GPA: UNDER NEW MANAGEMENT

PERSONAL REPORT ON THE 4TH MEETING OF THE GLOBAL COMMISSION ON AIDS

WORLD HEALTH ORGANISATION

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... et pour dire simplement ce qu'on apprend au milieu des fléaux, qu'il y a dans les hommes plus de choses à admirer que de choses à mépriser.

... and to state quite simply what we learn in a time of pestilence it is this: that there are more things to admire in mankind than to despise.

Albert Camus
La peste
The Plague (1947)

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* Member of the Global Commission on Aids of the World Health Organisation; Trustee of the AIDS Trust of Australia. Commissioner of the International Commission of Jurists. Personal views.

UNDER NEW MANAGEMENT

If you did not know who Mike Merson was, you might even think that he was a haberdasher from a small town of the Mid-Western United States of America. And then you would remember that it was just such a person who, earlier this century, had greatness thrust upon him and, on the death of F D Roosevelt, became one of the better Presidents of the United States. Mike Merson is now the Director of the Global Programme on AIDS (GPA) of the World Health Organisation. For the first time, I observed this mildly spoken American when I attended the fourth meeting of the Global Commission on AIDS (GCA) in Geneva in June of 1991. It was my last meeting. To borrow Sam Goldwyn's words, at the fifth meeting they will include me out. I therefore put on paper, whilst the memory is fresh, my impression of the meeting of a collection of fallible human beings with huge responsibilities to contribute to the health of millions in the six continents.

"Under New Management" signs were not actually posted outside Dr Merson's shop. But the signs of new management were everywhere. Gone was the charismatic Jonathan Mann whose excited voice could summons the members of the GCA alternatively to the medical disaster of this unexpected pandemic and, in the same breath, to the sensitive issues of human rights which the crisis raises. I often thought, during Mann's time, that it probably took an American of Jewish background fully to appreciate the risks of stigmatization, isolation, discrimination - the ghettos of despair - brought about by HIV/AIDS.

Dr Mann had resigned in the very midst of the third

ing of the GCA, held a year earlier. He had done so over
ferences with the Director-General of WHO, Dr Hiroshi
ajima. Mann had protested the difficulty he had
erienced in seeing the Director-General and in getting him
sign documents furthering the strategy of GPA. So it was
in a blaze of light, Dr Mann - who had worked so well
the previous Director-General Mahler, a Dane - was
. Dr Nakajima selected Merson - a man more in the
hodox mould, to take Mann's place. One could see
ediately why Merson would be more congenial to
Nakajima. Mann would never hesitate to use confrontation
arrest an apathetic world into a realisation of the
ngers presented by the AIDS epidemic. Mann was passionate,
culate. He had been fired up by his frontline experience
the early days of the epidemic amongst poor villagers in
re - one of the epicentres of HIV/AIDS. Merson, on the
er hand, came from 12 years authentic service in the WHO
gramme combating diarrhoeal conditions which still carry
huge numbers, particularly of children in the developing
rld and especially in Africa. Everyone loves children. No
gma whatever attached to a dying child. Not so with HIV
AIDS.

As Mann would ceaselessly point out, the first patients
h HIV/AIDS already typically carried with them a heavy
den of stigma and the special risk of discrimination. The
mosexual men. The prostitutes. The intravenous drug
users". People often on the fringes of "respectable"
ciety. Yet without a vaccine and with no immediate
spect of a silver bullet to cure HIV or permanently arrest
progress in sight, the urgent necessity, as GPA

appreciated under Mann's leadership, was to secure immediate and urgent behaviour modification. This could not be done by marginalising and isolating the patients and those most at risk of exposure to HIV. Anyone with the virus - and everyone in society - had to be warned so that risky activities which might spread the virus could be reduced in every land. Only in this way, at this time, would HIV and AIDS be contained. The world was fortunate that Jonathan Mann, passionate and equally fluent in French as in English, could bring this message with conviction and courage to the four corners of the globe where WHO operates. But now Mann was gone.

