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World Health Organization's Global Program on AIDS

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III. World Health Organization's Global Program on AIDS*

RECOMMENDATION

BE IT RESOLVED, that the American Bar Association endorses the global strategy of the World Health Organization (WHO) for the worldwide prevention and control of AIDS;

BE IT FURTHER RESOLVED, that the American Bar Association urges (a) the Government of the United States to strengthen its support for the WHO global program on AIDS (WHO/GPA), including AIDS program activities implemented by the Pan American Health Organization (PAHO), and for bilateral programs of research, prevention and control; (b) the effective coordination of international AIDS programs conducted by the WHO/GPA, PAHO, and other global, regional, bilateral arrangements, and private voluntary organizations.

REPORT

I. Introduction and Background

The United States has a special responsibility to lead in international efforts in research and for the prevention and control of AIDS because, for one important reason, AIDS is likely to have a substantial and deleterious impact on the development progress in many countries. As reported by the World Bank,¹ in some areas of the world, the picture is grim. For example, in one African country, the World Bank reported that by the year 2005, due to AIDS, infant mortality rates are expected to increase by 20 to 100 percent, with life expectancy reduced by as much as six years. Moreover, because AIDS occurs primarily during the economically productive years, the World Bank expects that the impact of the epidemic in the most affected central African countries in the next twenty years could reduce the gross national product growth rate from current rates of 2 and 3 percent to close to zero. Thus, AIDS can severely hamper longstanding efforts of the United States, and international organizations, to improve the health status of persons in, and the economic stability of, many developing countries.

The United States' primary role in international AIDS activities is based on three factors: (1) the extremely large number of AIDS cases in the United States;

*This Report was approved by the House of Delegates at the Honolulu meeting in August 1989. The Report came from the Section's Committee on International Health Law. The Committee's Chairman, Lane Porter, was primarily responsible.

1. World Bank News Release No. 89/S14, December 1, 1988.

(2) the intellectual and financial capacity to conduct biomedical research and fund public health programs; and (3) the commitment to improve the health status of persons in developing countries.²

The World Health Organization (WHO) global strategy for the prevention and control of AIDS, as implemented by the WHO Global Program on AIDS (WHO/GPA), has been supported by every nation of the world.

The United States can meet its obligations in international AIDS actions by seizing the opportunity to strengthen its support—for the WHO/GPA, for Pan American Health Organization (PAHO) AIDS program activities, and for the bilateral programs of the United States which are directed at research, prevention and control of AIDS. International efforts in AIDS research, prevention and control should be coordinated, effectively.

Worldwide trends in the epidemiology of human immunodeficiency virus (HIV), and the end-stage of its infection, the acquired immune deficiency syndrome (AIDS), are statistically striking. Moreover, such trends lead to issues which will require the increasing attention of the international legal community.

The worldwide number of AIDS cases continues to increase. According to WHO,³ as of April 4, 1989, a total of 146,569 cases of AIDS had been reported to WHO, in Geneva. Furthermore, in its most recent progress report,⁴ WHO reported that, since 1985, the cumulative number of AIDS cases reported to WHO increased over fifteenfold, and over 100 more countries reported AIDS cases. However, due to underreporting, the actual cumulative number of AIDS cases was estimated by WHO in this report to be approximately 300,000. Moreover, the worldwide clinical burden is not adequately reflected in these numbers because AIDS is the clinical end-stage of severe or irreversible immune damage caused by the HIV.⁵

There are three modes of transmission of the HIV: (a) sexual intercourse (heterosexual or homosexual); (b) exposure to blood, blood products or donated organs and semen; and (c) from infected mother to child (perinatal transmission).

2. *HIV Infection and AIDS, Recommendations for President-Elect George Bush*, Institute of Medicine, National Academy of Sciences, National Academy Press, Washington, D.C., 1988; *Confronting AIDS, Update 1988*, Institute of Medicine, National Academy of Sciences, National Academy Press, Washington, D.C., 1988.

3. Cumulative AIDS Cases Reported to WHO, by Region and Country, WHO, April 4, 1989.

4. Global Programme on AIDS, Progress Report Number 4, World Health Organization (WHO/GPA/GEN/88.3), October 1988.

5. WHO has determined three global epidemiological patterns for HIV infection. Pattern I cases occur, in the main, among homosexual or bisexual males and urban intravenous drug users. Although increasing, heterosexual transmission is responsible for only a small percentage of cases. The Pattern I cases are found typically in industrialized countries, located in North America, parts of Latin America, Western Europe, Australia and New Zealand. Pattern II cases involve heterosexuals, primarily, with a male/female ratio of 1:1, approximately. Perinatal transmission is common. While increasing in some Caribbean countries of Latin America, Pattern II cases are found in sub-areas where HIV and AIDS are endemic. Pattern III areas are Eastern Europe, North Africa, the Eastern Mediterranean, Asia and most of the Pacific. *Id.*, at 9–10.

