

In the name of God, the Compassionate, the Merciful

Message from

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to the

**MEETING OF THE WORKING GROUP ON CLINICAL
MANAGEMENT OF AIDS**

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Ladies and Gentlemen, Dear Colleagues,

It is with great pleasure that I welcome you to this meeting of the Working Group on Clinical Management of AIDS. First of all, I would like to express my gratitude to the Government of the Syrian Arab Republic for hosting this meeting and to His Excellency the Minister of Health for opening the inaugural session.

As you are aware, the AIDS epidemic is spreading all over the world, including the Eastern Mediterranean Region. Backed by the principle that prevention is better than cure, particularly for a fatal disease like AIDS for which there is as yet no effective cure, prevention of transmission of HIV infection continues to be the main strategy for control of the epidemic. In support of one of the

preventive strategies, intensive efforts are being made to develop an efficacious vaccine for prevention of HIV infection; many candidate vaccines are undergoing trials but none has yet been proved to be effective.

The most important strategy for prevention of HIV is the avoidance of high risk behaviour. Although there have been occasional instances of progress in this direction, successes are very few and limited in extent. Changing personal behaviour is not easy and takes time, nor is it easy to sustain risk-free behaviour once it is taken up. Therefore the most important preventive tool is to prevent the adoption of such high risk behaviours in the first place and to promote those concepts and attitudes which prevent youth from acquiring high risk behaviour. It is fortunate that the cultures and religions of this Region are supportive of avoidance of high-risk behaviours that lead to HIV infection; nevertheless we must not allow ourselves to be complacent in these times of rapid socioeconomic development and changing values.

There is no doubt that these efforts for prevention must be continued, and with more vigorousness. Until we have effective tools in our hands for prevention, the epidemic will continue to spread and there will be more and more cases of HIV infection and of AIDS. Even if a cure becomes available in the future, and I hope this will not be too far off, more new cases of AIDS will continue to occur for

some time from among the pool of already infected persons. All those infected persons and those patients already suffering from AIDS will need adequate and proper care.

Dear Colleagues,

Early diagnosis of HIV infection and of AIDS is an important tool in the overall management of AIDS. This includes both clinical and laboratory diagnosis. Considerable progress has been made in the industrialized countries in laboratory methods related to HIV but the developing countries in this Region are greatly constrained in making use of these advances due to lack of resources. How to deal with such constraints will be an important topic for discussion in this meeting.

The recent developments in anti-retroviral therapy have created a lot of hope for persons with HIV and AIDS. The triple combination therapy including the use of protease inhibitors has shown promising results in clinical trials. In a few industrialized countries, both the number of new cases of AIDS and the number of deaths due to AIDS decreased for the first time in 1996 as a result of the combination therapy. But we must be careful before making any hasty decisions. We have yet to find an answer to the question of whether we can obtain the same degree of success as in clinical trials during wider application, particularly in settings constrained by lack of resources. The therapy has been under observation for a period of about two

years, which is a very short period for a disease like AIDS. Our experience with Zidovudine monotherapy provides us with valuable insight in this context. We do not know the long-term implications of the therapy. Will the efficacy be sustained for a long time? Will the virus develop resistance as has been seen with mono-therapy or bi-therapy? There are other problems such as toxicity and compliance as the patient has to take a large number pills spread over a number of times during the day. Other questions that need to be answered concern when to start the treatment, which drugs are to be given, how monitoring should be carried out, when to switch the drugs and when to stop the treatment.

Above all, cost of and access to the drugs are very important. The triple combination therapy is very expensive. One thousand US\$ per month is far too expensive for the developing countries, where more than 90% of persons with HIV in the world live. Furthermore, the clinical trials of these drugs were carried out in the industrialized countries and we do not know whether they can be replicated with similar benefits in the settings of developing countries, even if the drugs become affordable. Therefore, research needs also to be carried out in developing countries, and human and material resources, in terms of trained health care providers, reasonable laboratory facilities for diagnosis and monitoring and adequate supply of drugs, need to be mobilized to convert the findings of the research into operational reality.

The primary aim of providing care to AIDS patients is to reduce their suffering, improve the quality of their life and prolong their life. Drugs must be provided to alleviate the signs and symptoms and to combat opportunistic infections, many of which can be treated and even prevented with prophylactic measures. This can be done by including such drugs in the national essential drugs list. Care must be provided in a continuum, i.e. in the clinic, ward, home and community, as the situation demands.

People with HIV and AIDS are constantly subjected to tremendous psychological stress which requires adequate and frequent counselling. They also need social support to cope with financial and other difficulties. We have also to consider the ethical aspects as well, such as maintenance of privacy and confidentiality, avoidance of discrimination and access to care.

I am confident that you will discuss the above issues in depth and come up with strategies for the clinical management of HIV and AIDS suitable for our Region. I look forward to reading your report and recommendations. I wish you a successful meeting and a pleasant stay in Damascus.