



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTE

AIDS/CPA/86.3

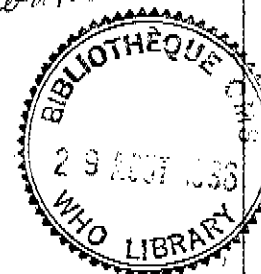
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*Acquired immunodeficiency Syndrome - Economics
- prevention and control*

REPORT OF

MEETING OF PARTICIPATING PARTIES
FOR THE PREVENTION AND CONTROL OF
ACQUIRED IMMUNODEFICIENCY SYNDROME

Geneva, 28 June 1986

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I Introduction

The Second Meeting of Participating Parties for the Prevention and Control of Acquired Immunodeficiency Syndrome (AIDS) was convened in Geneva on 28 June 1986. Representatives from 27 countries and the World Bank attended the meeting. The objectives of the meeting were to review the revised document, "Global WHO Strategy for the Prevention and Control of AIDS: Projected Needs for 1986-1987" (AIDS/CPA/86.2), and to discuss the organizational and financial implications of this strategy.

Dr S.K. Litvinov, Assistant Director-General, welcomed the participants to this meeting and introduced Dr H. Mahler, Director-General of the World Health Organization, who attended the meeting in its entirety. Mr E. Fill was nominated as chairman and Dr I. Ndoye and Dr D.A.J. Tyrrell were selected as rapporteurs.

II Background

A consensus on the need for a global strategy for AIDS and human immunodeficiency virus (HIV) control has emerged from discussions at the national and international levels. The fundamental concepts underlining this consensus include the following:

1. AIDS and HIV infection represent an international health problem;
2. HIV infection is an adverse health outcome of profound personal and public health importance;
3. coordinated action at the national, regional and global levels is required to deal with HIV infection;
4. neither a vaccine nor a therapy effective against HIV is likely to become available for at least the next several years;
5. the global control effort will be long-term;
6. HIV infection represents an unprecedented challenge to public health which will require unprecedented solutions; and
7. HIV control must be part of primary health care.

Reports and analysis from the Second International Conference on AIDS (23-25 June 1986, Paris, France) reconfirmed the lack of substantial progress towards a vaccine or treatment, the global scope of HIV and the broadening range of adverse health outcomes associated with HIV infection. In addition, the themes of cooperation (inter-disciplinary, international) and of shared commitment to a long-term effort in AIDS prevention and control characterized the Conference discussions.

III Global Strategy

In response to requests and demands from many different countries, the World Health Organization has developed a specific plan of action, based on the recommendations from Member States, Regional Offices, and the network of WHO Collaborating Centres on AIDS. The plan of action, presented in the "Global WHO Strategy" document, delineates a set of global/regional responsibilities as well as national activities for AIDS prevention and control.

Headquarters/regional activities include:

1. exchange of information;
2. development of technical guidelines and manuals;

3. assessment of tests for HIV infection;
4. cooperation with Member States in the design and implementation of national AIDS prevention and control programmes;
5. advice on the provision of safe blood and blood products; and
6. coordination of research (e.g. vaccine, antivirals and simian retroviruses).

At the national level, a governmental commitment is a prerequisite to active engagement in AIDS prevention and control. The national will to confront the AIDS problem is expressed in the creation of a National AIDS Committee (NAC) with broad representation of governmental and non-official health, education, communication, social science and other relevant sectors. As a first step, initial assessment of the epidemiological situation of HIV and of existing national resources to support AIDS prevention and control is recommended. Based on these assessments, the several key components of the national programme (surveillance/epidemiology, laboratory, clinical and prevention) can be designed and implemented.

AIDS has the potential to affect the operations of a wide range of existing health programmes and public health priorities. For example, immunization programmes must be concerned about HIV transmission through inadequately sterilized injection equipment and the risk of providing live viral vaccines to HIV-infected children (1-2 % of healthy children in some areas of Africa are already HIV-infected). Maternal and child health programmes must consider the major problem of perinatal transmission as well as the potential of HIV transmission through breast milk.

However, AIDS prevention and control efforts could also generate mutual alliances with existing health programmes. For example, AIDS and sexually transmitted disease control programmes have a common interest in effective educational intervention activities. Mutual concern about AIDS could be constructively guided to assist hospital and other medical (e.g. dental) infection control programmes. In general, AIDS prevention and control must be supportive of, and integrated within, primary health care. Specifically, the intersectoral approach, which avoids vertical programmes, emphasizes the integration of activities within a mutually supportive and reinforced national health system. This approach must govern the design of national AIDS prevention and control programmes.