The Institute of Medicine (IOM) of the National Academy of Sciences cites three rationales for involvement of the United States in international AIDS activities: foreign policy considerations; health improvement assistance issues; and opportunities for mutually beneficial research. Furthermore, IOM makes two important recommendations: (a) that the United States pay its assessed contributions to WHO in total as soon as possible; and (b) that a database for international AIDS research activities be established and maintained.⁶

Biomedical research is underway for the development of vaccines to prevent HIV infection⁷ and for therapeutic agents to treat HIV infection and AIDS. The drug zidovudine (also known as "AZT") has been successfully used to prolong the life of some persons with AIDS. AZT and other drugs are being tested to determine whether they also halt or slow disease progression in infected asymptomatic persons.⁸

Prevention and control are the only measures currently available to effectively respond to the worldwide AIDS epidemic.

II. Steps Taken by the World Health

Organization/Pan American Health Organization

A. WORLD HEALTH ORGANIZATION (WHO) GLOBAL STRATEGY FOR THE PREVENTION AND CONTROL OF AIDS

The WHO global strategy for the prevention and control of AIDS was adopted unanimously by WHO at the Fortieth World Health Assembly in May 1987.⁹ WHO established a special program (i.e., the Global Programme on AIDS (GPA)) as the implementing organization.

Actions¹⁰ of the United Nations, and other international organizations, have subsequently confirmed that WHO is the ideal forum to direct and coordinate worldwide activities concerning the prevention and control of AIDS.

6. *Confronting AIDS, Update 1988*, supra, note 2, at 161–164. See, also, the Recommendation and Report of the American Bar Association Standing Committee on World Order Under Law, Section of International Law and Practice, and Section of Individual Rights and Responsibilities—urging the executive and legislative branches of the United States Government to take cooperative action so that payment will be made without delay to the United Nations, including its specialized agencies, of all amounts assessed to the United States. *The International Lawyer*, American Bar Association, Vol. 22, Number 4, Winter 1988, at 1281–1288.

7. *Id.*, *Confronting AIDS, Update 1988*, at 20. "We are no closer now to having a licensed vaccine against HIV than we were 2 years ago."

8. *Id.*, *Confronting AIDS, Update 1988*, at 37.

9. Resolution WHA40.26 of the Fortieth World Health Assembly, WHA40.26 Global strategy for the prevention and control of AIDS. Similar approval was given to the strategy for the Americas by the XXXII meeting of the PAHO Directing Council, CD32.R12 of 24 September, 1987.

10. Economic and Social Council of the United Nations adopted resolution E/1987/75 (Geneva, July 1987); the Venice Summit of the Heads of State or Government and the Representatives of the European Community (Venice, June 1987); the United Nations General Assembly resolution 42/8 (New York, October 1987); the World Summit of Ministers of Health on Programmes for AIDS Prevention (London, January 1988).

The WHO global AIDS strategy¹¹ has three objectives:

- to prevent HIV infection;
- to reduce the personal and social impact of HIV infection;
- to unify national and international efforts against AIDS.

WHO has established eight principles to guide its activities relating to the realization of the three objectives.¹²

B. THE WHO GLOBAL PROGRAM ON AIDS (WHO/GPA)

The WHO/GPA is responsible for promoting, coordinating, monitoring, and evaluating the global AIDS strategy. The WHO/GPA is organized in five program areas.¹³

Since its establishment on February 1, 1987, the WHO/GPA has effectively carried out its activities. In the United States, several organizations engaged in governmental and non-governmental policy and program formulation have enthusiastically supported the WHO/GPA, and its accomplishments. For example, the Presidential Commission on the Human Immunodeficiency Virus Epidemic (Presidential AIDS Commission)¹⁴ stated—“(t)he Commission endorses the strong leadership of the World Health Organization’s Global Programme on AIDS in bringing together the international community in a collaborative effort to address the HIV pandemic.”

The WHO/GPA has entered into collaborative activities within the United Nations system and with other international organizations.¹⁵ These collaborations include joint actions with the United Nations Development Program (UNDP). The WHO/UNDP Alliance to Combat AIDS integrates WHO’s role in health policy and scientific matters with UNDP’s efforts in socioeconomic in-country development.

