty-two participants from 15 countries attended the consultation representing the fields of epidemiology, immunology, virology, pediatrics and nutrition.

The meeting consensus included the following statements:

"Breast-feeding should continue to be promoted, supported and protected in both developing and developed countries."

"In individual situations where the mother is considered to be HIV-infected, and recognizing the difficulties inherent in assessing the infection status of the newborn, the known and potential benefits of breast-feeding should be compared to the theoretical, but apparently small, incremental risk to the infant of becoming infected through breast-feeding."

(See full consensus statement SPA/INF/87.8 which was published in the *Weekly Epidemiological Record* (No. 33 - 14 August 1987, 62, 245).)

A Technical Working Group has been set up to prepare short and long-term research strategies to examine the complex issue of perinatal transmission of HIV and the relationship of breast-feeding to infection in infancy.

Children and AIDS

A Technical Working Group, established in October 1987, is preparing guidelines on the psychosocial needs of children in relation to HIV. Activities are being closely coordinated with the U.S. Centers for Disease Control in Atlanta and the European Perinatal AIDS Study Group. A meeting on psychosocial needs of children in relation to HIV will be held in February 1988.

In collaboration with the Hôpital d'Enfants Malades in Paris, SPA will organize an international conference on children and AIDS to be held in November 1988.

Traditional and alternative care

A Technical Working Group was set up in September 1987 to define methods of mobilizing traditional and alternative health care systems in order to support national AIDS prevention and control strategies. A series of research needs and training opportunities have been identified and are currently being discussed with National AIDS Committees and research groups in several countries.

Health Promotion

A consultation on AIDS health promotion strategies was held in Geneva from 6-9 July 1987. Representatives from 21 countries presented their activities and plans and provided an updated global picture of active national AIDS information and education programmes. A draft SPA Instructional Guide for Health Promotion was revised as part of the workshop activities.

School education

A joint UNESCO/WHO meeting of educational specialists was held in Paris from 29 June - 1 July 1987. In collaboration with SPA, UNESCO will encourage AIDS education in schools and develop materials which can be integrated into existing programmes formal (school) and informal educational programmes.

AIDS Information for Travellers

A brochure for travellers was published in September with endorsement by the World Tourism Organization (WTO). The brochure has been produced in English, French and Spanish and each brochure is 'camera-ready' copy. WTO is involving travel agents, airlines and tourism organizations to reprint and distribute the brochure.

AIDS: A worldwide effort will stop it — Brochure and posters

The poster and brochure, 'AIDS: A worldwide effort will stop it' were first released at the III International Conference on AIDS held in Washington, 1-5 June 1987. The brochure is available in English, French and Spanish; the poster in English, French, Spanish, Chinese, Russian and Arabic. These materials have been distributed to National AIDS Committees throughout the world.

Exhibition at the United Nations

An exhibition on AIDS was developed for showing at the United Nations General Assembly in New York in October 1987.

The exhibition included:

- Facts on AIDS
- The Global AIDS Plan
- Collage of worldwide health promotion material
- Video collage of selected video and TV spots on AIDS from around the world.
- SPA publications, posters and pamphlets on AIDS. Documents targeted for extensive distribution included the reports of meetings on the Criteria for HIV Screening Programmes (WHO/SPA/GLO/87.2) and the Consultation on International Travel and HIV Infection (WHO/SPA/GLO/87.1).

Upcoming activities:

- Publication of WHO Guidelines for Health Promotion. This three volume manual will include an Executive Summary (Volume I), a Technical Instructional Guide (Volume II), and a Folio (Volume III) of sample materials, themes and strategies for AIDS prevention. The guide is designed to assist decision-makers and educators in planning and managing communication strategies. It provides a work plan for defining audiences; identifying behavioural objectives; developing and pretesting messages; integrating communication channels; and monitoring impact. Regional training workshops in the use of the Instructional Guidelines are planned.
- Publication of an *AIDS Health Promotion Exchange Newsletter* on a quarterly basis. The newsletter will provide health promotion professionals with examples of innovative strategies and materials, and evaluations from health promotion programmes from around the world. The Royal Tropical Institute in the Netherlands will collaborate with SPA in the production of the newsletter.
- SPA will produce a four-page *AIDS Report* as an insert in a new AIDS newsletter published by the Appropriate Health Resources and Technologies Action Group (AHRTAG) in London. The insert, aimed at a broad range of health care professionals including nurses and clinical technicians, will feature summaries of technical consultations.
- SPA will collaborate with the Bureau of Hygiene and Tropical Medicine in London in the publication of a monthly *AIDS Technical Literature Update*, aimed at senior health care professionals without access to this information. The Update will provide extended summaries of key articles, abstracts and a select bibliography.
- A global network of Collaborating Centres for AIDS Information and Materials Exchange will be established.

