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ORGANISATION MONDIALE DE LA SANTE
Bureau regional de la Mediterranee orientale



مِنظَرُ الصِّحَّةِ الْعَالَمِيَّةِ
الكَتَابِ الْإِسْبَانِي
لشَرْقِ الْبَحْرِ الْمَتَوَسِّطِ

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ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

PROGRESS REPORT

Contents

	<u>page</u>
1. Introduction	1
2. Developments in National Programmes for AIDS Prevention and Control	1
3. Intercountry Activities	2
3.1. Intercountry meeting for national responsible officers . . .	2
3.2. Progress in psychosocial counselling, health promotion and education	3
3.3. Information and education activities	5
3.4. Regional HIV blood safety workshop	5
3.5. Regional nursing workshop	6
3.6. Intercountry workshop on epidemiological surveillance for HIV infection and AIDS	6
3.7. Collaborating centres on laboratory aspects	6
4. Global and Regional Situation of AIDS and HIV Infection	7
4.1. Global situation	7
4.2. Regional situation	9
Annex 1 Intercountry Meeting for National Responsible Officers . . .	11
Annex 2 Kuwait Declaration on AIDS Prevention	13

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

PROGRESS REPORT

1. Introduction

The Thirty-sixth Session of the Regional Committee in October 1989 issued resolution EM/RC36/R.2 requesting the Regional Director to:

- Continue his efforts to support national programmes in all its aspects, including efforts to secure the necessary external financial support needed;
- Continue to keep the status of both the global and regional situation under surveillance and report regularly to the Regional Committee;

In the same resolution, the Regional Committee urged Member States to:

- Continue their efforts to achieve the development of national capabilities in various aspects of control of AIDS;
- Increase national efforts for health education promotion;
- Exchange information on the epidemiologic situation of HIV infection and on experiences, especially in the fields of information, education and communication;
- Promote research in the fields of social and behavioural aspects related to AIDS, especially in regard to defining prevention and control strategies;
- Undertake properly planned serosurveys for the detection of human immunodeficiency virus (HIV) infection, adopt the survey designs recommended by WHO and refrain from undertaking *ad hoc* surveys.

WHO, by virtue of its constitution, has always acted as a full partner with national authorities in attaining their goals. It has always considered that its work begins and ends with its Member States. Therefore, in this Progress Report, we shall refer to developments not only in implementing aspects of the Regional Committee resolution directed to the Regional Director, but also to those addressed to its Member States.

2. Developments in National Programmes for AIDS Prevention and Control

During the last year, a number of developments have taken place as regards national AIDS prevention and control programmes.

All countries of the Region now have functioning national plans, mostly medium-term, covering the early 1990s. WHO/EMRO and the WHO Global Programme on AIDS (GPA) have collaborated with national authorities in developing plans as and when necessary, and have also extended some financial support as required, within WHO general policy that WHO input be utilized to facilitate the introduction of national inputs.

It has been possible to secure approximately \$6 million from extra-budgetary resources to support regional and national plans for AIDS control in the EMR for 1990, and a similar amount is expected for 1991. In addition, WHO is actively pursuing the mobilization of further funds in support of national programmes through the organization of donor meetings in support of countries whose economic and financial situation necessitates such additional support.

Although the allocated funds may seem substantial compared with funds available for other specific programmes of collaboration with Member States in the Region, it is of much less importance than what Member States can do within their own countries, in accordance with policies and strategies adopted by themselves for AIDS prevention and control. Needed resources are several times more, while WHO resources are only a *supplement* to national resources. In some countries of the Region with well-functioning programmes, WHO input has been minimal, for example, being a source of reference, and technical and moral support.

All national programmes are giving due prominence and importance to health education promotion and to the development of their national capabilities in various aspects of the programme, including diagnosis, management and counselling aspects for HIV infected persons and their contacts.

3. Inter-country Activities

In support of various elements of national programmes, particularly new programmes such as AIDS prevention and control, intercountry meetings and workshops are necessary to support national programme development. These activities have another important role, namely to place a global strategy for a regional and national perspective, and to find suitable approaches for their implementation, taking full account of regional cultural factors and sensitivities.

