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GLOBAL COMMISSION ON AIDS

REPORT OF THE GLOBAL COMMISSION ON AIDS
FIRST MEETING
GENEVA
29 - 31 MARCH 1989

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T H I R D D R A F T

GLOBAL
PROGRAMME
ON AIDS

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WORLD
HEALTH
ORGANIZATION

April 1989

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Global Commission on AIDS
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GLOBAL COMMISSION ON AIDS: FIRST MEETING

Mandate of the GCA

1. The Global Commission on AIDS (GCA) is a new initiative of the World Health Organisation (WHO) in its strategy to respond to AIDS and the many problems which AIDS presents to individuals, nations and the world community. The GCA was established to serve as a means by which the Director-General of WHO might obtain expert guidance, from persons eminent in a number of disciplines and from different parts of the world, concerning AIDS and the WHO and the Global Programme on AIDS (GPA) strategies which are relevant to it.

2. The functions of the GCA are:

- to review and interpret global trends and developments related to HIV and other human retroviral infections;
- to provide a continuous review and evaluation, from a scientific and technical viewpoint, of the content and scope of global AIDS prevention and control activities;
- to advise on the establishment of scientific working groups on the GPA research agenda and scientific priorities; and to make any related proposals or recommendations to the Director-General.

3. The first meeting of the GCA took place at the Headquarters of WHO in Geneva on 29-31 March 1989. The meeting was attended by 22 of the 25 persons presently appointed to the GCA. By its mandate, the GCA is to include up to 30 biomedical and social scientists, primary health care specialists, legal and economic experts and technical and aid management specialists. They serve in their personal capacities. The Chairman of the GPA Management Committee is ex officio a member of the GCA. The Chairman of the global Advisory Committee on Health Research and the scientific and technical advisory bodies of the Special Programme of Research, Development and Research training in Human Reproduction and the Special Programme for Research and

Training in Tropical Diseases are ex officio invited to participate in meetings of GCA and were present at this meeting. The Director of the GPA is ex officio the Secretary of the GCA. Also in attendance to assist the GCA were the relevant officers of the WHO Secretariat.

Inaugural Meeting

4. The first meeting of GCA opened with an address by the Director-General of WHO (Dr H Nakajima). He stressed the importance of perceiving AIDS in the context of other important contemporary challenges to humanity and the global environment. What is at stake is human survival and the human condition. He challenged the members of GCA to consider, in the face of AIDS, a fresh perspective in public health and on specific issues such as intravenous drug use.

5. The meeting was then provided with the first of a number of briefings. First, the history, constitution and organization of WHO were described.

6. The GCA then turned to issues relating to its own management. It agreed to elect a Chairman and that he or she would serve for a period of two years and be eligible for re-election. Professor L O Kallings (Sweden), Professor of Medical Microbiology, Scientific Advisor to the Swedish Government, President of the International AIDS Society and a member of the WHO Executive Board was elected to this office. Dame Nita Barrow (Barbados) was elected Deputy Chairman for the first meeting. Justice Michael Kirby (Australia) was elected rapporteur of the First Meeting.

7. The agenda of the inaugural meeting was adopted after assurances that the issue of evaluation would be considered under several items. The meeting then turned to its business.

Briefing on GPA Strategies

8. The first day was devoted to an in-depth analysis of the past and current GPA strategies on AIDS. The Director of the GPA (Dr J Mann) emphasized the three fold objectives adopted by GPA:

- to prevent further transmission of HIV/AIDS;

- to reduce the personal and social impact of HIV/AIDS on those already infected; their families, friends and communities; and
- to unify national and international efforts to achieve the above objectives.

The Director was closely questioned concerning strategy design within the GPA, budgetary issues and fresh initiatives taken or proposed by the GPA within the above overall strategy.

9. There followed detailed briefings, on the past and current work of the major units within GPA:

- Programme Coordination and Development;
- National Programme Support;
- Surveillance Forecasting and Impact Assessment;
- Epidemiological Support and Research;
- Biomedical Research;
- Health Promotion;
- Social and Behavioural Research; and
- Management, Administration and Information.