WHO outlined the specific steps taken since the first Meeting of Donors for the Prevention and Control of AIDS, held from 21-22 April 1986 in Geneva, Switzerland. An established network of WHO Collaborating Centres on AIDS has been actively providing technical input (the terms of reference of Collaborating Centres are listed in Annex A). The first set of guidelines for AIDS prevention has been issued, a series of consultations have been held with expert groups (blood and blood products, public health education, communication/social marketing) and two workshops on the laboratory aspects of HIV screening and diagnosis have been conducted. Further, since the First Meeting of Participating Parties in April, over 100 technical experts in epidemiological, laboratory, and clinical aspects of AIDS as well as in communication/education and behavioural science have been identified for technical assistance to AIDS prevention and control work at the global/regional or national level. In January 1986, the Executive Board reviewed the global strategy and approved a resolution endorsing the Director-General's report on WHO activities for the prevention and control of AIDS (EB77.R12, 17 January 1986). Finally, in May 1986, the World Health Assembly approved a resolution sponsored by 23 Member States which endorsed the global strategy and requested WHO to cooperate with Member States in assessing the problem of HIV infection; to assist in implementing national and collective programmes for the prevention and control of AIDS; and to seek the necessary extrabudgetary resources for this work (WHA 39.29, 16 May 1986).

During the Second Meeting, participants agreed that a national strategy was a valuable framework, and that the details of such a strategy required careful development in accordance with local needs, values and resources. The need to integrate AIDS prevention and control activities within the existing health structure and primary health care strategies was repeatedly emphasized. The potential for mobilizing public and professional interest in AIDS to the benefit of existing programmes with related interests (e.g., sexually transmitted disease control, hospital infection control, immunization programmes) and the natural potential alliances between AIDS and other disease control programmes, were also highlighted. WHO was encouraged to assist countries in developing their national programmes and in implementing practical interventions based on sound educational strategies.

IV Organizational and financial implications of the global strategy

The Control Programme on AIDS (CPA) in WHO headquarters is now staffed with a coordinator (responsible officer) and a secretary. Current plans call for the recruitment of a second medical officer (from regular budget funds), as well as the creation of two posts for administrative support (from extrabudgetary sources).

The proposal to create a Steering Committee with representatives from the Participating Parties, the Collaborating Centres on AIDS, and international organizations was favourably received by the meeting participants. The Steering Committee would be involved in policy discussions, as well as in the review of the programme activities and the budget. The Steering Committee would be organized to ensure minimal bureaucracy, optimal flexibility and speed of response, all of which were judged important in the rapidly evolving area of global AIDS control.

The proposed budget for the 1986-1987 biennium was contained in the document, "Summary of Financial Requirements for the WHO Strategy for the Prevention and Control of AIDS" (Annex B). In addition to the US \$1,150,000 committed by WHO for the 1986-87 biennium, US \$2.6 million were required for global coordination and control activities and US \$8.0 million were required to support 20 national AIDS prevention and control programmes (at an average cost per country of US \$400,000 for initial implementation and first year operation). The widely varying potential needs of individual country programmes were stressed, including such variables as geographical size, population, and existing infrastructure. The US \$8.0 million request was identified clearly as an estimate reflecting the costs of a feasible level of activity for the biennium.

During discussions, the participating parties emphasized the need to share information and coordinate bilateral AIDS research and prevention/control programmes with WHO as well as strengthen inter-sectoral resources for AIDS prevention and control.

V Specific activities proposed for the period July - December 1986

Depending on the level of resources available to the programme, CPA proposed the following activities for the remainder of 1986:

1. Invite interested countries, through the Regional Offices, to indicate their needs and list their requests in order of priority, and to coordinate the development of five national AIDS prevention and control programmes.
2. Establish an AIDS Steering Committee and select technical working groups.
3. Perform a global survey of current epidemiological, laboratory, clinical and prevention activities (national, bilateral, multinational) in AIDS.

