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ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

PROGRESS REPORT

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PROGRESS REPORT

(Agenda item 13)

1. Introduction

The Thirty-seventh Session of the Regional Committee for the Eastern Mediterranean, held in October 1990, adopted a resolution (EM/RC37/R.13) that, among other things, urged Member States to:

- continue to ensure sustained commitment to AIDS control;
- regularly exchange information with each other and also with WHO on the epidemiologic situation, particularly as related to identification of infection among expatriates, taking into account the essential principles of confidentiality and preserving human rights;
- promote intensive information and education to the public in general and particularly to categories that have a higher risk of infection; and
- continue to give proper attention to screening of blood and blood products, and to work jointly towards regional self-sufficiency in the production of blood products.

It also requested the Regional Director to:

- continue to provide the necessary technical and financial support to national programmes for AIDS prevention and control;
- continue to disseminate available technical information widely in the Region; and
- continue to keep the status of human immunodeficiency virus (HIV)/AIDS at both the regional and global levels under surveillance and report regularly to the Regional Committee.

This report deals with the efforts made by WHO in fulfilling its responsibility towards implementing the above resolution.

2. Provision of Technical and Financial Support

All countries of the Region now have national plans for the prevention and control of AIDS. Medium-term plans (MTPs) have been prepared in 13 countries, of which three are being implemented with mobilization of resources. Other countries have either interim plans or short-term plans. The WHO Global Programme on AIDS (GPA) has collaborated with national authorities in the formulation of these plans, as well as in the mobilization of resources. Further, GPA has provided technical and financial support for the implementation of these plans.

It is satisfying to note that all national plans give high priority to health education for maintaining "risk-free" behaviours and avoiding high-risk behaviours. In addition, these plans provide for the development

of national capabilities in various components of the programme, including epidemiological surveillance of HIV infection; information, education and communication; blood safety; and diagnosis, management and counselling of persons with AIDS/HIV infection.

Approximately US\$5.6 million has been made available in 1991 by WHO from extrabudgetary sources to support regional and national activities for AIDS prevention and control. This amount is slightly less than was provided for in 1990. The amount that would be available for 1992 is likely to decrease further, partly due to the slower implementation rate of national programmes and partly due to diminishing contributions from donor agencies.

The resolution of the Regional Committee called on all Member States to ensure sustained commitment to AIDS prevention and control. This is extremely important since the funds necessary for the implementation of national plans are much more than the funds available from WHO. The Regional Committee might note that some Member States are implementing their plans entirely with their own resources, while others depend upon external resources to varying degrees, and in a few countries external resources fund most of what is implemented. Irrespective of the quantum, external resources should, however, be considered as only a supplement to national inputs. While, on one hand, there is a need to mobilize more national resources, on the other hand, the use of external resources for the implementation of national programmes needs to be augmented considerably in order to make the programme more effective, as well as to generate more resources in the future.

Intercountry activities

A series of intercountry activities have been implemented in support of national programmes for the prevention and control of AIDS. The main aim of these activities has been to facilitate the planning, implementation and monitoring of national programmes through appropriate strategies and approaches which have been developed after taking into consideration the sociocultural traditions of the Region.

Intercountry activities have focused on:

- strengthening management capabilities, particularly in regard to formulation, implementation, monitoring and evaluation of national plans; exchange of experiences among national authorities; and updating knowledge of recent developments in the strategies and interventions for the prevention and control of AIDS/HIV infection;
- promotion and strengthening of information, education and communication (IEC), including formulation of appropriate strategies; identification of priority target groups; development of suitable messages; production of appropriate educational materials; psychosocial counselling of persons with HIV/AIDS; development of curriculum on AIDS; and establishment of the AIDS Information Exchange Centre;
- analysis and updating of epidemiological information and design of protocol for HIV surveillance, including sentinel surveillance and serological surveys;
- improvement in safety of blood and blood products and strengthening capabilities for HIV testing, including quality assurance;

- clarification of sociocultural aspects of HIV infection, including the role of religion, human rights of, and discrimination against, HIV-infected persons; and the role of sexually-transmitted diseases (STD) in HIV transmission.

The following intercountry activities were organized during 1990.

