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# THE RESPONSE TO AIDS PUBLIC HEALTH REPORTS

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### AIDS POSTERS

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AIDS posters appearing in this issue of *Public Health Reports* have been supplied by the Public Health Service, page 210; Blue Cross and Blue Shield, page 229; AIDS Hotline for Kids of the Center for Attitudinal Healing, page 277; World Health Organization, page 288; Centers for Disease Control, pages 254, 266, 272, 304; National Institute on Drug Abuse, pages 308, 320, 324; Department of Health and Human Services, page 328; and the March of Dimes, cover 3.

## Containing the Spread of HIV Infection: a World Health Priority

MICHAEL E. SAMUELS, DrPH  
JONATHAN MANN, MD, MPH  
C. EVERETT KOOP, MD, ScD

Dr. Samuels is Assistant to the Surgeon General of the Public Health Service, Dr. Koop. Dr. Mann is Director of the Global Programme on AIDS for the World Health Organization.

Tearsheet requests to Dr. Samuels, Rm. 18-66, Parklawn Bldg., 5600 Fishers Lane, Rockville, MD 20857.

### Synopsis.....

*The World Health Organization (WHO) estimates that the world total of AIDS cases will reach 300,000 by the end of 1988 and 500,000 to 3 million over the next 5 years. AIDS is of special*

*concern to developing countries with their limited, stressed health care systems and the other serious health problems of their populations. Also, AIDS usually strikes the young and productive adults that the economies of these countries can least afford to lose.*

*The Surgeon General of the Public Health Service has challenged the United Nations to make the world's blood supply safe by 1991. Private and public sector leaders could come together, apply the technology and resources available in industrialized countries, and achieve a victory in this facet of the AIDS pandemic.*

*The WHO's global strategy has led to the establishment of national AIDS committees in 151 countries and the preparation of 70 short-term (6-12 months) plans and 25 medium-term (3-5 years) plans for national AIDS control programs.*

THE PANDEMIC OF AIDS continues to spread. As of January 30, 1988, the World Health Organization (WHO) had received reports from 132 countries with cumulative cases totaling more than 75,000 worldwide; the WHO estimates that the true count is probably 150,000. It also is estimated that an additional 150,000 cases will occur in 1988, bringing the world total up to 300,000 by the end of 1988. The WHO estimates that worldwide between 5 and 10 million people are infected with the virus, and between 500,000 and 3 million AIDS cases will occur over the next 5 years. The virus will probably be spread to every country in the world.

### Effects of AIDS in Developing Countries

There should be concern for all nations, but there are special concerns for the developing countries. Developing countries have limited, stressed health care systems and populations with other, serious health problems. AIDS is an additional burden that may seriously compromise fundamental health services.

In the developing nations, the people stricken with AIDS are primarily those who are looked to for support of the children, the aged, and the sick. Deaths among these breadwinners cause both fam-

ily income and adequacy of nutrition to decline, while poverty and disease increase, making AIDS a major threat to family survival.

In addition, because AIDS strikes the healthy and usually the young productive adult in the prime of life, AIDS is a hindrance to development. Developing nations will be losing workers in agriculture, industry, and many other vital economic areas, not to mention teachers, physicians, health workers, government officials, and many other professionals. These are talented people that no country, and especially not a developing country, can afford to lose.

Beyond these concerns there are the children, the future of our world, who are and continue to be afflicted with AIDS. AIDS can roll back the global child survival efforts of both UNICEF and the World Health Organization and undermine the hard-won victories in reducing infant mortality.

There are many other unpleasant scenarios. Tourism may suffer due to unreasonable fears about how AIDS is contracted. Foreign investment may falter as well, because AIDS may lead to an increasing death rate that will reduce the viability of local markets and the pool of skilled labor, not to mention rising health care costs.

Further, the expenses associated with dealing with AIDS will inevitably take funds and personnel

*'Beyond these concerns are the children, the future of the world, who are and continue to be afflicted with AIDS. AIDS can roll back the global child survival efforts of both UNICEF and the World Health Organization and undermine the hard-won victories in reducing infant mortality.'*

from other programs in health, education, and other vital sectors and thus jeopardize gains already made in those areas. AIDS can undermine the accomplishments of the foreign assistance that international banks and the industrialized countries have provided. The reality is that AIDS can threaten a developing nation's hope for the future. Altogether, these are very grim possibilities to consider.

In the industrialized world, the consequences are also very great. We have already seen the effects in the United States. The United States is not the most affected country in per capita terms, but it has more cases reported than any other nation.

### **Safeguarding the World Blood Supply**

One thing that can be done in the short term, however, that will help to preserve tourism, business, and foreign investments is to resolve to make the world's blood supply safe for transfusion. The Surgeon General has already asked the United Nations General Assembly to take this on as a goal to be accomplished by 1991. The World Health Organization, in collaboration with the League of Red Cross-Red Crescent Societies, the International Society for Blood Transfusion, and the U. N. Development Programme, is now organizing a consortium to launch the global safe blood initiative.

