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GLOBAL
PROGRAMME
ON AIDS

REPORT OF THE
GLOBAL COMMISSION ON AIDS
FIRST MEETING

GENEVA
29-31 MARCH 1989



WORLD
HEALTH
ORGANIZATION

Report of the Global Commission on AIDS First Meeting

Geneva, 29-31 March 1989

Contents

I	Mandate of the GCA	1
II	Inaugural meeting	1
III	Briefing on GPA strategies	2
IV	Perspectives	3
	— The status of HIV and AIDS in the world	3
	— The danger of complacency	3
	— The role of the GCA	3
	— Diversity of opinion	4
	— Approach to the GCA mandate	4
V	Recommendations	4
	— Support for overall GPA strategy	4
	— Integration of initiatives	4
	— Policies on AIDS and drug use	4
	— Risk behaviour in heterosexuals	4
	— Risk behaviour in homosexual and bisexual men	5
	— Attention to applicable international law	5
	— Closer involvement of NGOs	5
	— Initiatives in research and development	5
	— Improved supply of HIV/AIDS data	5
VI	Suggestions for future consideration	6
VII	Second World Summit of Health Ministers	7
VIII	Next meeting and closure	7
	Annex 1. List of participants	9
	Annex 2. Terms of reference	13

Global Commission on AIDS First Meeting

I Mandate of the GCA

1. The Global Commission on AIDS (GCA) is a new initiative of the World Health Organization (WHO) in its strategy to respond to AIDS and the many problems which AIDS presents to individuals, nations and the world community. The GCA was established to serve as a means by which the Director-General of WHO might obtain expert guidance, from persons eminent in a number of disciplines and from different parts of the world, concerning AIDS and WHO and the Global Programme on AIDS (GPA) strategies which are relevant to it.
2. The functions of the GCA are:
 - to review and interpret global trends and developments related to HIV and other human retroviral infections;
 - to provide a continuous review and evaluation, from a scientific and technical viewpoint, of the content and scope of global AIDS prevention and control activities;
 - to advise on the establishment of scientific working groups on the GPA research agenda and scientific priorities;
 - to make any related proposals or recommendations to the Director-General.
3. The first meeting of the GCA took place at the Headquarters of WHO in Geneva on 29-31 March 1989. The meeting was attended by 22 of the 25 persons presently appointed to the GCA. A list of participants is given in Annex 1. By its mandate (Terms of reference in Annex 2), the GCA is to include up to 30 biomedical and social scientists, primary health care specialists, legal and economic experts and technical and aid management specialists. They serve in their personal capacities. The Chairman of the GPA Management Committee is *ex officio* a member of the GCA. The Chairman of the global Advisory Committee on Health Research and the scientific and technical advisory bodies of the Special Programme of Research, Development and Research Training in Human Reproduction and the Special Programme for Research and Training in Tropical Diseases are *ex officio* invited to participate in meetings of the GCA. The Director of GPA is the Secretary of the GCA. Also in attendance to assist the GCA were the relevant officers of the WHO Secretariat.

II Inaugural meeting

4. The first meeting of GCA opened with an address by the Director-General of WHO (Dr H. Nakajima). He stressed the importance of perceiving AIDS in the context of other important contemporary challenges to humanity and the global environment. What is at stake is human survival and the human condition. He challenged the members of the GCA to consider, in the face of AIDS, a fresh perspective in public health and on specific issues such as intravenous drug use.
5. The meeting was then provided with the first of a number of briefings. First, the history, constitution and organization of WHO were described.

6. The GCA then turned to issues relating to its own management. It agreed to elect a Chairman and that he or she would serve for a period of two years and be eligible for re-election. Professor L.O. Kallings (Sweden), Professor of Medical Microbiology, Scientific Adviser to the Swedish Government, President of the International AIDS Society and a member of the WHO Executive Board was elected to this office. Dame Nita Barrow (Barbados) was elected Deputy Chairman for the first meeting. Justice Michael Kirby (Australia) was elected rapporteur of the first meeting.
7. The agenda of the inaugural meeting was adopted after assurances that the issue of evaluation would be considered under several items. The meeting then turned to its business.

