WORLD HEALTH ORGANIZATION

FIFTY-SECOND WORLD HEALTH ASSEMBLY **A52/DIV/7**
Provisional agenda item 5 **4 May 1999**

Ministerial round table

HIV/AIDS: strategies for sustaining an adequate response to the epidemic

THE BURDEN OF HIV/AIDS ON NATIONAL HEALTH SYSTEMS

1. Countries have struggled to contain the HIV/AIDS epidemic for more than 15 years. It has stabilized in some industrialized countries but continues to escalate in large parts of the developing world. If the spread of HIV/AIDS continues unchecked, it will soon be the leading cause of disease and death worldwide. An adequate response to HIV/AIDS requires a strong and organized health system. But the health systems of the countries which are hardest hit by HIV/AIDS are already overwhelmed, and the burden of care will become heavier as those infected several years ago become ill and die.

2. In urban areas of highly affected countries in the developing world, 50% to 70% of hospital beds are occupied by HIV/AIDS patients, hampering the coping capacity of health service delivery and increasing the risk of spreading infections such as tuberculosis, diarrhoea and HIV. Treatment facilities are often inadequate, diagnostics and drugs rarely available, and operational procedures have not been defined. Services tend to be vertically organized and insufficiently coordinated.

3. Staff may lack the skills to diagnose HIV early, so infections go undetected and untreated, and opportunities for prevention and control are lost at a crucial time. Fear and stigma may influence the attitude of staff towards HIV-infected patients. Problems of understaffing are acute. In highly affected countries, many staff are themselves infected with HIV, some are seriously ill, and many have died. Others are unable to continue work or are frequently absent because they are caring for their own sick relatives or attending funerals.

4. In industrialized countries, expenditure on drugs for HIV/AIDS is a heavy burden and it has been inevitable to prioritize spending. In those countries where health insurance is not obligatory and coverage is inadequate, many people living with HIV/AIDS are deprived of care and treatment.

FORMULATING A CONTROL STRATEGY

5. The following points should be taken into account when formulating a strategy for the control of HIV/AIDS.

- The **control of sexually transmitted infections** is a proven, cost-effective intervention which should be widely implemented.

- **Blood for transfusion should be screened for HIV** and clinicians should be trained in the appropriate use of blood and blood products in order to reduce unnecessary transfusion.

- **Voluntary counselling and testing** is the starting point for prevention and care. Voluntary counselling and testing sites should be established to facilitate entry into care and to prevent further spread of infection.

- **Treatment and prevention of common HIV-related illness** need to be integrated into district-level care; national tuberculosis programmes need to be reinforced and supplies of essential drugs assured.

- Information from clinical trials has shown that the use of zidovudine substantially reduces transmission of HIV from mother to child among non-breastfeeding women. Interventions need to be integrated into health services in antenatal clinics, district health centres and hospitals. Support to mothers on their infant-feeding decision, including counselling on breastfeeding, must form part of such interventions.

- **Prevention interventions for injecting drug users** should include needle exchange, condom supply and psychosocial care.

- Urgent attention needs to be given to the **high rate of infection in young girls and women.** Strategies to educate communities and to empower women so that they can protect themselves should be rapidly developed and implemented.

- **Staff training** requires careful targeting, with emphasis on needs at peripheral levels.

- **Alternatives and complements to hospital care** (such as day, hospice, and home care) need to be developed within a functioning referral system, in order to relieve pressure on hospitals and to provide services for patients at each stage of disease.

- **Partnerships linking health providers with the community** (nongovernmental organizations, community-based organizations, etc.) need to be established to ensure provision of a number of essential services, including care of orphans, education for prevention, and social support.

- Strategies to sustain an effective response to HIV/AIDS need to build on the principles of **health care reform**, which in turn must address the impact of HIV/AIDS on health and other sectors.

6. A key strategy is the **creation of a favourable environment** for effective responses to HIV/AIDS, including national commitment and an adequate and sustainable budget; recognition of HIV/AIDS as a central development issue; involvement of people living with HIV/AIDS and local communities; planning that takes into account the realities of the community; decentralization and local autonomy.

