



# WORLD HEALTH ORGANIZATION

FIFTY-FOURTH WORLD HEALTH ASSEMBLY  
Provisional agenda item 13.6

A54/15  
9 April 2001

---

## HIV/AIDS

### Report by the Secretariat

#### INTRODUCTION

1. Twenty years after the first case of AIDS was diagnosed, the pandemic of HIV/AIDS is widely seen as a major public health and development crisis and a potential threat to people at both national and regional levels – as recognized by the United Nations Security Council in January 2000. What sets the disease apart from other epidemics is the speed of its spread and the extent of its devastation globally. It affects not only the lives of individual men, women and children, but also future social and economic development. Estimates by UNAIDS drawn up jointly with WHO, indicate that at the end of the year 2000, 36.1 million people were living with HIV/AIDS and 21.8 million had already died. These numbers are significantly higher than those projected in 1991. Of the 5.3 million new infections in 2000, 1 in 10 occurred in children and 4 in 10 occurred in women. In 16 countries of sub-Saharan Africa more than 10% of the reproductive age population is now infected with HIV. HIV/AIDS has particular implications for young people entering their sexual and reproductive lives and affects the most productive segments of the population, lowering economic growth and reducing life expectancy by up to 50% in the hardest hit countries.

2. The epidemiological data gathered by WHO and UNAIDS clearly show the great variations of the epidemics of HIV and AIDS across the world, with for instance heterosexual transmission of HIV dominating in sub-Saharan Africa and parts of Asia, injecting drug use a major feature of the spread of the virus in Eastern Europe and Central Asia, and sexual transmission between men who have sex with men figuring not only in North America, Western Europe and Australia but also in Latin America and the Caribbean. Transmission of HIV is determined by the social, economic, cultural and behavioural context, and is associated with risky behaviour. Currently with neither cure nor vaccine, prevention of transmission must be central to the response; together, care and support for those already infected with or affected by HIV are inseparable and mutually reinforcing elements of effective strategies to combat the epidemic. Several interventions, applied promptly and with courage and resolve, have reduced or kept HIV prevalence rates low and lessened the burden on those already infected, and the crucial elements for success have been identified. However, where prevention efforts have been ineffectual or inadequate, the epidemic has accelerated. The needs for care and support of the more than 36 million women, men and children currently living with HIV/AIDS pose a major challenge to health systems for the future.

3. WHO has been an active cosponsor of UNAIDS since its inception. Because of the scale and nature of the pandemic, and its implications for health systems, WHO has been asked to intensify its support for Member States' efforts with a focus on the health sector and is doing so within the context of the wider multisectoral response to HIV, reflecting the overarching importance of good sexual and reproductive health.

4. In response to resolution WHA53.14, which called for an increased response to HIV infection and AIDS, the Director-General has initiated internal consultations and discussions with other organizations of the United Nations system, together with a careful appraisal of WHO's relative advantages. This document, submitted to the Executive Board at its 107th session in January 2001 and updated before its submission to the World Health Assembly in order to reflect significant recent developments, summarizes the main elements of the intensified response throughout WHO.

## **SCALING UP HIV/AIDS ACTIVITIES**

5. A solid body of evidence on effective interventions is now available and many projects are under way. Given that they are often limited in scope and scale, there is an urgent need to inject major new resources and implement interventions of proven effectiveness on a scale sufficient to contain or alter significantly the course of the epidemic. Doing so will necessitate a substantial strengthening of the capacity of national health systems to fulfil their functions of stewardship, resource generation and fair financing and thus ensure that services are available on an equitable, acceptable and affordable basis. Priority interventions that must constitute the core of the health sector response have been identified and are the focus for WHO's normative work and its technical support to countries.

6. The health sector is increasingly important in view of the growing evidence of the interlocking benefits of care and prevention. Individuals who know they are infected with HIV and who are able to receive care can break through the barrier of denial by talking to their families and communities. By caring for people living with HIV/AIDS health workers illustrate that there is no reason to fear becoming infected through everyday contact. Prevention measures such as voluntary counselling and testing help to improve access to care; provision of care is itself a key entry point for efforts to prevent further transmission. Awareness is growing of the value of community-based groups, nongovernmental organizations and associations of people living with HIV/AIDS in contributing to care and support as well as prevention. These groups have become key partners in the fight against the epidemic through promoting greater societal acceptance of people with HIV/AIDS, reducing infection rates among their peers, and mitigating the personal and social impact of the disease.

