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ECONOMIC AND SOCIAL COUNCIL
Second regular session of 1988
INTERNATIONAL CO-OPERATION AND CO-ORDINATION WITNIN THE UNITED NATION8 SYSTEM

Global strategy for the prevention and control of AIDS

Note by the Secretary-General

The Secretary-General hao thr honour to transmit to thr members of the General Assembly the report of the Director-General of the World Health Organisation on the global strategy for the prevention and control of AIDS. The report was prepared in response to General Assembly resolution 42/8 of 26 October 1987.

* A/43/50.

ANNEX

Global Strategy for the Prevention and Control of AIDS

Report of the Director-General of the World Health Organization

CONTENTS

INTRODUCTION

On 8 July 1987, the Economic and Social Council of the United Nationr, in its rerolution 1987/75, ● ndotrrd the Global Strategy for the prevention and control of acquired immunodeffciency syndrome (AIDS), as prepared by the World Health Organisation (WHO),

On 26 October 1987, following consideration of the report by the Economic and Social Council, the United Nations General Assembly at its forty-rocond session unanimously adopted rerolution 42/8, which rupportr the global AIDS strategy *and* invites the Director-General of WHO to report to the Assembly at it8 forty-third session, through *the Council,* on now developments in the global AID8 pandemic, and requests the Council to consider thr report in rccordrnce with it8 mandate.

The following report, prepared in response to Assembly rrrolution 42/8, provider an ● pidomioloqioal overview and describes activities that WHO is undertaking to direct and co-ordfnrtr the global AIDS strategy.

I. THE GLOBAL AIDS PLAN

1. The Global Strategy for the prrvrntion and control of AIDS, drveloped by the Special Programme on AIDS (SPA) of the World Health Organisation *(WHO)* has received the rupport *of* every nation of the world,

The World Health Assembly

2. The Fortieth World Health Assembly, meeting at Geneva in May 1987, unanimously adopted rerolution WHA40.26, 1/ which ● ndor8ed *WHO'8* Global Strategy for the prevention *and* control of AIDS,

The Economic and Social Council

3. The Economic and Social Council, meeting at *Geneva* from 24 June to 9 July 1987, unanimously adopted rerolution 1987/75, which urges all organizations of the United Nations ryrtem to support the world-wide rtruggle against AIDS, in close co-operation with WHO in its role of directing and co-ordinating the urgent fight against AIDS and in conformity with the Global Strategy.

The United Nations General Assembly

4. The General Arrembly, at its forty-recond session, unanimously adopted reeolution 42/8 on 26 October 1987, which, inter alia: confirms that the World Health Organisation should continue to direct and co-ordinate the urgent global battle against AIDS; urger Governments that have not done so to establish national AIDS control programmer in line with WHO's Global Strategy; urger all appropriate organisations of the United Nationr ryrtem, including the specialised agencies, bilateral and multilateral agencies *and* non-governmental and voluntary organisations, in conformity with the Global Strategy, to support the world-wide

struggle against AIDS; rnd invites the Director-General of WHO to report to the General Assembly at it8 forty-third session, through the Caonomic and Social Council, *on* new developments in the global AIDS pai.demic, and requests the Council to consider thr report in accordance with its mandate,

The World Summit of Ministers of Health

5. The World Summit of Minirterr of Health on Programmes for AIDS Prevention, organised jointly by WHO and the Government of the United Kingdom of Great Britain and Northern Ireland, was hold in London from 26 to 28 January 1988, This historic mooting was attended by 114 Ministers of Health, delegates from 148 Member States and representatives ron United Nations ● ♑□■♍♓❐❐🖃 intergovernmental organisations *and* non-qovrrmnrntrl organisations.

6. The Ministers of Health unanimously endorsed the "London Declaration on AIDS Prevention" (see appendix I to tho present report) which, inter alia, states:

> "... in the absence at present of a vaccine or cure for AIDS, thr single most important component of national AIDS programmes is information *and* education because HIV transmission can be provented through informed *and* responsible behaviour ..."

Thr first paragraph of the Declaration reads:

> "Since AIDS is a global problem that poses a serious throat to humanity, urgent action by all Governments *and* people thr world over is needed to implement WHO's Qlobal AIDS Strategy a8 defined by the Fortieth World Health Assembly and supported by the United Nationr General Assembly."

7. The Minirterr also stated, inter alia:

> "We shall do all *in* our power to ensure that our Qovrrnmentr do indeed undertake such urgent action, We undertake to devise national programmer to prevrnt *and* contain the spread of human immunodeficiency virus (HIV) infection as part of our countries' health systems."

8. At the Summit, the Ministers declared 1988 a Year of Communication and Co-operation about AIDS. The Director-Qenerrl announced that 1 December 1988 will be a World AIDS Day. WHO is co-ordinating the Day's activities, during which national Governments - and all organisations *and* institutions working on *any* aspect of AIDS research, prevention, control and treatment - will be encouraged to explain to their communities what they are doing about AIDS.

The Global Programme *on* AIDS

9. In January 1988, at its eighty-first session, the WHO Executive Board noted the global rupport which thr WHO Special Programme on AIDS *had* provided *in* the last ♎♏♋❐ and ● *ndorrod* the proposal of the Director-General to rename the programme, "The Qlobal Programme on AIDS".

/...

10. In accordance with the WHO Constitution definition of health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, WHO has developed and issued a policy statement on the social aspects of AIDS prevention and control.

11, In view of the involvement of many disciplines and sectors in national AIDS control programmer, the Global Programme on AIDS is concerned with the biomedical, social and behavioural, informational and educational and health promotional aspects. Since information and education are the mainstay of prevention at this stage, WHO has been defining principles for proper information and education regarding AIDS, and is introducing there principles into national AIDS programmes. As these programmer are set up by national AIDS committeea, it devolves on there committees to ensure the involvement of all sectors concerned, At tho global level, WHO is ensuring the involvement of other sectors through bilateral and multilateral agencies.

12. To fulfil the mandate of the global AIDS strategy, WHO has taken the lead to issue policy rtatemrntr on issues emerging from the world-widr epidemic of economic, social, cultural and political traction to HIV infection and AIDS. WHO has developed policy on criteria for HIV screening programmes, international travel, AIDS in prisons, neuroprychiatric arpectr of HIV infection, the effect of HIV on breast-feeding and routine childhood immunization, and on human rightr.

13, Protection of human rightr is a public health priority. There is no public health rationale to justify isolation, quarantine, or any discriminatory measures based solely on the fact that a person is suspected or known to be HIV-infected, Discrimination and other violations of human rights of HIV-infected persons will diminish the efficiency and effectiveness of national AIDS prevention programmer. WHO is organising a meeting of all agencies with a major role in the human rights field to develop a common rtratogy to ensure protection of human rights in the fight against AIDS.

