GLOBAL COMMISSION ON AIDS

THIRD MEETING, GENEVA, 22-23 MARCH 1990

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AIDS - THIRD MEETING OF GCA

Resignation of Director GPA - New directions on drugs and HIV - Management of Global Programme and more optimism about the prospects of a vaccine

The Hon Justice Michael Kirby*

RESIGNATION OF DIRECTOR, GPA

It was springtime in Geneva when the third meeting of the Global Commission on AIDS (GCA) convened at the end of March 1990. Commissioners from 17 countries assembled in the principal meeting room of the World Health Organization (WHO). The meeting, and indeed the whole building, was buzzing with talk about the resignation of the founding Director of the Global Programme on AIDS (GPA), Dr Jonathan Mann. In the normal way, as in the previous meetings in Geneva and Brazzaville, the Director General (DG) of WHO, Dr Hiroshi Nakajima opened the meeting with a statement surveying the AIDS scene, as perceived from the grey building on the hill, overlooking the lake at Geneva.

But this time, the DG was even more sombre than usual. In the presence of the controversy surrounding the

resignation of the charismatic Mann, he proposed a closed session, attended only by the Commissioners of the GCA. This was adopted. The officers of WHO, including Dr Mann (the Secretary of GCA) took no part in that part of the meeting. The basic sources of the tensions which had led to Dr Mann's departure were well known. They included differing views about the place of the global strategy on AIDS, in the general context of WHO efforts, differing views about the need to decentralise more of the activities of GPA and to enhance the role of the continental regions into which WHO activities are divided as well as the need, seen from the top, for more effective administration of GPA to avoid waste and maximize effective return for expenditure.

Throughout the long meeting that followed, Dr Mann kept his silence. So much befits a loyal officer working within a large international bureaucracy. He had resigned. That was that. The water was under the bridge. There was no turning back. WHO would need a new Director of GPA. Already notable names were being mentioned. The Acting Director (Dr Merson) attended the meeting on the sideline. He is a well reputed United States scientist with a proved track record of effective administration within WHO in an international strategy against diarrhoea. He is a quieter person, with none of the fire and élan of Jonathan Mann. Around the corridors of WHO many rumours spread, voicing fears of a change of direction in GPA:

* Towards the "remedicalization" of AIDS, with a strictly public health and medical perspective, despite the absence of a vaccine or a cure to support such an approach;
* Towards a diminution in the emphasis on human rights, said to be lower on the agenda of Dr Nakajima than it always was amongst the topics of concern of GPA under Dr Mann; and
* Towards a new emphasis on the problems of AIDS in the developed world, with comparatively less attention to the issues presenting in developing countries - always of prime concern to Dr Mann appointed under the patronage of the former DG, Dr Mahler.

Although Jonathan Mann kept a discreet silence in the hallways of WHO and with the journalists covering that organisation, he had given an interview to Le Monde in Paris which was published on the second day of the GCA meeting. This interview, when it became known, energized a number of the participants in the meeting and staff members beyond. For it exposed divisions of legitimate concern to all people involved in the global struggle against AIDS.

According to Dr Mann's statement to Le Monde, the DG perceived the fight against AIDS as no more important than that being carried on by WHO against several other illnesses. As reported, a draft message, proposed by Dr Mann, as a call to all member states of WHO, reminding

them of the resolution of the World Health Assembly against all forms of discrimination against persons with HIV/AIDS, lay on the DG's desk for four months, without action. "Fundamentally we do not entertain the same conceptions about the defence of human rights", Dr Mann is reported as saying. He also suggested a lack of support for the notion, emphasised in the GCA meeting in Brazzaville, that there must be a common approach to AIDS issues in poor as well as rich countries. Despite the recommendation of the GCA for equality of access to treatment of AIDS, nothing effective had been done by WHO to promote that worthy objective.

The local Geneva newspaper reported that, between the two men, an administrative wall existed making co-operation between them virtually impossible. The GCA was certainly not the proper venue to explore the rights and wrongs of the issues at stake. The appointment of the next Director, GPA is obviously vital for the success of the global programme against AIDS. But that appointment is the exclusive prerogative of the DG of WHO. Co-operation at the highest level is essential for the effectiveness of the programme. For whatever reason, that co-operation did not exist. It was therefore generally recognised that Dr Mann was right to go.