WHO Collaborating Centres On AIDS

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

Africa

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

Kenya Medical Research Institute, University of Nairobi, Nairobi, Kenya

Uganda Virus Research Institute, Entebbe, Uganda

Americas

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

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, United States of America

Department of Cancer Biology, Harvard School of Public Health, 665 Huntington Avenue, Boston, Massachusetts 02115, United States of America

Center for Drugs and Biologics, Food and Drug Administration, 5600 Fishers Lane, Rockville, Maryland 20857, United States of America

National Institutes of Health, Building 1, Room 111, Bethesda, Maryland 20205, United States of America

South-East Asia

National Institute Virology, 20A Dr Ambedkar Road, 411001 Pune, India

Dept of Microbiology, Siriraj Hospital, Mahidol University, Bangkok, Thailand

Europe

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

National Board of Health, Coordinator, Collaborating Centres on AIDS of Denmark, Copenhagen, Denmark

WHO Collaborating Centre on Oral Manifestations of HIV, Department of Oral Pathology, The Royal Dental College, 3C, Blegdamsvej, DK-2200 Copenhagen N, Denmark

Centro Nacional de Microbiologia, Virologia e Immunologia Sanitarias, Majadahonda, Madrid, Spain

Institut de Médecine et d'Epidémiologie Tropicales, Hôpital Claude Bernard, 10 avenue de la Porte d'Aubervilliers, 75944 Paris Cedex 19, France

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

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

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

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

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

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

Collaborating Centres on AIDS of the Federal Republic of Germany, Coordinator, Dept of Hygiene and Medical Microbiology, Max von Pettenkofer Institute, Pettenkoferstrasse 9A, 8000 Munich 2, Federal Republic of Germany

National Bacteriological Laboratory, 10521 Stockholm, Sweden

D.I. Ivanovsky Institute of Virology, 6, Gamaleya Street, 123098 Moscow, Union of Soviet Socialist Republics

Eastern Mediterranean

US Naval Medical Research Unit, NAMRU-3, c/o American Embassy, Cairo, Egypt

National Institute of Health, Islamabad, Pakistan

Faculty of Medicine, Kuwait University, Kuwait

Western Pacific

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

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

Annex 1**World Health Assembly** WHA40.26 15 May 1987**Global Strategy for the Prevention and Control of AIDS**

The Fortieth World Health Assembly,

Having considered the report of the Director-General on WHO's Special Programme on AIDS;¹

Deeply concerned that this disease caused by one or more naturally occurring retroviruses of undetermined geographical origin has assumed pandemic proportions affecting all regions of the world and which represents a threat to the attainment of health for all;

Realizing that the transmission of AIDS can be prevented, that information is an essential element in all control of AIDS, and that every individual has a responsibility;

Reiterating that information and education on the modes of transmission as well as the assurance and use of safe blood and blood products, and sterile practices in invasive procedures, are still the only measures available that can limit the further spread of AIDS;

Convinced of the crucial importance of countries closely integrating their programme for the prevention and control of AIDS within their health systems based on primary health care;

Impressed by the accelerated response of WHO to this emergency during the past year;

Noting with satisfaction that WHO has invested funds from its regular 1986-1987 budget to deal with this serious public health problem despite current financial constraints;

Grateful to all those whose generous extrabudgetary contributions have made it possible to give the required momentum to WHO's efforts to combat AIDS;

Stressing the need for substantial additional voluntary contributions to permit WHO to fulfil its international directing and coordinating role in this field;

Emphasizing that all contributing countries are protecting the health of their own people no less than that of others, since AIDS knows no geographical boundaries;

Realizing that the worldwide emergency created by AIDS will require urgent and vigorous globally directed action in the development of epidemiological surveillance, the intensification of research in prevention, control, diagnosis and treatment including social science research, the training of national health workers and other relevant areas of prevention, control and research;

Recognizing that due to the relatively long incubation period of the virus and the large number of people already infected with it, the worldwide number of AIDS cases will continue to rise in the next few years irrespective of public health strategies to prevent viral transmission;

1. Confirms that WHO should continue to fulfil its role of directing and coordinating the global, urgent and energetic fight against AIDS;
2. Endorses the establishment of a Special Programme on AIDS and stresses its high priority;
3. Further endorses the global strategy and programme structure prepared by WHO to combat AIDS;