Collaborative actions of the WHO/GPA address a wide range of public health, scientific, administrative, ethical and legal matters. WHO/GPA has coordinated

11. *Supra*, note 4, at 3.

12. WHO has stated “(t)he following principles determine the manner in which the three objectives can be realized: (1) public health must be protected; (2) human rights must be respected and discrimination must be prevented; (3) we know enough now to prevent the spread of HIV, even though a vaccine is not yet available; (4) education is the key to AIDS prevention; (5) HIV transmission can be prevented through informed and responsible individual and social behavior; (6) a sustained social and political commitment will be required; (7) all countries need a comprehensive national AIDS programme, integrated into national health systems and linked within a global network; and (8) systematic monitoring and evaluation will ensure that the Global AIDS Strategy can adapt and grow stronger as we proceed.” *Supra*, note 4, at 4.

13. The five program areas: (a) program direction; (b) national AIDS program support; (c) scientific and technical units; (d) management, administration and information; and (e) regional and intercountry support. Furthermore, a total of 300 WHO Collaborating Centers on AIDS have been designated, or are in process of designation, in the six WHO regions.

14. Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic, 1988, at 150.

15. *Supra*, note 4, at 17–20.

study and action projects with appropriate international organizations. Project actions include: starting a global blood safety program; promoting AIDS education in schools; immunizations and AIDS, proper sterilization of syringes and needles; drug abuse control; assessing and developing the role of family planning and maternal and child health programs in AIDS prevention and control activities; studies on the economic impact of AIDS in the developing world and on the demographic impact of AIDS; development of policies regarding workers infected with HIV; assessing the need for agricultural policy changes in areas with severe HIV infection and AIDS problems; endorsement of information guidance for travelers.

Moreover, the WHO/GPA has conducted formal consultations to develop consensus statements—for screening programs for HIV infection;¹⁶ international travel and HIV;¹⁷ transmission of HIV; HIV infection and health workers; and on present and future developments in laboratory testing of HIV;¹⁸ prevention of HIV transmission through injections;¹⁹ HIV and routine childhood immunization;²⁰ prevention and control of AIDS in prisons;²¹ neuropsychiatric aspects of HIV infection;²² and avoidance of AIDS-related discrimination.²³

The Forty-first World Health Assembly adopted resolution WHA41.24—Avoidance of discrimination in relation to HIV infected people and people with AIDS.²⁴ The WHO/GPA held a consultation meeting in May 1988 on AIDS related discrimination. Participants included attorneys specializing in human rights law, children's rights, and employment law.²⁵

III. Action by the United States

There are several actions the United States needs to take to deal with the international aspects of the AIDS epidemic.

The United States should:

- Strengthen its financial and program support for the AIDS prevention and control efforts of the WHO/GPA and the Pan American Health Organization (PAHO);
- Strengthen its financial and program support for United States bilateral programs of AIDS research, prevention, and control.

16. Document WHO/SPA/GLO/87.2.

17. Document WHO/SPA/GLO/87.1.

18. Bulletin of the World Health Organization, No. 65, 1987, at 829–834.

19. Note Verbale from the Director-General, WHO (Ref.: C.L. 30.1987), supra, note 4, at Annex 7.

20. Document WHO/SPA/GLO/87.3.

21. Supra, note 4, at 22.

22. Supra, note 4, at 23.

23. Supra, note 4, at 23.

24. Supra, note 4, at Annex 8.

25. Supra, note 4, at 33.

- Lead in efforts to coordinate effectively (a) international AIDS programs of WHO/GPA and PAHO, (b) bilateral programs of the United States, (c) other international programs, (d) programs of private voluntary organizations.

A. EXECUTIVE BRANCH POLICY

Recommendations, analyses and policy directions concerning federal policies on the international aspects of AIDS can be found in four major source documents: the Presidential AIDS Commission report;²⁶ the August 2, 1988 Statement By The President adopting a ten-point action plan based on the recommendations of the Presidential AIDS Commission;²⁷ the President's August 5, 1988 Memorandum For the Secretary of State;²⁸ and the three-year "action plan" for international activities of the United States Government.²⁹

The Presidential AIDS Commission report contained forty-seven recommendations in chapter II—the international response. In supporting these recommendations the Presidential AIDS Commission commended the work of the WHO/GPA—"for its leadership role and comprehensive program of prevention, treatment, and control of this disease." Moreover, the Presidential AIDS Commission noted in its report that—"as the nation with the largest number of reported cases of AIDS in the world, as a major contributor to WHO and GPA, and as a country with extensive scientific resources, the United States has the motivation, the commitment, and the resources to support GPA."

