



# WORLD HEALTH ORGANIZATION

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## HIV/AIDS

### Report by the Secretariat

#### INTRODUCTION

1. Twenty years after the first case of AIDS was diagnosed, the pandemic of HIV/AIDS is widely recognized as a major public health and development crisis. It affects not only the lives of individual men, women and children, but also future social and economic development. Estimates by UNAIDS, drawn up jointly with WHO, indicate that at the end of the year 2000, 36.1 million people are living with HIV/AIDS and 21.8 million have already died. These numbers are significantly higher than those projected in 1991. Of the 5.3 million new infections in 2000, 1 in 10 occurred in children and almost half among women. In 16 countries of sub-Saharan Africa more than 10% of the reproductive age population is now infected with HIV. HIV/AIDS has particular implications for young people entering their sexual and reproductive lives and affects the most productive segments of the population, lowering economic growth and reducing life expectancy by up to 50% in the hardest hit countries.

2. The epidemiological data gathered by WHO and UNAIDS clearly show the great variations of the epidemics of HIV and AIDS across the world, with for instance heterosexual transmission of HIV dominating in sub-Saharan Africa and parts of Asia, injecting drug use a major feature of the spread of the virus in Eastern Europe and Central Asia, and sexual transmission between men who have sex with men figuring not only in North America, Western Europe and Australia but also in Latin America and the Caribbean. Transmission of HIV is determined by the social, economic, cultural and behavioural context, and is associated with risky behaviour. With neither cure nor vaccine, prevention of transmission remains the principal response, with care and support for those infected with HIV offering a critical entry point. Several interventions, applied promptly and with courage and resolve, have reduced or kept HIV prevalence rates low and lessened the burden on those already infected, and the crucial elements for success have been identified.

3. WHO has been an active cosponsor of UNAIDS since its inception. Because of the scale and nature of the pandemic, and its implications for health systems, WHO has been asked to intensify its support for Member States' efforts and is doing so within the context of the wider multisectoral response to HIV, reflecting the overarching importance of good sexual and reproductive health. This document summarizes the main elements of the intensified response, throughout WHO.

#### SCALING UP HIV/AIDS ACTIVITIES

4. In response to resolution WHA53.14, which called for an increased response to HIV infection and AIDS, the Director-General has initiated internal consultations and discussions with other agencies in the United Nations system, together with a careful appraisal of WHO's comparative

advantages. The priorities for intensified action now include support for countries' efforts: to prevent and manage sexually transmitted infections; to provide voluntary counselling and testing through health services; to implement and monitor interventions to prevent mother-to-child transmission of HIV; to ensure care and support for people living with HIV/AIDS; and to implement other cost-effective interventions as relevant to specific settings. Particular attention is paid to the interests of populations who are at high risk or are especially vulnerable – including sex workers and injecting drug users. WHO continues to recognize the importance of meeting the particular needs of young people, and gives special attention to relieving the impact of HIV/AIDS on health systems (including the particular HIV infection risks experienced by health workers). Thus, WHO's priorities include supporting and coordinating high-quality research on HIV/AIDS, providing technical support for programme development, implementation, monitoring and evaluation, and surveillance of HIV infection and its behavioural determinants. In some cases support is provided through links with programmes on reproductive health, essential drugs, disease surveillance, provision of health information, vaccine development, blood safety or substance use.

5. To these ends, WHO has strengthened its normative functions. At the same time, additional resources are being mobilized to strengthen the technical capabilities of WHO regional and country teams. Regional and country offices are focusing particular attention on strengthening the health sector responses to the epidemic and have prime responsibility within the United Nations system for issues related to care and support of people living with HIV/AIDS and for the availability of prevention and treatment for sexually transmitted infections. WHO regional offices are recruiting specialists to act as focal points for specific areas of work, including voluntary counselling and testing, prevention of mother-to-child transmission and other essential components of HIV/AIDS work, coordination of HIV activities within health systems, and surveillance (with an emphasis on behavioural issues). Additional qualified staff, including national programme officers, are to be placed in countries. Subregional technical teams are being established to provide direct support to countries and facilitate the management of regional technical networks.

## **GLOBAL HEALTH-SECTOR STRATEGY**

6. An initial draft report on progress in developing a global health-sector strategy for responding to the epidemics of HIV/AIDS and sexually transmitted infections as part of the United Nations system's strategic plan for HIV/AIDS for 2001-2005, as requested in resolution WHA53.14, was written after wide consultation with governments, nongovernmental organizations, WHO regional offices and country representatives, collaborating centres and experts. This draft will be reviewed at global and regional consultations during 2001 and will be presented to the Executive Board at its 109th session with a recommendation for adoption by the Fifty-fifth World Health Assembly in 2002.