2.1 Intercountry meeting of national AIDS programme managers

This meeting was held in Rabat, Morocco, from 29 April to 2 May 1991. The objectives were to:

- review the epidemiological situation of HIV/AIDS infection globally and in the countries of the Region, and to consider methods of monitoring the situation;
- exchange experiences in the implementation of national programmes for the prevention and control of AIDS, and to identify achievements and constraints;
- review strategies and activities for the prevention and control of HIV/AIDS infection in the Region;
- assess priorities and needs in training and research in HIV/AIDS infection;
- consider methods of monitoring the implementation of AIDS prevention and control programmes and the possible indicators to be used in this regard;
- make recommendations for improving the effectiveness and efficiency in implementing national AIDS prevention and control programmes.

There has been considerable openness in the exchange of information about AIDS and HIV infection. However, it has not yet reached the level expected by the Regional Committee. Regular reporting of epidemiological information on HIV/AIDS infection, as well as on progress has yet to be established.

All important elements of AIDS prevention and control were discussed in the meeting, with particular emphasis on the need for an ongoing reporting and monitoring system. The meeting was attended by representatives from 19 Member States, two WHO collaborating centres and WHO staff from headquarters and EMRO.

2.2 Health promotion and education and psychological counselling

The Regional Office continued to provide support to the Member States in health promotion and education activities. This support included the assignment of WHO consultants for planning, implementation and monitoring of health education activities; training of national trainers on health education; and design, procurement, production and distribution of educational materials.

A Regional Consultation on Health Promotion, Education and Information on AIDS was held in EMRO to review new publications concerning health promotion education and information on HIV infection and to review materials on health promotion through social marketing. After considering

the suitability of the documents from the sociocultural context, and the need to develop a curriculum on HIV/sexually transmitted diseases (STDs), the Consultation recommended two publications for adaptation according to the traditions and culture of the Region, namely:

- *School Health Education to Prevent AIDS and Sexually Transmitted Diseases: A Guide to Teaching and Curriculum Development*;
- *Guide to Planning Health Promotion of AIDS Prevention and Control* (AIDS Series No. 5).

It also recommended translation of these publications into national languages, beginning with Arabic. As recommended by the Consultation, these two publications were translated and adapted by EMRO. A working group, which met in EMRO in November 1990, reviewed these translated documents and suggested further changes, which have been incorporated, and the Arabic versions are ready for pretesting before dissemination. The working group also recommended the production of a booklet on the spiritual and ethical aspects of prevention and control of AIDS and other STDs.

An Intercountry Workshop on Health Promotion Methods and Materials for AIDS Prevention and Control was held in Damascus, Syrian Arab Republic, 19-23 May 1991. It was attended by 12 senior health educators from 11 countries in the Region. Several Syrian Ministry of Health officials and postgraduate medical students attended as observers.

The programme of the workshop included topics related to planning, monitoring and evaluation of health promotion activities, as well as communicating and developing messages and materials in health promotion.

Experimental learning and participatory approaches were used as the main training methodologies. Major outcomes of this workshop included a set of country-related guidelines on the various topics outlined above.

The participants voiced their concern about the difficulties in promoting behavioural changes in relation to HIV/AIDS transmission risks, in view of the fact that such infection, and its consequences, are not as visible nor understandable as more common diseases. Moreover, HIV/AIDS, spread mostly through sexual contact, constitutes a highly sensitive issue from a personal, moral, political and religious standpoint.

The participants' recommendations related mainly to intercountry cooperation and sharing of experiences, with EMRO playing a pivotal role.

Psychosocial counselling complements health education and information, because information is given on a one-to-one basis. However, it will be most effective if given in the "sociocultural context" of the Region.

The modified *Manual of Psychosocial Counselling*, prepared by WHO headquarters, was widely distributed to EMR Member States, in Arabic and English. The *Manual* was also used extensively in training workshops organized by EMRO.

During the last year, three subregional training workshops were organized in Amman, Jordan, Tunis, Tunisia, and Teheran, Islamic Republic of Iran. They were directed at participants who had not previously participated in similar workshops. The objectives of these workshops were

to provide participants with knowledge and understanding about the epidemiological features of HIV/AIDS infection, methods of prevention, psychosocial implications and principles of preventive and supportive counselling. These workshops were aimed at developing skills among the participants not only to provide counselling, but to serve as trainers in national training activities. Such activities were subsequently implemented at country level.