7. In order to support Member States to mount more effective responses to HIV/AIDS, WHO has strengthened its HIV/AIDS programme, with the following priority areas of work:

- prevention of HIV transmission among young people with a focus on sexual and reproductive health;
- prevention and treatment of sexually transmitted infections;
- voluntary counselling and testing;
- prevention of mother-to-child transmission of HIV;
- care and support for people living with HIV/AIDS, including access to drugs and antiretroviral therapy, case management of major opportunistic infections, palliative care and psychological and social support;
- blood safety;
- safe injection practices and protection and care of health workers; and

- vulnerable groups, including injecting drugs users and commercial sex workers.

WHO will continue to support and coordinate:

- epidemiological and behavioural surveillance;
- high quality research in reproductive health, vaccine development and diagnostics; and
- monitoring of drug resistance.

8. Successful implementation of essential, evidence-based interventions will require setting clear operational targets and identifying monitoring indicators for each component. In countries where the epidemic is most severe, it is estimated that only 1% of currently sexually active people have sought voluntary counselling and testing services and less than 1% of pregnant women have benefited from interventions to prevent mother-to-child transmission of HIV. Among people with curable sexually transmitted infections and access to health care services, only between 5% and 20% receive care. In developing countries only a tiny proportion of people who need treatment receive antiretroviral therapy, nearly all in Brazil and Thailand with extremely few in sub-Saharan Africa which is home to most people living with HIV/AIDS. WHO will identify feasible and measurable targets in each of these areas and support countries in their efforts to improve access and application of these key interventions.

9. In addition to strengthening its normative functions, WHO is mobilizing additional resources to strengthen the technical capabilities of its regional and country teams, focusing particular attention on strengthening the health sector responses to the epidemic. WHO regional offices are recruiting specialists to act as focal points for specific areas of work, including voluntary counselling and testing, prevention of mother-to-child transmission of HIV and other essential components of HIV/AIDS work, coordination of HIV activities within health systems, and surveillance (with an emphasis on behavioural issues). Additional qualified staff, including national programme officers, are being placed in countries. Subregional technical teams are being established to provide direct support to countries and facilitate the management of regional technical networks.

## **GLOBAL HEALTH SECTOR STRATEGY**

10. Resources for the health sector must be substantially increased and management capacity enhanced in order to facilitate the implementation of interventions of proven effectiveness in the fight against HIV/AIDS. These tasks form a central component of the global health-sector strategy for responding to the epidemics of HIV/AIDS and sexually transmitted infections as part of the United Nations system's strategic plan for HIV/AIDS for 2001-2005, as requested in resolution WHA53.14, that WHO is formulating. A draft progress report, produced after wide consultation with governments, nongovernmental organizations, WHO regional offices and country representatives, collaborating centres and experts, will be reviewed at global and regional consultations during 2001. The report will be presented to the Executive Board and to the Health Assembly.

11. The global strategy proposes three priorities that constitute the health sector response: reducing the risks of HIV infection; decreasing people's vulnerability to HIV infection; and lessening the epidemic's overall impact on people's lives and on development. These mutually reinforcing actions take into consideration both *what* places individuals at risk and *why* they are at risk, with strategies for prevention alongside those for care and support. They also help to shift social norms, lessen

stigmatization and increase the political commitment to deal with the gender and economic disparities that fuel the epidemic. Implementing these strategies will need equitable health systems that are responsive to people's needs and fairly financed. It also needs a continued process of surveillance, monitoring and evaluation – all of which benefit from operational research. The strategy will enable countries to draw up or improve their national health-sector strategies, adapting them in light of needs, capacities, experiences, the evolution of the epidemic, and scientific progress. The global strategy is in harmony with the Framework for Global Leadership on HIV/AIDS, to which WHO contributed as a cosponsor of UNAIDS.

12. The strategy will pay particular attention to the importance of ensuring that complementary prevention and care interventions are delivered by health systems, working through the public and private sectors, intersectorally, and with a wide range of partners. As the HIV epidemic intensifies, more people are experiencing symptoms of disease and progressing to AIDS and need extensive care and support. The treatment needs of HIV-infected people, coupled with HIV-related illness and deaths among health care workers, are heavily taxing already overstretched public health services in developing countries. HIV/AIDS places extraordinary demands on infrastructure, medical supplies, training programmes and personnel. In 1997, public health spending on AIDS alone exceeded 2% of gross domestic product in 7 of 16 African countries where total health expenditure from public and private sources on all diseases accounts for 3% to 5% of gross domestic product.