III Briefing on GPA strategies

8. The first day was devoted to an in-depth analysis of the past and current GPA strategies on AIDS. The Director of GPA (Dr J. Mann) emphasized the three-fold objectives of the Global AIDS Strategy:
 - to prevent transmission of HIV;
 - to reduce the personal and social impact of HIV/AIDS on those already infected, their families, friends and communities; and
 - to unify national and international efforts to achieve the above objectives.
9. The Director was closely questioned concerning strategy design within GPA, budgetary issues and fresh initiatives taken or proposed by GPA within the above overall strategy.
10. There followed detailed briefings on the past and current work of the major units within GPA:
 - Programme coordination and development;
 - National programme support;
 - Surveillance, forecasting and impact assessment;
 - Epidemiological support and research;
 - Biomedical research;
 - Health promotion;
 - Social and behavioural research; and
 - Management, administration and information.
11. Each of the unit chiefs was questioned about his report and responded to suggestions for change or improvement made by members of the GCA. Finally, representatives from the six Regional Offices of WHO (for Africa, the Americas, the Eastern Mediterranean, Europe, South-East Asia and the Western Pacific) outlined initiatives taken in their regions. They explained some of the particular cultural, linguistic, religious and other issues, challenges and opportunities presented in translating the global strategies of GPA to the special needs of, and environment in, their regions.

12. During this intensive presentation of data, members of the GCA questioned, and on occasion criticized, particular aspects of the reports received. Overall, however, the reports were accepted with a high level of satisfaction for their scientific quality, relevant priorities and appropriate sense of urgency in tackling the challenges presented by AIDS.

IV Perspectives

13. **The status of HIV and AIDS in the world:** WHO has estimated that five to 10 million persons worldwide were infected with the human immunodeficiency virus (HIV) as of mid-1988. The number of AIDS cases reported to WHO as of March 1989 is over 140 000. However, because of extensive under-recognition, under-reporting and delays in reporting, this total does not accurately reflect the true magnitude or distribution of the global AIDS problem. Because of the very long incubation period between HIV infection and the development of AIDS, new AIDS cases over the next five years will be mostly derived from persons who have been infected with HIV prior to 1988. Based on the lower estimate of five million HIV-infected persons as of 1988, the cumulative number of AIDS cases which WHO projects for the end of 1991 is over one million. For the mid-to-late 1990s the figure could reach two to three million. Very little reliable information exists on the incidence and prevalence of HIV infection in particular groups and countries. Special surveys are needed to be conducted with appropriate safeguards on the levels and trends of HIV infection in order to understand the current status of the HIV/AIDS epidemic and to target and evaluate AIDS programmes.
14. **The danger of complacency:** A matter of particular concern expressed by many members of the GCA and felt by all members of the Commission is that there is evidence of a decline in official and individual appreciation of the urgency of tackling effectively the AIDS epidemic at this stage of its development. In part, the evidence of complacency derives from the difficulty of sustaining public attention on such a subject over many years. In part, it is a product of the features of modern media communications. In part, it is the result of denial which commonly accompanies unpleasant realities. Whatever the causes, the GCA expresses concern lest the growth of complacency should diminish support for WHO, and GPA in particular, in combatting the spread of AIDS, in responding to the individual and social impact it causes and in reinforcing national and global cooperation which has been such an important achievement of WHO and GPA over recent years.
15. The GCA points out that every year a new cohort of sexually active young people enters the groups at risk. New needs arise to reinforce behaviour modification particularly amongst groups exposed to high risk behaviour. The growing evidence of AIDS associated with intravenous drug use in many countries and the dangers which this presents of the penetration by AIDS into the general population of those countries adds to the necessity of a new sense of urgency which should be felt at this time. To lose the present momentum of global and national efforts against AIDS would be a tragic mistake for which future generations would pay a terrible price.
16. **The role of the GCA:** The GCA perceives its functions, and its particular utility to the global effort against AIDS, as including the provision to the Director-General of:
 - fresh insights about the nature and extent of the problem of AIDS and creative guidance upon this personal as well as national and international crisis in public health; and
 - searching interdisciplinary scrutiny of the priorities and the programmes of GPA. This will be offered with a view to the expert monitoring of the performance of WHO and GPA in responding to AIDS, examined from the points of view of the scientific quality of the programmes, their practical effectiveness, their economic and social impact, their priority and their energetic implementation.