GONE ARE ABSENT FRIENDS

Gone too were some of the members of the GCA who had worked together since the first meeting two years ago and had shared its exciting beginnings. Gone was Richard Rector - the American AIDS educator now living in Denmark. Rector is himself infected with HIV. He made no secret of that fact. He spoke out for the countless thousands: anonymous faces in distant continents. People like him, suffering from this wholly unanticipated blight on their lives. He gave them a voice in the central conference hall of WHO: with sensitivity and a proper degree of passion.

Other members were also gone from the original team. Judge Kéba Mbaye of the World Court, the only other lawyer on the Commission was gone. Dame Nita Barrow, with a lifetime of service in public health and nursing, resigned when she was appointed Governor-General of Barbados. Albert Bandura also resigned. A professor at Stanford University, he had brought with him a fine knowledge of the social sciences and

empirical research on behaviour modification. Professor Lars Kallings, the grave Swedish professor who was the first chairman of the Commission, had resigned on taking up an appointment as a consultant to WHO. His sane voice, a counterpoint to the vibrant Mann, was always a happy blend of reason and good science. His interventions were partly stilled now. As a consultant he sat at the head of the table with Dr Merson and the Secretariat. Necessarily, his remarks now were short and confined.

Missing also were the Regional Directors of WHO who had previously attended meetings of the GCA in Geneva. Gone too were many in the ranks of loyal workers from those early days of GPA - Daniel Tarantola, who had motivated and cajoled many a reluctant national programme in the fight against AIDS. Gone was Manuel Carballo, whom I had first met in Zimbabwe, thirteen years ago, before AIDS was known. Then we were working together on the issue of breast milk substitutes. How insignificant, even that important topic seems now by comparison to the devastation which HIV and AIDS are causing in Africa and beyond. It was rumoured that both of these men had fallen out with the powers that be. Those powers did not attend this meeting. They might be - but they were not seen. Dr Nakajima had always opened and closed the earlier meetings of GCA. At the second meeting, he even travelled to Brazzaville in the Congo to lend the support of his presence and to see that epicentre of the epidemic for himself. This time he was notably absent. Why? He is away. He is too busy. He is ill. He does not need to keep the same eye on Merson that he did on the volatile Mann. The excuses were many. I never got to know the true reason.

ENTER A NOBEL LAUREATE

For all the absent friends, there were familiar faces too. Seated opposite each other were Luc Montagnier and Robert Gallo - the two scientists credited with first isolating HIV and describing it. The previous week had seen headlines in the popular press, reviving the suggestion that Gallo's laboratory had used samples of the virus provided by Montagnier's Pasteur Institute in Paris in claiming the credit for first identifying HIV. The relations between these two famous scientists seemed scarcely cordial. *Time* magazine had lately suggested that they were both deserving of the Nobel Prize. If the people in the room could vote, they would say amen. Gallo, obviously upset by the controversy, was quick to give his version of those events, ten years ago, to any colleague willing to listen to him. He spoke of his new book *Virus Hunting: AIDS, Cancer and the Human Retrovirus* which had just been published in the United States to critical acclaim by scientists and non-scientists alike. The quieter Montagnier, often breaking into English to make a telling point to the Commission, confined the majority of his recess conversations to his scientific colleagues.

One new face at the table had already been awarded the Nobel Prize. Howard Temin shared the Prize in physiology and medicine in 1975 with Professor David Baltimore for their work which led, independently, to the discovery of reverse transcriptase. He changed the debate about RNA tumor viruses. This was a discovery vital for understanding the way a particular kind of RNA virus could permanently change the DNA of cells and cause cancer. A key to the mystery of

cancer was provided to humanity. With his slow, laconic voice, Temin sounded, to my well attuned ear, more like a trial-room lawyer than a world-class scientist. No coincidence, he said. There were many lawyers in his family. He had wandered off into science. His powerful brain had helped to unlock some of the characteristics of retroviruses. This work would one day lead to a better scientific response to HIV/AIDS than was possible just now. When, incautiously at one stage, I suggested that the literature put a vaccine against HIV more than ten years off, Temin, ever so gently tongue in cheek, stated that my lifetime's service to science had rendered me more pessimistic than he was. He, the true scientist with the Nobel and many other prizes, but also with the American spirit of "can do", was more inclined to think in a shorter time-frame. A safe, effective vaccine would probably be developed within five to ten years. Scientists now had the measure of this virus. The mutations - changes over time, and in different parts of the world - presented difficulties to be sure. But the chances for a vaccine were now looking particularly promising. Already, many trials were underway.

