



FORTY-SIXTH WORLD HEALTH ASSEMBLY

COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE TWELFTH MEETING

Palais des Nations, Geneva
Thursday, 13 May 1993, at 14h30

Chairman: Mr B.M. TAITT (Barbados)

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Note

This summary record is **provisional** only. The summaries of statements have not yet been approved by the speakers, and the text should not be quoted.

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The final text will appear subsequently in **Forty-sixth World Health Assembly: Summary records of committees** (document WHA46/1993/REC/3).

TWELFTH MEETING

Thursday, 13 May 1993, at 14h30

Chairman: Mr B.M. TAITT (Barbados)

1. **FOURTH REPORT OF COMMITTEE B (Document A46/53)**

Dr HAMDAN (United Arab Emirates), Rapporteur, read out the draft fourth report of Committee B.

The report was adopted.

2. **GLOBAL STRATEGY FOR THE PREVENTION AND CONTROL OF AIDS (PROGRESS REPORT):**
Item 20 of the Agenda (Resolution WHA45.35; Document A46/14) (continued)

Dr OSAWA (Japan) said that his delegation had sponsored the draft resolution because it recommended mobilizing and coordinating the entire United Nations system in order to better respond to the crucial health problem of AIDS. He was certain that WHO was the right organization to take the leadership role in AIDS control, and hoped that the developing countries would derive the most benefit from the resolution through better coordination at country level. He hoped that the resolution would be adopted by consensus.

Mr MISRA (India) was happy to note that, while delegations might remain divided politically, in respect of health issues - including AIDS - there was a welcome convergence of views. He thanked GPA and Dr Merson for their guidance and support in the battle against AIDS, and said that it would be a pity if financial constraints were to impede GPA's work in any way.

India's experience could make an important contribution to GPA. Conscious of the need to coordinate the assistance from donor agencies such as the World Bank, WHO and bilateral donors, India had devised a highly successful institutional mechanism whereby all donor agencies met at monthly intervals to review programmes and seek assistance in priority areas. The mood in India had changed from one of helplessness to one of confidence that the problem could be kept within manageable limits, for the following reasons: the WHO/World Bank-assisted project had become operational in 1992, alleviating funding problems in the medium term; an organizational infrastructure for AIDS prevention existed at both the federal and state levels; an institutional framework involving nongovernmental organizations, the media and educational activities had been firmly established, including the Education Ministry's programme to develop AIDS curricula in colleges; the decision-making process had been accelerated by means of an AIDS Control Board, which had been given broad and unprecedented decision-making powers by the Government; and awareness levels had risen dramatically. Despite the monumental task and the obstacles which lay ahead, political commitment and direction had remained very strong.

He welcomed the draft resolution as a step towards improved coordination of international donor agencies and avoidance of duplication and confusion, and fully supported it. While sharing the views of Professor Girard that AIDS was not a problem exclusively of the health sector, but was of interest to a number of different agencies, he still felt that it was primarily a health problem. The programme should therefore continue to be mainly the responsibility of WHO and GPA. In the light of the unprecedented international solidarity on the issue, he was optimistic that the battle against AIDS would ultimately be won.

Dr ADAMS (Australia) said that, as a sponsor of the resolution, his delegation was concerned that the health sector and GPA should be effectively utilized in arresting the AIDS pandemic, and that the various relevant United Nations agencies should coordinate their efforts. If such collaboration were not to be achieved, resources would be wasted, and efforts at the global, regional and country levels would be undermined. He strongly urged the Committee to take the initiative, as the situation required immediate attention. He supported the draft resolution, and looked forward to the Director-General's report, and to seeing the results of such a collaborative process at next year's Health Assembly.

Ms HAYNES (Barbados) stated that, in pursuance of resolution WHA45.35, in which Member States had agreed to intensify their national AIDS prevention efforts, Barbados had continued to strengthen its

programmes on public education and the training of health professionals, and had introduced additional programmes of voluntary screening of pregnant mothers and special education for HIV-affected children.

The AIDS pandemic was expected to reach dramatic proportions by the year 2000, and readily available resources were required if it was to be arrested. However, it would be impossible to make the best use of such resources if a coordinated approach by the agencies concerned and international cooperation were not achieved. The most cost-effective use of resources at the global and country levels, and the most reliable provision of technical and strategic advice to governments, would be made possible only by establishing a coordinated programme of all major United Nations agencies involved in AIDS activities. Whatever the socioeconomic ramifications of AIDS might be, it was primarily a health problem, and therefore GPA, solidly anchored in WHO, was the agency best qualified to coordinate the programme for the prevention and control of AIDS. Barbados had co-sponsored the draft resolution as it fully embraced the views expressed therein.