17. **Diversity of opinion:** Inevitably in a group as diverse as the GCA there have been, and will be, matters of difference in emphasis concerning particular aspects of the programme of GPA. Upon such matters the members of the GCA have expressed, and will continue to express, their individual opinions.
18. **Approach to the GCA mandate:** The GCA identifies as a high priority for the performance of its functions the early clarification and definition of:
 - criteria for fixing priorities within GPA; and
 - criteria for the evaluation of the effectiveness of GPA programmes.

V Recommendations

19. The GCA makes the following particular recommendations for the consideration of the Director-General:
 - 19.1 **Support for overall GPA strategy:** The GCA expresses its strong support for the Global AIDS Strategy adopted by WHO. The GCA is of the opinion that the overall strategy adopted by WHO and the activities undertaken by GPA to combat the AIDS epidemic is sound. The GCA urges the Director-General to maintain his efforts to convince Member States and all relevant components of the United Nations system to maintain their support for GPA and its mission. That support should be sustained and increased - and not diminished.
 - 19.2 **Integration of initiatives:** The GCA commends the very high level of coordination already achieved within the activities of GPA. High priority should be given to the integration of the activities of GPA within the context of the overall strategy of WHO and in particular for the attainment of primary health care. Close attention should be specially paid to coordination between WHO programmes and the national programmes of Member States. Such attention should pay appropriate regard to any particular features of the culture, environment and special problems of Member States which necessitate special adaptations or modifications of the global programmes in order that they will have maximum effectiveness in containing AIDS and responding to its individual and social consequences.
 - 19.3 **Policies on AIDS and drug use:** The advent of AIDS presents an important new dynamic with great significance for global and national strategies concerned with illicit drug use. It is important that this new dynamic should be reflected both within the policies and programmes of WHO itself and in WHO initiatives in relation to Member States and other relevant international agencies. The GCA notes the report concerning the high level of cooperation already established with the United Nations Drug Control Programme. It recommends that this should be intensified, particularly in response to the Director-General's call, at the outset of the meeting, for fresh examination of policies on drug use, particularly in the context of HIV/AIDS. Of particular relevance in this connection is the fact that long-term preventative educational programmes for youth present a special opportunity for a mutually supportive approach by WHO and other agencies, to the extent feasible, combining resources and experience. The problem of AIDS and drugs in prison is another example where existing work needs to be further developed and strengthened.
 - 19.4 **Risk behaviour in heterosexuals:** The GCA recognizes the particular need for GPA to address closely those activities which involve a high risk of the transmission of HIV. It recommends to the Director-General that special attention be paid in this context, in cooperation with the Member States involved, to the problems presented by prostitution and multiple partner sexual activities particularly in (but not limited to) developing countries.