Buoyed up by this opportunity to rebuke a social scientist, Temin launched into a number of very insightful comments of his own on the social implications of AIDS. With his own eyes he had seen the growth of the epidemic in the United States. He had seen the challenges to society which AIDS presented. His was the voice of a rational, compassionate scientist. But always of the scientist. His ventures into social and legal comments provoked me ultimately to dub him "Justice Temin". I think he rather

liked that. Yet in every way Temin's contributions to this epidemic, and to fighting it, earned his seat at the international body supporting the global strategy to contain HIV and AIDS.

At the end of the meeting, with my last words to this Commission, I remarked that it would be important to ensure that there was a continuing presence at the table of participants with a background in law and human rights. Otherwise an intolerable burden would be cast on Justice Temin - and he might enjoy it too much. The delegates laughed. But a serious point had to be made. Some critics outside Geneva have expressed concern about a feared "re-medicalisation" of AIDS under the new management of GPA. With the departure of Jonathan Mann, they fear that the old medical bureaucracy will take over: painting social sciences (not to say law) into an insignificant corner. Dr Merson was even reported as saying:

> *"AIDS under Dr Mann was a human rights issue. Now it is a public health issue."*

In the meeting of the Commission, however, Merson staunchly denied the dichotomy. He showed an admirable desire to become acquainted with the sociology of past epidemics. It is a daunting thing to take on the leadership of a world struggle to contain, and even reverse, the rapid spread of a lethal epidemic. Merson constantly quested for a global perspective of his responsibilities. Humbling it was to look at such an issue in terms of the countless millions of anonymous, never knowable human beings depending in part on correct decisions in Geneva for their future happiness, and even their survival. One would not want to stop to think

about the lives which hang on decisions made in that large grey building. In an apartment in suburban Geneva or in a candle-lit restaurant over the fondue, thoughts of such gigantic responsibilities would be shattering. Ordinary, simple lives full of love, hate, need and pain. Dr Merson is the key person, in the key division of the vital international agency that leads the world's response to HIV/AIDS.

Various things were said of Merson. "He's a bureaucrat - very efficient". "He's a bit of a bully". "He's willing to listen and to be convinced". These were the comments of the old-timers in Geneva. They reflected partly my own estimation. Coming from the diarrhoeal programme into AIDS, Mike Merson was alarmed by what he had found and by the limitations of the medical tools available to him. He was depressed by the miasmic problem of apathy and the constant struggle in which he must be engaged with the donors and WHO bureaucrats who ceaselessly demand that he justify his incessant calls for special support.

VOICES FROM THE ISLAMIC WORLD

Other new faces were also seen around the table of the GCA. Each of them added new perspectives to the Commission's work. They included Dr al Awadi, the Health Minister of Kuwait. Alert and articulate, he reflected with passion and intelligence the Arab and Islamic point of view which had largely been missing up to now. So far in the Arab world, the problems of AIDS have been a comparatively small one. Other issues have been on their collective mind. But Dr al Awadi urged a renewed effort to involve religious and spiritual leaders in the work of GPA, to get them to

understand the dimensions of the AIDS problem. The Pope might not come, he declared, because of his implacable opposition to condoms. But let the others come. There would be no problem, he suggested with the Arabs and leaders of the Islamic people, in urging the use of the condom to prevent the spread of HIV. Let the Protestants sit down with the Buddhists and with spokesmen for Islam. We need every weapon, declared the energetic al Awadi, to enter the minds of people - especially young people. To modify behaviour to protect the human universe.

During al Awardi's interventions, the mind strayed occasionally to the fundamentalists of all religions who rail ceaselessly against non-marital sex. In the shanty towns along the trucking routes of Africa and Latin America where HIV spreads, a humble condom rather than moral denunciation would do a greater power of good. The GCA received reports on the rapid increase in the availability of condoms in Africa. No fewer than 21 million extra condoms had been delivered to that continent in the last year. A revolution in sexual behaviour is occurring. But many men will not use condoms. They prefer to take the risk.