Dr GUERRA DE MACEDO RODRIGUES (Brazil) congratulated WHO on both its headquarters-based and regional programmes and welcomed the integration of former programme 13.11 into programme 13.13. With regard to the Director General's report, she made several suggestions, based on Brazil's experience in implementing STD/HIV/AIDS prevention strategies. First, GPA should concentrate on integrating AIDS activities into primary health care services, as provided for in programme 4, in order to encourage community participation. Second, the cost-effectiveness of alternative forms of care should be explored by WHO and individual countries; third, WHO should develop a new intervention model for HIV prevention among intravenous drug users; fourth, within the framework of paragraph 10 of document A46/14, priority should be given to the elimination of congenital syphilis; fifth, in relation to paragraph 12 of the same document, and in accordance with the Universal Declaration of Human Rights, country-level strategies should be based on nondiscriminatory directives, protection of human rights, and ethical considerations; and sixth, WHO should develop or adapt methodologies to evaluate the cost-effectiveness of international and national strategies. She appreciated the technical assistance that had been extended to Brazil, particularly the support of GPA, and requested that Brazil be included as a co-sponsor of the draft resolution.

Dr DLAMINI (Swaziland) said that HIV/AIDS remained the decade's most challenging public health problem, as well as posing the biggest threat to health, socioeconomic development, and the very existence of humanity. Swaziland was therefore happy to co-sponsor the draft resolution, because it had the potential to better coordinate efforts to meet the challenges of the AIDS pandemic. WHO must continue to lead the world's battle against AIDS, joined in its efforts by other multilateral and bilateral agencies, and nongovernmental organizations. Involvement was required at all levels, whether national, community or family, and particular attention should be given to health care for women and children.

Problems of intersectoral collaboration could be resolved by WHO's leadership and strategies, with a view to a multidisciplinary approach to the problem. She thanked WHO for leading the fight against AIDS, and specifically Dr Merson, his deputy, and the entire GPA staff for their support to Swaziland, and hoped that they would continue to provide such guidance and strategies throughout the 1990s and beyond.

Dr ZOBRIST (Switzerland) said that she was deeply concerned by the constant progression of AIDS, as shown by the appearance of the first effects of the third phase of the pandemic, namely the problem of the orphans, the deaths of project staff and government officials, and the first signs of a negative impact on the economies of partner countries. Better coordination of efforts was called for even more urgently than before in order to optimize the effectiveness of the action undertaken. Switzerland had successfully consolidated its efforts in a joint national programme, which had succeeded in slowing down the increase in AIDS cases, and changes in risk behaviour had been documented. A nondiscriminatory attitude towards AIDS sufferers had played a key role in the programme's success, and had avoided the drift into clandestinity of those infected with HIV. Such solidarity extended far beyond the health sector *per se*, but required the joint commitment of the social, educational, legislative and economic sectors as well. She was convinced, on the basis of Switzerland's multidisciplinary approach, that coordination and multisectoral action were vital in order to avoid the dissipation of the limited resources available.

She thus fully supported the proposal contained in the draft resolution that a feasibility study should be carried out with a view to establishing an AIDS programme co-financed with other United Nations agencies. Such a study would examine the comparative benefits and roles of the various United Nations agencies concerning AIDS, in order to ensure that their efforts were in better agreement with WHO's global strategy. She hoped that the draft resolution would be supported by all delegations.

Mrs HERZOG (Israel) said that the awesome dimensions of the pandemic and the absence of a vaccine required all countries, including those with a low incidence of AIDS, to use all possible preventive measures to minimize the spread of the disease. The recognition of the multifaceted aspects of AIDS and concern about its serious ramifications had prompted the United Nations systems and other international and national agencies, as well as nongovernmental organizations, to undertake activities in support of the global strategy. That was a positive step, but too often, when bodies were engaged in activities in parallel but working independently of one another, both economic and human resources were wasted.

While it was true that intersectoral cooperation was needed to achieve health for all, it was also true that AIDS must be dealt with by all sectors, in a concerted effort. It was to be hoped that the steps specified in the draft resolution would strengthen the global AIDS control programme. However, the need to evaluate interventions at the national and international level should be explicitly stated in the text. She therefore proposed that the words "as well as for monitoring and evaluation techniques" should be added at the end of the eighth preambular paragraph.