- 19.5 **Risk behaviour in homosexual and bisexual men:** The GCA draws to the attention of the Director-General the reports concerning the difficulty of sustaining behaviour modification amongst homosexual and bisexual men in (but not limited to) developed countries. In the development of its activities GPA should give particular attention to this issue.
- 19.6 **Attention to applicable international law:** The initiatives of GPA concerning respect for human rights and measures for anti-discrimination deserve commendation. These initiatives can be enhanced by articulation of the applicable international law on human rights relevant to the containment of AIDS and the reduction of its impact on society and individuals. It is important for GPA to highlight WHO's awareness of applicable international law on human rights especially relevant to HIV/AIDS and to disseminate, within the WHO Secretariat and externally to Member States, information about the provisions of such law. That law is reflected in the resolution of the Forty-first World Health Assembly¹ concerning AIDS and Discrimination. However, the authority for the principles contained in that resolution derives from earlier binding instruments of international law. Public health needs, even those as urgent as AIDS, do not provide a blanket exemption from observance of human rights obligations. WHO, as a specialized agency of the United Nations, must pay particular attention to the field of AIDS policy and programmes to ensure compliance with established international statements of human rights. It should also be aware of regional statements of human rights.
- 19.7 **Closer involvement of NGOs:** There is a crucial need at this stage of the global and national initiatives relevant to AIDS actively to involve in national programmes, all relevant nongovernmental organizations (NGOs), community-based organizations and the private sector. GPA should in every appropriate way take steps to increase the awareness of other relevant international organizations and national AIDS committees concerning the desirability of involving NGOs, community-based organizations and private voluntary organizations, especially in the fields of activities directed towards prevention of the spread of AIDS.
- 19.8 **Initiatives in research and development:** The GCA recognizes the important start made by GPA in coordinating and conducting international efforts in epidemiological, biomedical and psychosocial research and HIV impact assessment. Current initiatives will be examined carefully by the research steering committees. The GCA recommends that a major agenda item of the next meeting should be examination of the reports of the research steering committees and a consideration of the initiatives to be proposed for 1990 and beyond. Research on the economic and social implications of AIDS should be intensified. *Inter alia* it could help to dissipate complacency and to convince governments that present expenditure to alleviate the problem will save them very much greater future costs that will inevitably arise if the matter is neglected now.
- 19.9 **Improved supply of HIV/AIDS data:** There is a vital need to improve the speed and accuracy of the supply of relevant data to WHO concerning levels of HIV infection and of cases of AIDS. The quality and effectiveness of WHO and national policies and programmes relevant to HIV and AIDS obviously depends to a high extent on the quality of the data being gathered by Member States and provided to WHO. In some parts of the world (particularly, but not limited to, parts of Africa), there is reason to believe that the supply of data and its quality could be significantly improved. The GCA recommends that urgent steps be taken to ensure that this problem is tackled effectively, in close collaboration with the relevant authorities of Member States.

¹ WHA 41.24

VI Suggestions for future consideration

20. Particular members of the GCA expressed opinions concerning the need for fresh or greater attention to be given at future meetings of the Commission to a number of subject matters. Some of those referred to in the course of the meeting were:
- 20.1 Means of bringing home to politicians, officials and other relevant policy makers the need to recognize the urgency of taking and sustaining initiatives relating to the containment of AIDS and the reduction of its impact on those already affected;
 - 20.2 New strategies for the education of prostitutes so that they can become a target group for promoting behaviour modification relevant to AIDS containment;
 - 20.3 The costs, distribution and availability of therapies for the treatment of HIV and AIDS having regard to other competing health priorities;
 - 20.4 The further development of psychosocial models to evaluate their effectiveness for behaviour modification for the containment of AIDS. These should build upon the growing body of knowledge regarding the determinants and psychological mechanisms of behaviour modification and upon the evidence of the success already achieved in some homosexual communities in securing such behavioural modifications;
 - 20.5 The provision and widespread dissemination of up-to-date information on available sources of research and other funds for initiatives relevant to AIDS. Particular reference was made in this connection to the World AIDS Foundation and the World Laboratory;
 - 20.6 The evaluation of the performance and appropriate uses of rapid diagnostic tests for HIV infections;
 - 20.7 The exchange of information on, and the promotion of operational research to secure data directly related to, sustaining the needs of national AIDS programmes.
 - 20.8 The exchange of information on, and the stimulation of research on the programmes needed to provide support to, persons affected by AIDS and their families, with special reference to the mobilization of community resources and the avoidance of discrimination;
 - 20.9 The encouragement of equity in the relationship between GPA and all Member States by encouraging Member States to adopt a minimum acceptable level of activities in connection with AIDS prevention and control.
 - 20.10 The means by which remedies and, when available, vaccines for AIDS might be made widely available, especially in developing countries and in relation to need;
 - 20.11 The identification of further appropriate ways of strengthening health and educational infrastructures, and manpower resources in Member States so that they can fully benefit from the activities of GPA. This process of institutional strengthening might, with advantage, be pursued in collaboration with other regular budget and special programme activities of WHO;
 - 20.12 The need for an international data base on the economic and social consequences of AIDS; and
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20.13 Consideration of how GPA might incorporate attention to human retroviruses other than HIV in its activities.