As in most disputes in life, there is no definitive answer to the issues raised by the departure of Dr Mann. Given the paradoxes of AIDS, it would be curious indeed if WHO were suddenly to turn away from the essential strategy of respecting the human rights of people with HIV/AIDS. Without

a vaccine or a cure, it is paradoxical, but true, that protecting the human rights of those with HIV or most at risk of acquiring it, is the best way we presently have of securing behaviour modification to help contain the epidemic. By protecting them, we protect the whole of society. Yet there is always a risk, in a building peopled almost exclusively by medical practitioners and their attendant bureaucrats, that the inappropriate medical model will re-emerge triumphant. It was against that risk that Jonathan Mann stood like a guardian angel. He had, and has, a vision of human rights probably learned on his mother's knee in the famous words of the American Constitution. Americans generally tend to be more vocal about human rights, because they grow up in a society which lives daily with that charter now exactly 200 years in its influence upon the republic.

But Dr Mann was also an authentic scientist with an excellent track record as an epidemiologist in the Center for Disease Control in the United States and frontline experience in dealing with AIDS in Kinshasa, Zaire. Perhaps it was there that he learned his especially compassionate attention to the rights of the frightened patient, burdened with the awful news of infection so gravely serious for health and without a present cure. Perhaps it was his own Jewish ethnicity that led him to a sensitivity to the need to prevent discrimination. One does not need to be especially perceptive to see the risks of discrimination that attend the

AIDS epidemic. Those in the front line are often already discriminated against: homosexuals, bisexuals, prostitutes, illegal drug users, the poor in developing countries, prisoners, migrants and so on.

Perhaps Dr Nakajima is right to insist upon a tighter administration of the huge and still growing programme of GPA. It would be little wonder that a programme that rushed from zero to millions of dollars in a handful of years would suffer some administrative inefficiencies. On one thing Dr Nakajima has always been forward looking. At every meeting of GCA he has emphasised the need for radical new approaches to strategies of containing HIV/AIDS in the context of drug use. His own background and interest in pharmacology encourages a forward looking and original radicalism on this subject. And it was this subject that was to prove the principal focus of the third meeting of GCA. The meeting was diverted from that focus at its start by the dramatic news of the impending departure of Dr Mann in June 1990.

The GCA did not allow its Secretary simply to conclude his participation in its affairs without words of commendation. It adopted a resolution expressing its profound admiration for his work. It also recorded its conviction that "the overall strategy adopted by GPA is one which should continue and that the leadership role of WHO and GPA in confronting this epidemic is essential for the success of the struggle against HIV/AIDS". Finally, the GCA

expressed its appreciation of an invitation which the DG had extended to it, and its members, to make suggestions concerning the qualities needed for the new Director of GPA. In response, the Commission emphasised the desirability of consulting widely about the appointment; the importance of leadership and managerial skills; the global and multi-sectoral nature of the AIDS epidemic and the attention this requires to the "medical, social and human rights issues" raised. At the close of the meeting the Commission members rose spontaneously in acclamation of the work of the founding Director of GPA, Dr Jonathan Mann.

AIDS AND DRUGS

Returning to its agenda, the Commission received a number of reports on drug use and HIV infection. A consultant, Dr Don Des Jarlais, Director of Research in the Beth Israel Medical Center in New York, outlined what was known about the global spread of AIDS as a result of drug use. He acknowledged that the information available was often sketchy. Nonetheless, in the context of cohorts of drug users in New York, there had been very high levels of sero-conversion in the past 3 years, reaching between 40 and 50% of the cohorts studied. There were similar patterns in overseas cities, such as Edinburgh and Bangkok.

Despite the well publicized knowledge of the dangers of intravenous drug use, there were pressures on drug users to engage in risky behaviour. This occurred because of the circumstances of initiation, the degree of social bonding

caused by legal and social alienation and the practical circumstances in which illegal drugs tended to be distributed. Dr Des Jarlais might well have added a further practical consideration. With the "war on drugs" reaching developing countries, the supply has become more limited and impure. A consequence is that the relatively inefficient method of ingestion by smoking drugs is increasingly being replaced by the more efficient, but AIDS risky, method of intravenous injection. With smoking, a measure of the drug is lost. With injection, however impure, the whole quantity of the drug is received. Yet injection, particularly with sharing, leads to much higher risks of spreading HIV. Dr Des Jarlais reported that bleach had become well accepted in New York and like cities for the cleaning of syringes and needles. However, education alone is not enough. And in the field of drug use, the changes occurring were lagging behind those earlier seen in modification of risky sexual behaviour.

