

GLOBAL PROGRAMME ON AIDS

Report of the Eastern Mediterranean Regional Programme on AIDS for the Year 1994



WORLD HEALTH ORGANIZATION
Regional Office for the Eastern Mediterranean
1995

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INTRODUCTION

This is the fifth annual progress report on the Eastern Mediterranean Regional Programme on AIDS. The first was the report on the work done in the year 1990. As one follows the progress described in the successive reports until the present one, the eye cannot miss a real programme development both quantitatively and qualitatively, that took place at the country as well as at the Regional level. This thrust is still ongoing.

It should be noted however, that the wide range of activities presented in this report does not reflect the whole picture of the AIDS prevention and control campaign in the Region. The real picture is even more impressive than the dynamic and diverse efforts described here.

BACKGROUND

The launching board of AIDS prevention and control efforts in the Eastern Mediterranean Region, is the Global AIDS Strategy which was drawn up in 1985/86, revised in 1992 and subsequently endorsed by the WHO Executive Board, the World Health Assembly and the Economic and Social Council of the United Nations. The Global AIDS Strategy as it stands has been based on three pivots:

- * Prevent HIV infection.
- ** Reduce the personal and social impact of HIV infection and AIDS
- *** Mobilize and unify national and international efforts.

In a series of virtually annual resolutions, the Regional Committee of the WHO Eastern Mediterranean Region has translated these three foundations into Regional and National policy, targets and workplans. The most recent resolution adopted by the Regional Committee in October 1994 urges Member States to:

- . reactivate strong national commitment and provide adequate support for the fight against AIDS, keeping AIDS on the priority agenda;
- . continue to fight denial and complacency;
- . promote and strengthen active participation of all sectors of the community as well as nongovernmental organizations involved in the fight against AIDS.

- . enhance educational interventions in the community with particular emphasis on people at increased risk of HIV infection.
- . promote the establishment of home and community-based care for persons with HIV/AIDS and their families, including counselling, treatment , palliative care and social support,
- . ensure enough resources from within and outside the community to support and sustain the role of the community in AIDS prevention and control;
- . ensure coordination among national societies and nongovernmental organizations within the framework of the activities of the national AIDS programme.

And requests the Regional Director to take the necessary steps to maintain the regional role in prevention and control of AIDS, including information exchange.

The following report shows how the above principles inspired the action against HIV infection and AIDS in the Eastern Mediterranean Region.

Global situation of HIV/AIDS

As of 31 December 1994, 1,025,073 cumulative AIDS cases in adults and children have been reported to the World Health Organization (WHO) Global Programme on AIDS (GPA) since the beginning of the pandemic. This represents a 20% increase in cases since 31 December 1993. The number of cases reported by continent is shown in Table 1.

Table 1. AIDS cases reported by continent and year

Year	Africa	Americas	Asia	Europe	Oceania	Total
up to 1989	79969	179871	683	31605	2160	294288
1990	51104	63776	450	15646	758	131734
1991	67819	76322	812	17683	866	163502
1992	56150	95014	2036	21268	811	175279
1993	75206	88881	7119	22655	807	194668
1994	17465	22818	5957	19029	333	65602
Total	347713	526682	17057	127886	5735	1025073

Allowing for under-diagnosis, incomplete reporting and delay in reporting, and based on the available data on Human Immunodeficiency Virus (HIV) infections around the world, it is estimated that over 4.5 million AIDS cases in adults and children have occurred worldwide since the pandemic began. The major proportion of these cases have occurred in the sub-Saharan Africa and the Americas. With a conservative estimate, the cumulative number of AIDS cases is expected to reach 10 to 12 million by the year 2000.

Because of the long interval between the occurrence of HIV infection and appearance of AIDS, the number of HIV infections gives a better picture of the current status of the AIDS pandemic. As of late 1994, it is estimated that around 18 million adults and 1.5 million children have been infected with HIV since the beginning of the pandemic. Of them, about 13 to 15 million infected adults, a majority of them in sub-Saharan Africa are estimated to be alive as of late 1994. The majority of new infections in the past year has occurred in sub-Saharan Africa and South and South East Asia. The cumulative number of HIV infections is expected to reach 30 to 40 million by the year 2000.

Regional Situation of HIV/AIDS

Although the AIDS epidemic is at an early stage, available evidence indicates that the epidemic has now firmly established roots in the Eastern Mediterranean Region (EMR). Most of the recent cases have occurred as a result of indigenous spread and heterosexual transmission has become the predominant mode of HIV transmission, as compared to transmission through blood and blood products at the early stages.

Based upon the reports received up to 31 December 1994, a cumulative total of 2935 cases have been reported from the countries of the Region. In addition, 496 cases of AIDS related complex have also been reported. However, this is considered to be a gross underestimate and because of underrecognition, underreporting and delays in reporting, the actual number of cases that have already occurred in the Region is estimated to be at least 3 to 4 times more. Among the EMR Member States, the largest number of cases was reported from Sudan, followed by Djibouti and north African countries (Table 2). AIDS cases have been reported from all EMR Member States except Afghanistan.

Table 2. Number of AIDS cases reported up to end 1994
In the Eastern Mediterranean Countries

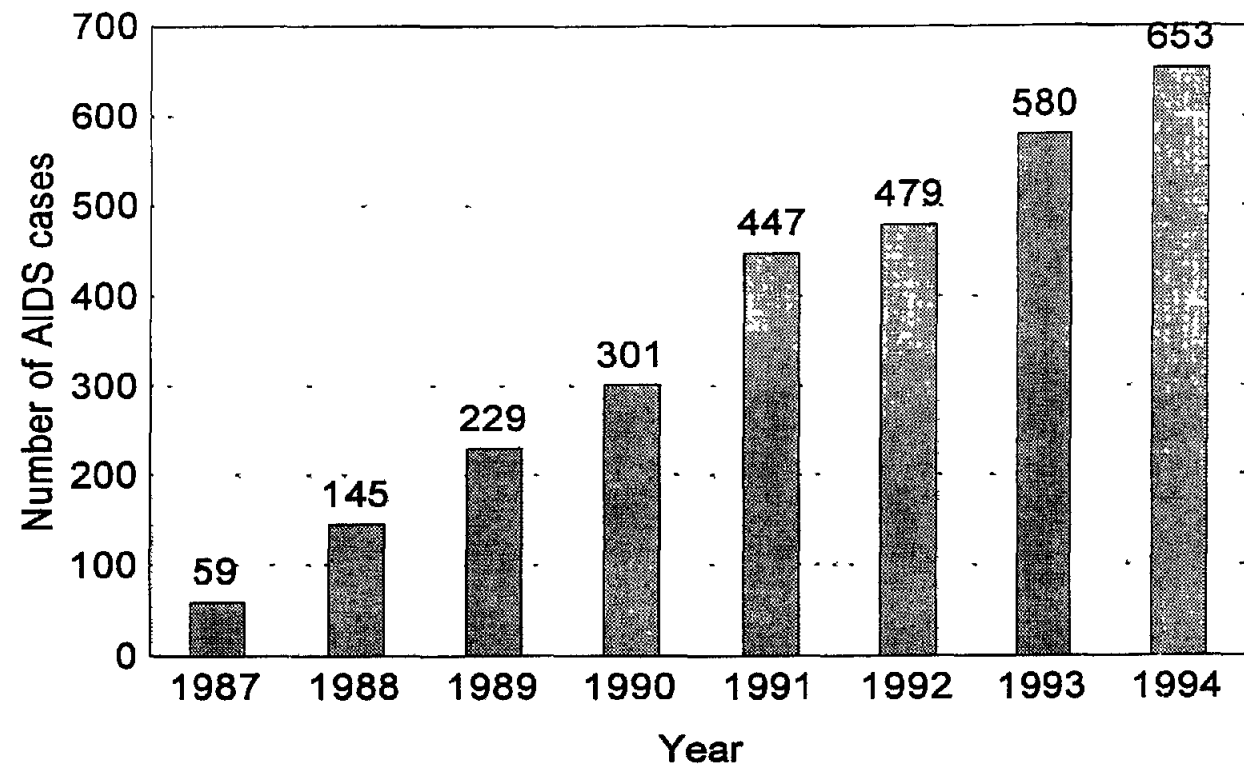
Country	No.	Country	No.	Country	No.
Afghanistan	0	Bahrain	18	Cyprus	41
Djibouti	649	Egypt	113	Iran	111
Iraq	36	Jordan	38	Kuwait	15
Lebanon	83	Libya	12	Morocco	237
Oman	46	Palestine	8	Pakistan	46
Qatar	41	Saudi Arabia	80	Somalia	13
Sudan	1090	Syria	30	Tunisia	209
UAE	8	Yemen	11	Total	2935

The number of new cases reported continued to show an increasing trend over the years (Fig. 1). Despite missing information from some countries, 653 new cases of AIDS were reported in 1994, representing an increase of 13% over the number of cases reported during 1993

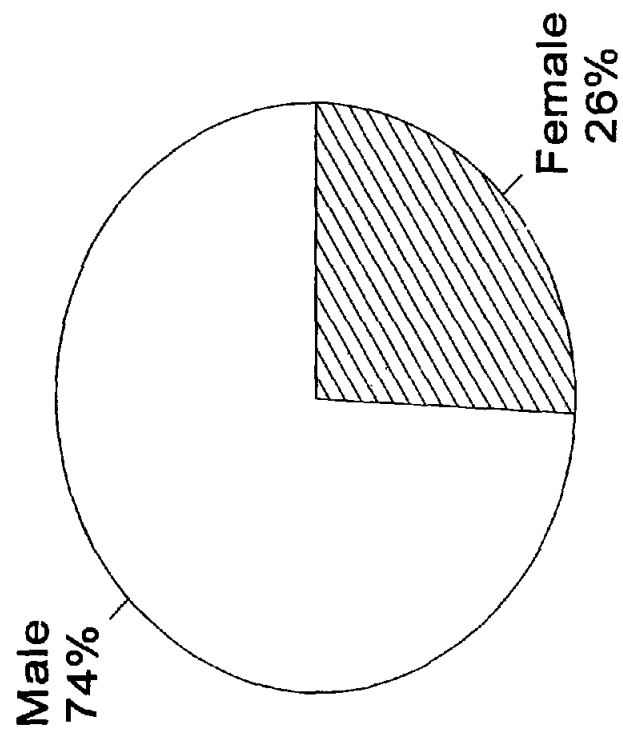
Among the total reported AIDS cases since the beginning of the epidemic in the Region, 74% were males and 26% females (Fig. 2). The proportion of female cases has been increasing over the years. For example, the proportion of female AIDS cases increased from 18% in 1990 to 38% in 1994, indicating an increasing trend of heterosexual transmission. About 90% of the cases were among the productive age group of 15 to 49 years

Sexual transmission is the predominant mode of transmission, accounting for 82% of the total reported cases (Fig 3) Of them 77% were due to heterosexual transmission and 5% due to homosexual transmission 12% of the cases were due to transmission through blood and blood products, most of them infected at the early periods before screening of blood donations against HIV was widely available. The proportion of AIDS cases due to sexual transmission has been increasing steadily during the recent years, while the proportion due to blood transmission has been decreasing. The proportion of AIDS cases due to sexual transmission increased from 70% in 1990 to 86% in 1994, while the proportion due to transmission through blood and blood products decreased from 17% to 9% respectively during the same period. A little over 4% of cases were among injecting drug users and perinatal transmission was responsible for 2% of the cases.