21. Inevitably at the first meeting of the GCA, the members of the GCA were able to deal with only some of the issues of importance for the future activities of the Commission. Listing the above suggestions does not necessarily represent GCA endorsement of them, but it serves to indicate the variety of issues discussed during the first meeting. The members believe that a good start has been made upon the work of the GCA. They believe that future meetings will require effective support by the provision to members of discussion and option papers on some of the issues identified for future consideration.

VII Second World Summit of Health Ministers

22. The GCA recognizes the particular usefulness of the World Summit of Ministers of Health on Programmes for AIDS Prevention jointly organized by WHO and the Government of the United Kingdom and held in London, 26-28 January 1988. That Summit contributed significantly to the close personal involvement of Ministers of Health in many lands with the strategies of WHO and GPA. It contributed in a constructive way to the high sense of urgency about the adoption of global, national and local policies concerning AIDS. The GCA believes that another such Summit meeting would now be timely, particularly having regard to the growing evidence of complacency already referred to and the new priorities which have continued to emerge relevant to AIDS. Accordingly, the GCA recommends to the Director-General that he give consideration to the early organization of a second such Summit.

VIII Next meeting and closure

23. It was reported that the Director-General had indicated his agreement to hold a second meeting of the Global Commission on AIDS in 1989. The week of 6 November 1989 was proposed. The possibility of rotating the location of the meeting was noted. The final decision on the date and place would be communicated to the GCA members as soon as possible and in any event no later than four or five months beforehand. The Chairman and the members would also be consulted in advance concerning items for the agenda of the next meeting and about documentation which should be prepared by the Secretariat.

ANNEX 1

List of participants

Members of the Global Commission on AIDS

- Dr M. Adhyatma, Minister of Health of the Republic of Indonesia, Ministry of Health, Jakarta 12950, Indonesia (unable to attend)
- Miss M. Anstee, Under-Secretary-General and Director-General, United Nations Office at Vienna, 1400 Vienna, Austria
- Professor A. Bandura, Professor of Psychology, Department of Psychology, University of Stanford, Stanford, CA 94305, United States of America
- Dame R. Nita Barrow, Ambassador, Permanent Representative, Permanent Mission of Barbados to the United Nations, New York, NY 10017, United States of America
- Professor G.T. Castillo, Department of Agricultural Education and Rural Studies, College of Agriculture, University of the Philippines at Los Baños College, Laguna 4031, Philippines
- Dr J. Curran, Director, AIDS Program, Center for Infectious Diseases, Centers for Disease Control, Atlanta, GA 30333, United States of America
- Mr D. Defert, President, Association AIDES, 75123 Paris Cedex 03, France
- Dr R.C. Gallo, Laboratory of Tumor Cell Biology, National Cancer Institute, National Institutes of Health, Bethesda, MD 20892, United States of America
- Dr C.E. Gordon Smith, Dean, London School of Hygiene and Tropical Medicine, London WC1E 7HT, United Kingdom of Great Britain and Northern Ireland
- Professor L.O. Kallings, Professor of Medical Microbiology; President, International AIDS Society and Scientific Advisor to the Swedish Government, Ministry of Health and Social Affairs, 103 33 Stockholm, Sweden
- Dr B.M. Kapita, Chief, Department of Internal Medicine, Mama Yemo Hospital, Kinshasa, Zaire
- Professor L. Kaptue, Chairman, National AIDS Scientific Committee, Yaoundé, Cameroon
- Mrs E.M. Kiereini, Chairman, WHO Regional Nursing/Midwifery Task Force, Nairobi, Kenya
- Justice M.D. Kirby, President, Court of Appeal, Supreme Court of New South Wales, Sydney, NSW 2000, Australia
- Dr M. Law, Deputy Minister of National Health and Welfare, Ottawa, K1A 0K9, Canada
- Justice K. M'Baye, International Court of Justice, 2517 KJ The Hague, Netherlands (unable to attend)
- Dr J.O. Miller, Principal, Cumberland College of Health Sciences, Lidcome, NSW 2141, Australia
-