## **PRIORITIES FOR SUPPORT TO MEMBER STATES' HIV/AIDS PROGRAMMES**

13. **Surveillance.** WHO continues to support surveillance of the patterns of disease spread, thereby facilitating the planning of care services and assessment of the impact of prevention efforts. New approaches for surveillance of HIV/AIDS and sexually transmitted infections have been developed in collaboration with UNAIDS. Second-generation HIV surveillance systems aim to generate information required for monitoring the epidemic and for analyses for programme planning and evaluation. WHO and UNAIDS provide technical and financial support to Member States to improve the quality and completeness of data on HIV/AIDS and sexually transmitted infections.

14. **Prevention of HIV transmission among young people.** WHO is working with partners to meet international development targets, including reduction of HIV incidence among young people by 25% in the worst affected countries by the year 2005. It is supporting Member States in ensuring that young people have the knowledge and skills they need to protect their sexual and reproductive health.

15. **Prevention and care of sexually transmitted infections.** A recent joint WHO and UNAIDS report presents the epidemiological and biological evidence for sexually transmitted infections as cofactors in the transmission and acquisition of HIV.<sup>1</sup> WHO has developed tools and identified key strategies to speed up access to high-quality services for people with sexually transmitted infections, especially women and adolescents, and supports Member States in using such tools to best effect. The promotion of safer sex, including the use of condoms (male and female), remains a key prevention strategy. WHO is contributing to the development of vaginal microbicides, and participates in the International Working Group on Microbicides.

16. **Voluntary counselling and testing.** Because access to voluntary counselling and testing of an adequate standard remains extremely limited in most countries, WHO gives high priority to supporting

---

<sup>1</sup> UNAIDS, WHO. *Consultation on STD interventions for preventing HIV: what is the evidence?* UNAIDS, Geneva, 2000 (UNAIDS/00.06E; WHO/HSI/2000.02).

countries to improve these services. A technical meeting is planned (July 2001) to identify best practices for implementation of such services and to review strategies for expanding access to them. These services should be offered in a range of health care settings, through, for instance, programmes on maternal and child health, tuberculosis and sexually transmitted infections. A strategic guide for introducing and expanding voluntary counselling and testing programmes is being prepared. Furthermore, WHO continues to review the quality of commercially available HIV test kits. It supports Member States in acquiring high-quality HIV tests at a reasonable cost by negotiating reduced prices for bulk procurement.

17. **Prevention of mother-to-child transmission of HIV.** In collaboration with UNICEF, UNFPA and UNAIDS, WHO provides technical support to Member States for the design and implementation of programmes to prevent mother-to-child transmission of HIV. A meeting of the Interagency Task Team, which it convened in Geneva (October 2000), recommended that such prevention should be included in the package of care for HIV-positive women and their children. Currently available results of studies on the safety and efficacy of various antiretroviral regimens for HIV-positive mothers, whether they are breastfeeding or not, suggest that the benefit of these treatments in reducing transmission of HIV from mother to child greatly outweighs any potential side effects on mother or child. The experts attending the consultation recognized the concern that 10% to 20% of infants born to HIV-positive mothers may acquire HIV through breastfeeding but concluded that the interagency guidelines issued in 1998<sup>1</sup> remain valid. They also identified future research needs. After reviewing scientific progress, WHO will continue to provide guidance to Member States on, for example, efficacy, potential toxicity, future treatment options, cost and feasibility of implementation of alternative treatment regimens.

18. **Care and support of people with HIV/AIDS.** Effective therapies exist to prevent, treat or cure many HIV-related diseases and to relieve associated symptoms, but the needs of people living with HIV/AIDS extend far beyond drugs and health care. Those who suspect or learn that they are infected need psychological support; their fears include ostracism by family and community. People need support in protecting their partners from infection. At the same time, those close to HIV-infected people need social support to alleviate the many adverse consequences of infection, including repeated bouts of illness, social exclusion, economic difficulties and ultimately, death. More than 20% of the 36.1 million currently infected with HIV are likely to need extensive care and support, and the clinical caseload will increase as the epidemic intensifies. Unfortunately, AIDS has placed an enormous new burden on already hard-pressed public health services in many developing countries and, apart from strengthening tuberculosis services through the programme of directly observed treatment, short course (DOTS), many countries did little. In part, the health sector's failure to deliver care for HIV-related illnesses was linked to the perception of AIDS as an untreatable condition, a widespread view until the development of highly active antiretroviral therapy around 1995.