Mrs LINI (Vanuatu) said that her delegation's commitment to seeing what could be done to cope with AIDS had prompted it to sponsor the draft resolution. In 1983, Vanuatu had been the first State to raise the subject of AIDS within the United Nations. It had done so out of its interest in issues affecting the survival of the human race. Another such issue was that of the effects of nuclear testing on human beings. An organization called Physicians for Social Responsibility had provided information on research on the link between nuclear radiation and the breakdown of the immune system in the human body. Radiation physicists had pointed out that the AIDS pandemic had first emerged in the 1980s in Africa, 20 years after that continent had registered the highest levels in the world of strontium-90 in babies born after receiving heavy doses of fallout from atmospheric nuclear bomb tests.

Vanuatu had no cases of AIDS or HIV infection at present, but out of solidarity it felt affected by the situation in other areas of the world. AIDS was a disease that could exterminate the human race in the long run; in the immediate future it could decimate populations in areas where malaria was prevalent and immune systems were already weak.

Mr DEBRUS (Germany) recalled that he had made three proposals during the working group's preparation of the draft resolution. The first was that, in the fourth preambular paragraph, the text should explicitly mention the impact of AIDS on the men, women and children already affected. The second was to reduce the number of United Nations consultative and coordinating groups and meetings called for. The third related to the views of the Management Committee, which in his delegation's view were very important. Those proposals had not been taken up because they had been considered by the working group to have been covered by the spirit of the draft resolution without necessitating explicit mention. He had not pressed for their inclusion, and fully supported the draft resolution. Its importance lay in the fact that it was an additional contribution to the body of resolutions on the reform of WHO.

Mr YANTAIS (Greece) welcomed the fact that the draft resolution linked measures against AIDS and against other sexually transmitted diseases under a single programme. The gravity of the AIDS pandemic called for the mass mobilization of efforts. Greece welcomed the attention given in the Global Programme to women and children suffering from the disease, but thought that there was a need for even greater emphasis on that aspect. The fight against discrimination against people with AIDS, which persisted in both developed and developing countries should also be stressed. Prevention should be emphasized, in the form of either education or of research. His country hoped that an effective vaccine would be developed against HIV, but also that the ethical aspects of AIDS research would not be neglected. In all countries, special attention should be given to the problem of AIDS as it affected adolescents, and to the important role of public health education and the mass media. Greece had implemented a programme which included the establishment of a legal entity to deal exclusively with cases of AIDS and hepatitis and the provision of facilities for persons suffering from AIDS.

Ms SIMMONDS (United Kingdom of Great Britain and Northern Ireland) said that her delegation welcomed the report and the steps taken to implement the revised global strategy for the prevention and control of AIDS. It was pleased that efforts were being made to give greater attention to women's issues and to develop strategies regarding women and AIDS. It supported the greater emphasis on sex education for children and adolescents and the development of health promotion projects using peer educators.

Nongovernmental organizations played an important role in developing community-based projects. The United Kingdom welcomed their involvement in developing a strategic plan that supported and promoted

activities at country and community levels. Given the widespread recognition of the major influence of other untreated sexually transmissible diseases in facilitating the transmission of HIV, her delegation was pleased to note that policies and interventions, such as the preparation of guidelines for the prevention of congenital syphilis, were being developed. It looked forward to hearing more about the work of the sexually transmitted diseases unit within GPA.

The interest shown by the pharmaceutical industry in collaborating with WHO on evaluating AIDS drugs and vaccines was encouraging. It was to be hoped that the Programme would continue its dialogue with them aimed at providing drugs at an affordable price to developing countries. The United Kingdom fully supported efforts to combat complacency and discrimination against HIV-infected individuals and those with AIDS. It hoped that WHO would continue to make representations to those governments that had discriminatory policies.

Her Government fully supported the steps taken by Dr Merson to sharpen the focus of GPA's activities. It was particularly keen to see the Programme concentrate on its areas of comparative advantage - research, the development of policy guidelines and the provision of strategic and technical guidance - rather than to cover too wide a range of activities. Cooperation on HIV and AIDS matters between the Programme and other organizations in the United Nations system was vital. She welcomed the commitment of the Programme and of other agencies to such cooperation, and their participation in the recently established Task Force on HIV/AIDS Coordination.

Donor support for HIV/AIDS activities in developing countries was static at present. Her delegation was a sponsor of the draft resolution, and that support was aimed at obtaining greater resources for HIV/AIDS work in developing countries and to secure maximum cooperation of countries to try to prevent HIV infection and AIDS.

