
AIDS

PREVENTION AND CONTROL

Invited presentations and papers from the
World Summit of Ministers of Health
on Programmes for AIDS Prevention



Jointly organized by the
World Health Organization
and the United Kingdom Government



World Health Organization
Geneva

London 26–28 January 1988



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Preface

The World Summit of Ministers of Health on Programmes for AIDS Prevention held in London on 26–28 January 1988 was a striking example of international cooperation. The meeting, which was jointly organized by the Government of the United Kingdom and the World Health Organization, brought together an unprecedented number of ministers of health and representatives of United Nations agencies and intergovernmental and international nongovernmental organizations to exchange views on the role of education and information programmes in the fight against AIDS.

The London Declaration, which was adopted unanimously at the Summit, highlights the need to broaden the scope of information programmes, strengthen the exchange of information and experience among countries, and encourage throughout the world social tolerance for persons infected with HIV and with AIDS.

This volume contains: the London Declaration; the opening and closing speeches of the meeting by Her Royal Highness The Princess Royal, Mr John Moore, MP, Secretary of State for Social Services, United Kingdom, Mr Tony Newton, Minister for Health, United Kingdom, and Dr Halfdan Mahler, Director-General of the World Health Organization; the keynote speeches of Dr Jonathan Mann, Director of the WHO Global Programme on AIDS, and Sir Donald Acheson, Chief Medical Officer, Department of Health and Social Security, United Kingdom; introductions to the four technical sessions; the texts of experts' presentations; the final list of participants; and additional WHO material on AIDS.

The names of ministers, experts or delegation members whose statements made during the Summit are available are marked by an asterisk in the list of participants. Copies of those statements are available in their original format and language by writing to the Global Programme on AIDS, World Health Organization, 1211 Geneva 27, Switzerland.

We thank Mr Robert Maxwell for his collaboration in the publication of this volume.

Rt Hon. John Moore
Secretary of State
for Social Services
United Kingdom

H. Mahler, M.D.
Director-General
World Health
Organization

Opening Addresses

Her Royal Highness The Princess Royal

The Right Honourable John Moore, MP,
Secretary of State for Social Services,
United Kingdom of Great Britain and Northern Ireland

Dr Halfdan Mahler,
Director-General, World Health Organization,
Geneva, Switzerland

Her Royal Highness The Princess Royal

Your Excellencies, Ministers, Ladies and Gentlemen,

It is my pleasure to have been asked to open officially this World Summit on Programmes for AIDS Prevention. I offer a sincere welcome to all of you, ministers and delegates from so many countries, who have taken the trouble to be present here this week in London.

This Summit, as the Minister has mentioned, has been jointly organized by Her Majesty's Government and the World Health Organization. WHO's Global Programme on AIDS was launched in response to the need for a coordinated international reaction in combating the spread of the virus. One of the aims of this Summit is to consider how the Programme can best be adapted and implemented within national programmes as part of the global strategy for AIDS prevention and control.

There is a saying, which was often quoted at me in my youth, usually in relation to crime and punishment but also occasionally to personal hygiene, and one which I now quote frequently, especially in relation to health and hygiene, which is that prevention is better than cure. When there is no cure, prevention is the only answer. It is also cheaper, because the cost of AIDS in financial terms – never mind human terms – is far more than most countries can support.

It is the measures necessary for prevention and the vitally important public education which need to be highlighted and to be applied as widely and consistently as possible. We all need to learn. Ignorance in this instance is definitely not bliss.

The world community's awareness of the real risks of catching the disease can be clouded by cultural and traditional attitudes to the role of men and women and their financial state. The realities of the condition need to be explained to sufferers and carers; medically, there is still relatively little known about the origins, history, and development of the AIDS virus.

It could be said that the AIDS pandemic is a classic "own goal" scored by the human race on itself, a self-inflicted wound that only serves to remind *Homo sapiens* of his fallibility.

The real tragedy concerns the innocent victims, people who have been infected unknowingly, perhaps as the result of a blood transfusion,

and the few who may have been infected knowingly by sufferers seeking revenge, but possibly, worst of all, those babies who are infected in the womb and are born with the virus. The Save the Children Fund has experience of the effects of AIDS on families in many parts of the world, including the United Kingdom.

I know these are but some aspects of a much wider problem, but they serve to illustrate the importance of the issues to be addressed at this Summit in examining how to persuade all sections of our population that AIDS presents risks not only to themselves but also to their nearest and dearest.

