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WHO Headquarters, Geneva
Monday, 22 January, 1990, at 9h30

CHAIRMAN: Dr S. TAPA

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TWELFTH MEETING

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GLOBAL STRATEGY FOR THE PREVENTION AND CONTROL OF AIDS (PROGRESS REPORT): Item 16 of the Agenda (Documents EB85/20 and EB85/INF.DOC./3) (continued)

Dr SHIMAO, after commending the Director-General and the Secretariat on the excellent documentation and the Director of the Global Programme on AIDS (GPA) on his comprehensive introduction, said that the number of AIDS cases in Japan at the end of 1989 had been 102, more than half of them haemophiliacs who had received transfusions of contaminated blood before screening had been introduced. The number of HIV-positive individuals had been roughly 1000, and HIV seropositivity among blood donors had been 0.0002%. The increase in the number of AIDS patients and HIV-positive persons had been quite slow, even after the AIDS surveillance system had been well established, and the disease was now well under control; nevertheless, every possible measure would be taken to prevent the further spread of HIV infection.

With regard to the clinical management of AIDS, he fully endorsed the comments by the Director of GPA on the importance of counselling. Sufferers from AIDS, for which there was as yet no effective cure, were prone to undisciplined behaviour which often caused trouble with health staff; they sometimes even intentionally infected others. From personal experience in dealing with tuberculosis patients at a time when the disease was incurable, he knew the value of the dictum of the great specialist - and tuberculosis victim himself - Trudeau: "to cure sometimes, to alleviate often and to console always"; efforts must be made to ease the physical suffering of AIDS patients to the extent possible and - through counselling - to alleviate their psychological pain.

On the subject of the relationship between AIDS and tuberculosis, he pointed out that, since the latter was a typical disease in which cellular immunity played a major role in host defence mechanisms, incidence or progression of that disease might be expected among HIV-positive persons and AIDS patients; indeed, the tuberculosis situation had been deteriorating in some African countries, and although the epidemiological impact of AIDS might be less significant in the developed countries, the pandemic constituted a major obstacle to the eradication of tuberculosis there as well.

That state of affairs provided an opportunity to reconsider the tuberculosis problem itself. Tuberculosis and malaria were the major health issues in most developing countries, but their significance appeared to have been neglected or forgotten for several years, even in WHO. Where tuberculosis was concerned, that was due to the chronic nature of the disease and to the fact that unlike those of leprosy, for example, lung lesions were not visible symptoms. Moreover, the success of tuberculosis control in developed countries through the application of advanced technologies had given the erroneous impression that the same technologies could easily be applied to developing countries: that was certainly not the case. Most of the technologies used in tuberculosis control in developed countries had - moreover - been invented at least 40 years, and some of them more than a century, ago. The only new technology invented in the past 30 years had been short-course chemotherapy, but its introduction in the national tuberculosis programmes of developing countries had been limited by its high cost.

As regards AIDS, he stressed that if a new vaccine or effective drug were developed, it should be available to all who needed it, irrespective of wealth or poverty; WHO must make every effort to ensure that such a vaccine or drug became available in developing countries, otherwise the public at large would lose faith in the unique feature of the Organization, which was its vocation to strive for the elimination of inequities in health care. That principle should - he added - be applied to all disease control programmes: whereas multidrug therapy was indeed now available for dealing with leprosy in developing countries, there was persistent inequity between the regimens of chemotherapy for tuberculosis applied in the developed and the developing countries. Although he himself would have retired from the Board by then, he would urge that the

intensification of tuberculosis research and control, with particular reference to the development of appropriate technologies for the developing countries, be placed on the agenda of the eighty-seventh session, so that the issue might be considered in depth in connection with the proposed programme budget for 1992-1993.

Professor BORGOÑO, after congratulating the Director of the Global Programme on AIDS on his presentation, stressed the importance of the advances made in integrating GPA at headquarters with other programmes, with the regions, with nongovernmental organizations - whose valuable contributions had been acknowledged on a number of occasions by the GPA Management Committee - and with other United Nations agencies.

Generally speaking, he would have wished the short- and long-term objectives of the Global Programme to be more specifically and measurably defined. That of course did not relate to epidemiological indicators, since it was well known that the incidence of AIDS would continue to increase, but rather to actions under way. For example, in connection with blood safety, it would be interesting to know how many countries were participating in the Initiative and how many of them had a national screening programme, not one confined to a few hospitals. The Initiative should be so implemented that all hospitals, wherever they were located, could provide transfusions of blood which was guaranteed to be uncontaminated. That kind of objective should - he believed - be added to those set out in the report.

With regard to other safety measures, it was imperative for all countries, especially the poorest and least developed, to be able to count on the supply of protective devices at low prices and of guaranteed quality; revolving funds might be created for joint purchasing, as in the case of vaccines and other drugs. Action in that direction had already been initiated in the Region of the Americas.

From the administrative point of view, the process of decentralization should be accelerated, in order to reduce further the time-lag between requests for programmes and their final approval.

Dr Mann had said that the GPA Management Committee had approved a budget of US$ 109 million for the Programme in 1990, but the Board had been told at the same meeting that the programme was a very ambitious one. Since any annual budget was normally absorbed during the year concerned, leaving a "funding gap", the Management Committee's recommendation that a working capital fund be established was very wise, particularly in view of the irregular intervals at which donations and gifts were usually received.

He attached great importance to the protocols that were being developed and to the whole clinical staging system of investigation and research designed to increase the comparability of studies in different parts of the world and to bring about - to the extent possible - a more uniform approach. He also concurred with Dr Mann on the need to make drugs available at prices which everyone, rich and poor alike, could afford, when and where they were needed. The Board should - he submitted - formally endorse the Paris Declaration on Women, Children and the Acquired Immuno-Deficiency Syndrome (AIDS).

Considerable progress had been made in behavioural research, particularly into the sexual behaviour of populations in relation to the risk of AIDS; but patterns of behaviour did not change very quickly, and a considerable amount of time might elapse before the findings could be applied. One important subject for investigation was the complacency of certain population groups in the face of the AIDS threat.

The connection between AIDS and tuberculosis mentioned by Dr Shimao was of course important in countries where tuberculosis was a major killer; but unlike AIDS, tuberculosis was now a curable disease if caught early enough and many patients had responded well to modern treatment. Although the integration of the Global Programme with other programmes where AIDS was relevant, might mobilize additional support, the Management Committee had warned that such integration might serve as a pretext for diverting regular funds from the GPA to other programmes.

Finally, and as a human rights issue, he asked what progress had been made in consultations with the United States Government on whether HIV-infected people and people with AIDS would be allowed to enter the country to attend the Sixth International Conference on AIDS, to be held in San Francisco in June 1990. All Members of WHO had endorsed the pertinent resolutions; every effort should be made to ensure that double standards were not applied in a specific case.