2.3 Information and education activities

There was considerable progress in the dissemination of information on AIDS at regional and country levels. The main aim was not only to provide correct information about the modes of transmission of HIV infection and the methods of prevention, but to dispel misconceptions and fears about the infection so as to avoid any irrational reaction from people. To achieve this aim, the following activities were implemented.

GPA documents. Important Global Programme on AIDS (GPA) documents were translated into national languages and widely distributed to the Member States.

World AIDS Day. World AIDS Day focused in 1990 on the theme of "Women and AIDS". The Arabic version of the special issue of *World Health* on "Women and AIDS" was widely distributed.

World AIDS Day activities were coordinated with the Ministries of Health and Information in all Member States. To highlight the specific theme of the year and the challenge of AIDS prevention, the English "World AIDS Day" kit as well as an Arabic version, prepared by EMRO, after adaptation to the sociocultural values of the Region, and to various target audiences, were widely disseminated.

In addition, a video film, including a debate by three eminent women on the subject of "Women and AIDS", was prepared and distributed to Member States. An interview with the Regional Director was broadcast on different radio programmes in the Region.

Role of the media. The mass media have an important role in the dissemination of accurate information to the general public and can make a significant contribution to the efforts for prevention and control of AIDS.

Two workshops on the role of the media in HIV/AIDS prevention were organized in Cairo, Egypt, and Rabat, Morocco, in November 1990. They provided participants with accurate information on the disease and discussed the role of the media in the AIDS education process, and recommended measures for involving the media in AIDS control programmes. These workshops were attended by national journalists and officials concerned with the mass media and who have experience in health activities, either in the public or private sector.

AIDS Information Exchange Centre. During the past six years, the Regional Office has stressed the value of continuous health education and exchange of information and experiences on HIV/AIDS in the Region. Similarly, emphasis has been placed on the value of health education to convey correct information on all facets of AIDS prevention and control.

In consonance with the Regional Committee's directives, an AIDS Information Exchange Centre was established in the Regional Office in

August 1990, with the aim of strengthening the exchange of information and experiences on AIDS, particularly in the field of health education among Member States, and facilitating the channels of communication on AIDS so as to inform and educate people more widely and intensively. To achieve its aim, the Centre procures, develops, produces and distributes widely information and educational materials on HIV/AIDS.

2.4 Blood safety

Preventing the transmission of HIV through blood and blood products is technically feasible. All Member States have recognized the need for, and have taken measures to ensure, the safety of blood and blood products. As a result, transmission through this route has decreased significantly during recent years.

To provide support to national programmes, EMRO organized the Second Regional Workshop on Blood Safety in Cyprus from 22 to 26 April 1991. The objectives were to exchange information on the situation of blood transfusion services, to update the participants on the risk of blood-transfusion-transmitted diseases, to adopt policies for improving the quality of transfusion services and to develop strategies to facilitate adequate supplies of safe blood and blood products. The workshop was attended by 30 participants from 15 Member States. The participants exchanged their experiences in blood transfusion services, particularly in regard to the organization of blood transfusion services, blood donor systems, national screening policy, staff training, use of blood and blood products and achievements and constraints in the provision of the services.

Presentations were made on the important aspects of blood safety, including the global and regional HIV/AIDS situation; an overview of blood transfusion services in the Region; recent advances and regional needs in transfusion medicine; strategies for blood safety; appropriate use of blood products; alternatives to blood transfusion; activities of the Global Blood Safety Initiative; and screening for HIV and other infections.

The participants developed national plans of action that covered the main problem areas in their country related to the organization and management of blood transfusion services; blood donation system; quantity and safety of blood supplies; screening for transfusion-transmitted infections; appropriate use of blood and blood products; human resource development; and quality assurance. The workshop also assigned the responsibility for implementing these plans of action to the directors or persons in charge of national blood transfusion services.

2.5 Regional workshop on epidemiological surveillance of HIV

Epidemiological surveillance of HIV infection is important for monitoring the trend of HIV infection, for identifying priority groups for interventions for preventive measures and for measuring the effectiveness of intervention measures.

The Regional Office organized a Second Regional Workshop on HIV Surveillance in which the participants exchanged experiences gained in implementing HIV surveillance, reviewed achievements and constraints and refined national protocols prepared in the previous workshop, in light of experience gained so far.