So far, says WHO, the global response to AIDS has been characterized by a series of delays. World summits are not quick or easy to organize and do not always produce results. Please make this one work! Make this Summit be the forerunner of the most genuine international cooperation ever seen so far! Literally millions of people could have reason to be grateful to you! Do not underestimate the long-term effects of the virus! We can put people on the moon, we can eradicate small-pox, we could stop polio; you can make a start to prevent and control AIDS!

May I wish you a very successful Summit.

The Right Honourable John Moore

SECRETARY OF STATE FOR SOCIAL SERVICES, UNITED KINGDOM
OF GREAT BRITAIN AND NORTHERN IRELAND

Your Royal Highness, Ministers, Colleagues, Ladies and Gentlemen,

I am delighted to have this opportunity to follow Her Royal Highness the Princess Royal in addressing this Summit. May I thank you, Madam, for honouring us with your presence today.

AIDS presents a growing threat to public health throughout the world, and the very large number of health ministers who are here is a measure of the seriousness of that threat. I believe that an international gathering of health ministers on this scale is completely without precedent, and I am particularly pleased that we in the United Kingdom have had the opportunity to join WHO in arranging it. May I thank you all very much for coming and wish you a very pleasant stay in London and a most constructive Summit.

The central theme of this conference is the role of public education in the fight against AIDS. Whilst in many areas in which governments become involved public education may seem something of a luxury, in this area it is an absolutely vital necessity. With no vaccine available at present to prevent HIV infection and no cure for AIDS – and with neither likely for a number of years – public education represents our best chance of reducing the dreadful toll of this disease. And I believe this to be true in the case of the population as a whole as well as of those groups, such as those who inject drugs, whose behaviour puts them at particular risk.

Over the next few days you will hear a variety of presentations dealing with information and education. Our experience here in the United Kingdom will be among them. But I would not wish to give the impression that a campaign of public education, crucial though it clearly is, will be sufficient by itself. It has to be set in the context of a general framework of action.

The United Kingdom strategy

Accordingly, we have developed a comprehensive strategy to face the challenge of AIDS. This comprises action on:

- public education
- infection control and surveillance
- research
- the development of health and other services for people with AIDS or HIV infection.

As I have said, education of the public plays the central role in our strategy. Only by influencing individual behaviour and lifestyles can we hope to contain the spread of infection. The United Kingdom Government committed £20 million to its public education campaign in November 1986, which is a reflection of the importance we attach to it. I do not want to say any more about the campaign at this stage as you will hear about our experience in considerable detail during the course of the conference.

Of the other areas of activity I have mentioned, research is obviously a major priority. We have given our Medical Research Council an additional £14.5 million over the next three years to finance a directed programme of AIDS research aimed at the development not only of vaccines against HIV but also of antiviral drugs to treat those who become infected. The Medical Research Council also receives funds for general AIDS research outside this programme. And the important pharmaceutical industry in this country is also investing heavily in this area.

As for infection control and the development of health and other services, there is a great deal going on in these fields. For example, we have adopted a number of measures to safeguard public health, such as the screening of blood donations and the heat treatment of blood products. As far as care and treatment services are concerned, we are actively seeking to develop these and to promote cooperation between our health authorities, local government, and the voluntary sector – all of which have important contributions to make. We believe there will be an increasing demand for care to be carried out in people's own homes, which will require sensitive and flexible community-based services.

General philosophy

There is a lot of work going on in the United Kingdom to tackle the challenge posed by AIDS. With the number of AIDS cases continuing to double every 10 or 11 months, such a sense of urgency is crucial. I should, however, like to emphasize three strands that form the underly-

ing philosophy of our whole approach. These are the exercise of leadership, cooperation across the whole of society, and the importance of the international dimension.

AIDS raises many difficult cultural, ethical and practical questions. The problems are compounded by the fact that the main ways by which the infection may be transmitted involve very sensitive areas of personal behaviour. But effective action to contain and then defeat this disease is dependent on governments squarely addressing uncomfortable issues, not shying away from them. We must all give a lead to our countrymen. We must give them the facts and try to establish a general consensus on the measures to be taken. This will not be easy. It will need the exercise of political leadership and the harnessing of a general political will. But we owe it to our people to find this political will since the consequences of not doing so would be dire. I believe that the public education message has a much greater chance of general acceptance if governments give a lead and themselves demonstrate commitment to the fight against AIDS. This is why the British Government has worked so hard to produce a coordinated response across all of its departments.