During 1989, the following intercountry activities were organized (see sections 3.1 to 3.7):

3.1. Intercountry meeting for national responsible officers

This meeting took place in Kuwait from 14 to 16 February 1990, immediately following the Third International Conference on AIDS in Kuwait. The purpose of the intercountry meeting was to exchange experiences on national epidemiological patterns of HIV/AIDS and to discuss recent developments concerning intervention strategies and approaches for the prevention and control of HIV/AIDS. During the International Conference and the intercountry meeting, all essential aspects on HIV/AIDS prevention and control were discussed. In addition, the development of a regional approach for the prevention of HIV/AIDS-related discrimination was extensively discussed. Representatives from 18 Member States, three regional collaborating centres, and GPA and EMRO staff participated.

The intercountry meeting made several recommendations, which are the directives of the Regional Committee (Annex 1). The international conference also issued a declaration, which was named the Kuwait Declaration, emphasizing the importance of giving priority to development, implementation and evaluation of information and education programmes on HIV/AIDS. This

declaration complements previous declarations such as the London and Paris Declarations, and is worthy of being internationally adopted (Annex 2).

Although there has been some improvement in the exchange of information about AIDS and HIV infection within the Region, it is far from reaching the expectations of the Regional Committee, as reflected in the repeated resolutions calling on Member States to exchange information among each other and with WHO. Information is not flowing smoothly. It is only provided upon request, and with considerable hesitation and delay, and sometimes followed by *over-reaction* from national authorities when included or referred to in WHO reports. Some Member States are still complaining that seropositives identified among their nationals working in other countries are repatriated to their own countries without any information sent to national health authorities who may need to extend support, including counselling, to the seropositives and their contacts.

Restrictions in information exchange is not only in the number of cases of seropositives, but also the important epidemiological facts pertaining to the modes of transmission, or the effectiveness of certain interventions (e.g., successes and failures are not regularly exchanged among countries).

Intercountry meetings serve as a vehicle for exchanging experiences, but cannot replace the value of regular exchange of information within the Region.

3.2. Progress in psychosocial counselling, health promotion and education

3.2.1. Psychosocial counselling

In the EMR, counselling activities in health care services are, in general, very limited and, wherever present, are still in an early stage of development. Recognizing the fact that psychosocial counselling is one of the very important tools for prevention and control of HIV infection, it was deemed essential to plan subregional psychosocial counselling workshops, to introduce the concept of counselling and to train and inform national trainers of the essential principles of preventive HIV/AIDS counselling.

Prior to running these workshops, the training manual for preventive and psychosocial counselling prepared by the GPA was assessed and modified by a team of experts from various disciplines (e.g., public health specialists, health educators, psychologists, sociologists, social workers, epidemiologists and nurses), to reflect the sociocultural norms of the Region.

The modified manual was then pretested to determine whether the information presented was sufficient and appropriate, whether the style and language used was simple and comprehensible, and whether the design was practical and logical. The modified manual, now available in Arabic and English, includes 17 sections each covering a specific aspect of the disease.

During the period under review, it was possible to complete the first series of subregional workshops through which selected groups of social and medical practitioners from almost all countries of the Region were trained in

the essential principles of preventive HIV/AIDS counselling. By this, the counselling concept was introduced to all EMR Member States, and specifically:

- The role of psychosocial counselling in preventing the spread of HIV infection;
- Psychosocial counselling techniques, with special application to people worried about keeping free from infection, HIV-infected persons, persons with AIDS and HIV-related diseases and their families; and
- Psychosocial counselling approaches suitable to the culture and religion of those being counselled.

It became clear from these workshops and their recommendations that the majority of EMR Member States need to adopt a more active role in introducing and developing training programmes in psychosocial counselling for the prevention of HIV infection as an integral part of other health education and information efforts.

3.2.2. Health promotion and education

As of yet, there is no effective treatment for HIV infection/AIDS, nor is there a vaccine that can prevent infection. Nations can protect themselves, to some extent, against HIV infection through disseminating accurate information to the general public and intensive information to high-risk groups on the modes of transmission, and on behavioural practices that accelerate the spread of infection.