Miss Margaret Anstee, one of the GCA members, is Under-Secretary and Director General of the United Nations office in Vienna. She outlined the three differing units of that office concerned with drugs. There is the Division for Narcotic Drugs; the International Narcotics Control Board and the UN Fund for Drug Abuse Control. Miss Anstee reported on the shifting attention to the issues of the demand for drugs. She suggested that the International Conference on Drug Abuse and Illicit Trafficking held in June 1987 had been important milestone in the global attack on the drug

problem. For the first time, 139 States had come together and acknowledged the importance of the victims of drugs. This began the moves towards less rhetoric and fresh attention to the issue of the demand for drugs and how that demand might be stemmed. Attack on the supply of drugs alone would not, it was now increasingly recognised, satisfactorily address the problem. Nevertheless, the attack on supply continues. A new International Convention on Illegal Psychotropic Drugs was ready for signature in December 1988. Already, some 43 States have signed it. It is anticipated that the convention will shortly come into effect. As a further signal of UN concern about drugs, the General Assembly of the United Nations held a special session on the topic in February 1990. The international character of drug trafficking - and the difficulty presented by the involvement of many developing countries in the trade - were candidly examined. Miss Anstee referred to a then forthcoming International Conference of Health Ministers in London in April 1990 which, it was hoped, would further examine the demand for drugs. She acknowledged that strategies to reduce the spread of HIV from intravenous drug use required <u>both</u> a reduction of supply and demand and also consideration of trade-offs that might be necessary to attain those goals. These could require consideration of the supply of sterile needles or the legalisation of the over-the-counter sale of sterile needles. But, as was pointed out, this strategy, adopted in but a few member States, was fundamentally

inconsistent with the all-out "war on drugs". It simply put the containment of AIDS at a higher level of priority. The need to involve HIV positive groups in the campaign against the spread of HIV through drugs was stressed by GCA members as was the need for further research on particular topics such as drug use in prison, amongst prostitutes and other special groups.

Miss Anstee was followed by Dr N Sartorius, Director of the WHO Division of Mental Health. He traced the history of WHO involvement in issues of drug use. In the 1940s and 50s the use of such drugs was regarded mainly in moral terms. By the 1960s the status of such use as crimes was reflected in WHO policies. Yet it was pointed out that it was only in recent years that a number of such drugs had been made illegal. Now there was a re-emergence of attention to the issue of demand for drugs. Various options were being pursued in different member states of WHO. Amongst member states some had low, and some high, levels of drug use. In some, there was an increasing problem and in others the problem was still insignificant. Culturally adapted policies made it difficult for WHO to propose a single global strategy. Nor was a strategy focused on drugs alone sufficient to contain HIV. Sexual behaviour and marginalization brought other risks of exposure to HIV from the use of illegal drugs.

Dr R Widdus, Chief of the Global Strategy Development, GPA outlined various activities opened up by GPA in its

attempt to reduce the risk of spread of HIV through IV drug use. These ranged from a study of strategies to move people from intravenous to oral use of drugs, to an examination of the legal environment to draw out the precise ways in which the law affects particular practices. Studies of strategies that work in reducing the risk must now accompany the innovative developments occurring mainly in developed countries faced by large and growing IV drug use problems. No single approach to the problem was suitable. However, neither was a blind adherence to approaches confined to attacking the supply of drugs.

Various members of the Commission commented on the principal presentations. Dr Albert Bandura, Professor of Psychology, University of Stanford, USA, and a notable expert on behaviour modification outlined a number of practical programmes being adopted in California to reduce drug use. He suggested that the key to success was "empowerment". Just as this had helped to turn around risky sexual behaviour in the homosexual community, it was equally presenting striking success in the San Francisco drug-using community.

Tackled on a more radical approach to the problem of drug use in the face of HIV, eg by decriminalisation, Miss Anstee stressed that the United Nations was not a supernational body. In words reflecting the earlier comments of the DG of WHO concerning the global strategy against AIDS, she emphasised that the UN ultimately reflects the strategies of its members. Some Commissioners, including myself,

expressed the view that WHO and the UN had an inescapable role of leadership. This view was later reflected in a resolution of GCA. But the point was effectively made that, in political terms, it was often difficult for radical changes to occur, at least quickly, in UN agency strategies on drugs, at least without initiatives coming from member States. But initiatives can also come from bodies such as GCA.

