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SPECIAL
PROGRAMME
ON AIDS

REPORT OF THE
FOURTH MEETING OF
PARTICIPATING PARTIES

GENEVA
12-13 NOVEMBER 1987



WORLD
HEALTH
ORGANIZATION

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Introduction

The Fourth Meeting of Participating Parties for the Prevention and Control of the Acquired Immunodeficiency Syndrome (AIDS) took place at the headquarters of the World Health Organization (WHO) in Geneva on 12 and 13 November 1987. The meeting was attended by 116 representatives from 65 Member States, United Nations organizations, nongovernmental organizations and other bodies. A list of participants is attached (Annex 8).

The purpose of the meeting was: (a) to review the progress of the Special Programme on AIDS (SPA); (b) to examine the proposal for a joint management structure comprising a committee of participating parties and a global commission on AIDS; (c) to study the estimated financial requirements for 1988. The programme of the meeting is attached (Annex 1).

The meeting was opened by Dr Mahler, Director-General, WHO, who reviewed the major achievements since the establishment of the Special Programme on 1 February 1987 and highlighted some of the problems that have arisen as a result of the Programme's rapid expansion and the high level of activities. WHO, he said, is facing a double challenge: not only is it struggling to contain the continuing spread of the virus but it also has to offset the defeatism that threatens to undermine efforts to combat AIDS. WHO will therefore continue to mobilize and lead international collective efforts to dispel confusion and pursue a policy of transparency and openness to counteract misunderstanding and disinformation.

With the general agreement of the Assembly, Dr G. Gizaw (Ethiopia) and Professor A. Pompidou (France) were designated chairmen for the first and second days of the meeting respectively.

The AIDS Pandemic: the Situation since April 1987

Dr Jonathan Mann, Director SPA, described the evolution of the global situation and the three patterns of transmission. By 1 November 1987 over 62 000 cases of AIDS had been reported by 127 countries, representing a 35% increase in the number of cases reported and a 26% increase in the number of countries reporting since April 1987. The global magnitude of the problem is now fully recognized, as was evident at the meeting of the United Nations General Assembly in October 1987.

The Director recalled that the first pattern of transmission of AIDS was primarily found in North America, Western Europe, Australia and New Zealand. In those areas the virus began to spread widely in the late 1970s, the major groups affected being homosexual and bisexual men and intravenous drug users. Pattern II involved Central Africa, parts of Eastern, Western and Southern Africa and areas of the Caribbean; there the virus appeared to have been spreading widely in the late 1970s. The major groups affected were (a) heterosexual men and women; (b) persons who had received either blood transfusions from supplies that had not been screened or injections involving the re-use of needles and syringes without proper sterilization; and (c) infants who became infected largely through perinatal spread from an infected mother. Pattern III was observed in Asia, the Pacific, the Middle East, and Eastern Europe, where it appeared that the virus began to spread in the 1980s. The major groups affected were people who had received imported infected blood and blood products and people who had had sexual contact with persons coming from areas with either pattern I or pattern II transmission.

Recent studies indicate that there is still no evidence of any innate biological resistance to the virus. The only recognizable immunity is behavioural; there is a consensus that the spread of the virus is related to the extent of its presence and to behaviour that transmits the virus. There is no reason to suggest that there is either a heightened susceptibility or resistance to infection on biological, ethnic, or racial grounds. It is now known that there are no modes of spread of the virus other than those that have been identified, i.e., sexual, through blood, or from infected mother to child.

With regard to therapeutic agents, the drug AZT clearly prolongs the life of patients with AIDS for varying but indeterminate periods. Unfortunately the drug has many side effects and is very expensive. Other drugs are being tested, but none has yet shown real promise. Hope for the future lies in the extensive research under way in many pharmaceutical companies and research institutes throughout the world.

There have been no major advances in the development of a vaccine. The virus is demonstrating an extraordinary complexity that has not previously been fully appreciated. A recent meeting organized by the Institut Pasteur concluded that the virus would continue to surprise by its strategies of infection and its ways of eluding host defence mechanisms.