Furthermore, the Presidential AIDS Commission³⁰ recommended that the United States develop its own long range international plan of action. Also, it urged that the bilateral strategy of the United States include "full cooperation with GPA in providing aid to designated recipient countries within the context of their national HIV programs."

Point eight of the President's ten-point action plan directed the Secretary of State to develop a multifocused international initiative to combat HIV, particularly in less-developed countries; increase United States commitment to international technical assistance; and seek development of a three-year plan for international efforts against HIV infection.³¹

In the President's August 5, 1988 memorandum to the Secretary of State,³² the President directed the Secretary to:

26. *Supra*, note 14, at 149–156.

27. Statement By The President, Implementing Recommendations of the Presidential Commission On the Human Immunodeficiency Virus Epidemic, The White House, August 2, 1988.

28. Memorandum For The Secretary of State, The White House, August 5, 1988.

29. International Activities Of The United States Government Against The International HIV Pandemic: A Three-Year Action Plan, available through the Agency for International Development, Washington, D.C.

30. *Supra*, note 14, at 149.

31. *Supra*, note 27.

32. *Supra*, note 28.

- Review your FY 1989 spending plans to incorporate relevant recommendations of my HIV commission;
- Include in our FY 1990 budget submissions appropriate funds for the United States regular and special contributions to international HIV efforts, especially those in less-developed countries;
- Continue to emphasize our commitment to international technical assistance; and
- Propose, within 120 days, a three-year plan for international efforts against HIV infection.

The three-year action plan of the United States, prepared pursuant to the President's August 5, 1988 memorandum, summarizes international efforts by federal departments and agencies concerning the HIV epidemic. The document presents the strategy and plan for federal programs for the period FY 1989–1991.

Six anticipated achievements in international AIDS efforts as stated in the three-year action plan are:

- All countries with which the United States is working will have implemented AIDS and HIV public information campaigns;
- All of these countries will also have implemented, and most will have evaluated, targeted educational programs aimed at the reduction of high-risk behavior;
- All of these countries will have implemented blood transfusion screening programs for HIV. There will be a safe source in each country; however, only a few will have ensured complete freedom of the blood supply from HIV infection.
- New rapid, simple HIV diagnostics appropriate for developing countries will have been field-tested and will be in common use.
- Development of vaccine field trial sites will have taken place.
- Models of the economic and demographic impact of the pandemic in the developing world will have been completed and validated and will be in use to further understanding and to more effectively target HIV control strategies.

B. CONGRESSIONAL ACTION

Congress passed three bills in the 100th Congress which directly concern international AIDS research, prevention and control.³³

Public Law 100–202,³⁴ which continued appropriations for FY 1988, appropriated \$30 million for activities relating to AIDS in developing countries. It

33. "AIDS: International Problems and Issues," *CRS Issue Brief* (IB87214), by Lois McHugh, Foreign Affairs and National Defense Division, Congressional Research Service, The Library of Congress, April 5, 1989.

34. December 22, 1987.

designated \$15 million for the WHO/GPA, and further designated \$50.037 million for the United States' contribution to the WHO regular budget.

Public Law 100-461,³⁵ for foreign operations and related activities, appropriated \$40 million for FY 1989 international AIDS research, prevention and control. Congress designated \$25.5 million for WHO/GPA (including PAHO) international operations.

Public Law 100-607,³⁶ the Health Omnibus Programs Extension Act of 1988, included authorization of \$40 million for FY 1989 (and such sums as may be necessary for FY 1990 and for FY 1991) for the Department of Health and Human Services to support federal programs in AIDS research, prevention and control.

Section 201 of Public Law 100-607 added to the Public Health Service Act a new Section 2315 which sets out five other relevant provisions: (a) grants, cooperative agreements, contracts, and technical assistance promoting and expediting international research concerning the development and evaluation of vaccines and treatments for AIDS; (b) grants and contracts for additional purposes (i.e., grants, contracts, technical assistance to international organizations concerned with public health and technical assistance to foreign governments—to support training of individuals for prevention, diagnosis, and treatment of AIDS, epidemiological research on AIDS); (c) support for the global strategy of WHO/GPA; (d) preference in all these projects is to be given to activities conducted by, or in cooperation with, WHO, or in the Western Hemisphere, in cooperation with PAHO, or WHO; (e) applications for assistance must provide satisfactory assurances of compliance with the purposes for which assistance is requested.