Dr Des Jarlais reported on the very limited programmes for syringe exchanges in the United States of America. These contrasted with the apparent success of such programmes in countries such as Australia and New Zealand. Other members of the GCA explored the reason for the differences in patterns of drug use in developed and developing countries. But the Commission was cautioned against a view that developing countries were not concerned in the problem of IV drug related HIV. Although patterns of HIV related illnesses differed in different parts of the world, the spread of IV drug use now left no continent untouched. One area of particular concern was the increasing evidence of syphilis amongst homosexual patients in some parts of the United States. This suggested higher levels of unsafe sexual activity, possibly associated with use of alcohol and cocaine. A myth was also about that HIV/AIDS was only a problem of older gays and that young people could engage in unprotected sex together without fear of infection. It was important to dispel this and other myths.

At the end of its session, the GCA noted a number of matters that were specially important in the context of drug use. These included the need to give increasing emphasis to the diminution of demand; to ensure that information relevant to HIV prevention was made accessible and in a form appropriate for the cultures affected; the need for cross-cultural research concerning the frequencies of risky behaviour and to integrate programmes concerning HIV/AIDS with drug use treatment and prevention. The GCA also emphasised the special needs of women in the context of HIV and drug use. The particular problems of women who are injecting drugs or who are the sexual partners of persons at risk through IV drug use required particular attention, as did the perinatal transmission of HIV and the problems associated with it.

GPA MANAGEMENT

For the first time the Commission had present the Chairman of the Management Committee of the GPA, Mrs Barbara Kelly. She outlined the work of the committee constituting representatives of donors, developing countries and international and regional organisations. The role of the management committee was explained. It was suggested that GCA should provide guidance on the priorities to be adopted in the GPA programme and on the suitability of the directions taken by the programme. What was necessary was an assessment of the right balance between the many areas of importance that GPA needed to tackle. The role of GCA as a body for

quality control of the GPA programme was referred to.

This discussion led back to a consideration of the fundamental role expected of GCA. The difficulties are obvious. The magnitude of the HIV/AIDS problem and its urgency are plain. At once, GCA must be technical, visionary, advisory and realistic. Various options for the better organisation of GCA were explored. These included:

* The provision in advance of questions for specific advice and the precirculation of papers;
* The break-up of GCA into subcommittees, having regard to the expertise of the members; and
* The rationalisation of the role of GCA within the overall strategy of GPA and in relation to GCA and the Management Committee.

There was some resistance to the notion of a break-up in the membership of GCA. Its value, many felt, lay in its multidisciplinary expertise and intercontinental character. It should not attempt to be an evaluative body but rather a generalist body pointing to the correct overall direction for the broad strategy of WHO efforts against HIV/AIDS. It was pointed out that GCA had no equivalent anywhere else within the WHO structure. There were no precedents to follow. Nevertheless, HIV/AIDS was itself in many ways unprecedented, at least in modern times. It was therefore the charter of GCA to advise the DG on broad policy questions and to provide

GCA to advise the DG on broad policy questions and to provide general advice to the management committee on budget priorities for the struggle against AIDS. No doubt discussion of the evolving role of GCA will continue. One of the functions of GCA is to maintain the momentum within WHO of the priority of concern given to HIV/AIDS and GPA. The epidemic presents particular risks and yet a special opportunity of successful action because of its early phase. That was both the challenge and the opportunity for WHO.

This session was followed by detailed briefings led by Dr D Tarantola on the health promotion programmes being pursued by GPA in various countries. There was a review of the recent reports on HIV/AIDS in Romania. No fewer than 115 country programmes have been established under the stimulus of GPA since it was set up.

The meeting also studied the particular problem of the blood supply in Africa. This had caused concern at the second meeting in Brazzaville. It was pointed out that between 30 and 40% of the blood supply in Africa was still unscreened. The problem was basically one of the provision of appropriate equipment. All members of the Commission considered that this, being a preventable source of the spread of HIV, should be given the highest priority.

VACCINE DEVELOPMENT - GOOD NEWS

The GCA then turned to a detailed review of progress in the development of a vaccine against HIV. The discussion was led by Dr J Esparza, Acting Chief, Biomedical Research, GPA.

He reported on recent advances which gave rise to cautious optimism about the possibility of a vaccine. A period of 10 years development was mentioned. The basic cause of the growing optimism was progress being made in the identification of an appropriate biological target for a vaccine, and the recent demonstration of induction of protective immunity in experimental animal models, using candidate vaccines. Several possibilities for a vaccine were mentioned:

* One to prevent the initial infection of HIV;
* One to prevent the progress of the conditions associated with HIV even if not preventing initial infection; and
* One to slow down AIDS in already infected persons, by stimulating their immune responses to the virus.