In many countries conflict is developing between those who wish to adopt isolation measures against people who are HIV-infected and those who understand that societies are best protected by keeping infected persons within the community and by supporting them in their difficulties and helping them assume their responsibility to avoid infecting others.

There has been a remarkable mobilization of effort at the national, regional and international level. Over 150 national AIDS committees have been established and over 120 Member States have sought collaboration with SPA. There has been a major advance in the sharing of knowledge and experience. Thus in Sydney, at a meeting held in collaboration with the Australian Ministry of Health, the threat of AIDS was discussed with representatives from Oceania and various areas of Asia; in Quito the PanAmerican Health Organization, in collaboration with SPA, organized the largest medical meeting in history (an estimated 60 000 people participated in the teleconference at 600 sites throughout the Americas); in Tokyo a meeting was held on integrated

strategies for the prevention and control of AIDS and hepatitis B in Asia and the Western Pacific; and in Washington the III International AIDS Conference was attended by 7 000 scientists and 1 000 journalists.

There has been strong support in political forums for the Global Strategy for the Prevention and Control of AIDS and for WHO's leadership role in directing and coordinating international implementation of the Strategy. The support was manifested at the Fortieth World Health Assembly, which adopted resolution WHA40.26 endorsing the Global Strategy; at the Venice Summit of Heads of Government; at the Economic and Social Council of the United Nations; and finally, at the United Nations General Assembly, where it was recognized that AIDS is a social, economic, political, and cultural as well as medical problem and where the importance of WHO's leadership role in coordinating and directing AIDS prevention and control at the global level was acknowledged.

The infection is continuing to spread. Discrimination and stigmatization threaten not only human rights, ideals, and values but also effective AIDS prevention and control, which require people who are infected to be cared for and supported within society. Nevertheless, thanks to the mobilization of efforts at all levels, collective willingness and understanding are now available to dominate the disease — to understand it, to understand how it can be controlled, and to move effectively towards such control.

Progress Report

In a detailed presentation, the Director and the chiefs of unit of the Special Programme described the activities of each of the main organizational components. These activities are summarized in SPA's *Progress Report No. 2* (WHO/SPA/GEN/87.3).

Participants commended the speed with which WHO has responded to the global problem through SPA. It was recognized that SPA faces a constantly evolving challenge. In terms of support to countries, for example, now that the initial phase of investigation is nearing completion, the emphasis has to shift to the implementation of national plans. In this connection the importance of ensuring political commitment was underlined. The focus on evaluation was noted with satisfaction. It was also noted that the special skills required for implementing national AIDS programmes are not always available among medical personnel and social scientists. Consequently the skills of qualified health administrators able to overcome the complexities of bureaucracy are needed. It was suggested that consideration be given to supporting imaginative approaches to the staffing at both SPA headquarters and in the field.

Management of the Special Programme

The Director of the Global Programme introduced a proposal for a joint management structure comprising two advisory bodies: a global commission on AIDS that would be composed of biomedical and social scientists, primary health care specialists, legal and economic experts, and technical aid management specialists; and a committee of participating parties composed of participating governments, multilateral agencies and organizations, and nongovernmental and voluntary organizations.

A number of questions were raised concerning the functioning and composition of the proposed advisory bodies and their relation to WHO's governing bodies. The complex multisectoral nature of AIDS was underlined and the consequent need for strong multidisciplinary support to tackle the challenges that will confront the programme at all levels of operation. Concern was

expressed regarding the size of the advisory bodies, in particular the committee of participating parties; in that connection the question of the need for a small executive body was raised. Attention was drawn to the implications of the structure for activities at all levels, and there was particular concern regarding the need for a close coordination of resources and activities at the country level.