10. Each of the unit heads was questioned about his report and responded to suggestions for change or improvement made by members of the GCA. Finally, representatives from the six Regional Offices of WHO (for Africa, the Americas, the Eastern Mediterranean, Europe and South East Asia and the Western Pacific) outlined initiatives taken in their regions. They explained some of the particular cultural, linguistic, religious and other issues, challenges and opportunities presented in translating the global strategies of the GPA to the special needs of, and environment in, their regions.

11. During this intensive presentation of data, members of

the GCA questioned, and on occasion criticized, particular aspects of the reports received. Overall, however, the reports were accepted with a high level of satisfaction for their scientific quality, relevant priorities and appropriate sense of urgency in tackling the challenges presented by AIDS.

Perspectives

12. The status of AIDS and HIV in the world: WHO has estimated that 5 to 10 million persons worldwide were infected with the human immunodeficiency virus (HIV) as of mid-1988. The number of AIDS cases reported to WHO as of March 1989 is over 140,000. However, because of extensive under-recognition, under-reporting and delays in reporting, this total does not accurately reflect the true magnitude or distribution of the global AIDS problem. Because of the very long incubation period between HIV infection and the development of AIDS, new AIDS cases over the next 5 years will be mostly derived from persons who have been infected with HIV prior to 1988. Based on the lower estimate of 5 million HIV infected persons as of 1988, the cumulative number of AIDS cases which WHO projects for the end of 1991 is over one million. For the mid-to-late 1990s the figure could reach 2 to 3 million. Very little reliable information exists on the incidence and prevalence of HIV infection in particular groups of countries. Special surveys are needed to be conducted with appropriate safeguards on the levels and trends of HIV infection in order to understand the current status of the AIDS/HIV epidemic and to target and evaluate AIDS programmes.

13. The danger of complacency: A matter of particular concern expressed by many members of the GCA and felt by all members of the Commission is that there is evidence of a decline in official and individual appreciation of the urgency of tackling effectively the AIDS epidemic at this stage of its development. In part, the evidence of complacency derives from the difficulty of sustaining public attention on such a subject over many years. In part, it is a product of the features of the modern media of communications. In part, it is the result of denial which commonly accompanies unpleasant realities. Whatever the causes, the GCA expresses concern lest the growth of complacency should diminish support for WHO, and GPA in particular, in combating the spread of AIDS, in responding to the individual and social impact it causes and in reinforcing national and global cooperation which has been such an important achievement of WHO and the GPA over recent years.

The GCA points out that every year a new cohort of sexually active young people enters the groups at risk. New needs arise to reinforce behaviour modification particularly amongst groups exposed to high risk behaviour. The growing evidence of AIDS associated with intravenous drug use in many countries and the dangers which this presents of the penetration by AIDS into the general population of those countries adds to the necessity of a new sense of urgency which should be felt at this time. To lose the present momentum of global and national efforts against AIDS would be a tragic mistake for which future generations would pay a terrible price.

14. The role of the GCA: The GCA perceives its functions, and its particular utility to the global effort against AIDS, as including the provision to the Director-General of:

- fresh insights about the nature and extent of the problem of AIDS and creative guidance upon this personal as well as national and international crisis in public health; and
- searching interdisciplinary scrutiny of the priorities and the programmes of the GPA. This will be offered with a view to the expert monitoring of the performance of WHO and GPA in responding to AIDS, examined from the points of view of the scientific quality of the programmes, their practical effectiveness, their economic and social impact, their priority and their energetic implementation.

15. Diversity of opinion: Inevitably in a group as diverse as the GCA there have been, and will be, matters of difference in emphasis concerning particular aspects of the programme of the GPA. Upon such matters the members of the GPA have expressed, and will continue to express, their individual opinions.

16. Approach to the GCA mandate: The GCA identifies as a high priority for the performance of its functions the early clarification and definition of:

- criteria for fixing priorities within GPA and;

- criteria for the evaluation of the effectiveness of GPA programmes concerned with HIV and AIDS.

