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1. Introduction

The following report was first issued as Document A44/14: Global strategy for the prevention and control of AIDS, the report of the Director-General to the Forty-fourth World Health Assembly, May 1991.

The report provides a review of the global situation of the AIDS pandemic and describes the development of the Programme and its activities at all levels – country, regional and global – as well as the important role of nongovernmental organizations as highlighted in resolution WHA42.34. It also contains information on the avoidance of discrimination in relation to HIV-infected people and people with AIDS, in response to resolution WHA41.24 adopted in May 1988; and on the implications of HIV/AIDS for women and children as highlighted in resolution WHA43.10 adopted in May 1990.

2. Global AIDS situation

Worldwide distribution of HIV/AIDS

Worldwide surveillance of AIDS and HIV infection is coordinated by the WHO Global Programme on AIDS (GPA). Reports of AIDS cases and results of seroepidemiological studies of HIV infection are received from countries and WHO collaborating centres for AIDS.

The cumulative number of reported AIDS cases worldwide as at 1 February 1991 was 323 378 in 159 countries. Over 95% of the reported AIDS cases have been in young and middle-aged adults. However, WHO estimates that the actual cumulative number of AIDS cases in adults worldwide by early 1991 was over 1 million. Reasons for the discrepancy include under-reporting and under-recognition of cases as well as delays in reporting to WHO.

WHO estimates that by 1991 approximately 700 000 infants had been born HIV-infected, and that in an estimated 400 000 cases the disease had already progressed to AIDS. If AIDS among infants and children is included, the current estimate of the total number of cases worldwide must be increased to 1.4 million. Over 90% of AIDS cases among infants and children are thought to have occurred in sub-Saharan Africa.

There are two known human immunodeficiency viruses, HIV-1 and HIV-2. Worldwide, the predominant virus is HIV-1. To date the majority of HIV-2 infections have been reported from countries in west Africa. Although HIV-2 appears to be less transmissible and pathogenic than HIV-1, the two viruses are thought to share the same modes of transmission, and AIDS resulting from HIV-1 or from HIV-2 appears to be indistinguishable.

Epidemiological studies worldwide continue to document only three modes of HIV transmission: unprotected sexual intercourse (heterosexual or homosexual); exposure to infected blood, blood products, or donated organs or semen (principally involving transfusion of unscreened blood or use of inadequately sterilized needles, syringes, or other skin piercing instruments); and transmission from an infected mother to her fetus or infant (perinatal transmission).

Extensive spread of HIV appears to have begun in the late 1970s or early 1980s in populations of homosexual or bisexual men and intravenous drug users in certain urban areas of the Americas, Australasia and western Europe; and among heterosexual populations in central and eastern Africa. By the mid-1980s HIV had begun to spread to most other areas of the world.

The predominant modes of HIV transmission at present in north America, western Europe and Australasia are the sharing of inadequately sterilized injection equipment among intravenous drug users, and unprotected sexual intercourse among homosexual men. However, heterosexual transmission in these regions is increasing, especially in urban areas among groups with a high incidence of other sexually transmitted diseases.

The predominant modes of HIV transmission in sub-Saharan Africa continue to be unprotected sexual intercourse among heterosexuals and, in consequence, perinatal transmission. The prevalence of HIV infection is increasing in rural areas and in western Africa.

Initially the predominant mode of transmission in Latin America was unprotected sexual intercourse among homosexual men. Since the mid to late 1980s, however, heterosexual transmission has been increasing rapidly, with a concomitant increase in perinatal transmission.

In other parts of the world the predominant modes of transmission have yet to emerge because of the relatively recent introduction of HIV. However, the situation is evolving rapidly in south and south-east Asia, where HIV infection rates are increasing in a number of countries, particularly in groups practising high-risk behaviour, but also in the population as a whole.

Trends and projections in HIV/AIDS

Because of a continued expansion of HIV infection in sub-Saharan Africa, as well as in south and south-east Asia, WHO has revised upwards its 1990 global estimate of the number of adults infected with HIV from 6-8 million to 8-10 million.

During the 1990s the number of adults with AIDS will increase rapidly, especially in developing countries. Over three million AIDS cases are projected to occur in adults already infected with HIV and at least another 1-2 million among adults who will become HIV-infected during the 1990s. By the year 2000 WHO currently estimates that at least 15 to 20 million adults will have been infected with HIV.

By the year 2000 WHO has projected that a cumulative total of 10 million infants will have been born infected, and that an additional 10 million uninfected children will be orphans because of the loss of one or both parents to AIDS.

3. Programme direction

WHO/GPA priorities in the early 1990s

The Global AIDS Strategy has three objectives: to prevent HIV infection; to reduce the personal and social impact of HIV/AIDS; and to unify national and international efforts against AIDS. The Programme is responsible for providing global leadership and coordinating activities for the prevention and control of AIDS. After careful consideration of the activities needed to strengthen national AIDS programmes, GPA identified a number of priorities under four main headings, as shown below.

Priorities for the development, promotion and assessment of the Global AIDS Strategy include:

- articulating more effectively the expanding dimensions of the pandemic, and promoting broader sectoral and organizational responses to such needs as strategic planning and implementation, including involvement of nongovernmental organizations;
- maintaining advocacy for the adoption of approaches to AIDS prevention and control based on sound public health principles, including avoidance of discrimination;
- anticipating and assessing opportunities and challenges created by new prevention and control technologies;
- coordinating the design and development of information systems (national, regional, global) that will include data on the application of key policies and programme components in national AIDS programmes, on the implementation of planned activities, on HIV/AIDS incidence and prevalence, and on programme effectiveness/impact in terms of other indicators;
- on the basis of the above, assessing the Global AIDS Strategy and proposing modifications to it both globally and in national programme responses, particularly in regard to areas or modes of anticipated HIV transmission or impact.

Priorities for providing and coordinating support to country-based activities include:

- selecting key components and activities for emphasis within each national AIDS programme, based on locally applied situation assessment methods;
- paying immediate attention to the need to strengthen management capabilities of national programmes at the national/central level, through development of a training course for national programme managers and guides on programme strategies and administration;
- refining and where possible simplifying the process of national programme monitoring, costing and evaluation, and reprogramming and budgeting of medium-term plans;

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- ensuring close collaboration of activities for the prevention and control of HIV/AIDS and other sexually transmitted diseases;
 - elaborating a set of indicators for monitoring programme implementation and effectiveness on the basis of specific interventions, and supporting national programmes in establishing management information systems for reporting progress in achieving their targets;
 - mobilizing and coordinating national and international financial support for national programmes as the mutually accepted framework for responding to the HIV/AIDS pandemic;
 - promoting effective planning for expanding and decentralizing prevention and control activities at the district level;
 - ensuring technical cooperation in specific areas (e.g., communications, related behavioural research, programme evaluation, diagnostic capabilities, epidemiological surveillance, blood transfusion services, condom promotion, and care and support of persons with HIV/AIDS);
 - supporting development of the capacity to undertake problem-solving activities, including research, as an integral part of national programmes;
 - improving coordination/integration of national programme activities with other components of the health sector and with other sectors, as appropriate, based on local circumstances.

Priorities for the development and support of interventions in collaboration with national AIDS programmes include:

- undertaking research to identify interventions that have been successful in behavioural risk reduction;
- developing and improving approaches to reduce high-risk behaviour in target groups (e.g., prostitutes and clients, men who have sex with men, persons with sexually transmitted diseases, intravenous drug users);
- exploring various means of fostering awareness, recognition of risk, and risk avoidance through communications with youth and the general public;
- developing and improving approaches to reduce HIV transmission through blood transfusion;
- investigating ways of improving clinical management, care and support of persons with HIV/AIDS in health facilities or through home/community-based services;
- continuing technical support to the application of tools already developed for social and behavioural research surveys, to the analysis of data derived from such studies, and to the exploration of the utility of these tools in interventions and national programme design.

Priorities for research to develop critical knowledge and/or technology to improve HIV/AIDS prevention and control include:

- delineating the natural progression of HIV-related disease in developing countries;

- conducting clinical trials on the efficacy of promising and affordable therapeutics, including use of antiretroviral agents and treatment for opportunistic infections;
- defining the geographical and temporal variation in HIV strains;
- identifying and strengthening potential sites for efficacy trials of candidate vaccines;
- increasing knowledge of the factors involved in perinatal transmission of HIV, including transmission through breast-feeding;
- refining knowledge of risk factors for HIV transmission, including determination of the attributable HIV risk arising from genital ulcer disease;
- increasing knowledge about HIV-2;
- improving and simplifying diagnostic tests for HIV infection.

In order to maximize its effectiveness in addressing these priorities, in September 1990 a new organizational structure for GPA at WHO headquarters was adopted, which derives from the anticipated roles and functions of the Programme. The rationale for the new structure includes the following operational considerations:

- strengthening the capacity of GPA to support national AIDS programme planning, implementation, monitoring and evaluation;
- promoting communication between staff involved in operational support and specific technical assistance to national programmes and those responsible for intervention-linked research;
- focusing behavioural research on areas of practical importance to national programmes;
- expanding the capacity to support research in vaccine and drug development in developing countries;
- ensuring good management and common policies throughout GPA.