The Director-General, WHO, pointed out that, while WHO is in an optimal position to mobilize and coordinate the medical and health aspects of the campaign against AIDS, the disease is characterized by political, social, economic, and cultural factors that call for strong support from other sectors. WHO has to find means of mobilizing and ensuring the necessary expertise to gain access to these sectors at the highest government level. There is also some uneasiness within WHO and its governing bodies about the level of funding required for the Global Strategy on AIDS and about WHO's capability to manage and be accountable for the large financial and personnel resources involved. There is particular concern about how best to support individual countries in the management of national programmes, bearing in mind their capacity to absorb resources. Clearly there is a need to support countries in building up the necessary capability to deal with AIDS in national contexts and perspectives. For these reasons WHO should consider more imaginative approaches to the management structure of SPA including entering into arrangements with agencies such as the United Nations Development Programme (UNDP) and possibly the World Bank to ensure a sufficiently broad approach to the problem.

Participants expressed full support for the Director-General's proposal to investigate new approaches to the management of SPA, with appropriate legal advice. It was agreed that WHO, while maintaining its role of global leadership, should explore the possibility of entering into a special partnership with one or more agencies and report to the next meeting of participating parties. Accordingly, arrangements were announced for the Director of the Special Programme and other WHO staff closely concerned to have discussions with the staff of UNDP in New York. Further discussion of the management proposals put before the meeting was therefore postponed.

Regional Activities

The major role played by WHO's Regional Offices in intercountry and national programme support activities and in conducting a wide variety of activities of regional importance was highlighted by representatives of those Offices, as detailed on pages 24-26 of *Progress Report No. 2*.

Structure and Staffing

Participants were provided with up-to-date information concerning the structure and staffing of the Programme (Annex 2).

Financial Situation 1987

The Director of the Special Programme stated that US\$ 26.4 million in funds have actually been received and an additional US\$ 18.6 million have been pledged in writing or orally, the total amounting to US\$ 45.5 million in undesignated contributions received or pledged. The financial commitments for 1987 total US\$ 24.5 million, of which 77% is earmarked for support to national programmes (Annex 3). Additional resources have been pledged for support to specific countries.

The Director of Budget and Finance, WHO, stated that the Organization's support to SPA from WHO's regular budget amounted in 1986-1987 to US\$ 0.5 million from the Director-General's Special Programme. The same amount would be forthcoming in 1988-1989.

In that connection, the Director of the Special Programme emphasized the strain placed on WHO's support services by the activities of the SPA and acknowledged with appreciation the very extensive support that these services have provided.

In reply to a query regarding the contribution to other WHO programmes, the Director said that collaboration is extensive with HRP, TDR, ORH, MNH, and many other Programmes, as described in *Progress Report No. 2*, p. 10-11. SPA thus benefits from the experience and expertise existing within WHO.

Estimated Financial Requirements for 1988

The Director of the Special Programme presented the financial requirements for 1988, which are estimated at US\$ 66.2 million, including US\$ 7.6 million for programme support (Annex 4). The remaining US\$ 58.6 million are allocated as follows: 58.9% (US\$ 34.5 million) to national programmes; 9.7% (US\$ 5.7 million) to regional activities; and 31.4% (US\$ 18.4 million) to global activities (Annex 4, 5, 6, 7).

In response to a query concerning the need for flexibility in relation to financial resources, the Director explained that the data provided constitute a framework for the aims and intentions of the SPA and allow for adjustment according to needs.

A number of countries and institutions pledged their support for SPA.

Inter-Organizational Collaboration

The Director described the chief points of the collaboration that has been achieved within the United Nations system and with other organizations, as detailed on pages 11-13 of *Progress Report No. 2*.

Future Directions

To make projections for the future, the Director said, it is necessary first of all to take stock of the present and to look back at the recent past. Considerable uncertainties still surround AIDS and lack of knowledge about the dimensions of the epidemic, the speed at which it is progressing, and the number of people infected prevent any valid assessment of the effectiveness of public health campaigns for its prevention and control. It also makes it difficult to make projections for the future. However, the international community has responded quickly with strategies and approaches. Consequently, despite the continuing uncertainties, a more mature and coherent perspective of the disease and of what can be done to halt its spread has rapidly emerged. It is also evident that the same key questions are emerging all over the world.