The CHAIRMAN, speaking as a member of the Board, said that as a participant in the recent International Conference on the Implications of AIDS for Mothers and Children, he had listened to a number of scientific presentations and stimulating discussions on the implications of HIV infection/AIDS in relation to health policies for those categories of persons. The Declaration issued at the conclusion of the Conference appealed to all governments, the United Nations system, intergovernmental and nongovernmental organizations, the scientific community, health and social professionals and the public at large, to assume leadership and to mobilize the resources, both human and financial, necessary to support actively the prevention and care of HIV infection/AIDS in women and children, particularly in those countries which were most affected and in the greatest economic need, and in conformity with the Global AIDS Strategy. As would be seen from document EB85/INF.DOC./3, the Declaration had 15 operative paragraphs, dealing, inter alia, with enhancing the role and social, economic and legal status of women and children, the promotion of safe motherhood, and the availability of and access to necessary health care, including treatment.

Dr RODRIGUES CABRAL associated himself with the congratulations addressed to the Director-General, Dr Mann and the Secretariat on their comprehensive report and presentations. The report demonstrated both the vigour of national AIDS programmes and the ability of WHO to coordinate activities worldwide. He was particularly glad that at least an outline of a strategy had been prepared for the next two years, and endorsed that outline as presented in the report. On the other hand, he considered that two points had not been sufficiently developed in the report - coordination with programmes for the control of sexually transmitted diseases (STD) and public information.

On the first issue, he would have expected more details on a kind of joint strategy for the development of both control programmes at the national level. In sub-Saharan Africa, a number of countries had recently developed STD control programmes as a result of being obliged to start HIV control programmes, and a measure of overlapping had occurred. The STD programme was critical for the development and success of AIDS control, not only because infection could be best kept in check through the STD control programmes for high-risk population groups, but also because STD activities, particularly with respect to consultation, were essential for the epidemiological surveillance of HIV infection.

Public information also seemed to have been given insufficient attention in the report; the passage on page 21 concerned media activities and that on pages 32 and 33, health promotion. If the Global Strategy was to be implemented in each country, it should take account not only of the media, but also the utilization of a variety of other means of reaching both the general public and special target groups. In some African countries, where illiteracy rates remained high, the media could not be relied upon to transmit the message; recourse must be had to person-to-person dialogue and contacts and the great variety of existing information networks, both formal and informal. Accordingly, implementation of the Strategy should include the development of training programmes in the use of those networks for all categories of health personnel and the adaptation of messages to different target groups. In the experience of Mozambique, attempts to develop AIDS information campaigns rapidly led to jealousy in ministries because other health education programmes were held at a slower rate of growth and faced persistent difficulties; it was thus most important to invest at least part of the inputs to the information component of AIDS control programmes in more general health information programmes. All those considerations justified the development of a specific strategy for information needs, at least where national control programmes were concerned.

Turning to section V of the report, on the national programme support, he welcomed the careful appraisal of the implementation problems in connection with various country programmes, but considered that two further sources of complexity might be added to the listed obstacles to national programme development. First was the fact that in countries like his own, attempts to develop rapidly evolving programmes with integrated structures had been bedevilled by the many differences of managerial style between AIDS control programmes and other routine programmes and by conflicts of power between technical support divisions in ministries. The second obstacle was the burden of the annual evaluation process; although the first annual evaluation at the end of 1989 had proved instructive, it had taken nearly two months to complete.

Observing that national health authorities might feel the cost of launching national AIDS control programmes to be too high, he expressed the fear that enthusiasm for such programmes might decline. Although he agreed in principle that decentralization was called for, he was anxious in the light of his previous comments that decentralization should not add more bureaucracy to the already complex process of relationships between the providers and managers of programmes.

Finally, with regard to social and behavioural research, he observed that there was controversy surrounding the utilization of the results of KABP surveys, as referred to in the report, often they could not be generalized to the population at large and sometimes not even to the risk groups of the sample. That being so he asked whether the KABP surveys undertaken would be accompanied by other forms of behavioural research, whether inferences were drawn from small samples and transversal studies on social issues and what attempts were being made to generalize the findings to larger population groups.

Dr NTABA welcomed the comprehensive report before the Board, and observed that a number of useful comments had already been made which he would not repeat.

Referring to section V of the report, concerning national programme support, which acknowledged that difficulties were being encountered between GPA, the donors and Member States, he said that as indicated in paragraph 140, there were two major problems: pre-existing limitations on human and institutional resources; and the specific complexities of AIDS prevention and control. It was often difficult to ensure the preconditions necessary to move from formulation to implementation of national programmes owing to fundamental resource and infrastructure constraints. Manpower shortages and poorly developed primary health care infrastructures in ministries of health had been compounded by uncertainties regarding the nature and sustainability of international support for national AIDS control programmes. As indicated in paragraph 146, at resource mobilization meetings, direct support from WHO had stabilized at around 15-20%, the balance coming from national and bilateral sources. Although, according to the report, there was apparent consensus among donors that the medium-term plan document should serve as the basis for their support, donors continued to draw up their own detailed project documents for the specific components they had chosen to support, inevitably introducing their own rules, bureaucracy and interests, which sometimes significantly distorted the medium-term plan. As the implementation stages of some of those components were interdependent, progress in carrying out the medium-term programme could be considerably delayed, for example when bilateral donor-specific requirements were not met, or where there were lengthy project preparation periods, which were typical of many donors. Such protracted procedures for obtaining external assistance were not suited to the rapidly changing situation in AIDS control programmes. The disintegration of medium-term AIDS control programmes made it difficult for developing countries effectively to coordinate existing inputs, to say nothing of the excessive time constraints on the already over stretched and scarce staff of national programmes. For example, in Malawi, where AIDS was a major problem, after external consultations between WHO, donors and the country, a medium-term plan had been finalized and presented at a resource mobilization meeting in June 1989. The cost of unsupported activities for the first year had been estimated at US$ 2.7 million. Pledges totalling US$ 1.43 million had been received at the meeting, including an advance of US$ 678 000 from GPA, a second bridging advance following that of US$ 400 000 received to support the short-term AIDS control plan. Regrettably the budget had had to be revised downwards to the pledged figure markedly reducing activities in the crucial areas of blood banking, patient management, counselling and support, health workers safety, and research. To date, none of the funds pledged in June 1989 had been made available - two donors were still finalizing project documents for the components they had chosen to support and one donor was seeking further clarification on the medium-term plan document and had questioned GPA's policy of asking donors to donate untied funds through GPA for a specific country's medium-term AIDS control plan. Meanwhile, more and more victims were becoming infected with HIV and dying from AIDS; the bridging funds were now exhausted; and some activities had had to be halted - including information and education, and orientation workshops for district development committee members - or slowed, such as activities related to condom-use promotion and health workers' safety supplies. He wondered whether that experience was a local phenomenon or whether it reflected a general change in the attitude of donors. It

appeared to him that the dialogue between donors, GPA and Member States on external support for AIDS control programmes had indeed changed in nature, with a move towards more bilateral donations rather than the earlier, initially mutually agreed provision of untied contributions through GPA. The Secretariat should rapidly devise ways of responding to such shortcomings rather than allowing effective programmes to suffer unnecessary uncertainties.