7. The global strategy proposes three main tactics:

- reducing the risks of HIV infection;
- decreasing people's vulnerability to HIV infection; and
- lessening the epidemic's overall impact on people's lives and on development.

These mutually reinforcing actions take into consideration both *what* places individuals at risk and *why* they are at risk. Their conjunction creates synergies, with strategies for prevention alongside those for care and support, and simultaneously promotes interventions designed to shift social norms, lessen

stigmatization and increase the political commitment to consider in addition the deep-seated gender and economic disparities that fuel the epidemic. Implementing these strategies will need equitable health systems that are responsive to people's needs and fairly financed. It also needs a continued process of surveillance, monitoring and evaluation – often through operational research. The strategy will enable countries to develop and improve their national health-sector strategies, adapting them in light of experiences, the evolution of the epidemic, and scientific progress. The global strategy is in harmony with the Framework for Global Leadership on HIV/AIDS, to which WHO contributed as a cosponsor of UNAIDS.

## **PRIORITIES FOR SUPPORT TO MEMBER STATES' HIV/AIDS PROGRAMMES**

8. **Surveillance.** WHO continues to support surveillance of the patterns of disease spread, thereby facilitating the planning of care services and assessment of the impact of prevention efforts. New approaches for surveillance of HIV/AIDS and sexually transmitted infections have been developed in collaboration with UNAIDS. Second-generation HIV surveillance systems aim to generate information required for monitoring the epidemic and for analyses for programme planning and evaluation. WHO and UNAIDS provide technical and financial support to Member States to improve the quality and completeness of data on HIV/AIDS and sexually transmissible infections.

9. **Prevention of HIV transmission among young people.** WHO is working with partners to meet international development targets, including reduction of HIV incidence among young people by 25% in the worst affected countries by the year 2005. Through its work in adolescent sexual and reproductive health WHO supports Member States in ensuring that young people have the knowledge and skills they need to promote and protect their sexual reproductive health.

10. **Prevention and care of sexually transmitted infections.** A recent joint WHO and UNAIDS report presents the epidemiological and biological evidence for sexually transmitted infections as cofactors in the transmission and acquisition of HIV.<sup>1</sup> WHO has developed tools and identified key strategies to speed up access to high-quality services for people with sexually transmitted infections, especially women and adolescents and supports Member States in using such tools to best effect. The promotion of safer sex, including the use of condoms (male and female), remains a key prevention strategy. WHO is contributing to the development of vaginal microbicides, and participates in the International Working Group on Microbicides.

11. **Voluntary counselling and testing.** Because access to voluntary counselling and testing of an adequate standard remains extremely limited in most countries, WHO gives high priority to supporting countries to improve these services. A technical meeting is planned (June 2001) to identify best practices for implementation of such services and to review strategies for expanding access to them. These services should be offered in a range of health care settings, through, for instance, programmes on maternal and child health, tuberculosis and sexually transmitted infections. A strategic guide for introducing and expanding voluntary counselling and testing programmes is under preparation. Furthermore, WHO continues to review the quality of commercially available HIV test kits. It supports Member States in acquiring high-quality HIV tests at a reasonable cost by negotiating reduced prices for bulk procurement.

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<sup>1</sup> UNAIDS, WHO. *Consultation on STD interventions for preventing HIV: what is the evidence?* UNAIDS, Geneva, 2000 (UNAIDS/00.06E; WHO/HSI/2000.02).

12. **Prevention of mother-to-child transmission of HIV.** In collaboration with UNICEF, UNFPA and UNAIDS, WHO provides technical support to Member States for the design and implementation of programmes to prevent mother-to-child transmission of HIV. It convened a meeting of the Interagency Task Team (Geneva, October 2000), which recommended that such prevention should be included in the package of care for HIV-positive women and their children. Currently available results of studies on the safety and efficacy of various antiretroviral regimens for HIV-positive mothers, whether they are breastfeeding or not, suggest that the benefit of these treatments, in reducing transmission of HIV from mother to child greatly outweighs any potential side effects on mother or child. The experts attending the consultation recognized the concern that 10% to 20% of infants born to HIV-positive mothers may acquire HIV through breastfeeding but concluded that the interagency guidelines issued in 1998<sup>1</sup> remain valid. They also identified future research needs. After reviewing scientific progress, WHO will continue to provide guidance to Member States on, for example, efficacy, potential toxicity, future treatment options, cost and feasibility of implementation of alternative treatment regimens.