Initial target groups for these several vaccines were being identified. There was also much work going into the ethical questions which the development and trialling of a vaccine would present.

The Commission was taken candidly to the problems which HIV presents for the development of a vaccine. These include the fact that HIV is a retrovirus, that there are already two types of the virus clearly identified (HIV1 and HIV2) and the mutations seen in the virus. Fortunately, simian viruses (SIV) exist which provide good animal models for testing

vaccines. But, ultimately, tests on human subjects would be necessary because of the impossibility of ensuring transfer or data from animal models. The lead time presented another problem given the urgency of the crisis facing humanity in HIV/AIDS.

The major difficulty of developing a virus is the enormous variability of HIV structures. Targets for a vaccine were described. A promising target was the immuno-dominant loop identified as V3. This was considered sufficiently specific and stable to be suitable as a vaccine target. In vitro, this peptide had proved susceptible to the action of antibodies so that the virus is rendered ineffective. This result suggested that it may be possible to simulate a response in vivo, developing a vaccine of appropriate specificity and effectiveness. One difficulty was that different loops may be present in differing HIV strains in Africa. This suggested that it may be necessary to develop vaccines which were adapted to particular strains of HIV. At least at first, a universal vaccine might not be possible. The researchers were not overlooking the urgent need to consider the plight of HIV infected persons to prevent the progress of HIV infection to AIDS and particularly to prevent perinatal transmission of HIV. Some success appears to have been achieved in animal models. But this required caution having regard to the different patterns that typically followed infection with HIV and SIV.

The GCA received a briefing on the major candidates for

a HIV vaccine. Two of these exists in the United States. Others have been developed in Europe, including one in Switzerland, one in Zaire/France and one in the United Kingdom.

Dr Luc Montagnier, a member of the GCA and one of the scientists responsible for first isolating HIV, reported that for a year it had been known that a HIV vaccine was possible. He stressed the need for caution in translating results from work on chimpanzees to humans. Nevertheless, he said that it had already been shown in two chimpanzees that protection could be given by immunization. Although the results of this early work were encouraging, many obstacles lay ahead. These included the variability of the virus, the duration of the simian experiment and the possibility of short-term immunity with the necessity for further vaccination. The tests could only be done slowly. Despite the urgency of the problem, rushing the trials might only result in errors that could set the vaccine programme back. Trials involving humans would, he said, take "a lot of time". Nevertheless, he stressed that GCA would have a role to play in this connection. It should be concerned, for example, in the ethical and legal questions raised by vaccine trials. It should also work for the protection of volunteers who take part in such trials. Their participation must be consensual and voluntary. But it most also be protected, by way of insurance and otherwise, to ensure that an adequate number of volunteers came forward.

A report was received on the continuing work of Dr Jonas Salk who is proceeding to vaccinate HIV infected persons. But it was emphasised that the results of these experiments had not yet been formally published or evaluated.

CONCLUSIONS

The Commission spent much of the closing session finalising the general nature of the priority issues to be recorded in the annual report which it is required by its mission statement to present to the DG. The priority issues deserving of high attention, as perceived by the GCA are:

* The continuing, urgent importance of high quality research on HIV/AIDS;
* The need to combat complacency and any diminution in the sense of urgency about HIV/AIDS, including in the support being given to GPA and WHO for their part in the struggle against it;
* The attention necessary to legal issues and the preservation or protection of human rights for persons with HIV/AIDS or those at special risk;
* The issues of HIV/AIDS and drug use discussed during the third meeting;
* The priority for equitable access to information about AIDS, treatment and, when developed, vaccines;
* The special issues of women and AIDS. The GCA

noted that the particular focus of World AIDS Day 1990 would be this topic;

* The issues of AIDS in a family context involving children directly and indirectly (as orphans or members of a bereaved family);
* Issues of human sexuality and the consequent need for cultural sensitivity in the development of HIV/AIDS preventive strategies;
* The economic and social implications of HIV/AIDS; and
* The need for continuing leadership in WHO and GPA to assure the effectiveness of global efforts against the epidemic.

The Commissioners of GCA repeatedly stressed the need for creativity and innovation within WHO in the exercise by it of its United Nations mandate to co-ordinate the global response to HIV/AIDS. It was in this context that the dedicated work of Dr Jonathan Mann was most especially remembered. It was in this context too that the leadership of Dr Nakajima and his support for GPA will be most vital in the future.

* Commissioner, Global Commission on AIDS. Personal views.