II. EPIDEMIOLOGY

14. World-wide AIDS surveillance is co-ordinated by the Global Programme on AIDS. Reports are received from WHO collaborating centres on AIDS au well as from individual ministries of health and WHO regional offices,

15. The number of AIDS cases reported to WHO continues to rise rapidly. As at 1 April 1988, 85,273 cases had been officially reported by 137 of 173 reporting countries. In the part four years, the cumulative number of AIDS cases reported to WHO increased over 15 fold. Nearly 100 more countries report AIDS cases today than four years ago. This not only illustrates the widespread awareness of AIDS, but also testifies to growing openness and international co-operation,

lb. The following table shows the distribution of reported AIDS cases by continent, as at 1 April 1988, and the number of countries and territories reporting.

Table 1. AIDS cases reported by continent

(AI at 1 April 1988)

Continent	Number of cases	Number of countries or territories reporting	Number of countrier or territories reporting one or more cases
Africa	10 995	50	43
Americas	62 536	44	42
Asia	231	37	21
Europe		28	27
Oceania	10 834	14	4
	85 273	173	137

17. Thr global AIDS surveillance data indicate that cases are distributed throughout the world, Large numbers have boon reported from North America, Latin America, Oceania, Western Europe, and areas of central, • *artern* and southern ACrica. A marked increasing trend is seen *in* 811 regions.

18. In 1985, a second human retrovirus, now called HIV-2, war identified and implicated am a cause of AIDS. The natural history of HIV-2 infection is not yet well defined. On thr basis of preliminary serosurveys and the identification of cases, HIV-2 transmission • □□□□□ to be occurring principally in West Africa.

19. Data suggest that HIV-2 infects populations similar to those infected by HIV-l, with heterosexual activity being thr dominant mode of spread. Like HIV-l, HIV-2 has the potential to spread rapidly. Active surveillance of HIV-2 infection is necessary. Serosurveys are beginning to document the geographic scope of infection. The simultaneous occurrence of HIV-l and HIV-2 will have implication8 for diagnostic services, blood donor screening programmes and vaccine development.

The official AIDS statistics are distributed widely and published in the i i i & Y - - *and* the journal, AIDS. However, before any concluoiono can be drawn from these data, the accuracy and completeness of reporting on AIDS needs to be evaluated. Under-recognition of AIDS and under-reporting to national health authorities, means that the number of reported cases is an underestimate of thr total to date. The present world total may be closer to 150,000, Even there estimates *do not* adequately describe the current clinical burden cawed by infection with tho human immunodeficiency virus (HIV) because AIDS cases represent only the end-stage of severe *or* irreversible damage due to this severe viral infection.

Africa

21. A8 at 1 April 1988, a tot81 of 10,995 cases (13 per cent of the *world* total) had been reported from 43 countries in Africa. Fourteen countries reported more than 50 cases each. Morr than 500 cases were reported by Burundi, *Congo,* Kenya,

Malawi, Rwanda, Uganda, the United Republic of Tanzania and Zambia: Zaire and Zimbabwe each reported more than 300 cases. The highest number of cases have been reported from central, eastern and southern Africa. Although cases were first officially reported from Africa in the second half of 1982, over 70 per cent (7,914 of 10,995) were reported in the interval between July 1986 and December 1987.

Americas

22. Approximately 75 per cent of the world total of reported AIDS cases are from 42 countries in the Americas. As at 1 April 1988, the United States of America has reported a total of over 55,167 cases, representing close to 90 per cent of all cases in the region. Brazil had reported 2,325 cases, with the number increasing from 801 at the end of June 1986 to 1,695 at the end of June 1987. Canada had reported a total of 1,517. Other countries in the Americas reporting more than 100 cases include Haiti (912), Mexico (713), Dominican Republic (352), Trinidad and Tobago (206), Bahamas (163), Colombia (153), Argentina (120) and Venezuela (101).

Europe

23. A total of 10,667 cases (12.5 per cent of the world total) had been reported from 27 countries in Europe by 1 April 1988. Analysis of 10,181 cases reported (as at 31 December 1987) to the WHO Collaborating Centre on AIDS in Paris, France, shows that between December 1986 and December 1987 the number of European cases increased by 111 per cent. The greatest number of cases had been reported from France (3,073), the Federal Republic of Germany (1,669), Italy (1,411), the United Kingdom (1,227) and Spain (789). The highest rate per million population are in France, Switzerland and Denmark. Of countries with over 100 cases, six reported more than a 100 per cent increase between December 1986 and December 1987 (Austria, France, the Federal Republic of Germany, Italy, Spain and the United Kingdom). The lowest rates were reported from the Eastern European countries, with Albania reporting no cases.

24. Analysis of cases in Europe showed that the country of origin of the individual was European in 92 per cent of cases. Geographical origin for other adult cases was African (4 per cent), Caribbean (1 per cent) and other (3 per cent). The percentage of African cases reported from Europe had been decreasing over the past several years (12 per cent in June 1985, and 4 per cent in December 1987).

25. In Italy and Spain intravenous drug use accounts for 64 per cent and 53 per cent of adult cases, respectively. The two countries together reported 67 per cent of the cases in intravenous drug users in Europe.

Other areas

26. The remaining 1 per cent of the world total, 834 cases, had been reported from Oceania (including 758 from Australia and 74 from New Zealand). Asia had reported 231 AIDS cases; the following countries reported more than 20 cases: Japan (59), Israel (47) and Turkey (21). From the eastern Mediterranean region, 100 cases had been reported.

Modes of transmission

27. Epidemiological studies in Europe, the Americas, Africa and Australia repeatedly have documented only three modes of HIV transmission:

(1) Sexual intercourse (heterosexual or homosexual);

(2) Contact with blood, blood products, or donated organs and semen. Contacts with blood principally involve transfusion of unscreened blood or the use of unsterilised syringes and needles by IV drug abusers or in other settings:

(3) From infected mother to child - before, during or shortly after birth - (perinatal transmission).

28. Despite intense international scientific scrutiny, no evidence has emerged to suggest any change in these modes of transmission. There is no evidence to support any inherent racial or ethnic resistance to HIV infection or to the pathogenic effects of the virus.

29. Epidemiological and laboratory studies have established that of the "body fluids", transmission seems limited to blood, semen, and vaginal/cervical secretions. Kissing has not been documented to pose a risk of HIV transmission. While unproven, some theoretical risk from vigorous "wet" kissing (deep kissing or tongue kissing) may exist.

30' There is no evidence to suggest that HIV can be transmitted by the respiratory or enteric routes or by casual person to person contact in any setting including household, social, work, school or prison settings. There is no evidence to suggest that HIV transmission involves insects, food, water, toilets, swimming pools, sweat, tears. shared eating and drinking utensils or other items such as second-hand clothing or telephones.

Global eoidemioloaical patterns

31. Although the modes of HIV transmission are constant, three broad yet distinct epidemiological patterns can be recognised worldwide.