13. **Care and support of people with HIV/AIDS.** More than 20% of the 36.1 million people currently infected with HIV are estimated to need extensive care and support, and the clinical caseload will increase as the epidemic intensifies. HIV-infected persons are at particular risk of tuberculosis, pneumonia, salmonellosis, fungal and other opportunistic infections. Not only the treatment of people with HIV/AIDS, but HIV-related illness and deaths among health care workers are heavily taxing already overstretched public health services in many developing countries. HIV/AIDS places extraordinary demands on infrastructure, medical supplies, training programmes and personnel. In 1997, public health spending on AIDS alone exceeded 2% of gross domestic product in seven of 16 African countries where total health expenditure from public and private sources on all diseases accounts for 3% to 5% of gross domestic product.

14. Most responses to HIV/AIDS have so far focused on prevention, but the needs of the growing numbers of people living with HIV/AIDS are increasingly being recognized. The challenge is to ensure that they can access care and support services that meet their medical, emotional and social needs, and also bolster family members and care givers. Apart from the moral and humanitarian obligation to provide such care, many benefits accrue from so doing. Care, support and alleviation of suffering contribute to improved quality of life and prolonged economic productivity. They also help to reduce stigmatization and discrimination, thus preparing the ground for prevention activities. Moreover, providing care and support can become the major thrust of health sector reform.

15. WHO, with UNAIDS, is finalizing a strategic framework for Member States to use to increase the level of care and support available to people living with or affected by HIV/AIDS. The framework incorporates crucial elements of HIV/AIDS care and requires collaboration between different levels of service delivery to ensure appropriate referral and an effective continuum of care between home and the hospital. Following a WHO consultation on treatment and palliative care for HIV patients with cancer in Africa (Geneva, December 2000), guidelines on clinical management and community-based care of patients with HIV-related cancers are being prepared.

16. To complement previous guidance on prescribing medicines used in HIV-associated conditions, WHO has issued guidelines on the safe and effective use of antiretroviral drugs in resource-limited settings.<sup>2</sup> WHO is drawing up recommendations on means to offer better care and services for drug-

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<sup>1</sup> UNICEF, UNAIDS, WHO. *HIV and infant feeding*. WHO, Geneva, 1998 (WHO/FRH/NUT/CHD/98.1-3; UNAIDS/98.3-5; UNICEF/PD/NUT/(J)98-1-3).

<sup>2</sup> Safe and effective use of antiretroviral treatments in adults with particular reference to resource limited settings. WHO, Geneva, 2000 (WHO/HSI/2000.04).

dependent people living with HIV. In line with resolution WHA53.14 WHO has been working with UNAIDS and other United Nations partners to support Member States in the procurement, distribution and use of antiretroviral and other drugs at greatly reduced costs so as to establish a sustained improvement in access to treatment. Further, WHO is providing technical support to Member States for improving access to HIV-related drugs through participating in needs assessments and backing for national essential drugs programmes. WHO, in partnership with UNICEF, UNAIDS, and major nongovernmental organizations, provides information on procurement sources and prices of HIV-related drugs. In May 2000, WHO, UNAIDS and other partners in the United Nations system began a joint effort with specific research-based pharmaceutical companies to explore ways to accelerate and improve provision to HIV-related care and treatment in developing countries. WHO has worked with other United Nations agencies towards creating a context that helps Member States negotiate optimal terms for procuring appropriate treatments, including antiretroviral drugs. The expected benefits of this complex and resource-consuming process have yet to be fully realized. WHO has worked closely with UNAIDS and its other cosponsors in seeking options for Member States to extend safe and effective care to larger segments of the population in need. WHO has participated fully in the work of a contact group, involving Member States, United Nations agencies, nongovernmental organizations and the pharmaceutical companies, which seeks to advance the process in ways that most reflect the interests of people living with and affected by HIV/AIDS in poorer countries.

17. **Health workers and HIV/AIDS.** WHO is working with both Member States to elaborate guidelines, policies and strategies for HIV prevention, care and support for health workers and nongovernmental organizations to prepare training workshops for medical and nursing students in order to strengthen their ability to deal with the complexities of HIV/AIDS.

18. **Vaccine development.** A joint WHO-UNAIDS HIV vaccine initiative, established in January 2000, builds on previous activities. WHO offers guidance for international vaccine development and recommends evaluations that best serve the needs of developing countries. WHO-convened consultations during 2000 focused on issues such as the ethics of vaccine research and access to future HIV vaccines.

