



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
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HIV/AIDS: confronting the epidemic

Report by the Director-General

BACKGROUND

1. At the end of 1999, 33.6 million people were living with HIV/AIDS, more than 95% of them in the developing world. The epidemic is continuing to spread globally, with 5.6 million newly infected people in 1999.
2. HIV/AIDS is the leading cause of death in sub-Saharan Africa, where two-thirds of all infections – over 22 million people – and approximately 84% of all deaths have occurred. It is estimated that an additional 14 million people will develop AIDS and die in this region by the year 2004. Studies conducted in nine countries in sub-Saharan Africa suggest that prevalence among women is now higher than among men, with 12 to 13 women currently infected for every 10 men.
3. In the worst affected countries of southern Africa, the HIV/AIDS epidemic is reversing the developmental gains of the past 50 years, including hard-won increases in child survival and life expectancy. In many of these countries, the cohort of individuals of reproductive age is dying, leaving behind grandparents to raise their grandchildren and children to raise their siblings.
4. The number of people living with HIV/AIDS doubled in the Newly Independent States between the end of 1997 and the end of 1999. The bulk of new infections was caused by unsafe injection of drugs. The climate for increased incidence of HIV is ripe, because sexually transmitted illnesses in this region have increased substantially among young people.
5. HIV is increasing rapidly in Asia, particularly in south Asia, with 6.5 million people infected. Much of this infection is among drug-injecting groups. In the Americas, although there has been a decline in mortality due to AIDS, HIV infection continues to increase among minorities and disadvantaged populations.
6. Resolution WHA45.35 (1992), the last adopted by the Health Assembly on the strategy for HIV/AIDS prevention and control, provided useful, practical guidance for the work of WHO. Many of its recommendations remain valid and continue to be pursued. Since then, however, many developing countries have experienced the unabated spread and growing impact of HIV, and the United Nations has changed its systemic approach. The Joint United Nations Programme on HIV/AIDS (UNAIDS) was launched in January 1996, WHO being one of its founding cosponsors.
7. UNAIDS has now seven cosponsors (UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO and the World Bank). Its goals are to catalyse, strengthen, and orchestrate the unique expertise,

resources and network of influence that each of the cosponsors offers. It has an annual budget of US\$ 60 million and staff of 129 professionals.

8. As a cosponsor, WHO's major responsibility is to strengthen the health sector's response to the HIV/AIDS epidemic. WHO's activities are concentrated in the fourth strategic objective of UNAIDS, namely, to identify, develop and advocate international best practices for HIV/AIDS prevention and control, including principles, policies, strategies and activities that worldwide collective experience has shown to be sound.

9. WHO provides specific technical support to national health sectors, with particular attention to UNAIDS thematic priorities: young people; mother-to-child transmission; community-based standards of care; vulnerable populations; human rights, gender issues and participation of people living with HIV/AIDS; and international efforts towards vaccine development.

10. Consultations were held during 1999 within WHO at all levels and with UNAIDS and its cosponsors, on updating the prevention and control strategy of WHO and national health sectors, taking into account the responses of UNAIDS and other cosponsors.

11. WHO participates actively in the governance of UNAIDS, through, for example, its membership on the UNAIDS Programme Coordinating Board and its Committee of Cosponsoring Organizations. WHO served as Chair of the Committee in the year 1998-1999, and in this capacity gave support to the design of a unified budget and work plan for UNAIDS. WHO also suggested publicity materials reflecting the joint nature of the Programme in order to strengthen cosponsorship.

12. WHO participates substantively in UNAIDS activities in its various areas of technical competence, together with other cosponsors. It has worked actively on the issue of HIV-related drugs (including those for reducing mother-to-child transmission), is cooperating on vaccine-related questions, and has produced joint documents, such as those on the latest epidemiological situation and on guidance for voluntary counselling and testing. WHO will continue its close cooperation in these and other new activities in the coming year, contributing directly through its own technical strengths, but also participating in a broad range of working groups and task teams in order to bring the experiences of the Organization, including from the regional and country levels, to bear upon developments within UNAIDS.

13. In response to the increasing burden of HIV/AIDS in Africa, UNAIDS and its cosponsors initiated the International Partnership Against AIDS in Africa in order urgently to mobilize nations, civil society and international bodies in a concerted effort to curtail the spread of HIV infection, to reduce sharply the impact of HIV/AIDS in terms of human suffering, and to halt any further reversal in development of human and social capital in Africa. WHO is contributing to this Partnership by strengthening the Regional Office for Africa so that it can respond promptly and effectively to country demands, and by identifying priorities at country level in terms of prevention, care and alleviation of impact.