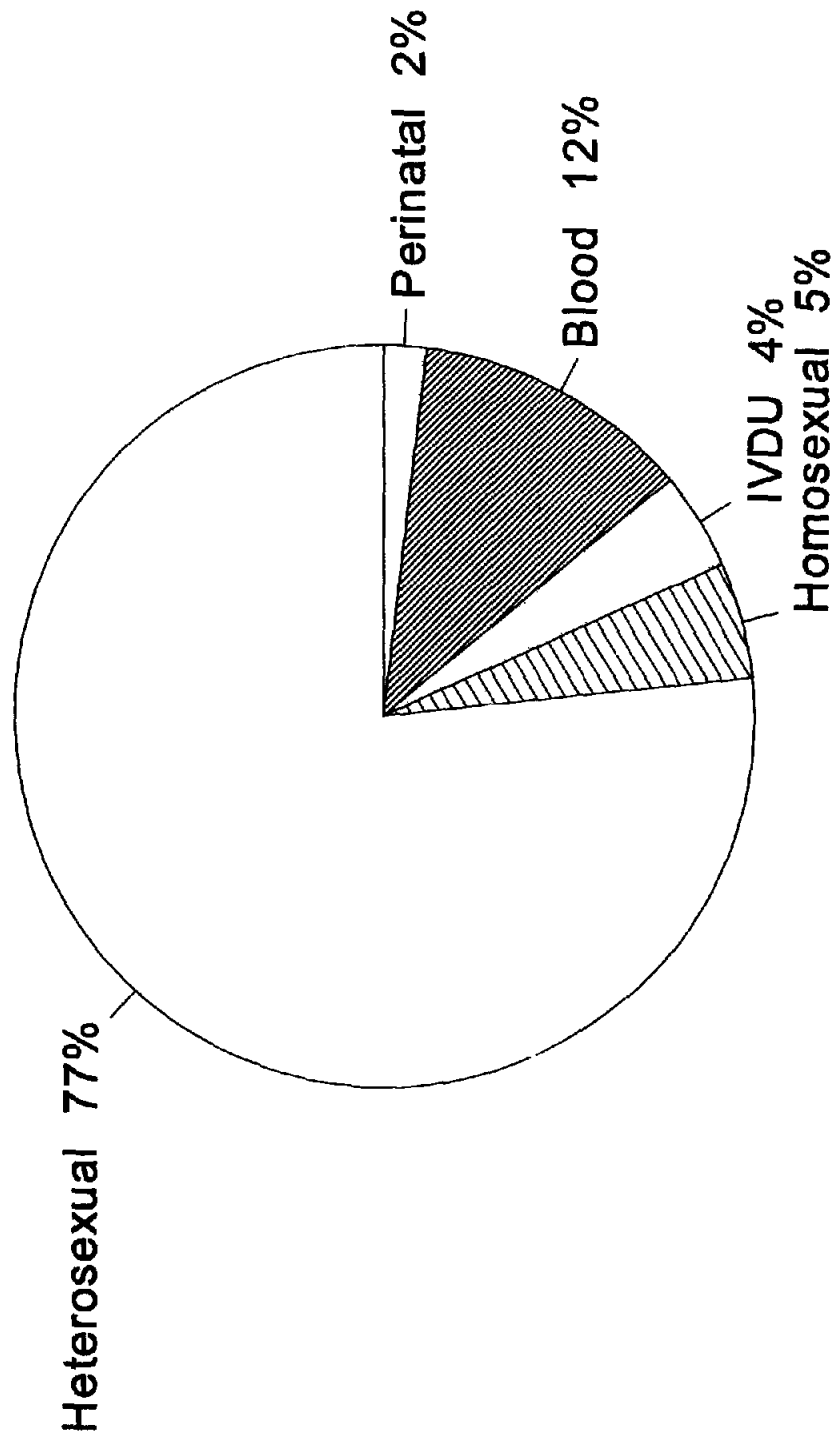
Reported AIDS cases in EMR by year



AIDS CASES BY SEX in EMR



MODE OF TRANSMISSION OF AIDS CASES IN EMR



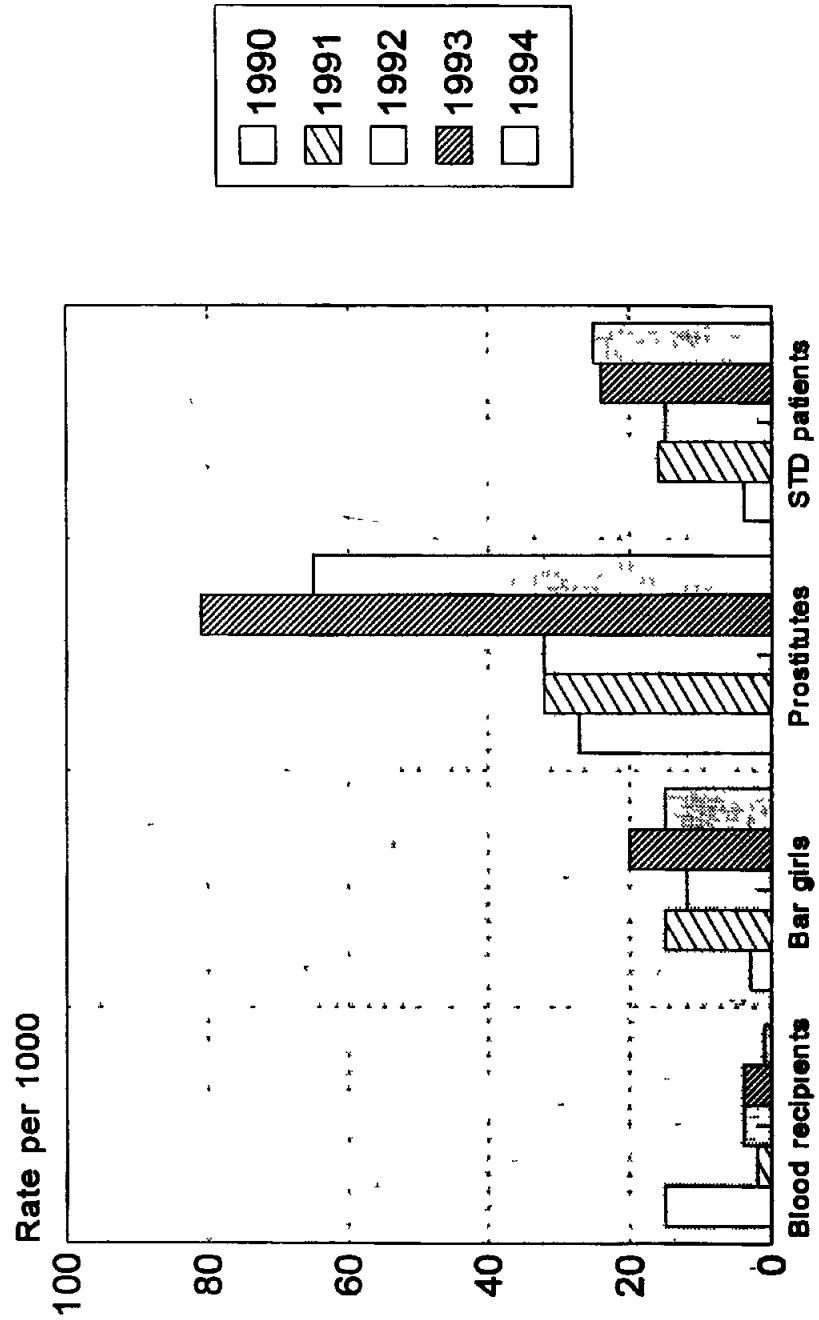
As AIDS cases represent the late stage of the total spectrum of HIV infection which occurred 10 or more years ago, they do not depict the current situation of the HIV epidemic. The number of HIV infections gives a better picture of current status of the epidemic. More than 150,000 persons are estimated to have already been infected with HIV in the Eastern Mediterranean Region.

In order to monitor the trend of HIV infection, HIV surveillance is being carried out in many countries of the Region. The findings of HIV surveillance indicate that the prevalence of HIV infection is increasing among certain groups of population, particularly those practising high risk behaviours, such as Sexually Transmitted Diseases (STD) patients, prostitutes and bar girls (Fig.4). As an example, between 1990 and 1994, HIV prevalence increased in Djibouti from 2% to 20% among STD patients and from 24% to 45% among prostitutes. In Sudan, HIV prevalence increased from 1.3% to 5% among STD patients during the same period. HIV infection was also detected among STD patients in Morocco, Pakistan, Syria and Yemen at rates much higher than in the general population. A strong association has been observed between HIV and tuberculosis infections in Djibouti and Sudan where about 10% of TB patients were found to be positive for HIV infection. On the other hand, HIV infection among recipients of multiple blood transfusions declined considerably in 1994, indicating an increased efficiency of screening of blood donations for HIV antibody.

HIV prevalence among blood donors and pregnant women was low in the Region except in Djibouti where it has reached 1.9% and 2.8% respectively and in Sudan where it has reached 1.3% among blood donors. However, a few HIV infections were also reported among these groups in many other countries, but at very much lower rates.

National HIV surveillance protocols have been prepared in 14 countries, with emphasis on sentinel surveillance of STD patients. However, the protocols could not be fully implemented in most countries due to inadequate collection of the blood samples, as most of STD patients seek care from sources other than the public sector.

Prevalence of HIV in selected groups



Support to National AIDS Programmes

The Regional Office continued to give top priority to providing technical and financial support to the Member States which included technical assistance in planning, implementation, monitoring and evaluation of national AIDS programmes; fellowships for increasing the national capabilities; allocation for funds for priority activities such as health education, surveillance, blood safety, care of persons with HIV/AIDS, STD control, monitoring and evaluation; and provision of supplies and equipment.

Technical Support

As a part of technical support, the Regional Office fielded 22 missions in 11 countries in 1994 (Table 3). They included 18 experts including Regional staff and Short Term Consultants for 10 planning missions in 6 countries; 11 experts for 11 implementation missions in 8 countries; and 3 experts for 1 review mission in 1 country. Among the implementation missions, 4 were in the field of STD; 2 each in Information, Education and Communication (IEC) and Socio-behavioural study; and 1 each in Surveillance, Injecting Drug Use and Evaluation Study.

Table 3 Missions to EMR countries in 1994

Type of missions	Number of missions	Number of countries	Number of experts
Planning	10	6	18
Implementation	11	8	11
Review and Evaluation	1	1	3
Total	22	11*	32

* More than one mission in some countries

In addition to the above short term missions, WHO continued to provide 3 long term staff (1 in Djibouti and 2 in Sudan). Action was initiated to recruit 1 long term staff for Pakistan to begin the assignment early in 1995. Furthermore, a number of national staff were supported in Djibouti, Lebanon, Morocco, Pakistan and Sudan.

Fellowships

A total of 15 fellowships were awarded for nationals from 8 countries (Cyprus, Egypt, Iran, Iraq, Jordan, Pakistan, Sudan and Yemen). Of them, 8 were in the field of clinical management, 1 in planning of HIV/AIDS programmes, 1 in health education, 4 in surveillance and 1 in nursing care and counselling. In addition, processing of 17 fellowships was initiated in 1994 for eventual placement in 1995.

Supplies and Equipment

During 1994, WHO provided supplies and equipment worth nearly US\$ 300,000 to 12 Member States. They included diagnostic kits for HIV/STD, audiovisual equipment, educational materials, condoms and office and data processing equipment.

Local cost subsidy

WHO provided financial support to 16 Member States for a wide variety of local activities which included training of health care and other workers; orientation of decision makers and opinion leaders; production and distribution of educational and training materials such as pamphlets, posters, radio and TV spots, manuals and guidelines; conduct of socio-behavioural studies, HIV surveillance and evaluation; and planning and review exercises.

WHO continued to promote collaboration of non-governmental organizations (NGO) in AIDS prevention and control in the Member States. During 1994, the Regional Office provided financial support to 16 NGO projects in 7 countries.

Monitoring and Evaluation

The Regional Office provided assistance to the Member States in the preparation of Biannual workplans for AIDS prevention and control. In addition, national Medium Term Plan (MTP) was formulated in Lebanon and second MTP formulated in Cyprus, Egypt, Jordan and Syria, all with WHO technical and financial assistance.

The Regional Office continuously monitored the progress in the implementation of national AIDS programmes through reports and staff visits. A comprehensive external review of the National AIDS Programme was carried out in Iran with WHO's technical assistance. The first evaluation surveys in the Region to measure the effectiveness of the programme using the global indicators were carried out in Sudan.

Financial Resources

The Member States are implementing their national plans with funds drawn from various sources. Some countries use solely their own national resources while others receive external support to a varying extent. A few countries depend mostly on external support for the implementation of their plans. WHO was the principal source of such external support, the extent of which for any individual country depended on the epidemiological situation and the needs for external support. Other sources included UNDP, UNICEF, UNFPA, UNHCR and NORAD and other bilateral agencies.