Professor L. Montagnier, Viral Oncology Unit, Pasteur Institute, 75724 Paris, France

Professor M. Mugambi, (previously) Director, Kenya Medical Research Institute (KMRI), Nairobi, Kenya (unable to attend)

Dr J. E. Osborn, Dean and Professor of Epidemiology, University of Michigan, School of Public Health, Ann Arbor, MI 48109, United States of America

Dr A. Oya, Director-General, National Institute of Health, Shinagawa-ku, Tokyo 141, Japan

Professor V.I. Pokrovsky, President, Soviet Academy of Medical Sciences and Director, Central Research Institute of Epidemiology, 111123 Moscow, Union of Soviet Socialist Republics

Mr R. Rector, Health Educator, Sankt Jørgens Alle 8, 4 t. h., 1615 Copenhagen, Denmark

Professor G. Soberon-Acevedo, Executive President, Mexican Health Foundation, San Jerónimo Lídice, 10200 Mexico D.F., Mexico

Dr Mechai Viravaidya, Senator, Thailand; Visiting Scholar, Harvard Institute for International Development, Harvard University, Cambridge, MA 02138, United States of America

Invited participants

Chairman, Scientific and Technical Advisory Committee of the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases:
Professor D. von Wettstein (unable to attend)

Chairman, Scientific and Technical Advisory Group of the WHO Special Programme of Research, Development and Research Training in Human Reproduction:
Professor S. Bergström (unable to attend)

Chairman, WHO Advisory Committee on Health Research: Professor B.O. Osuntokun

WHO Secretariat

Dr H. Nakajima, Director-General, World Health Organization

Dr T. Bektimirov, Assistant Director-General

Mr W.W. Furth, Assistant Director-General

Dr E. Goon, Assistant Director-General (acting)

Dr Hu Ching-Li, Assistant Director-General and Division of Diagnostic, Therapeutic and Rehabilitative Technology

Mr R. Anderson, Acting Director, Planning, Coordination and Cooperation

Dr J. Mann, Director, Global Programme on AIDS

Dr J. Barzelatto, Director, Special Programme of Research, Development and Research Training in Human Reproduction

Dr A. Petros-Barvazian, Director, Division of Family Health

Mr A. Piel, Director, Support Programme Coordination

Dr N. Sartorius, Director, Division of Mental Health

Dr G. Torrigiani, Director, Division of Communicable Diseases

Dr C.-H. Vignes, Legal Counsel

Dr E.G. Beausoleil, Chairman, AIDS Task Force, WHO Regional Office for Africa

- Ms P. Brice, Global Programme on AIDS
Dr M. Carballo, Chief, Social and Behavioural Research, Global Programme on AIDS
Dr J. Chin, Chief, Surveillance, Forecasting and Impact Assessment, Global Programme on AIDS
Dr J. Esparza, Acting Chief, Biomedical Research, Global Programme on AIDS
Dr A. Gromyko, Regional Programme on AIDS, WHO Regional Office for Europe
Dr D. Heymann, Acting Chief, Epidemiological Support and Research, Global Programme on AIDS
Ms K. Kay, Executive Assistant to the Director, Global Programme on AIDS
Dr O. Meirik, Special Programme of Research, Development and Research Training in Human Reproduction
Dr A. Meyer, Chief, Health Promotion, Global Programme on AIDS
Dr F. Modabber, Special Programme for Research and Training in Tropical Diseases
Mr T. Mooney, External Relations Officer, Global Programme on AIDS
Mr T. Netter, Public Information Officer, Global Programme on AIDS
Dr J. Peabody, Medical Officer, WHO Regional Office for the Western Pacific
Dr G. Rifka, Eastern Mediterranean Special Programme, WHO Regional Office for the Eastern Mediterranean
Dr N.K. Shah, Director, Prevention and Control of Diseases, WHO Regional Office for South-East Asia
Dr J. Szczerban, Chief, Office of Research Promotion and Development
Dr D. Tarantola, Chief, National Programme Support, Global Programme on AIDS
Mr N. Walloe-Meyer, Management, Administration and Information, Global Programme on AIDS
Dr R. Widdus, Chief, Programme Coordination and Development, Office of the Director, Global Programme on AIDS
Dr F. Zacarias, Health Situation and Trend Assessment, WHO Regional Office for the Americas