Miss MIDDELHOFF (Netherlands) said that her delegation was a co-sponsor of the draft resolution as originally worded which, it was convinced, represented a constructive way of seeking greater coordination and cooperation within the international community for the benefit of the fight against the AIDS pandemic. In the updated version of the global strategy for the control of AIDS from 1992 onwards, mention was made of a new priority, namely a greater focus on communicating effectively the compelling public health rationale for overcoming stigmatization and discrimination. The Netherlands would be grateful if GPA could provide information on activities already carried out in that area and on future plans. Her Government had recently sent to Parliament a policy document on AIDS and development cooperation. Its Minister of Development Cooperation had decided to increase the country's contribution in the Global Programme for 1993 by 1 million Dutch guilders giving a total of 9 million guilders, and to further increase the contribution to 10 million guilders in 1994.

Professor COSKUN (Turkey) drew attention to the ethical aspects of AIDS and HIV, as expressed in a number of resolutions including WHA45.35 and EB89.R19. The rights of persons affected by HIV and AIDS, and of the public as well, should be emphasized. Special attention should be given to discrimination and stigmatization. Activities relating to the situation of children with AIDS and of orphans of people with AIDS should be carried out, as explicitly called for in resolution WHA43.10.

He supported both the content and the spirit of the draft resolution, but would like to propose two amendments. In paragraph 2(2), the phrase "HIV/AIDS" should be replaced by "HIV and AIDS", and the fifth preambular paragraph should be deleted.

If there was no support for those amendments, he would not press for their adoption. He endorsed the amendment put forward by the delegation of Israel.

Mr DIOP (Senegal) said that the social and economic consequences of AIDS were alarming, especially for African countries, and the potential catastrophe that it represented for humanity was incalculable. His delegation wholeheartedly supported the draft resolution as it would provide the basis for coordinated action against AIDS by all United Nations bodies under the leadership of WHO, whose moral, legal and technical responsibilities, as well as its expertise, guaranteed it that preeminence.

Both the Organization of African Unity, at its meeting of Heads of State and Government at Dakar in June 1992, and the African Development Bank, during the present week, had discussed action to deal with the AIDS pandemic and its socioeconomic consequences. A global strategy was needed to fight AIDS; the Organization should be the prime mover in that strategy, coordinating action to implement it by all the intergovernmental and nongovernmental bodies concerned. His delegation welcomed the substantial assistance which developing countries received from UNDP for pursuing their AIDS prevention and control programmes

in a manner consistent with their public health and national development priorities. His delegation commended the draft resolution to the Committee.

Dr CHIMIMBA (Malawi) congratulated WHO on GPA's efforts in spearheading action to control AIDS, the incidence of which was increasing in a disturbing manner. Its anticipated effects in sub-Saharan Africa, Asia and Latin America were a cause for concern, as was the disparity between the financial resources available to the Programme and the increasing demands made on it by Member States. The countries most affected by AIDS were unfortunately those with the smallest resources for combating it. Countries continued to need the technical and financial support which the Programme provided to a great degree. His delegation commended the GPA Management Committee on the move to establish an AIDS Coordination Forum, welcomed the proposal to strengthen the Inter-Agency Advisory Group on AIDS and approved the action called for in the draft resolution. In pursuing that action, it should be borne in mind that AIDS was basically a health issue but one which increasingly had social and economic consequences. WHO should continue to provide the technical and strategic management of AIDS prevention and control. At the national level, it was important to consider the impact of prevention and control measures on the family and the community. His delegation urged those countries and agencies which contributed to the Programme to continue to do so. Countries valued the leadership provided by the Programme in combating AIDS; that should be borne in mind by those who would be called upon to implement the study envisaged in the resolution.

He asked for information on the financial implications of the action proposed in the resolution and on the economic and organizational benefits of the joint programme which the resolution contemplated.

Dr HOOD (New Zealand) said that her Government followed the strategy recommended by WHO for dealing with the AIDS pandemic, its policies being based on the containment of HIV/AIDS through the integrated application of public health principles, which included educational measures aimed at promoting safe sexual behaviour. New Zealand's relatively high rate of HIV/AIDS infection led it to place emphasis on reducing the incidence of infection. Part of its strategy involved the proposed enactment of human rights legislation which would outlaw discrimination on the grounds of sexual orientation; public health protection would nevertheless remain, particularly for the purpose of ensuring that a seropositive individual did not put the health of the general public at risk. HIV tests were voluntary and their results strictly confidential. Being keenly aware that the resources available to the Organization were limited, her delegation favoured measures which would result in cost-effective programmes. It viewed the action proposed in the draft resolution as a step in that direction and accordingly supported it.