To help meet the challenge of health promotion and education, WHO/EMRO has provided support to EMR Member States in the following areas:

- Provision of technical expertise in planning, implementing and evaluating health education/promotion activities within national AIDS control programmes;
- Distribution of a series of publications dealing with prevention through health promotion; and
- Training trainers in reviewing health education activities, addressing target audiences, message writing and pretesting, and in planning national strategies for health education.

Three subregional workshops on AIDS health promotion were organized for multidisciplinary core groups of nationals in which almost all EMR Member States participated. These workshops resulted in production of a considerable amount of educational material, including such things as pamphlets, posters, bill boards and even TV health messages. The messages prepared during the workshop by each national team were taken back with them to be tested at the national level for appropriateness, clarity and acceptability with regards to content and format.

The outcomes of these workshops have been very satisfying. Participants have indicated that although their countries recognize the urgency and importance of health education for the prevention and control of HIV infection, efforts so far made in promoting health education have been insufficient.

3.3. Information and education activities

The year 1989 witnessed continuation and acceleration of activities and efforts to spread accurate information on AIDS, to replace fears by facts and reduce, as much as possible, uncertainties in the minds of people so as to achieve the right reaction to the problem of HIV infection and AIDS. This meant implementing a plan to provide up-to-date information on HIV infection/AIDS to all concerned, particularly to politicians, health workers and the general public. In this area, several activities were supported by EMRO:

- Presenting the latest technical and epidemiologic information to meetings of governing bodies and other relevant bodies, such as the AIDS Committee of the Council of Arab Ministers of Health and to other regional and subregional meetings and conferences;
- Translation of GPA documents into the spoken languages of the Region; and
- Promoting World AIDS Day so as to derive maximum benefit through mass media coverage and other important activities. World AIDS Day activities for 1 December 1989 in EMRO included: (i) preparing and publishing a special issue of *EMRONews*, which included several articles and health education materials on AIDS. These were useful for the mass media in general and the press in particular. Ten-thousand copies were distributed throughout the Region and several requests were made for more copies; (ii) a special 30-minute radio programme on AIDS in Arabic was recorded and broadcast in several Arabic-speaking countries on World Aids Day; (iii) a TV panel discussion was prepared and recorded in Cairo (copies were sent to all Arabic-speaking countries), which was broadcast in most countries of the Region; and (iv) ministries of education in all EMR Member States were approached to allocate one hour on World AIDS Day in all secondary schools for talks on AIDS and its prevention and control. (Reports received from Member States indicated that many schools did so).

3.4. Regional HIV blood safety workshop

Realizing that it is not beyond the technical or financial capabilities of some EMR Member States to reach a high level of safeguarding blood and blood products from HIV infection, a regional workshop on blood safety was organized to review with representatives of Member States present technologies and strategies to ensure such safety. The workshop was attended by 37 participants from 19 countries of the Region. Various areas of blood transfusion services were discussed in the context of HIV safety, specifically: (i) blood collection, including donor recruitment; (ii) blood processing and banking; and (iii) clinical use of blood and blood products.

The workshop emphasized the need to maintain and further develop steps already taken by national authorities to secure safe domestic supply of blood and blood products, particularly in the light of the increasing evidence of indigenous transmission of the infection in the Region. Several recommendations were made in this regard, particularly in improving the quality of national blood transfusion services and in ensuring appropriate use of blood and blood products, as well as donor motivation and recruitment.

3.5. Regional nursing workshop

Recognizing the important role that can be played by nurses in the prevention and control of HIV infection and AIDS, a regional workshop on nursing and HIV infection was organized in Cyprus in March 1990, with the objectives of orienting selected nurse leaders from EMR Member States on the expected role of nurses in this area. It was attended by 27 nurse leaders from 14 Member States.

In preparation for this meeting, a questionnaire was sent to all countries by which it was possible to determine the needs of nurses, especially as they are in the frontline in health care services dealing with these infections.

The meeting had some additional objectives, mainly to promote the development of national capabilities. In this area, *WHO Guidelines on Nursing Management for People Infected with HIV* were discussed, and plans for integrating HIV infection information and nursing needs into basic and continuing nursing education programmes were prepared.