7. In operational terms, **governmental responsibilities** include a core care-package for health centre, district and community levels; drug procurement and management; quality assurance; mechanisms to ensure continuity of care; promotion and protection of human rights; partnerships with communities; cost minimization; and reorganization of financing.

Discussion points

- What should a core minimum package of care and support for people living with HIV/AIDS comprise? How much would it cost?

- How can health systems be strengthened so that the package can be provided? What are the minimum requirements for health systems in terms of facilities, equipment and staff?

- Should voluntary testing and counselling be one of the priorities of national HIV/AIDS programmes? If so, what approaches could be used to expand access?

- What are the requirements to be met for, and possible impact of, routine disclosure to authorities and individuals of the serostatus of HIV-infected individuals?

IMPLICATIONS OF NEW DRUG TREATMENTS

8. Developments in antiretroviral (ARV) treatments which prolong survival and improve quality of life, present a particular challenge to health systems. Enormous optimism and demand have been created despite the fact that success in the long term is still far from certain. There has also been increased demand for testing and counselling of pregnant women and access to ARV treatments worldwide following results of studies on the effectiveness of zidovudine in reducing mother to child transmission.

9. Health systems will have to respond to competing claims for these and other treatments. The strong demand for ARV treatments has to be weighed against the urgent need for both drugs to treat common HIV-related illness (for example, tuberculosis, pneumococcal infections) and sexually transmitted infections, and for all other care and prevention interventions for HIV/AIDS. It should be noted that if ARV treatments were to be provided to all in need in sub-Saharan Africa, South-East Asia, the Caribbean, and Latin America, the annual cost would be many times the national AIDS budget in most countries, and many times the total health budget in some of them.

10. ARV treatments should only be considered when the infrastructure allows adequate clinical and laboratory monitoring, proper medical follow-up and support, and guaranteed supplies of drugs and diagnostics.

11. The cost-effectiveness of each intervention, when this is known, will largely determine priorities, though other considerations, such as relief of suffering and quality of life, are increasingly recognized as important.

Discussion points

- What are the opportunities for and constraints to increasing equitable access to effective and safe HIV/AIDS therapy in developing countries?

- The high cost of ARV treatments means that ability to pay may determine access to these treatments. How can governments ensure or maximize equity of access? How can drug costs be met? Should ARV treatments be placed on national essential drug lists?

IMPROVING THE INTERNATIONAL RESPONSE

12. The development of ARV treatments and their widespread use in industrialized countries has dramatically decreased interest in HIV/AIDS, despite the fact that they are likely to remain inaccessible to the majority of HIV-infected people worldwide. In addition to responding to the demand of poorer countries in ways that are equitable and effective, the international community will need to maintain interest and investment in the development of preventive technologies (microbicides and vaccines).

13. Discrimination, complacency and denial still hamper efforts to control the epidemic. WHO made the respect of human rights a priority in all HIV/AIDS activities from the start. This remains the foundation of an effective international response as underscored in a resolution passed on 28 April 1999 by the United Nations Commission on Human Rights.

14. The staggering burden of HIV/AIDS in parts of Africa has prompted an international effort involving African governments, regional institutions, bilateral agencies, partners in civil society and organizations of the United Nations system. The International Partnership against HIV/AIDS in Africa aims to create a policy and social environment which is conducive to successful action, and includes strong government commitment; integration of HIV/AIDS considerations into national development agendas; a multisectoral response; improvement of the status of women; empowerment of communities; and protection of the rights of vulnerable populations.

15. In all countries there are examples of effective responses to HIV/AIDS. The "success stories" need to be carefully examined and their essential ingredients identified so that they can be expanded, replicated or adapted as appropriate. Lessons and experiences should be shared internationally, in particular to learn from countries with established epidemics.

Discussion points

- How can the health sector contribute to removing or modifying the structural factors (often social and economic constraints) which determine vulnerability to HIV/AIDS? With whom should the health sector collaborate to address these structural problems?

= = =