2.6 WHO collaborating centres on laboratory diagnosis of HIV infection

These WHO collaborating centres continued to provide valuable support to regional and country activities, although one of them was affected by the Gulf crisis and its activities had to be shifted to another centre.

During the last year, the centres held three training courses for national participants of Member States; two of them were held at NAMRU-3, Cairo, Egypt, and the third at the National Institute of Health, Islamabad, Pakistan. The participants were trained in the techniques of HIV testing and in proficiency testing and quality control of these tests.

These centres also provided supplemental testing of samples found to be positive in countries where supplemental testing facilities were not available.

2.7 Workshop on monitoring and evaluation

Monitoring and evaluation are invariable components of any public health programme to measure the effectiveness of the programme. A Regional Consultative Workshop to Set Relevant Criteria and Indicators for Evaluation of AIDS Control Programme was conducted in Cairo, Egypt, in November 1990.

The main objectives of the workshop were to review the evaluation process in general, and to consider and make recommendations on developing/selecting a set of criteria and indicators for evaluation of AIDS programmes and to review national plans in the light of these criteria and indicators. The participants also updated their national HIV/AIDS control programmes in light of recommendations, and identified indicators relevant for eventual incorporation into their national plans.

3. Global and Regional HIV/AIDS Situation

The global threat to socioeconomic development caused by the AIDS pandemic has been well recognized. This has also been reflected in the adoption by the Regional Committee of a resolution (EM/RC37/R.13) that requested the Regional Director to keep the status of both the global and regional AIDS situation under surveillance, and to report regularly to the Regional Committee on this matter.

3.1 Global situation

As of 1 July 1991, a cumulative global total of 371 803 cases of AIDS had been reported from 162 countries (Table 1). However, taking into account the underdiagnosis, underreporting and delays in reporting of cases, WHO estimates that more than one million adult cases may have occurred worldwide since the beginning of the pandemic. In addition, it is estimated that by early 1991 more than 500 000 paediatric AIDS cases, resulting from perinatal transmission, may have occurred, with over 90% of this total in sub-Saharan Africa, making an overall estimated total of 1.5 million AIDS cases.

There is a steady increase in the number of AIDS cases, and this trend will continue for a number of years because cases being reported now are the result of HIV infection that occurred, on average, ten years ago. Even when effective preventive measures are employed, which are unlikely in the foreseeable future, the number of cases will continue to increase, as there is already a large pool of infected persons among whom such cases will occur. It is estimated that by mid-1991, 8-10 million HIV infections may have occurred in adults throughout the world, and about one million children may have been born infected with HIV.

Table 1. Number of cases of AIDS reported to WHO, by continent and year of occurrence (as of 1 May 1991)

Continent	Before 1987	1987	1988	1989	1990	1991 up to 1 July	Total
Africa (52)	3 743	11 985	20 919	31 811	22 656	1 843	92 957
Americas (45)	45 580	33 262	41 773	46 707	45 144	10 251	222 717
Asia (28)	106	131	155	246	416	41	1 095
Europe (28)	6 789	6 839	10 169	12 704	11 458	4 237	52 196
Oceania (9)	438	407	576	655	666	96	2 838
Total (162)	56 656	52 624	73 592	92 123	80 340	16 468	371 803

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

While the HIV infection rate appears to be slowing in some industrialized countries, the incidence of new infections is increasing markedly in developing countries, especially in sub-Saharan Africa (where one adult in 40 is already infected), and in Asia, Latin America and the Caribbean.

On the basis of present trends, WHO projections indicate that 10 to 20 million new infections may be expected in adults during the 1990s, mostly in developing countries, making a cumulative total of 30 million infections among adults by the year 2000. Further, another 10 million paediatric infections may occur mostly in sub-Saharan Africa, taking the cumulative to 40 million HIV infections for all ages by the year 2000. The cumulative number may reach 10 million adult AIDS cases by the year 2000. It is expected that more than 10 million children may be orphaned during the 1990s. Thus, the AIDS pandemic will affect not only the health services of the developing countries, but will also have a severe impact on the socioeconomic development of these countries.

3.2 Regional situation

Reporting on AIDS cases in the Region improved considerably during 1990. However, regular and complete reporting is still a desired target in the Region, particularly for reporting of "asymptomatic" HIV infection.