Dr al Awadi spoke of the comparatively few cases of HIV/AIDS in Kuwait. But he also gave us a personal insight. He told of a conversation with a son, now studying in the United States, even at that time preparing the mother of all tick-a-tape parades to welcome the victorious allied troops one hundred days after the mobilisation of international concern to liberate Kuwait. This son had told al Awadi that AIDS was no longer a concern for young people in the United States, even though that country remains a centre of the

mic. "If you are not gay, do not use drugs and don't prostitutes you have nothing to fear" was the reported ge from the young man. Whilst protesting the need to discrimination, Dr al Awadi spoke with feeling about bad impression" which the gay demonstrators had left him and some other Ministers at the meeting of Ministers alth on AIDS in London two years ago. "They have taken AIDS in the West. If we want the urgency of this crisis e taken seriously in Islamic countries, we must change *image* of AIDS".

Dr al Awadi's call suggested a need to sanitise AIDS. was too much for me. I could agree with about eighty ent of his observations. But I pointed out that all le of the Book (Christians, Jews and Moslems), and many out religion accepted the dignity of every precious human g. None were disposable for "image" purposes - whether sexuals, drug users, prostitutes or any others. These the people who had been in the frontline of the battles nst HIV and AIDS. Each and every one of them, without promise, was entitled to dignity, respect and protection m the horrible illness. Dr al Awadi hastened to repeat he too was against discrimination. But clearly, he e for many people and not only in the Arab world. If DS affects *other* people, it is no big problem. John ne's famous lines recurred to my mind:

"Ask not for whom the bell tolls
It tolls for thee."

Another new member of the Commission, Dr Peter Sumbung Indonesia was restrained and polite in the fine Javanese mer. But when he spoke, it was clear that he shared some

of the viewpoints expressed by Dr al Awadi. The interventions of these new members introduced a strangely different mood from the early days, with their universal recognition of the importance of human rights in the effective struggle against HIV. Had these been the views of those who shared or adopted European values? Were human rights really universal as so often claimed?

The new Canadian Chairman of the Commission, Dr Maureen Law, was moved at one stage to break from her normally restrained presidential style to say that she was hearing at the table opinions which she had not heard for many years in Canada. Talk of guilty people. Talk of people who had brought AIDS on themselves. Moral condemnations which would impede the educational messages essential to the containment of the virus. This was an important intervention. A voice of clarity and good sense. Yet the new voices at the table indicated the extent to which, in developed countries (although not only there), those who have lived with the HIV epidemic for nearly ten years, had progressed in their thinking beyond the opinions held in much of the developing world. A number of the developing countries stand on the brink of a catastrophe labelled AIDS. Their huge populations with people newly dislocated from rural life, uprooted from centuries of stable existence, now eking out a miserable subsistence in the shanty towns from Mombasa to Sao Paulo. For such people talk of sexual abstinence, self-restraint and chastity - and preaching about the safe nuclear family - fall on deaf ears. For them, as for their brothers and sisters in the developed world, other weapons must be mobilised to stop the spread of HIV. Education, science and assistance. These

are the weapons of GCA: efforts big and small in many lands striving to contribute to a common global objective: the protection of humanity from a grave new threat.

DIRECTIONS OF SCIENTIFIC RESEARCH

The business of the fourth meeting of the GCA ranged widely. Scarcely a topic relevant to the international concerns about HIV was ignored. Reports were received on the state of research into the current means of treatment and the development of vaccines. Shockingly enough, one of the abiding problems remains the spread of HIV through blood transfusions in developing countries. There the tests designed to check against the presence of HIV are still often unavailable, or if available too expensive for the hard stretched health budgets of countries facing present problems even greater than AIDS. The cost of the Elisa test for blood products to identify the presence of the AIDS virus is now down to about $1 each test. One means of increasing the availability of this test in Africa now being used was described. It involves the pooling of five samples of sera together. If all are free of HIV antibodies, the tests of each sample had cost only 20 cents. But if one shows positive, each of the samples must then be checked individually to isolate the blood which is infected. Improvisations of this kind must be used throughout Africa to attain, on that continent, the rigorous safety of blood products which developed countries now take largely for granted.

