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MEETING OF DONORS FOR THE PREVENTION AND CONTROL OF ACQUIRED IMMUNODEFICIENCY SYNDROME

Geneva, 21 - 22 April 1986

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I Introduction

A meeting of potential donors for the Prevention and Control of Acquired Immunodeficiency Syndrome (AIDS) was convened in Geneva on 21-22 April 1986. Representatives from Australia, Austria, Belgium, Canada, Denmark, Finland, France, the Federal Republic of Germany, Japan, Netherlands, Norway, Sweden, Switzerland, the United Kingdom and the United States of America (USA) as well as from the Commission of European Communities (CEC) and the World Bank attended the meeting. The objectives of the meeting were to review the current worldwide epidemiological situation regarding LAV/HTLV-III infections; to consider proposed activities for the prevention and control of LAV/HTLV-III infection during the 1986-1987 biennium, and their international coordination; and to identify programme areas where extrabudgetary funds may be required to implement prevention and control activities for LAV/HTLV-III infection.

II Background

A summary of current knowledge on AIDS in the developed and the developing world, antiviral therapy and vaccine development, and prevention strategies was presented.

The United States has reported the largest number of AIDS cases (nearly 20 000) and approximately 1 million of its residents are estimated to be infected with LAV/HTLV-III. Whereas the CDC/WHO AIDS Case Definition has proved to be useful for surveillance purposes, the "iceberg" aspect of AIDS and the spectrum of LAV/HTLV-III infection from seropositivity to AIDS-Related Complex (ARC) and to AIDS must be taken into account. The male:female ratio in adults is 8:1 while the respective ratio in paediatric AIDS patients in the USA is 1:1. Sexual transmission in adults occurs from male to female and female to male, as well as from male to male, and has been well documented. Eighty-five per cent of AIDS cases in the USA occur in 20-49 year olds. Although the vast majority are homosexual or bisexual males, transmission also occurs among intravenous drug abusers who share unsterile needles. Paediatric AIDS cases have occurred primarily through transmission from infected mother to child, before, during, or shortly after birth.

LAV/HTLV-III seroprevalence among homosexual males in a number of USA cities ranges from 44-75%, compared with a 0.04 % prevalence among blood donors. Doubling time of AIDS cases in the USA has increased from 8 to 14 months. The decrease in the incidence of syphilis and rectal gonorrhea among homosexuals in several USA cities may indicate possible modification of sexual behaviour in this high-risk group. Although the distribution of cases may vary according to risk group worldwide, no mode of transmission other than sexual contact, blood/blood products and mother-to-child has been identified.

Cases currently reported from the developing world to WHO do not accurately reflect the true scope of the problem. While the modes of transmission are fundamentally the same as in the developed world, bi-directional heterosexual transmission is predominant. This is reflected, in Africa, by a 1:1 male to female AIDS case ratio. The annual incidence of AIDS in some African cities may exceed the incidence in New York City. While interpretation of early seroepidemiological studies was limited due to false positive ELISA tests, current estimates suggest that in some parts of Central

Africa between 4-8% of "healthy" adults are LAV/HTLV-III seropositive. Extrapolations of limited data from various areas in Africa suggest that approximately 2 million African adults may already be infected and therefore 20 000 new cases may be occurring each year in the immediate future. The situation could worsen with the spread of the disease into other areas. Prevalence of antibodies to LAV/HTLV-III among prostitutes in several countries ranges from 30% - 90%.

Studies indicate that 8-10% of women attending prenatal clinics in some African cities are LAV/HTLV-III seropositive. In these areas, 2-4% of all newborns may be infected (assuming that 25-50% of newborns of seropositive mothers become infected). In addition, in some areas, 10% or more of all hospitalized children are LAV/HTLV-III seropositive; many are suffering from illnesses suggestive of paediatric AIDS or ARC. The potential impact of LAV/HTLV-III on infant mortality could overshadow the child survival initiatives. The use of unsterile needles and syringes in various settings represents an important risk factor for LAV/HTLV-III transmission in Africa. Blood transfusions are also implicated in transmission and, in some areas, 4-8% of blood donors are seropositive. Since many transfusions involve a single unit and may not be absolutely necessary, intervention efforts must be directed to this area. Association between LAV/HTLV-III and endemic diseases in Africa (e.g. tuberculosis and possibly malaria) may further complicate the individual and public health management of these conditions.

LAV/HTLV-III infection is expanding into East Africa. Asia appears to have a small number of cases but has the potential for widespread LAV/HTLV-III infection; every effort should be made to prevent such an expansion. The Caribbean was noted to have risk factor patterns similar to Africa while the risk factors in Latin America (e.g. Brazil) appear similar to those in the USA. Although no case of AIDS has been associated with the Expanded Programme on Immunization (EPI), particular efforts should be made to ensure that only sterile needles and syringes are used.