3.6. Intercountry workshop on epidemiological surveillance for HIV infection and AIDS

Recognizing the urgent need to strengthen epidemiological surveillance for HIV infection/AIDS as a prerequisite for successful control operations, specifically in helping to focus preventive and control measures on priority sectors of the population, and in order to have a tool to induce the necessary realistic perception of the problem, WHO/EMRO, in collaboration with WHO/GPA, conducted a regional workshop on epidemiological surveillance for HIV infection and AIDS, from 30 April and 6 May 1990. It was attended by representatives from 18 EMR Member States, and national teams were assisted during their work by epidemiologists, laboratory specialists and social scientists. The workshop achieved its objective, ending in the preparation by the meeting's participants of national protocols and plans of action for HIV surveillance.

3.7. Collaborating centres on laboratory aspects

The three WHO Regional Collaborating Centres on Laboratory Diagnosis of HIV/AIDS continued their excellent support to regional and country activities. During 1989, each centre held a training course on the performance of diagnostic techniques for national participants. Last year's courses emphasized proficiency and quality control aspects of test performance. Most EMR Member States were served in these courses. These centres also provided confirmatory testing for specimens found to be HIV positive by screening assays, especially for countries where facilities for supplemental/confirmatory tests were not available.

The staff of these centres assisted EMR Member States in planning and implementing several activities within national AIDS programmes, particularly in the laboratory and surveillance fields.

Plans for quality assurance schemes assisted by these centres are under discussion whereby national laboratories can have their testing proficiency controlled.

4. Global and Regional Situation of AIDS and HIV Infection

Regional Committee resolution EM/RC36/R.2 requested the Regional Director to continue to keep the status of both the global and regional situation under surveillance, and to report about it to this meeting. This concern is a reflection of the serious global threat posed by HIV to public health and to social development, not only to the present generation, but to future ones as well.

4.1. Global situation

The number of officially reported AIDS cases worldwide, as of the end of June 1990, was over 266 000 cases from 156 countries (Table 1). However, WHO estimates that the actual total number of AIDS cases that have occurred worldwide is probably closer to 700 000 cases. This large difference is caused by under-recognition, under-reporting and delay in reporting cases, particularly in many developing countries in Africa.

Table 1. Number of Cases of AIDS Reported to WHO, by Continent and Year of Occurrence, as of end June 1990

Continent	Before 1983	1983	1984	1985	1986	1987	1988	1989	end June 1990	Total
Africa (51)	3	14	82	283	3 361	11 964	20 925	27 266	1 251	65 149
America (44)	1 490	3 267	6 506	12 390	20 490	31 835	38 711	40 490	7 706	162 885
Asia (25)	3	8	7	31	58	121	151	245	31	655
Europe (29)	132	279	686	1 729	3 541	6 584	9 613	10 818	1 971	35 353
Oceania (7)	1	6	46	129	240	403	551	559	121	2 056
Total (156)	1 629	3 574	7 327	14 562	27 690	50 907	69 951	79 378	11 080	266 098