However, the problems connected with AIDS — whether in relation to discrimination, screening or treatment — are, in fact, the same world-wide. Solutions to such problems will be determined by cultural factors, by the leadership of individuals, and by the ways in which different societies learn to cope with them. WHO has a fundamental and proactive role to play in the exchange of information, since the lessons learned and the solutions adopted in one country can be useful to other countries.

WHO feels strongly that AIDS prevention and control can be implemented in a manner that respects and protects human rights and that there is no public health justification for discrimination against persons suspected of being, or known to be, HIV-infected. WHO's approach to and stand on such issues are an important part of its international leadership role.

Further discussion on those and other issues are of paramount importance and will be of value to all. Thus, one of the most important roles WHO can play in the future will be as a platform for such discussion and a mechanism to obtain, evaluate and disseminate information regarding lessons learned and experience shared.

Three years ago there was no coherent approach to dealing with AIDS prevention and control. Now it is known how to prevent the infection, and it is necessary to continue to mobilize the social, cultural, and political will to do so. The process of doing this collectively and learning from shared experiences might, in fact, hold special lessons and be of wider benefit for the entire world.

Annex 1**Fourth Meeting of Participating Parties for the Prevention and Control of AIDS**

Geneva, 12-13 November 1987

Programme**Thursday 12 November 1987**

- 08.30 - 08.50 Opening of the meeting
— Address by Dr H. Mahler, Director-General of WHO
— Election of chairperson
— Adoption of the agenda
- 08.50 - 09.10 Overview of the AIDS pandemic: evolution of the situation since April 1987
- 09.10 - 10.00 Progress report on the activities of the Special Programme on AIDS
— Global leadership and international collaboration
— Surveillance, forecasting, and impact assessment
— Biomedical research
— Social and behavioural research
- 10.00 - 10.30 Break
- 10.30 - 12.00 Progress report (continued)
— Health promotion
— Support to national programmes
- 12.00 - 14.00 Break
- 14.00 - 16.00 Management of the Special Programme
— Proposal for joint management structure committee of participating parties global commission on AIDS
- 16.00 - 16.30 Break
- 16.30 - 17.30 Management of the Special Programme (continued)
- 17.30 - 18.15 Regional activities
- 18.30 Reception