The CHAIRMAN announced that Bhutan had asked to be included among the sponsors of the draft resolution.

Dr LARIVIERE (Canada) said that informal consultations had taken place among some of the sponsors. They accepted the amendments proposed by Brazil and Israel, as well as the change proposed by Turkey to paragraph 2(2).

Professor COSKUN (Turkey) said that, in order to accelerate the Committee's work, his delegation withdrew its proposal that the preambular paragraph relating to sexually transmitted diseases should be deleted. It nevertheless remained dissatisfied at the inclusion of that paragraph in the text.

Dr VAN NIEUWENHOVE (Belgium) said that GPA should continue to play its pivotal role in combating the rapid spread of HIV and AIDS. Although primarily a public health problem, HIV/AIDS control had far-reaching socioeconomic implications which called for urgent action. It was therefore logical that United Nations bodies other than WHO should become more involved in HIV/AIDS control than before. The draft resolution did not seek to remove that control from the health sector nor to diminish the leadership of WHO in exercising it. His delegation was confident that the Director-General would find ways to avoid duplication of work among the organizations concerned. It would continue its full support for the Organization's Global Programme on AIDS until a co-sponsored United Nations programme on HIV/AIDS was established.

Professor MBEDE (Cameroon) said that prevention and control of the HIV/AIDS pandemic required coordinated multisectoral action at the global, regional and national levels. His delegation therefore strongly endorsed the draft resolution. At the global and national level, however, the action to be taken under the resolution could lead to a redefinition of the role of WHO in relation to other United Nations bodies and to a

situation in which the responsibility for formulating and coordinating health programmes rested ultimately with UNDP and ministries of finance. That prospect was a source of anxiety to his delegation and should be averted. It strongly commended the Organization for the work done by GPA and believed that, if ministries of health were not competent to deal with economic problems, economic bodies were not competent to deal with health problems, which would not simply be reduced to their economic aspects alone. Everything must therefore be done to ensure that WHO remained the lead organization in AIDS control, since AIDS was above all a health problem.

Dr GEORGE-GUITON (France) said that her delegation's views on the coordination of AIDS prevention and control, and on the technical competence that those activities required, were identical with those put forward by the representative of the Executive Board in introducing the item. With regard to coordination, GPA obviously had a duty to collaborate closely with multilateral and bilateral donors and with nongovernmental organizations, especially where the implementation of national programmes was concerned. All donors must agree to pool their resources in the field and work together in support of those programmes. The resolution aimed at improving that kind of coordinated pursuit of a global AIDS strategy at the national level, and her delegation therefore supported it.

The responsibility for formulating that strategy - in other words, for exercising the technical competence that she had mentioned - lay clearly with WHO. Although AIDS created problems in sectors other than health, it remained a health problem, if a highly complex one. WHO was unrivalled in the United Nations system in possessing the expertise to deal with such matters. Countries should not be deprived of that expertise on the grounds that WHO was going through a difficult period; her delegation did not accept that argument. Public health did need to take account of other disciplines, but that process should not be taken to such extremes that medical knowledge was rejected. Moreover, it was because physicians had the duty to protect the rights of human beings, and even more so those of sick people, that WHO was strongly opposed to discrimination against seropositive individuals. However, if organizations other than WHO were allowed to define world policy on AIDS prevention and control it was impossible to say what might happen. In the field, of course, appropriate action might be decided on a case-by-case basis through consultation between the Organization and agencies such as UNDP. While backing WHO, her delegation nevertheless believed that everything depended on the speed with which the reforms that had been requested were implemented.

Dr JAKUBOWIAK (Poland), commenting on the Director-General's report on the implementation of the global AIDS prevention and control strategy, said that, while Poland did not have a high incidence of HIV infection, his Government was convinced of the need for vigorous action to prevent and control the spread of the disease.

Recent social and political changes had led to changes in behaviour, especially among young people, that potentially increased the ways in which AIDS could spread. A significant increase in immigration had also contributed to the problem. Improvements in prophylaxis were vital in controlling infection, and communication and the promotion of the health education of the public were the basis of any HIV prevention programme.

Poland had been a co-sponsor of resolution 1993/53 on the rights of HIV-infected people adopted by the United Nations Commission on Human Rights at its Forty-Ninth Session in March 1993, and wished to be involved in any action in that field. Noting with satisfaction that the points that he had made, which were mentioned in the Director-General's report, figured prominently in the draft resolution, his delegation wished to be added to the list of co-sponsors.