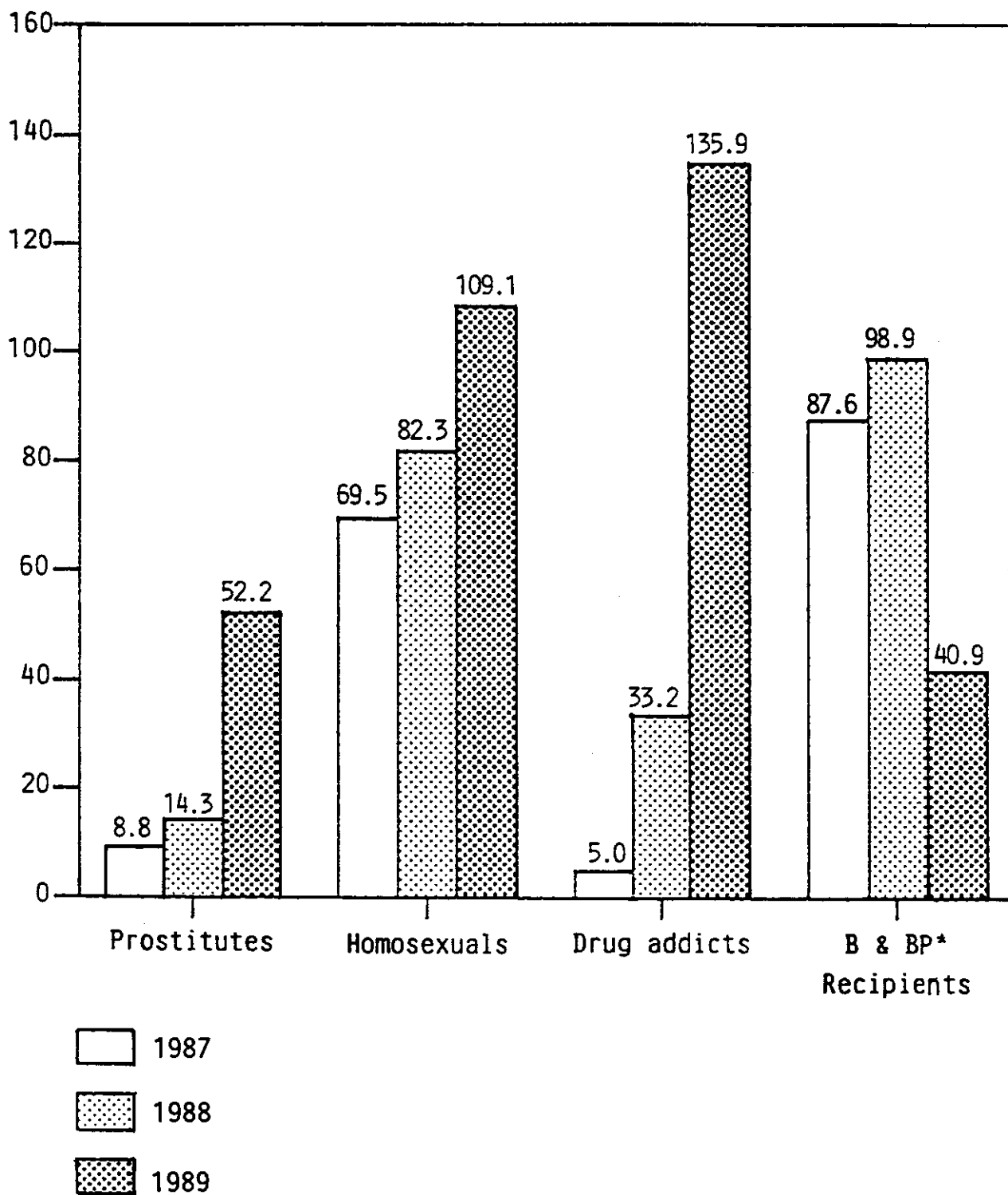
Note: Figures in parentheses refer to the number of countries reporting one or more cases.

Comparing these figures with those reported to the Regional Committee one year ago, it appears that during one year over 100 000 cases of AIDS were reported to WHO, and probably twice that number occurred, but were not identified or reported. This means an alarming rate of increase, particularly in developing countries (e.g., during the last year, the total number of AIDS cases in Africa more than doubled, while the rate was much lower in developed countries, such as in Europe).

Analysing the global epidemiological situation, WHO believes that it is very unlikely that the global prevalence will stabilize until at least several decades. The number of cases reported year after year is expected to increase, particularly as it is estimated that 6-8 million HIV infections have occurred worldwide, among whom cases are developing.

The current level of infection is most acute in sub-Saharan Africa, where it is estimated that there are over 3 million infected persons, equally distributed between males and females. This means that one out of every 50 adult men and women in this area are infected with HIV. The impact of this picture is not restricted to adults, but extends to newborns, where more than 100 000 births a year are born infected with HIV.

Figure 1. Pattern of HIV Seroprevalence Rates, 1987-89 (pooled data from EMR Member States)



* B = Blood - BP = Blood product.

The potential impact of AIDS on a country's social and economic development through the deaths of its young adult males and females will be devastating.