32. In the first (Pattern I), most cases occur among homosexual or bisexual males and intravenous drug users. Heterosexual transmission is responsible for only a small percentage of cases, but is increasing. Transmission due to blood and blood products occurred between the late 1970s and 1985, but has now been largely controlled through the self-deferral of persons with known risk factors or behaviour and by routine blood screening for the HIV antibody. Non-sterilized needles, other than those used by intravenous drug users, are not significant factors in HIV transmission. The male/female sex ratio ranges from 10:1 to 15:1. Perinatal transmission is occurring: the number of HIV-infected babies is low owing to the relatively low number of women currently infected. The prevalence of HIV infection in the overall population is estimated to be less than 1 per cent but it has been reported to exceed 50 per cent in persons practising high-risk behaviour,

such a8 mrn with multiple male sex pattnrrr and intravenous drug users. This pattern is typical *of* industrialised countries with large numbers of reported AIDS cases, including North America, many western European countries, Australia and New Zealand, and part8 of Latin America,

33. In the second (Pattern II), most cases occur among heterosexuals. The male/female ratio is approximately 111 and, a8 *a* result, perinatal transmission is common. Intravonour drug abuse and homosexual transmission are ● ithor non-•xi8tont *or* occur at a very low level. In a number of countries, overall population seroprevalence is ● 8timated at more than 1 per *cent, and* in some urban ● ❐⍰⍥●❐ up to 25 per cent of the young and middle-aped adult population (15 to 49 years of age) are infected, Transmission through contaminated blood rrmainr a significant problem in countrior that have not yet implemrnted nation-wide blood donor screening. In addition, the use of non-sterilised needles *rnd* syringes for injection a8 well a8 instruments for other skin-piercing procedures is considered an important public health problem. This second pattrrn is observed in sub-Saharan Africa, *and* increasingly in Latin America, ● specially in rome Caribbean countries.

34. In the third (Pattern III), HIV appear8 to have been introduced in the early *to* mid-19808 and only small number8 of cases have thus far been reported. Homosexual and heterosexual transmission have been documented. Care8 have generally occurred in perronr who have travelled to endemic area8 or who have had contact with individuals from endemic areas, such a8 homosexual men and female prostitutes. A small number of cases due to receipt of imported blood or blood product8 have been reported, This third pattern is found in Eastern Europe, North Africa, the eastern Mediterranean, Asia, and mort of the Pacific,

Estimated infection

35. *WHO* ● 8timate8 that several million people have become infected with HIV from the mid-19708 to the present. Based *on* available information, between 5 to 10 million perronr are estimated to be currently infected with HIV worldwide, For a more precise estimation, more valid national HIV prevalence data are required. It is not yet poaeible to determine the number of HIV-infected people in any individual, country.

36. The WHO Global Data Bank is entering all available information from eeraprevslence studies throughout the world, The data is required to assess, track and model the HIV pandemic, Increasing knowledge regarding the broad social, economic, cultural and political aspects of HIV and AIDS is also being obtained,

37. From the available data, WHO estimates that, during 1988, approximately 150,000 new cases of AIDS will occur. Therefore, the number of new AIDS cases during 1988 will equal the total number of cases that. have thus far occurred worldwide. Adopting the conservative estimate that 5 million people are currently infected, a cumulative total of 1 million AIDS cases would be expactsd by 1991, The period 1988-1991 would therefore witness over 5 times more AIDS cases than have thus far occurred.

38. HIV infection is lifelong. The virus can survive in the human population if, during the lifetime of an infected person, it can spread to one other person. This suggests that, unless a curative treatment or a preventive vaccine is developed, HIV infection will perpetuate itself relatively easily. Neither cure nor vaccine are likely in the next several years. Despite considerable research a vaccine may be further away than was predicted a year ago.

III, COLLABORATION WITHIN THE UNITED NATIONS SYSTEM

39. At the invitation of the Secretary-General of the United Nations, the Director-General of WHO and thr Director of the Global Programme on AIDS presented the global AIDS problem and the Global AIDS Plan to a briefing of the United Nations General Assembly at its forty-second session, on 20 October 1907. After consideration of the report of the Economic and Social Council, the General Assembly adopted unanimously resolution 42/8 on the prevention and control of AIDS,

40. To ensure a well co-ordinatsd, multi-sectoral approach in the global fiqht against AIDS, the General Assembly confirmed WHO's directing and co-ordinating role and reiterated the call of the Economic and Social Council, urging bilateral and multilateral agencies, including those of the United Nations system, as well as non-governmental and voluntary organisations, to support national and international action against AIDS *in* conformity with WHO's Global Strategy on AIDS. The General Assembly further requested the Secretary-General in close co-operation with the Director-Genera! of WHO, to ensure a co-ordinated response by the United Nations system.

41. In response to General Assembly resolution 42/8, the Secrotery-General appointed the Under-Secretary-General for International Economic and Social Affairs as focal point at United Nations Headquarters for activities related to the prevention and control of AIDS. The Director-General welcomed the initiative of the Under-Secretary-General in establishing, under his chairmanship, and in close co-operation with the Director-General of WHO, a United Nations Steering Committee to co-ordinate United Nations activities in support. of WHO's Global Strategy for the prevention and control of AIDS, to identify possible joint activities and to develop linkage between individual programmes in this field. This co-ordination effort has already resulted in several new AIDS-related activities within the United Nations and with co-operating non-governmental organizations. A number of: meetings have taken place between the Under-Secretary-General, the Di rector -General of WHO and the Director of the Global Programme on AIDS to facilitate co-operation, WHO is establishing an inter-agency advisory group, under its chairmanship, to facilitate the effective co-ordination of activities of the United Nations system in support of its Global Strategy on AIDS, The United Nations Steering Committee will provide a co-ordinated input to the work of the inter-agency advisory group.

42, In the spirit of General Assembly resolution 42/8, WHO has been working closely with many parts of the United Nations system to encourage and support active participation in AIDS control activities, Collaboration with organizations

of the United Nation8 system is accelerating as these bodies ● nrlyw the ● ffoct Of HIV On their programmer and develop their plans of action in concert with the Global Strategy. Initiatives from United Nations agencies have resulted in a wide variety of co-ordinated activities.

United Nations Development Programme - WHO/UNDP alliance to combat AIDS

43. The Director-General has been considering *how* best to ensure well co-ordinatod action from all those concerned in the global combat ● gainrt AIDS. The nerd for thisharbeenreinforced byconcern ● ☒□□□□□℔♎ bymanycountrie8rbout unco-ordinated,ill-timedor inappropriateoffersof● xtornrl● □□♓□♦♋■□□□ aswell as by the insistence of donor ● goncior *on* well co-ordinatrd ● CtiVith8 in countries as a prerequisite for their rupport.