¹ A40/5

4. Urges Member States:

- (1) to establish or strengthen effective programmes to combat AIDS in line with the above-mentioned global strategy and recommendations of the Third Meeting of Participating Parties; and to ensure that control is integrated into the existing system based on primary health care, and is based on effective educational and preventive measures to enable each person to protect himself/herself from the disease;
- (2) to cooperate fully with one another in facing this worldwide emergency within the context of the policy of technical cooperation among countries through the adoption of compatible programmes and transfer of appropriate technology;
- (3) to share in full openness with WHO and with other Member States all relevant and reliable information on AIDS and related infections;

5. Urges Member States to make voluntary contributions in cash and kind for the implementation of the global strategy;**6. Appeals to bilateral and multilateral agencies, as well as nongovernmental and voluntary organizations, to support the worldwide struggle against AIDS in conformity with WHO's global strategy;****7. Requests the regional committees:**

- (1) to keep the situation concerning AIDS in the regions under constant review;
- (2) to ensure that regional resources to combat AIDS are used in conformity with the global AIDS strategy; and
- (3) to report annually to the Director-General on the situation in the region;

8. Requests the Executive Board to review yearly until further notice the global epidemiological situation concerning AIDS and progress in implementing WHO's global strategy to combat it;**9. Requests the Director-General:**

- (1) to ensure that the global strategy to combat AIDS is effectively implemented by all levels of the Organization - country, regional and global - with the aim of containing, progressively reducing and eventually stopping the spread of the infection;
- (2) to assert WHO's international directing and coordinating role in support of national AIDS programmes;
- (3) to support national AIDS prevention and control programmes in due balance with other health programmes by ensuring adequate coordination and cooperation of the governments concerned, WHO and other external partners;
- (4) to continue to develop effective strategies to prevent the transmission of AIDS, including social and behavioural research and the advocacy of the role of women in preventing transmission;
- (5) to reinforce the Organization's support to Member States in designing or strengthening, implementing, monitoring and evaluating national programmes for AIDS prevention and control;
- (6) to issue guidance on the prevention and control of AIDS on a continuing basis as new information comes to light and the Special Programme evolves;
- (7) to continue to seek extrabudgetary funds to implement the global AIDS strategy;
- (8) to establish a Special Account for AIDS in the Voluntary Fund for Health Promotion; and
- (9) to report on the matter to the Executive Board and to the World Health Assembly annually.

Twelfth plenary meeting 15 May 1987 A40/VR/12

Annex 2

Economic and Social Council of the United Nations

Text of Resolution 1987/75 of the 35th Plenary Session
8 July 1987

Prevention and control of AIDS

The Economic and Social Council,

Having considered World Health Assembly resolution WHA40.26 of 15 May 1987 on the global strategy for the prevention and control of acquired immunodeficiency syndrome (AIDS),

Deeply concerned to learn that this disease has assumed pandemic proportions affecting all regions and that it represents a serious threat to the attainment of health for all by the year 2000 and to social and economic development in general,

Considering that the international community should do the utmost to prevent the further spread of AIDS, bearing in mind that information is an essential element in the control of AIDS and that every individual has a responsibility,

Realizing that the worldwide emergency created by AIDS will require urgent and vigorous globally directed action in prevention, control and research,

1. **Draws the attention** of the General Assembly to World Health Assembly resolution WHA40.26, by which the World Health Assembly endorsed the global strategy for the prevention and control of AIDS prepared by the World Health Organization;
2. **Expresses its appreciation** to the World Health Organization for taking the lead in mobilizing the international community to combat the disease;
3. **Calls upon** all States to take active measures to prevent and control AIDS in line with the global strategy;
4. **Urges** all appropriate organizations of the United Nations system, including the specialized agencies as well as bilateral and multilateral agencies and nongovernmental and voluntary organizations, to support the worldwide struggle against AIDS in close cooperation with the World Health Organization in its role of directing and coordinating the urgent fight against AIDS and in conformity with the global strategy.