The technology and resources to ensure a safe blood supply worldwide are available in the industrialized countries. The private and public sector leaders could come together in this area and do something that is for everyone's benefit. Victory over this one small facet of the AIDS pandemic will help to bind the world together in its struggle to contain the scourge of AIDS.

The private and public sectors of the United States, working with and through the World Health Organization, can assist financially and

with technical assistance to establish model blood banks with routine screening for HIV infection. Existing serologic tests are expensive (\$1-\$4 per test), and rapid, inexpensive, sensitive assays for the detection of HIV must be developed. This improvement is critical because in some central African cities nearly 10 percent of blood donors are infected with HIV.

### **WHO and the National AIDS Plans**

To assist countries we must help them to recognize and confront the complex issues of AIDS. The Public Health Service has supported and continues to support the World Health Organization as it directs and coordinates the global AIDS strategy and encourages countries to move from a position of denying the existence of the problem to active intervention.

The results to date have been very encouraging. Specifically:

- As of November 1, 1987, national AIDS committees have been established in 151 countries.
- As of January 1988, WHO AIDS staff had visited more than 110 countries in response to requests from 134 countries for collaboration. The remaining 24 visits have been scheduled to take place before mid-1988.
- In close association with regional offices, WHO AIDS staff have completed more than 250 consultant missions.
- WHO missions have resulted in the preparation of more than 70 short-term (6-12 months) plans for national AIDS control programs.
- 25 countries have now prepared 3-5 year (medium-term) plans, and the WHO is collaborating with a further 61 Member States in the preparation of these comprehensive medium-term plans.
- At a planning workshop held in Trinidad November 16-20, 1987, participants from 19 Caribbean countries formulated national AIDS prevention and control programs.
- WHO funding totalling US \$11.3 million has been obligated, and US \$7.6 million were earmarked for national program support in 1987.
- The WHO has organized national donor meetings in six Member States—Zaire, Uganda, Tanzania, Rwanda, Kenya, and Ethiopia. Each meeting was jointly organized by the Ministry of Health and WHO, following several months of collaboration leading to official endorsement of the medium-term national AIDS plan. Each national

donor meeting resulted in full funding for the first year of operation of the national AIDS program. A total of US \$21 million was pledged at these meetings, with the funds to be made available either through the WHO or bilaterally within the framework of the approved national AIDS plan. In each country, a national management committee has been established to coordinate all the parties involved. Staff from WHO's Global Programme on AIDS have been assigned in Uganda, Ethiopia, and Kenya, and official posts are being established in the other countries to support further the implementation of the national AIDS plan.

- Guidelines have been prepared on the development of medium-term plans and on developing national policies for screening. Standard tests of laboratory equipment for serologic (ELISA) testing for HIV have been prepared and are continuously updated to expedite procurement of appropriate equipment and supplies. Standardized systems of funding, budgeting, and accounting for the support of national programs are being developed to accommodate the complex interaction of input from national, bilateral, and multilateral WHO sources. Systems for monitoring the supply of equipment and test kits for HIV have been established. A collection of information and educational material from various countries, including video and printed material, has been compiled.
- Approximately 150 consultants from 30 countries have been oriented to the WHO Global Programme on AIDS through three briefing sessions held in Geneva. One further session, held in Australia in November 1987, led directly to the formulation of eight medium-term plans in the Western Pacific Region.

WHO leadership and these activities to date point clearly to areas where we can help parallel domestic efforts to develop education and prevention programs, to improve diagnostic and treatment techniques, and to expand research.

The blood supply of the United States has been relatively safe since 1985. Techniques have been developed to screen out high-risk donors, and all donated blood is tested. The technology and resources to help the developing world achieve the same standard exist.

We live in a rapidly shrinking interdependent world. What happens on the Tokyo stock exchange impacts on all of us economically. So do the deaths of productive adults in Rwanda and Zaire. The health of this nation is not secure until

*'What happens on the Tokyo stock exchange impacts on all of us economically. So do the deaths of productive adults in Rwanda and Zaire. The health of this nation is not secure until we have helped to control infectious disease throughout the world.'*

we have helped to control infectious disease throughout the world.

We must not abandon the afflicted who need our help. Just as important, we must not abandon hope or abandon countries and their economies to the devastating impact of this pandemic. Certainly there are and will be those we cannot save. Our scientific efforts, together with knowledge and education, will eventually contain this terrible disease. Progress is being made in the laboratory. Progress is being made in education. We can add to that progress by applying our current knowledge and technology in the third world.

It is important that the countries of the world move forward with good sense and good science and, together, give the world something every bit as precious as a vaccine against AIDS. That gift is the compassion, enlightenment, and international private-public cooperation with which the nations of this earth can triumph over a global disease.