4. Develop a broad public information/education strategy, including the following elements:
 - a) conceptualize the fundamental issues, develop prevention messages and supporting guidelines;
 - b) engage the media in an active dialogue on AIDS and global AIDS prevention and control;
 - c) develop public health communication strategies in accordance with the recommendations of the Meeting on Educational Strategies for the Prevention and Control of AIDS;
5. Develop research agenda for CPA, involving both short-term operational research and long-term research needs in support of AIDS prevention and control programmes.

VI Participating parties' reactions and responses

The participating parties commended WHO on the speed and quality of its administrative programme development. The "Global WHO Strategy" document was considered to be well-formulated and complete, and the revisions suggested during the first meeting of participating parties had been well integrated into the final document.

The consensus that AIDS represents a unique challenge to public health and to all levels of society was reflected in many comments from country representatives. The need to integrate AIDS prevention and control initiatives within the existing structures of other health programmes, in the context of primary health care as defined by WHO, was repeatedly emphasized.

A consensus regarding the need to share information on bilateral AIDS programmes in an open and timely manner was expressed, and the suitability of WHO as global AIDS coordinator was reaffirmed.

WHO was asked to review its plans for staffing of the CPA and concerns were expressed that the proposed staffing plan may be inadequate to meet the demands of the new programme.

Financial commitments to the global WHO Control Programme on AIDS were made by several countries. Most donor countries, however, expressed support for the programme and indicated the need to consult with their governments before making a specific commitment to WHO. Participating parties agreed that all reasonable efforts would be made to reach a decision regarding financial contributions and that these decisions would be communicated to WHO.

WHO was assured of strong support for its leadership role in coordinating the global AIDS prevention and control activity.

VII Conclusions

1. Participants concurred that AIDS represents a unique challenge to public health as well as to society. The extraordinary potential of AIDS to undermine progress and interfere with the attainment of child survival initiatives and Health for All by the Year 2000 was emphasized. Participants stressed the need to approach AIDS prevention and control within the context of primary health care.
2. Participants concurred that national AIDS control programmes would be ineffective without a global strategy; the suitability of WHO as coordinator of global AIDS prevention and control was reaffirmed. In addition, a general consensus was expressed regarding the need to share information on bilateral AIDS programmes with WHO in an open and timely manner.
3. Participants commended WHO on the quality of its efforts to conceptualize, design and staff the global AIDS control programme. Participants endorsed the document "Global WHO Strategy" and indicated that the revisions suggested during the first Meeting of Donors had been well-integrated into the final document.

4. Participants requested that WHO review its staffing plans for the global programme, given the exceptional demands made of this new programme.
5. Several participants made specific financial commitments to the Global WHO Programme on AIDS. Most donor countries, however, expressed support for the programme and indicated the need to consult with their governments before making a specific commitment to WHO.
6. Participants urged WHO to proceed aggressively with an outline of programme activities, including the establishment of a Steering Committee, the exchange of information regarding bilateral AIDS control activities, public information and education, and cooperation with Member States in the design and implementation of national AIDS prevention and control programmes.

TERMS OF REFERENCE

WHO COLLABORATING CENTRES ON AIDS

1. Advise on surveillance of retrovirus diseases, particularly AIDS; AIDS-related Complex (ARC) and HIV infections.
2. Advise on epidemiological investigations on AIDS and related conditions.
3. Collate epidemiological and other pertinent information and make it available to WHO.
4. Design and participate in WHO collaborative studies to determine the natural history of the disease.
5. Provide laboratory reference services in consultation with WHO.
6. Advise on serological testing systems for retroviruses, HIV.
7. Provide reference panels of sera.
8. Advise on the production of working reagents.
9. Prepare test guidelines.
10. Training laboratory and public health personnel.
11. Organize meetings on behalf of WHO.
12. Undertake studies on the safety of blood-derived products in respect to HIV.
13. Collaborative studies to assess the reliability, sensitivity of assays to detect and characterize antibody, virus antigen and infectious virus for HIV.
14. Studies on simian T-lymphotropic retrovirus related to the safety of viral vaccines and reagents prepared from simian substrates.

