At its forty-seventh session in September 1996, the Regional Committee for the Western Pacific adopted resolution WPR/RC47.R5 on sexually transmitted diseases and AIDS, and WPR/RC47.R6 on the Joint United Nations Programme on HIV/AIDS (UNAIDS). These resolutions called for an annual report to the Regional Committee on the situation of sexually transmitted diseases, HIV infections and AIDS, and on developments relating to UNAIDS.

HIV epidemics are ongoing or emerging in many countries of the Region. The high incidence and prevalence of sexually transmitted diseases (STDs) are key contributors to this. In a few countries of the Region, the number of new cases of HIV appears to be stabilizing.

Actions in the next few years will be crucial in determining the scale of the epidemic in the Region. To prevent major epidemics in many of the countries of the Region, Member States are urged to intensify programme implementation and to continue to work with WHO on the surveillance, prevention and control of STDs and HIV.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) was established at the beginning of 1996. Eleven UNAIDS theme groups have been established in the Region, and UNAIDS has assigned six Country Programme Advisers to countries in the Region. Since 1996, many countries have experienced a reduction in external funding for HIV/AIDS programmes, especially for national programmes. This funding reduction is resulting in many Member States finding it difficult to maintain HIV/AIDS programmes at previous levels. This is a matter of concern, especially in the context of an expanding HIV epidemic in some countries.

This document presents an overview of actions taken and progress made since the forty-seventh session of the Regional Committee, for the information and discussion of the Committee at its forty-eighth session.
1. INTRODUCTION

This report focuses on the activities undertaken by the Regional Office in the second half of 1996 and the first half of 1997. It includes sections on the epidemiological situation in the Region (section 2), activities in the Region (section 3) and an update on UNAIDS (section 4).

2. EPIDEMIOLOGICAL SITUATION

2.1 HIV/AIDS

A cumulative total of 12,115 cases of AIDS had been reported in the Region as at 31 December 1996. Underreporting and underdiagnosis of AIDS are common. The Regional Office estimates that, by the end of 1996, a cumulative total of more than 24,000 cases of AIDS had occurred, of which 8,000 were new cases of AIDS in 1996. It projects that, by the year 2000, the yearly number of new AIDS cases will increase to over 31,000.

A cumulative total of 65,170 HIV infections had been reported in the Western Pacific Region as at 31 December 1996. Of these cases, 33.6% were attributed to sexual transmission (13.35% through heterosexual sexual contact and 20.25% through homosexual or bisexual sexual contact); 25.7% to injecting drug use; 1.1% to infected blood or blood products; and 0.5% to transmission from mother to child. In 39.1% of cases, the mode of transmission was not stated or was unknown.

Until now, the Regional Office has reported only cumulative totals of reported HIV and AIDS cases, as shown above. However, underreporting and underdiagnosis of HIV are common. Therefore, the Regional Office has worked with Member States to develop estimates of HIV prevalence and annual AIDS incidence, in order to provide a more realistic assessment of the epidemic. It is estimated that by 1996 more than 300,000 individuals in the Region were HIV-infected. By the year 2000, it is projected that the number of HIV-infected individuals in the Region will exceed 700,000.

The number of HIV infections being reported in the Region as a whole has increased each year. However, the Western Pacific Region continues to experience a moderate HIV epidemic in
comparison with other parts of the world. The Regional Office has prepared short-term projections for HIV and AIDS for the ten countries in the Region most affected by AIDS (see Annex). From the available data, three patterns of HIV transmission are apparent:

- established and increasing HIV epidemics predominantly among heterosexuals in Cambodia and Papua New Guinea, and among injecting drug users (IDUs) in China, Malaysia and Viet Nam;
- low levels of HIV transmission in Japan, Pacific island countries, the Philippines, and the Republic of Korea; and
- declining HIV epidemics in Australia and New Zealand.