The experts scrutinised carefully the particular problems presented by the spread of HIV to women and, by perinatal means, to infants. Professor Montagnier spoke of

the vaginal spermicides now in widespread use as contraceptives, some of which cause irritation rendering the subject susceptible to infection by HIV virus. From Uganda, Mrs N Kaleeba, Director of the AIDS Support Organisation stressed the need to empower women, often treated as subordinates, so that they could "trick" men into safe sex, as by the use of condoms. Professor Kaptue, Chairman of the Cameroon National Committee Against AIDS emphasised repeatedly the critical rôle of women in Africa, where they are so often the backbone of the economy and the vital means of education for the next generation. Howard Temin emphasised that AIDS was emerging as a women's issue and a developing country issue. It was important to get people in the developed world to see these truths as clearly as we did.

Dr David Heymann, Acting Chief in the Office of Research in GPA, outlined the priority areas for scientific research which WHO had adopted in this field. Top of the list was vaccine development. Dr Heymann described the work in fourteen countries participating in various trials to develop an HIV vaccine. He outlined the procedures adopted for ethical clearance of vaccines approved for testing. Especially because the tests are mostly conducted in developing countries, the need for informed consent, for counselling, for the avoidance of discrimination and the provision for compensation were essential and recognised as such by WHO. Another priority for research was in the field of drug development. A third priority was in the provision of economical tests, particularly in developing countries and especially to ensure a safe blood supply. Professor J Pindborg of Denmark, a new member of the Commission and

Professor of Oral Pathology, emphasised the need to complement good technical developments with sound instructions to health-care workers on the simple diagnostic procedures which are available (even without scientific tests) for provisional identification of HIV and AIDS in patients.

One unexpected problem in the development of drugs and vaccines was reported. The chimpanzee, frequently used in drug trials, is now extremely scarce. It was estimated that there were no more than 150,000 of them in the world. They are now an endangered species. It could no longer be assumed that chimpanzees would simply be available for vaccine and drug trials to stand in the frontline of their cousin *homo sapiens* to test the reaction to drugs in the cause of humanity. New methods of safe vaccine trials on humans would be required. This fact, and the added dimension of litigation risks, presented difficulties in the development of an AIDS vaccine and drugs which were not present in earlier years and with other conditions.

RESOURCE ALLOCATION IN TIGHT BUDGETS

Following these debates, a long discussion ensued upon just and efficient resource allocation in the context of HIV/AIDS. Dr Merson emphasised the high priority to be paid to protecting the African blood supply. This was an area where, clearly, weapons were already available. Professor Kaptue (Cameroon) explained the difficulties facing developing countries, confronted by the high cost of AZT. This is the antiviral drug used in many western countries to improve the quality of life of advanced HIV patients. In Kaptue's opinion, supported by other opinions from Africa,

the price of AZT is so prohibitive that its purchase could not be justified in the meagre medical budgets of developing countries. These candid revelations - which reflect the realities which are there in every country in the valuation of human life - led some participants to caution against the "marginalisation" of patients with HIV. Dr Sumbung suggested that in only one way were the developing countries fortunate in facing the AIDS crisis. Generally, their extended families still operated. The family would step into the problems presented by HIV and AIDS in individuals. But in the urban slums and dislocated communities in which, often, the social circumstances give rise to the spread of the virus, the bond with the extended family may be weak or even severed.

HERE IS MY "VACCINE"

There followed a very useful debate on the efforts made to update the strategy of the Global Programme on AIDS, to integrate the medical and the social responses and to fix achievable global targets based upon the realistic guesses of the likely spread of the virus. The President of the AIDES Federation in France (Daniel Défert) disputed the repeated and sometimes simplistic calls to change sexual behaviour. Sexuality was an important human need. It was vital to integrate its demands into all just and effective strategies on HIV/AIDS. It was essential to use non-governmental organisations and community groups in reaching out to ordinary citizens with believable messages about AIDS likely to affect behaviour. Above all, it was important to integrate people living with AIDS in society and to avoid marginalising them and discriminating against them.