Annex 3

United Nations General Assembly

Text of Resolution A/42/8 of the 42nd session of the
United Nations General Assembly,
26 October 1987

Prevention and control of acquired immune deficiency syndrome (AIDS)

The General Assembly,

Deeply concerned that acquired immune deficiency syndrome (AIDS), caused by one or more naturally occurring retroviruses of undetermined origin, has assumed pandemic proportions affecting all regions of the world and represents a threat to the attainment of health for all,

Having considered World Health Assembly resolution WHA40.26 of 15 May 1987 on the Global Strategy for the prevention and control of AIDS and Economic and Social Council resolution 1987/75 of 8 July 1987 on prevention and control of AIDS,

Recognizing the established leadership and the essential global directing and coordinating role of the World Health Organization in AIDS prevention, control and education, and related research and public information and, in this context, the vital importance of the World Health Organization Special Programme on AIDS,

1. **Commends** the World Health Organization for its efforts towards global AIDS prevention and control and, in particular, for its support for national AIDS programmes and regional activities, including the meeting of Ministers of Asian and Pacific Governments at Sydney, and the forthcoming World Summit of Ministers of Health on Programmes for AIDS Prevention to be held in London;
2. **Confirms** that the World Health Organization should continue to direct and coordinate the urgent global battle against AIDS;
3. **Commends** those Governments which have initiated action to establish national programmes for the prevention and control of AIDS in line with the Global Strategy of the World Health Organization, and urges other Governments to take similar action;
4. **Calls upon** all States, in addressing the AIDS problem, to take into account the legitimate concerns of other countries and the interests of inter-State relations;
5. **Invites** the World Health Organization to facilitate the exchange of information on and promotion of national and international research for the prevention and control of AIDS through the further development of Collaborating Centres of the World Health Organization and similar existing mechanisms;
6. **Requests** the Secretary-General, in view of all aspects of the problem, to ensure, in close cooperation with the Director-General of the World Health Organization and through the appropriate existing mechanisms, a coordinated response by the United Nations system to the AIDS pandemic, and urges all appropriate organizations of the United Nations system, including the specialized agencies, bilateral and multilateral agencies and non-government and voluntary organizations, in conformity with the Global Strategy, to support the worldwide struggle against AIDS;
7. **Invites** the Director-General of the World Health Organization to report to the General Assembly at its forty-third session, through the Economic and Social Council, on new developments in the global AIDS pandemic, and requests the Economic and Social Council to consider the report in accordance with its mandate.

Annex 4

Note verbale from the Director-General, WHO

(Ref.: C.L.30.1987)

The Director-General of the World Health Organization presents his compliments and, further to his communication of 30 June 1987 concerning resolution WHA40.26, which requested him *inter alia* to issue guidance on the prevention and control of AIDS on a continuing basis, has the honour to draw attention to recent concerns about parenteral transmission of human immunodeficiency virus (HIV) which make it timely to review existing guidelines for the use of injections and other skin-piercing procedures.

As stated in the preamble of resolution WHO40.26, "information and education on the modes of transmission as well as the assurance and use of safe blood and blood products, and sterile practices in invasive procedures, are still the only measures available that can limit the further spread of AIDS". The invasive procedures referred to include injections and other skin-piercing procedures, such as acupuncture, tattooing, scarification and ear piercing.

Injections and other procedures which are used to pierce the skin or mucous membranes for preventive, diagnostic or therapeutic purposes play an important role in both traditional and modern care. While injections and other skin-piercing procedures provide the only method for certain preventive, diagnostic or therapeutic interventions (e.g. most immunizations, thick blood smears for malaria diagnosis, intravenous or intramuscular administration of medication), in other situations alternative procedures are available (e.g. oral administration of medications).

Injections and other skin-piercing procedures can transmit infection if a reusable needle or other instrument is not sterilized properly. Bacteria, viruses, parasites and fungi may be transmitted between individuals in this manner. For example, such transmission has been documented with the hepatitis B virus. The risk of similar transmission of HIV also exists, although the level of risk appears lower than with hepatitis B virus.

The Director-General wishes therefore to issue the following guidance regarding the prevention of transmission of infection from injections and other skin-piercing procedures:

1. In order to minimize such transmission of infective agents, *it is important to restrict injections and other skin-piercing procedures to situations in which the indications are clearly and appropriately defined*. These procedures should only be used after consideration of the risks and benefits of available options so as to avoid their over-use and over-prescription. *Where an appropriate and acceptable alternative is available, it should be used.*
2. To avoid person to person transmission of microbial agents, *single use (disposable) instruments should be used only once. They should then be destroyed under the careful supervision of appropriate health care staff, to prevent re-use. Multiple use (reusable) instruments should always be washed and appropriately sterilized (or disinfected) according to existing guidelines (Weekly Epidemiological Record, 1987; 9:53-4).*

If these procedures are always used and applied properly, the risk for transmission of infections, including HIV, through injections and other skin-piercing procedures can be eliminated.

Geneva, 17 September 1987