An organizational chart showing the new GPA structure, as well as details of the component units of the Programme, are given in Annex 1 to this report.

Advisory bodies

At its third meeting in Geneva in March 1990 the Global Commission on AIDS adopted recommendations on a wide variety of topics, including drug use and HIV transmission, blood safety, vaccines, and restrictions on international travel, and requested a report for its next meeting on the alternative strategies being adopted or recommended on the prevention and treatment of drug use as a problem of society and public health. The Commission also identified ten issues warranting priority attention in the early 1990s and defined the context in which they should be viewed. These issues include research, complacency, women and AIDS, and economic and social implications of HIV/AIDS.

At its fourth meeting in Geneva in April 1990 the Management Committee of GPA recommended approval of a revised programme budget for 1990, which had been

prepared taking into account the Programme's priorities and estimates of extrabudgetary contributions likely to become available in 1990. The revised budget amounted to US\$ 90 751 590 which, although representing a 17% decrease in the original proposal for 1990, provided for an increase of 21% over the obligations incurred in 1989. At its fifth meeting in November 1990 the Committee reviewed the proposed programme budget for 1991 amounting to US\$ 100.9 million, an increase of 11% over 1990, and set indicative planning figures for the biennium 1992-1993 at the same level as 1990-1991, i.e., US\$ 190 million. As at 31 December 1990, 20 governments and agencies had provided almost US\$ 220 million of undesignated contributions to the Programme.

Women, children and AIDS

Since heterosexual transmission of HIV is becoming the predominant mode of transmission in most countries of the world, HIV infections among women of childbearing age are rising steeply. This means a corresponding increase in the number of infants acquiring HIV infection from their mother before, during or shortly after birth.

Resolution WHA43.10, adopted by the World Health Assembly in May 1990, called on WHO and its Member States to strengthen AIDS prevention and control in respect of women and children. The Organization's activities to this end are accordingly aimed at preventing HIV transmission to and from women (including perinatal transmission); lessening the impact of the pandemic on women as educators, counsellors and care givers; and ensuring the full participation of women in control programmes.

WHO's action to reduce sexual transmission of HIV acknowledges women's subordinate status in the family and in society and hence their vulnerability to infection with HIV. WHO is attempting to tailor health care and other services to women's particular needs in order to interrupt transmission. For example, WHO is working with UNFPA to incorporate information on HIV/AIDS into the training of maternal and child health/family planning (MCH/FP) workers. WHO is also supporting the development and testing of forms of prevention for use by women (e.g., a female condom and virucides for vaginal use); the evaluation of new diagnostic tests for women with sexually transmitted diseases, 50% of whom are asymptomatic; and a study of the special counselling needs of women. A meeting held in Geneva in November 1990 identified research priorities relating to women and HIV/AIDS.

WHO is also pursuing efforts to minimize the pandemic's impact on women as care givers. A manual on the home care of persons with HIV/AIDS is being produced for use in developing countries. To help lessen the burden on individual women, WHO is working with UNICEF to develop a strategy for care of children born to parents with HIV/AIDS.

Both in its own activities and in its collaboration with other bodies and groups, WHO remains committed to the principle of the full participation of women in combating the AIDS pandemic. Collaboration has been particularly active with organizations working for women and their advancement, which helps not only to strengthen the community's response to AIDS but also to improve women's social status. The Programme has cooperated with the Division for the Advancement of Women of the United Nations Centre for Social Development and Humanitarian Affairs, Vienna, in the drafting of a report on effects of AIDS on the advancement of women, prepared for the thirty-third session of the United Nations Commission on

the Status of Women, in Vienna in March 1989, which led to the inclusion of this subject as a priority theme for 1993-1997 by the Commission at its thirty-fourth session in March 1990. It has also cooperated with the Division in supporting the convening of an expert meeting on the role of national women's organizations in AIDS prevention and control, in Vienna in September 1990. As a follow-up to that activity, subregional meetings on women and HIV/AIDS are being planned jointly by WHO and the United Nations Office at Vienna in the Caribbean, east Africa and south-east Asia.

Within the United Nations system, WHO has been collaborating with the Committee on the Elimination of Discrimination against Women, which in January 1990 adopted a recommendation on women and AIDS that requested all countries to ensure the active participation of women in primary health care and take measures to enhance their role as care providers, health workers and educators. WHO also participated in the joint meeting of the three United Nations/Nongovernmental Organization Committees on the Status of Women, held in Vienna in February 1990, in connection with the thirty-fourth session of the Commission on the Status of Women. This meeting, at which 64 nongovernmental organizations were represented, recommended strengthening AIDS prevention programmes for women and girls worldwide.

Special impetus to activities related to women and HIV/AIDS was given by the Director-General's decision to devote World AIDS Day 1990 to the theme of women and AIDS.

Avoidance of discrimination in relation to HIV-infected people and people with AIDS

During 1990 further attention was paid at the regional level to the implementation of resolution WHA41.24 adopted in May 1988. Four regional consultations on ethical, legal and human rights aspects of HIV/AIDS were organized, the first in Brazzaville in March 1990, the second in the Republic of Korea in July 1990, the third in Chile in October 1990 and the last in New Delhi in October 1990. Specific issues for each region were discussed and agreement was reached on regional priorities and on follow-up activities. In addition, in May 1990 the Director-General sent a note verbale to all Member States suggesting that they review their national HIV/AIDS-related policies and laws, with a view to repealing those that may give rise to discrimination against HIV-infected people and people with AIDS.

Within the United Nations system, collaboration with the Committee on Human Rights continued during 1990 in the elaboration of its general comment on nondiscrimination, which is of immediate relevance for HIV/AIDS. WHO has also been working with the Committee on Economic, Social and Cultural Rights which is examining States' reports on, *inter alia*, the right to health and problems experienced in promoting avoidance of discrimination in AIDS prevention and control.

Continuing its collaboration with the United Nations Centre for Human Rights, WHO provided expert assistance and support to the United Nations Special Rapporteur on Discrimination against HIV-infected People and People with AIDS. The preliminary report (United Nations document E/CN.4/Sub.2/1990/9) was submitted to the forty-second session of the Sub-Commission on Prevention of Discrimination and the Protection of Minorities in August 1990, and endorsed by that body's decision 62 of 30 August 1990. The final report is due in August 1991.

Collaboration with national coordinating bodies on AIDS prevention and control has increasingly included expert assistance to address numerous ethical and discrimination problems that emerge in the design and implementation of national programmes. Support provided to countries has included information on relevant international principles and policies, as well as on innovative and effective solutions that some countries have developed as possible models.

The study initiated by the Interagency Advisory Group (IAAG) concerning the impact of AIDS on the personnel, social welfare and operational policies of the United Nations system, with reference to such questions as information, counselling, terms of appointment, health insurance and HIV screening, was completed during the year and the report will be referred to the Administrative Committee on Coordination.

Collaboration with nongovernmental organizations

During 1990 WHO continued to promote the involvement of nongovernmental organizations in the Global AIDS Strategy in accordance with resolution WHA42.34 adopted in May 1989. WHO recognizes the unique role that these organizations can and do play in promoting behaviour change and in providing care and support, especially at the community level. The resolution raises the profile of the organizations among governments and intergovernmental bodies, and demonstrates to them that WHO regards them as important contributors in the fight against AIDS.

Nongovernmental organizations have had the opportunity to be involved in programme development through meetings of the Management Committee of GPA. Observers from 22 organizations attended the meeting in April 1990, and a similar number the meeting in November. Nongovernmental organizations also took part in a number of GPA technical meetings and consultations.

WHO provided support to nongovernmental organization networks at the international level through funding for several international conferences in 1990: a conference of indigenous southern African nongovernmental organizations working on AIDS, held in Zimbabwe in May; the IV International Conference of Persons with HIV/AIDS, held in Spain in May; and the II International Conference of AIDS-Related Nongovernmental Organizations, held in France in November. In addition, an updated version of the inventory of nongovernmental organizations working on AIDS in countries receiving development cooperation assistance was completed in November 1990. It contains over 400 entries and is an important tool in the building of nongovernmental organization networks and the provision of information to governmental and intergovernmental agencies.

Programmes of collaboration with nongovernmental organizations in the Americas and Europe have been intensified with the designation of a specific focal point for the activities of these organizations in relation to AIDS prevention and control. An intercountry consultation on the mobilization of nongovernmental and women's organizations in the prevention and control of HIV infection/AIDS was held in New Delhi in May 1990 to identify priority activities for these organizations in HIV/AIDS prevention, control and care.