In North America, Europe and Australia, treatment directed at the individual opportunistic infections has, in some cases, been successful but has not influenced the underlining immunodeficiency. Stimulation of the immune system has been attempted, but in most cases unsuccessfully, with thymus extracts, gamma interferon, interleukin-2, and other immunomodulators. Efforts at interfering directly with virus replication by inhibition of viral reverse transcriptase are currently under investigation. Inhibition of proteinases which split virus precursor proteins has shown promise with other retroviruses. Most antiviral drugs used have pronounced toxicity. Suramin, ribavirin, foscarnet, HPA-23, rifamycins and azidothymidine have been or are currently being clinically evaluated. Of these, azidothymidine and foscarnet are the least toxic and most efficient drugs, but neither provides so far a generally applicable and effective therapy.

Development of an effective vaccine may be difficult because of the variation of antigenic epitopes of different LAV/HTLV-III strains. Unlike many other viruses, an attenuated LAV/HTLV-III (or related) vaccine poses many theoretical and practical problems and does not appear to offer a solution to vaccination in the foreseeable future. Other approaches, such as recombinant vaccines, seem more promising.

Major strategies for the prevention and control of spread of LAV/HTLV-III include prevention of sexual transmission through information and education on risk reduction. While recognizing that modifications of sexual behaviour are difficult to achieve, studies were recommended that would identify the

specific risk factors and practices for each country. Currently, the use of condoms represents one of the available strategies which can reduce the risk of contracting the disease. Prevention strategies should be integrated within existing programmes for primary health care, sexually transmitted disease control and family planning.

Transmission of LAV/HTLV-III by blood transfusions can be reduced by: 1) screening blood donations for antibodies to LAV/HTLV-III; 2) donor education and self-deferral; and 3) by limiting transfusions to strict medical indications (e.g., sharply curtailing the practice of single unit transfusions to adults). Blood products for persons with haemophilia or coagulation disorders should be manufactured from plasma known to be free of LAV/HTLV-III antibodies and should, in addition, be treated to inactivate any virus which may be present. An overall reduction in the use of injections and the effective sterilization of reusable needles and syringes between each use (including immunization), will reduce parenteral exposures to LAV/HTLV-III. In some settings, reusable syringes and needles should be made available to avoid the reuse of disposable equipment. The reduction of LAV/HTLV-III transmission among drug abusers cannot be achieved by provision of clean equipment only, but requires comprehensive programmes directed towards underlying causes of the abuse. Attention should also be given to use of sterile equipment for skin-piercing practices such as circumcision, tatooing, scarification, ear piercing, etc. Perinatal transmission can be prevented by counselling seropositive women not to become pregnant; this raises the possibility that screening women of child-bearing age may be useful in some situations.

III WHO Programme

The global aspects of the WHO Programme on AIDS were discussed. Through its network of collaborating centres on AIDS, its regional offices and units at headquarters, the World Health Organization will:

1. Exchange information;

2. Prepare and distribute guidelines, manuals, educational materials;

3. Assess commercially-available anti-LAV/HTLV-III test kits; promote the development of more simple and less expensive tests for field application; and establish WHO reference reagents;

4. Cooperate with Member States in the development of national programmes/actions for the containment of AIDS infections;

5. Advise Member States on the provision of safe blood and blood products; and

6. Coordinate research in particular on: a) development of therapeutic agents and vaccines; and b) primate retroviruses (simian and human).

To accomplish these tasks WHO will:

1. Facilitate the exchange of information through the Weekly Epidemiological Record (WER), press kits, automatic telex and the media;

2. Establish WHO reference reagents and coordinate training workshops to improve national laboratory capabilities for LAV/HTLV-III testing;

3. Establish a global surveillance system to monitor LAV/HTLV-III infection as well as AIDS occurrence and spread;

4. Provide epidemiological and laboratory assistance for countries to assess the extent of their problem, establish the capability to diagnose AIDS in their own countries, provide laboratory confirmation of the diagnosis, recommend control/prevention interventions and assist in the development of indigenous laboratory capability;

5. Work closely with the designated collaborating centres to provide the technical support and research required by countries; and

6. Help ensure the safety of the world's blood supply by establishing the capability to screen blood for transfusion for anti-LAV/HTLV-III;

7. Establish a formal administrative unit in WHO Headquarters in Geneva.

During 1984-1985, WHO provided funds for AIDS activities from its regular headquarters and regional budget allocations, and has thus far allocated an estimated US $1,150,000 (one million one hundred and fifty thousand US dollars) for the 1986-1987 biennial budget including 2 permanent posts to staff the Headquarters Control Programme on AIDS*. WHO funds will be considered for the 1988-1989 budget cycle. While the current allocations are substantial for WHO, particularly during this period of major fiscal constraints, the financial allocations will be inadequate for the required task, and extrabudgetary support will be required.

The major components of the National AIDS Control Programme strategy were presented, starting with the need for explicit willingness at the national level to confront the complex problems associated with LAV/HTLV-III.