Recommendations

17. The GCA makes the following particular recommendations for the consideration of the Director-General:

- 17.1 Support for overall GPA strategy: The GCA expresses its strong support for the global strategy on AIDS adopted by GPA. The GCA is of the opinion that the overall strategy adopted by WHO and the activities undertaken by GPA, to combat the AIDS epidemic is sound. The GCA urges the Director-General to maintain his efforts to convince Member States and all relevant components of the United Nations system to maintain their support for the GPA and its mission. That support should be sustained and increased - and not diminished.
- 17.2 Integration of initiatives: The GCA commends the very high level of coordination already achieved within the activities of the GPA. High priority should be given to the integration of the activities of the GPA within the context of the overall strategy of WHO and in particular for the attainment of primary health care. Close attention should be specially paid to coordination between WHO programmes and the national programmes of Member States. Such attention should pay appropriate regard to any particular features of the culture, environment and special problems of Member States which necessitate special adaptations or modifications of the global programmes in order that they will have maximum effectiveness in containing AIDS and responding to its individual and social consequences.
- 17.3 Policies on AIDS and drug use: The advent of AIDS presents an important new dynamic with great significance for global and national strategies concerned with illicit drug use. It is important that this new dynamic should be reflected both within the policies and programmes of WHO itself and in WHO initiatives in relation to Member States and other relevant international

agencies. The GCA notes the report concerning the high level of co-operation already established with the United Nations Drug Control Programme. It recommends that this should be intensified, particularly in response to the Director-General's call, at the outset of the meeting, for fresh examination of any policies on drug use and AIDS which are not appropriately integrated. Of particular relevance in this connection is the fact that long-term preventative educational programmes for youth present a special opportunity for a mutually supportive approach by WHO and other agencies, to the extent feasible, combining resources and experience. The problem of AIDS and drugs in prison is another example where existing work needs to be further developed and strengthened.

- 17.4 Risk behaviour and prostitution: The GCA recognises the particular need for GPA to address closely those activities which involve a high risk of the transmission of HIV. It recommends to the Director-General that special attention be paid in this context, in cooperation with the Member States involved, to the problems presented by prostitution and multiple partner sexual activities particularly in (but not limited to) developing countries.
- 17.5 Risk behaviour in homosexual and bisexual men: The GCA draws to the attention of the Director-General the reports concerning the difficulty of sustaining behaviour modification amongst homosexual and bisexual men in (but not limited to) developed countries. In the development of its activities the GPA should give particular attention to this issue.
- 17.6 Attention to applicable international law: The initiatives of GPA concerning respect for human rights and measures for anti-discrimination deserve commendation. These initiatives can be enhanced by articulation of the applicable international law on human rights relevant to the containment of AIDS and the reduction of its impact on society and individuals. It is important for GPA to highlight its awareness of applicable international law on human rights especially relevant to AIDS/HIV and to disseminate, within WHO and externally to Member

States, information about the provisions of such law. That law is reflected in the resolution of the 41st World Health Assembly concerning AIDS and Discrimination. However, the authority of that resolution derives from earlier binding instruments of international law. Public health needs, even those as urgent as AIDS, do not provide a blanket exemption from observance of human rights obligations. WHO, as a specialized agency of the United Nations, must pay particular attention to the field of AIDS policy and programmes to ensure compliance with established international statements of human rights. It should also be aware of regional statements of human rights.

- 17.7 Closer involvement of NGOs: There is a crucial need at this stage of the global and national initiatives relevant to AIDS actively to involve in national programmes, all relevant non-governmental organizations (NGOs), community based organisations and the private sector. The GPA should in every appropriate way take steps to increase the awareness of other relevant international organisations and national AIDS committees concerning the desirability of involving NGOs, community based organisations and private voluntary organizations, especially in the fields of activities directed towards prevention of the spread of AIDS.
- 17.8 Initiatives in research and development: The GPA recognises the start made by it in coordinating and conducting international efforts in epidemiological, biomedical and psychosocial research and HIV impact assessment. Current initiatives will be examined carefully by the Research Steering Committees. The CGA recommends that a major agenda item of the next meeting should be examination of the reports of the Research Steering Committees and a consideration of the initiatives to be proposed for 1990 and beyond.
- 17.9 Improved supply of AIDS/HIV data: There is a vital need to improve the speed and accuracy of the supply of relevant data to WHO concerning levels of HIV infection and of cases of AIDS. The quality and effectiveness of WHO and national policies and programmes relevant to HIV and AIDS

obviously depends to a high extent on the quality of the data being gathered by Member States and provided to WHO. In some parts of the world, (particularly, but not limited to, parts of Africa), there is reason to believe that the supply of data and its quality could be significantly improved. The GCA recommends that urgent steps be taken to ensure that this problem is tackled effectively, in close collaboration with the relevant authorities of Member States.