National commitment

Fortunately the prevalence of HIV is still at a low level in most of the countries in this Region. However, there is no place for complacency, if a serious situation is to be avoided. Concerted efforts should be made continuously to keep this level low. Such efforts will require higher commitments and greater mobilization of resources, particularly since the AIDS pandemic is spreading rapidly. Those Member States who depend significantly on external support should consider such support as only a supplement to national inputs and should mobilize national resources for their national plans.

There is still a tendency in many Member States to limit the national AIDS programme to the health sector. Because of the wide implications, it should be recognized by all that the AIDS problem cannot be tackled by the health sector alone and there is a need to actively involve other sectors and NGOs.

Sexually Transmitted Diseases

The exact extent of STD in the Eastern Mediterranean Region is not known but is considered to be not insignificant. The STD not only cause high morbidity but also result into serious complications and long lasting sequelae. The STD, particularly those with genital lesions, also increase the risk and efficiency of HIV transmission. Therefore, the Regional Office emphasized the need to develop an effective programme to control these diseases.

WHO provided technical assistance to Egypt, Iran, Jordan, Lebanon, Pakistan and Yemen for preparing the STD control plan and the operational guidelines. In addition, financial assistance was provided for training of health care workers, production of educational materials and supply of condoms and diagnostic kits. Because of cost-effectiveness and efficiency, emphasis was laid on the syndromic approach to STD case management. The Regional Office encouraged the integration of AIDS and

STD control programmes because of the similarities in the risk behaviours, in the modes of transmission, in the target groups for interventions, and in the methods of prevention. The GPA unit in the Regional Office was renamed as GPA/STD.

STATUS OF IMPLEMENTATION OF NATIONAL AIDS PREVENTION AND CONTROL PROGRAMME
IN THE REGION DURING 1994

AFGHANISTAN

(No reports available.)

BAHRAIN

1. IEC activities included:
 - a. A total of 39 lectures were delivered in schools, clubs, social centres, companies and universities.
 - b. Production and distribution of information materials such as stickers (5000), leaflets (5000), calendars (5000), T-shirts (2000) and posters (500).
 - c. Providing counselling for 55 HIV + ve persons and 12 other contact persons.
 - d. Walking and football sporting events were organized.
 - e. Media coverage included a TV competition on AIDS, radio talks, newspaper reports etc
 - f. On the national Day on AIDS, Friday sermons focused on AIDS prevention and control.
 - g. Banners with AIDS messages were fixed on the main streets and in public places.

2. Training activities included training of 27 staff members in AIDS counselling. The trainees included physicians, nurses, health educators, dentist hygienists and staff from the Ministry of Interior.
3. Surveillance activities included:
 - a. Screening of high risk groups (STD patients, IVU, blood recipients, prisoners, suspected persons TB and dialysis patients) 3887 samples with 22 seropositives.
 - b. Screening of low risk groups (blood donors, pregnant mothers, migrant workers and others) 25250 samples with 39 seropositives.
 - c. Sentinel surveillance is ongoing among STD patients and IVU users.
4. Blood safety measures included:
 - a. Mandatory testing for all blood donations.
 - b. All imported blood products were certified by the manufacturer.
 - c. The vast majority of IVU users have been identified, tested and counselled.
5. Case management and care activities included:
 - a. Providing periodic clinical examination for infected persons.
 - b. Providing counselling services on continuous bases.
 - c. Voluntary HIV testing is provided at all health centres, including testing before marriage.

CYPRUS

1. IEC activities included:
 - a. Information kiosks at the International State Fair touring the six main tourist towns from 1 July to 28 August 1994. The kiosks were manned with persons ready to answer questions and distribute information on AIDS.

- b. Musical fiestas with free entrance were organized by MOH in collaboration with the municipal authorities of 4 towns. During the shows AIDS messages were distributed.
 - c. Production and distribution of information leaflets for distribution with magazines and telephone bills in the main towns.
 - d. A Greek and Turkish versions for **Dear Citizen and The Role of Religion and Ethics in the Prevention and Control of AIDS**, were produced.
 - e. AIDS was included in the curriculum of secondary schools. Lectures and discussions were held in secondary schools by doctors, teachers and school health visitors.
 - f. Mass media, TV and radio spots were utilized, as well as production of information materials with AIDS messages such as key rings, T-shirts and page finders.
 - g. Similar information activities were repeated in military camps.
2. Training activities included:
- a. Workshops for doctors, school health visitors, nurses and social workers.
 - b. The first Greek Cypriot meeting on AIDS was held in May 1994 in Nicosia, bringing together many Greek and Cypriot professionals and scientists to discuss different AIDS issues.
 - c. In September a seminar on HIV counselling was held for a group of counsellors in preparation for promoting counselling services.
 - d. One fellowship in health education was awarded from 5 to 12 December in the UK.
3. Surveillance activities included:
- a. Screening for high risk groups, 7329 samples were tested, with 18 seropositives.
 - b. Screening for low risk groups, 44950 samples were tested, with 20 seropositives.

- c Sentinel surveillance among STD patients in Nicosia General Hospital is ongoing.
- .
- 4. Case Management and care activities included:
 - a Plans to strengthen the counselling services for persons with HIV and their families.
 - b. Distribution of condoms through STD clinics and information kiosks at tourist towns.
 - c. Medium Term Plan II formulated in November with the assistance of a WHO team.
- 5. A WHO consultant was assigned to Cyprus on 7-21 October 1995 to assist the National AIDS Programme in producing educational materials promoting safe sexual behaviour.
- 6 With regard the Turkish Cypriot Community no information is available.

DJIBOUTI

- 1 Programme Management Action included:
 - a. Medium Term Plan II was finalized.
 - b. Three National AIDS Committee meetings were held.
 - c. Four new NGO projects were formulated.
 - d. One health educator continued to be supported by WHO.
 - e. WHO Medical Officer continued to be in place.
 - f. An EMRO staff visited Djibouti in February to prepare the workplan for 1994-95.
- 2. IEC activities included:
 - a. Public meetings in different districts attended by 1000 docker women, 120 young girls and 228 persons from other categories.

- b. Four information meetings at different workplaces, and one meeting each for religious leaders, focal points in Ministries and 16 NGO representatives.
 - c. Information materials were produced and distributed including 2000 copies of a newsletter, 5000 leaflets, 1000 posters and 800 other documents carrying messages on STD, women and AIDS, and AIDS and the Family. Production and distribution of 1000 stickers and 1000 calendars.
 - d. Mass media coverage was maintained throughout the year.
 - e. Sensitization of 34 high risk persons
3. Training activities included:
- a. Training of 16 school health staff, 17 supervisors of youth homes, 24 peer prostitute educators, 35 MCH staffs, 33 religious leaders and 21 nurses.
 - b. Elaboration of 9 educational materials.
4. Surveillance activities included:
- a. Screening of high risk groups (STD, prostitutes, bargirls, TB patients) Samples tested were 4367 with 518 seropositives.
 - b. Screening of low risk groups (blood donors and pregnant mothers). Samples tested were 4163 with 93 seropositives.
 - c. Sentinel surveillance, 4556 samples from pregnant women, prostitutes, bar girls, TB patients, STD and military recruits.
5. Case management and Care activities included:
- a. Procuring adequate amounts of drugs from the Government funds, CEE and the french cooperation.
 - b. Distribution of 252000 condoms during the year.
6. Blood safety activities included:
- a. Mandatory screening of all blood donations (1818).
 - b. Production of 10000 pamphlets and 3 banderoles to promote voluntary blood donations.

EGYPT

1. Programme management action included:
 - a. Technical visit by a WHO consultant to assist in the preparation for Medium Term Plan II.
 - b. A WHO team visited Egypt from 9 to 26 October 1994 to assist in formulation of Medium Term Plan II.
 - c. Two meetings were held for provincial AIDS programme managers to discuss progress, obstacles and solutions. In the second meeting MTP II and WAD workplan were also discussed.
 - d. Collaboration with NGOs during the year involved 8 NGOs. A two day workshop attended by 25 participants from those NGOs met in order to discuss projects for AIDS interventions.
2. IEC activities included:
 - a. Increasing utilization of the AIDS hotline.
 - b. Three seminars for radio, TV and press professionals in Cairo. Seven seminars were conducted for media staff in other governorates with a total of 150 participants.
 - c. 5000 copies of AIDS newsletter number 2 were printed and distributed.
 - d. Three TV spots were produced and diffused on the national TV network in addition to a competition with prizes for Alexandria TV.
 - e. Display of AIDS prevention billboards on 50 public buses in Cairo.

- f Printing and distribution of 25000 copies of AIDS booklets to members of syndicates, 10000 copies of information stickers, 3500 copies of a manual for teachers, 75000 copies of a pamphlet for students, 100000 copies of "Dear Citizen" addressing the general public, 35000 copies of a pamphlet for the youth 5000 copies of an educational flip chart for health educators, 50000 copies of a questionnaire for blood donors, and 2000 copies of guidelines on counselling.
- g Twenty eight radio programmes were broadcast in 1994.
- h Information and briefing meetings included 337 seminars in schools and universities, 15 seminars for 481 women leaders in 15 governorates, meetings in 253 sports clubs and summer camps attended by 12564 young people, 36 orientation meetings for 1660 hotel and tourist workers, 5 seminars for hotel and travel agency owners with 215 participants, 5 orientation days for 108 long distance truck drivers in five governorates, five orientation days for factory leaders in five governorates, 126 orientation days for 880 factory workers, 25 seminars for religious leaders in collaboration with the Ministry of Awqaf and the Church and 39 seminars for thousands of soldiers in collaboration with the Ministries of Defense and Interior.

3. Training activities included the following:

- a. Fifteen two day workshops were attended by community leaders in 11 governorates bringing together, religious leaders, women leaders and youth leaders.
- b. A 3 day workshop for social workers from the Ministry of Interior who work with prostitutes.

- c. A workshop for physicians and nurses from MOH and the Faculty of Medicine, Mansoura University to activate surveillance in Dakahlia governorate.
 - d. A 3 day AIDS education and prevention workshop for 30 master school teachers.
 - e. A 3 day refresher training for 35 health educators.
 - f. Three workshops to train 85 youth peer educator trainers were conducted in 3 governorates.
 - g. A 3 day training workshop was conducted for 30 drug rehabilitation physicians and technicians.
 - h. 5 one day seminars on clinical care of HIV/AIDS patients for 400 physicians in 5 governorates.
 - i. One day training seminar on nursing care for 80 nurses in Aswan governorate.
 - j. A two day seminar on nursing care and infection control was held for 100 chief nurses in Cairo.
 - k. A 4 day refresher training workshop for counsellors was attended by 30 physicians, nurses and social workers.
 - l. A Fellowship on planning AIDS control programmes was awarded from 15.8 to 9.9.1994 in the UK.
4. Surveillance activities included:
- a. The Serosurvey for the multitransfused persons was continued in 1994. Blood samples tested amounted to 19568 with 11 HIV positives.
 - b. In collaboration with NAMRU-3 blood samples were taken from 740 young tourism workers in South Sinai. All samples were negative.
 - c. Seven sentinel surveillance sites were functioning in seven governorates.

- d. Due to assurances of confidentiality, increasing numbers of people have voluntarily sought testing during the year. A total of 2051 were tested, with 16 seropositives.
 - e. Screening of high risk groups involved STD patients, prostitutes, IVDU, blood recipients for renal dialysis, sexual contacts of AIDS patients, prisoners, suspected cases and TB patients. A total of 24494 samples were tested, with 38 seropositives.
 - f. Screening of low risk groups involved blood donors, pregnant mothers, travellers, tourism workers and foreigners. A total of 149850 samples were tested with 63 seropositives.
5. Case management and care included the following:
- a. Counselling of HIV/AIDS patients and their families was conducted on continuing basis at the central and the peripheral levels
 - b. Three meetings for women with AIDS were held in 3 governorates to discuss problems, share experience, provide support and plan future activities.
6. A WHO consultant visited Egypt from 4 January to 6 February 1994 to advise the nationals on strengthening of sentinel surveillance on AIDS.
7. A GPA/HQ staff visited Egypt from 25-27 April to identify potential researchers in social sciences and institutes that can work on causes of discrimination and stigmatization of people with HIV/AIDS.

