SUMMARY RECORD OF THE FIFTH MEETING

(WHO Conference Hall, Manila)
Wednesday, 10 September 2003 at 09:00

CHAIRPERSON: Dr Mulitalo Siafausa VUI (Samoa)
later: Dr Manuel DAYRIT (Philippines)

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1. SEXUALLY TRANSMITTED INFECTIONS, INCLUDING HIV/AIDS: Item 12 of the Agenda (Document WPR/RC54/6) (continued)

Dr YU (China) expressed appreciation for the report, particularly the analysis of the current situation in the Region and the collaboration between WHO and Member States, the issues, and the proposed future actions. He recognized the support provided by WHO in HIV/AIDS prevention and control, in particular, capacity building, harm reduction, prevention of mother-to-child transmission, and guidance on the preparation of funding proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria. As an example of this support, he cited a successful project to promote 100% condom use in four pilot areas in China.

With the global spread of HIV/AIDS in recent years, the Asia-Pacific was becoming the most important region, after Africa, for HIV/AIDS control and prevention. WHO support to Member States should be further enhanced, through the establishment of special programmes and budgets for capacity building for health workers, scaling up of the 100% condom use project, and improvement of care and treatment for people living with HIV/AIDS. WHO should also provide support to Member States in facilitating negotiations relating to patents for antiretroviral drugs and capacity building for surveillance, health education and advocacy. China was implementing a comprehensive HIV/AIDS prevention and control pilot project, for which he hoped there would be WHO support.

Dr GO (Republic of Korea) noted that the document highlighted recent international developments in HIV/AIDS prevention and control, as well as the danger of a wider epidemic spreading from concentrated epidemics in high-risk populations. That was a threat, even though most countries in the Region still had low HIV prevalence. Various sources of funding, including the Global Fund, should be used to strengthen prevention, treatment and surveillance systems. She supported regional initiatives to improve access to antiretroviral therapy and promote harm reduction among injecting drug users. HIV prevalence in the Republic of Korea was below 0.01% and few cases of HIV infection due to needle sharing had been reported. Since male homosexuals were at highest risk for infection, focused prevention programmes should target that group. Confidential HIV testing was currently available for Korean and foreign nationals. Private organizations, including those representing people living with HIV/AIDS, supported education, counselling and care programmes. Peer counselling programmes were encouraging the sharing of experience among people living with HIV/AIDS.

Dr KING (New Zealand) said that her country supported regional initiatives on sexually transmitted infections, including HIV/AIDS prevention and control, and that there were four key aspects to their successful implementation: (1) an open and honest assessment of the problem, putting

aside taboos relating to sexuality; (2) stronger emphasis on prevention programmes which, for most countries, were more affordable than treatment; (3) protection of human rights, especially the rights of women to freedom from violence and to control their own sexuality; and (4) involvement of civil society and communities, especially vulnerable groups.

There was a need to develop new initiatives with a strong emphasis on prevention, without neglecting treatment and care, and to involve civil society.

Dr TANGI (Tonga) emphasized the importance of promoting good moral values to control the spread of sexually transmitted infections including HIV/AIDS, as discussed by the representative of the United States of America at a previous meeting. He cited a recent survey of 700 single men and 530 young women from the 19-24 years age group in Tonga, which had been conducted by a foreign expert. That survey had found that 95.6% of respondents had had no sexual experience. Among youth groups, his Government was advocating making the right choice and youth advocates had been recruited to spread the message. He was looking forward to a future where people would be able to enjoy sexual relations and would be protected by their strong moral values rather than through the continual use of condoms.

Professor NYMADAWA (Mongolia) said that only four cases of HIV/AIDS had been reported in Mongolia in the last 10 years. Nevertheless, there was a significant threat of an increase in view of the high prevalence of sexually transmitted infections, a growing sex trade and the spread of the HIV/AIDS epidemic in neighbouring countries. Population mobility, widespread poverty, the low level of education of people at risk, low rates of condom use, and other social and behavioural factors also increased the risk. The mode of transmission in the reported cases so far had been sexual contact, but other modes of transmission could be responsible for still undetected cases. More cases of sexually transmitted infections were reported than of any other communicable disease and comprised 40.8% of reported cases of infectious disease in 2002.