Suggestions for Future Consideration

18. Particular members of GCA expressed opinions concerning the need for fresh or greater attention to be given at future meetings of the Commission to a number of subject matters. Some of those referred to in the course of the meeting were:

- 18.1 Means of bringing home to politicians, officials and other relevant policy makers the need to recognize the urgency of taking and sustaining initiatives relating to the containment of AIDS and the reduction of its impact on those already affected;
- 18.2 New strategies for the education of prostitutes so that they can become a target group for promoting behaviour modification relevant to AIDS containment;
- 18.3 The costs, distribution and availability of therapies for the treatment of HIV and AIDS having regard to other competing health priorities;
- 18.4 The further development of psychosocial models to evaluate their effectiveness for behaviour modification for the containment of AIDS. These should build upon the growing body of knowledge regarding the determinants and psychological mechanisms of behaviour modification and upon the evidence of the success already achieved in some homosexual communities in securing such behavioural modification;
- 18.5 The provision and widespread dissemination of up to date information on available sources of research and other funds for initiatives relevant to AIDS. Particular reference was made in this

connection to the World AIDS Foundation and the World Laboratory;

- 18.6 The evaluation of the performance and appropriate uses of rapid diagnostic tests for HIV infections;
- 18.7 The exchange of information on, and the promotion of operational research to secure data directly related to, sustaining the needs of national AIDS programmes.
- 18.8 The exchange of information on, and the stimulation of research on the programmes needed to provide support to, persons affected by AIDS and their families, with special reference to the mobilisation of community resources and the avoidance of discrimination;
- 18.9 The encouragement of equity in the relationship between the GPA and all Member States of by encouraging Member States to adopt a minimum acceptable level of activities in connection with AIDS prevention and control;
- 18.10 The means by which remedies and, when available, vaccines for AIDS might be made widely available, especially in developing countries and in relation to need;
- 18.11 The identification of further appropriate ways of strengthening health and educational infrastructures, and manpower resources in Member States so that they can fully benefit from the activities of the GPA. This process of institutional strengthening might, with advantage, be pursued in collaboration with other regular budget and special programme activities of WHO; and
- 18.12 The need for an international data base on the economic and social consequences of AIDS.

Inevitably at the first meeting of the GCA, the members of the GCA were able to deal with some only of the issues of importance for the future activities of the Commission. Listing the above suggestions does not necessarily represent GCA endorsement of them. But it serves to indicate the variety of issues discussed during the first meeting. The

members believe that a good start has been made upon the work of the GCA. They believe that future meetings will require effective support by the provision to members of discussion and option papers on some of the issues identified for future consideration.

A Second World Summit of Health Ministers

19. The GCA recognizes the particular usefulness of the World Summit of Ministers of Health on Programmes for AIDS Prevention jointly organized by the WHO and the United Kingdom Government and held in London, 26-28 January 1988. That Summit contributed significantly to the close personal involvement of Ministers of Health in many lands with the strategies of WHO and the GPA. It contributed in a constructive way to the high sense of urgency about the adoption of global, national and local policies concerning AIDS. The GCA believes that another such Summit meeting would now be timely, particularly having regard to the growing evidence of complacency already referred to and the new priorities which have continued to emerge relevant to AIDS. Accordingly, the GCA recommends to the Director-General that he give consideration to the early organization of a second such summit.

Next meeting and closure

20. It was reported that the Director-General had indicated his agreement to hold a second meeting of the Global Commission on AIDS in 1989. The week of 6 November 1989 was proposed. The possibility of rotating the location of the meeting was noted. The final decision on the date and place would be communicated to the GCA Members as soon as possible and in any event no later than four or five months beforehand. The Chairman and the members would also be consulted in advance concerning items for the agenda of the next meeting and about documentation which should be prepared by the secretariat.

The meeting was closed by the Director-General.