The second basic strand of our approach is cooperation. Our public education campaign, for example, has not been run by the central government only; it has been very much a response from all parts of British society working together. National television and radio as well as other parts of the media have all played a major part. Education has been carried forward in schools, in prisons, in the workplace, and elsewhere. Initiatives to spread the message have been taken at local level by health and local authorities.

Voluntary bodies have also played a particularly vital role. They have delivered information rapidly and in a form most appropriate to the particular groups they assist.

The international dimension

The third strand of our approach – and it is a crucially important one – is the international dimension. As I said in the very welcome debate held in the General Assembly of the United Nations last October, AIDS is no respecter of national boundaries and we need a global response to contain it. The world must pool its knowledge on research, care, and treatment and on the effective use of information and education programmes. WHO's Global Programme on AIDS has a vitally important role here, and I am pleased that the United Kingdom Government has been able to give it substantial support. This Summit meeting is a further sign of our commitment to cooperation with WHO.

Of course, if international cooperation is to make the maximum impact it must be coordinated. It is vital to take action together. Resources are finite and we must avoid wasteful duplication. As I have

said, WHO's Global Programme has a crucial role in this area. The United Kingdom has so far contributed £3.25 million to its funding. As substantial further evidence of our commitment to international action, I am very pleased to be able to announce today a large increase in that contribution. Subject to the approval of Parliament, we intend to provide £4.5 million from our Overseas Aid Programme towards the funding of the WHO Global Programme in 1988/89.

We must not forget that global action by governments and international agencies must be, and is being, complemented by that of other bodies such as voluntary organizations. I was very pleased to see that the major British aid agencies, such as Oxfam and the Save the Children Fund – of which Her Royal Highness the Princess Royal is the President – have come together to coordinate their efforts in the fight against AIDS.

To conclude, it is clear that for the moment public information and education remain our most powerful weapons in the fight against the growing challenge of AIDS. The United Kingdom is committed to meeting this challenge and to seeking the greatest possible international cooperation in doing so. We are demonstrating this by hosting this Summit. I hope you find that it provides you with new and useful information and permits a valuable exchange of ideas and views, in the spirit of cooperation against a menace with which we must all deal.

Dr Halfdan Mahler

DIRECTOR-GENERAL, WORLD HEALTH ORGANIZATION

Your Royal Highness, Ministers, Ladies and Gentlemen,

A meeting of health ministers is an event reserved for only the most important public health concerns – and we are now opening such a summit on AIDS. I wish to express my gratitude to the Government of the United Kingdom for giving us all this precious occasion to draw strength from common purpose by generously hosting this world summit.

With AIDS, the world's quota of misery, already so full, is even fuller. Yet we see, throughout the world, evidence of an energetic response to AIDS that cannot fail to inspire and bring with it hope. What is this energy? Why do those working on AIDS seem energized, electrified, in some way possessed? When I look at the quality and dedication of those working to overcome AIDS I cannot believe that such commitment should be faddish or transitory. AIDS seems to be calling forth an urgent, deep global need to help others, to help ourselves.

The World Health Organization, your World Health Organization, is constitutionally the directing and coordinating authority on international health work, and you, ministers of health, are the main actors, the spinal cord uniting the Organization as a collectivity of Member States and the governments and people of each and every Member State.

As ministers, you have a role in determining collectively the policies of WHO and in carrying them out internationally as well as nationally in your own countries. Your governments have all enthusiastically agreed to the global policy of health for all by the year 2000 and to the global strategy to give effect to it. Fortunately, the policy and strategy for health for all by the year 2000 are operational realities – fortunately for the health of the people of the world in general and fortunately because they are the key to AIDS prevention and control.

The Global Strategy for Health for All rests on four pillars:

- (1) political commitment;
- (2) intersectoral action;

- (3) appropriate technology for health; and
- (4) community involvement.

According to WHO's definition to which all governments have agreed, "appropriate" means that the technology is, as well as economically feasible, not only scientifically sound but also socially acceptable to those on whom it is used and to those who use it.

The International Conference on Primary Health Care held at Alma Ata in 1978 declared that the key to health for all is primary health care. It is not by chance that the first of the eight essential programme elements of primary health care is education of people concerning prevailing health problems and methods of preventing and controlling them. Nor indeed is it by chance that education of people is the first element, for if governments with all their sectors and people in all walks of life are to act in partnership for the improvement of health they must first understand how this can best be achieved. They must understand how to promote health, how to prevent and control disease, how to identify illness and treat and care for the sick and rehabilitate them as necessary.