C. BUDGETS

The Agency for International Development (A.I.D.) request for the FY 1990 AIDS Prevention and Control Fund is \$42 million.³⁷ WHO/GPA and PAHO AIDS program activities will continue to be funded by voluntary contributions, as distinguished from the WHO regular budget, which is funded by assessments. A separate trust fund has been established for the WHO/GPA.

For FY 1989, of the United States' total appropriation of \$40 million for the AIDS Prevention and Control Fund, the \$25.5 million earmarked³⁸ for multilateral assistance efforts through the WHO/GPA represented approximately 27 percent of the WHO/GPA (provisional) budget.

Beginning in 1985, the United States has paid less than its fully assessed contribution to the WHO and the PAHO. As noted previously, the WHO/GPA is

35. October 1, 1988.

36. November 4, 1988.

37. Administration's Proposed Budget, A.I.D. 370-3 (8-83).

38. \$14.5 million will be provided for bilateral assistance programs of the United States.

funded separately by voluntary, extrabudgetary, contributions. Failure to fully pay the WHO regular budget assessments draws down on resources of WHO otherwise available for the WHO/GPA.³⁹

The President's FY 1990 budget request to Congress calls for full funding of the calendar year 1989 assessment to WHO and the calendar year 1990 quota payment to PAHO.⁴⁰

The WHO/GPA budget for the biennial period 1990–1991 is \$205 million.⁴¹

The United States Government should strengthen its financial support for (a) WHO/GPA, and PAHO AIDS program activities; and (b) bilateral programs of research, prevention and control of AIDS.⁴² In particular, National Institutes of Health grants, cooperative agreements, and contracts, made in support of international AIDS training and research efforts pursuant to Section 2315⁴³ of the Public Health Service Act, should be fully funded.

D. COORDINATION

United States government support for WHO/GPA and PAHO AIDS program activities should be coordinated effectively with programs conducted by other global, regional, bilateral arrangements, and private voluntary organizations.

Coordination between WHO/GPA and the donor countries will become increasingly important to avoid duplication and to maintain flexibility of operations.

Similarly, coordination among donor countries providing bilateral assistance through WHO/GPA—and directly—can lead to more appropriate decisions concerning types of aid.

Moreover, when private voluntary organizations and non-governmental organizations are available, coordination can mean more flexible and faster responses to recipient country needs.

39. The Institute of Medicine makes this point: “. . . (T)he AIDS program is also supported, in a sense, by regular budget contributions to WHO in that the program interacts to a considerable extent with other WHO units—for example, the divisions of mental health and communicable diseases. The AIDS program also draws on the administrative structures of WHO as a whole. As of May 1988 the United States was in arrears on its regular WHO budget assessment—approximately \$38 million for 1987 and \$75 million for 1988. Although the United States has indicated its intention to honor those assessments, payment delays are having severely deleterious effects on WHO's capacity to support the Global Programme on AIDS. *The Committee strongly urges that the United States pay its assessed contributions to WHO in total as soon as possible.*” *Confronting AIDS, Update 1988*, Institute of Medicine, National Academy of Sciences. *Supra*, note 2, at 163.

40. Briefing paper provided by Information and External Relations Office (DGO/WHO/AMRO), World Health Organization, March 24, 1989.

41. World Health Organization, Disease Prevention and Control, Section 13.13 (AIDS), at 332.

42. The Institute of Medicine, National Academy of Sciences, recommended to President-elect Bush that the incoming Administration plan to provide a substantial increase in resources over the next few decades to be devoted to international AIDS prevention and control, reaching \$50 million annually by 1990. *Supra*, note 2, at 13.

43. *Supra*, note 36. The legislative purpose of the international AIDS training and research is the development and evaluation of vaccines and treatments for AIDS.

Overarching collaborative efforts with other international organizations (e.g., World Bank, United Nations Development Program) as well as national organizations working in international fora are needed to integrate appropriate programs—to address the scientific, economic, social, cultural, legal and ethical issues which are raised in international AIDS research, prevention, and control.

Conclusion

By means of this recommendation, the American Bar Association can provide support for the WHO Global Program on AIDS, the PAHO program on AIDS in the Americas, and federal bilateral programs of AIDS research, technical assistance, prevention and control. Because the United States has a very high number of persons with AIDS, while possessing also outstanding biomedical and public health resources, it has special responsibilities to act, effectively, and with adequate funding, in international AIDS efforts.

This recommendation acknowledges, also, opportunities available to the United States—which can be realized in international efforts—to deal with an epidemic which already is the cause of very serious consequences in some areas of the world.

Respectfully submitted,
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