Welcoming the discussion on discrimination in paragraphs 64-69 of the report, to which a number of previous speakers had referred, he recalled resolution WHA41.24 and the collective and emphatic acceptance and affirmation by Member States of a common and reasonable policy of non-discrimination, despite which there were constant reports of travel and immigration requirements and restrictions, legislation and other practices inconsistent with the common policy. It appeared that ministries and departments of health were sometimes responsible for such violations, which could only undermine the integrity and credibility of WHO not only in the area of AIDS but as a reputable institution. A way should be found of constantly reminding Member States of the Organization's agreed collective policy of non-discrimination against those infected with HIV or suffering from AIDS, and to ensure that everything was done to honour and implement that policy.

Participants in the recent International Conference on the Implication of AIDS for Mothers and Children were only too well aware how useful the contents of the Paris Declaration would be; its recommendations were most timely for those countries with a significant number of women and children affected.

Was there any truth in press reports concerning a computer "virus", circulated in the guise of an AIDS information diskette in many countries, with the apparent aim of extorting money in return for advice on eliminating the "virus"? If so, to what extent was WHO involved in the affair, and how serious was the situation? Did the Secretariat envisage issuing guidelines on the security and confidentiality of computer systems, information which would be equally useful to those who wished to modernize and computerize their systems?

Professor KALLINGS concurred with Sir Donald Acheson that HIV infection, which had now spread to over 150 countries, would be with the world for a long time to come. The struggle to contain its spread would take decades, or even generations, depending on whether an effective vaccine to prevent the infection was developed. Even if an effective vaccine were to be developed within five to ten years, its impact would depend on its widespread distribution to millions of people, not least in the developing countries. The world's record of applying vaccination with a wide coverage was not too impressive, as the difficulties in improving the coverage of the six existing vaccines in the Expanded Programme on Immunization had shown. Owing to the high costs involved, it had taken ten years before the hepatitis B vaccine available in the industrialized countries had been introduced in developing countries, during which time it had spread dramatically at a price now reflected in the large numbers of cases of liver cancer and cirrhosis to be found in those countries. Such shortcomings must not be repeated. An immediate start must therefore be made in building up, in developing countries, the infrastructures and guidelines required to perform clinical trials of vaccines after the first round had been carried out in the country of origin.

Immediate attention must also be given to determining how the widespread distribution of a vaccine in developing countries could be financed. The industry was not likely to invest in research on vaccine development if there was no obvious indication of returns; and no amount of HIV infection among the poor, in whatever society, was likely to rekindle its interest unless some incentive was created.

Meeting recently in Brazzaville, the Global Commission on AIDS had pointed to the problem and had stated, in its recommendations, that all persons, irrespective of nationality or population group, should have equitable access to future safe and effective vaccines, as well as to intensive programmes for the prevention of HIV infection, to sensitive and specific diagnostic testing, to health care - including appropriate therapeutic agents and medical supplies - and to a safe blood supply. The Commission had requested the Director-General to consider the most effective approaches to achieve those objectives. His response to those difficult and crucial questions would be appreciated.

What were the latest estimates of HIV-infected persons and AIDS cases in some of the most affected areas, such as Africa and Latin America? The available scientific data suggested that in the absence of effective therapy the great majority of HIV-infected persons would eventually develop AIDS. With the greater understanding of the disease now available, it seemed more accurate to consider HIV infection as a continuum ranging from the mononucleosis-like symptoms mentioned by Dr Caba-Martin, through a gradual decline of the white blood cells, to symptomatic HIV infection and finally to lethal AIDS itself. The terminal stage was relatively short - one to two years - compared with the average ten years between the onset of the infection and full-blown AIDS. During the course of the HIV infection there was an increasing sensitivity to other infections requiring various preventive and curative interventions. Therefore, in order to encompass the whole problem, it was important to ascertain the estimates of the incidence of HIV infection, not just the incidence of AIDS cases.

Finally, he agreed with Dr Tapa and Dr Borgoño that the Executive Board should endorse the Paris Declaration on Women, Children and AIDS. Dr Ntaba, as Rapporteur, might be requested to prepare a draft resolution on the AIDS problem.

Dr BERTOLASO expressed gratification that - as indicated in the excellent report - so much progress had been made in the short space of three years. Sir Donald Acheson had quite rightly stated that, as a result of the AIDS pandemic, the world now knew what WHO was and what it was able to do. However, realism also compelled attention to Professor Ransome-Kuti's remarks concerning the lack of data, the small number of individuals being tested due to financial constraints and non-existent health structures, as well as lack of coordination. A programme such as that under consideration, although it might work in the more advanced developing countries, could fail where the need was greatest - namely, in sub-Saharan Africa. Accordingly, he welcomed the priorities set for the 1990s with regard to national programme support: the extension of programmes to the periphery, and particularly to rural areas, was one of the most important operational challenges, as was the need for better coordination between the different institutions involved. In that connection, more information regarding the different responsibilities of headquarters, the Regional Office in Brazzaville and the country offices would be appreciated. It would also be interesting to know what kind of follow-up was to be given to the resolution on the subject adopted by the Regional Committee.

As far as the scientific aspect of the programme was concerned, paragraph 168 of the report indicated that 561 AIDS-related research projects were being carried out in 35 sub-Saharan countries. However, fewer than 2% of them concerned effective prevention and control, and fewer than 1%, the effectiveness of interventions. An explanation of that state of affairs would be appreciated, since, with only a limited volume of funds available, time and resources could not be wasted on research that could only enrich the curricula vitae of the few scientists involved.

With regard to coordination, there was apparently no information on the substantial activities financed in the same field by the European Economic Community. In Brussels, the representative of Italy had firmly stressed the need for a close link with WHO's Global Programme on AIDS. Perhaps Dr Mann could reassure the Board that there were no problems of overlapping.

As had already been pointed out, in many developing countries where the AIDS epidemic was spreading, tuberculosis, already highly prevalent, was also on the increase. Moreover, because of the unavailability of drugs the mortality rate for tuberculosis was still very high in many countries where AIDS was not prevalent. Despite general awareness of the problem, there seemed to be little political commitment to tuberculosis control. As a consequence, the control programmes suffered from weak management and extremely limited resources. Moreover, WHO's support for tuberculosis control had declined in the past decades. Effective technology, such as short-course chemotherapy, together with an improved system for managing treatment, had proved feasible and cost-effective. He believed that a comprehensive report on the global epidemiological situation with regard to tuberculosis and on the action to be taken by the Organization to support countries in their tuberculosis programmes should be prepared for submission to the Executive Board at its eighty-seventh session.

Dr DAGA asked whether it was true - as he had read in a newspaper article - that AIDS had been identified as early as 1970.

