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**ANNUAL REPORT ON AIDS, INCLUDING
SEXUALLY TRANSMITTED DISEASES**

During its forty-fourth session in September 1993, the Regional Committee for the Western Pacific adopted resolution WPR/RC44.R2 on AIDS and sexually transmitted diseases requesting the Regional Director to report annually to the Regional Committee on the regional situation.

Although there appears to be a stabilization of the number of new cases of HIV and AIDS in a few Member States in the Region, HIV epidemics are ongoing or emerging in many countries. The high incidence and prevalence of sexually transmitted diseases in the Region is a key contributor to this.

The Joint United Nations Programme on AIDS (UNAIDS) was established at the beginning of 1996. The Regional Office will continue to play its leading role in health-related aspects of HIV/AIDS control. It will focus on reinforcing the capacity of Member States to prevent and control sexually transmitted diseases, as a means of preventing or reducing transmission of HIV. Sexually transmitted diseases are recognized as important co-factors in the transmission of HIV. The Regional Office will therefore continue to advise on sexually transmitted diseases and AIDS, and is now collaborating with all Member States to implement specific regional interventions.

Government support of and commitment to the prevention of sexually transmitted diseases and HIV infection must be sustained and reinforced. Member States are urged to intensify their programmes and to participate in a regional initiative for the prevention and control of sexually transmitted diseases.

1. INTRODUCTION

The Global Programme on AIDS (GPA) ceased operation in December 1995. This report therefore reports on the activities conducted by GPA in the last six months of 1995 (section 3), and the structure and approaches of the regional programme (section 4), which focuses on the prevention and control of sexually transmitted diseases and AIDS. Section 5 describes future activities under the new programme. The Joint and Cosponsored United Nations Programme on HIV/AIDS (UNAIDS), which started operation in January 1996 is covered separately under agenda item 10.2 (Document WPR/RC47/7).

2. EPIDEMIOLOGICAL SITUATION

2.1 HIV/AIDS

A cumulative total of 53 009 HIV infections has been reported in the Western Pacific Region as at 30 June 1996. Of these infections, 37% were acquired through sexual contact and 30% through intravenous drug injection. However, WHO estimates that the actual number of people infected with HIV in the Region by the end of 1994 had already exceeded 200 000 (see table). It can roughly be estimated that no more than 20% of HIV infections were reported.

A cumulative total of 10 052 cases of AIDS has been reported in the Region as at 30 June 1996. More than 78% of the cases were due to sexual contact. This also represents only a fraction of the real number of AIDS cases. In China, Malaysia and Viet Nam, transmission through intravenous drug use is a serious concern.

Australia and New Zealand, which implemented intensive prevention programmes, have observed a decreasing incidence of HIV infection and seem to have succeeded in controlling the epidemic. In addition, the number of HIV and AIDS cases in many islands of the South Pacific seems to have stabilized. This is partially attributable to the implementation of prevention programmes.

However, many other countries and areas (e.g. Malaysia and Viet Nam) are experiencing an increasing number of HIV infections and AIDS cases. Each year, an increasing number of HIV infections are being reported in the Region as a whole (see figure). Within a few years, the situation in some of these countries could be as serious as in Cambodia, where the prevalence of HIV infection among the sexually active population is now estimated to be as high as 2%.

2.2 Sexually transmitted diseases

WHO estimates that in 1995, more than 30 million new cases of curable sexually transmitted diseases (gonococcal, chlamydial, syphilis and trichomoniasis infections) occurred in the Region. The exact extent of the problem is still unknown in many countries. Little is also known about health-care-seeking behaviour for sexually transmitted diseases in the Region, although it is probable that the private and informal health sectors provide a significant proportion of care in some countries.

There is now more and more scientific evidence that prevention of sexually transmitted diseases can substantially reduce the transmission of HIV.

3. HIV/AIDS PROGRAMME ACTIVITIES

During the past year, WHO provided a wide range of technical consultancy at regional and country level. These consultancies were conducted in various fields of prevention and control of HIV/AIDS and sexually transmitted diseases including strategy development, administration, development of information, education and communication materials, case management of sexually transmitted diseases, laboratory diagnosis, HIV testing, national AIDS programme reviews, peer education programmes among commercial sex workers and intravenous drug users, and epidemiological surveillance. Technical documents were produced and distributed to Member States. HIV tests and laboratory equipment were provided.

The Regional Office continued to support Member States in the collection, compilation and analysis of epidemiological data on HIV, AIDS and sexually transmitted diseases. Support is given to countries to improve the quality of their data as well as to improve the estimation of HIV prevalence, and projection of numbers of HIV and AIDS cases in the medium term. The regional AIDS epidemiological bulletin is prepared and widely distributed on a semi-annual basis. This

periodical now focuses more on sexually transmitted diseases, reflecting the Regional Office's approach to the programme.

A report on care and prevention of sexually transmitted diseases was produced and distributed in the Region following a survey on this topic. Respondents identified the most important problems related to sexually transmitted diseases management in their respective countries as being the lack of appropriate health-care-seeking behaviour, inadequate surveillance mechanisms, poorly functioning partner notification and lack of training to support health care workers in this field.