44. The Director-General reached the conclusion thrt the optimal solution is to combine thr strengths of WHO as international leader in health policy rnd in scientific and technical matters related to health and a8 thr lead agency *in* thr fight against AIDS, and of the United Nations Development Programme (UNDP) as leader in socio-economic development and of ● 8Ch of its resident representatives as co-ordinator of United Nations operational activities for development in countries. He he8 now completed negotiations with the Administrator of UNDP. Attached (appendix II) is the policy framework of the WHO/UNDP ● lli8nc8 to combat AIDS, which came into force on 20 March 1988.

45. UNDP resident representatives are actively supporting thr Global AID8 Programme to implement, monitor and evaluate national programme ruppart activities. The alliance will ensure co-ordinatrd rupport for such national plans by all external partners, including those in the United Nations system.

United Nations Educational, Scientific and Cultural Organisation

46, The Global Programme on AIDS end UNESCO have boon actively collaborating in the promotion of AIDS education in schools. A joint UNESCO/WHO meeti..g of educations1 specialists was held in Paris from 29 June to 1 July 1987. The mooting formulated a plan of action *on* AIDS education in *formal rnd informal* educational settings, which wax presented to the UNESCO General Conference held in Paris in October 1987. The Director *of* the Global Programme on AIDS addressed the General Conference and Educational Section in support of this collaboration, on 28 October 1.987, The Global Programme on AIDS will rupport the activity of UNESCO am an integral part of the Global AIDS Plan, To accelerate this process, WHO/UNESCO held joint briefing meetings of UNESCO field staff and UNESCO affiliated non-govrrnmentrl organisations at Geneva from 14 to 22 April 1987.

United Nations Children's Fund

47. Co-operation with UNICEF continues and has been strengthened by the presentation of the Director of the Global Programme on AIDS before the Executive Board of UNICEF on 22 April of WHO's views on its agenda item entitled "Review of the impact of AIDS on women and children and the UNICEF response". WHO anticipates

extensive collaboration with UNICEF in the examination of the significant impact of AIDS on women and children. The Global Programme on AIDS will make a presentation to the Regional Directors of UNICEF in New York, on 3 May 1908, on thr activities of the Global Programme *on* AIDS at the country level. UNICEF is already involved in activities in several African countries in support of national AIDS programmes.

48. WHO and UNICEF have issued a Joint Statement on Immunisation and AID8 and alro issued updated information to field rtaff concerning the sterilisation of syringes and needles. The statement reiterates that all injections rhould be given with a sterile syringe and a sterile needle. UNICEF participated in the conrultation on HIV and routine childhood immunisation and the conrultation on breast-feeding/ breast milk and HIV infection, UNICEF has participated in national donor meetings and other AIDS meetings.

United Nations Population Fund

49, UNFPA is collaborating with the Global Programme on AID8 in assessing the role of family planning *and* maternal and child health programmes in AID8 prrvrntion and control ● ctivitior. Thir co-operation will be strengthened through the appointment of a liaison officer between UNFPA and the Office of the Director of the Global Programme on AIDS. A representative of the Global Programme on AID8 addressed a mooting of national representatives of UNFPA in Now York on 12 April 1988, UNFPA participated in the conrultation *on* contraceptive methods and XIV infection and the conrultation on breast-feeding/breast milk and HIV infection. A joint policy document is currently under consideration.

Food and Agriculture Organization of the United Nations

50. A mooting on nutrition and AIDS, co-sponsored by WHO and the Sub-Committee on Nutrition of thr United Nations Administrative Committee on Co-ordination, was held at Geneva *on* 28 February 1988. Further discussions will be held with FAO on the potential interaction between nutrition and AID8 and the potential impact of AID8 on food production.

World Bank

51. The World Bank is collaborating with the Global Programme on AID8 in studies on the economic impact *of* AID8 in the developing world and on the demographic impact of AIDS. The initial phase of the development of a model for ertimating the direct treatment-related costs and the indirect costs from the years of social and economic productivity lost due to HIV infections and AID8 has been completed in three central African countries during thr first quarter of 1988, The initiative of the Director-General of WHO, launched at the Fourth Meeting of Participating Parties *for* the Prevention and Control of AIDS in November 1987, to associate the World Bank more closely with thr Global Strategy on AIDS har been welcomed by the President of the World Bank and discussions are continuing.

International Labour Organisation

52. The General Conference of the International Labour Organisation (ILO) passed a resolution on AID8 at its seventy-fourth (Maritime) session, hold at Geneva in September 1987. The Governing Board of the IL0 is requested to consider, in close collaboration vith WHO, undertaking a study on the health problems of ● eafarerl,

53. In collaboration with ILO, WHO is planning a consultation for June 1988 to address the risks of XIV infection in the work-place and the appropriate policies for darling with individuals who are infected with HIV, A joint WHO/ILO brochure on AID8 in the work-place will be released shortly.

World Tourism Organisation

54. The Qlobal Programme on AID8 released an "AIDS Information for Travellers" brochure at the General Conference of the World Tourism Organisation (WTO) on 27 September 1987. WTO had ● ndor8ed the brochure and ha8 involved travel agents, airlines and tourism organisations in it8 reproduction and distribution. Official translations exist in English, French and Spanish.

IV, COLLABORATION WITH NON-GOVERNMENTAL ORGANIZATIONS AND FOUNDATIONS

American Foundation for AIDS Research

55, The Global Programme on AID8 and the American Foundation for AID8 Research (AMFAR) are collaborating on a joint project for the dissemination of technical and scientific information to developing countries.

International Council of Nurses

56. The Global Programma on AID8 addressed the meeting of national representatives of the International Council of Nurses (ICN), held at Auckland, New Zealand, on 15 Auquat 1987, WHO/ICN have issued a joint declaration which refers to the rights and responsibilities of nurses worldwide in caring for people with HIV infection, Following wide review, WHO/ICN guidelines for the nursing care of patient8 with HIV infection has been finalized by a joint Qlobal Programme on AIDS/WHO Nursing unit consultation and will rhortly be distributed through ministries of health and international nursing non-governmental organizations.

Fondation Marcel Mérieux

57. The Qlobal Programme on AID8 collaborated with the Fondation Mérieux in a symposium entitled "AIDS ● pidemice and societies" on 20 and 21 June, at Annecy, France,

League of Red Cross and Red Crescent Societies

58. Throughout the past year, the Global Programme *on* AIDS has worked actively with the League and with individual Red Cross Societies, particularly in the areas of blood donor screening and public education, This collaboration is culminating in the Global Blood Safety Initiative that will be launched in May 1988 (see sect, V below),

Other non-governmental organizations and foundations

59, The Global Programme *on* AIDS is actively working with other organisations, including the Academy for Educational Development, African Medical Research Foundation, Commission of tha European Communities, Family Health International, International Federation of Social Workers, International Planned Parenthood Federation, Fondation France Liberté, Médecins du monde, Médecins sans frontières, Institute of Medicine of the United States National Academy of Sciences, the United States National Council for International Health, Nordic Red Cross Societies, Organization of Co-ordination and Control of Endemic Diseases in Central Africa, Panos Inotitute, Project Hope, Save the Children Fund, Terre des hommes, World Council of Churches, World Emergency Relief and World Hemophilia AIDS Center.