Paragraphs 4 and 18 of the Director-General's comprehensive report referred to the transmission of AIDS from HIV-infected women to their children. Dr Mann had stated in an article that it was not advisable for HIV-infected women to bear children. That might be the best solution, but would the same be said in respect of certain hereditary diseases with which the same problem arose? The matter called for further consideration. It seemed that the promise of all the progress made over the past three years might have been overlooked. In his opinion the women concerned should not be discouraged from having children. He himself was hopeful that in a number of years' time a way would be found to enable HIV-infected mothers and children to survive.

A previous speaker had referred to the distribution of condoms. In Niger that would give rise to many problems, since 90% of the population was rural and 95% Muslim. Any programme must therefore be preceded by sociocultural research to ensure its harmonization with the culture of the country concerned.

WHO had a great deal to do in the public information field. The mass media had generally taken the lead, but health professionals could do much to avoid confusion and dangerous misapprehensions and to promote health education.

The Global Programme on AIDS apparently had to collaborate with 24 different programmes. Although he had every confidence in the Secretariat, he feared that such a situation might lead to conflicts of priority. If the Global Programme was to be decentralized, it would be better to leave it to each region and Member State to decide how to organize such collaboration in their respective areas.

Professor ESPINOSA-FERRANDO (alternate to Professor Medina Sandino) said that in few cases had a disease mobilized society and attracted so many human, material and financial resources as had AIDS. They far exceeded the resources allocated to other diseases that were currently the main causes of death in the developing countries and among the more disadvantaged populations of the world. The AIDS programme must be coordinated with the tuberculosis, malaria and other programmes, and the immense resources mobilized for the former must be used to strengthen the latter. As the report indicated, substantial national efforts were being made under the AIDS programme. The mobilization of resources, the development of intersectoral activities and the support of the mass media had made it possible to face up to the disease in a short period of time. Nevertheless, the ethical and moral problems associated with AIDS still remained to be solved. Furthermore, there was a need for research to develop inexpensive methods and less complex technology to enable the poorer countries to meet the cost of early detection.

In addition, it was necessary to arrange for poorer people to have access to drugs and care once they had developed the disease. Experience in Nicaragua had shown the need to find a way of integrating the national AIDS prevention and control programme with other programmes, thereby strengthening them.

The report in itself was quite comprehensive, and faithfully reflected the efforts being made so far. Nevertheless, more information should be communicated to the mass media so as to prevent sensationalism about AIDS and to mobilize public opinion in support of each country's national programme.

Mr AHOOJA (alternate to Mr Srinivasan) noted with concern that whereas some 182 000 cases of AIDS had been reported, the actual figure was thought to be in the region of 600 000. A study should be made of the reasons why, despite the work done so far, the discrepancy was so great. The non-reporting of cases might be from areas with poor health systems where a greater effort and a greater investment of resources might be required in order to prevent the epidemic from spreading.

In his report, the Director-General rightly drew particular attention to the need to integrate the AIDS programme with primary health care, to involve nongovernmental organizations, and to ensure ways and means of disseminating the new technology. All of that implied the training of the required health manpower, health education, and better communication. He consequently welcomed collaborative programmes set up within the United Nations system, particularly with UNESCO, and the efforts being made to include

information on AIDS in school curricula. That was an area where present investments would produce future dividends. The efforts to improve communication that had been started in 1988 would need further strengthening.

As regards the formulation and implementation of national programmes, each country's response to AIDS would vary according to perceived strengths and weaknesses in the AIDS programme. The authorities of some countries would consider that emphasis should be placed on strengthening the infrastructure; others would stress health education. However, the essential point to be borne in mind was that, in order to ensure that countries derive full benefit from the implementation of the AIDS programme, it should be formulated in accordance with their own perceptions. Consequently, international assistance must not try to impose the perceptions of donors on recipients. Otherwise the results would not be up to expectations.

Dr LIEBESWAR commended the Director-General for his lucid report and Dr Mann on his impressive exposition of the decisive points and of the next steps to be taken. Careful planning was extremely important, since everyone agreed that the available funds had to be used in an optimal manner. He endorsed Professor Kallings' comments regarding past difficulties in connection with the development and supply of vaccines.

He welcomed WHO's effort to collaborate with all major private institutions working in the field of AIDS-related health and welfare, whether in prevention and education, care and social services, policy advocacy, "watchdog" activities, or civil and human rights.

AIDS was an inescapable challenge in many fields. An in-depth and comprehensive study should be made of the role of self-help organizations and modern public health. Personal experience had taught him that collaboration with such organizations was not always easy, but a better insight into the ways in which they operated could offer a unique chance of progress in aligning health policies with public sentiment and thereby encouraging the majority of the population to commit itself actively to the campaign against disease.

Professor SANTOS said that one of the outstanding features of developments in health and health care in the past decade had been the rapid pace at which data on the HIV/AIDS pandemic had been established. The amount of facts accumulated and the knowledge the scientific community and medical specialists could now bring to bear on the problem was simply staggering, especially when compared with the data available at the time of the first scattered clinical observations. Throughout the entire effort, WHO's leadership role had been absolutely essential. He congratulated the Director-General and Dr Mann and commended the Organization on the immense service it had rendered to humanity.

Despite such concerted efforts, there were aspects of the problem that still eluded resolution. Some of them were country-specific, others, more general: the failure to develop a truly effective therapy and a vaccine, for example.

Another aspect that did not admit of swift solution was the description of the disease's natural history: for that, prolonged observation of large numbers of patients was absolutely essential. Examples of the benefits such information conferred on therapy could be found in connection with arthritis, tuberculosis, hypertension and rheumatic fever. Clinicians able to observe individual patients over extended periods of time had often in the past been able to make essential contributions to the knowledge of a disease, but modern treatment practices made it less likely that they would do so in future. Consequently, the manner in which records were drawn up, especially concerning the relationship between HIV infection and the development of the syndrome, and the overall nature of the syndrome itself, would become increasingly important.

Dr REILLY joined in in congratulating WHO and more particularly the staff of the Global Programme on AIDS on the report and on the work accomplished throughout the world. He endorsed Dr Shimao's remarks concerning tuberculosis. He then asked for clarification about how the extended incubation period for HIV-2 infection would affect the safety of blood transfusions in countries where the virus had been detected.

The confidentiality component of the AIDS control programme seemed to have been particularly influenced by a Western concern for individual privilege. In many developing societies, however, individuals were highly integrated into their communities, and there was a greater sense of realism about the interdependence of people. Individuals went home to their villages when they fell ill or sensed they were about to die; and they received support, no matter what disease they had contracted or what social wrong they had committed. Such was the case in Papua New Guinea, with the few AIDS cases observed.

The Western concept of confidentiality propagated under the Global Programme on AIDS did not seem entirely appropriate in such situations; he would welcome the Secretariat's comments on that point.

Professor THAIRU (Commonwealth Secretariat) extended unreserved compliments to the Director-General and Dr Mann for achieving so much in such a short time. He was in a position to appreciate the collaborative work done by WHO with organizations like his own, and to see that available resources were used to best effect.