- 8 In the field of blood safety:
 - a. Promotion of voluntary blood donations and screening of all donated blood in 213 blood banks.
 - b. Two physicians from the Central Laboratory were trained on HIV testing procedures in the WHO Collaborating Centre in Kuwait.

ISLAMIC REPUBLIC OF IRAN

1. Programme management action included
 - a. Quarterly meetings were held by the National AIDS Committee to discuss and decide on policy matters.
 - b. A WHO Team visited Iran in December 1994 to participate in the external review of the national AIDS programme. The main recommendations of the review were: to review the HIV/AIDS situation and to set priorities in strategies and interventions according to the situation; and to involve other sectors and NGOs in the implementation of the national AIDS programme.
 - c. A CSA was signed on 17 August 1994 with the Society for AIDS campaign and patient's support to undertake training, produce films for youth education and to print and distribute information materials on AIDS.
 - d. Another CSA was signed on 2 November 1994 with the Center for Women Studies and Research to hold a seminar for 150 women on AIDS and to undertake information activities for women and youth.
2. IEC activities included:
 - a. Continuing press coverage through regular articles in journals and magazines.
 - b. A total of 2500 anonymous calls received on the hotline.

- c. *Subscription to international journals on AIDS and laboratory technology and services.*
 - d. *A project of interpersonal education for high risk individuals.*
 - e. *Printing and distribution of 300,000 brochures for travellers at air and sea ports, 20,000 brochures on AIDS prevention among drug addicts, 50,000 posters and 500,000 brochures/pamphlets carrying preventive messages and information.*
3. Training activities included the following:
- a. *Four workshops for chairmen of provincial AIDS centres and senior health officials on the design and management of provincial programmes with 150 participants.*
 - b. *Ten workshops for training the trainers of provincial staff in surveillance methods, with 423 participants from 10 provinces.*
 - c. *Six day training workshops for multipurpose trainers in 3 provinces, with 90 participants.*
 - d. *Four training workshops for district staff with 110 participants.*
 - e. *Refresher training in HIV testing for 30 laboratory technicians.*
 - f. *Refresher training for 30 provincial health educators.*
 - g. *Training of 400 school teachers on AIDS curriculum.*
 - h. *Training of 35 provincial officers on prevention of sexual transmission of HIV.*
 - i. *Training of 30 doctors on appropriate use of blood.*
 - j. *Training of 1000 doctors, dentists, nurses, medical and nursing students and laboratory workers in Teheran area, on HIV/AIDS prevention and control.*
 - k. *Two day seminar for 150 women activists, teachers and NGO representatives on HIV prevention.*
 - l. *Four fellowships were awarded on AIDS in Australia during February 1994.*

4. Surveillance activities included:
 - a. Sentinel surveillance among STD patients, prostitutes, drug users in 10 sites.
 - b. Screening of high risk groups (STD, prostitutes, sexual contacts of AIDS patients, homosexuals, drug users, blood recipients, hemophiliacs, renal dialysis patients and new TB cases). Total samples tested were 5179 with 5 positives.
 - c. Screening of low risk groups (blood donors, resident foreigners, travellers, truck drivers, refugees and health workers). Total samples tested were 907107 with 19 seropositives.
5. Case management and care activities included:
 - a. Anonymous counselling on the hotline for 1300 persons.
 - b. Providing care and treatment for 40 persons.
6. Blood safety activities included:
 - a. Routine screening of all donated blood (about 300000 blood units).
 - b. Internal quality control of blood centres, the number of laboratories checked were 34.
7. A WHO consultant visited Iran from 17 October to 7 November 1994 to help in the assessment of the AIDS problem among drug users, the development of interventions for risk reduction among them and training of national staff in interventions for risk reduction.

8. Another WHO consultant was assigned to Iran from 2 - 28 December 1994 to help in the development of a national programme for the control of STD, to train national staff on STD control, to advise on the development of guidelines for STD control and to assist in the development of operational guidelines for implementation of the national STD plan.

IRAQ

- 1 Under programme management action the national workplan for 1994/1995 has been approved.
- 2 IEC activities included:
 - a. Health education is intensified and HIV/AIDS has been added to the curriculum of intermediate and secondary schools.
 - b. Education and counselling were provided to 5000 STD patients.
 - c. Production and distribution of 2000 pamphlets among night club staff and 50 000 leaflets for the general public, and distribution of preventive information among the gypsy population.
 - d. Design, pretest and produce 5 radio spots which were broadcasted 30 times.
 - e. Purchase of books, films, slides and subscription to international journals on AIDS.
3. Training activities included:
 - a. A 3 day workshop on education and counselling for 25 doctors and 25 nurses from STD clinics.
 - b. A 3 day workshop on IEC activities for 30 health educators from governorates.

- c. A 5 day training workshop on integration of AIDS subjects in curricula of intermediate and secondary schools, attended by 15 senior staff.
- d. Two 2 day workshops on AIDS curriculum implementation for 60 teachers.
- e. Two 3 day workshops on management of STD patients for 60 doctors.
- f. Five day workshop in HIV testing and biosafety for 20 laboratory and blood banks staff.
- g. Two day workshop on infection control for 30 medical and dental staff.
- h. Three day workshop on HIV clinical management for 30 doctors.
- i. Three day workshop on nursing care for 30 nurses.
- j. Three day workshop on HIV counselling for 20 health and social workers.
- k. Three day workshop on HIV surveillance for 15 surveillance staff.
- l. One staff member was sent on WHO fellowship for one month training in clinical management in Sudan.
- m. One fellowship in clinical management was awarded during the year.

4. Surveillance activities included:

- a. Screening of high risk groups (STD patients, prostitutes, blood recipients, prisoners, TB patients and HBV positives). Total number of samples tested was 10488 with 18 seropositives.
- b. Screening of low risk groups (blood donors, travellers, health workers). Total number of samples tested was 240808 with 7 seropositives.

- c. Sentinel surveillance and serosurvey were conducted among STD patients (1954 samples) gypsies (1000 samples), prisoners (2000 samples) and night club workers (1000 samples).
5. Blood safety activities included:
- a. Main reliance on locally produced blood products and screening of all blood products imported after 1985.
 - b. All blood donations were screened for HIV (250 000 blood units)
 - c. Thirty campaigns were organized to promote voluntary blood donations.
 - d. 4000 pamphlets including guidelines for appropriate use of blood were printed and distributed.

JORDAN

1. Programme Management action included:
- a. Full governmental support and commitment at the highest level in the Ministry of Health.
 - b. Intersectoral coordination is carried out through various committees.
 - c. Regular meetings for the national AIDS committee including members from private and public health sectors. The National AIDS Committee plans activities and coordinates implementation through the National AIDS Programme and NGOs.
 - d. Formulation of Medium Term Plan II, 1994 - 1998 was done in May 1994 with the assistance of a WHO team.

2. IEC activities included:

- a. Prototypes for a poster on **AIDS and The Family**, a card for travellers, guidelines for teachers, a poster on AIDS and the students, a pamphlet for the general public and a brochure for students were prepared
- b. A considerable number of health education events were organized during the year in youth clubs and schools.
- c. A one day seminar for 25 mass media professionals was organized.
- d. Mass media coverage for the AIDS situation and activities was maintained all over the year.

3. Training activities included:

- a. One 3 day workshop for 25 STD specialists
- b. One 3 day workshop for 20 police staff
- c. One 3 day workshop for 20 army staff
- d. One 3 day workshop for 20 civil defence staff
- e. Three day refresher training for 15 laboratory technicians
- f. Three day training in clinical management of HIV infection for 20 doctors.
- g. Three day refresher training for 24 staff of sentinel sites.
- h. One fellowship in surveillance and applied epidemiology for HIV and AIDS was placed in USA during September 1994.

4. Surveillance activities included:

- a. Screening of high risk groups (STD patients, prostitutes, blood recipients, sexual contacts of AIDS patients and suspected persons) 700 samples were tested with 12 seropositives.
- b. Screening of low risk groups (blood donors, pregnant mothers, and migrant workers). Total samples tested were 181788 with 8 seropositives.
- c. Sentinel surveillance was ongoing in addition to the above.

5. Blood safety activities included:
 - a A total of 84681 blood donations were tested with only one seropositive result.
 - b The Central National Blood Bank maintained close supervision over all blood banks in the country. A system of quality control is being implemented in all public laboratories.
 - c 50 000 copies of a leaflet promoting voluntary blood donation was produced and guidelines for the rational use of blood was prepared for printing.
 - d. 25 blood banks are collecting yearly 60 000 units of blood. No importation of blood from other countries.
6. Case management and care activities are being conducted including counselling for HIV/AIDS cases and their families.
7. A WHO consultant was assigned to Jordan from 17 to 31 October 1994 to assist the national AIDS programme in strengthening of AIDS/HIV surveillance activities.

KUWAIT

1. IEC activities included:
 - a The Kuwait Fourth International Conference on AIDS held from 21 to 23 March 1994 with WHO's support and participation.
 - b. Continuing campaign of school education including seminars in schools, distribution of printed materials, organizing exhibitions in schools and collaboration with UNESCO in implementing its recommendations on information/education on AIDS prevention and control.

- c. Similar continuing campaigns were geared towards police and military academies, sports and social clubs and university youth
2. Training activities included:
- a. Second laboratory workshop on AIDS and related opportunistic infections, was held from 26-30 March 1994 by the WHO Collaborating centre for Research and Reference on AIDS in collaboration with GPA/EMRO.
 - b. Training of teams of physicians and nurses was carried out on two occasions through WHO courses run in Australia.
3. Surveillance activities included:
- a. Screening of high risk groups (STD, IVDU, blood recipients, prisoners and suspected cases). Samples tested were 27387 with 9 seropositives.
 - b. Screening of low risk groups (blood donors, pregnant mothers, applicants for residency, employment medical tests, AIDS free certificates and students) Total samples screened were 233588 with 66 positive results.
 - c. Routine testing was made for persons applying to new residency permits, new government employees, military and national service recruits, Police Academy students, prisoners, patients admitted to renal dialysis, scholarship fellows from certain HIV endemic countries, Kuwaiti Airway staff and contacts of HIV positives.
4. Case Management and Care included:
- a. Counselling and clinical follow-up of Kuwaiti HIV+ and their families together with periodic testing of immediate contacts.

- b. All testing is performed by the Central Blood Bank, the virology laboratory and the WHO Collaborating Centre, Kuwait.
5. Blood safety services included:
- a. Screening of all blood donations and rarely imported blood products by the Central Blood Banks.
 - b. No blood units were imported during the year.

LEBANON

1. Programme Management action included:
- a. Appointment of a new programme manager and an IEC specialist in the national AIDS programme.
 - b. Technical visit by a WHO consultant to assist in the preparations for Medium Term Plan.
 - c. Medium Term Plan was formulated with GPA assistance and contribution of all major sectors in the country.
 - d. Two national AIDS committee meetings as well as 4 subcommittee meetings were held.
 - e. One meeting with Community leaders in support of peripheral AIDS control and prevention activities.
 - f. Many new NGOs and professional associations were mobilized this year, particularly at the peripheral level.
2. IEC activities included:
- a. Production of 3 TV spots.
 - b. One day sensitization meeting with 55 mass media representatives.
 - c. Sensitization meeting on AIDS for 10 officials responsible for prisons.

- d. Group discussion with a total of 130 sex workers (one meeting per month)
 - e. Production of 7000 copies of guidelines for physicians on rational and safe use of blood, and reprint of 500 copies of a manual on HIV testing and biosafety for laboratory technicians.
3. Training activities included:
- a. Three day workshop on AIDS for 22 leaders from women associations.
 - b. Three day workshop on AIDS health education for 22 health education facilitators from NGOs, MOH and Ministry of Social Affairs.
 - c. Three day workshop on HIV testing and biosafety for 20 laboratory technicians from the public and private sectors.
 - d. Training of 19 social workers in HIV counselling.
 - e. Three day workshop on nursing care for 26 nurses.
 - f. Two day workshop on AIDS health education for NGO community workers in South Lebanon.
4. Surveillance activities included:
- a. Screening of high risk groups (STD patients, prostitutes, homosexuals, IVU, blood recipients, prisoners, suspected cases and TB patients). A total of 4639 samples were tested with 33 seropositive results.
 - b. Screening of low risk groups (blood donors, pregnant mothers, migrant workers and travellers). A total of 90299 samples were tested with 38 positive results.
 - c. The HIV/AIDS surveillance data collection and processing systems were revised.