V. A GLOBAL BLOOD SAFETY INITIATIVE

60. The Global Programme on AIDS is co-ordinating a Global Blood Safety Initiative to safeguard bload from the possibility of transmission of HIV and other viruses such a6 hepatitis. The initiative will be launched by a consortium of participants, including as its core, the Global Programme on AIDS, the WHO Health Laboratory Technology Unit, the League of Red Cross and Red Crescent Societies, the International Society for Blood Transfusion, and the United Nations Development Programme. The broader *consortium* will include non-governmental organisations and parties interested in improving blood safety. The endeavour is based on the conviction that reducing blood-bnrne transmission of diseases, including HIV infection, can only be effectively achieved for the long term by establishing blood transfusion systems capable of implementing adequate quality control procedures, including screening, on a routine and sustained basis. The initiative is therefore part of the broader effort by WHO at strengthening health systems, Planning meetings wore held *in* January and March 1988 and a large meeting is planned for May 1988.

VI. GLOBAL COMMISSION ON AIDS

61, A Global Commission on AIDS is being established to provide WHO with expert advice from eminent persons from a wide variety of discipline6 with applicability to its Global Programme on AIDS, The Commission will comprise 16 to 24 biomedical and social scientists, primary health care specialists, legal and economic experts and technical and aid management specialists who will serve in their personal

capacities to represent the broad range of discipliner required for review of the activities of the Global Commission on AIDS, Members of the Commission will be appointed by the Director-General of WHO to serve for a period of three years and will be eligible for further reappointment.

62, The Global Commission on AIDS will have the following functions:

(a) To review and interpret global trends and developments related to HIV and other human retrovirus infections;

(b) To review and evaluate, from a scientif ic, technical, and operational view point, the content and scope of the Global Programme on AIDS;

(c) To provide expert guidance for the global activities of the Global Programme on AIDS;

(d) To advise the Director-General of WHO regarding short-, medium- and long-term priorities in the scientific and technical components of the Global Programme on AIDS, including the establishment of scientific working groups; and

(e) To provide the Director-Genoral of WHO and the AIDS Management Committee with a continuous evaluation of the scientific and technical aspects of the Global Programme on AIDS.

VII. SUPPORT OF THE GLOBAL PROGRAMME ON AIDS TO NATIONAL PROGRAMMES

63. Every country in the world needs a comprehensive national AJDS programme, Ultimately, AIDS cannot be stopped in any one country unless it is stopped in all countries.

64. As at 11 April 1988, national AIDS committees have been established in over 150 countries,

65. WHO support to national AIDS programmes has reached an unprecedented level with 139 countries having entered into collaboration with the Global Programme on AIDS, Over 300 consultant missions have been completed to a total of 117 countries. A further 22 countries will be visited by the end of the third quarter of 1988.

66, WHO missions have resulted in the preparation of 78 short-term (6 to 12 months) and 22 medium-term (3 to 5 years) plans for national AIDS control programmes. The Global Programme on AIDS is collaborating with a further 31 Member States in the completion of these comprehensive medium-term plane.

67, The completed activities of the collaboration of the Global Programme *on* AIDS with Member States au at 11 April 1988 are shown below:

	Assessment visit	Short-term plan	Immediate support*	Medium-term plan
		Number of countries		
Africa	43	42	37	16
America	35	7	24	6
South-East Asia	8	8	3	
Europe	6	3	1	
Eastern Mediterranean	14	10	7	
Western Pacific	11	8		
Total	117	76	72	22

* Technical services agreement or other form of technical and financial support.

68. Following the official ● ndor8mmrnt of the national medium-term plan, national donor meetings have been jointly organized by the Ministry *of* Health and WHO in eight Member State8 I Uganda (21 *and 22 May* 1987), United Republic of Tanrania (23 and 24 July 1987), Rwanda (27 and 28 July 1987), Kenya (30 *and* 31 July 1987), Ethiopia (3 *and 4* August 1987), Z-ire (11 and 12 February 1988), Senegal (15 and 16 February 1966) and Zambia (15 and 16 March 1988).

69. Each national donor meeting resulted in full funding for the first year of operation of the national AIDS programme, A total of $US 35 million was pledged at these meetings, with the fund8 to be made available either through the Global programme *on* AIDS or bilaterally within the framework of the approved *national* AIDS plan. In each country a National Management Committee ha8 bean established to co-ordinate all the parties involved, Donor meetings are scheduled for an additional four countries by June 1988.

70. The technical, logistic and administrative challenge8 inherent in this level of support to national programmes ha8 required the development of guidelines, administrative tool8 and training workshops. Guideline8 have been prepared on the development *of* medium-trrm plans, and on developing national policies for screening. Standard lists of laboratory ● quipmrnt for serological (ELISA) testing for HIV have boon prepared and are continuously updated to ● ☒☐❒♌♓♦♋ procuremeat. Standardiard systems of funding, budgeting and accounting for support to national programmes are being developed to accommodate the complex interaction of input from national, bilateral and multilateral sources. Systems for monitoring the supply of

/...

equipment *and* teat kit8 for HIV have boon ● rtablirhod. A collection of information and education material from various countries, including *video and* printed material, has d e n compiled.

71, *support* is being provided to Member States *in* the ● xocution of their programmes. Thia ha8 taken the form of consultant services, *training* in laboratory and clinical ● ❒❑○♍♦♋ of AIDS prevention and control, and the porting of WHO long- term staff, The Global Progrunmr on AIDS ha8 continued to conduct workshops to strengthen national capability for HIV antibody testing *and* screening. *By* thr rnd of 1957 over 350 laboratory workers from 103 countries have boon trained in HIV antibody testing procedures.

Guidelines

72, A *now* publication, WHO AIDS series, began *in* January 1988 with thr publication of Guidelines for the development of a national AIDS prevention and control programmes. The second i n the series, Guidelines for Sterilisation and High Level Disinfection Methods Effective against Human Immunodeficiency Virus (HIV) we re published in April 1988. The guidelines have been distributed to all ministries of health and are available through WHO sales outlets.

VIII. RESEARCH

The biomedical research and development strategy

73, The Global Programme on AIDS provides a global forum for the ● xchango and validation of technical information and expertise, and has unique potential to facilitate the dovrlopment and improvement of diagnostic reagents, anti-viral agents and vaccines, including their rapid but ethically and scientifically round transfer to all countries in the world.

74, An Advisory Group on Biomedical Research on AIDS was established in November 1987 to advise the Global Programme on AIDS *on* policies, objectives and strategies for biomedical research and to identify opportunitirr to promote research co-ordination. Thr Group recommended that the Global Programme on AIDS take the initiative in facilitating the conduct of clinical trials of anti-viral agents and/or vaccines, and in the preparation of guideline8 *for* trial8 performed in an international context.