Dr ALVAREZ DUANY (Cuba) said that, by the year 2000, the number of persons infected with HIV was expected to reach 30-40 million. WHO should clearly retain its political, technical and economic leadership role thanks to its activities at all levels and within the United Nations system; sharing or deviating from that role would only weaken the Programme. The Organization should be supported by the United Nations system in meeting the needs of the Programme. Health programmes might well be those best adapted to achieving the integration of all the United Nations organizations involved in responding to what was a serious world problem, while at the same time ensuring that they each retained its leadership in its particular area of competence.

In Cuba, the national AIDS prevention and control programme was continuing its work in line with the epidemiological situation and the particular characteristics of the country, based on a multisectoral approach. Thus principles on which the programme was based included secondary prevention, which involved, *inter alia*, the detention of infected people and epidemiological control. Consideration was being given to the outpatient treatment of patients, who already received appropriate medical care together with economic support. The

main prerequisites for the programme's success were behavioural change among the population and a continuing broadly based programme of health education in the community, and Cuba therefore placed particular emphasis on those activities.

While progress was clearly being made, deficiencies still remained. As far as the detection of HIV-infected people was concerned, nearly 14 million tests had been carried out in Cuba up to 22 April 1993. The number of seropositives detected was 919, giving an incidence of HIV infection of 0.07%; 180 of those found to be HIV-positive had since become ill and 108 had died. Efforts were being made to produce better, low-cost HIV test kits, to achieve the widest possible coverage of the population.

His delegation supported all efforts by WHO to improve the work of the Programme.

Dr UIRAB (Namibia) shared the view of many other Member States that a multisectoral response to the AIDS pandemic was needed to improve the prevention of the disease and mitigate its consequences, and that many different organizations needed to contribute to that response at national, regional and global levels. He welcomed the progress already made and hoped for even greater collaboration within the United Nations system in future.

However, in view of the profound impact of the AIDS pandemic on health care services, the technical, strategic and policy guidance so far provided by WHO was still needed; closer collaboration with other agencies should not lead to an erosion of WHO's leadership role in that area, to which it was so well suited.

His delegation endorsed the draft resolution and wished to be added to the list of co-sponsors.

Dr EL AZHARI (Morocco) said that his delegation was very satisfied with the efforts made by WHO to control AIDS and with the way in which the programme was being implemented, and especially with the way that adjustments had been made in accordance with the development of the disease. However, his country was concerned by the rapid spread of AIDS and the poor prospects of many countries, and particularly the developing ones whose economic difficulties could only be exacerbated by the spread of the disease.

A multisectoral strategy, adapted to the needs of developing countries was therefore needed, if the rapid spread of the disease was to be halted. In the absence of any effective treatment, that strategy should be based on better integration of the control of the disease within the primary health care system, especially in the area of health information and education. There was a need for better targeted information campaigns. One possibility, based on the experience of Morocco, would be an international event on AIDS prevention with the participation of a well known entertainer, which could be a vehicle for publicizing the key messages in AIDS prevention and control, and for increasing world public awareness of the AIDS problem.

His country was also seriously concerned by the existence of epidemiologically dangerous reservoirs of HIV infection, such as prostitutes. Should priority be given to the protection of the community at the risk of sometimes infringing the rights of the individuals concerned, or should it be the other way round? His country would be grateful if Dr Merson could define the best and most realistic attitude towards situations of that type.

In conclusion, Morocco in full awareness of the changes which would have to be made to the global strategy for the prevention and control of AIDS, fully endorsed the draft resolution.

Dr THONTIRAVONG (Thailand) said that, since the inception of Thailand's national AIDS programme in 1987, the Government had focused public attention on the AIDS epidemic and had developed a comprehensive national strategy to deal with the various health and social and economic consequences of the disease. Significant progress had been made by the Ministry of Public Health in obtaining the support of other ministries, various public and private sector bodies, and community-based and nongovernmental organizations. The human and financial resources devoted to solving the AIDS problem were being increased, and that was leading to improvements in the national AIDS programme.

Given the need for a multisectoral approach to mitigate the social and economic consequences of AIDS, his delegation endorsed the draft resolution, but also wished to make a number of proposals.

With regard to AIDS prevention and control at the global level, his Government strongly supported an approach based on cooperation and coordination. AIDS prevention and control at the global, regional, and national level would benefit from greater cooperation and coordination between nongovernmental organizations, bilateral donors and the United Nations system. His Government strongly recommended that WHO should take steps to strengthen existing coordination mechanisms.

At regional level, technical cooperation in the field of AIDS prevention and control should also be strengthened. At national level, WHO, as the leading technical agency, should take the lead in improving AIDS prevention and control. To prevent duplication of effort, collaboration between United Nations agencies, bilateral donors, nongovernmental organizations and others involved in AIDS prevention and control should also be strengthened.

