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at an

INFORMAL BRIEFING ON AIDS

to the

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on Tuesday 20th October 1987

Mr President, Mr Secretary-General, Excellencies, Honourable Delegates, Ladies and Gentlemen:

It is a great privilege for me to have the opportunity of addressing you. The subject of my presentation is of importance to all the countries you represent, because AIDS does not respect national frontiers.

The disease was first recognized in 1981, just six years ago. At that time, no one could have predicted that infection with the AIDS virus already was, and would become, a new global problem of extraordinary scope and unprecedented urgency. The confrontation between man, armed with intelligence, courage and will, and disease - in this instance a subtle, deadly infection - has rarely been as stark.

A global problem of this magnitude and broad impact - social, economic, demographic, cultural and political - such a global problem requires a global response. The World Health Organization is orchestrating just such a response in keeping with its constitutional mandate to direct and coordinate international health. For after several years of preliminary activity, it became clear that a global effort would be required to stop AIDS. Just as smallpox eradication only became a reality when the nations banded together under the banner of WHO, so AIDS will require global mobilization around a global strategy. On February 1st 1987, WHO's Special Programme on AIDS was created as the architect, as the headquarters of the global attack on AIDS. In a remarkably short time, the Special Programme has designed the Global AIDS Strategy, has raised funds and rapidly started to implement the strategy, and has marshalled the support of all nations.

Yet, terrible as it is, AIDS is not only a disease, a medical condition, a health problem. AIDS is a threat to social and economic development, to people in the most productive phase of their lives, to family life, to mothers and their children - to entire cultures and populations. In WHO, we never forget that the broad social impacts are as much a part of the pathology of AIDS as the virus itself.

The global strategy requires that strong AIDS programmes be developed in every country. Already, national AIDS committees have been established in over 100 countries. Since February this year, 91 countries, including 40 in Africa, 30 in the Middle East, Asia and Oceania, 15 in the Americas and 6 in Europe have entered into collaboration with WHO to support and strengthen their national AIDS programme. To this end, we have provided over 250 technical missions by epidemiologists, laboratory specialists, planners, and educators. Urgently needed financial support has already been delivered to start the work of national AIDS control without delay. Using WHO guidelines, 50 countries have prepared written plans for national AIDS prevention and control. Five countries - Uganda, Kenya, Tanzania, Rwanda and Ethiopia - have completed 3-5 year plans and in collaboration with WHO have received pledges from bilateral and multilateral agencies for over US\$ 19 million to implement these plans. At the request of these governments, WHO is providing staff to support further the

National Programme. Fifteen laboratory workshops have trained over 300 laboratory workers from 90 countries who proceed to train others in their country in the latest AIDS laboratory techniques. In short, throughout the world, national AIDS programmes are being rapidly established with the technical and financial support of WHO's Special Programme.

Support to national programmes must be accompanied by strong international leadership, coordination and collaboration. We have alerted the international community to the global scope of AIDS and to its broad social impact. Vital intercountry meetings of national authorities in Brazzaville, Graz, Kuwait, New Delhi, Sydney and Quito, have marked distinct turning points in national and regional AIDS awareness and action. In collaboration with world-renowned scientists, we have organized a global bank for AIDS viruses, issued guidelines on key issues, such as international travel and AIDS, and standards for AIDS screening programmes. Our global AIDS data bank will provide for vital exchanges of information as we track the disease forward and we are also helping countries determine how many of their people are already infected with the AIDS virus. In collaboration with others, we are determining the economic and demographic impacts of AIDS and are modelling the epidemic to help predict its future course.

We have given special prominence to social and behavioural issues, including perceptions of AIDS and responses to it, educational strategies to prevent AIDS transmission, and impacts on demography and on social structures, especially families. Further, we are creating a Global Commission on AIDS, bringing together experts in the health, social, economic, legal, ethical, and biomedical fields. This Commission will advise WHO on world-wide developments related to the disease, the content and scope of the Special Programme and the progress of epidemiological, socio-economic and biomedical research. In so doing, it will also help to ensure the transparency of the global combat to stop AIDS.

The scientific work to master AIDS, like the disease itself, is now firmly and irrevocably international. In AIDS, there really is no longer any such thing as purely local or even purely national research. Looking to the future, we must also work to ensure that the fruits of international research - drugs for treatment and vaccine - will be available to the entire world.

I should like to draw your attention to the recent resolution of the Economic and Social Council. It strongly supports WHO's global AIDS strategy, and this is most encouraging. Within this global strategy, which was endorsed by this year's World Health Assembly, we have been working closely with many members of the UN family: with UNDP, on strategies for long-term support for national AIDS programmes; with UNESCO on educational programmes for school-age children; with UNICEF on childhood immunization and breast-feeding aspects; with the World Bank on measuring direct and indirect costs of AIDS in the developing countries; and with UNFPA on the complex interactions between AIDS and family planning programmes. You may rightly ask how WHO has been able to do all this when it is in such financial straits and has had to freeze so many other vital activities. Well, we scraped the regular budget barrel right down to the very bottom to mobilize sufficient funds to start moving. I can assure you that that was no easy feat at all. Thereafter, during this extraordinarily busy period, we appealed to many bilateral and multilateral agencies and non-governmental and voluntary organizations and received unstinting support from them. We are most grateful for the willingness of these many organizations to join in AIDS control work within the Global Strategy of WHO, and I take this opportunity of thanking them sincerely in front of this august body.

And thus, we have moved quickly, with the broadest possible support, to confront this disease and all of its social, political and economic repercussions. We must remember that AIDS had stolen a march upon us, for it spread silently and widely before we even knew of its existence or its cause. True, infection continues to spread; fear and ignorance create personal, family and social tragedies; defeatism, extremism and discrimination threaten. Yet we have already rapidly organized and mobilized, and collectively we have the intellectual and social tools, the knowledge and the will not just to make a resolute stand now, but to dominate this disease, rather than allowing AIDS and the fears which surround it to dominate us. Let us not underestimate the challenge before us, for a world-wide effort will be required to stop AIDS. Yet we can, and we must, win this global war. We shall do so, with your support, by displaying what WHO stands for - international solidarity to improve the health of all people everywhere.

Thank you.

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