Co-ordination of vaccine development

75, Thr development of vaccines to prevent HIV infection represents a major scientific challenge, related both *to* the antigenic variability obacrvrcl among different HIV strains and to our limited understanding of the immune response to HIV infection. WHO ha8 traditionally served a critical role in vaccine development by facilitating communication and collaboration and by organising collaborative studies to standardise vaccines and method8 for their evaluation.

76. The Qlobal Programme on AIDS will continue to facilitate international co-operation in thr development of HIV vaccinra and in tne design of clinical protocols for human trials, to ensure the quality of study design and ethical review. The Olobal Programme on AIDS is convening a group of investigators, manufacturers, regulatory authorities, and experts in clinical trials to consider the ethical and scientific problems of undertaking anti-viral and/or vaccine trials and to develop acceptable guidelines.

Standardisation

77. New diagnostic mathoda are constantly being developed: standardised evaluation and use of these techniques is essential. WHO is co-ordinating several international projects on standardisation of diagnostic techniques, neutralisation torts and evaluation of diagnostic assays.

Social and behavioural research

78, Thr *Social* and Behavioural Research Unit of the Global Programme on AIDS has ● atabliahod multidisciplinary trchnicsl working groups drawing on researchers from 33 countries, to develop furthor *a* wide spectrum of research or training areas relating to HIV infection. These include *knowledge,* attitudes and beliefs, sexual behaviour, prostitution, intravenous drug use, family planning, breast milk/ breast-feeding, injecting practices, traditional and alternative *care* and the special needs of children,

79, The Global Programme on AIDS convened a consultation involving 13 ● socialists from eight countries to review counselling *needs* in different eocio-cultural environments. Following ● xton6ive review by specialists in several countries, WHO guidelines on counselling were finalised and the first of a series of training workshops *was* held at Nairobi, Kenya, in September 1987.

IX, MAJOR CONFERENCES

WHO/Australian Interregional Ministerial Meeting on AIDS

80. A meeting of ministers of health, senior health advisors, clinicians and laboratory experts from over 30 countries in the Western Pacific and South-East Asian regions was organised by the Australian Government and *WHO* at Sydney from 21 to 24 July 1987. With the exception of Australia and New Zealand, the epidemiological pattern of AIDS and HIV infection in the regions is markedly different from the pattern seen in Africa and the pattern in industrialised countries. The meeting catalysed the development of national AIDS plans and programmes and facilitated appropriate collaboration. A declaration issued by the meeting:

> "... urged the participating Governments to take full advantage of the opportunity for prevention and promptly establish *or* strengthen national programmes to prevent *and* control AIDS, in balance with other health programmes and in conformity with the WHO Qlobal Strategy."

Pan-American teleconference on AIDS

81. A regional AIDS conference, organized by the Regional Office for the Americas, the Pan American Health Organisation and the Global Programme on AIDS at Quito, Ecuador, on 14 and 15 September 1987 was transmitted by satellite to over 650 locations and over 50,000 health workers "attended" the teleconference. This meeting has played a catalytic role throughout Latin America.

Third International Conference on AIDS

82. The International Conference on AIDS is co-sponsored by WHO annually, Over 7,000 participants and more than 1,000 journalists attended the Third Conference, held in Waahington, D.C. from 1 to 5 Juna 1987.

83. The Conference remains the major annual event for presentation and exchange of scientific information in thr fields of AIDS epidemiology, virology, molecular biology, immunology, aorology, animal models, nouropaychiatric aspects, oncology, diagnostic tests, clinical manifratationa, behavioural and addiction aspects, public health, ethical and paychoaocial implicationa and prevention and control strategies. The Fourth International Conference on AIDS will be held at Stockholm, Sweden, from 12 to 16 June 1988.

WHO/Japan Conference on integrated strategy for the control of AIDS and other human retroviral infections and hepatitis B

84. This Conference was jointly organized by WHO and Japan with the objective of developing an integrated approach to the prevention of HIV, other human retroviral infectiona and hepatitis B. Thirty-five participants from 21 countries attended the Conference held at the Saaakawa Health Foundation at Tokyo, Japan, from 5 to 8 October 1987.

Second International Symporium on AIDS and Associated Cancers in Africa

85. WHO co-sponsored the Second International Symposium on AIDS and Associated Cancers in Africa, held at Naples, Italy, from 7 to 9 October 1987. To promote and stimulate co-operative research, the meeting will be held annually as a permanent forum for researchers from Af rican and non-Af rican countries.

Global impact of AIDS

86. The first international conference to focus on the economic, demographic and social aspects of AIDS and HIV infection was co-sponsored by WHO and held in London from 8 to 10 March 1988. The Conference on the global impact. of AIDS was attended by over 1,000 participants.

X. *WHO* CONSULTATIONS

Criteria for screening programmes for HIV infection

87. The complexity of screening for HIV infection war considered *at* a mooting on "Criteria for XIV screening programmer", convened by the Global Programme on AIDS at Geneva, on 20 and 21 *May* 1987. Twenty-one participant8 from 17 countries ● ttandrd the mooting, including● □ virologists,● Xp8rt& inlegal medicine and ● thic8, social and brhavioural scientists and disease control specialists.

88. Thr mooting developed a comprehensive list of criteria which should be explicitly addressed in thr planning of any HIV screening programme. These criteria include: programme rationale; population selected; test methodology; location o' laboratory testing; data management and confidentiali'y; plan for informing the person; counselling; social impact; legal and ethical considerations, including informed consent.

89. These criteria are designed to serve public health interests while protecting respect for human rights. Their application will help ensure the most effective outcome from screening programmes carried out a8 part of HIV prevention *and* control strategies. The full report of the mooting has been distributed to all ministries of health and national AIDS committees. 2/

Screening for HIV of participants attending WHO meetings

90. Following consideration of the report of the above meeting and the meeting on international travel and HIV, 3/ the Director-General issued the following directive for all *WHO* programme activities!

> "The screening of international traveller8 *for* human immunodeficiency virus (HIV) ha8 been carefully considered and WHO's technical guidance on this issue is that, *at* best *and* at great cost, such screening would only briefly retard the spread of HIV, whether regarded from the globs1 or the national perspective. Serious logistic, epidemiological, economic, legal, political and ethical problem8 would be inherent in any such screening.
>
> "However, one of the United Nations agencies, in organizing training seminars with participant8 from developing countries, has come under pressure from the host country government to request screening tests for HIV and a certificate of seronegativity for participants from abroad,
>
> "Should this issue arise with respect to any programme activity organized by WHO, please ensure that it is dealt with in keeping with WHO's Global Strategy, including the above-mentioned technical guidance. Should Governments insist on such screening in spite of this guidance, WHO will have no alternative but *to* relocate the programme activity concerned,"

WHO collaborating centres on AIDS

91. The Third Mooting of the WHO Collaborating Centres on AIDS was hold in Washington, D.C. on 6 Juno 1987. Thr meeting adopted three consensus statements: transmission of HIV; HIV infection and health workers; and present and future developments in laboratory testing of HIV. The report of tho mooting was published *in* the WHO Bulletin 4/ *and* ha8 appeared in summary form in the Weekly Epidemiological Record. 5/

Prevention of HIV transmission through injections

92. Tho Global Programme on AIDS convened a mooting within WHO on 8 July 1917 on the prevention of HIV transmission through injections and other skin-piercing procedures. Thr urgency of the issues raised in that meeting led the Director-General to issue a notr verbale on the subject to all ministers of health Of Member States.