ANNEX 2

**Terms of reference
Global Commission on AIDS**

Purpose

The Global Commission on AIDS (GCA) shall serve as the means by which the Director-General of the World Health Organization (WHO) obtains expert guidance from eminent persons from a wide variety of disciplines with applicability to the Organization's Global Programme on AIDS (GPA).

Functions

For the achievement of the above purpose, the Global Commission on AIDS shall have the following functions:

- * to review and interpret global trends and developments related to HIV and other human retroviral infections;
- * to provide a continuous review and evaluation, from a scientific and technical viewpoint, of the content and scope of global AIDS prevention and control activities;
- * to advise on the establishment of scientific working groups and the GPA research agenda and scientific priorities;
- * to make any related proposals or recommendations to the Director-General.

Composition

The Global Commission on AIDS shall include up to 30 biomedical and social scientists, primary health care specialists, legal and economic experts, and technical and aid management specialists, who shall serve in their personal capacities, to represent the broad range of disciplines required for review of GPA's activities. The Chairman of the GPA Management Committee shall also be a member of the Commission. The Chairman of the global Advisory Committee on Health Research and the scientific and technical advisory bodies of the Special Programme of Research, Development and Research Training in Human Reproduction and the Special Programme for Research and Training in Tropical Diseases shall be invited to participate in meetings of the Global Commission on AIDS.

Members of the Commission shall be appointed by the Director-General to serve for a period of three years and shall be eligible for reappointment. To maintain continuity of membership, the expiration of the terms of office of initial members of the Commission shall be staggered. The members shall be proposed by the Director, Global Programme on AIDS, having given due consideration to obtaining an optimum diversification and balance of personal experience, professional background and international standing. Members of the Commission shall not be receiving funds from GPA and they shall not take any part in the selection for GPA funding of institutions with which they have a connection.

The Chairman of the Commission shall be selected from and by members of the Commission for a period of two years and shall be eligible for re-election. The Chairman shall preside over meetings of the Commission and shall sit as the representative of the Commission on the GPA Management Committee.

Operation

The Global Commission on AIDS shall meet once a year. In agreement with the Director-General, it may establish a working group to meet between sessions if necessary. The Commission may also meet more often at the request of either the Director-General or the Chairman in agreement with the Director-General. It shall submit an Annual Report to the Director-General, which shall also be forwarded to the GPA Management Committee for its information. The Director, Global Programme on AIDS shall be the Secretary of the Commission.



WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTE

FIRST MEETING OF THE
WHO GLOBAL COMMISSION ON AIDS

Geneva, 29-31 March 1989

LIST OF PARTICIPANTS

Members

Dr M. Adhyatma, Minister of Health of the Republic of Indonesia, Ministry of Health, Jakarta 12950, Indonesia (unable to attend)

Miss M. Anstee, Under-Secretary-General and Director-General, United Nations Office at Vienna, A-1400 Vienna, Austria

Professor A. Bandura, Professor of Psychology, Department of Psychology, University of Stanford, Stanford, CA 94305, USA

Dame Nita Barrow, Permanent Representative of Barbados to the United Nations, New York, NY 10017, USA

Professor Gelia T. Castillo, Department of Agricultural Education & Rural Studies, College of Agriculture, University of the Philippines at Los Baños College, Laguna 4031, Philippines