Efforts at the global level have included the Partnership Programme, an experimental seed-funding mechanism for innovative, replicable AIDS projects at the community level. Over US\$ 1 million were allocated to 28 such projects in 1990, building collaborative relationships among WHO, nongovernmental organizations,

and national AIDS programmes. In addition, these programmes, particularly in sub-Saharan Africa, have continued to increase their direct collaboration with nongovernmental organizations through the inclusion of representatives of these organizations on national AIDS committees and through the funding of activities carried out by the organizations in accordance with national medium-term plans. In October 1990 WHO held a first informal discussion with governmental, intergovernmental and nongovernmental donors to ensure that appropriate AIDS projects undertaken by the organizations find effective and expeditious support.

World AIDS Day

For the third consecutive year WHO coordinated the worldwide observance of World AIDS Day, which has become an annual event in most countries. World AIDS Day activities help to achieve several objectives of the Global AIDS Strategy: encouraging national AIDS programmes to give greater consideration to the special needs and status of women and to the involvement of women in programme implementation; prompting nongovernmental and women's organizations and grass-roots groups to add women and AIDS issues to their agenda; and highlighting the importance of protecting the human rights and dignity of all people with HIV/AIDS, their families and those who care for them.

WHO headquarters and regional offices distributed considerable numbers of World AIDS Day brochures and newsletters, including information to assist governments, national AIDS committees, community-based groups, United Nations agencies, nongovernmental and women's organizations and others in planning the event. A video newsreel on women and AIDS around the world was produced, and press features and press kits on this topic were issued. Arrangements for the celebration at headquarters included a 24-hour global radio service for radio journalists.

4. Cooperation with national programmes

Due to the rapid growth of GPA and mobilization of resources, WHO support to national AIDS programmes was initially provided from WHO headquarters. However, it was always foreseen that responsibility for WHO's direct operational support to national programmes would increasingly be shifted to the regional and country levels, aiming at national self-reliance for AIDS prevention and control. During the past two years the regional offices have strengthened their capability to collaborate with national programmes, and all have recruited staff to enable them to provide the support required.

Staff in the regional offices and headquarters are jointly participating with national authorities in the formulation and reprogramming of national short- and medium-term plans. The regional offices are responsible for the implementation of these activities in countries, with the exception of certain countries in Africa pending completion of the transfer of responsibilities in that Region.

The overall responsibility for coordination, reporting and resource mobilization will remain with WHO headquarters. Headquarters will also continue to participate in the monitoring and review of medium-term plans, and in the provision of support to countries for the development and evaluation of interventions.

Having gained more than three years of experience in activities for the prevention and control of AIDS, WHO is now looking at ways in which it can best assist countries to assess and improve their effectiveness, in addition to its efforts to strengthen collaboration with national AIDS programmes.

Operational support and monitoring

Under this heading, the report reviews in turn national programme monitoring carried out by headquarters and the regional offices; and support provided by headquarters to management strengthening of national AIDS programmes.

National programme monitoring

By the end of 1990, 130 of the 169 countries collaborating with WHO had developed short-term plans and 113 had formulated medium-term plans for their national AIDS programmes (see table 1).

Technical support has been provided by WHO in designing, implementing and monitoring short- and medium-term plans. Substantial support has also been provided in areas of particular importance for the development and implementation of national AIDS programmes, including health promotion, epidemiological surveillance, clinical management of HIV infection and AIDS, counselling, and laboratory and blood transfusion services. Operational support has included personnel training, equipment and supplies, as well as financial resources.

Table 1.
**Status of collaboration with national AIDS programmes by activity,
 1 January 1991 (cumulative numbers)**

	1988 January	1989 January	1990 January	1991 January
Initial technical visits	111	152	159	169
Short-term plans	75	118	123	130
Medium-term plans	26	51	95	113
Resource mobilization meetings	5	29	65	87
Programme reviews	-	1	10	34

WHO has continued to play a key role in mobilizing resources for national AIDS programmes. In providing funds from the WHO trust fund for GPA, WHO has ensured support of essential activities and rapid availability of financing, thus maintaining continuity in the implementation of the programmes. The resource mobilization process has allowed timely and adequate financial assistance from each partner and special emphasis has been given to strengthening in-country coordinating mechanisms, thus avoiding duplication and overlap. As at 1 January 1991, 87 resource mobilization or sensitization meetings had been held since 1987 (see Table 1).

The first national AIDS programme review took place in Uganda in December 1988. As at 1 January 1991, 34 countries had carried out such reviews, including 21 in Africa, 12 in the Americas, most of them in the Caribbean, and one in South-East Asia (see Table 1). The reviews have been graded from 1 to 3, grade 1 being a short internal review and grade 3 a 2 to 3 week review with international participants. The outcome and the processes of the first 14 of these reviews, which were mainly at grades 2 and 3, have been systematically assessed. The development of check-lists and review guidelines has been initiated, and these will be available for field-testing by the second quarter of 1991.

Table 2 provides a breakdown of country activities by region; and a brief description of selected regional and country activities is given in the following paragraphs. More details of the situation in individual regions and of the current activities of national programmes will be provided in the annual reports on this subject submitted to the WHO regional committees.

Africa. During 1990 the "regionalization" of GPA activities was initiated according to a schedule and criteria endorsed by the WHO Executive Board at its eighty-sixth session. As at 1 February 1991 responsibility for 20 countries had been transferred to the Regional Office. It is envisaged that responsibility for all the remaining countries will have been transferred by 1 November 1991, with an interim review of the regionalization process taking place in March 1991.

Table 2.
**Status of collaboration with national AIDS programmes by region, 1 January 1991
 (cumulative numbers)**

	Number of countries/ areas	Technical visits	Short- term plans	Medium- term plans	Programme reviews	Resource mobil- ization
Africa	46	45	44	43	21	53
Americas	42	42	30	34	12	27
South-East Asia	11	11	10	10	1	3
Europe	31	22	8	1	-	-
Eastern Mediterranean	22	19	18	11	-	2
Western Pacific	35	30	20	14	-	2
Total	187	169	130	113	34	87

In the Regional Office, the work of GPA staff is coordinated by a programme manager who reports to the Regional Director and is assisted by a technical officer and newly recruited support staff in the areas of budget/finance, personnel and supply. Technical professional posts in the areas of epidemiology, laboratory services, nursing health education, and social and behavioural sciences have been created and attached to the appropriate technical units to help integrate AIDS prevention and control into the overall technical programmes of the Region.

The GPA intercountry health development teams, which are based in the three subregions, provide direct support to Member States. Newly recruited GPA teams, consisting of a medical officer (epidemiologist), public health nurse, laboratory technician, health education specialist and technical officer have had extensive briefing at the Regional Office on their expected activities in support of Member States situated in their subregion.

At its fifty-second meeting in Addis Ababa in July 1990, the Council of Ministers of the Organization of African Unity, adopted a resolution acknowledging the importance of integrating AIDS prevention and control into primary health care activities and expressing concern over the adverse impact of the AIDS pandemic on socioeconomic development in Member States.

In September 1990 the WHO Regional Committee for Africa adopted resolution AFR/RC40/R6 which, *inter alia*, invites Member States to use the primary health care approach for AIDS prevention and control, to continue to intensify and accelerate the integration of these activities at the peripheral level according to the three-phase African Health Development Scenario, and to make optimal use of national resources.

At a meeting of national AIDS programme managers and WHO/GPA staff in Brazzaville in October 1990, it was agreed that countries of the African Region would, as a minimum, implement activities in specific areas or "thrusts" important for AIDS prevention and control. These include district-based epidemiological surveillance; information, education and communication activities; safety of blood, blood products and traditional skin-piercing practices; nursing care and counselling techniques; and special activities targeted at youth, women and workers at risk, especially in relation to sexual transmission of HIV. In view of the increasing number of AIDS cases and the weak health infrastructure and

socioeconomic base in many African countries, it will be necessary for countries to consider seriously linking the above thrusts with attention to community-based home care. Regional guidelines based on these approaches are being prepared.

WHO is actively collaborating with 44 countries in the African Region, and 43 had formulated a medium-term plan by 1 January 1991. Resource mobilization meetings have been held at least once in support of 38 country programmes. To date 85 WHO posts have been established in countries. Twelve programme reviews were carried out during 1990.

A number of regional meetings and workshops were held during 1990 as follows: intercountry workshop on blood safety and development of blood transfusion services in Brazzaville in February; meeting of nursing core groups on HIV, in Brazzaville in February/March; workshop on condom promotion, in Lesotho in September; workshop on social and behavioural research, in Kenya in April; workshop on health promotion in the fight against AIDS, in Ghana in August; training workshop on curriculum development for HIV/AIDS, in Ethiopia in May; laboratory workshop on HIV testing and quality assessment, in Kenya in September.

The Americas. During 1990 WHO continued to place the highest priority on direct technical collaboration with Member countries in support of the development, execution, financing and evaluation of their national AIDS programmes. A particular feature of the work in the Americas is the extent of technical cooperation among developing countries in the areas of technology transfer and training, and the development of subregional and intercountry approaches to AIDS prevention in the Andean area, Central America and the English-speaking Caribbean.