WHO should continue to bring all the organizations involved under one umbrella, and should assist national authorities, especially with regard to the coordination of AIDS prevention and control activities at national, provincial and district level.

It was important for WHO to take the leading role in promoting coordination and cooperation, and the agencies concerned should increase their participation at global, regional and national level.

Dr ISMAIL MOHAMED (Sudan) said that the last field test in Harare had provided a practical strategy for tackling the AIDS problem which would be adapted by his Government to meet its own specific requirements. He was optimistic that there was now the necessary political commitment at the highest level, and that the strategy formulated by GPA staff would lead to a radical improvement in the control of the disease.

However, he still feared that implementation of the strategy could be hampered by lack of resources. He hoped for greater cooperation between WHO and nongovernmental organizations, which would be of greater importance in combating a disease which recognized no borders. He emphasized that the situation in Africa, in particular, was catastrophic, since the disease affected many of the highly skilled and qualified people who were badly needed by developing countries. The problems faced by such countries were exacerbated by the lack of primary health care. He therefore emphasized the need for concerted efforts to combat the disease.

Dr CHAVEZ PEON (Mexico) said that national efforts to combat HIV/AIDS should be given all possible support, based on a multisectoral approach, including a human rights committee to deal with such matters as research, discrimination and access to medical care. Budgetary and programme aspects were of major importance in assessing the magnitude of the problem.

His delegation wished to join the list of sponsors of the draft resolution, which it would prefer to see adopted without amendments.

Dr TEMU (United Republic of Tanzania) said that, like many developing countries, the United Republic of Tanzania was experiencing an increasing number of cases of HIV infection and AIDS. By the end of 1992 there were over 37 000 reported cases of AIDS, while the projected number of cases of HIV infection stood at 800 000.

The medium-term programme adopted in May 1992 had placed the emphasis on a multisectoral approach, and several ministries had been allocated budgets to enable them to carry out the planned programmes.

Decentralized AIDS-prevention activities had reached the district level, and public awareness of the disease was now almost universal. As recently as April 1993 the President of the United Republic of Tanzania had himself acted as chairman at a seminar on AIDS for officials of the ruling Party. An association called the Society on Women and AIDS was actively engaged in furthering health education on AIDS, focusing on women and on how they could cooperate in controlling the deadly disease.

Despite the prevailing constraints, his delegation felt that progress had been made by his country in the fight against AIDS.

His delegation wished to be included in the list of sponsors of the draft resolution.

Mr AL-JABER (Qatar) said that his delegation also wished to be included in the list of sponsors of the draft resolution.

Despite the worldwide spread of the disease, Qatar had reported only a very limited number of cases of HIV/AIDS infection since 1984. In 1987, 22 cases had been diagnosed, and in 1992 only 9 cases. Since the end of 1992 only 3 cases had been reported. Even so, no effort was being spared to combat the disease, particularly through strict control of blood supplies before transfusion. Measures had also been taken to ensure that expatriates were tested for HIV infection on entry into Qatar.

WHO should extend every assistance to countries in fighting the spread of HIV/AIDS, in particular through programmes aimed at educating young people, by providing the means for testing for the infection, and by discouraging the abuse of drugs.

Mrs KIMLIKOVA (Slovak Republic) said that the 5.5 million inhabitants of the Slovak Republic were still relatively unaffected by the spread of the HIV/AIDS pandemic, unlike neighbouring Central European countries. By 15 April 1993, a cumulative total of 5 AIDS cases and 39 seropositive individuals had been reported in the Slovak Republic; the primary mode of infection appeared to be sexual contact. With one exception, all the cases had been detected in the capital, Bratislava, a city with a population of some 500 000. There was, however, a possibility of underreporting, since the first 19 seropositives had been detected over a

six-year period, while the remaining 20 had been found during the last three years. It was also significant that the incidence of syphilis, which was a forerunner of the spread of the HIV/AIDS pandemic, had increased. The extremely high abortion rate reflected a high frequency of unsafe sex.

Previously, the National AIDS Programme had not taken account of the complexity of the pandemic, concentrating instead on extensive screening, for example of blood donors, rather than on preventive measures. The infrastructure of the Programme had not been developed, personnel had not been trained, and the necessary integration into internationally coordinated prevention programmes had been neglected. The importance of an expert laboratory had been greatly underestimated, and reliance had been placed on central laboratories in Prague, the capital of the former Czech and Slovak Federal Republic. Accordingly, the Slovak Republic needed to build up its programme and to establish a reference laboratory. Co-partnership in concerted action throughout Europe was required to counteract the imminent advance of the deadly infection, the first signs of which were already apparent.