As you know, the International Conference at Alma Ata issued a Declaration which stated that governments have responsibility for the health of their people and that they have to fulfil that responsibility by adequate health and social measures. This is in addition to another important part of the Declaration, which states that people have the right and duty to participate individually and collectively in the planning and implementation of their health care.

Thus, today, I turn to you who have both national and international responsibility for carrying out the strategy for health for all. As you know, the Health Assembly last year adopted a global strategy for the prevention and control of AIDS, a strategy that is fully consonant with the global strategy for health for all. The fight against AIDS, the global strategy for conducting that fight, follow the principles I have just mentioned regarding the strategy for health for all and primary health care.

I shall start with political commitment. I humbly submit that you, the ministers of health, using WHO's policy and strategy framework, have responsibility for ensuring the political commitment of your governments as a whole in the fight against AIDS.

You, the ministers of health, have responsibility for ensuring the coordinated action of all the sectors concerned in your country – the ministries of education, culture, the interior, finance, information, and others, all of which have important roles in the national plan to fight AIDS.

You, the ministers of health, have responsibility for ensuring that your programmes for the prevention and control of AIDS are indeed based on appropriate technology. That such technology is scientifically

sound means that it includes the social and behavioural sciences; that it is socially acceptable means that it includes consideration of social, cultural, and educational factors. Public information on AIDS must be accepted by your people, by the different groups of your people as well as by health workers. And, of course, you have to take into account your own economic situation in devising feasible plans.

You, the ministers of health, are the guardians of primary health care in your countries and of the important educational component I mentioned a few moments ago. I need not impress upon you the importance of the right kind of communication with the different groups of people in your country to whom I have just referred. I believe that you will benefit from research and development studying optimal ways of communicating with different groups – the media, the public, health workers, risk groups, and the like. Your WHO stands ready to support you in such research and development.

Let us remember that the *all* in health for all means *all* and not just a few. As HIV-positive people and AIDS patients belong to the *all*, they are entitled to humane and understanding care just like any other people. WHO has just issued a brochure on the social aspects of AIDS prevention and control programmes which, I believe, will be most useful to you in providing guiding principles for such care.

To those of you who, as part of the global fight against AIDS, are in a position to support other countries, need I remind you of WHO's principle of enlightened bilateralism, that of supporting other countries in line with the global strategy to combat AIDS, which you adopted last May at the World Health Assembly and which, I hope, governs your own national AIDS programme? Of course, in supporting other countries you have to take into account their political, social, economic, and cultural circumstances.

WHO is now 40 years old. When it was 30, we spoke together of a dream, of health for all, of all for health. AIDS is not just another barrier to achieving that dream. The fight against AIDS is a fight for health. AIDS is a symbol of the profound global interdependence which is the special knowledge, the profound insight, of our time. AIDS teaches us yet again about the cultural, social, economic, and political dimensions to health. It shows us precisely how discrimination, marginalization, and stigmatization are themselves threats to public health. Easy solutions – no. Long-term commitment to the health of individuals through the combination of what they can, and must, do for themselves and what society only can do – yes.

This Summit gives us all a precious, doubly precious, opportunity. We shall be shown what others have done to inform and educate about AIDS. We shall see through their work how we can best proceed, if we have not already done so. And we shall, through the fact of our meeting

together, through our commitment to the global AIDS strategy, draw strength from common purpose.

So I humbly submit that, by using your World Health Organization, its policies, and its strategies wisely, courageously, and vigorously, you will demonstrate that *a global effort can and will stop AIDS*.

Contents

Preface	ix
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Opening Addresses

Her Royal Highness The Princess Royal	xiii
The Right Honourable John Moore	xv
Dr Halfdan Mahler	xix

Part I. AIDS – A Global Challenge

Global AIDS: epidemiology, impact, projections, global strategy <i>J. Mann</i>	3
Modes of transmission: the basis for prevention strategies <i>Sir Donald Acheson</i>	14

Part II. AIDS Prevention Through Health Promotion

Introduction <i>A. Meyer</i>	23
National AIDS information programme in France <i>A. Pompidou</i>	28
Planning AIDS education for the public in Uganda <i>S. I. Okware</i>	32
Brazil's educational programme on AIDS prevention <i>L. Guerra de Macedo Rodrigues</i>	37
Preventing AIDS through general public education: experience from the United Kingdom <i>S. Hagard</i>	41