2.2 Sexually transmitted diseases

WHO estimates that more than 30 million new cases of curable sexually transmitted diseases (gonococcal, chlamydial, syphilitic and trichomonal infections) occurred in the Region in 1996. STD infection rates generally vary from 2% to 5% among the sexually active population, and often range from 20% to 40% among commercial sex workers. These data emphasize the need to target commercial sex workers and their clients as priority groups for STD prevention and treatment. Recent STD surveillance data in three countries (Japan, the Philippines and Viet Nam) show a decreasing trend in common STD prevalence among some groups of commercial sex workers in the past few years, a hopeful sign for an eventual reduction in HIV transmission.

However, epidemiological surveillance has documented increasing gonococcal antibiotic resistance all over the Region, resulting in the need to adapt treatment, often by using more costly drug regimens.

3. ACTIVITIES IN THE REGION

During the past year, the Regional Office provided a wide range of technical support at regional and country levels. It continued to support the development of STD and HIV/AIDS epidemiological surveillance and the development of STD programmes (including STD treatment, education and programme management). Needs assessments, training and other activities have been undertaken in Cambodia, China, the Lao People’s Democratic Republic, Malaysia, Mongolia, Papua
New Guinea, the Philippines, the Republic of Korea and Viet Nam. Within the Regional Office, a working group on STDs (including HIV), involving all divisions, has been established to coordinate activities and to monitor programme implementation.

The programme budget for these activities during the 1996-1997 biennium is US$ 3.4 million (regular and extrabudgetary funds). Of this budget, 79% is for country-level activities (US$ 2.2 million of earmarked extrabudgetary funds are allocated to two large projects in the Philippines) and 21% is for intercountry activities. Extrabudgetary funds for STD and HIV/AIDS activities have been received from the governments of Australia, France, Japan, the Republic of Korea, and the United States of America, and from UNAIDS.

STD, HIV and AIDS epidemiological data have been collected and analysed on a regular basis. The monitoring of gonococcal sensitivity in the Region has been promoted. Two issues of the WPRO STD/HIV/AIDS Surveillance Report have been produced and widely distributed. A regional surveillance report covering STDs and HIV/AIDS is being prepared in collaboration with Member States for the 4th International Congress on AIDS in Asia and the Pacific, to be held in Manila in October 1997.

An integrated computerized database for STDs, HIV and AIDS has been developed and its use is being promoted in the Region. This database will enable epidemiological analysis of STD prevalence and incidence at country and regional levels. Support has been provided to countries for the implementation of HIV surveillance (the Lao People’s Democratic Republic, Papua New Guinea, the Philippines) and analysis of data and design of estimates and projections (Cambodia, the Republic of Korea, the Philippines, Viet Nam). Guidelines for behavioural surveillance are being developed, those for HIV and AIDS are being revised, and STD surveillance guidelines are being finalized.

Regional “training of trainers” courses on syndromic STD case management and on STD programme management have been organized. Support materials have been developed and distributed, including: STD Case Management: The Syndromic Approach for Primary Health Care Settings and STD programme management training materials. Two other guides are being finalized: a Guide for Promoting the Use of Health Services for STD Treatment and Syndromic Case Management of Sexually Transmitted Diseases: A Guide for Decision-Makers, Health Care Workers, and Communicators.
Attention has also been given to promoting the delivery of health services to commercial sex workers. A model clinic project has been supported in the Philippines, and will be promoted as an example to other countries. Support has also been provided for STD consensus meetings at country level in order for technical experts to agree upon national STD case management guidelines.

Close collaboration has been maintained with UNAIDS and other partners involved in STD and HIV/AIDS prevention and control activities at country and regional levels.

4. UPDATE ON UNAIDS

Eleven UNAIDS theme groups have been established in the Region. WHO representatives are chairing UNAIDS theme groups in eight countries in the Region (Fiji, Malaysia, Mongolia, Papua New Guinea, the Philippines, the Republic of Korea, Samoa, Viet Nam). In Cambodia and China, chairmanships of the UNAIDS theme groups rotated at the beginning of 1997, and are now held by the UNICEF and UNDP representatives, respectively. In the Lao People's Democratic Republic, the UNDP representative continues to chair the UNAIDS theme group.