From Kenya came the voice of Mrs E Kiereini, Chairman ... Nursing Task Force in Nairobi who was the rapporteur ... meeting. She painted a grim picture of the new ... of HIV/AIDS to young girls in Kenya - often infected ...der men who chose prostitutes increasingly younger in ...ope, by that brutal means, of avoiding exposure to the ... now known throughout Africa.

Professor Kapita, in the frontline at the General ...l in Kinshasa, Zaïre, talked of the crippling problems ... by the spread of HIV/AIDS in his country. He said ... was a need to emphasise that each person had in his or ...nds the "vaccine" of knowledge. In the place of patent ...cines now sweeping that unfortunate continent, it was ...ible to write a sure cure book titled *I am Sero ...ure. Here is my Vaccine*. The current vaccine, ...able to all, virtually free, involves safe practices. ...safe practices are not always possible. And so the ...xual "vaccine" does not always work. I cautioned ...nst writing-off people living with AIDS. In the emphasis ...evention, it was important that WHO should never forget ... predicament of those already infected. They look to GPA ...ive leadership and to speed the efforts towards a cure ... even a vaccine which might operate in slowing the onset ...AIDS and controlling the virus which causes it.

U.S. & THE POLITICAL CARAVAN

Another session of the Commission considered whether a ...t of world leaders should be arranged by the Director ...al around the theme of AIDS. Dr Dorothy Blake, new ...ty Director of GPA, sat at Dr Merson's right-hand ...ughout the meeting. Like him, she emphasised the special

problem presented by apathy throughout the world. She talked of the great need to tackle this problem in different ways in different regions of the world. That there was a need to tackle apathy was brought out by many contributions to the GCA debates. Dr Mechai Viravaidya, now Minister in the Prime Minister's Office in Thailand, suggested that efforts should be made to get international meetings on other topics focused on the implications for virtually every discipline of HIV and AIDS. For example, a meeting of Ministers of Economics and of the International Monetary Fund in Thailand in October 1991 would be addressed on the economic implications of AIDS. So it could be done in other international meetings.

Margaret Anstee, Under-Secretary General of the United Nations Office in Vienna, supported Mechai's idea. There are many special meetings throughout the year organised at an international level by the EEC, the Commonwealth Secretariat and other bodies. To their agendas should be added special sessions on the implications of AIDS. It was the duty of members of the Commission to promote this cause and to take the initiative wherever possible.

A voice of caution on this theme was that of Professor M Gabr, Chairman of the WHO Advisory Committee on Health Research. He pointed out that the "average life" of a Minister, at least in the developing countries, was between six months and a year. It would take three years to organise an international meeting of Ministers for Health. Within that time, many Ministers would have "passed on" to their political rewards. Ministers attending the meeting would likewise pass on soon afterwards. Perhaps it was more important to tackle the bureaucratic levels of government.

they would continue, whilst the caravan of Ministers comes and goes.

COMPUTERGRAPHICS & NEW FIGURES

The reports which are most vividly etched on my memory from the meeting were those given by Dr Jim Chin. He is an American epidemiologist. To him falls the obligation of tracking the HIV epidemic throughout the world. I have seen Dr Chin report on the patterns and developments of the disease at many international meetings. This time he was giving us a preview of the report he was shortly to give to the International AIDS Conference in Florence. Now, for the first time, I saw him armed with computergraphics. At the touch of a key the young assistant, at his command, could project the graphs showing the probable future growth of AIDS. The global estimates of infections at this time, based upon the best estimates available to WHO are:

Europe	½ million
North America	1 million
South America	1 million
Africa	6 million
Middle-East	30,000
Asia	½ million
Australasia	30,000

Far the most unforgettable graphs were those in which Dr Chin illustrated the pattern of infections in the past and yet to come. The graphs for the developing countries of Europe, North America and Australasia grew quickly at first but then flattened out. According to the projection they may even begin to fall by the end of the century. Not so the graph of

Latin America. It steadily grew. More alarming still was the graph of Asia. With new statistics in from Thailand, the Burma border and India, and with the great population centres of the world now at risk, the Asian line grew rapidly towards the century's close. Most alarming of all was the yellow graph for Africa. According to the WHO estimates, there will be more than 10 million people infected on that unfortunate continent by 1995. By the turn of the century, in sub-Saharan Africa AIDS will have cut 12 years off average life expectancy. The expectancy of men in this part of the world had been expected to rise from 50 to 60 years in the last decade of the century. Now, as a result of the advent of AIDS, it is expected to actually fall to 48 years, thus wiping out the progress which could have been made by the interventions of public health.