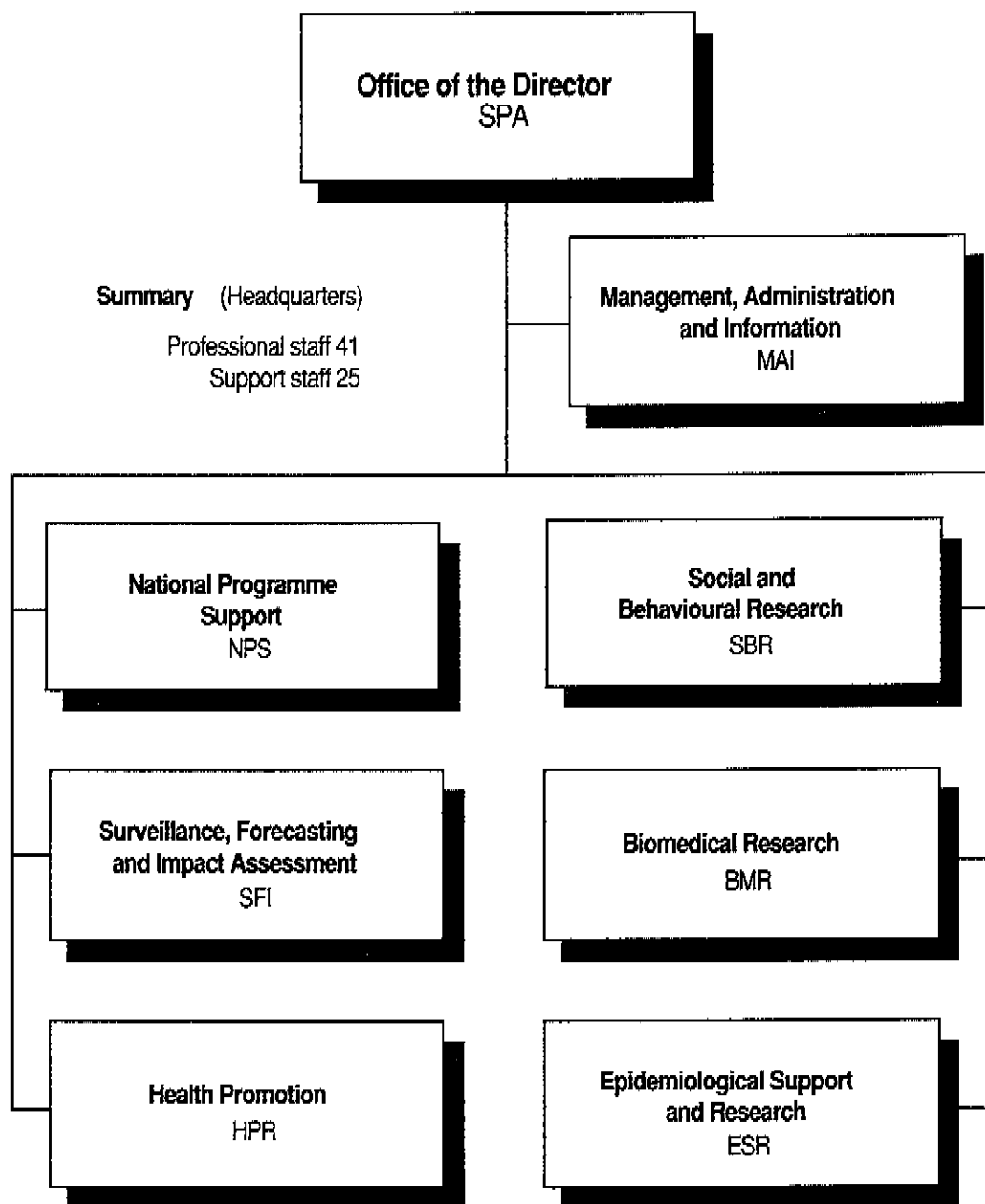
Friday 13 November 1987

- 08.30 - 10.15 Structure and staffing of the Special Programme
Financial situation of the Special Programme 1987
Estimated financial resource requirements for the Special Programme for 1988
- 10.15 - 10.45 Break
- 10.45 - 12.00 Inter-organizational collaboration
- 12.00 - 12.30 Future directions
- 12.30 Closure of the meeting

Annex 2

Professional and support staff assigned to SPA at Headquarters*

(as of 1 November 1987)



*Includes staff regularly appointed, on loan or on short-term contracts

Annex 3

Financial Situation 1987

Undesignated Contributions and Pledges as of 10 November 1987

	US\$ millions
Funds received	26.42
Pledges in writing	7.64
Oral pledges	11.39
Total	45.45

Financial Commitments — 1987

	US\$ millions	(%)
Director's Office/MAI	2.40	(9.8)
NPS	18.89	(77.0)
HPR	1.57	(6.4)
SBR/BMR	0.89	(3.6)
SFI	0.78	(3.2)
Total	24.53	(100.0)

Annex 4**Estimated financial resource requirements for 1988**

(in US dollars)

	Staff	Activities	Total
I. National and regional activities			
National programme support	2 230 000	32 300 000	34 530 000
Regional activities	2 660 000	3 000 000	5 660 000
Sub-total	4 890 000	35 300 000	40 190 000
II. Global activities			
Office of the Director	858 000	1 292 000	2 150 000
Management, administration and information	815 000	35 000	850 000
Health promotion	632 900	3 867 100	4 500 000
Surveillance, forecasting and impact assessment	600 500	1 899 500	2 500 000
Social and behavioural science research	535 650	3 464 350	4 000 000
Biomedical research	535 650	2 964 350	3 500 000
Epidemiological support and research	393 300	506 700	900 000
Sub-total	4 371 000	14 029 000	18 400 000
III. Total			
Net total	9 261 000	49 329 000	58 590 000
Total including programme support costs	\$ 10 464 930	\$ 55 741 770	\$ 66 206 700

Annex 5

Notes on development of 1988 estimates for SPA support to national programmes

Support to a country is divided into several phases. Experience to date has permitted the development of reasonable cost estimates for each phase.