There was a distinction between two aspects of AIDS that was not always clearly appreciated: AIDS as a general problem affecting every nation; and AIDS as an unmitigated disaster in a narrow band of countries across sub-Saharan Africa. The problem in that area confirmed all the dire predictions made in the media at the start of the pandemic. In some villages, there were simply no people left between the ages of 20 and 50. In others over 30-40% of all adults were infected. One small town had an orphan population of 20 000; another, of 40 000. The presence of orphans in itself was something that AIDS had brought to Africa: even with the wars of liberation and the devastation wrought by various groups, someone had always been available to look after children. That was no longer always the case.

African communities had ways of dealing with disasters that differed from those prevalent in Western cultures. Happiness, sorrow and grief were shared parts of community life. The ability to deal with death had wrongly been described in anthropological works as a kind of fatalism. Life expectancies were not very high; mothers were used to losing children. Yet people could cope with what would seem totally devastating in a Western setting; the community had systems of support and counselling that were far more complex than anything that health workers could institute.

What such communities needed to deal with the AIDS crisis were well-tried public health measures, based on primary health care, for dealing with an infection in the community. The mode of transmission and methods for making early diagnosis were known. Simple measures like those used for tuberculosis in the days before vaccines, medications and sanatoria had been available were more than sufficient.

The international community's reaction to the AIDS problem in Africa was often of a baffling intensity. A number of WHO Member countries in the industrialized world had placed Africans from the sub-Saharan region in virtual quarantine. Africans on student visas of more than three months were screened in one country, while another screened all African students. Even developing countries outside Africa were screening African students. One Western power debarred anyone who had had sexual contact with an African up to two years earlier from donating blood.

He was sure that those measures had been taken purely out of public health concerns, not out of prejudice. But they pointed to the need for greater realism about the nature of AIDS in Africa, to re-examine the public health approach to the disease, and to move away from the emotional, politicized atmosphere generated by adverse media coverage at the outset of the pandemic. If public health measures within the primary health care setting were used, there was no reason why the disease could not be tackled.

The problem was not a lack of financial or human resources for the struggle: there were plenty available. What was required was an end to double standards, to the attitude that Western lives were more valuable than those in the developing nations, that heterosexuals counted more than homosexuals. In short, a more empathetic approach, emphasizing the sanctity of life, was required.

Dr BANKOWSKI (Council for International Organizations of Medical Science - CIOMS) said the AIDS pandemic had posed new and painful ethical questions for the entire medical profession - on the individual level, in terms of patient-doctor relations, and in terms

of health policy decisions at the national level. The pandemic challenged the main ethical principles that health professionals were guided by; and it created new conflicts between the preservation of individual autonomy on the one hand, and service to the community, on the other.

His organization collaborated closely with the Global Programme on AIDS, which had already developed guidelines in a highly sensitive field: the testing of new drugs and new vaccines. Most new drugs would be discovered in the Western world and tried out in developing countries whose populations, being often largely illiterate, had to be protected from abuse. Ethical guidelines for the testing of candidate HIV vaccines had already been prepared, even though such vaccines were far from ready at present.

One of the most stimulating aspects of CIOMS's collaboration with the Global Programme was in epidemiological research. All biomedical programmes and research involving human subjects were covered by the Helsinki Declaration and the relevant CIOMS guidelines, but there were still enormous gaps: ethical guidelines for epidemiological researchers and surveyors were desperately needed. CIOMS, inspired by the Global Programme, was now working to develop such guidelines, which would be useful not only in connection with AIDS but for all epidemiological studies. The work was being done in collaboration with representatives of a number of medical disciplines, ethicists, philosophers and advisers from various cultures, with a view to ensuring that cultural differences did not obstruct the application of the guidelines. The intention was for the guidelines to promote - not constrain - epidemiological research, yet give national authorities a tool to ensure that research was carried out in accordance with ethical principles, and thereby reduce possible abuses to a minimum.

Dr ASVALL (Regional Director for Europe) said that the AIDS epidemic had existed for a number of years in the European Region. The present situation with regard to preventing transmission through blood and blood products was quite satisfactory: that problem had virtually been solved in almost all countries of the Region.

With regard to the spread of AIDS among homosexuals and bisexuals, there were indications that at-risk communities were responding. While there were isolated cases of success in working with drug abusers, however, the overall impact on that population subgroup was minimal. On the contrary, the problem was growing, especially in the southern part of the Region, and reaching disastrous proportions in a number of countries. Heterosexual spread of the disease in Europe had not shown any strong tendency to increase and did not at present appear likely to evolve as it had in other parts of the world.

As for the overall number of cases, the growth rate was still on the rise, but at a speed that appeared to be slowing slightly, according to the figures for 1988 and those, still incomplete, for 1989. The Regional Office fully realized that new developments, specifically the changes in eastern Europe, would increase the risk of AIDS in that part of the world owing inter alia to increased travel. All in all, although AIDS remained a huge and tragic problem in Europe, it did not appear to be unmanageable.

Having listened to the Board's discussion, and being aware of the worldwide epidemiological situation, he nevertheless wondered whether the magnitude of the issue had yet been grasped. In one western African city, the percentage of the adult population with AIDS had risen from 2 to almost 6.5% between 1985 and 1989. In a central African city, the increase over the same period had been from 2 to 10%. In an eastern African city, the percentage of seropositive women in prenatal care had increased from 11 to 24% between 1985 and 1987, i.e. in just two years. In a Caribbean country, 7% of adult residents of a major city had been seropositive in 1989. In an Asian city, the seropositive rate among drug abusers had risen from 1 to 40% in only about two years.

All of those facts pointed to an epidemiological situation of explosive potential. The lack of HIV screening mechanisms, of ways of treating victims, of local resources, pointed to the urgent need for a completely new dimension of programmes at local level if a major disaster was to be prevented. A much greater research effort to accelerate the development of vaccines and drugs was also called for. There might be grounds for establishing an expert group to look at the epidemiological warning signals and project their impact for the immediate future. It might also be appropriate to take a different approach to public relations and fund-raising worldwide. Everyone agreed that

operational responsibilities should be more greatly decentralized to regional level, but the practical modalities therefor must make it possible to continue to profit from the substantial resources and expertise available at the global level.

In closing, he wished to say that the highly difficult undertaking represented by the Global Programme had been organized by Dr Mann and his staff with impressive skill.