- d. No infections took place during the year through blood transfusion or infected mothers.
5. A WHO consultant was assigned to Lebanon from 4 to 29 October 1994 to assist the nationals in developing strategies for the control of STD.

LIBYAN ARAB JAMAHIRIYA

1. Programme Management Action included:
 - a. Medium Term Plan for the prevention and control of AIDS, 1993 - 1997 was formulated and approved.
 - b. The National AIDS Programme collaborated closely with a number of active NGO's, the Scout Movement, Women Organizations, as well as youth clubs and schools and Universities in implementing the programme activities.
 - c. However, the programme implementation left much to be desired because of external reasons (UN sanctions) as well as internal factors (lack of stability of the staff).
2. Surveillance activities included:
 - a. Screening of blood donors and suspected hospital patients and expatriates. A cumulative number of 592 sera positives were detected by end of 1994. The total number of AIDS cases amounted to 15 cases in the same period.
 - b. High risk groups were not properly traced or reached. However, some prostitutes and those arrested in sexual offences were tested in one centre in Tripoli. A total of 604 subjects were tested during the year with 7 sera positives. These figures were virtually similar to those of 1993.
3. IEC activities included:

- a. Distribution of printed information materials in schools, universities, scouting centres and among the general public. Materials were both printed locally and through GPA/AIEC.
- b. World AIDS Day activities were conducted throughout the country with wide media coverage.
- c. The Director-General of Health Education, visited GPA/AIEC to establish close working relations and to exchange experience and information.

MOROCCO

- 1. Programme management activities included:
 - a. A new programme Manager has been appointed.
 - b. A GPA staff member visited Morocco in April 1994, to identify researchers in social science who could participate in studies on determinants of discrimination and stigmatization against HIV/AIDS patients.
 - c. A Euro-Moroccan meeting was convened in October 1994 with EMRO's participation. The aim was to allow Moroccan national authorities and representatives from European countries to review and discuss the magnitude of HIV/AIDS problem among Moroccan migrants in Europe and to formulate solutions.
 - d. NGOs played a major role in the programme planning and implementation.
- 2. IEC activities included:
 - a. Production and distribution of 10 000 information pamphlets, 12 000 forms for STD reporting, 10 000 leaflets on STD prevention, 500 000 leaflets for the general public, 10 000 brochures for the travellers, 40 000 stickers STOP SIDA, and

- 15 000 brochures including questions and answers for health personnel.
- b. 15 000 copies of a guide on STD were printed.
 - c. 10 000 copies of the journal INFO SIDA No. 1 and No. 2 were printed and distributed.
3. Surveillance activities included:
- a. Regular reporting of AIDS, ARC and asymptomatic HIV infections.
 - b. Until the end of 1994 these were 249 AIDS cases, 48 ARC and 154 asymptomatic infections (total 451 cases).
 - c. Screening of high risk groups indicated the modes of transmission in the following order: heterosexual, homosexual, injecting drug use, multi exposure, from mother to infant and blood and blood products.

OMAN

1. Programme Management action included:
- a. Improved implementation of the National AIDS Programme through dynamic structural organization and better reporting system.
 - b. Biannual meetings were held for the National Health Education Committee and the National Technical Committee on AIDS.
2. IEC activities included:
- a. An information seminar was held at the Omani Women Association with 120 participants.
 - b. Production and distribution of 5000 pamphlets for the general public, 20 000 cards for travellers and 4000 posters.

- c. Production of 3 issues of a newsletter on AIDS, 1500 copies each.
 - d. Four orientation lectures for medical students on the national AIDS programme and its activities. -
 - e. One lecture for the clinicians at the Royal Hospital on procedures for HIV/AIDS notification and counselling.
 - f. Production of 8 TV spots and 4 radio spots on AIDS prevention.
 - g. Two lectures for orientation of the Community Development Programme workers were given.
 - h. Dissemination of information to students in all Secondary schools was ongoing.
 - i. Links were established between the Regional counsellors/educators and the central AIDS unit leading to better services.
 - j. Health education activities addressing the general public are ongoing in all Regions.
3. Surveillance activities included:
- a. Strengthening surveillance through updating notification system on HIV/AIDS. All new cases are now notifiable.
 - b. Sentinel surveillance of STD and TB patients at Muscat, Sur and Salalah is continuing. A total of 174 samples were tested.
 - c. Screening of high risk groups, a total of 19446 samples were tested with 147 seropositives.
 - d. Screening of low risk groups, mainly blood donors. A total of 19244 samples were tested with 3 seropositive results.
4. Blood safety activities included:
- a. All blood donations were screened (4897 samples).

- b. Promotion of voluntary blood donations and exclusion of all donors at risk.
 - c. Supply of rapid kits 12 test pack for HIV 1/2 every 4 month.
5. Case management and care activities included:
- a. A counselling clinic at Muscat works 2 days every week.
 - b. Clinical management is assured for all HIV seropositives with provision of necessary drugs.
 - c. Regular screening of all sexual partners of HIV positive persons.

PAKISTAN

1. Programme Management action included:
- a. A new programme manager has been appointed.
 - b. WHO continued to support the post of Health Educator and Administrative Officer.
 - c. NORAD provided support mainly for STD control activities.
 - d. Approval of a project proposal (1994-1996) and a strategic plan (1994-1998).
 - e. Formation of a National Steering Committee on AIDS under the Chairmanship of Director-General of Health and membership from Ministries of Health, Planning, Finance and all Provincial Directors General of Health.
- The Committee met quarterly or whenever required to consider and decide on administrative, financial, and technical issues encountered at all levels. Provincial Steering Committees are also being formulated.

- f. Increased involvement of NGOs for creating awareness among the people with high risk behaviour. NGOs have been working actively in Lahore, Karachi, Dera Ismail Khan, Rawalpindi and Taxila with National AIDS Programme and WHO support.
 - g. Meetings were held with provincial AIDS focal points and provincial health education officers to assess situation and plan for the future
 - h. Field visits by National AIDS programme Manager to Quetta, Abbottabad and Karachi.
2. IEC activities included:
- a. Pakistan Medical and Dental Council has been asked to prepare texts for inclusion of information in medical Syllabi regarding senior high school classes, colleges and universities.
 - b. In August 1993 the Government of Pakistan lifted an official ban on the use of electronic media for AIDS. this campaign was launched during April 1994. No negative reactions took place. The campaign which was informative and non-judgemental was well received in all sections of society.
 - c. A hotline service has been established in Islamabad, Karachi, Hyderabad, Lahore, Peshawar, Quetta and Abbottabad. Incoming calls are increasing day after the other.
 - d. A 60 minutes radio documentary was prepared by Radio Pakistan in collaboration with national AIDS programme. Radio programmes were diffused from Karachi, Peshawar, and Quetta Radio station.
 - e. AIDS awareness camps were organized in Dera Ismail and Miran Shah. These are two remote frontier areas with high illiteracy. Another camp was organized in a hill station "Murree" in collaboration with an NGO to create awareness among the population.

- f. A Regional Workshop on The Role of Media in AIDS Prevention and Control was held in Islamabad, in November 1994.
 - g. Posters and leaflets on STD were printed and distributed among high risk groups and the general public through NGOs, Provincial Health Departments, Social Welfare Organizations and educational institutes to create awareness about HIV/AIDS/STD
 - h. Few designing agencies were called upon and asked to prepare a design for a cinema strip for creating awareness about STD/AIDS among the general public.
 - i. Printing a quarterly newsletter.
3. Training activities included:
- a. A workshop was organized for NGOs in Lahore to develop the capacity building of NGOs and to involve more NGOs in AIDS prevention and control.
 - b. A workshop for health education material development was organized in Quetta for provincial health education and local designers.
 - c. Printing and training module and case management guidelines on STD.
 - d. Five workshops for Divisional Master Trainers in STD case management at Lahore, Quetta, Hyderabad, Peshawar and Muzaffarabad
 - e. Workshop for focus group moderators in Islamabad during the second quarter
 - f. One day workshop for sensitization of district health officers.
 - g. Training of 21 trainer school teachers during first quarter.
 - h. One fellowship in surveillance and applied epidemiology for HIV/AIDS was placed in USA during September 1994

4. Surveillance activities included:
 - a Screening of high risk groups (STD, sexual contacts of seropositive persons, TB patients, prisoners, referred cases, suspected cases) A total of 2621 samples were tested during first 2 quarters with 53 seropositives.
 - b Screening of low risk groups (blood donors, antenatal and multitransfused persons). A total of 16718 samples in Quarters 1 and 2 with one seropositive result.
 - c. A qualitative survey to know the prevalence of HIV/AIDS has being conducted among prostitutes, drug addicts, eunuchs and truck drivers in Rawalpindi, Lahore and Taxila.
 - d. Updating and strengthening of the screening activities among high risk groups.
 - e. Monitoring of the surveillance activities in the field.
 - f Evaluation and strengthening of the existing 30 screening sites and planning of 30 more sites.
5. Blood safety measures included:
 - a Screening of 12000 donated blood units, i.e. less than 10% of the donated blood.
 - b. Formulation of legislation for safe blood transfusion services.
 - c A national and provincial blood transfusion services and authority are being established under the chairmanship of the Director General of Health.
- 6 Management and care services included:
 - a. Follow-up of the HIV infected persons and their contacts.
 - b. Formulation of legislation on the rights of people with AIDS
 - c. Distribution of condoms among high risk groups as well as the general public.

- d. Provision of counselling and care for all seropositives.
 - e. Reprinting of STD case management guidelines.
7. A HQ staff member from GPA/RID/SSB visited Pakistan from 28 February to 4 March 1994 to assess research potential and to identify prospective research centres and investigators to participate in GPA/SSB studies on the determinants of AIDS-related discrimination and stigmatization.
8. Another HQ staff member from GPA/STD visited Pakistan from 7 July to 7 August 1994 for training provincial staff on STD clinical management and developing an operational plan for provincial STD control.
9. A WHO consultant was assigned to Pakistan from 16 April to 6 May 1994 to help in designing and implementation of focus group research programme for the prevention and control of AIDS and to train nationals on its implementations.

QATAR

1. Programme management action included:
- a. The National AIDS Committee continued to function since its establishment in 1986
 - b. The Central Laboratories of Hamad Medical Corporation have been renovated and supplied with up-to-date laboratory equipment for AIDS detection.

- c. The Medical Commission continued to be responsible for granting residence to expatriates who test negative to AIDS and other major communicable diseases. Seropositives were not allowed to stay.
2. IEC activities included:
 - a. Educating the different public sectors about the disease using for the purpose all available mass media.
 - b. A comprehensive health education programme in schools and universities.
 - c. A study was done among school children to assess their knowledge and attitude towards AIDS.
3. Training activities included a training programme for all nurses and nursing students about how to deal with HIV cases and how to avoid contamination during accidents.
4. Blood safety activities included:
 - a. Abandoning the policy of wide importation of blood needs from abroad and limiting it to the bare minimum.
 - b. Promoting self donation of blood for all hospital admittances for surgical procedures, or blood donations from their relatives and friends.
 - c. Meticulous checking up procedures for all the used blood whether imported or locally collected.
5. Surveillance activities included:
 - a. No HIV surveillance among STD patients and IVD users.
 - b. Action is being taken to prepare a pilot study to define the magnitude of the problem among STD and TB patients.

- c. Screening of different groups has been made and 12 seropositives were detected during the year. The cumulative total so far has reached 112 positive cases. 44 of them are still living in Doha, Qatar. The sources of infection were as follows: Blood transfusion (74), from mother to child (11), homosexual (2), heterosexual (19) and 6 unknown.