I. Definition of phases of activity

Phase I-A

Initial visit to country; policy and technical discussions without financial support.

Such visits primarily involve industrialized countries, although such visits may also precede a Phase I-B in some developing countries.

Phase I-B

Initial visit to country and short-term direct support: supplies and equipment, local costs.

Phase I-B includes support for elaboration of the medium-term plan (MTP), preparation and adoption of a project document (exchange of letters or agreement), organization of a donors' meeting.

Phase II

Implementation of the MTP.

This phase is divided into one-year periods.

Phase III

Evaluation and follow-up activities.

II. Average cost for each phase

The estimates are based on the following assumptions:

Phase I-A	\$10 000
This covers visit and associated activities.	
Phase I-B	\$238 000
This covers staff and travel for a team of two persons plus average cost of short-term plan (\$215,000).	
Phase II	\$454 000
This covers average SPA contribution to 12 months of MTP implementation (\$350 000), plus cost of international staff at country level (15 man/months annually as an average).	
Phase III	\$10 000
Similar to Phase I-A	

III. Application of averages to planned activities

The 1988 estimates are arrived at by applying the above average costs pro-rata to the expected level and phases of activities. Thus, for example, where 12 months of Phase II activity is planned for 1988, the full average is included in the total. Where an entire Phase I-B is planned in 1988, and the first three months of Phase II is planned, the estimates include 100% of the average for the former and 25% of the average for the latter.

To the extent feasible, the averages shown in II above, and the expected level and phases of activities in each country, are based on the experience of SPA support to countries up to October 1987, and on requests from and contacts with countries to date. The SPA share of support to national MTPs has been assumed to average 20% of the total annual external resources required to implement an MTP. Estimates for later years can be expected to be based less on assumptions about costs, and more on the actual content of MTPs and project documents, as well as on the experience gained concerning the level of external resources for national programmes forthcoming from other sources.

Annex 6
Targets for National Programme Support
at 31 December 1988

I. With Member States

Of 166 Member States 129 will have collaborated with or will be being actively supported by SPA.
Of these, 112 will be in the process of implementing their MTP.

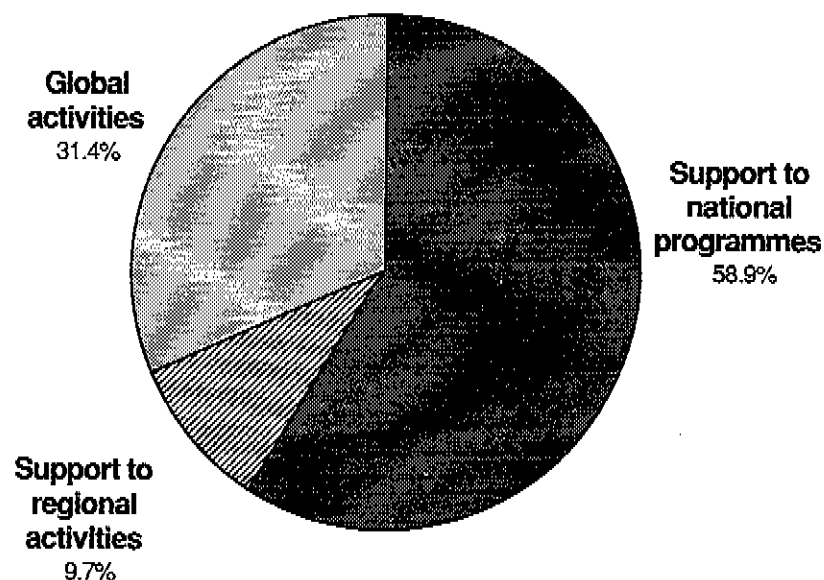
II. With other countries or territories

In addition, 13 countries or territories, not Member States of WHO, are expected to be in the first year of MTP implementation.