19. WHO is finalizing with UNAIDS a strategic framework for Member States to use in order to increase the level of care and support available to people living with or affected by HIV/AIDS. The framework incorporates crucial elements of HIV/AIDS care and calls for collaboration between different levels of service delivery to ensure appropriate referral and an effective continuum of care between home and the hospital. Following a WHO consultation on treatment and palliative care for HIV patients with cancer in Africa (Geneva, December 2000), guidelines on clinical management and community-based care of patients with HIV-related cancers are being prepared.

---

<sup>1</sup> UNICEF, UNAIDS, WHO. *HIV and infant feeding*. WHO, Geneva, 1998 (WHO/FRH/NUT/CHD/98.1-3; UNAIDS/98.3-5; UNICEF/PD/NUT/(J)98-1-3).

20. **Antiretroviral therapy.** Highly active antiretroviral therapy, with its resulting dramatic decreases in HIV/AIDS case fatality rates in developed country settings, is changing concepts of care and support as well as the perception of HIV/AIDS itself. While a large proportion of people living with HIV/AIDS in many industrialized and some middle-income countries are able to benefit from this medical advance, only a few of those in developing countries can do so owing to its high cost, complicated treatment schedules and monitoring techniques, and shortage of adequately trained personnel. At the same time, antiretroviral therapy is beginning to be used more widely, particularly within the private sector, sometimes in inappropriate and ineffective ways, which could result in the emergence of drug-resistant HIV strains. Evidence-based policy and treatment guidelines for appropriate antiretroviral therapy in resource-constrained settings are urgently needed, together with effective technical support, including training. There is also a need to promote clinical and operational research into more effective, safer and more easily administered and accessible antiretroviral treatments. A meeting of an ad hoc WHO antiretroviral committee to strengthen international collaboration on this issue (to be held in May 2001) will address guidelines for new standardized antiretroviral therapy in resource-constrained settings (based on the current WHO treatment guidelines<sup>1</sup>), set priority research issues, and examine approaches to monitoring and evaluation of outcomes, including surveillance for drug resistance. WHO will also develop training modules on the new standardized antiretroviral therapy for clinicians and national AIDS control programme managers.

21. **Accelerated access to HIV-related drugs.** In line with resolution WHA53.14 WHO has been working with UNAIDS and other United Nations partners to support Member States in the procurement at greatly reduced costs, distribution and use of antiretroviral and other drugs, enabling a sustained improvement in access to treatment. Furthermore, it is providing technical support to Member States for improving access to HIV-related drugs through participation in needs assessments and backing for national essential drugs programmes. WHO, in partnership with UNICEF, UNAIDS and major nongovernmental organizations, provides information on procurement sources and prices of HIV-related drugs. In May 2000, WHO, UNAIDS and other partners in the United Nations system began a joint exploration with specific research-based pharmaceutical companies of ways to accelerate and improve provision of HIV-related care and treatment in developing countries.

22. **Health workers and HIV/AIDS.** WHO is working with both Member States to elaborate guidelines, policies and strategies for HIV prevention, care and support for health workers and nongovernmental organizations to prepare training workshops for medical and nursing students in order to strengthen their ability to deal with the complexities of HIV/AIDS.

23. **Vaccine development.** A joint WHO-UNAIDS HIV vaccine initiative, established in January 2000, builds on previous activities. WHO offers guidance for international vaccine development and recommends evaluations that best serve the needs of developing countries. WHO-convened consultations during 2000 focused on issues such as the ethics of vaccine research and access to future HIV vaccines.

24. **Blood safety.** In many countries, people still die because of lack of blood and blood products, and many millions more are at risk of being infected by transfusions of untested blood. WHO initiated the Global Collaboration for Blood Safety, a forum comprising all stakeholders from blood donors to recipient patients including transfusion service operators, regulatory agencies and the plasma industry. The collaboration aims at reaching a common understanding of the difficulties facing blood systems nationally and internationally, in order to increase opportunities for identifying solutions and building

---

<sup>1</sup> Safe and effective use of antiretroviral treatments in adults with particular reference to resource limited settings. WHO, Geneva, 2000 (WHO/HSI/2000.04).

the needed partnerships to improve access to safe blood and blood products. WHO continues to prepare guidelines, recommendations and training materials, and to provide technical support to Member States. National policies and plans have been produced to strengthen national health control authorities. A global quality-management programme for blood transfusion safety that incorporates subregional training and follow-up centres has also been started.