During 1990 several innovative approaches were developed, including initiatives related to intravenous drug use and AIDS and the promotion of participation by women's nongovernmental organizations in national AIDS prevention activities. Collaboration took place with national authorities in the adaptation of guidelines, documents and materials to suit particular country and regional needs and in the integration of nongovernmental and community-based organizations in providing care and social services to HIV-infected persons.

Multidisciplinary teams, each comprising an epidemiologist, a laboratory specialist, a health educator and an expert in finance and management, visited Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay and Venezuela to advise on national AIDS programme activities. Programme reviews and reprogramming of medium-term plans were conducted in 11 English-speaking Caribbean countries and Haiti and at the subregional Caribbean Epidemiology Center in Trinidad and Tobago. Technical assistance was given in the areas of laboratory support, human resources development, epidemiological surveillance, and programme administration and management to six countries.

Through a special grant from the National Institutes of Health in the USA, research projects were supported in the Dominican Republic (HIV seroprevalence in sexually transmitted disease clinics), Brazil and Honduras (heterosexual transmission of HIV), Mexico (interaction of tuberculosis and HIV infection) and Jamaica (sexually transmitted diseases and HIV transmission). These projects are being integrated into GPA's global research activities (see section 4).

In order to standardize reporting and agree on approaches to common problems, the directors of national AIDS programmes in Central America and Panama met in Guatemala in October 1990. As a follow-up, the managers of all programmes in Latin America and the English-speaking Caribbean met in Jamaica in

December 1990 to review achievements and problems regarding national programme execution.

To promote close collaboration of national sexually transmitted disease and AIDS programmes, a meeting was convened just before the above managers' meeting to bring together some 100 scientists and the programme managers to explore opportunities for implementing joint behavioural intervention activities at the national level. The emerging issue of HIV infection among women and children was addressed at a meeting in Brazil in August 1990, convened in conjunction with the Maternal and child health programme and attended by representatives from more than 12 countries.

Regional workshops were conducted on epidemiological surveillance, development of laboratory networks and quality control of HIV testing, counselling/surveys on knowledge, attitudes, beliefs and practices (KABP), condom procurement and promotion, and incorporation of teaching on AIDS in school curricula. A national programme monitoring instrument was developed and introduced on a trial basis in countries in Central America and several in the Caribbean. Training activities at subregional and intercountry levels were conducted on such subjects as counselling, sentinel surveillance, and condom procurement and promotion. A review of health and social services and of collaboration among governmental and nongovernmental organizations in patient care was conducted in six countries. Training in nursing care and clinical management of HIV-infected persons was facilitated in the English-speaking Caribbean countries, Colombia and Mexico.

South-East Asia. There was an increase in national and regional activities during 1990. Ten of the eleven countries in this Region have formulated medium-term plans, and they are in operation in Nepal and Thailand. Nepal held a resource mobilization meeting in 1990, while Thailand evaluated the first year of its medium-term plan in March 1990 and drew up a plan for the second year of implementation. The issues addressed by these plans include the strengthening of AIDS control activities, screening of blood donors, development of surveillance systems, improvement of laboratory facilities and strengthening of sexually transmitted disease control programmes. Short-term consultants were recruited to provide technical guidance in these areas.

The most affected countries to date in South-East Asia are India, Myanmar and Thailand, where HIV infection through heterosexual transmission is prevalent and is exacerbated by transmission through intravenous drug use. Other countries in the Region have either low or zero prevalence.

All countries in the Region have been urged to make a thorough examination of the drug abuse problem and HIV prevalence among intravenous drug users. Pilot projects using tincture opiates for maintenance treatment are being considered.

The following are examples of other regional activities. A workshop on monitoring and evaluation of AIDS health promotion activities held in Bangladesh in January 1990 provided orientation and skills in the design and implementation of national plans. A workshop on social and behavioural research for the containment of AIDS, held in India in October 1990, identified priorities for such research. A workshop on evaluation of medium-term plans was held in Thailand in December 1990 with the specific aim of planning programme reviews and evaluation. An intercountry workshop on transfer of technology for manufacture of safe plasma fractions and quality control for HIV testing was held in India in December 1990.

At a meeting of national AIDS programme managers in South-East Asia, held in Australia in August 1990, information on the situation of HIV transmission was exchanged and a plan of action for 1990-1991 presented. Development of a regional surveillance plan for prevention and control of AIDS in the Region was begun in October 1990. An intercountry workshop was held in New Delhi in November 1990 to review curricula for counselling training. With the objective of developing better communication methods, an intercountry consultation on health education strategies in South-East Asia in the context of health for all by the year 2000, with special reference to the prevention and control of AIDS, was held in New Delhi in December 1990.

Regional research priorities, as identified by the South-East Asia Advisory Committee on Health Research at its fifteenth session, held in Indonesia in June 1989, were followed up at a regional workshop on the development of guidelines for the conduct of epidemiological studies on AIDS/HIV infection, held in New Delhi in July 1990.

Europe. Collaboration with national programmes has taken on added significance in view of the far-reaching social and political changes that have occurred in central and eastern Europe. Although the new openness between East and West increases the risk of HIV transmission, conversely it provides new opportunities for prevention. In intercountry and regional training workshops, seminars, consultations and meetings, more emphasis was placed on issues of concern to central and eastern European countries, and on ensuring their participation.

A meeting of selected low-prevalence countries, mostly in central and eastern Europe, was organized in Copenhagen in February 1990. Short-term plans for the prevention and control of AIDS were developed by these Member States and were expected to be in operation in Bulgaria, Czechoslovakia, Poland, the USSR and Yugoslavia by the end of 1990. The short-term plans in Albania, Hungary and Romania are now being replaced by medium-term ones.

Activities in countries of northern and western Europe were directed to refining and improving programmes already in place. An important objective is to sustain public interest and to overcome the potential complacency towards AIDS by developing innovative approaches to health promotion and public information, and obtaining necessary information to evaluate and reorient programmes. A subregional workshop, held in Israel in March 1990, addressed the issues of AIDS prevention and control in countries with limited resources.

Considerable progress was made in collaboration with intergovernmental and nongovernmental organizations active in AIDS prevention, control and care. These are primarily AIDS service organizations, organizations for people living with AIDS and HIV infection, and organizations of homosexuals. Support was provided for the self-management of AIDS-related nongovernmental organizations in central and eastern Europe. A network and structure for working with these organizations, and for them to work among themselves, were established at a series of regional meetings; and a research project on their role in relation to AIDS has been launched.

During 1990 there was an acceleration of health promotion activities in the Region and their expansion to include two particular groups - schoolchildren and hard-to-reach groups. A teacher-training manual has been produced and was tried out at a regional summer school for teachers in the United Kingdom in 1990. Interventions for young people, dropouts, migrants and travellers have been developed.

A symposium on the social and cultural problems in AIDS prevention, held in Belgium in January 1990, identified challenges and possible ways of dealing with diverse social and cultural issues, and formed part of the preparations for a meeting of AIDS programme managers and experts on the psychosocial aspects of HIV/AIDS prevention and control, held in Portugal in May 1990.

Psychosocial counselling of persons at risk and those infected with HIV is an essential component of the regional control strategy. A series of subregional training workshops took place in Hungary, Ireland and Spain, and national training workshops were organized in Turkey and the USSR to develop further skills in this area.

Initiatives related to intravenous drug use included an evaluation of different policy measures, guidelines for training at the national level and information on available outreach programmes. A symposium on care management for drug users with HIV infection and AIDS was held in Austria in September 1990. A workshop for training trainers in HIV/AIDS and drug use in central and eastern European countries was held in Hungary in November 1990, and one on health promotion and HIV/AIDS and drug use was held in Germany in October 1990.

Activities related to care became a priority area, with emphasis on developing comprehensive care programmes for AIDS patients and people living with HIV. A working group on coordinated care services to sustain and support health professionals involved in treating those with HIV/AIDS met for the second time in Spain in May 1990 and produced a series of recommendations.

Care initiatives are also linked to the European Healthy Cities network, in which AIDS care is being reviewed in an urban setting. The findings of this study stress the importance of comprehensive care models, including combined and orchestrated use of statutory services and voluntary sector services.

Eastern Mediterranean. Although the Member States of the Region have a low prevalence of HIV infection, they all have national plans for the prevention and control of AIDS. Medium-term plans are being implemented with technical and financial support from WHO in Djibouti, the Islamic Republic of Iran, Jordan, Morocco, Oman, Pakistan, Sudan, the Syrian Arab Republic, Tunisia and Yemen, and have been formulated for Egypt and Kuwait.