SUMMARY OF FINANCIAL REQUIREMENTS FOR THE WHO STRATEGY
FOR THE PREVENTION AND CONTROL OF AIDS

I FUNDS COMMITTED BY WHO FOR THE HEADQUARTERS CONTROL PROGRAMME ON AIDS (CPA)
1986-1987

	<u>Allotted</u> <u>US \$</u>
A. Salaries and Allowances (support to two CPA posts)	238 000 ^{1/}
B. Support for Exchange of Information, including regional/global meetings, development and distribution of guidelines, preparation and distribution of information kits, etc.	212 000
C. In-kind and direct support by WHO Headquarters and Regional Offices	650 000
D. Research	35 000
E. Data Processing Equipment	15 000
 TOTAL FUNDS COMMITTED BY WHO FOR 1986-87 BIENNIUM	 <u>1 150 000</u>

^{1/} This total does not reflect the in-kind contribution made by the US Centers for Disease Control through the secondment of Dr J. Mann to the WHO Control Programme on AIDS, nor the in-kind (personnel) contributions made by other WHO programmes such as BLG*, CDS*, HLE*, MED*, PSS*, who provide assistance in the review and compilation of information as well as preparation of AIDS material for distribution.

* BLG - Biologicals
CDS - Division of Communicable Diseases
HLE - Health Legislation
MED - Media Service
PSS - Programme Support Service

ANNEX B

II ADDITIONAL EXTRABUDGETARY RESOURCES REQUIRED BY WHO TO SUSTAIN ITS
ACTIVITIES IN THE GLOBAL COORDINATION AND CONTROL ACTIVITIES

	<u>US \$</u>
A. Exchange of Information	112 500
B. Preparation and distribution of guidelines	160 000
C. Assessment of diagnostic methodology	415 000
D. Cooperation with Member States	1 811 000
E. Coordination of research	20 000
F. Administrative support for Control Programme on AIDS	78 000
 TOTAL BUDGET ESTIMATE (extrabudgetary resources) FOR 1986-1987 BIENNium	 <hr/> 2 596 500 <hr/>

ANNEX B

III FINANCIAL REQUIREMENTS FOR NATIONAL AIDS PREVENTION AND
CONTROL PROGRAMMES - PER COUNTRY

Annex B of the Global WHO Strategy for the Prevention and Control of AIDS (AIDS/CPA/86.2) summarizes, on page 18, the principal components for national AIDS control programmes. WHO will make available its coordinating and technical support in the development of such national programmes, working closely with the National AIDS Committees which will need to be established at the country level before a comprehensive plan on AIDS can be fully developed. The principal components in each country should be:

- an initial assessment of the HIV problem;
- the establishment of a surveillance system;
- the development of national laboratory capabilities for epidemiological, clinical and prevention activities;
- development of programmes for clinical care;
- development of intervention programmes which are designed to reduce disease transmission individuals/communities potentially at risk for this infection.

The budgetary requirements for individual countries will vary according to the size of the Member States, the volume of testing required in the national setting once the programme is established, and the severity of the HIV/AIDS problems confronting that particular geographic area. Detailed budgetary projections are available in the estimates listed on pages 23-27 (Annex C) of the document mentioned previously.

In summary, it is estimated that individual country programmes will require between US\$ 320 000 and US\$ 700 000 for initial implementation and first year operation. Because these countries must confront a complex HIV problem superimposed upon the already severe public health problems of the developing world, it is assumed that a Member State would not be able to fund more than 15 - 30% of the costs involved in such a programme. Thus, external assistance in this area would range from \$200 000 to \$600 000 per Member State depending on the size of the country and the complexity of the problem. WHO is prepared to collaborate with over twenty Member States in the implementation of national AIDS Control Programmes within the 1986 - 1987 biennium should the necessary financial assistance be available.

WHO will provide global coordination and guidance as well as technical support in national programme development and implementation. In some cases, the role of WHO in the individual countries will be more important than in others, depending on the level of national expertise and available facilities. In most cases, the financial support to individual countries could be provided by bilateral development assistance mechanisms. However, WHO is prepared to be the medium for channelling such support, especially where its role in the national programme is important in terms of technical support and operational involvement, and should a particular country or donor so wish.

IV FINAL SUMMARY OF FINANCIAL REQUIREMENTS - 1986/1987

	<u>US \$</u>
A. Funds already committed by WHO for the biennium 1986-1987	1 150 000
B. Additional resources required by WHO for its global coordination and control activities, 1986-87	2 596 500
C. Financial requirements of National AIDS Prevention and Control Programmes (<u>average per country</u> for initial implementation and first year operation \$ 400 000)	
20 potential countries (20 x \$ 400 000)	8 000 000

ANNEX C

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