

SECOND MEETING OF THE GLOBAL COMMISSION ON AIDS

BRAZZAVILLE, CONGO 8-10 NOVEMBER 1989

SECOND MEETING OF GLOBAL COMMISSION ON AIDS

BRAZZAVILLE, CONGO 8-10 NOVEMBER 1989

The Global Commission on AIDS (GCA) is an advisory body established by the World Health Organization (WHO). Its functions include the review and interpretation of global trends in the human immuno deficiency virus (HIV) epidemic; the review of scientific and technical developments in prevention and control of the spread of HIV; and the provision of proposals and recommendations to the Director General of WHO (Dr H Nakajima).

There are 23 Commissioners of GCA amongst whom are Professor Luc Montagnier and Dr Robert Gallo, the French and United States scientists who first isolated the AIDS virus. The Chairman of the Commission is Professor Lars Kallings of the Ministry of Health in Sweden. The first meeting of the Commission took place at WHO headquarters in Geneva in March 1989. A wide ranging report of that meeting laid out a heavy agenda for future meetings of the GCA.

The second meeting of the GCA took place in Brazzaville, People's Republic of Congo, between 8 and 10 November 1989. It was opened by an address by the Director General of WHO. He referred to the evidence that the AIDS epidemic was gathering momentum, including in areas where it had previously not been so significant, such as parts of Africa and in Thailand. There was also evidence of a growing

incidence of the spread of HIV related to the use of intravenous and other drugs. The virus could be spread by contaminated syringes used for IV drug use. Other drugs, even where not used intravenously, reduced inhibitions to safe conduct which is protective against the spread of HIV. Dr Nakajima repeated his call, initially made at the first meeting of the GCA. He said it was essential to coordinate the initiatives of WHO on AIDS with those of other United Nations and other international agencies concerned with drugs. He said that the situation was getting so bad that fresh approaches were essential if the AIDS epidemic was to be controlled. He referred to the difficulty of getting international and national agencies to think differently and imaginatively about the urgent additional problem presented by the fact that AIDS is spreading by the use of drugs.

The Regional Director for Africa of WHO, both in an opening and closing statement, stressed the importance of the decentralisation of activities to combat HIV/AIDS. Regard to differing cultural and economic circumstances was essential, he said, if WHO initiatives in this and other challenges to health were to succeed.

The Director of the Global Programme on AIDS (GPA) (Dr Jonathan Mann) said that an assessment of the world situation in respect to the HIV epidemic was more sombre at the end of the 1980s than had previously been predicted. Although a global strategy had been developed by WHO, and been officially adopted by the 166 member states of WHO, and

although there was some evidence of behaviour modification in certain high risk groups in some places, the epidemic was still gaining momentum. This was shown both in geographical spread (with increasing numbers of cases in Eastern Europe, West Africa and South-East Asia) and growing evidence of increased spread in developing countries, particularly through drug use. Dr Mann referred to the difficulty of tackling effectively issues such as prejudice and discrimination, sex education and condom use because of cultural or religious barriers and a growing sense of complacency about AIDS in many quarters.

After these initial statements, the GCA turned to review the reports on the research strategies for the 1990s proposed by the GPA. It heard reports from the Chairmen of the Research Steering Committees dealing with such matters as biomedical research, behavioural research and evaluation methodology. The GCA approved and supported the reports of the Steering Committees. Some of the particular matters which the GCA suggested should be emphasised in future research were:

- * The development of the capacity to conduct clinical trials with drug therapies at the national and international level;
- * The development and strengthening of national ethical review committees concerned with initiatives in therapy and future vaccines;

- * The improvement of international collaboration in research;
- * The inclusion of experts in ethical, legal and human rights issues in bodies developing research guidelines;
- * Priority study of the behaviour of prostitutes and their clients including of the reasons why people resort to, and engage in, prostitution; the economic dimensions of prostitution and the role of prostitute self-help in preventing and controlling HIV/AIDS; and
- * The study of high risk activity related to involvement with multiple sex partners.

Because the GCA was meeting for the first time in Africa, and in a country with a high incidence of HIV, the opportunity was taken to visit hospitals and to receive briefings on the initiatives being taken by the Congolese National Committee for the Struggle Against AIDS. The GCA commended the efforts of the GPA to combat the acute and growing problem of HIV/AIDS in Africa. It supported the initiatives of WHO in Africa to respond to the challenge. But it noted the need for additional concern with respect to:

- * The supply of basic health care material;
and

- * The achievement of a safe blood supply, secured by adequate testing against the presence of HIV in blood used for transfusion.