National programmes are giving due prominence to health promotion activities with priority to the dissemination of correct information and to the development of national capabilities in health education of the general public and high-risk groups, epidemiological surveillance of people at risk, blood safety, diagnosis of HIV infection, and clinical management and nursing care of AIDS patients. An intercountry meeting of national AIDS programme managers was held in Kuwait in February 1990, at which experiences in programme implementation were exchanged and discussions were held on all aspects of the programmes, including intervention strategies and approaches. In addition, the development of a regional approach for the prevention of HIV/AIDS-related discrimination was extensively discussed.

In August 1990 a regional AIDS information exchange centre was established at the Regional Office for the Eastern Mediterranean in Alexandria. Countries in the Region were invited to keep the centre informed about matters relating to AIDS, such as meetings organized, decisions taken, regulations issued and information disseminated, in both printed and audiovisual form.

Collaboration with UNRWA has been developed for the identification of effective approaches and the implementation of activities for the prevention and control of HIV/AIDS.

At a regional workshop on nursing and HIV infection, held in Cyprus in March 1990, WHO guidelines on nursing management for people infected with HIV were discussed and plans were drawn up to include teaching on information and nursing needs concerning HIV infection in basic and continuing nursing education programmes.

Three subregional workshops on HIV/AIDS counselling were conducted in 1990; one in Jordan in July, one in Tunisia in September and one in Iran in December 1990. They provided an opportunity for training national trainers in psychosocial counselling, paying special attention to techniques and approaches suited to the culture and religion of those being counselled, and recommended the development of training in this field within national AIDS programmes.

Other subregional workshops were conducted on the role of media, in Egypt, and Morocco in November 1990, to improve the quality of media coverage; on health promotion, in Morocco in March 1990, to develop and pre-test educational materials; on health promotion, education and information, in Alexandria in May and November 1990; and on epidemiological surveillance for HIV infection and AIDS, in Egypt in May 1990, to prepare national protocols and plans for HIV surveillance.

A workshop on curriculum development on AIDS/HIV infection was held in Alexandria in November 1990 to review the present status of AIDS in medical, nursing and social science schools curricula and make suggestions to integrate the subject in them.

Two subregional training workshops on HIV testing, laboratory proficiency and quality control were held at the US Naval Medical Research Unit (NAMRU-3) in Cairo in June and December 1990, and one was held at the National Institute of Health in Islamabad in November 1990. Both these institutions serve as WHO collaborating centres for AIDS. An intercountry workshop was held in Egypt in November 1990 to make recommendations on criteria and indicators for evaluation of national AIDS programmes.

Western Pacific. During 1990 reporting of cases of AIDS and HIV infection has greatly improved and sentinel serosurveillance systems have been established. Laboratory facilities for HIV testing are in place in most countries and the majority of Member States are screening more than 90% of donor blood for HIV.

Technical visits have been made to 30 countries and areas in the Region, 20 short-term plans have been formulated and 14 medium-term plans are in operation. A resource mobilization meeting for the medium-term plan for Papua New Guinea was held in March 1990 and one for the Philippines in December 1990.

A workshop for national AIDS programme managers from countries in the Region was organized in Australia in August 1990, immediately before the Second International Conference on AIDS in Asia and the Pacific. Three intercountry workshops were organized to train nurse managers and educators in the formulation and coordination of nursing components of national AIDS programmes: in Manila in June 1990, and in Singapore and Tonga in July 1990. A workshop on social and behavioural research studies related to AIDS was held in Manila in January 1990, followed by one on the role of broadcast media to promote better reporting on HIV infection and AIDS, in Australia in March 1990. Support

has also been provided to most national AIDS programmes in the Region in the organization of national workshops and training courses on epidemiological surveillance, health promotion and laboratory services.

Health workers, mainly from Asian countries, participated in a training course on counselling in HIV infection that was arranged jointly by the regional AIDS programme and the University of New South Wales in Sydney, Australia, in October/November 1990. This course was funded by the Australian International Development Assistance Bureau (AIDAB).

WHO and UNESCO have, for the past two years, collaborated on a project to include AIDS and sexually transmitted disease education in schools in the Pacific countries. As part of this project, a regional workshop was organized for teacher trainers in Fiji in March 1990.

A technical working group meeting, held in Malaysia in October 1990, discussed the subject of HIV infection and drug abuse and made recommendations for further activities in this field.

Management strengthening

The need for strengthening the management of national AIDS programmes has been noted in many programme reviews. In particular, programme strategies should respond adequately to the epidemiological and behavioural realities, and to the capabilities of the governmental sector and nongovernmental organizations to implement them. In response to this need and based on the experience of national programmes to date, WHO is now developing a training course for programme managers. It will serve to refine and improve WHO's recommendations on the overall development of the programmes and will include sections on policy setting, strategy and intervention definition and prioritization, target setting, planning, monitoring and evaluation.

Collaboration has been initiated with Thailand and the United Republic of Tanzania to develop a model, national-level system for monitoring programme activities and resources. This system will eventually be used in all countries and will be part of a global monitoring system being set up by the Programme. Software is being developed using, to the extent possible, systems already available in WHO.

Further international clinical management courses were conducted in Australia, Brazil, France, Kenya and the USA. In addition, national training courses were conducted in ten francophone African countries in cooperation with Médecins du Monde.

Guidelines for the procurement of condoms and appropriate test procedures for international quality assurance laboratories, and guidelines for managing condom supplies at the national level, including a logistics management training curriculum, have been developed to strengthen the provision of high-quality, low-cost condoms for the prevention of sexually transmitted HIV. Generic condom user instructions and a methodology for adapting them to the cultural conditions in a given country setting are being made available to national AIDS programmes. In 1990 WHO delivered approximately 90 million quality-tested condoms to about 50 country programmes.

Support has been provided to a non-profit, nongovernmental organization in the USA, the Program for Appropriate Technology in Health (PATH), to establish ten condom quality assurance laboratories in Africa, including two reference/calibration laboratories.

At the request of national AIDS programmes, planning teams have visited more than 25 countries in the African Region to assist in developing detailed plans and budgets that emphasize the development of appropriate condom promotion and distribution systems. During 1990 condom strategy development workshops were conducted in Benin, Ecuador and Lesotho to draw up effective condom programming strategies and provide briefings in programme management, health promotion, logistics management and quality assurance.

GPA is collaborating with the Special Programme of Research, Development and Research Training in Human Reproduction to study the feasibility and acceptability of male and female condoms. A rapid assessment tool for determining condom need has been pilot-tested in Malawi and further field-testing is planned.

A key element of the Global AIDS Strategy is the improvement of blood transfusion services in developing countries in order to prevent HIV transmission through blood and blood products. These activities are carried out in close collaboration with the Global Blood Safety Initiative (GBSI), which is implemented jointly by WHO and the League of Red Cross and Red Crescent Societies. Close cooperation also exists with the International Society of Blood Transfusion, the World Federation of Hemophilia and other nongovernmental organizations active in blood safety.

GBSI activities in 1990 have focused on development of guidelines, training, operational research and the review and formulation of blood transfusion components in short- and medium-term plans for national AIDS programmes. A number of informal consultations were held at WHO headquarters during the year: one in January, on screening of blood donations for infectious agents transmissible through blood transfusion, prepared guidelines on formulating screening policies for infectious agents, including HIV, hepatitis B, syphilis and malaria; another in February, on research in transfusion medicine, provided guidance on priorities and project design; while others in June and July, on blood group serology and reagent production, and on quality assurance in blood transfusion, helped to prepare a manual for use in developing countries.

During the year two videos were produced, one on preparation and use of cryoprecipitate and another on blood donor recruitment in developing countries. A cold chain for blood storage and transport is being developed in collaboration with the Expanded Programme on Immunization. Other research activities include studies on viral inactivation of blood products and pooling of anti-sera for screening. Two international training courses on all aspects of blood transfusion services were organized in Zimbabwe in May and July 1990.

During 1990 work in support of research capability strengthening within national AIDS programmes has focused on completing the assessment of research needs and capability, and training and networking of researchers collaborating with the programmes. Activities in Cameroon, Côte d'Ivoire, Senegal, Uganda, the United Republic of Tanzania and Zambia have included the initiation of a three-phase process to determine and address national research needs. The first phase includes a detailed assessment of the needs, the second the setting of national research priorities, and the third the development of quality protocols for the identified priorities.

A global data base on AIDS-related research in developing countries is being established and will serve as a tool for the promotion of networking among researchers. It will also help to avoid unnecessary duplication of national and international research efforts, identify gaps in research and keep an up-to-date list of institutions and individual researchers.

Support was provided to the network of AIDS researchers in eastern and southern Africa and the western and central African AIDS research network for training in the use of microcomputers in research projects.

The Society on AIDS in Africa was officially established in Zaire in October 1990 with the support of WHO. It is modelled on the International AIDS Society and the two societies will cooperate closely to ensure international linkage, especially among researchers.

In collaboration with the Division of Family Health and with financial support from UNFPA, two sets of guidelines for MCH/FP programme managers have been produced and widely distributed to enhance participation of MCH/FP workers in national AIDS programme activities. These deal with "AIDS and family planning", and "AIDS and maternal and child health". The development of a prototype information booklet for MCH/FP service providers is nearing completion.