By 1999, Dr Chin estimated that the new cases of the global HIV epidemic would be overwhelmingly amongst heterosexual adults in developing countries. Hard won gains in child survival would be lost. The prospect of effective, affordable drugs seemed remote, at least for such countries. The only practical object immediately achievable was to protect the blood supply. Other strategies included education and condom distribution. Every strategy must be promoted urgently within available resources.

Amongst children, WHO expects that by the year 2000 between 5 and 10 million children will be infected with HIV, most of them receiving the virus perinatally or neonatally from their infected mothers. What began as an urban epidemic in the developed world is now moving to townships and rural districts of developing countries. The rural rates in the

developing world are catching up with the early scourge in the cities of North America, Europe and Australasia.

NEW FIGURES FROM THAILAND

Dr Chin's statistics were supplemented by vivid new figures produced with disarming candour by Dr Mechai. According to him, the latest figures from Thailand show an alarming growth of the spread of HIV in that country. A "best" scenario has 2.1 million Thais infected with HIV by the turn of the century. The "worst case" scenario has 6.7 million Thais infected. The object of government strategies in Thailand, now led in this area by Mechai himself, must be to prevent the "best" moving to the "worst".

Tests taken on sex workers in Thailand have come back showing that 20% of those working in Bangkok are already infected with HIV. In Chiang Mai, in the north of Thailand, some 56% of sex workers are infected. The figure reaches even higher proportions in the low-cost venues used not by the tourists but by poorer Thai men.

Tests recently conducted on 32,000 rural youths in Thailand, aged 20 to 21 years, showed disparities in the rates of infection in different parts of that country. But in Chiang Mai in the north some 14% of the subjects tested were HIV positive. Seventy-five percent of these young men reported having had sex with sex workers. Forty-four percent reported that in such encounters they had experienced their first sexual intercourse. A tolerant country where sexual expression is not repressed, Thailand now faces a tremendous challenge from HIV. It even threatens its much heralded economic lift-off. And Thailand is not alone. It merely shows the way. By its honesty, it provides the warning for

other countries in Asia and elsewhere less willing to confront the issues with honesty and candour.

It was with these sobering statistics and predictions that the meeting by the lake in Geneva concluded. There were the usual handshakes and farewells as the delegates rushed to their planes which would wing them back to the four corners of the world. AIDS is hard. Hard on the patients. Hard on their families. Hard on health-care workers. Hard on the scientists struggling for a cure and a vaccine. Hard on the international servants of humanity who gather the grim news and, from the headquarters in misty Geneva, struggle ceaselessly against apathy.

PROMISES TO KEEP

As I wandered out of the large clinical building, the bracing air of Switzerland in springtime greeted me. The neat, tidy, well-dressed people rushed around as if unconcerned by the demon in their midst. I felt like shouting out in those orderly streets. Don't you realize that AIDS is about? What are you doing to fight it? But life is about too. Life in its abundant variety goes on. In the midst of death we are with life.

As I took the long journey back to Australia - over many lands now threatened by this unexpected pestilence - reassuring thoughts accompanied me. Of the optimism of the scientists. Of the courage, dignity and insistence of the infected. Of the determination of so many to uphold respect for human rights when they matter most. These thoughts gave me strength. One day HIV and AIDS will be a footnote to human history. In the meantime, we are all on a journey.

There are sadly many miles to go before we sleep free of the pain of AIDS.

"The woods are lovely, dark and deep.
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep."

Robert Frost
Stopping by Woods on a Snowy Evening
(1923) st 4