Annex 7

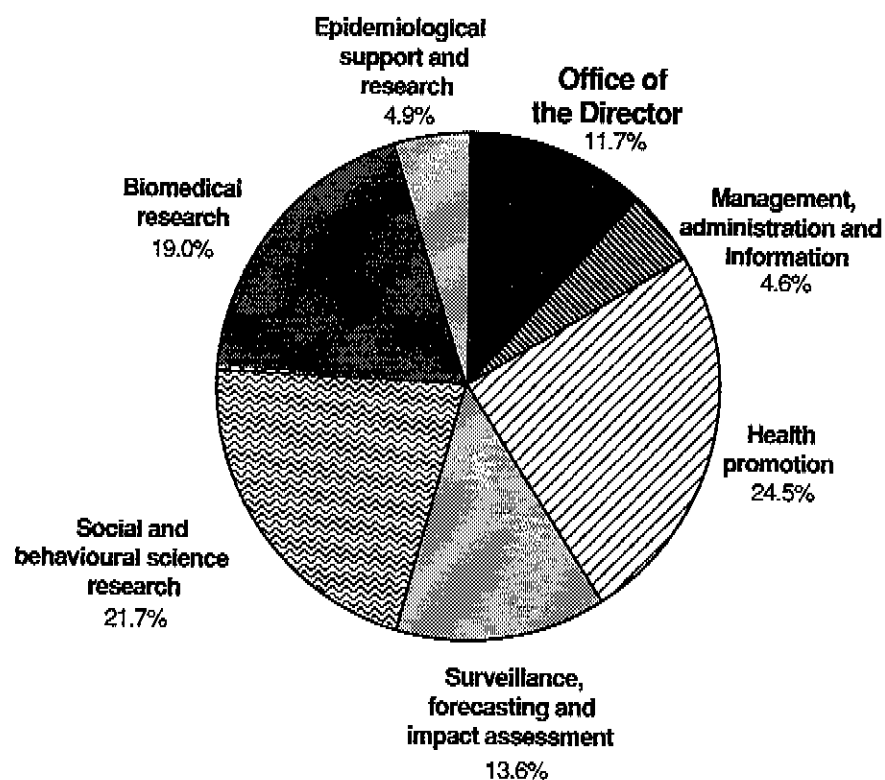
Percentage breakdown of 1988 estimates

I. Overall distribution



II. Global activities

Distribution by global programme area



Annex 8

List of Participants

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United Nations Development Programme (UNDP)

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Office of the United Nations High Commissioner for Refugees

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United Nations Population Fund (UNFPA)

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International Labour Organisation (ILO)

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United Nations Educational, Scientific and Cultural Organization (UNESCO)

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World Bank

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Other Intergovernmental Organizations

African Development Bank

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Commission of the European Communities (CEC)

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Commonwealth Secretariat

Professor Kihumbu Thairu, Medical Adviser and Director of Health Programmes

Council of Ministers of Health of the Gulf Arab States

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Organization for Economic Cooperation and Development (OECD)

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Nongovernmental Organizations

CARE

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CARITAS

Rev. Robert J. Vitillo, Chief of Service for Europe and North America, CARITAS Internationalis, V-00120 Città del Vaticano, Italy

Catholic Fund for Overseas Development

Mr J. Filochowski, Director, London SW9 9TY, United Kingdom of Great Britain and Northern Ireland

Catholic Relief Service

Mr Robert Rossborough, New York, NY 10022, United States of America

Christian Medical Commission (CMC)

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International Council of Nurses

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International Planned Parenthood Federation (IPPF)

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International Union for Health Education

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International Union against Tuberculosis and Lung Disease

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International Union against the Venereal Diseases and the Treponematoses

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League of Red Cross and Red Crescent Societies

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Lutheran World Federation

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Save the Children Fund (UK)

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Save the Children Fund (USA)

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World Federation of Hemophilia

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Foundations

African Medical and Research Foundation (AMREF)

Mr M.S. Gerber, President, New York, NY 10170, United States of America

American Foundation for AIDS Research

Miss Patricia Halleron, Education Director, American Foundation for AIDS Research, San Francisco, C.A. 94117, United States of America

Ford Foundation

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Project Hope

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