The WHO health promotion resource centre for AIDS prevention and control at WHO headquarters has collected and processed over 1 900 data base entries on health education materials, and has provided information to a variety of agencies and individuals. Two "AIDS health promotion resource packs" were distributed to national AIDS programmes. The centre also distributed "Karate Kids", a cartoon video for young people living on the streets and out of school, produced by the National Film Board of Canada and a nongovernmental organization, Street Kids International, with the technical assistance of WHO/GPA.

The centre also provides technical coordination and management support for a network of nine regional AIDS health promotion resource centres which in turn make technical support and materials available to national AIDS programmes. Assistance has been provided to those centres in the installation and operation of a data base, designed in collaboration with UNESCO, to support their data-collection activities.

The periodicals AIDS Health Promotion Exchange, and AIDS Technical Bulletin as well as "WHO Report" (an insert in AIDS Action) were distributed worldwide to health educators, public health professionals, and communication specialists working in national AIDS programmes. A monograph entitled "AIDS prevention through health promotion: facing sensitive issues" is being published.

WHO collaborated with the Names Project International in an attempt to help adapt the approach of the "Names Project Quilt" for awareness-raising in selected developing countries. At a four-day workshop held in the USA in July 1990, participants from six interested countries planned steps to be taken in these countries.

Intervention development and support

In 1990, WHO began to direct particular attention to the development of interventions as part of its efforts to strengthen national AIDS programmes. Studies will determine the most effective approaches for designing and implementing interventions for the prevention of HIV transmission and for the care of persons with HIV infection and AIDS.

Recognizing that the control of sexually transmitted diseases is an important factor for the control of HIV transmission, GPA, in collaboration with the Sexually Transmitted Diseases programme, organized several meetings to consider various aspects of research and interventions on the association between these diseases and AIDS. A meeting of programme managers and experts, held in Geneva in July 1990, produced a consensus statement on coordination between the two types of programmes (WHO/GPA/INF/90.2). The statement stressed the need for close coordination of such programmes at all levels of programme planning, implementation and evaluation, and is being disseminated worldwide. A meeting was held in Geneva in December 1990 to agree on protocols for evaluating new approaches to detect and treat cases of sexually transmitted diseases.

A provisional guide to be used by national programmes for the design and implementation of interventions to prevent sexually transmitted diseases, including HIV infection, among sex workers has been prepared and is now undergoing field-testing. A research package for studies of prostitution and HIV transmission has been developed and is also being field-tested for application to intervention design, reformulation and evaluation. Preliminary studies are being carried out in Australia, Brazil, the Dominican Republic and Ghana.

The effectiveness of interventions to change homosexual and bisexual behaviour in developed countries is being assessed to determine their applicability to developing countries. Emphasis is placed on those developing countries where HIV seroprevalence is still comparatively low and where bisexuality is expected to play an important role in the HIV pandemic. Provisional guidelines for the development of HIV/AIDS prevention interventions among men who have sex with men are being developed for use by planners in national AIDS programmes and other agencies. A monograph on health promotion for the prevention of HIV transmission among homosexual and bisexual men and protocols for intervention-linked research on bisexuality are being prepared.

In cooperation with WHO's new Substance Abuse Programme, GPA is identifying feasible interventions to reduce demand for drug injection in countries with limited resources. Protocols are being developed to assist governments and local authorities in assessing both the extent and the patterns of drug use. Experiences in the prevention of transmission through unsafe sexual behaviour and sharing of unsterilized equipment have been reviewed and guidelines for interventions in these areas are being field-tested.

Research packages for quantitative and qualitative studies of knowledge, attitudes and beliefs (KAB) and sexual practices have been finalized. They were reviewed by workshops in Kenya, the Philippines and Thailand, which recommended the preparation of a training manual to help in their use. A training workshop organized in collaboration with the United Nations University brought together social scientists from the African Region for intensive training on rapid assessment techniques for AIDS-related problems. Results of the first completed studies on knowledge, attitudes, beliefs and practices/partner relations (KABP/PR) being undertaken in more than 50 countries were systematically reviewed to identify the questions and findings most relevant to intervention design. Analysis of the results of all these studies is being pursued as a high-priority activity.

Ways of communicating with youth was the subject of a technical working group meeting in Geneva in August 1990, at which consensus was reached on priority research questions. International workshops for youth leaders were organized jointly with the World Assembly of Youth in Barbados and Cameroon to provide training to initiate AIDS prevention activities within their organizations and countries. A guide on the planning and design of interventions among youth is

currently being developed on the basis of a review of lessons drawn from the initial country experiences. It will be tested by AIDS programmes in countries and by youth organizations. A draft practical guide for evaluation of AIDS education in schools was prepared and will be field-tested in 1991.

HIV/AIDS counselling guidelines were finalized and distributed to governments and nongovernmental organizations. Counselling activities focused on training at regional and national levels using WHO/GPA training materials, strengthening national AIDS programme activities, and defining methods for evaluation. Twelve country-project studies of counselling programmes were analysed in a series of field visits, and the findings pointed to a need for more appropriate methods for designing and staffing HIV/AIDS counselling services within AIDS programmes. A consultation was conducted in Geneva in November 1990 to develop protocols for studies on the effectiveness of counselling in low-resource settings. An extensive survey of counsellors from countries involved in earlier WHO workshops has been conducted and a data base for evaluation studies started.

Models of community-based care were evaluated in African and Latin American settings. Draft guidelines for community-based care, including a tool to assist in discharge planning for AIDS patients, were prepared for project administrators, nurse practitioners and family care providers.

A consultation was organized in collaboration with the Traditional Medicine programme, in Botswana in July 1990, to consider ways and means to expand the important role of traditional health practitioners in the delivery of health services in African communities by involving them more actively in measures to prevent and control HIV infection and AIDS.

The International Council of Nurses was provided with technical and financial support to work through national nurses' associations in eight African countries to strengthen nursing skills for care of persons with HIV/AIDS. An interregional consultation of nurses, held in Geneva in April 1990, made recommendations on the role of nurses in management, education and research in the prevention of HIV transmission in and out of health care settings, and in provision of care in hospitals and homes.

Generic clinical management guidelines for HIV infection in adults and children are ready for field-testing and will ultimately be adapted to specific country situations. The Programme has cooperated with the Division of Drug Management and Policies in preparing a document on model prescribing information on AIDS and with the Action Programme on Essential Drugs in developing protocols to help countries make rational choices on drug use and estimation of drug requirements. These will be available to countries in 1991.

5. Research

The strengthening of GPA's research activities was one of the aims of the recent reorganization. Efforts are being undertaken or planned in the following five areas: clinical research and drug development; vaccine development; diagnostics for HIV and associated infections; epidemiological research; and surveillance, forecasting and impact assessment. Steering committees are being set up to advise the Programme on priorities and support of projects.

With support from GPA, the Council for International Organizations of Medical Sciences is preparing a revision of its Proposed international guidelines for biomedical research involving human subjects (Geneva, 1982), to ensure that the guidelines are applicable to issues such as HIV/AIDS clinical research, drug trials, vaccine trials and epidemiological research.

In Geneva in February 1990, a global consultation was held on the conduct of international collaborative AIDS research, with the aim of developing guiding principles that can be used by sponsoring institutions and investigators as a "code" of desirable practices. These are being finalized for distribution.

Clinical research and drug development

Activities in this area focus on monitoring of new advances in therapy for HIV/AIDS, development of a WHO clinical staging system for HIV/AIDS, and provision of support to safety and efficacy studies of antiviral and antimicrobial medications for HIV/AIDS.

A technical working group met in Geneva in February 1990 to review the preliminary results of a cross-sectional collaborative study aimed at validating a staging system for HIV/AIDS. The study involved 27 centres and 938 patients, and the results have been published (*Weekly Epidemiological Record*, 65: 221-224, 1990). A multicentre cohort study of HIV-infected persons is being conducted to validate this system.

Two research protocols have been developed to assess approaches to the clinical management of opportunistic infections, one dealing with pulmonary infections and the other with gastrointestinal infections.

Two studies were supported jointly with the Special Programme for Research and Training in Tropical Diseases to examine interactions between HIV infection and *leishmaniasis*. Research is also being funded jointly with the tuberculosis programme on chemoprophylaxis of the disease among HIV-infected adults; with the Division of Mental Health, on a multicentre study of psychological and neurological manifestations of HIV infection; with the control programme on leprosy, a study of the possible association between HIV infection and clinical leprosy; and with the traditional medicine programme, on testing of 200 plant samples for anti-HIV activity.

A meeting of researchers, representatives of national drug regulatory agencies, and pharmaceutical manufacturers met in Geneva in September 1990 to assess the information available on the safety and efficacy of low doses of interferon alpha (Kemron). It concluded that it was still too early to tell whether low doses of interferon alfa given orally would be of any value in the treatment of persons infected with HIV, or those with AIDS. The participants stated that it was vital to

await the outcome of controlled studies in which the effect of low-dose oral interferon alfa could be compared with a placebo. A research proposal was drawn up for such a study which was then initiated in three African countries with support from WHO.