As of 1 May 1991, 760 AIDS cases had been reported from 18 Member States in the Region (Table 2). There is a wide variation in the number of cases reported, ranging from no cases in four countries to more than 300 cases in another. In addition, 179 cases of AIDS-related complex (ARC) were reported from 11 countries of the Region. One country reported no cases of HIV infection, as of yet. A cumulative total of 2410 asymptomatic HIV infections has been reported from 20 countries, with all seropositives totalling 3349.

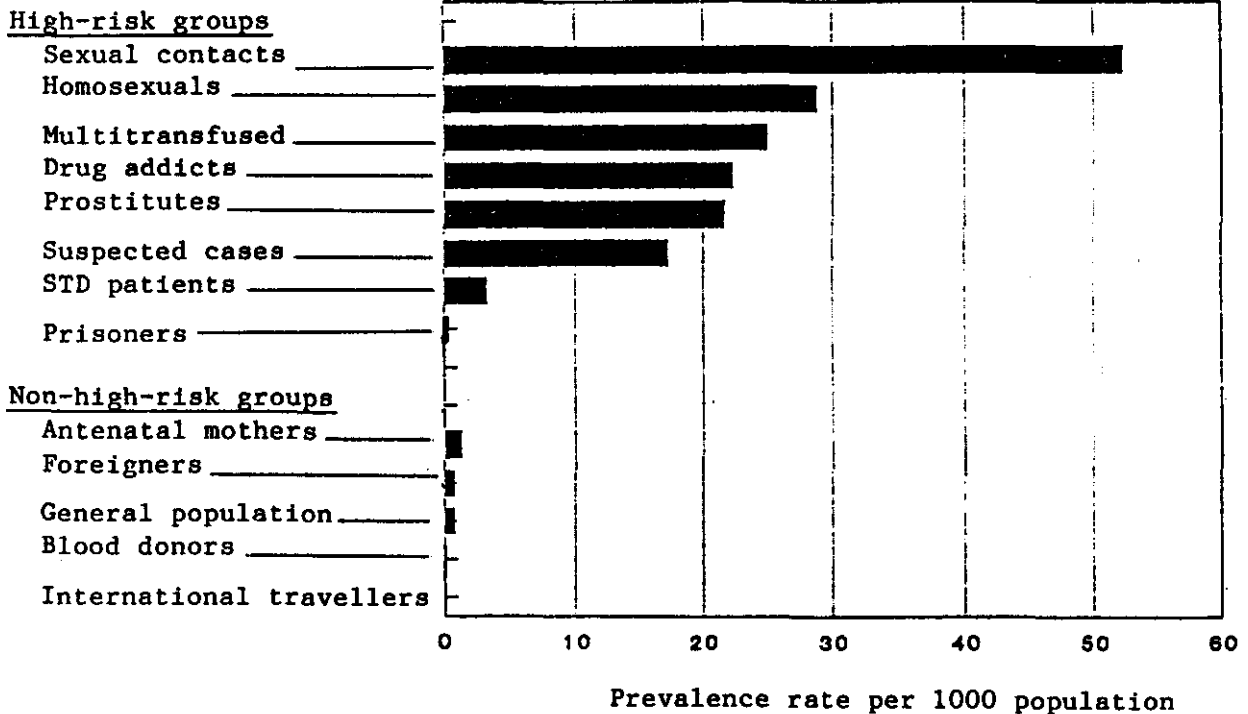
Table 2. HIV/AIDS situation reported to WHO/EMRO (as of 1 May 1991)

EMR Member States	AIDS	AIDS- related complex	HIV infection	Total sero- positives
Afghanistan	0	0	0	0
Bahrain	0	0	126	126
Cyprus	20	3	67	90
Djibouti	58	0	402	460
Egypt	27	1	152	180
Iran, Islamic Republic of	19	4	133	156
Iraq	0	0	40	40
Jordan	11	1	39	51
Kuwait	1	3	67	71
Lebanon	24	14	53	91
Libyan Arab Jamahiriya	1	0	148	149
Morocco	70	12	85	167
Oman	23	64	80	167
Pakistan	14	0	64	78
Qatar	31	0	44	75
Saudi Arabia	32	--	--	32
Somalia	13	0	32	45
Sudan	318	43	233	594
Syrian Arab Republic	9	1	18	28
Tunisia	77	33	121	231
United Arab Emirates	8	--	492	500
Yemen, Republic of	0	0	14	14
UNRWA	4	0	0	4
Total	760	179	2410	3349

-- = Not available.