Dr MONEKOSSO (Regional Director for Africa) said that he had no information to add concerning AIDS in Africa because hitherto he had had no responsibility for the AIDS programme in the Region. Responsibility for AIDS control had been returned to headquarters after the Global Programme on AIDS had been created and the GPA-UNDP alliance formed. He insisted on the term "GPA-UNDP alliance" because operationally that was the case. The Ministers of Health of the African Region meeting in Niamey in September 1989 had exhaustively discussed the grave situation regarding the spread of AIDS in Africa. They had approved a resolution calling for measures to ensure pursuance of the AIDS control programme and more effective implementation. That was essentially a plea from Africans to be included in AIDS control, which meant not selectively included but actually mobilized. The Regional Office was ready to launch activities. The Regional Director had appointed a staff member to gather information on the situation in the Region. The Regional Office had prepared a framework for adapting the global strategy for the prevention and control of AIDS to the African situation, which was now ready for implementation. He hoped that he would be able to report to the Board's eighty-seventh session on the contribution made by the African Region to the programme.

Dr HAN (Regional Director for the Western Pacific) observed that the Western Pacific Region was fortunate in that it had less than 1% of the global incidence of reported AIDS cases and that operations were delegated to the Region to a substantial degree. He mentioned the four most significant and visible effects of WHO's efforts: the building up of HIV testing capabilities in most countries of the Region, dramatically reducing the risk of infection through blood transfusion; the consolidation of political commitment, illustrated by the formation of many of national AIDS committees in the Member States; the development and strengthening of health education activities in the Region, which benefited the AIDS programme as well as other programme activities; and the fact that although it was too early to observe any effect of WHO's activities on the incidence of AIDS infection or AIDS cases in the Region, a strengthening of the Sexually Transmitted Diseases Programme, which was part of most national AIDS programmes, was expected to produce results shortly.

Dr MANN (Global Programme on AIDS) responded to questions raised during the debate. With regard to the neuropsychiatric and neuropsychological aspects of HIV infection, he stated that on the basis of the scientific evidence there appeared to be no clinically relevant neuropsychiatric or neuropsychological manifestation of HIV infection in asymptomatic people, a critical matter for a number of policy issues. Concerning the relationship between religion and the fight against AIDS mentioned by Dr Caba-Martin, he mentioned a meeting held recently at the Vatican in which Pope John Paul II urged comprehension and solidarity for AIDS sufferers. The strength of religion in the fight against AIDS was beginning to develop fully. In response to Dr Caba-Martin's question on the approach to sexuality in the context of educational programmes for young people, he observed that in some countries young people under 18 years of age considered the use of a condom as a possibility, whereas those over 18 found it uncommon or even unacceptable. Programmes were reaching youth because at the country and local levels they spoke directly to young people. Taking up Dr Caba-Martin's reference to homosexuality, he made it clear that WHO had not declared homosexuality to be either a disease or a mental disorder.

In answer to Professor Ransome-Kuti's remark about the absence of primary health care in the African Region he maintained that elements of primary health care were often strengthened with the use of AIDS resources. A specific example came from Uganda where the health education programme of the Ministry of Health had used AIDS resources to hire and train health educators to work at the district level, providing instruction on AIDS and other health concerns. He agreed with Professor-Ransome-Kuti that AIDS could be a useful way to enter primary health care. Referring to the inventory of research

projects in Africa recently completed by GPA, he emphasized that those projects were not WHO research projects, but were all the projects identified in the African countries. It emerged from that exercise that governments themselves knew of only 40% of the projects. Thus the majority were being carried out without any formal contact with or knowledge of the government or the national AIDS committee. WHO had adopted a number of strategies to strengthen the national based research coordination and prioritization process, with the aim not of substituting GPA priorities for national priorities, but of supporting the development and implementation of national research priorities. On the question of antivirals raised by Dr Sadrizadeh, he said that the initial promise of antivirals was usually followed by less effectiveness than expected in clinical trials, or increased evidence of toxicity.

He differed with the comments made by the UNDP representative on one point, namely that from the outset WHO had maintained that AIDS was a problem affecting all sectors of society and posed a direct threat to social and economic development. He welcomed further development of the WHO-UNDP Alliance to combat AIDS and of UNDP activity in implementing the global strategy for the prevention and control of AIDS.

He agreed with Dr Shimao on the usefulness of the experience and wisdom of tuberculosis control programmes for the design and implementation of AIDS prevention and control programmes, especially in areas such as the individual within a family context, or compliance with long-term regimens. In 1990 over one million dollars had been allocated for collaboration with the tuberculosis unit of the Division of Communicable Diseases, particularly regarding collaborative research designed to address questions closely linked to the AIDS-tuberculosis interaction. Referring to comments by Dr Shimao and Professor Kallings on the global availability of drugs and vaccines he felt that a test of the ethical character of the modern world was whether it permitted the fruits of international science to be available to only a small segment of the world's population. There was no precedent to follow in making available rapidly and effectively to the entire world's population a drug or a vaccine that has a huge potential market in both industrialized and developing countries. That would call for collective will, wisdom and willingness. In December 1989, the United Nations General Assembly unanimously adopted a resolution on AIDS which inter alia invited the Director-General of WHO to promote the access of all peoples to preventive technology and pharmaceuticals, making these items available at an affordable cost. Work had to start on that immediately because once the vaccine was available it would be too late to build up the distribution capacity required.

Agreeing with the comments made by Professor Borgoño, he considered the development of specific and measurable objectives as a priority for the work of the Global Programme on AIDS during 1990. Those would be mostly input or process objectives, such as the number of existing blood services or the quantity of blood screened. The Global Programme on AIDS was also developing its capacity to assess the effectiveness and impact of national AIDS programmes, an important aspect for future work. Evaluation of the clinical staging system mentioned by Professor Borgoño had been completed in about 20 out of 30 centres, and a technical working group meeting would be held shortly to finalize the staging system so that it could be made widely available.

In response to Professor Borgoño's query about the International Conference on AIDS to be held in San Francisco in June 1990 and human rights, he stated that there was concern that the immigration policy applied to short-term visitors to the USA might create discrimination or stigmatization against HIV-infected people or people with AIDS who might wish to attend the Conference. Efforts had been made to determine the possible nature of such discrimination and whether measures could be taken to prevent it. WHO had taken a very strong stand, namely that the active and full participation of HIV-infected people and people with AIDS was indispensable at the Conference because of its multidisciplinary and international nature and because such people made important individual and group contributions. WHO would not co-sponsor, participate or organize an international conference on AIDS if the participation of HIV-infected people could not be ensured. He hoped the issue of potential barriers to the travel of HIV-infected people to the United States of America to attend the Conference would be resolved by June to ensure that solidarity prevailed at the Conference.

With regard to sexually transmitted diseases referred to by Dr Cabral, he informed the Board that field tests had been carried out on the use of data on sexually transmitted diseases as indicator data regarding sexual practices and the likely incidence of HIV-transmission. In addition, Professor King Holmes of the University of Washington, a pre-eminent authority on sexually transmitted diseases, was spending his sabbatical year with the Global Programme on AIDS and was Chairman of the task force of the Division of Communicable Diseases and the Global Programme on AIDS set up to study ways to integrate and support activities on sexually transmitted diseases at the national level and through research. A draft document had been prepared on that matter. He pointed out however, that the sexually transmitted disease model was generally based on diagnosis and treatment whereas the HIV model was based on primary prevention, which obviously implied a different approach, different training and different resources, making integration between the two areas less simple than it might appear.