A. Formation of a National AIDS Committee

A comprehensive plan on AIDS begins at the operational level with creation of a National AIDS Committee, under the auspices of the Ministry of Health. The Committee would coordinate national AIDS activities, collect and maintain documentation, and design and evaluate the key components of the control programme.

B. Initial Assessment

In order to design the principal components of the national programme, an initial epidemiological and resource/infrastructure assessment is needed. These assessments are designed as a "package" to be conducted within a relatively brief (4-8 week) period. The epidemiological assessment would determine the prevalence of LAV/HTLV-III in selected areas and analyse

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* In addition, human resources equivalent to an estimated 6 person-years from other technical areas of the Organization are being made available during this biennium to assist in this public health effort.

existing information on the national LAV/HTLV-III epidemiological situation. The resource/infrastructure assessment would determine the ability of the existing health system to support the epidemiological, laboratory, clinical and prevention components of the national programme.

C. Epidemiology/Surveillance

Based on the findings of the initial assessment, a surveillance system will be established to provide timely and useful epidemiological information regarding AIDS and LAV/HTLV-III infections to the National AIDS Committee. This work may include serological monitoring of selected populations and epidemiological studies to determine research areas of priority to the national programme on AIDS.

D. Laboratory

Laboratory support will be required for epidemiological, clinical and prevention activities. Based on the initial assessment, the need for and details of in-country serodiagnostic services will be determined, as well as the possible role of inter-country, sub-regional or regional cooperation in the provision of laboratory services.

E. Clinical

National health systems and practicing health workers will be educated in the recognition, diagnosis and management of LAV/HTLV-III-associated disease, including hospital and community management of LAV/HTLV-III-infected persons. Counselling of LAV/HTLV-III-infected persons and attention to the social, ethical and confidentiality aspects are vital for successful individual management and public health action.

F. Prevention

The principal goal of the national AIDS programme is preventing transmission of LAV/HTLV-III to uninfected persons. Educational programmes should be integrated to the maximum possible extent within the existing health infrastructure. Education, social services, women's services and other sectors also have a vital role in this area. The objective of education is behavioural change, and for this reason extensive use of social marketing strategies should be considered. In addition, specific areas of national concern, such as prevention of transmission via blood transfusions, or through contaminated needles, syringes or other skin-piercing instruments, or perinatal transmission, could be addressed

IV Discussions

Discussions were held regarding the document which had been submitted to all participants, entitled, "World Health Organization Programme on AIDS: Projected Plans and Needs 1986 - 1987".

A summary of comments and suggestions was presented for further discussion the following morning. The major recommendations are given below:

1. Revise the format of the document to include more explanatory text, a description of the concensus-building process which preceeded the present meeting, the consequences of inaction in AIDS control, and the level and extent of WHO's short and long-term commitment to AIDS control.

2. Outline the organizational structure of the WHO Control Programme on AIDS, including how the programme will relate to other WHO components, UN agencies, participating parties (both donors and potential aid recipients), collaborating centres on AIDS, regional offices, and outside experts.

3. Describe how the national AIDS control programme will work within the specific country, with information on the respective roles of the National AIDS Committee, the Ministry of Health and the WHO representative.

4. Outline the expected contributions and commitments by the recipient countries, including their short-term and long-term personnel, fiscal and operational involvement.

5. Include support for grassroots, non-governmental organization involvement in AIDS control, particularly in the educational component.

6. Specify criteria for selection of countries to receive assistance for national AIDS control programmes and for priority selection within the WHO headquarters budget.

7. Make the document less technical and separate the text from the fiscal information.

The Control Programme on AIDS thanked the participants for their helpful and constructive comments and indicated that, within three weeks, a revised document would be sent to all participants.

V Conclusions and recommendations

The conclusions and recommendations of this meeting of interested parties are summarized as follows:

1. The representatives of the countries and agencies participating in this meeting urged that all Member States work together to contain the AIDS epidemic, with WHO playing the coordinating role in both multilateral and bilateral assistance.

2. The group noted that WHO, in recognition of the magnitude of the global AIDS problem, has invested resources from its regular budget, despite current fiscal constraints, for the development and continued operational activities of the Programme on AIDS during the 1986-1987 biennium. In view of the long-term requirements of this public health problem, a general consensus was reached on expressing the hope that continued resources be committed by the Organization beyond 1987*.

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* The Director-General, in submitting budget proposals to the governing bodies of the Organization for the biennium 1988-1989, will take into consideration, among other needs, the recommendations made during the meeting.

3. WHO will develop the necessary mechanisms to secure the commitment of all participating countries for programme implementation. The approach will also include mechanisms for monitoring programme elements, including fiscal accountability.

4. WHO will submit an oral summary of the meeting's conclusions and recommendations to the Thirty-Ninth World Health Assembly, May 1986.

5. WHO will convene a meeting of participating partners on 28 June 1986, in Geneva, to allow the partners in this endeavour to review the working documents and necessary commitments by all parties to contain the AIDS epidemic.

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