SAUDI ARABIA

1. King Faisal Specialist Hospital and Research Centre, Riyadh, held the Second International Conference on AIDS from 28 - 30 November 1994 with WHO participation.
2. Al Nour Specialist Hospital, Makkah Al Mokarramah, held a national seminar on AIDS and the Family from 30 November to 1 December 1994
3. The national policy that was implemented during the year included the following:
 - a. Surveys on samples of different population groups
 - b. Testing high risk groups
 - c. Expanding laboratory networks that have the authority to perform HIV testing.
 - d. Establishment of immunology clinics in main hospitals.
 - e. Collecting data about other STD patients and search for HIV infection among them.
 - f. Continuing training of physicians and paramedicals on AIDS epidemiology, diagnosis, follow-up and care
4. Surveillance activities included:

- a. Regular reporting of AIDS cases.
- b. Screening of different groups revealed the following order of modes of transmission unknown, blood and blood products, heterosexual, homosexual and from mother to child.

SOMALIA

(No reports available)

SUDAN

1. Programme management action showed significant developments such as:
 - a. Sudan was divided into 26 States instead of the previous nine States. Hence 26 State AIDS Committees were developed to replace the previous 9 State and 7 Provincial AIDS Committees, insuring further decentralization in the programme management.
 - b. Quarterly state AIDS coordinator meetings were held regularly.
 - c. A large portion of the 1994/1995 WHO and UNFPA projects were implemented as well as the programmes of UNICEF and UNHCR.
 - d. National and international NGOs showed greater involvement in the implementation of the national AIDS control programme.
 - e. Field visits were conducted to follow-up activities in Atbara, Medani, Sennar, Singa and Gedref.
2. IEC activities included:
 - a. Establishment of an IEC Committee with multi sectoral representation, and appointment of national IEC focal point.

- b Five day workshop for 30 mass media professionals in Khartoum (18-22 September 1994). Under UNICEF funds similar workshop were held for 45 participants.
 - c. Production of IEC materials such as faithfulness poster, STD booklet, methods of transmission and leaflet on "Don't Die of Ignorance".
 - d Affixation of 14 billboards on AIDS awareness in priority sites in Khartoum Twenty four other billboards were affixed in main city entrances in other States
 - e State AIDS Committees performed a wide range of activities including lectures, seminars, pamphlets, phosphoric stickers, video presentations, workshops, Friday sermons, TV programmes, educational events, mass media coverage, briefing for teachers and youth as well as condom distribution.
 - f One lecture with slide presentation to selected members of the parliament on 12.1.1994.
 - g One expert group meeting with Sudan Airways decision makers to find ways for educating their staff and other travel agencies on HIV/AIDS
 - h. One week exhibition in the High Nursing College, Khartoum.
 - i. Printing Eid greeting cards and a poster with AIDS messages.
 - j. Including AIDS/HIV in the integrated PHC training course, and finalization of a flip chart to be used by school teachers
3. Training activities included
- a Three day workshop for 13 dentists on HIV virology, epidemiology, clinical manifestations, counselling, clinical management, etc. (22-24 November 1994).
 - b. National workshop on HIV/AIDS control for 8 participants in the Khartoum general population survey (9-14 November 1994)

- c. A similar national workshop on STD/HIV/AIDS was held for 20 participants for the same purpose (19-22 November 1994)
 - d. Training of 15 blood banks technicians and laboratory assistants on HIV-serodia from 29/10 to 6/11/1994 in Darfur Zone.
Six similar training sessions were organized in six other States with 44 participants.
 - e. Sixteen training workshops on the rational use of blood held for participants from 20 blood banks and emergency rooms medical personnel.
 - f. Training of military officers educators in 8 cities of the three southern States with 25 participants for 5 days.
 - g. Training of out-of-school youth peer educators in 8 cities of the three southern States with 25 participants for 5 days.
 - 10. three fellowships were awarded during the year in clinical management, one in epidemiological surveillance and one in counselling.
4. Blood safety activities included:
- a. Application of a questionnaire for blood donors so as to exclude those who are at high risk.
 - b. Training and retraining of medical officers and assistants working in blood banks and laboratories on HIV-serodia testing techniques
 - c. Printing of 5000 copies of guidelines for rational use of blood.
 - d. Provision of adequate amounts of reagents for HIV/HBV/VDRL testing to insure blood safety.

5. Surveillance activities included:
 - a. Screening of high risk groups (STD patients, sexual contacts of AIDS patients, suspected persons, and TB patients). A total of 1480 samples was tested with 235 seropositives.
 - b. Screening of low risk groups (blood donors, pregnant women, travellers, volunteers and kidney donors). A total of 31240 samples were examined, with 396 positive results.
 - c. Sentinel surveillance continued to be conducted in 9 sentinel sites.
6. Case management and care activities included:
 - a. Participation of Chief, Clinical Management, SNAC and the Nursing Management Chief, Juba, in the IC meeting on HIV/AIDS Clinical Management and Nursing Care, Tunisia, September 1994.
 - b. Receipt of a gift of drugs from Belgium.
 - c. conduct of bedside training in case care and management for medical students and junior doctors, in Khartoum teaching hospitals.
 - d. Provision of counselling service to 10 positive persons in Khartoum Teaching Hospital.
 - e. Distribution of clinical management guidelines, infection control guidelines to all State AIDS committees and major hospitals in Khartoum and Om Durman.
 - f. Production of guidelines for clinical management of STD in Amharic and Tigrinya local languages to be distributed in refugee camps in Sudan.
7. A WHO consultant visited Sudan from 22 October to 20 November 1994 to assist the Ministry of Health in initiating baseline evaluation surveys using WHO/GPA prevention indicators package.

SYRIA

- 1 Programme Management action included:
 - a. Workplan for 1994/95 was signed.
 - b. A WHO STC visited Syria from 27 May to 2 June 1994 to prepare for MTP II formulation. A national AIDS policy was established as a basis for Medium Term Plan II
 - c. A WHO team assisted in the formulation of Medium Term Plan II
 - d. Further structuring of NAP and NAC at central and provincial levels.
 - e. Coordination with UNESCO National Committee to involve them in AIDS activities.
 - f. Involvement of the Ministry of Tourism and Ministry of Culture.
 - g. Provincial coordination and collaboration with NGOs.
2. IEC activities included:
 - a. One 3 days educational meeting for high risk groups, each with 30 participants.
 - b. Four 3 day sensitization meetings for leading women, each with 30 participants.
 - c. Four 3 days sensitization meetings for youth leaders each with 30 participants.
 - d. Al Hashimi private printers issued a calendar for 1995 carrying health message including AIDS.
 - e. Printing and distribution of a card for travellers, brochure for STD patients, guidelines for teachers, brochure for students and a quarterly newsletter.
 - f. Wide distribution of national AIDS programme and EMRO's publications.

- g. Including AIDS in continuing education courses.
- h. Wide TV, radio and press coverage all over the year.
- i. Several medical academic thesis on AIDS were assisted for postgraduate studies.
- j. Providing secondary schools and university students with adequate information on HIV/AIDS.
- k. One full school day briefing for the Arab Scouts Organization and the Revolutionary Youth.
- l. Two school days at the public health Institute.
- m. School days at the Commercial Institute and the Secretariat Institute.

3. Training activities included:

- a. One workshop for Arab Health professionals in Damascus.
- b. One day seminar for 100 doctors for provinces and national AIDS programme on appropriate use of blood
- c. One day seminar for 100 doctors from private sector and national AIDS programme on case management.
- d. Three day workshop for 30 trainers of schools on HIV/AIDS prevention and control.
- e. Five day workshop on development of AIDS curriculum for schools, with 30 participants from specialists and senior teachers.

4. Blood safety measures included:

- a. Reprinting of 9 WHO documents on blood safety and the proper use of blood and plasma.
- b. Screening of blood donors and donations

5. Surveillance activities included:
 - a. Coordination of the surveillance activities with the private sector.
 - b. HIV testing is being performed in 7 designated laboratories.
 - c. The reference laboratory arranged a workshop on HIV testing.
 - d. Quality control measures were applied to governorate laboratories.
 - e. Internal review on laboratories was made and recommendations were formulated to improve the situation.
 - f. Routine screening is made for blood donors, non-Syrians who wish to marry Syrian women, all hemophiliacs, Syrians sent abroad for more than 3 months, suspected people on clinical basis, blood derivatives and in surveillance activities.

TUNISIA

1. Programme management action included:
 - a. Strengthening of the National AIDS Committee by adding to it more permanent members. The Committee held 4 meetings during the year, and 8 meetings were held by the subcommittees.
 - b. A plan of action for 1994/95 was formulated.
 - c. Partners involved in the programme implementation during the year were representing 11 ministries, 13 NGOs, and 6 associations, Resemblances Constitutionnel Democratique, Le Centre Culturel Allemand. A multi lateral meeting for project formulation was held on 19.9.1994.
 - d. Reactivation of 23 regional focal points to facilitate implementation. A meeting was held for them on 1-2 November 1994.

- e. Introduction of "Children and SIDA in Africa" on the agenda of the African Summit which was held in Tunis from 13 to 15 June 1994.
 - f. Twelve follow-up field visits.
2. IEC activities included:
- a. Two one day briefing sessions for 60 journalists and communicators on 19 and 20 October 1994 in Tunis.
 - b. Design and printing of two pamphlets on AIDS and the Family (10000 copies), leaflet for travellers (20000 copies), leaflet on condoms (30000 copies), leaflets on STD/SIDA (20000 copies) brochure on condoms (30000 copies) and a guide for case management of HIV patients (4000 copies)
 - c. One information day for 87 technicians working in operating theatres, in Tunis and Sfax.
 - d. One information day for 20 dentists on 30.6.94 in Bizerte.
 - e. Five information days for the tourism guides and students with 122 participants during December 1994.
 - f. 18 sensitization meetings for directors of secondary schools with 688 participants during December 1994.
 - g. Information days in the police schools of the Ministry of Interior with 150 officers and 1200 students participating.
3. Training activities included the following:
- a. Two one day briefing meetings each for 30 doctors and technicians from the Ministry of Interior. (27 and 28 October 1994).
 - b. Six training workshop for school social workers with 169 participants.

- c. Five 3 day workshops for club supervisors in communication techniques, with 135 participants (October/December 1994).
 - d. Two workshops for chiefs of private laboratories with 73 participants in collaboration with the Society of Clinical Biology.
 - e. Two workshops for laboratory technicians, with 74 participants in Sfax and Tunis.
 - f. Three day course on counselling and management of STD/AIDS.
 - g. Three day workshop on nursing care for 45 participants in Tunis.
4. surveillance activities included:
- a. Screening of high risk groups (prostitutes, IVDU, blood recipients, prisoners, suspected cases, TB patients) a total of 4592 samples were tested with 39 seropositives.
 - b. Screening of low risk groups (blood donors, travellers, students, premarital testing, health personnel) a total of 114814 samples were tested with 13 seropositives.

UNITED ARAB EMIRATES

(No reports available).

YEMEN

1. Programme management action included:
- a. Appointment of a new Programme Manager, and programme representatives in the governorates.
 - b. A unit has been reserved for AIDS cases in the central hospital.

- c. Formation of a National AIDS Committee with multi sectoral representation.
 - d. Project document for 1994/1995 was finalized with WHO's assistance through a visit by one EMRO staff member.
 - e. Increased NGO involvement in AIDS information/education/prevention/control.
 - f. A seminar was held for 25 high decision makers to insure more commitment and support (12 May 1994).
 - g. Field visits by national AIDS programme staff to all provinces for follow-up and problem solving.
2. IEC activities included:
- a. Orientation of 13 mass media professionals in Sanaa, 15/16 August.
 - b. Seven two day workshops each for 13 religious leaders in seven provinces.
 - c. Printing and distribution of 10000 copies of a folder on AIDS, 11000 time tables for students and 3000 posters.
 - d. Symposiums and lectures, were organized in schools, clubs and mosques.
 - e. Wide media coverage for all events was maintained.
3. Training activities included:
- a. A training course for 25 educators from different provinces (26-28 November 1994)
 - b. Refresher training for 16 laboratory technicians in HIV testing techniques, Sana'a, 15-17 October 1994.
 - c. Refresher training for 30 dentists in AIDS prevention, Sana'a, 5-7 September 1994.