Figure 1. Pooled results of HIV seropositives reported from EMR Member States, 1987-1990

Categories tested:



A rapid increase in the number of reported AIDS cases has been noted in the past few years. The number of new cases reported nearly doubled every year from 1987 to 1989, and reporting for 1990 is not yet complete to assess the actual trend. However, available information indicates that the number of cases will continue to rise over the next few years before any decline is registered.

An analysis of data on HIV prevalence received from EMR Member States shows a marked difference between non-high-risk and high-risk population groups (Figure 1). It also indicates that testing of certain population groups, such as international travellers and antenatal mothers, may not be warranted at the present time.

There is an increasing evidence of indigenous transmission among certain groups with high-risk behaviour, particularly sexually promiscuous persons such as prostitutes and homosexuals, as well as with intravenous drug users. For example, the prevalence rate among drug addicts increased from 0.5% in 1987 to 3.3% in 1988, and to 13.6% in 1989. A similar trend is being observed among prostitutes in some countries.

Although the traditional, cultural and religious values of the Region have offered a certain degree of protection against the sexual mode of transmission, it must be noted that this is the predominant mode of transmission of HIV infection in the Region, accounting for 70% of reported AIDS cases. This necessitates the need to give high priority to implementing all available measures to control infection via this mode of transmission.

Since there is, as yet, no cure for AIDS, the primary focus of national AIDS control programmes should not be on detection and management of cases, but on prevention of HIV infection. Although the number of reported AIDS cases in the Region is still small, there is no room for complacency, and effective preventive measures must be taken before the problem becomes explosive and unmanageable, as has happened in other WHO regions. This will obviously need a high level of commitment and greater effort on the part of governments in implementing AIDS prevention and control programmes more effectively and more efficiently.

4. Recommendations

4.1 It is recommended that Member States should continue to:

- maintain national commitment to AIDS prevention and control through all possible means;
- enlist the active involvement of all individual groups, governmental and nongovernmental bodies concerned, in the national efforts against HIV infection and AIDS;
- provide accurate information about HIV/AIDS to the general public, health professionals and persons at increased risk of infection;
- encourage research, especially studies to define behavioural patterns and resolve operational problems;
- apply strict precautions to ensure the safety of blood, blood products and tissue or organ donations;
- integrate national efforts against sexually transmitted diseases (STD) with those against HIV/AIDS, since it has been confirmed that STDs represent an important risk factor for HIV infection;
- provide necessary care and support to those in need and avoid stigmatization and discrimination with appropriate legal and social measures.

4.2 It is also recommended that the WHO Global Programme on AIDS (GPA) should continue to:

- support Member States, both technically and financially, in achieving the above objectives;
- provide the Regional Committee regularly with up-to-date information on the regional and global epidemiological situation, as well as operational achievements and developments;
- encourage cooperation and partnership among countries of the Region, and maintain close working relations with them;
- enhance coordination of efforts of all agencies involved in national AIDS control activities.

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Summary of Recommendations

- I. It is recommended that Member States should continue to:
 1. Maintain national commitment to AIDS prevention and control through all possible means.
 2. Enlist the active involvement of all individual groups, governmental and nongovernmental bodies concerned, in the national efforts against HIV infection and AIDS.
 3. Provide accurate information about HIV/AIDS to the general public, health professionals and persons at increased risk of infection.
 4. Encourage research, especially studies to define behavioural patterns and resolve operational problems.
 5. Apply strict precautions to ensure the safety of blood, blood products and tissue or organ donations.
 6. Integrate national efforts against sexually transmitted diseases (STD) with those against HIV/AIDS, since it has been confirmed that STDs represent an important risk factor for HIV infection.

7. Provide necessary care and support to those in need and avoid stigmatization and discrimination with appropriate legal and social measures.

II. It is also recommended that the WHO Global Programme on AIDS (GPA) should continue to:

1. Support Member States, both technically and financially, in achieving the above objectives.
2. Provide the Regional Committee regularly with up-to-date information on the regional and global epidemiological situation, as well as operational achievements and developments.
3. Encourage cooperation and partnership among countries of the Region, and maintain close working relations with them.
4. Enhance coordination of efforts of all agencies involved in national AIDS control activities.