Her delegation wished to be added to the list of sponsors of the draft resolution.

Dr OJEDA MARTINEZ (Venezuela), said that Venezuela was making strenuous efforts to deal with the numerous problems presented by the HIV/AIDS epidemic, including the refusal to treat AIDS patients, and a shortage of beds in public hospitals; the first of those problems was being solved by means of health education. Coordinated action with the relevant nongovernmental organizations under the guidance of the Ministry of Health had been achieved, with the aim of attracting additional resources and using them more rationally. He suggested that, in view of the difficulty of access to drugs used in the treatment of the disease, because of their scarcity or high cost, it might be appropriate to consider establishing a drugs bank.

Professor RAHMAN (Bangladesh) said that policy formulation and implementation in the effort to control the spread of AIDS in Bangladesh currently depended on a tripartite coalition consisting of the National AIDS Committee, the Ministry of Health and Family Welfare, and the Director-General of Health Services. The National AIDS Committee was headed by the Deputy Leader of Parliament, and provided assistance to nine different ministries. It was concerned with policy formulation, planning and monitoring, and could initiate, decide and review programmes and activities. Currently, programme activities were focused on health-related areas, and it was expected that a multisectoral plan of action would shortly be implemented. Although central programme implementation could be termed satisfactory, further initiatives would be taken in the near future to ensure more effective implementation at the district level.

With GPA assistance and bilateral support from donor countries, the Bangladesh AIDS Prevention and Control Programme had been able to continue its AIDS prevention activities, which consisted of promoting awareness of the disease, providing orientation and training programmes for immunologists, pathologists, microbiologists, laboratory technicians and other medical personnel, and conducting serosurveillance activities and diagnostic tests for the detection of HIV infection among high-risk groups. In addition, policy-initiative meetings were held by the National AIDS Committee and other bodies.

With regard to the statistics of the AIDS situation in his country, he said that the total number of persons examined serologically so far was 215 840, of whom nine had proved HIV-positive, while one person had died of AIDS. All the male cases had acquired the infection outside the country, while female sex workers had been infected by sailors.

His delegation wished to be included in the list of sponsors of the draft resolution.

Mrs HUSSEIN (Egypt) said that her delegation also wished to be included in the list of sponsors.

Dr BANKOWSKI (Council for International Organizations of Medical Sciences), speaking at the invitation of the CHAIRMAN, said that perhaps the most sensitive ethical questions in connection with AIDS arose when clinical or field trials on new drugs or vaccines against the disease were initiated and sponsored in a developed, country, as was usually the case, but were carried out in a developing one. That problem became still more complicated when potential research subjects were recruited from vulnerable population groups, such as children, pregnant and nursing women or mentally-ill persons and when, in addition, those persons were from poor communities, whether in developing or developed countries. In such trials, very specific and strict measures must be taken by both investigators and sponsors in order to protect the human rights and welfare of the human subjects involved.

Participation in drug and vaccine trials in the field of HIV infection and AIDS could mean a significant associated risk of social discrimination or harm, and every effort must be made to avoid that possibility. For example, participants in vaccine trials must be able to demonstrate that their HIV seropositivity was due to vaccination rather than to natural infection.

Among the conditions for ensuring compliance with ethical requirements were the following: the individual consent of subjects must be guaranteed; the research protocol must be approved by an independent ethical review committee in both the country initiating the research and the one where the research would be carried out; and, the confidentiality of research data must be safeguarded. In addition to those issues, the problems related to the selection of research subjects, their compensation for injury, ethical review procedures and the obligation of investigators and sponsoring agencies were discussed in the recently published *International ethical guidelines for biomedical research involving human subjects*. In those *Guidelines*, particular emphasis was placed on research on AIDS in developing countries and disadvantaged communities in both developed and developing countries, and on the means by which human rights and the welfare of the subjects were to be protected.

The Council recognized that formulating ethical guidelines for biomedical research involving human subjects would not resolve all the moral ambiguities that were encountered in everyday research on human subjects: they would, however, draw the attention of research workers to the need to consider the ethical implications of professional action and thus promote high professional and ethical standards in relation to both human attitudes and the quality of research.

The CHAIRMAN said that Bangladesh, Egypt, Namibia, the Slovak Republic, Spain and Venezuela had now joined the list of sponsors of the draft resolution.

The meeting rose at 17h55.

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