HIV and routine childhood immunization

93. A consultation was jointly sponsored by the Global Programme on AIDS and the WHO Expanded Programme on Immunisation (CPI) to review available information on HIV infection and immunization in ordrr to assess the need for modification of thr guidelines established in 1986 by the Global Advisory Group of EPI. The meeting, held at Geneva, on 12 and 13 August 1987, was attended by 13 participant8 from eight countrirr, including immunologists, virologists, disease control specialists, infectious disease specialists and expert8 in immunization and epidemiology.

94. After reviewing all available information, thr participant8 endorsed the Global Advisory Group'8 recommendation on the use of CPI antigens. Therefore, EPI immunisation8 are recommended for HIV-infected infant8 and children except for those with clinical manifestations of AIDS for whom BCG is to be avoided. A joint GPA/EPI statement from the meeting was published in the Weekly Epidemiological Record 6/ and the full report of the meeting 7/ ha8 been widely distributed.

Prevention and control of AIDS in prisons

95. A Consultation on Prevention and Control of AIDS in Prisons was convened by the Global Programme on AIDS from 16 to 18 November 1987 at Geneva. A total of 37 specialists from 26 countries participated, including experts in public health, prison and medical administration, prisoner care, occupational health and safety, epidemiology and health pol icy.

96. The meeting developed a detailed consensus statement which states that t he general principles adopted by national AIM programmes should apply equally to prisons as to the general community. The policies of prison administrat ions should be developed in close co-operation with health authorities, The statement has been distributed to ministries of health and national AIDS committees.

Informal consultation on the interrelation of AIDS and tropical diseases

97. An informal consultation on the interrelation of AIDS and tropical diseases, jointly organized by the Global Programme on AIDS and the WHO Special Programme for Research and Training in Tropical Diseases, was attended by 50 participants from 20 countries and held at the Kenya Medical Research Institute at Nairobi from 1 to 4 December 1987. The meeting examined available data on the possible interactions between HIV infection and a variety of tropical diseases, including malaria, schistosomiasis, leprosy and trypanosomiasis. A series of protocols for researching these interactions were developed and prioritise for investigation identified.

Consultation with non-governmental organizations

98. The Global Programme on AIDS convrncd an informal corrultation with international non-governmental organizations on AIDS at Geneva on 4 February 1988. It discussed the impact of AIDS on communities, adjustments to the programmes of such organizations to take account of the AIDS pandemic, the risk of HIV infection to their perronnel in the field and ways to involve the organizations in the design and implementation of national AIDS prevention and control programmes, Several have gained significant experience in working with groups and in areas where Governments have little or no contact; they could provide a very useful channel or mechanism for national AIDS control programmes that would enable the programme to be far more comprehensive, The consultation roached a consensus on the recommendation that follow-up would best be achieved by the creation of informal networks among participants and not by any formal structure.

Nursing and HIV infection

99. A technical consultation on nursing and HIV infection was jointly organized by the Global Programme on AIDS and the WHO Nursing unit at Geneva from 7 to 9 March 1988, The 17 participants from 14 countries included tho WHO regional nursing officers, experts in the fields of curriculum design, infection control and AIDS care, and representatives from the International Council of Nurses (ICN), International Confederation of Midwives (ICM) and the World Council of Churches. The meeting endorsed WHO/ICN Guidelines for nurses and reviewed a core curriculum module for student nurses, It agreed to support the implementation of the guidelines and to encourage the integration of the modules into the curriculum of nursing schools,

Neuropsychiatric aspects of HIV infection

100, The neuropsychiatric aspects of HIV infection during the asymptomatic stage were examined during a consultat ion convened by the Global Programme on AIDS at Geneva *from* 14 to 17 March 1988. The 48 par tic ipants from 17 countries included experts from the fields of clinical psychology, epidemiology, ethics, health economics, health policy, health service administration, law, neurology, occupational health, psychiatry and public health,

101. The conrultation reported that, at present, there is *no* ● *vidonco* for an increase of clinically significant neurological or neuropsychological abnormalities *in* HIV-infected people who are healthy, Therefore, there is *no* justification for HIV rcreening as a strategy for detecti'.g functional impairment in asymptomatic persons,

102. The moat important. outcome of there deliberationa is that Governments, employerr and the public can be assured that, bared *on* the weight of available scientific evidence, otherwire healthy HIV-infected individuals are no more likely to be functionally impaired than uninfected persons. Thus, HIV rcreening would not be a ureful strategy to identify functional impairment *in* otherwise healthy persons. Furthermore, there is no evidence that HIV screening of healthy persons would be ureful *in* predicting the onset of functional impairment in persons who remain otherwise heal thy,

AIDS in the work-place

103. A conrultation on "AIDS in the work-place" will be convened by the Global Programme on AIDS, in collabo.ration with ILO, at *Geneva* in Juno 1988. The conrultation will review and evaluate current data on the risks of HIV infection in the work-place, the response of business and workers to HIV/AIDS, and the potential of the work-place for AIDS education programmes.

Notes

1/ See World Health Organization, Fortieth World Health Assembly, Geneva, 4-15 May 1987. Resolutions and Decisions, Annexes (WHA.40/1987/REC/1).

2/ Document WHO/SPA/GLO/87.2.

3/ Document WHO/SPA/GLO/87.1.

4/ Bulletin of the World Health Organization, 65: 829-834 (1987).

5/ Weekly Epidemiological Record, 62: 221-228 (1987).

6/ Ibid., 297-299 (1987).

7/ Document WHO/SPA/GLO/87.3.

APPENDIX I

London Declaration on AIDS Prevention, adopted by the World Summit of Ministers of Health on Programmes for AIDS Prevention, on 28 January 1988

The World Summit of Ministers of Health on Programmer for AIDS Prevention, involving delegates from 149 countries representing the vart majority of people of the world, makes thr following declaration:

1, Since AIDS is a global problem that poses a serious throat to humanity, urgent action by all Governments and people the world over is needed to implement WHO's Global AIDS Strategy as defined by the Fortieth World Health Assembly and supported by the United Nations General Assembly,

2. We rhall do rll in our power to endure that our Governmentr do indeed undertake such urgent action,

3, We undertake to devise national programmer to prevent *and contain* the spread of *human* immunodeficiency virus (HIV) infection as part of our countries' health systems. We commend to all Governments the value of a high level co-ordinating committee to bring together all government sectors, and we rhall involve to the fullrrt • ntont possible all governmental sectors end relevant non-governmental organisations in the planning and implementation of such programmes in conformity with the Global AIDS Strategy.

