

WHO's Programme on AIDS with Reference to Activities in South-East Asia Region (SEAR) Countries

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I. Introduction

The pandemic of Human Immunodeficiency Virus (HIV) and related retroviruses is of serious concern as an international health problem. From mid 1970s to early 1981, its spread was silent and since then, not only its pandemic nature, but also diverse range of impacts of HIV infection like psychological, social, cultural, economic and political have been recognized.

WHO has been greatly concerned about this global health problem, particularly its spread over many international boundaries. The World Health Assembly, in May 1986 in its resolution WHA 39.29, requested the Director-General to take effective measures for WHO's cooperation with Member countries to combat the epidemic and mobilize extrabudgetary resources for this purpose. In January 1987, the WHO Executive Board endorsed the WHO's strategy for the WHO Special Programme on AIDS. The Special Programme on AIDS was formally established in February 1987 and it coordinates and supports activities at the country level. It also has close links with other agencies of the United Nations like UNDP, UNESCO, UNICEF, UNFPA and the World Bank.

II. Global Situation

As of December 1987, over 66,000 cases of AIDS have been reported to WHO from more than 125 countries. But the number is not accurate as the reporting, particularly from the developing countries, is not complete because of lack of adequate facilities to make a firm diagnosis or disease reporting infra-

structure. It is estimated that approximately 150,000 cases of AIDS have occurred since the beginning of the epidemic.

Although it is difficult to assess the real number of persons, it is estimated that five to ten million people are infected with HIV today worldwide. If this estimate is true, then it could be predicted that between 500,000 to three million new cases of AIDS will emerge over the next five years from people already infected with HIV.

There are three distinguishing broad patterns of HIV infection. The first pattern is prevalent in North America, Europe, Australia and New Zealand. These are also areas where it is presumed that the virus has been present for several years and the major groups infected are homosexuals, bisexual men and intravenous drug-users. The second pattern is observed in Africa and Haiti where the major mode of spread appears to be heterosexual from man to woman and vice-versa. There are a few intravenous drug-users also. The third pattern is observed in Asian countries. In this part of the world, the virus is rare and the infections are caused with the virus from exposure to blood or blood products, and sexual contact with men or women from countries where AIDS is more prevalent.

III. Situation in South-East Asia Region

AIDS is not yet a priority health problem in the South-East Asian countries but it is a matter of concern as some countries have reported imported cases of AIDS, indigenous cases of AIDS-related complex and detection of HIV infection amongst the indigenous population. The cases reported and the results of the sero-surveillance carried out in different countries are given in Table 1.

1. Strategy

Considering the epidemiology of the disease, particularly the three ways of its spread, i.e., sexually,

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Table 1

Country	Number of AIDS cases reported		ARC cases	Sero-surveillance	
	Imported case/ infected abroad	Indigenously infected		Number screened	No. positive for Western Blot
Bangladesh	0	—		0	—
Bhutan	0	—		0	—
Burma	0	—		199	0
DPR Korea	0	—		0	—
India	15	0		54,898	145
Indonesia	1	0		43,000	4
Maldives	0	—		0	—
Mongolia	0	—		0	—
Nepal	0	—		6,000	0
Sri Lanka	2	—		13,661	1
Thailand*	12	0	—	—	—
				(15,877)	(78)
				Prison inmates	

*information available in SEARO is not complete

through contact with blood and blood products, and from infected mother to child, and with the limitation of non-availability of a curative drug or effective vaccine, the WHO strategy for prevention and control of AIDS is based on the following:

- (a) Prevention of sexual transmission of HIV;
- (b) Prevention of HIV transmission through blood and blood products;
- (c) Prevention of perinatal transmission of HIV;
- (d) Prevention of transmission through HIV infected persons with the use of therapeutic agents;
- (e) Prevention of HIV transmission through development and delivery of vaccine; and
- (f) Reduction of impact of HIV infection on individuals, groups and societies.

The Regional Plan of Action for implementation of global strategy for prevention and control of AIDS was drawn up at an Intercountry Consultative meeting held at SEARO, New Delhi in August 1987. The Regional Committee discussed the problems on AIDS in September 1987, in Pyongyang, DPRK, approved the Regional plan of action and adopted a resolution urging the Member countries for implementation of the Regional Plan of Action. The Regional Plan of Action took note of the constraints of financial, manpower and logistic resources particularly due to the prevalence of many priority communicable diseases and countries' efforts for effective delivery of primary health care to achieve Health for All by the Year 2000. The Regional Plan of Action encompasses SEB — Surveillance, Education and information, and Blood and blood products — and their safe use. Some of the activities envisaged under the global strategy,

such as development of vaccine and therapeutic drugs, were considered not feasible to be undertaken in SEAR countries.