In collaboration with the Sexually Transmitted Diseases programme, GPA sponsored a meeting in Geneva in May 1990 to help establish priorities for research on virucides in the prevention of HIV infection. A research proposal has been drawn up for testing the safety of frequent use of menfegol, a vaginal spermicide with *in vitro* anti-HIV activity, and its efficacy in preventing HIV infection among women. Studies are planned at two sites.

A pathology study to determine the cause of death among persons with HIV infection is being supported in Côte d'Ivoire. Results of this study will be compared with clinical signs and symptoms in an effort to develop more effective treatment algorithms for persons with AIDS.

Vaccine development

Current activities related to HIV vaccine development fall into three areas: monitoring of new advances in vaccine development; identification and strengthening of sites for vaccine evaluation; and creation of a network for HIV isolation and characterization in vaccine field trials.

A technical working group met in Geneva in November 1990 to develop criteria for the identification, assessment and strengthening of potential field sites for the evaluation of HIV candidate vaccines. Teams for this purpose will visit a number of potential sites in 1991 to identify those which meet the selection criteria, and procedures will then begin for their establishment, including initial epidemiological investigations and infrastructure development. A number of candidate vaccines are now undergoing safety and immunogenicity testing and may be ready for field evaluation during the next few years.

The second meeting to establish criteria for a WHO network for HIV isolation and characterization took place in the United Kingdom in November 1990. It was attended by representatives from primary isolation laboratories (field sites for vaccine evaluation), secondary characterization laboratories (WHO collaborating laboratories) and international molecular epidemiology programmes, who identified procedures for the characterization of HIV isolates and developed guidelines for management of the network. The network will monitor the antigenic variability of HIV in relation to vaccine development, in close collaboration with the repositories of the WHO AIDS Reagent Project (Institut Pasteur, Paris; the National Institute for Biological Standards and Control, London; and the National Institute of Allergy and Infectious Diseases, Bethesda, Md., USA). A collaborative study was carried out to standardize the polymerase chain reaction (PCR) technique for detection of HIV.

Diagnostics

Activities are being carried out in four areas: monitoring of new diagnostic tests for HIV, HIV-associated infections and immunological/prognostic markers; evaluation of new diagnostic tests for applicability in developing countries; coordination of quality assurance programmes at the national, regional and global levels; and provision of regional and national training in laboratory diagnosis of HIV infection and AIDS.

Support has been provided for the evaluation of more than 30 different commercial HIV assays at WHO collaborating centres on AIDS, including rapid/simple tests and combined assays for detection of HIV-1 and HIV-2 antibodies. Field-testing of rapid tests has been conducted, mainly in developing countries.

Simpler and less expensive alternative strategies for diagnosis and confirmation of HIV-1 infection were evaluated using pairs of screening assays. Eighty pairs of 16 different assays, including rapid/simple tests were used for this evaluation. Many pairs of assays were found to give results that were at least as accurate and less costly than the conventional procedure of confirming screening assay reactions by Western Blot. Guidelines for use of these procedures are currently being prepared for countries with limited resources.

The HIV-2 Collaborating Group has successfully conducted a series of laboratory-based studies using advanced diagnostic testing, and has established worldwide criteria for differentiating sera which are double-reactive to HIV-1 and HIV-2.

A WHO external quality assessment programme has been set up with more than 150 national reference laboratories worldwide. Guidelines have been prepared for organizing national quality assessment schemes for HIV serology and are now being field-tested in several developing countries.

Support has been given to a collaborative study on paediatric transfusion practices in Kenya, which has shown that about 30% of transfusions are not necessary, and has produced criteria that permit a reduction in the number of transfusions in this patient population. The approaches adopted for this study will also be used to prepare guidelines for assessment of blood transfusion practices in developing countries, which will help countries to identify appropriate criteria for transfusion.

Epidemiological support and research

Activities are carried out in three areas: support to research on HIV transmission; support to research on unusual epidemiological events; and training in epidemiology.

A technical working group was organized in Geneva in March 1990 to recommend approaches for determination of the risk of HIV transmission attributable to genital ulcerative disease. It drew up guidelines for researchers, and an intervention study based on them is being supported in Zimbabwe.

In collaboration with the World Bank, joint work with the sexually transmitted diseases programme was started in Senegal and Uganda to develop a methodology for rapid assessment of these diseases on the basis of simple laboratory tests, selected clinical signs, and recent history of signs and symptoms. It is anticipated that this methodology will be useful for evaluation of the effectiveness of AIDS programmes.

A meeting of researchers on perinatal transmission of HIV was held in Geneva in April 1990 in collaboration with the Special Programme of Research, Development and Research Training in Human Reproduction and the Division of Family Health. Information on study designs and results was exchanged and priority areas for further research were identified. The group recommended that WHO take the lead in coordinating and supporting research to evaluate the role of breast-feeding in HIV transmission and the relationship between gp120 and perinatal transmission. A prototype proposal for a study on transmission through breast-feeding has been

prepared, and this research will be supported in one developing country. At the same time two longitudinal studies of perinatal transmission are being co-funded with the Special Programme in order to establish cohorts where prevention interventions can be evaluated.

Support was provided for AIDS researchers and epidemiologists from Asia, South America, Africa and the Caribbean to participate in a research training course at the Center for AIDS Prevention Studies of the University of California in San Francisco, and in an international course on surveillance and applied epidemiology for HIV and AIDS at the Centers for Disease Control of the United States Public Health Service.

Two WHO multicentre research studies, one on HIV transmission in health care units and one on the occupational risk of exposure to HIV among health workers, are being supported in Rwanda, Uganda, the United Republic of Tanzania, and Zambia. Results of these studies should be available in early 1991.

Surveillance, forecasting and impact assessment

Activities in this area focus on monitoring and evaluation of the global and regional status of HIV infection and AIDS; development of methodologies for surveillance, forecasting and impact assessment; and training in surveillance and projection methodologies.

A monthly update on AIDS cases reported from WHO Member States is prepared. HIV/AIDS surveillance data are also periodically reviewed and analysed.

Over 100 trainers and consultants have been trained to carry out HIV surveillance and provide technical support in the implementation of HIV sentinel surveillance to countries and WHO regional offices. Since early 1989 cooperation has been provided to over 90 developing countries in the elaboration of protocols and plans of action for implementing HIV sentinel surveillance in a manner consistent with the WHO guidelines.

To support countries in using HIV/AIDS surveillance data for monitoring and targeting prevention and control activities, computer software has been developed for data storage and analysis (Epi Info) in collaboration with the Centers for Disease Control. Training in the use of Epi Info for management of HIV/AIDS surveillance data has been completed in 11 countries worldwide, and additional support is planned.

Computer software for displaying surveillance data on maps (Epi Map) and for short-term AIDS projections (Epi Model) has been developed and is being field-tested in cooperation with the Division of Epidemiological Surveillance and Health Situation and Trend Assessment. In 1991 an integrated software package of Epi Info, Epi Map and Epi Model will be provided to countries in support of surveillance data management.

Field-testing of methodologies for enumerating hard-to-identify populations at risk of HIV infection is under way.

6. Collaboration within the United Nations system¹

Coordination is facilitated through the United Nations Steering Committee, chaired by the Under-Secretary-General for International Economic and Social Affairs, through the Standing Committee of United Nations AIDS Focal Points convened by UNDP, and through the Interagency Advisory Group (IAAG) established by WHO with the support of the Administrative Committee on Coordination to coordinate the AIDS activities of the entire United Nations system. At its annual meeting in November 1990, IAAG reviewed the results of its study on the impact of AIDS on the personnel, social welfare and operational policies of the United Nations system and agreed on a number of important recommendations which will be referred to the Administrative Committee on Co-ordination in 1991.

A report by the Director-General on progress in implementing the Global AIDS Strategy was submitted to the forty-fifth session of the United Nations General Assembly through the Economic and Social Council (document A/45/256). At its session in July 1990 the Council adopted resolution 1990/86 emphasizing that prevention and control of HIV infection and AIDS for women and children call for the strengthening and improvement of primary health systems and for educational, social and economic support programmes for women, children and families. In December 1990 the United Nations General Assembly adopted a similar text as resolution 45/187.

The WHO/UNDP alliance to combat AIDS continues to coordinate support for national AIDS control and prevention programmes from all external partners, including those in the United Nations system, and to organize resource mobilization meetings in collaboration with governments. Under the auspices of the alliance, UNDP has been involved in assisting the integration of national AIDS plans with overall developmental policies and priorities at the country level, in supporting programme development and delivery, and in helping governments to minimize the impact of HIV/AIDS on social and economic development. UNDP also continues to provide support for the Global Blood Safety Initiative.