4. We recognise that, particularly in the abrence at prerent of a vaccine or cure for AIDS, the single mort important component of national AIDS programmes is information and education because HIV transmission can be prevented through *informed* and responsible behaviour, In this respect, individuals, Governments, the media and other sectors all have major roles to play in preventing the spread of HIV infection.

5. We consider that information and education programmes should be aimed nt the general public and rhould *take* full account of social and cultural patterns, different lifertyler, *and* human and spiritual values, The same principles should apply equally to programmer directed towards specific! groups, involving these groups a8 appropriate. These include groups such as:

- policy makers;
- health end social service workers at all levels;
- international travellers;
- persons whore practices may place them at increased risk of infection;
- the media;

/...

youth rnd those that work with them, ● especially teachers;

- community and religious leaders;

- potential blood donors; and

thome with HIV infections, their relative8 rnd others concerned with their care, all of whom need appropriate counselling.

6. We emphasise the need in AIDS prevention programmes to protect human rights and human dignity, Discrimination against, *and* stigmatisation of, HIV-infoctrd people and people with AIDS and population groupm undermine public health and murt be avoided.

7. We urge the media to fulfil their important social responsibility to provide factual and balanced information to the general public on AIDS rnd on ways of preventing i ts spread.

8. We mhall ● mek the involvement of all relevant governmental sectors and non-governmental organimationm in creating the mupportive social environment needed to ensure the effective implementation of AIDS prevention programmes ● *d* humane care of affected individuals,

9. We mhall impress on our Governmentr the importance for national health of ● nsuring the availability of the human and financial resources, including health and social services with well-trained personnel, needed to carry out our national AIDS programmes, and in order to mupport informed end responsible behaviour.

10. In the spirit of United Nations General Assembly resolution 42/8, we appeal:

to all appropriate organisation8 of the United Nation8 system, including the specialized agencies;

to bilateral and multilateral agencies; and

to non-governmental and voluntary *organimationm*

to support the world-wide struggle against AIDS in conformity with WHO's global strategy.

11. We appeal in particular to these bodies to provide well-co-ordinatrd support to developing countries in rotting up and carrying out national AIDS programmes in the light of their needs, We recognize that. theme needs vary from country to country in the light of their epidemiological situation,

12, We also appeal to those involved in dealing with drug abuse to intensify their efforts in the spirit of the International Conference on Drug Abuse and Illicit Trafficking (Vienna, June 1987) with a view to contributing to the reduction In the spread of HIV infection.

13. We call upon the World Health Organisation, through its Global Programme on AIDS, to continue to:

(a) Exercise its mandate to direct *and* co-ordinrto tho world-wide effort against AIDS;

(b) Promote, encourage and ruppport the world-wide collection and dissemination of accurate information *on* AIDS;

(c) Develop and issue guidelines on the planning, implementation, monitoring *and* evaluation of information ❐■Ω ● duortion programmes, including the related research and development, *and* ensure that these guidelines are updated and revised in thr light of evolving● ☒□□□)(□■□□□□

(d) Support countries *in* monitoring and evaluating preventive programmes, including information and ● duoation ● otivitiar, and ● ncourrgo wide dissemination of the finding8 in order to help countries to learn from the ● xporionorr of others;

(e) Support and strengthen national programmes for the prevention and ooatrol of AIDS,

14. Following from this Summit, 1988 shall be a Year of Communication and Co-operation rbout AIDS, *in* which we shall:

open fully the channels of communication in each rooioty so as to inform *and* ● ducrta more widely, broadly and ● xtrnrivrlyt

strengthen the exchange of Information *and* ● xporionco among all countries; and

forgo, through information and education and social leadership, a spirit of social tolerance.

15. We are *convinced* that, by promoting responsible behaviour and through international co-operation, wo can and will begin now to slow the ● □□□□Ω of HIV infection.

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APPENDIX II

WHO/UNDP alliance to combat AIDS: policy framework

1. The prrvontion and control of AIDS requires urgent, world-wide action, first and foremost *in* thr health rector, AIDS also has profound social and economic implications, Its control therefore requires political commitment at the highest level, and appropriate social rnd ● ducation81 measures. WHO has assumed its constitutional role of directing and co-ordinating tho global fight *againrt AIDS.* Its Global Strategy on AIDS, approved by tho Fortioth World Health Assembly, includes a wide range of research and development activities in diverse hoalth *and* related rocio-economic and behavioural fields, as well as operational rupport to countries based on existing rnd ● merging knowledge in these fields. This rupport aims at strengthening national capacities to rot up *and* oporato national AIDS plans, governmental focal point8 to this end being ministries of hoalth fulfilling their function of directing and co-ordinating authority on national health work with their related multirrctoral health councils, in accordance with World Hoalth Assembly resolution WHA33.17.

2. Countries engaged in AIDS prrvontion and control havr expressed concern about unto-ordinated, ill-timed or inappropriate offers of rxtrrnal assistance to combat AIDS, Similarly, in ordor to rnruro relevant, ● ffoctivo *and* efficient action, donor agencies have insisted on well co-ordinatod activities in countries as a prerequisite for their rupport,

3. To ensure a well co-ordinated, multisectoral approach in the global fight against AIDS, the United Nations General Assembly confirmed WHO's directing and co-ordinating role and urged bilateral and multilateral agencies, including those of the United Nations system, as well as non-governmental and voluntary organizations, to support national and international action againrt AIDS in contormi ty with WHO' s Global Strategy, The General Assembly further requested the Secretary-General of the United Nations, in close co-operation with the Director-General of WHO, to ensure A co-ordinated response by the United Nations system.

4. A key component of the reforms taking place in the United Nations system is co-ordineted, complementary and harmonious action by all its bodies , Within that system, UNDP plays the lead role regarding social and economic development. Moreover, the UNDP Resident Representative in any country is at the same time the Resident Co-ordinator of the United Nation8 system's operational activities for development. UNDP is therefore the natural body to ensure co-ordinatsd support by the United Nations system for socio-economic matters in countries,

5. WHO, through its Global Programme on AIDS, and UNDP are therefore forging an alliance to control AIDS globally, combining the atrengtho of WHO as international leader in health policy and in scientific and technical matters relating to health, and of UNDP as leader in eocio-economic development and of each of its resident representatives as co-ordinator of United Nations operational activities for development in countries .

6, This alliance will rupport countries in developing, implementing, monitoring and evaluating well-co-ordinatecl, multisectoral national AIDS plans in line with tha global strategy on AIDS, It will also help countries to ensure co-ordinated support for such national plans by all external partners, including those of the United Nations system. In this way, all partners will find their rightful place, in their field of! competence, in the fight against AIDS.