ISSUES

14. Where effective prevention strategies have been systematically implemented, the incidence of HIV infection has been reduced. Where they have not, HIV continues to spread with great speed in some countries.

15. The major challenge today is to apply what is known to be effective. In many countries this requires high-level commitment to tackling HIV/AIDS as a central development issue and to strengthening health systems with adequate resources so that the proven interventions can be applied safely and effectively.

16. Prerequisites for health sector development include: an enabling health policy environment; well-equipped health facilities; trained staff to provide prevention and care interventions; and involvement of the local community and people living with HIV/AIDS, in order to promote a sense of ownership and hence sustainability.

17. A number of key proven interventions for prevention are set out below.

- Advocacy against stigma and fear in order to encourage open, accepting and compassionate attitudes towards people living with HIV/AIDS at community, political and administrative levels, with health institutions, in particular, providing an example.
- Health education for prevention, including: raising awareness; promoting safer sex through provision of information; life-skills education for young people in and out of school; provision of protection methods such as male and female condoms, to enable people to change their behaviour and reduce transmission of infection; and targeting young people before they become sexually active.
- Safe blood and blood products for transfusion, donor selection and the screening for HIV of donated blood being indispensable to ensure that health practice does not contribute to the spread of HIV.
- Prevention and care of sexually transmitted infections, including syndromic management, in order to reduce substantially risk of transmission of HIV infection and the burden of disease attributable to sexually transmitted infections.
- Voluntary counselling and testing as an entry point in order to facilitate prevention, and access to care. A major obstacle in developing countries is that most people do not know their HIV status.
- Prevention of mother-to-child transmission. In worst affected countries, 20% to 45% of pregnant women are HIV positive and one-third of their babies are infected. Feasible and affordable interventions, including use of antiretroviral drugs and counselling on infant feeding, are being pilot tested before wide implementation.
- Prevention, care and rehabilitation for injecting drug users in order to avoid an explosive spread of infection in this vulnerable population.
- Research and development of microbicides, and a vaccine which is effective against virus strains prevalent in developing countries, in order to provide countries with a major primary prevention tool.

18. The key proven interventions for care include:

- the establishment of a continuum of care between home, community and institutions, in order to meet medical and psychosocial needs;

- the strengthening of counselling and support skills of health care workers in primary, secondary and tertiary care;
- the treatment and prophylaxis of common HIV-related illnesses – in particular tuberculosis – and palliative care, in order to increase quality and length of life;
- increased and sustained access to new therapies for HIV/AIDS through innovative mechanisms and partnerships, ensuring that these therapies are affordable and used safely and effectively;
- availability of suitable foods and micronutrients to restore and sustain adequate nutrition of HIV/AIDS patients.

19. Adequate surveillance of HIV/AIDS and sexually transmitted infections, and of behavioural patterns, with particular attention to women, are required for planning, implementation and evaluation of the response.

20. Individuals, families and communities in developing countries are spending vast amounts to meet the cost of remedies for the sick, to ensure the provision of acute, chronic and palliative care, and to cover burial costs. Effective drugs and medicines available for HIV/AIDS patients are beyond the reach of most patients in developing countries because of the exceedingly high cost. A major obstacle to controlling the spread of HIV/AIDS is that the resources devoted to the epidemic, at both national and international levels, are not commensurate with the magnitude of the problem.

ACTION BY THE EXECUTIVE BOARD

21. The Executive Board is invited to consider the following draft resolution:

The Executive Board,

Noting the report by the Director-General on HIV/AIDS,¹

RECOMMENDS to the Fifty-third World Health Assembly the adoption of the following resolution:

The Fifty-third World Health Assembly,

Having considered the report of the Director-General on HIV/AIDS;

Noting with deep concern that of the nearly 34 million people worldwide currently living with HIV/AIDS, 95% are in developing countries; and that in African countries the development gains of the past 50 years, including the increase in child survival and in life expectancy, are being reversed by the HIV/AIDS epidemic;

Further noting that in sub-Saharan Africa, where over 22 million people are infected, HIV/AIDS is the leading cause of death and that more women are now infected than men;

¹ Document EB105/12.