- d. Refresher training of 20 sentinel site staff. Sana'a, 18-20 October.
 - e. Training of 30 doctors and nurses from MCH units, 10-12 April 1994.
 - f. Refresher course for teams of surveillance, 20 participants, 8-10 November 1994.
 - g. Four staff members participated in a regional workshop on programme management held in Cyprus.
 - g. One fellowship in surveillance and applied epidemiology was placed in USA during September 1994.
- 4 Surveillance activities included:
- a Screening of high risk groups (STD patients, blood recipients, prisoners and suspected patients) a total of 259 samples were tested with 17 seropositives
 - b. Screening low risk groups (blood donors, migrant workers, hotel staff travellers and general public). A total of 12536 samples were tested with 9 positive results.
 - c. A refresher course was organized for 16 persons on HIV screening of blood donors and quality assurance in HIV testing.
5. A WHO Consultant was assigned to Yemen from 4 to 31 December 1994 to review the situation of STD in Yemen, prepare an STD control plan, to train nationals in STD case management following the syndromic approach and to prepare guidelines for STD case management.

UNRWA

1. Programme management action included:
- a. Workplan for 1994/1995 was concluded.

- b. Establishment of AIDS support and help committees at the camp level
 - c. Establishment of an AIDS association in Gaza strip.
 - d. Establishment of 20 resource centres in the five UNRWA fields and one main centre at Headquarters, Amman.
 - e. Promote collaboration with Makassed, Ittihad, St. Luke and Qalqilia NGO hospitals in the West Bank. HIV/AIDS test kits were provided to those hospitals.
2. IEC activities included:
- a. A KABP study on AIDS was concluded in Gaza strip during 1994. There is a need to enrich school curriculum with topics which help in changing the students attitudes and practices on AIDS
 - b. GPA/EMRO provided information/education materials as requested.
 - c. Increased talks and seminars in schools, youth centres and women centres.
 - d. Promoted coordination between education departments and Health departments with regards increasing educational activities on HIV/AIDS prevention and control
- 3 Training activities included focus group studies organized for training moderators and note takers on KABP data collection in the five UNRWA Fields.
4. A WHO consultant was assigned to UNRWA from 7 to 25 November 1994 to help with curriculum development with regards HIV/AIDS

INTERCOUNTRY AND REGIONAL ACTIVITIES

I. INTERCOUNTRY MEETINGS

A number of intercountry meetings were organized to review on the current situation, to exchange experiences and to update on the developments on various aspects of AIDS and STD control, as well as to increase the capabilities of the national staff in planning, implementation, monitoring and evaluation of the AIDS and STD control programmes.

One Consultation and six workshops were organized in 1994.

a. CONSULTATION ON THE ROLE OF RELIGION IN THE PREVENTION AND CONTROL OF AIDS

Alexandria, Egypt. 7-8 February 1994

This meeting was cosponsored by WHO/EMRO and the organization of Islamic Medicine, Kuwait.

The Objectives of the meeting were

- 1 To review the present epidemiological situation.
2. To discuss how the impact of religion could be assessed with regards AIDS/STD prevention and control

3. To prepare a questionnaire to be applied in a study to be conducted for this purpose in six countries in the Region.
4. To pretest the questionnaire in a limited study to be conducted in Egypt, before the main study is performed at a later stage.

Participants were representatives from Bahrain, Egypt, Morocco, Sudan and the Organization of Islamic Medicine. Staff members from EMRO were also present

Recommendations the main points to be included in the questionnaire were agreed upon. It was recommended to draft the questionnaire and circulate it among the participants for comments and approval. The first stage will be a small scale study to pretest the questionnaire in Egypt before the major study is launched in the five participating countries.

b. REGIONAL WORKSHOP ON PROGRAMME MANAGEMENT IN AIDS
Limassol, Cyprus, 4 - 15 April 1994.

The Objectives of the workshop were

1. To orient the participants about a systematic process for developing and managing a comprehensive national AIDS programme, and
2. To increase the knowledge and skills of the participants in implementing that process.

Participants were 31 persons from Cyprus, Egypt, Iran, Iraq, Jordan, Lebanon, Syria and Yemen. Four staff members from HQ and EMRO and one STC acted as facilitators

Method of work

The participants were grouped into 4 groups, with 2 countries in each group. Each group, with one WHO facilitator, went through the 12 modules prepared for this purpose.

In a concluding session the participants were briefed about matters regarding planning, review and implementation for national AIDS programmes. The necessity to monitor and evaluate implementation was stressed. The participants felt that this briefing workshop was useful to them and decided to use the skills they gained in developing their national AIDS programmes, especially to encourage active NGO involvement and to expand collaboration with other sectors, such as Education, Information, Youth and Sports etc. They will pay more attention to STD programmes, studies on how to reach high risk groups, counselling, case management and producing mass media programmes.

c. MEETING ON THE ROLE OF WOMEN IN AIDS PREVENTION AND CONTROL

Cairo, Egypt, 16 - 18 May 1994

The objectives of the meeting were:

1. To review the situation of HIV/AIDS in women particularly in countries of the Eastern Mediterranean Region of WHO.
2. To suggest strategies to reduce the effect of the AIDS epidemic on women, and
3. To propose actions to strengthen the involvement of women in AIDS prevention and control.

Participants were 22 persons from 11 countries of the region. Staff and temporary advisers from EMRO and WHO Headquarters and representatives from the Ford Foundation, UNDP, UNFPA, UNICEF and the World Bank were also present.

Method of work

The participants met in four groups and studied in detail the factors that predispose women to HIV infection and the strategies to address them. They presented their conclusions to the plenary session and decided that the strategies and actions identified by the working groups should be considered as the recommendations of the meeting. They further emphasized the important role of WHO in the national efforts for the prevention and control of AIDS. They also recommended regular exchange of information and experience among the EMR Member States.

d. WORKSHOP ON MANAGEMENT OF PERSONS WITH AIDS/HIV INFECTION
Tunis, Tunisia, 12 - 16 September 1994.

The objectives of the meeting were:

1. To review the clinical picture of AIDS in the Region
2. To review the diagnosis of HIV and AIDS, and
3. To provide an update on care of persons with AIDS/HIV infection.

Participants were 24 persons from 13 EMR countries and 5 members of the WHO Secretariat.

Method of work

The workshop was conducted mainly in the form of plenary sessions in which the main presentation was followed by presentations by participants of selected countries and then by general discussion. However, small group discussions were also held during the sessions on counselling, home and community based care, control of nosocomial infection and ethical aspects.

Recommendations

The workshop made the following recommendations:

1. In order to determine and monitor HIV prevalence and thereby prepare plans for prevention and care of AIDS, HIV surveillance, particularly sentinel surveillance, should be strengthened in all countries
- 2 HIV testing in the clinical setting should be done only if it benefits the patient. Testing should be preceded by informed consent Screening populations is not cost effective, does not benefit the patients and may even be counterproductive. All test results should be kept strictly confidential.
3. The decision to perform various diagnostic tests should depend on available resources as well as on the decisions likely to be derived from the results.
4. Persons with AIDS should be counselled adequately to help them live positively and to prevent transmission. Their family members should also be counselled. Counselling should be done by those skilled in counselling such as doctors, nurse, social workers, religious leaders and others.
5. Persons with AIDS should be treated promptly and appropriately within the available resources. Follow-up care and counselling should be provided across the continuum of care.

6. Nurses should be involved in care and counselling of persons with AIDS and their families and should at the same time provide education for prevention of HIV transmission and about home care
7. AIDS patients should be hospitalized only when necessary. A special unit is not necessary but specialized medical care and day care may be provided as required. There is no need for isolation except for patients with contagious infection.
8. Home- and community-based care should be made available to the patients who do not need hospitalization through hospital outreach programmes, general practitioners, the primary health care system, nongovernmental organizations (NGOs) and other health programmes.
9. Universal precautions should be taken in the health care settings to prevent transmission due to exposure to HIV and other pathogens. Guidelines for action to be taken in care of accidental exposure should be readily available.
10. Human rights principles should be observed including informed consent before testing, maintenance of confidentiality, avoidance of discrimination in any form and liberty and freedom of movement. Mandatory testing is not justified.
11. Health care workers such as doctors, nurses, counsellors, social and other workers should be adequately trained for care of persons with AIDS. AIDS should be included in the curriculum of basic training for these workers, if not already done.
12. Guidelines for management of persons with AIDS such as clinical management, counselling, nursing care and infection control should be available in all health care settings and should also be widely distributed to health care workers.

13. Operational research, appropriate for the Region, should be carried out in order to help plan and provide care for persons with AIDS. Such research should be technically and financially feasible and should be acceptable from the ethical and socio-cultural points of view.

e MEETING OF DIRECTORS OF NATIONAL AIDS REFERENCE LABORATORIES
Cairo, Egypt, 14-16 November 1994

The objectives of the meeting were:

1. To review the current status concerning the laboratory diagnosis of the HIV/AIDS in the Region, and
2. To develop regional strategies for testing for HIV.

Participants were 16 persons from 16 EMR Countries, five representatives from WHO collaborating centres, four observers from Saudi Arabia and UAE, and 5 staff members from WHO Headquarters and EMRO.

Methods of work

All agenda items were presented and discussed in plenary, However after the last plenary presentation on Strengthening of HIV Testing Services the participants, working in three groups, identified the strengths and weaknesses of laboratory services and discussed the measures for strengthening those services. Their recommendations were as follows:

1. The WHO Regional Office for the Eastern Mediterranean should develop a regional programme of external quality control, in collaboration with the organizations already working in this field, such as WHO headquarters, the Communicable Disease Centers in the U.S.A., and the American College of Pathologists.
2. A regional workshop on quality control should be organized to discuss all issues related to the subject and to orient the participants about the procedures.
3. National AIDS reference laboratories should establish a quality control system for the country and each laboratory should also establish its own quality control system. Focal persons should be designated as being responsible for the purpose, and their names forwarded to EMRO.
4. The alternative strategies for HIV testing proposed by WHO are acceptable, especially by countries with limited resources. Based on these strategies, each country should develop its own national strategies according to available financial and human resources.
5. For indeterminate or equivocal results, the patient should be followed-up every three months up to one year. In case of repeated equivocal results, the samples should be sent to a WHO collaborating centre for further testing.
6. Pooling of sera for HIV testing should be considered in those countries where financial resources are limited, HIV prevalence is less than 2% and the daily workload is large. However, good quality assurance must be ensured in the laboratory before initiating pooling.
7. Operational studies should be carried out on the efficacy and feasibility of pooling under field conditions. This may be carried out in the form of multicentre studies in coordination with other countries.

8. Selection should be made of commercially available HIV test kits on the basis of the evaluation done by WHO, in order to ensure the quality of the kits.
9. WHO guidelines on biosafety should be circulated to all national reference laboratories. Each reference laboratory should adapt these guidelines to the local situation and translate them into local languages.
10. Biosafety should be an integral component of any training in laboratory practices.
11. In order to strengthen national capabilities, training should be regularly organized by WHO, as well as within the countries.
12. Financial and material resources should be adequately available for carrying out HIV laboratory services.
13. WHO should regularly disseminate new technical information and guidelines to Member States. WHO should also facilitate the exchange of information among national reference laboratories.
14. Since there is a strong association between tuberculosis and HIV infection, laboratory capabilities in tuberculosis investigations, including antibiotic susceptibility testing, should be strengthened.
15. Facilities for the diagnosis of opportunistic infections should be developed in national laboratories. WHO collaborating centres should provide assistance in such diagnosis.
16. Facilities for the diagnosis of sexually transmitted diseases, especially those causing genital ulcers, should be upgraded in Member States.
17. To reduce the cost of HIV test kits, Member States should consider procuring their requirements under the WHO bulk purchase system.

18. WHO collaborating centres should assist Member States in the training of laboratory staff, confirmation of the HIV tests, particularly in case of equivocal results, the establishment of a quality control system and isolation and characterization of HIV. These centres should prepare a brochure about the facilities available in their centres and distribute copies of it.
19. With regard to the import of blood products by Member States in the Region, guidelines should be provided to countries on the safety and testing of blood products in the countries of origin.

f. WORKSHOP ON THE ROLE OF MASS MEDIA IN AIDS PREVENTION AND CONTROL
CAIRO, EGYPT, 19-21 NOVEMBER 1994

The objectives of the meeting were as follows:

1. To clarify and elaborate the role of media in AIDS Prevention and Control.
2. To share up-to-date information on HIV infection and AIDS with the participants.
3. To review the current situation of media coverage for HIV infection and AIDS at the national and regional level.
4. To identify difficulties and obstacles facing the smooth dissemination of adequate information on the epidemic, both at the national and regional level.
5. To find out how the above difficulties and obstacles could be responded to effectively so as to promote and streamline public information and education.
6. To establish a better understanding and working relationship between the media and the national AIDS programmes.