4. SEXUALLY TRANSMITTED DISEASES AND AIDS

4.1 Structure

The sexually transmitted diseases unit in the Regional Office began operation in January 1996. It is staffed by a Regional Adviser, a Public Health Specialist and Training Officer. The budget presently available for activities totals US\$ 700 000 for 1996-1997, with funding provided through the WHO regular budget, UNAIDS, and the governments of Japan and Australia.

4.2 Approaches

The unit is currently re-evaluating the specific needs of Member States in the prevention and control of sexually transmitted diseases, in view of the part played by these diseases in the transmission of HIV. The Regional Office is collaborating with Member States in the preparation of plans of action with measurable targets.

The priority approaches for 1996-1997 are: the improvement of sexually transmitted disease case management and programme management; epidemiological surveillance; health services and peer education programmes targeting commercial sex workers; and harm reduction programmes for injecting drug users.

5. FUTURE ACTIVITIES

The future activities of the programme at the Regional Office will focus on minimizing factors that contribute to the transmission of sexually transmitted diseases including HIV infection, in close collaboration with the countries and areas of the Region. Four important aspects of this are:

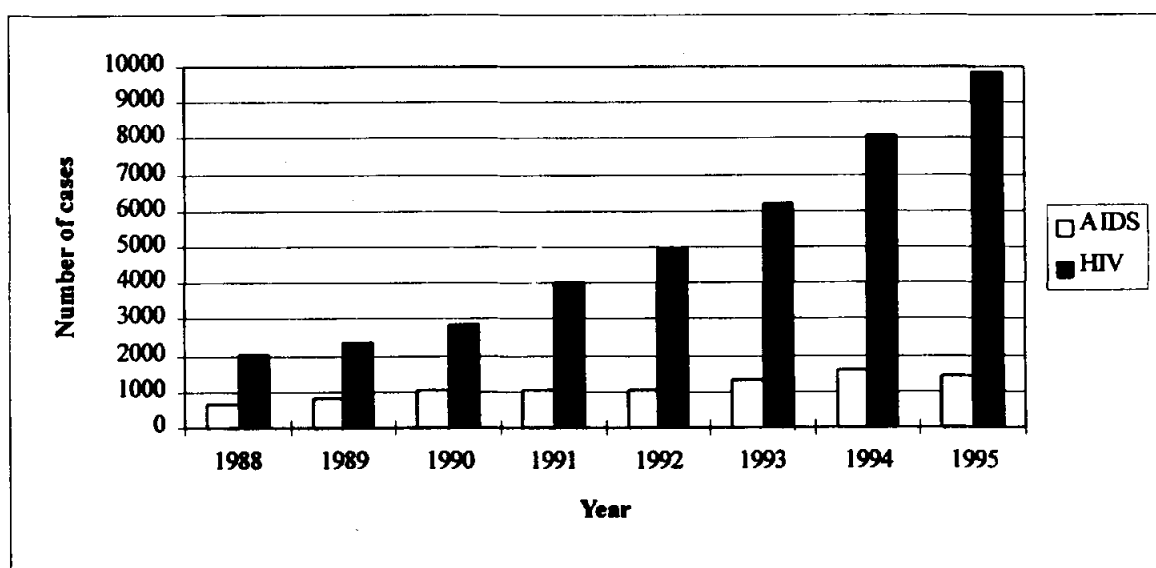
- (1) Activities that reinforce prevention and control of sexually transmitted diseases through the promotion of syndromic case management and advocacy to encourage health-care-seeking behaviour. In addition, activities supporting the improvement of sexually transmitted disease programme management will be implemented.
- (2) Epidemiological surveillance for sexually transmitted diseases and HIV/AIDS through the strengthening of sentinel HIV serosurveillance in collaboration with national epidemiologists. Additional activities will include analysis and distribution of epidemiological data as well as support to gonococcal antibiotic susceptibility surveillance.
- (3) Interventions which target individuals most vulnerable and exposed to sexually transmitted disease and HIV/AIDS. This will include peer education programmes for commercial sex workers and harm reduction programmes for injecting drug users. Coordination and mobilization of decision-makers concerning appropriate national responses for sexually transmitted disease prevention and control will be required.
- (4) Further reinforcement and development of collaboration and exchange with organizations working in sexually transmitted diseases and AIDS at the regional and intermediate level.

Table. WHO estimate of HIV prevalence among sexually-active adults in selected countries and areas in the Western Pacific Region, end of 1994

| Country/area | WHO estimate of HIV prevalence among adults | Estimate of HIV infected/adult population (%) |
|----------------------------------|---|---|
| Australia | 11 000 | .115 |
| Brunei Darussalam | 300 | .196 |
| Cambodia | 90 000 | 1.938 |
| China | 10 000 | .002 |
| Fiji | 150 | .038 |
| Hong Kong | 3 000 | .089 |
| Japan | 6 200 | .010 |
| Lao People's Democratic Republic | 550 | .026 |
| Malaysia | 30 000 | .305 |
| Mongolia | 150 | .013 |
| New Zealand | 1 200 | .065 |
| Papua New Guinea | 4 000 | .190 |
| Philippines | 18 000 | .054 |
| Republic of Korea | 2 000 | .008 |
| Singapore | 1 200 | .072 |
| Viet Nam | 25 000 | .069 |
| TOTAL | 202 750 | - |

Source: WHO Global Study, end 1994.

Figure. Annual reported new HIV infections and AIDS cases in the Western Pacific Region



Source: AIDS surveillance report, December 1995.