Concerning Dr Cabral's comments on education and information, he reported that on average approximately 35% of the resources of national AIDS programmes were used for education and health promotion programmes, that being the largest single component of the budget of national AIDS programmes. He agreed with Dr Cabral's suggestion that it was necessary to achieve decentralization to the local level where people could communicate directly with each other. He also agreed that an "AIDS resentment complex" was emerging, when one programme within a ministry of health obtained more resources than others, thus stirring up resentment.

With particular reference to Dr Cabral's observations on the programme review process, he agreed that that had been too heavy in Mozambique. The programme review process had subsequently been redesigned to allow greater flexibility, with the creation of three levels of programme review. In some cases the thorough, intensive programme review that had been carried out in Mozambique would continue, but in others it would be replaced in some years by greater attention to the monitoring systems and to a lighter form of review which emphasized speed in identifying and resolving problems. The Global Programme on AIDS had managed to develop a consensus among all donors not to conduct individual reviews of the Programme. Programme reviews were now designed to meet the programme review needs of all the donors as well as the review needs of the Programme itself. In answer to Dr Cabral's question about KAPB - knowledge, attitudes, beliefs and practices - he explained that the B, for beliefs, had been inserted because experience had shown that it was important to identify the belief system of individuals as it could provide insights for the development of prevention programmes. He felt that KAPB could be intensified to avoid some possibly superficial problems of broad-survey data and to elucidate questions of cause, effect and influence which had to be understood in order to improve the programmes.

On the issue raised by Dr Ntaba concerning relationships between bilateral donors and countries, he assured the Board that every effort was being made to harmonize the process of mobilizing resources for AIDS, so that bilateral donors could contribute within the context of national AIDS plans, addressing the concerns of all parties involved in the most efficient way. Although the complexities of relationships between bilateral donors and the countries sometimes surpassed the Programme's capacity to harmonize the process, efforts had generally met with success. A coordinated process had been created to the benefit of all concerned, in which WHO supported government's capacity to coordinate the involvement of the many donor and other agencies concerned. That would make a substantial contribution to the capacity to view other issues in a coordinated manner and to ensure that national needs had priority when mobilizing resources for AIDS. Concerning Dr Ntaba's comment on the gap between individual national policies and the collectively agreed global strategy for the prevention and control of AIDS, he hoped that an effort would be made to draw the attention of Member States to such disparities. Many of the laws and policies regarding AIDS had been drawn up before 1988 when the resolution on the global AIDS strategy was unanimously adopted by the World Health Assembly. In some cases they lacked information now available and reflected earlier attitudes that had been replaced by a common strategy. To improve the efficiency of the AIDS programme in 1990 it would be essential to repeal some of the laws and regulations passed in earlier times that might even diminish the effectiveness of national AIDS prevention and control efforts.

The type of computer "virus" referred to by Dr Ntaba was a general problem and one that had been faced before by WHO. Everyone using computers should be aware of the risks attached to the use of unauthorized or unsolicited software. The diskette concerned had apparently been sent to the subscribers to a particular computer magazine as well as to all those who had attended the Fourth International Conference on AIDS held in Stockholm two years earlier. Anyone wishing for further information on the issue should contact GPA or the relevant technical units of WHO with expertise in that area.

In reply to Professor Kallings' question concerning actual estimates of seroprevalence and HIV infection, he said that it was estimated that at least six million people were infected, of whom at least three million were in Africa. The current estimate of AIDS cases was 600 000 worldwide, of whom 320 000 were in Africa, 220 000 in the Americas, 36 000 in Europe and less than 5000 in Asia and Oceania together. There were many ways of looking at seroprevalence and the severity of the epidemic, and he endorsed the basic thrust of Professor Thairu's comments that it was possible to distinguish between the global epidemic and those areas where it was most severe, namely, sub-Saharan Africa, parts of the Caribbean and Latin America and now also parts of South-East Asia.

In reply to Dr Bertolaso's question concerning orderly decentralization in Africa, he said that GPA was working with the Regional Office to develop the capacity to fully decentralize activities - a process that would take approximately two years. The Regional Director for Africa had emphasized that the process was reversible, so that if monitoring showed that decentralization reduced efficiency, appropriate adjustments could be made.

The inventory of AIDS research mentioned by Dr Bertolaso was not concerned with WHO research but was a list of research being undertaken by other institutions. WHO's particular interest was in operational and evaluation research. Collaboration with the European Economic Community was quite close - the Economic Community was a critical partner providing resources for the support of national AIDS programmes in the majority of ACP countries.

In reply to Dr Daga he said that GPA firmly believed in the importance of reproductive rights. In his own address to the International Conference on the Implications of AIDS for Mothers and Children held recently in Paris he had emphasized the need to take account of the rights and preferences of the women involved - it was not simply a question of recommending sterilization, abortion or contraception. Although it was a difficult issue, full consideration had to be given to the reproductive rights of women.

He agreed with Dr Daga that coordination of AIDS activities within a country was a crucial national responsibility.

He had noted the comments by a number of speakers on self-help organizations and the intersectoral nature of the response to the intersectoral nature of AIDS.

He agreed with Professor Santos that the world had become aware of the AIDS epidemic relatively rapidly. It could easily have gone undetected for a further five years or more but for a series of fortuitous circumstances: the discovery of human retroviruses just a few years earlier; the capacity to detect those viruses; the occurrence of HIV-associated disease in a country with a highly developed epidemiological surveillance infrastructure; the occurrence of HIV-associated disease in a narrowly defined group of individuals, both geographically and socially, who had themselves recognized that a problem was occurring; and the manifestation of HIV through the development of unusual opportunistic infections. If, for example, HIV had been manifested by an increase in bacterial pneumonia in the general population, it would have taken many more years to detect. Again, if the latency period between infection and disease had been 20 years instead of the average of 10 years detection might have been delayed perhaps by a decade. Every delay in detecting an epidemic could cost lives. WHO should therefore consider developing an early warning system for new viral epidemics - HIV was unlikely to be the last such disease to appear and on a future occasion the circumstances for detection might not be as fortuitous.

He welcomed the comments made by the Regional Directors for Europe and Africa.

Owing to time constraints, it had not been possible to answer every question in detail; however, GPA would be happy to pursue individual inquiries at any time.

He summarized the Board's extensive discussion by saying that, although the Member States and WHO had taken on a massive task, they were imbued with optimism as to what could be achieved. The discussion had been pragmatic and had repeatedly emphasized the importance of collective will in dealing with the epidemic. Board members had indicated that GPA should continue to challenge the status quo - it was possible to combine experience with bold innovations. The Board had given clear support and strong guidance. He reiterated, however, that the difficulties of the next phase of the epidemic were formidable. It was the first major epidemic of a new infectious disease in the modern world, and there was still the dilemma of uncertainty. The potential consequences of finding that vast resources had been invested but that the epidemic did not prove as serious globally as had been feared had to be balanced against those of making insufficient investment now only to find that the epidemic proved to be far more serious than feared. In the former case there would at least be the compensation of strengthened primary health care assistance and improved capacities to achieve health promotion. He interpreted the Board's comments to mean that GPA should not slow down but rather intensify its efforts. The Board's words were the only antidote to complacency and the Board's strength and will gave strength and will to the Programme.