Dr J. Curran, Director, AIDS Program, Center for Infectious Diseases, Centers for Disease Control, Atlanta, GA 30333, USA

Mr D. Defert, President, Association AIDES, F-75123 Paris Cedex 03, France

Dr R.C. Gallo, Laboratory of Tumor Cell Biology, National Institutes of Health, National Cancer Institute, Bethesda, Maryland 20892, USA

Dr C.E. Gordon-Smith, Dean, London School of Hygiene and Tropical Medicine, London WC1E 7HT, UK

Professor L.O. Kallings, Professor of Medical Microbiology; President, International AIDS Society and Scientific Advisor to the Swedish Government, Ministry of Health and Social Affairs, S-103 33 Stockholm, Sweden

Dr B.M. Kapita, Chief, Department of Internal Medicine, Mama Yemo Hospital, Kinshasa, Zaire

Professor L. Kaptue, Chairman, National AIDS Scientific Committee, Yaoundé, Cameroon

Mrs E.M. Kiereini, Retired Chief Nursing Officer, Ministry of Health, Nairobi, Kenya



WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTE

2

Justice Michael D. Kirby, President, Court of Appeal, Supreme Court of New South Wales, Sydney, NSW 2000, Australia

Dr Maureen Law, Deputy Minister of National Health and Welfare, Ottawa, K1A 0K9, Canada

Justice K. M'Baye, International Court of Justice, 2517 KJ The Hague, The Netherlands (unable to attend)

Dr J.O. Miller, Principal, Cumberland College of Health Sciences, Lidcome, N.S.W., Australia 2141

Professor L. Montagnier, Viral Oncology Unit, Institut Pasteur, 75724 Paris, France

Professor M. Mugambi, (previously) Director, Kenya Medical Research Institute (KMRI), Nairobi, Kenya (unable to attend)

Dr June E. Osborn, Dean and Professor of Epidemiology, University of Michigan, School of Public Health, Ann Arbor, MI 48109, USA

Dr A. Oya, Director-General, National Institute of Health, Shinagawa-ku, Tokyo 141, Japon

Professor V.I. Pokrovski, President, Soviet Academy of Medical Sciences, and Director, Central Research Institute of Epidemiology, 111123 Moscow, USSR

Mr R. Rector, Health Educator, Sankt Jorgens Alle 8, 4th, DK-1615 Copenhagen, Denmark

Professor G. Soberon-Acevedo, Executive President, Mexican Health Foundation, San Jerónimo Lídice, 10200 Mexico, D.F.

Dr Mechai Viravaidya, Senator, Thailand; Visiting Scholar, Harvard Institute for International Development, Harvard University, Cambridge, MA 02138, USA

Invited participants

Chairman, Scientific and Technical Advisory Committee of the Special Programme on Research and Training in Tropical Diseases: Professor D. von Wettstein (unable to attend)

Chairman, Scientific and Technical Advisory Group of the Special Programme on Research, Development and Research Training in Human Reproduction: Professor S. Bergstrom (unable to attend)

Chairman, Advisory Committee on Health Research of WHO: Professor B.O. Osuntokun



WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTE

3

Secretariat

Dr H. Nakajima, Director-General
Dr T. Bektimirov, Assistant Director-General
Mr W.W. Furth, Assistant Director-General
Dr E. Goon, Assistant Director-General (acting)
Dr Hu Ching-Li, Assistant Director-General and Division of Diagnostic,
Therapeutic and Rehabilitative Technology
Dr C.-H. Vignes, Director, Legal Counsel
Director, Planning, Coordination and Cooperation (acting)
Dr J. Mann, Director, Global Programme on AIDS
Dr J. Barzelatto, Director, Special Programme of Research, Development and
Research Training in Human Reproduction
Dr A. Petros-Barvazian, Director, Division of Family Health
Mr A. Piel, Director, Support Programme Coordination
Dr N. Sartorius, Director, Division of Mental Health
Dr G. Torrigiani, Director, Division of Communicable Diseases
Dr E.G. Beausoleil, Chairman, AIDS Task Force, WHO Regional Office for Africa
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