19. **Blood safety.** In many countries, people still die because of lack of blood and blood products, and many millions more are at risk of being infected by transfusions of untested blood. WHO initiated the Global Collaboration for Blood Safety, a forum comprising all stakeholders from blood donors to recipient patients including transfusion service operators, regulatory agencies and the plasma industry. The collaboration aims at reaching a common understanding of the difficulties facing blood systems nationally and internationally, in order to increase opportunities for identifying solutions and building the needed partnerships to improve access to safe blood and blood products. WHO continues to prepare guidelines, recommendations and training materials, and to provide technical support to Member States. National policies and plans have been produced to strengthen national health control authorities. A global quality-management programme for blood transfusion safety that incorporates subregional training and follow-up centres has also been started.

20. **Safe injection practices.** Recent WHO estimates indicate that unsafe injections cause 80 000-160 000 HIV infections annually worldwide. WHO has developed comprehensive strategies to support Member States in ensuring safe and appropriate injection practices focusing on: information, education and communication – behavioural change activities to reduce excessive use of injections and to assure safe injection practices; provision of sufficient quantities of clean injection equipment; and management of sharps waste.

21. **Injecting drug use.** In order to deal with the increase in HIV infections associated with injecting drug use, primarily in Eastern Europe, Central Asia and South-East Asia, WHO is increasing

its support to Member States for the development and evaluation of treatment programmes. WHO analyses the evidence on what works and uses the results as a basis for technical support in areas such as situation assessment, service development, monitoring and production of training materials for health care workers that are based on operational research. Recent research has demonstrated that injecting drug users cannot be induced to reduce unsafe injection practices, which would thus lower HIV incidence, unless effective treatment is provided for drug dependence.

## **PARTNERSHIPS AND COLLABORATION**

22. **International Partnership against AIDS in Africa.** Partnership, decentralization and support to local responses to the epidemic have been emphasized.<sup>1</sup> Accordingly, WHO's contribution has been clearly set within the International Partnership against AIDS in Africa. Practical means for intensifying the response to HIV, tuberculosis and other infectious diseases in Africa will be the theme of the Heads of State Summit on HIV/AIDS (Abuja, April 2001) to be hosted by President Obasanjo of Nigeria.

23. **United Nations General Assembly special session.** WHO is active in the preparations for the United Nations General Assembly special session on HIV/AIDS (New York, June 2001) which aims to intensify international commitment at the highest political level and to mobilize the resources needed for effective action. The ensuing declaration is expected to set concrete targets for action, building on goals adopted at previous United Nations forums.

24. **The need for a massive effort to scale up the response.** During 2000, in cooperation with national governments, other United Nations systems' organizations and a broad range of development partners, WHO examined how to expand the response to the health problems, including HIV, that contribute to continuing poverty among many of the more than 250 million people who live on less than US\$ 2 per day. This expansion means building on what works and encouraging all concerned to make full use of interventions known to be effective, as well as tackling obstacles that prevent poor people accessing effective health care. Moreover, it means involving poor people in the design and delivery of services, and using a mix of public sector and voluntary and private entities that deliver services effectively, with common values and consistent strategies. Popular movements for health, involving stakeholders from civil society and different sectors of government need to be catalysed, and reliable systems for assessing progress, monitoring results and evaluating impact have to be developed. Finally, scaling up requires government stewardship for more effective health systems; a sustained increase in external support through poverty-reduction strategies, sector-wide approaches, bilateral projects or emergency assistance (as appropriate); and development of human capabilities at local and national levels.

25. **Increased international support for improving the health of the poor.** During 2000 several intergovernmental bodies committed themselves to a long-term increase in their support for better health outcomes – including reduction in HIV incidence and suffering – among poor people. These include the OAU Heads of State (at their summit in Lomé), the G8 Summit at Okinawa and the European Commission (through an initiative of President and five of the European Commissioners). WHO will work with these and other bodies to encourage the provision of additional resources for effective action at country level during the next decade.

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<sup>1</sup> Resolution WHA53.14.

## **CONCLUSION**

26. WHO has engaged actively in the process of scaling up its support to countries' responses to HIV/AIDS. The growing needs for care should not distract from the urgent task of significantly reinforcing and sustaining programmes to prevent HIV and sexually transmitted infections around the world. Indeed, the attention currently given to HIV/AIDS care provides opportunities to create strong synergies between prevention and care activities. To do so requires, in particular, a major expansion of access to voluntary and confidential counselling and testing for HIV; the promotion of safer behaviours and practices; access to effective, safe and affordable treatment for HIV infection; and bold action to reduce the transmission of HIV from infected parents to their offspring. It is expected that the effectiveness of prevention and care will require – and will in turn contribute to – the removal of the stigma attached to HIV/AIDS. Stigmatization continues to prevent vulnerable populations from accessing the prevention and care services they need.

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