4.2. Regional situation

The regional epidemiologic situation of AIDS and HIV infection, as reported to EMRO, can be summarized as follows:

- 18 EMR Member States have reported cases; the total number is close to 500 cases.
- Three countries have so far reported only seropositives and AIDS-related complex (ARC) cases, but no cases of AIDS;
- Only one country (Afghanistan) has reported no cases of AIDS or HIV infection. (Even the reported seropositive identified in Europe was later on reported by national authorities to be negative.)
- There are significant differences among Member States in incidence rates, with the largest number of cases reported from any single Member States at just over 200 cases; and
- In addition to these AIDS cases, there are nearly 140 ARC cases reported from seven countries of the Region.

As the early introduction of HIV infection in the Region was, to a large extent, through imported blood and blood products and through people who had sexual contact with persons where the infection was prevalent, such as workers living in Europe and nationals who travelled abroad for holidays, and in view of the long latency period between infection and the appearance of a full-blown case of AIDS, most of the cases reported so far have been among the above mentioned groups.

The number of cases reported from the Region, by year of occurrence, has doubled from 1987 to 1988 and from 1988 to 1989. It is too early to know the magnitude of cases in 1990. This picture mirrors that of the United States four or five years ago and that of Europe three to four years ago. It shows that we are still in the *ascending* phase of the curve and on the steepest side of it. The number of cases are unfortunately expected to increase several fold over the next few years.

While it is understandable that in the United States and in some countries in Africa, the primary concern is on AIDS cases creating an overwhelming medical emergency, in our Region the focus of attention should not be on cases *per se*, but more importantly on the newly infected persons. This is because cases appearing *now*, mirror what was happening five to ten years ago, with which we cannot intervene in any preventive way. Priority importance should therefore be given to the situation of HIV infection and, more importantly to its pattern, if we are to build an effective preventive programme.

For this reason, data obtained from serologic surveys reported to WHO have been analyzed (Figure 1). These surveys were conducted by 16 Member States, during which nearly 4.5 million people were examined, some of them from high-risk groups and the others from non-high-risk categories. In these

surveys, over 2000 seropositives were identified. Nearly half this number were identified in around 50 000 people examined from among high-risk categories, which means a prevalence rate of 20/1000. The remaining half of the seropositives (around 1000) were identified among the nearly 4 million non-high-risk categories, which means a prevalence rate of 0.2/1000.

The epidemiologic pattern and developments in the Region are a cause of concern, especially as:

- There is growing evidence of *indigenous* transmission in almost all but a small number of countries; and
- There is a rapid progressive increase in the prevalence of HIV infection from one year to the next, particularly among high-risk behaviour groups. The most serious of these data are the figures among drug addicts, where the seropositivity rate increased from 0.5% in 1987 to 3.3% in 1988 and reached 14% in 1989. These figures indicate an explosion of infection in this group, which may have a major role in any increase in HIV infection in the Region, especially as they are generally poorly motivated to change their behaviour (i.e., drug addiction and sexual promiscuity).
- Spread of infection among homosexuals and prostitutes are also showing an increasing pattern.
- On the other hand, the percentage of newly detected seropositives among blood and blood product recipients is on the decline, with the introduction of blood screening for HIV infection.

For various reasons, the EMR has belonged to the relatively less-affected parts of the world. The traditional, cultural and religious values of the Region have offered a large degree of protection against the sexual transmission route. However, this is not so concerning the blood and blood-borne mode of transmission, especially in relation to drug addiction and the lack of sterilized syringes and needles in some areas of the Region.

Data available to WHO/EMRO indicate that the idea that AIDS and HIV infection is "someone else's problem", or that it is "not of importance" to a specific country, is dangerously short-sighted and should not be allowed to persist; active efforts must be made to change this attitude. The increased evidence of *indigenous transmission* should spur us on to greater efforts in prevention and control of transmission of this dangerous disease in the Region.