UNAIDS Country Programme Advisers are assigned to five countries in the Region: Cambodia, China, the Lao People's Democratic Republic, the Philippines and Viet Nam. A UNAIDS Intercountry Programme Adviser based in Fiji serves Fiji and the Pacific islands. The UNDP Programme Officer is the UNAIDS focal point in Papua New Guinea.

During the 1996-1997 biennium, UNAIDS has been providing financial support in two ways. First, core funds have been provided to national AIDS programmes through the UNAIDS theme groups. Second, UNAIDS programme development funds have been made available to the UNAIDS theme groups for specific activities seen as having the potential to attract additional resources. For the 1998-1999 biennium, only the second of these methods, programme development funds, is expected to be made available. This reduction in funding is a continuation of a trend that countries have experienced since the disestablishment of the WHO Global Programme on AIDS and the establishment of UNAIDS. It is therefore expected that many Member States will find it increasingly difficult to maintain STD and HIV/AIDS programmes at previous levels. This is a matter of concern, especially in the context of an expanding HIV epidemic in some countries.
The UNAIDS Asia-Pacific Intercountry Team (APICT) was established in 1996, and is based in Bangkok. APICT will have five professional staff. Working with UNAIDS co-sponsors, APICT will focus on intercountry activities including: reproductive health, youth education, and ethics and human rights. Its current efforts are concentrated on HIV and migration and on HIV among IDUs. Responsibility for the activities of the South-East Asia HIV/AIDS Project, supported by the World Bank and WHO, was formally assumed by APICT in July 1996.

UNAIDS is funding two intercountry posts based in the Regional Office. These are an intercountry programme adviser specializing in training (supported by UNAIDS core funds) and a blood safety expert (supported by the French Government). Additionally, Japanese Government funds given to UNAIDS are being used to fund a public health administrator/epidemiologist post for the Region.

5. ISSUES

In reviewing the experience of WHO at country and regional levels, the following issues have been identified:

- in many countries, STD and HIV prevention, control and surveillance programmes lack adequate financial and other resources, especially in light of the expanding HIV epidemic in some countries;
- epidemiological surveillance of STDs, HIV and AIDS remains weak in many countries;
- in many countries, HIV and STD prevention programmes are not yet effectively targeting individuals practising high-risk behaviour, such as commercial sex workers and their clients; and
- due to an insufficient understanding of the respective roles of the UNAIDS co-sponsors, there has at times been inadequate coordination of HIV and AIDS activities at country and regional levels.
CURRENT AND PROJECTED ESTIMATES OF HIV PREVALENCE AND AIDS INCIDENCE IN SELECTED COUNTRIES
WESTERN PACIFIC REGION, OCTOBER 1996

<table>
<thead>
<tr>
<th>Country</th>
<th>1996</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HIV</td>
<td>AIDS</td>
</tr>
<tr>
<td>Australia</td>
<td>11 000</td>
<td>840</td>
</tr>
<tr>
<td>Cambodia</td>
<td>96 300</td>
<td>2 600</td>
</tr>
<tr>
<td>China</td>
<td>50 000</td>
<td>732</td>
</tr>
<tr>
<td>Japan</td>
<td>5 000</td>
<td>159</td>
</tr>
<tr>
<td>Malaysia</td>
<td>55 000</td>
<td>1 746</td>
</tr>
<tr>
<td>New Zealand</td>
<td>1 200</td>
<td>40</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>4 500</td>
<td>94</td>
</tr>
<tr>
<td>Philippines</td>
<td>17 500</td>
<td>400</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>2 500</td>
<td>79</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>57 000</td>
<td>1 300</td>
</tr>
</tbody>
</table>