In response to a request from its Governing Council, UNDP has initiated a project to strengthen its capacity to assist governments to respond to the pandemic; increase the understanding of the pandemic's development implications; investigate and develop mechanisms to provide prevention, care and support programmes to women; and develop a proposal for multi-donor funding to increase national capacity to forecast and plan for the longer-term social and economic impact of the pandemic. The project will train staff from external support agencies, governments and UNDP in these aspects of HIV/AIDS programming; commission papers or other writings on the future dimensions of the pandemic and on ways in which the development community can best assist; prepare a handbook and/or materials for UNDP field offices on UNDP's and WHO's HIV-related policies, with case studies of HIV-related programmes, particularly in developing countries; and carry out UNDP staff training courses at the field level. WHO will provide technical assistance for the realization of this project.

1 Details of collaborative activities with a number of United Nations agencies are also given in the preceding sections of this report.

WHO staff participated in a meeting held at UNICEF headquarters in New York in April 1990 to review and evaluate past UNICEF AIDS programming experience and to discuss new AIDS programming needs and opportunities for the 1990s, including services for AIDS orphans and prevention education for street children. This meeting was attended by UNICEF representatives and staff from thirteen UNICEF country offices, three regional offices and headquarters. WHO has intensified its efforts to provide forecasts of the numbers of cases of HIV infection and AIDS in infants and women for use in UNICEF programme planning of services for these groups.

UNICEF and WHO are collaborating closely in studying the pandemic's impact on children of HIV-infected parents and have prepared a strategy paper summarizing the state of knowledge and expected needs. Informal discussions have led to the setting up of a UNICEF/WHO advisory group which will work towards a joint strategy for promoting an effective community response to the care and support of children orphaned or made vulnerable as a result of AIDS.

A document on "Women, children and AIDS" was prepared jointly by UNICEF and WHO for an intersecretariat meeting held in Geneva in November 1990 in preparation for the January 1991 meeting of the UNICEF/WHO Joint Committee on Health Policy. The document describes the special challenge to UNICEF and WHO that the prevention and control of AIDS in women and children presents and identifies opportunities for the two organizations to collaborate and to carry out complementary activities.

UNICEF continues to participate actively in the review and reprogramming of medium-term plans and in the provision of financial support to national AIDS programmes, particularly in sub-Saharan Africa. Efforts were initiated with UNICEF in the Region of the Americas to address the emerging issue of HIV infection in street children.

WHO and UNESCO are collaborating in the establishment of an international network of AIDS health promotion resource centres. WHO supports the AIDS School Education Resource Centre which is fully operational at UNESCO headquarters in Paris. The Centre has produced a focused bibliography catalogue and methodological analysis of the AIDS education materials in the collection. The catalogue has been published as a special issue of the Bulletin of the International Bureau of Education, and is particularly addressed to students, teachers and parents. WHO also has a contract with UNESCO's Principal Regional Office for Asia and the Pacific in Bangkok to work as AIDS health promotion resource centre for this region and to play an active role within the international network.

WHO and UNESCO jointly organized a regional consultation seminar on school education for the prevention of AIDS in Asia and the Pacific, in Thailand in February 1990. It was the first occasion for high-level officials from ministries of health and education to meet and discuss their regional and national strategies in this field.

Collaboration between UNFPA and WHO (both GPA and the Division of Family Health) has resulted in the production of two technical/managerial documents and a prototype information booklet for MCH/FP service providers. WHO is also collaborating with UNFPA in the preparation of a UNFPA information paper on HIV/AIDS for the 1991 session of the UNDP Governing Council.

Further collaboration between WHO and UNFPA, for technical cooperation in programme/project development, has taken place in a number of countries and is expected to increase in the future. UNFPA headquarters staff in New York, and

UNFPA country directors received briefing from WHO at their regional meetings in Asia and Africa. These meetings were also used as an opportunity to plan country-level technical cooperation missions for supporting the inclusion of AIDS prevention activities in MCH/FP programmes. All these activities are facilitated by the continuing secondment of a UNFPA staff member to GPA.

The World Bank is collaborating with WHO in studies on the likely effectiveness and cost of interventions for prevention of HIV transmission and for provision of care for HIV infection and AIDS, in support of district-level planning in the United Republic of Tanzania. This joint activity involves a number of collaborators from the World Bank and several programmes in WHO. WHO is providing statistical and analytical support to a World Bank-supported project in Uganda to assess the impact of HIV/AIDS on various sectors.

The World Bank has provided financial support for collaborative research activities involving GPA, the Sexually Transmitted Diseases programme, the Special Programme for Research and Training in Tropical Diseases and the Special Programme of Research, Development and Research Training in Human Reproduction.

In April 1990 WHO provided technical and financial support for the World Consultation on Education for AIDS Prevention, which took place at UNESCO headquarters in Paris. WHO co-sponsored this meeting together with ILO, UNESCO and four international teachers' organizations: the International Federation of Free Teachers' Unions, the World Confederation of Organizations of the Teaching Profession, the World Confederation of Teachers, and the World Federation of Teachers' Unions. The aim of the meeting was to mobilize teachers' organizations worldwide to provide support for education projects within their countries and to motivate national AIDS committees to involve the organizations in their work. The consensus statement on HIV and schools prepared at a meeting of these organizations in 1989 was endorsed by the consultation.

WHO and the Crime Prevention and Criminal Justice Branch of the United Nations Centre for Social Development and Humanitarian Affairs, Vienna, jointly prepared a report on HIV/AIDS in prison, which was presented at the Eighth United Nations Congress on the Prevention of Crime and the Treatment of Offenders, held in Cuba, in August/September 1990: the report is being published by WHO.

A study on the availability of clean needles and syringes is being carried out with the International Narcotics Control Board with the aim of assisting countries in determining how the legal environment influences needle sharing and HIV transmission.

The activities carried out and the progress achieved so far in the implementation of the Global AIDS Strategy have been made possible through the efforts of WHO and its many partners. These partners exist at all levels: global and international, regional and subregional, and above all country and community. The partners are intergovernmental organizations, including other agencies of the United Nations system, governments, and nongovernmental organizations, including community-based organizations. In addition, the support of numerous bilateral donor agencies is important to the implementation of national AIDS programmes in many developing countries. As the pandemic continues, WHO's partners will become increasingly important. The Global AIDS Strategy requires the involvement of agencies and organizations working in many sectors, not only health, if the pandemic's impact on development in general is to be lessened, if not reversed.

Annex

**Responsibilities of component units of the
Global Programme on AIDS, September 1990**

The Office of the Director is responsible for planning, organizing and implementing the Programme's activities, in accordance with WHO's policies and priorities, including responsibility for relations with donors and global resource mobilization; the protection of human rights and avoidance of discrimination of HIV-infected people and people with AIDS; and the development of effective collaboration with and support to nongovernmental organizations.

Policy Coordination (POL), within the Office of the Director, is responsible for elaborating and maintaining consistency of GPA policies; providing information to the public; and coordinating relations with and provision of technical advice to organizations and bodies of the United Nations system.

Programme Planning and Management (PPM) is responsible for monitoring data on the status of the HIV/AIDS pandemic and the Programme's response to it; analysing strategic options for prevention of HIV infection or reduction of the impact of HIV/AIDS on individuals and society; developing and monitoring programme targets and indicators; and preparing the GPA programme budget and monitoring its implementation and effectiveness.

Administrative Support Services (ADS) is responsible for administrative support to the Programme, including responsibility for personnel and financial management.

The Office of Cooperation with National Programmes (CNP) is responsible for overseeing and coordinating technical and managerial support to national AIDS programmes; developing and assessing effective programme interventions for prevention and care; and developing methods for the evaluation of national programmes. The functions of the Office's unit of Operational Support and Monitoring (OSM) are carried out by two subunits: National Programme Monitoring (MON), responsible for monitoring national AIDS programmes, including their implementation of activities, and use of GPA resources; and Management Strengthening (MAS), responsible for providing technical and management support through regional offices to national programmes. The Office's unit of Intervention Development and Support (IDS) is responsible for supporting research in collaboration with national AIDS programmes to determine the most effective interventions for prevention of HIV transmission and for care of persons with HIV infection and AIDS; preparing guidelines on the implementation of programme interventions; developing methods for evaluation of the programmes; and providing technical support to the programmes. These functions are carried out by four subunits: High Risk Behaviour (HRB), Youth and the General Public (YGP), Health Care Support (HCS) and Evaluation Method Development (EVM).

The Office of Research (RES) is responsible for promoting, coordinating and supporting biomedical and epidemiological research for improved HIV/AIDS prevention and control; monitoring the latest research developments and assuring rapid exchange of information among researchers and public health administrators; and collecting and disseminating information on the course of the HIV/AIDS pandemic and forecasting future trends. These functions are carried out by five units: Clinical Research and Drug Development (CRD), Vaccine Development (VAD), Diagnostics (DIA), Epidemiological Support and Research (ESR) and Surveillance, Forecasting and Impact Assessment (SFI).