Annex 1

INTERCOUNTRY MEETING FOR NATIONAL RESPONSIBLE OFFICERS

Recommendations

The participants of the meeting expressed considerable concern about the fact that HIV infection/AIDS is spreading rapidly in the Region and that the problem appears to be increasing. They recommended the following:

1. Efforts should be continued to ensure the necessary confidentiality in dealing with information about cases of AIDS and HIV infection together with proper counselling and education in AIDS prevention and control as important elements in avoiding discrimination.
2. The necessary attention and support should be given to the development of efficient national control programmes for sexually transmitted diseases (STDs), closely linked to AIDS control programmes; progress in the control of STDs is recognized as an indicator for monitoring and evaluation of national AIDS control programmes.
3. The Kuwait Declaration on Information and Education in the Control of AIDS should be adopted, and regional and subregional information exchange centres, which would be responsible, among other duties, for the preparation of education messages in various forms, should be developed as soon as possible.
4. Intercountry counselling workshops and national training courses in counselling and in training in clinical management should be expanded and technical support provided by WHO.
5. WHO collaborating centres to serve French-speaking countries should be established. It is recommended that consideration be given to the establishment of a centre for training in clinical management in Tunisia and a centre for training in laboratory diagnosis in Casablanca, Morocco.
6. The duration and content of the laboratory training courses and the criteria for selection of participants should be reviewed. It is recommended that the directors of the regional collaborating centres in this field meet to discuss this subject and consider the possibility of expanding the training programme to include techniques for the diagnosis of opportunistic infections.
7. Research should be promoted; it is especially recommended that:
 - a workshop be organized for potential researchers to assist them in the preparation and development of the research protocols; and
 - prototype protocols be prepared on subjects of common interest and made available to research workers.
8. There is great concern that some countries may soon be unable to handle the AIDS situation, particularly in regard to case management and the cost involved. Early realization of such needs would be of great value, and allocation of financial resources should be made to meet the needs.

9. Surveillance studies produce a considerable amount of data that can take a long time and is frequently difficult to analyse manually. It is recommended that support be provided in computer training to facilitate data analysis.

10. Serosurveys among high-risk behaviour groups provided the best indication of the presence of HIV infection, especially in areas where prevalence is still low. It is therefore recommended that every possible effort be made to enroll high-risk groups in these surveys.

11. The intercountry meeting should continue to be held annually in a different country, since it serves, as a promotional tool in support of the national AIDS control programmes.

Annex 2

Original: ARABIC

KUWAIT THIRD INTERNATIONAL CONFERENCE ON AIDS

Kuwait, 12-14 February 1990

KUWAIT DECLARATION ON AIDS PREVENTION

The participants in the Third International Meeting on AIDS, held in Kuwait from 12 to 14 February 1990:

Deeply concerned that AIDS is progressively becoming a global problem which poses a serious threat to mankind;

Recognizing that the World Health Organization's Global AIDS Strategy, as laid down in the resolutions adopted by the World Health Assembly during the years 1987-1989, provides sufficient guidance to all countries regarding the necessary measures for the prevention and control of AIDS;

Acknowledging the fundamental role of information and education in the prevention and control of HIV/AIDS;

Convinced that information and education programmes on AIDS should take full account of social and cultural life-styles, as well as of different beliefs and human spiritual values;

Recalling the London Declaration on AIDS Prevention, the Resolutions of the World Health Assembly and the United Nations General Assembly, and the Paris Declaration on Women, Children and AIDS,

Hereby declare that they:

1. Acknowledge and emphasize the importance of the role of the World Health Organization through its Global Programme on AIDS, and the need that it continues its leading role in the coordination of global activities aimed at the prevention and control of AIDS, and maintains its active collaboration with Member States in support of national AIDS programmes;
2. Emphasize the need to give high priority, at the national level in all countries, to the development, implementation and evaluation of information and education programmes on HIV/AIDS;
3. Give particular attention to the importance of information and education programmes on HIV/AIDS for youth and those involved with them, especially teachers and youth leaders;
4. Strongly urge that programmes for information and education on AIDS be integrated into general educational curricula, taking into consideration the learners' age;
5. Recommend the development of information and education programmes targeted for school youth;

6. Recommend the development of information and education programmes on AIDS targeted for workers in workplaces;
7. Emphasize that HIV-infected persons, and AIDS patients should by no means be subject to discrimination, since stigmatization of such persons may obstruct or even undermine AIDS control activities.
8. Urge national AIDS programmes to provide necessary support as well as health and social services to the families of AIDS patients or HIV carriers and to children who are abandoned or orphaned;
9. Recognize the crucial role that women may assume in implementing the Global AIDS Strategy and urge active participation in World AIDS Day activities on 1 December 1990, with the theme of "AIDS and Women".