Recognizing that poverty and inequality between men and women are driving the epidemic; and that denial, discrimination and stigma continue to be major obstacles to an effective response to the epidemic;

Acknowledging that political commitment and resources devoted to combating the epidemic at both national and international levels are not commensurate with the magnitude of the problem,

1. URGES Member States:

- (1) to match their political commitment to the magnitude of the problem by allocating an appropriate national budget for HIV/AIDS prevention and control;
- (2) to provide increased support for UNAIDS, including its efforts in the context of the International Partnership Against AIDS in Africa;
- (3) to pay particular attention to national strategic plans directed towards reducing the vulnerability of women, children and adolescents;
- (4) to apply experiences and lessons learned, and the growing body of scientific knowledge regarding proven effective interventions for prevention and care in order to reduce the spread of HIV/AIDS and to increase the quality and length of life of those infected;
- (5) to organize a nationally coordinated blood transfusion service to ensure that all individuals have access to blood and blood products that are as safe as possible, available at reasonable cost, adequate to meet their needs, transfused only when necessary, and provided as a part of a sustainable blood programme within the existing health care system;
- (6) to build partnerships between health providers and the community in order to direct community resources towards proven effective interventions;
- (7) to implement strategies to sustain an effective response to HIV/AIDS and sexually transmitted infections, that are based on the three main goals of improving the health of the population; meeting their legitimate expectations by ensuring access, choice of care providers, prompt attention to health needs and respect for the dignity of the individual; and providing fair financing and financial risk protection;
- (8) to strengthen health systems, in order to implement proven key strategies for prevention, namely, management of sexually transmitted infections and promotion of safer sex, including use of male and female condoms;
- (9) to take steps to reduce illicit substance use and protect injecting drug users and their sexual partners against HIV infection;
- (10) to increase access to and quality of care in order to improve the quality of life and meet the medical and psychosocial needs of people living with HIV/AIDS, including treatment and prevention of HIV-related illnesses and provision of a

continuum of care, with efficient referral mechanisms between home, clinic, hospital and institutions;

(11) to increase access to prophylaxis and treatment of HIV and related diseases by ensuring a reliable distribution and delivery system, assuring the provision of affordable drugs through implementing a strong generic drug policy, bulk purchasing, negotiation with pharmaceutical companies and adequate financing;

(12) to define and affirm their role and engage in possible partnerships to make new drugs affordable and safely and effectively used;

(13) to establish or to expand voluntary counselling and confidential HIV-testing services in order to encourage health-seeking behaviour, and as an entry point for prevention and care;

(14) to integrate interventions for the prevention of mother-to-child transmission of HIV into primary health care, including reproductive health services, as part of comprehensive care for HIV-infected pregnant women;

(15) to establish and strengthen monitoring and evaluation systems, including epidemiological and behavioural surveillance and assessment of health systems' response to the epidemics of HIV/AIDS and sexually transmitted infections;

2. REQUESTS the Director-General:

(1) to develop a global health-sector strategy for responding to the epidemics of HIV/AIDS and sexually transmitted infections;

(2) to cooperate with Member States in organizing nationally coordinated blood transfusion services;

(3) to collaborate with Member States in strengthening the capacity of health systems to respond to the epidemics through integrated prevention of HIV/AIDS and sexually transmitted infections and care for infected people, and to promote health systems research to frame policy on health systems' response to HIV/AIDS and sexually transmitted infections;

(4) to advocate respect of human rights in the implementation of all measures taken within the health sector to respond to the epidemics;

(5) to pursue dialogue with the pharmaceutical industry with a view to reducing the costs of HIV/AIDS-related drugs and making them increasingly affordable to Member States and their populations;

(6) to continue to explore and promote possible partnerships in order to make new drugs affordable and assure that they are safely and effectively used;

(7) on their request, to advise governments on their options under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) to increase their capacity to negotiate for more affordable HIV/AIDS-related drugs;

- (8) to promote the research and development of new and effective diagnostic tools and antimicrobial drugs for sexually transmitted infections;
- (9) to intensify efforts to prevent HIV and sexually transmitted infections in women, including promotion of research and development of microbicides and affordable female condoms to provide women and girls with female-initiated protection methods;
- (10) in the context of efforts under way with UNICEF, UNFPA and UNAIDS, to continue to provide technical support to Member States for implementation of strategies and programmes to prevent mother-to-child transmission of HIV;
- (11) to advocate the expansion of current vaccine development appropriate for subtypes of HIV found in developing and developed countries;
- (12) to provide support to Member States for collecting and analysing information on the epidemics of HIV/AIDS and sexually transmitted infections, developing methodologies for behavioural surveillance, and producing periodical updates.

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