Participants were 30 persons from 11 countries. A representative from UNICEF participated and seven staff members from EMRO were present.

Method of Work

The language used was the Arabic language.

The first day of the workshops was composed of plenary presentations. Three specialized working groups were then established to discuss on the second day, the issues related to Mass Media coverage from the perspectives of the press, radio and television separately.

On the third day, all the groups submitted their findings in plenary.

Recommendations were grouped into: three recommendations for WHO, five recommendations for the National AIDS Programmes, five recommendations for the media professionals and 13 recommendations of general nature.

Furthermore a framework for the information action in the field of AIDS Prevention and Control was formulated, and countries were requested to translate the framework into working plans linking together the activities conducted by all media channels in close collaboration with WHO and the health national authorities. Training and up-to-date information were emphasized. Regular evaluations and follow-up were recommended, and holding similar workshops on regular basis was seen advisable.

- g. WORKSHOP ON THE ROLE OF MEDIA IN AIDS PREVENTION AND CONTROL
Islamabad, Pakistan, 28-30 November 1994

The objectives of the workshops were the same as in (f)

Participants were nine persons from Cyprus, Iran, and Pakistan, Three WHO staff members also attended.

Methods of Work

The language of the Workshop was English. After technical presentations were made in plenary the participants were divided into two groups, one group dealing with the print materials and the other with electronic media. At the end of the discussions, the participants agreed on the following recommendations.:

For National AIDS Programmes

1. To establish a team of Health Educator, subject matter specialist and mass media expert to work in collaboration for the production of media materials.
2. To develop guidelines/procedures for media production in HIV/AIDS prevention.
3. To develop a plan of action in media production including monitoring/evaluation within as overall IEC strategy.
4. To organize workshops on production of media materials in HIV/AIDS Control for appropriate individuals.

For Mass Media Institutions

1. To work permanently in consultation and in collaboration with the National AIDS Programme.

2. To nominate a focal person for HIV/AIDS prevention activities, at each institution level.

For WHO

1. To provide opportunities for training in media production.
2. To provide technical assistance in production of media material in HIV/AIDS Prevention and Control.
3. To regularly exchange media materials on HIV/AIDS among Member State countries.

II WHO COLLABORATING CENTRES

A) NAMRU-3 WHO COLLABORATING CENTER FOR AIDS

Report of Activities - 31 March 1993 - 26 February 1995.

Scope of Work:

The WHO Collaborating Center for AIDS at the US Naval Medical Research Unit NO. 3 (NAMRU-3) continued to serve as a reference center for HIV diagnostic testing. NAMRU-3 received patient specimens for confirmatory testing from four countries during this reporting period. On two occasions, NAMRU-3 has assisted countries in the Region with issues regarding the testing of pharmaceutical products.

Genetic and antigenic characterization of HIV-1 isolates from countries in the Eastern Mediterranean Region is the primary focus of NAMRU-3 HIV investigations.

ACCOMPLISHMENTS:

1. Genetic and Antigenic Characterization of HIV-1 Isolates from Diverse Geographic Areas

Genetic and antigenic typing of currently circulating HIV-1 strains is critical for the development of appropriate vaccines. Specific country protocols for Djibouti, Egypt, Sudan and Syria have been approved by the respective government officials, WHO and NAMRU-3. HIV-1 has been isolated in cell culture from 3 of 13 (23%) specimens from Djibouti, 13 of 38 (34%) from Egypt and 2 of 9 (22%) from Syria. Protocols have been discussed and distributed to potential collaborators in Lebanon, Oman, Iran, and the United Arab Emirates.

NAMRU-3 received WHO protocol and submitted 17 HIV-1 isolates to WHO collaborating centre in Germany for characterization.

The logistics of collecting and transporting samples from collaborating countries and importing them into Egypt in a timely manner for virus propagation has been one of the most difficult aspects of conducting this project.

2. Surveillance for Retroviral Infections in Northeastern Africa and Western Asia (Egypt)

NAMRU-3 assisted the Egyptian Ministry of Health (MOH) in a survey of Egyptian nationals working in tourist areas of Sinai Peninsula. The survey conducted 17-24 June 1994, enrolled a total of 740 subjects. All subjects were HIV negative. Subject enrollment procedures used in the study proceeded well and could serve as a model for how to conduct counselling and obtain informed consent when recruiting groups of study subjects.

At the request of the Ministry of Health Central Laboratories, NAMRU-3 assisted in identifying the first HIV-2 infection in an Egyptian national. Investigation of this case suggests the infection was not acquired from another Egyptian. This case led to an improvement of the tests being used in Egypt for diagnostic testing.

3. Quality Control

NAMRU-3 regularly participates in two separate proficiency surveys to verify the quality of their results of diagnostic testing, College of American Pathologists and US Centres for Disease Control and Prevention. NAMRU-3's results during this reporting period have been in complete agreement with those of the reference laboratories.

Future Goals

Procurement of additional isolates from countries currently participating in the genetic characterization protocol and establishing collaboration with other countries remains the highest priority for the NAMRU-3 Collaborating Center.

B) PASTEUR INSTITUTE, CASABLANCA, MOROCCO
(No report available)

C) WHO COLLABORATIVE AND REFERENCE CENTRE ON AIDS
Department of Microbiology, FACULTY OF MEDICINE, KUWAIT

The collaborative and Reference Centre on AIDS in the Department of Microbiology, Faculty of Medicine, University of Kuwait is now fully functioning after the Gulf war. It offers diagnostic services and conducts research in the field of virology, microbiology, mycology, immunology and parasitology. It collaborates with the national authorities, Public Health Laboratories and Infectious Diseases Hospital in Kuwait. The Centre is active in the organization of educational training workshops for the member countries of the Eastern Mediterranean Region.

As part of education and training activities, the Centre organized:

1. Second International Workshop on "Laboratory Diagnosis of HIV/AIDS and Related Opportunistic Infections" during 26th - 30th March 1994. Twenty participants from 10 countries participated. The following recommendations from this Workshop were made:
 1. Such Regional workshops should be arranged regularly.

2. A Regional conference-cum Workshop on Microbacteriology is urgently needed.
2. The Centre organized a one week National workshop on the "Diagnosis of Mycotic Diseases". This was done by local faculty and the invited speaker Professor V. Kurup, Professor of Medicine in Wisconsin, USA. Twenty five participants drawn from various hospitals in Kuwait joined.

Future Activities

1. The collaborative Centre will continue to serve as a Reference Laboratory.
2. the Centre proposed to WHO-EMRO to hold a one week conference-cum Workshop on Tuberculosis to train medical officers and technologists of the region in the conventional and newer technics for the diagnosis of mycobacterial diseases.
3. The Centre will continue research in the genotyping of more HIV positive cases, and would like to collaborate with WHO office in Geneva in this area.
4. The Centre will be willing to offer training in the field of opportunistic infections.

THE AIDS INFORMATION EXCHANGE CENTRE (AIEC)

Established in August 1990, the Centre has now completed its fourth year of existence. The Centre continued to perform its functions in support of its two objectives:

1. To strengthen the process of exchange of information and experiences on AIDS particularly in the field of health education, between countries of the Region, as well as with other central and Regional centres, and
2. To open fully the channels of communication on AIDS in EMR countries, so as to inform and educate people more widely and intensively.

During this reporting period the AIEC achieved the following:

1. Exchanges of AIDS-related information and materials between the Centre and National AIDS Programmes in EMR countries, as well as with other AIDS information centres outside the Region, continued progressively.
2. The Centre's holdings of journals, documents, publications and audiovisual materials, originating both from WHO and non-WHO sources, continued to increase. The total figures are now at the four digit level. These materials were utilized as appropriate to support National AIDS Programmes.
3. Six more printed materials were issued during the year in Arabic or English and eight more titles were being processed.

4. The network of contact points was growing. The AIEC mailing list was changing everyday including the following 7 sections:
Health Sector, Education Sector, Information Sector, UN Offices, Nursing Sector, NGO's and Interested Individuals. The addresses available so far include more than 3000 national, regional and global entries.
5. AIEC assumed the role of focal point for the World AIDS Day. A separate report on WAD 1994 is attached.
6. An Arabic/English glossary on AIDS/STD terminology has been compiled. It included some 500 terms which will be incorporated in the 4th edition of the EMRO Unified Medical Dictionary.
7. The Centre continued to provide background documentation and information as required for national and regional activities on different aspects of AIDS e.g. meetings, workshops, lectures, graduate and postgraduate studies, etc.
8. The Centre provided lists of videotapes, slides, journals and books on AIDS and STD to National AIDS Programmes and assisted them in purchasing such materials as required.
9. The Centre responded to individual requests for information received from within and outside the region. The numbers of information items distributed were increasing year after the other as evident in the following table:

AIDS Information Materials Distributed

YEAR	PRINTED ITEMS	AUDIO VISUAL ITEMS	REMARKS
1990	106061	141	Since 1.8.1990
1991	549997	129	including WAD
1992	821841	132	including WAD
1993	1091853	189	including WAD
1994	734210	951	including WAD

As compared to last year's figures, the printed materials distributed were less because the bulk distribution to Ministries of Education and Religious Affairs was not repeated this year. The audio visual materials distributed this year were five times more than last year because several National AIDS Programmes utilized the Centre's services in establishing a small library of video tapes and slide sets on AIDS and STDs.

10. During the year the Centre played a key role in the preparation and implementation of two workshops on the role of mass media in the prevention and control of AIDS, held in November 1994 in Cairo and Islamabad.
11. The importance attached to the Centre by the National AIDS Programme Managers is well illustrated in the recommendations formulated at the Fifth, Sixth and Seventh Intercountry Meetings for National AIDS Programme Managers.

12. In its Forty-First Session held in October 1994, the Eastern Mediterranean Regional Committee appreciating the role being played by the Regional AIDS Information Exchange Centre, requested the Regional Director to take necessary steps to maintain the Regional role in prevention and control of AIDS, including information exchange (Resolution EM/RC41/R.5).
13. As of 1 September 1994, the Centre was placed on the revised organizational chart of the Eastern Mediterranean Regional Office as a separate Unit with region-wide functions.

WORLD AIDS DAY 1994

AIDS AND THE FAMILY

Because the World AIDS Day theme for 1994 "AIDS and the Family" was already known since the beginning of the year, preparations for WAD started very early this year.

National AIDS programmes were requested to establish their workplans and send copies thereof to the Regional Office in order to see how GPA/EMRO could collaborate in their implementation.

The Regional Director conveyed the WAD theme as well as information on the global and regional situation of AIDS to all the Ministries concerned with Health, Information, Education, Youth and Sports, Religious Affairs, Tourism and social Affairs inviting them to involve their corresponding sectors actively in the joint efforts against AIDS. Similar messages together with information materials were sent to 225 Deans of Schools of medical and health sciences, dentistry and nursing and to 183 selected mass media professionals in the Region.

WAD materials were distributed to national AIDS programmes both from GPA/HQ and from the Regional AIDS Programme in Arabic, English and/or French.

Among the activities made to exchange experiences among National AIDS Programmes was the distribution of selected printed materials published in different countries. A calendar for the year 1995 including 13 posters produced by National AIDS Programmes was printed by GPA/AIEC and distributed among all countries of the Region.

World AIDS Day was observed in the EMR countries through a wide range of activities involving a large number of sectors, institutions, NGOs and individuals. It should be noted that the Information, Education and Religious sectors played significant and active role in information, education and communication for extending periods around the World AIDS Day.

Posters, leaflets, pamphlets, booklets, stickers and audio visual materials were produced virtually in all countries. Workshops, seminars, round table discussions, speeches and school activities were organized. Furthermore, several innovative activities were implemented such as a rowing competition in Egypt, music fiestas in Cyprus, involvement of high political and religious leaders in Iran and Lebanon, neon-lit awareness show cases in Kuwait, an AIDS chastity and knowledge boat in Sudan and many others.