(i) Surveillance

a) Clinical surveillance — Recognition of possible clinical manifestations of AIDS by clinicians will facilitate follow-up action. Unless clinicians are acquainted with the manifestations of AIDS, they will miss the case. The clinical pattern of opportunistic infections in SEAR countries might be different from that observed in the Western countries.

b) Epidemiological surveillance — Epidemiological surveillance will be carried out to evaluate the prevalence of AIDS and HIV infection, identify high-risk groups and the source of infection. In view of the limited number of cases of sero-positives detected, epidemiological investigations will be feasible and would help to limit the spread of HIV.

c) Laboratory surveillance — This will be an important component for confirmation of suspected AIDS cases and for undertaking serological surveillance amongst target groups, as appropriate to the country situation.

(ii) Education and Information In the absence of availability of potent vaccine and curative drugs, the major strategy for prevention and control of AIDS will be education of professionals, nurses, hospital laboratory workers and others concerned, and the community, particularly the high-risk groups. Also, development of communication activities will be undertaken as an integral part of Education and Information for Health Promotion, which will include training of health personnel and will use approaches,

such as mass media, printed materials and schools, to convey standardized messages designed for the target audience. Technical assistance for the development of communication plans will be provided. Nursing personnel and other concerned staff on the curative side will need to be acquainted with the management of cases and measures to protect themselves from the infection.

(iii) **Blood and Blood Products, and their Safe Use**
Since only a few sero-positives have been detected, transmission-associated infection may not be a serious risk factor in the Region; nevertheless, it is essential that each country reviews the situation periodically and adopts its own policy on blood and blood products for eliminating or reducing the risk of transmission through blood and blood products, consistent with the resources available and the prevalence of HIV-infection in the adult population.

2. Activities

Out of eleven countries in the Region, nine have already established task forces with definite objectives pertaining to the activities for the prevention and control of AIDS. The task forces are of multidisciplinary nature. In the two countries which have not yet established task forces, the Ministry of Health is coordinating activities for prevention and control of AIDS. To assist the Member countries in training personnel on the laboratory diagnosis as well as for confirmatory tests for HIV infection, two WHO Collaborating Centres have been identified — one in Thailand and the other in India.

Short-term plans for the prevention and control of AIDS have been prepared for three countries and adequate funds have been released. For the other countries, short-term plans will be prepared during the current year. With the implementation of the short-term plans, adequate knowledge will be available on the epidemiology of the disease through surveillance and other activities. These results will be utilised in the formulation of medium-term plan (MTP). The issues to be addressed by the MTP will include consolidation, extension and expansion of AIDS control activities, screening of blood donors, development of surveillance system, improvement of laboratory facilities and strengthening of STD control

programme. After the MTP is formulated, assistance will be sought by the WHO from bilateral and international donors to support the countries medium-term plans for prevention and control of AIDS. Under the short-term plan, funds are mainly provided for health education, case follow-up and contact tracing, data processing, training of health care workers including clinicians, nurses, laboratory technicians, health educators and media personnel, coordination meetings, and laboratory equipment and supplies.

3. Management of Short-term Plan

HIV infection has not only medical but also social, economic, ethical, legal and political implications. Health personnel alone will not be able to tackle all the problems related to HIV infection. Active participation of other sectors will be essential for the effective implementation of AIDS control activities. The high level policy making body can make decisions on such major issues as blood donor screening, confidentiality, sex education, counselling, dissemination of information, legal matters etc. It will also review and monitor AIDS control activities and will mobilize resources for implementing these activities. The national task force will be assisted by sub-committees.

The Sub-committees on Public Relations, Technical Aspects and Data and Information will oversee and coordinate the AIDS control activities, prepare detailed programming and propose measures on major policy issues.

IV. Conclusion

Till 1982, AIDS was not a matter of concern in SEAR countries but considering the present situation and the impending threat of the disease, considerable activities have been undertaken or initiated by many Member countries of the region in a short period of time. Until now, we are not clear about the magnitude of the problem. After the short-term plan is implemented, more information would be available that would help us in long-term planning. But in the meantime activities for prevention and control of AIDS would continue to be implemented in the Member countries.