AIDS: a glance back, a look forward

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Faced with an unprecedented epidemic, the world community took an unprecedented step on 1 December 1994 – World AIDS Day. Heads of government and their representatives from 42 developed and developing countries around the world met in Paris to sign a Declaration pledging stepped-up action on AIDS research, prevention, patient care, and collaboration with people living with AIDS.

Co-organized by the Government of France and the World Health Organization, the Paris AIDS Summit brought to a close WHO’s eighth consecutive year of support to countries worldwide striving to slow the spread of HIV, the virus that causes AIDS, and cushion the disease’s impact on individuals, families and communities. Since 1987, when the Global Programme on AIDS (GPA) was established, GPA has worked directly to help national AIDS programmes start up, operate efficiently, and draw on ethical and effective control methods.

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Prevention and care: old tools and new

Ensuring that national AIDS programmes have the best possible tools at their disposal requires research and development. From its global vantage point, GPA helps assess prevention and care methods tried out around the world, and adapts the effective ones for use in developing countries, where 90% of the world’s HIV-positive people live. GPA also funds, coordinates and undertakes research of its own to find improved ways of challenging AIDS.

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Research into AIDS. One of WHO’s top priorities is to foster the development of a vaccine against AIDS.

Strengthening national AIDS programmes

National AIDS programmes, which had been small-scale programmes based mainly in the health sector, must today coordinate a wide range of activities carried out and financed by many different participants and sectors. To help them meet this major managerial challenge, GPA has stepped up its support in the areas of programme planning, reviewing, monitoring and impact evaluation. For example, senior management from over 50 developing countries have already benefited from GPA’s intensive 10-day programme management course.

Throughout 1994, multidisciplinary GPA teams stationed in many developing countries continued to provide on-the-spot technical assistance, for example with condom promotion, programmes for injecting drug users, and home-based care of AIDS patients. A further ongoing service to national AIDS programmes is the procurement of low-cost condoms and test kits for ensuring safe blood supplies.
1992, when the Programme started training local researchers in Brazil, Thailand, Uganda and Rwanda, and providing vaccine developers with virus strains circulating in developing countries. (Unfortunately the trial site infrastructure in Rwanda has been destroyed by the civil war.)

A long-neglected area is the development of barriers to the sexual transmission of HIV that women can use, if necessary without the knowledge of their male partner. 

(Condoms, the traditional barrier, require active male cooperation.) Microbicide foams or creams that can be applied to the vagina before intercourse are now on the agenda of international agencies and the pharmaceutical industry. Safety trials have begun, to ensure that even repeated application does not damage the delicate vaginal lining and hence increase, rather than decrease, women’s risk of HIV infection.

So far, only about a quarter of all those infected with HIV have progressed to the severe stage of illness called AIDS. To help countries anticipate the massive needs for comprehensive care (not only medical treatment and nursing but also counselling and social support), GPA conducts training, provides treatment guidelines and other materials, and supports district-level planning, for example in Ghana, India, Nigeria, Thailand, Uganda and Zambia. In Action for children affected by AIDS, published recently with UNICEF, GPA draws out the practical lessons learnt about helping orphans and children living with parents with HIV/AIDS. In the past year GPA has also devoted considerable attention to the conventional sexually transmitted diseases (STDs). A major public health problem in their own right, with 150-300 million curable cases a year worldwide, STDs also multiply the risk of HIV transmission: an individual with an untreated STD is perhaps 5-10 times more likely to acquire or pass on HIV during sex. GPA’s new STD management guidelines include an innovation in patient care: syndromic case management. Briefly, this enables patients to be examined, diagnosed and treated in one visit without any need for laboratory tests – often unavailable in developing countries.

To date, about 50% of all HIV infections have been in teenagers and young adults under 25. A recent GPA analysis suggests that, in places with long-standing epidemics, the figure may be as high as 75%. Clearly, young people urgently need the facts about HIV/AIDS and the skills to delay sex and refuse unsafe sex and drug use. To help schools take up this challenge, GPA has just published, with UNESCO, a resource package for curriculum designers, teachers and students entitled School health education to prevent AIDS and STDs.

Advocacy

The prevention of AIDS hinges on educational messages and policy decisions which, many people feel, condone or even encourage questionable behaviour. GPA’s curriculum package, for example, may not be utilized so long as teachers and parents believe that school AIDS education increases sexual activity among adolescents. (A GPA review of existing studies shows that if anything, it does the opposite.)

GPA thus invests a great deal of time in explaining why prevention methods such as school AIDS education are effective and not harmful. GPA also advocates compassionate care and support of those living with HIV and AIDS, and urges close collaboration with the communities most affected. It argues for the empowerment of women, millions of whom are unable to negotiate safe sex or leave a relationship that puts them at risk. GPA advocates against too – against coercive measures such as mandatory HIV testing which not only flout human rights but threaten to make the epidemic worse, by driving people away from prevention and care programmes.

The years ahead

The roots and repercussions of AIDS extend far beyond the health sector – which is why ministries of education, labour, finance and planning, to mention just a few, are increasingly part of the national response to the epidemic. At the international level too, an unprecedented joint and cosponsored United Nations programme on HIV/AIDS is being built up by WHO and five other cosponsors – UNDP, UNESCO, UNFPA, UNICEF and the World Bank.

The joint programme, which is to be fully operational by January 1996, will provide a unified UN system response to the pandemic – a firm base on which communities worldwide can rely for support in the years ahead as they strive to reduce the spread of HIV and soften the pandemic’s harsh impact on those already affected.

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