25. **Safe injection practices.** Recent WHO estimates indicate that unsafe injections cause 80 000-160 000 HIV infections annually worldwide. WHO has developed comprehensive strategies to support Member States in ensuring safe and appropriate injection practices focusing on: information, education and communication – behavioural change activities to reduce excessive use of injections and to assure safe injection practices; provision of sufficient quantities of clean injection equipment; and management of sharps waste.

26. **Injecting drug use.** In order to deal with the increase in HIV infections associated with injecting drug use, particularly in central and eastern Europe, the newly independent States and South-East and East Asia, WHO is increasing its support to Member States for the development and evaluation of HIV prevention and treatment policies and programmes targeting injecting drug users, WHO analyses the evidence on what works and uses the results as a basis for technical support in areas such as situation assessment, policy formulation, national strategic planning, service development, monitoring and training of health care workers. Research has identified effective policies and interventions for reducing HIV epidemics among drug injecting populations. The most effective strategies are multisectoral and multicomponent, including public education, counselling on HIV risk reduction, provision of outreach services, voluntary counselling and HIV testing, ready access to sterile injecting equipment and treatment of drug dependence.

## **PARTNERSHIPS AND COLLABORATION**

27. **International Partnership against AIDS in Africa.** Partnership, decentralization and support to local responses to the epidemic have been emphasized.<sup>1</sup> Accordingly, WHO's contribution has been clearly set within the International Partnership against AIDS in Africa. Practical means for intensifying the response to HIV, tuberculosis and other infectious diseases in Africa will be the theme of the Heads of State Summit on HIV/AIDS (Abuja, April 2001). Within the context of this partnership, the Government of Italy's Initiative Against AIDS in Africa, launched in February 2001, supports the efforts of Member States to build capacity in the health sector, drawing on the technical expertise of WHO at global, regional and country levels. Ten African countries particularly affected by the HIV/AIDS epidemic are participating in this initiative.

28. **United Nations General Assembly special session.** WHO is active in the preparations for the United Nations General Assembly special session on HIV/AIDS (New York, June 2001) which aims to intensify international commitment at the highest political level and to mobilize the resources needed for effective action. WHO will, in collaboration with other United Nations partners, facilitate a round table session on prevention and care. The ensuing declaration is expected to set concrete targets for action, building on goals adopted at previous United Nations forums.

29. **The need for scaling up the response.** During 2000, in cooperation with national governments, other United Nations systems' organizations and a broad range of development partners, WHO examined how to expand the response to the health problems, including HIV, that contribute to

---

<sup>1</sup> Resolution WHA53.14.

continuing poverty among many of the more than 250 million people who live on less than US\$ 2 per day. This expansion means building on what works and encouraging all concerned to make full use of interventions known to be effective, as well as tackling obstacles that prevent poor people accessing effective health care. Moreover, it means involving poor people in the design and delivery of services, and using a mix of public sector and voluntary and private entities that deliver services effectively, with common values and consistent strategies. Popular movements for health, involving stakeholders from civil society and different sectors of government, need to be catalysed, and reliable systems for assessing progress, monitoring results and evaluating impact have to be developed. Finally, scaling up requires government stewardship for more effective health systems; a sustained increase in external support through poverty-reduction strategies, sector-wide approaches, bilateral projects or emergency assistance (as appropriate); and development of human capabilities at local and national levels.

## **CONCLUSION**

30. As a cosponsor of UNAIDS, with particular responsibility for the health sector, WHO has engaged actively in the process of scaling up its support to countries' responses to HIV/AIDS. The growing needs for care should not distract from the urgent task of significantly reinforcing and sustaining programmes to prevent HIV and sexually transmitted infections around the world. Indeed, the attention currently given to HIV/AIDS care provides opportunities to create strong synergies between prevention and care activities. To do so requires, in particular, a major expansion of access to voluntary and confidential counselling and testing for HIV; the promotion of safer behaviours and practices; access to effective, safe and affordable treatment for HIV infection; and bold action to reduce the transmission of HIV from infected parents to their offspring. Apart from the moral and humanitarian obligation to provide care to those living with HIV/AIDS, many benefits accrue from doing so, including improved quality of life, prolonged economic productivity, and reduced stigmatization and discrimination, thus preparing the ground for prevention activities. Stigmatization continues to prevent vulnerable populations from accessing the prevention and care services they need. Moreover, providing care and support can become the major thrust of health sector reform which aims at improving the effectiveness and efficiency of the health system as a whole.

## **ACTION BY THE HEALTH ASSEMBLY**

31. The Health Assembly is invited to note the report.

= = =