The DIRECTOR-GENERAL said it was unfortunate that the misleading presentation of information on AIDS in the media had led to some confusion, since the media could prove a key element in transmitting correct messages associated with the activities of WHO and Member States, especially on primary prevention.

Dr Ntaba and other speakers had referred to the Paris Conference and Declaration. In his opinion, a draft resolution on the issue, as suggested, should be fully supported, since the Conference had been the first to focus specifically on the effect of AIDS on women and in particular on mothers and children. Programmes on women and health were particularly important in many developing countries around the world. The first evaluation of the Global Strategy for Health for All had showed that the illiteracy rate among women was increasing significantly - illiteracy was well known to be one of the major obstacles to the achievement of primary disease prevention campaigns, family planning, and primary health care as a whole. Primary health care could not be achieved without the participation of women; and without primary health care AIDS prevention would also be impossible. In future, therefore, WHO should place greater emphasis on women and health in the broader context of education for all, in association with other United Nations agencies, and in order to involve women more closely in activities for health for all. The prevailing situation was deteriorating - one of the first adverse effects of economic structural adjustment in many developing countries (and a sign of poverty itself) was the increasing illiteracy rate and the declining number of women attending schools. It was most timely that WHO had decided that the theme for World AIDS Day on 1 December 1990 would be AIDS and women, and he hoped that associated discussions would look at the broader issues of health, women and AIDS.

A number of speakers had commented on issues related to AIDS research and development. There were parallels with developments in the Social Programme for Research and Training in Tropical Diseases, which had been running for some 15 years and which would be discussed under agenda item 17. The Programme had addressed two main issues: infrastructure development, together with associated training and institutional strengthening; and the identification and ultimate production of diagnostic and therapeutic tools that could be utilized for tropical disease control. Taking account of the time and money spent over the first 10-15 years, relatively few new products had been developed and effectively applied. It was therefore essential to review AIDS research objectives and policies in the light of the particular aspects of the disease and in terms of strengthening both the research capabilities themselves and research coordination and management at all levels. Unless the two aspects were developed together, successful research results would take even longer to obtain. Experience with tropical diseases research had shown just how long it took to translate or convert existing knowledge into practical measures.

Dr Mann had rightly indicated that the sexually transmitted diseases programme was largely concerned with diagnosis and treatment, while AIDS was concerned with primary prevention. However, he agreed that the two programmes should start to look together at

the possibilities of using experience gained in the sexually transmitted diseases programme for the secondary prevention of AIDS, should advances make that possible. At present, of course, primary prevention was the only major tool for AIDS control.

It was clear that current AIDS research was not as well coordinated as it might be at country level; WHO should play a more important role in that respect. In reply to Sir Donald Acheson's question concerning collaboration with the pharmaceutical industry in respect of both diagnostic and therapeutic measures for AIDS control, he said that informal discussions had taken place on a number of occasions, which included the World Economic Forum held each year in Davos. The industry was currently examining research policies but did not appear to be concerned with setting up research infrastructures, perhaps feeling that individual researchers were more likely to suggest innovative approaches. It was important for WHO, with the Board's support, to give a clear message to those individual researchers regarding the priorities in AIDS research. WHO also had formal contacts with the International Federation of Pharmaceutical Manufacturers Associations and a number of research institutions, and with governments, in particular through drug regulatory authorities, with the aim of accelerating and guiding rapid development of both diagnostic and therapeutic tools.

On such issues, it was important to make use of WHO's past experience, experience of both a positive and negative nature, and to improve communications within the Organization at global, regional and country levels and between those levels. That was one of the reasons for the new information and communication arrangements in WHO. It was also hoped that they would improve WHO's relations with the media so that the realities of the health situation would be transmitted to the people as well as WHO messages, inter alia, as to how control of diseases, including AIDS, could be achieved.

Dr NTABA requested a clear response from the Secretariat regarding the painful truths touched on by the representative of the Commonwealth Secretariat, and particularly his reference to the screening of African students by Western health authorities. Taken together with the remarks by Dr Reilly on confidentiality, Professor Thairu's statement suggested that the Secretariat should perhaps re-examine its AIDS prevention and control strategies in developing countries.

The DEPUTY DIRECTOR-GENERAL said that, at its most recent meeting, the GPA Management Committee had raised the issue of discrimination, about which it had expressed concern.

WHO's approach, as the Secretariat saw it, must be to insist on strict compliance with its resolutions on AIDS. Should it become aware that those resolutions were not being respected, the Organization must seek to establish a dialogue with the Member State concerned, and it must work with diligence and flexibility to ensure an end to any discrimination. That dual approach of firmness and flexibility was already being applied by Dr Mann and his staff, and it was to be hoped the San Francisco Conference would reaffirm it as part of the solidarity called for in the struggle against AIDS.

Regarding the comments about AIDS truly being a disaster in Africa, he said vigilance and flexibility were called for in that context as well.

Dr MANN (Global Programme on AIDS) said the Global AIDS Strategy contained a number of key elements. Where they had been applied, there was evidence of change in behaviour and a reduction in rate of spread. The problem was not the strategy, but its application. Providing targetted information to people in relevant health and social services in a non-discriminatory environment took a vast amount of time, energy and, most importantly, infrastructure: where it did not exist or was weak, the strategy's pace was necessarily diminished.

There were population groups in different parts of the world, including Africa, however, where a dramatic change in the rate of new infection from an epidemic to a very low level had been achieved exclusively through the behavioural changes promoted in the Global Strategy. On the other hand, wherever coercive and punitive approaches had been applied, there was absolutely no evidence of a programme's effectiveness.

The traditional public health practices so often referred to had in most cases not proven their efficacy. Despite many myths about the role of quarantine and isolation, for example, it was clear that only under a very limited set of circumstance were such

approaches ever viable. Approaches used in the past tended to be overvalued, and scientific evidence of whether they had worked was not sought. Yet it was important to find out how to improve the strategies, and not simply to revert to earlier ideas of how to control infectious disease that on close scrutiny often turned out to be illusory in their actual value.

If there was one breakthrough he and his staff were hoping for, it was to be able to intensify the Global Strategy's application many times over in parts of the world currently suffering from an epidemic that was, indeed, increasing to disastrous proportions. The basic essence of how to improve the strategies was known: if the political and social will to intensify the necessary work could be achieved, it could, and would, be done.

The CHAIRMAN invited the Rapporteurs to prepare a draft resolution on the item, for consideration by the Board at a later meeting.

The meeting rose at 13h35.

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