At hospital inspections, the Commissioners were told of the widespread practice of blood transfusion during childbirth in Africa, often related to malnutrition and anaemia. Because a charge is made for HIV tests in the Congo, many persons, uncertain of their HIV status and desirous of finding it out, are securing a test free of charge through blood donation. Some Commissioners expressed disquiet about this procedure with its potential significance for the continued introduction of HIV into the blood supply.

The two major substantive topics which were dealt with at the meeting of the GCA related to the global availability of diagnostic, therapeutic and preventive technologies in connection with HIV/AIDS and the inter-relationship of the HIV and drug epidemics.

The discussion of the availability of diagnostic therapeutic and preventive technologies laid emphasis upon the response to HIV in developing countries, in particular, but also in poorer or disadvantaged sections of developed countries. The GCA recognised the serious ethical issues raised by the problems of economic choice involved in the provision of expensive technology and therapy (or of future vaccines) to respond to AIDS. This issue was highlighted by the coincidence of another WHO meeting in Brazzaville at the

same time as the GCA. This meeting dealt with WHO strategies to combat leprosy in respect of which effective drugs are already available. The difficulty of providing such therapies, in countries with very low public health expenditures, was discussed. Also discussed were the initiatives that could be taken to ensure that future vaccines against HIV and currently available but extremely expensive therapies were available to all. The GCA affirmed that all persons, irrespective of their nationality or population group, must have equitable access to:

- * Intensive programmes for the prevention of HIV infection;
- * Diagnostic testing;
- * Health care;
- * A safe blood supply; and
- * Future safe and effective vaccines, when developed.

The GCA requested the Director General to report on the most effective ways of achieving these stated ethical objectives.

On the controversial subject of HIV and drug use, the GCA responded to the opening statement of the Director General of WHO. It commended and supported him for his call for new initiatives to improve the coordination of international efforts to deal with intravenous drug use. It urged that such efforts should include fresh attention to issues related to the demand for drugs and should not be

limited to attempts to control their supply - the major focus of concern in the past.

Special attention was drawn by GCA to the impact of intravenous drug use on sexual transmission of HIV and on the health of women and children. The GCA requested that its sense of urgency about intravenous drug use as related to HIV should be conveyed to a number of forthcoming international meetings. These include the Special Session of the United Nations General Assembly; the Summit of the Ministers of Health on Reducing the Demand for Drugs and Combating the Cocaine Threat, and other relevant activities within international agencies concerned with drug control. The Commission suggested that further consideration should be given to identifying countries in which pilot projects could be promoted which would involve cooperative efforts by both health and law enforcement agencies to reduce the demand for drugs. The GCA resolved to add this issue as a major substantive item to its agenda at its third meeting in Geneva in March 1990.

The GCA decided that at future meetings it would give priority of attention to the current status of vaccine development; safety of blood transfusion systems; national initiatives in quarantine and isolation; as well as intravenous and other drug use, as previously mentioned. The Commission also drew attention to WHO resolutions on freedom of international travel of persons with HIV. It expressed concern about reports of limitations placed on such travel as

affecting the participation in international meetings concerned with AIDS/HIV of persons already exposed to the virus. It asked the Director General of WHO to draw WHO policy in this regard to the attention of relevant authorities.

By its first and second meetings, the Global Commission on AIDS has acted to fulfil its role in scrutinizing the important work of the Global Programme on AIDS. Its scientific authority will be important. Its general endorsement of that Programme will be reported to the relevant organs of WHO. The Commission has looked into the future of the AIDS epidemic. It is pointing, in its reports, to the issues of major future concern so that responses to the epidemic, on a global and national level, can be less reactive and more proactive. The stress placed by GCA on the growing issue of intravenous drug use and on policies for the supply of therapies and future vaccines illustrate this function of GCA.

Some reports to the meeting in Brazzaville spoke hopefully of a vaccine against HIV and AIDS within five years. This issue will be further explored at the third meeting of GCA. But the Commissioners realized that, in advance of vaccine development, ethical and human rights requirements would need to be laid down to ensure that such developments could occur under conditions that were safe, lawful and ethically appropriate. It seems likely that steering the global strategy against AIDS, and identifying

the issues for the future, will become the major activities of GCA. Its high level membership - to be enhanced by appointments from other regions and fields of expertise (including economics) - seem likely to enhance its authority both within WHO and beyond.

MDK*

* Justice Michael Kirby, GCA Commissioner, who attended the Brazzaville meeting. The views stated are personal. The major decisions of the GCA stated here should be considered in the light of the official report of the meeting which will be issued in due course by WHO.