The Government had responded to the threat of HIV/AIDS by launching the national HIV/AIDS programme in 1987 and had continually increased Mongolia's capacity to fight the epidemic. The establishment of the national HIV/AIDS resource centre and the HIV/AIDS laboratory had allowed routine HIV testing. Other activities had included training of health workers, and continuing health promotion activities among the general population and vulnerable groups. The national AIDS committee, established in 1992, had been incorporated into the National Committee of Public Health chaired by the Prime Minister, and HIV/AIDS control had been incorporated into the national communicable disease programme. The national strategy had targeted improvements in the HIV/AIDS legal environment, strengthening of management and policy making at all levels,

improving diagnostic and treatment capacity of sexually transmitted infections and HIV/AIDS services, introducing sentinel surveillance, promotion of condom use, and supply of quality condoms.

He thanked WHO for the technical support in the preparation of a grant proposal to the Global Fund and the Global Fund for approving the proposal in 2003. The main objectives and strategies of the proposal had been based on recommendations from an evaluation of the situation by the UNAIDS regional team.

Dr LOPEZ (Philippines) recognized WHO's facilitation of exchange of information through partnerships with Member States and civil society, including people living with HIV/AIDS. He cited four areas that would need continued support in the Philippines and throughout the Region: (1) progress towards the "three by five" goal through better access to treatment and cheaper ARV drugs; (2) expansion of behavioural and sentinel surveillance for sexually transmitted infections, including HIV/AIDS; (3) focused harm reduction programmes, involving vulnerable groups, and prevention programmes based on changes not only to individual behaviour but also to social norms, promotion of human rights and removing the fear, stigma and discrimination surrounding the issue of HIV/AIDS, and (4) technical support for the treatment and control of sexually transmitted infections.

Dr PARE (Cook Islands) said that his country's strategic plan for 2003-2007 involved both the public and communities. A review of the plan earlier in the year had resulted in the re-establishment of the national committee on sexually transmitted infections and HIV/AIDS, which also served as the country coordinating mechanism for the Global Fund. In Cook Islands, with its tourism-based economy, complacency was the greatest danger. One case had now been recorded, and the sense of invulnerability had been somewhat dispelled by the establishment in his country of the Pacific Islands AIDS Foundation, a regional NGO whose main objective was to work with people living with AIDS.

The successful application of 11 Pacific island countries to the Global Fund would allow some programmes to be implemented; however, further assistance would be needed in formulating policies for the procurement of drugs and guidelines for clinical care and management of patients. He thanked all those involved for assistance in the review of the country's sexually transmitted infections, including HIV/AIDS programme and in preparation of the proposal to the Global Fund.

Dr SELUKA (Tuvalu) reported that, in the past few months, his country had seen a sudden increase in the number of cases of AIDS, especially among adolescents, despite good participation by that age group in prevention programmes. At any one time, 5% of the population was out of the country, either for educational purposes or working on ships, and health awareness programmes had been instituted to help them protect themselves. Surveillance systems had been strengthened, and

health was promoted through the media. The successful proposal by the Pacific island countries to the Global Fund, with WHO's assistance, would allow those countries to begin implementation of their programmes by the end of the month.

Mr TRINH QUAN (Viet Nam) said that nearly 70 000 HIV infections had been reported in his country. Some positive results had been obtained in harm-reduction programmes carried out among injecting drug users and commercial sex workers and in implementation of the '100% condom use' strategy, which was to be expanded from six provinces and cities to 21 in the framework of a project financed by the United Kingdom's Department for International Development.

Viet Nam had considered prevention to be the key measure for the control of HIV/AIDS in its programme for 2001-2005; however, the growing number of people living with HIV/AIDS had made patient care and treatment an urgent issue. During the past year, with WHO support, a community-based model of care and support had been piloted in a number of cities. WHO was also helping in preparation of a national strategy for HIV/AIDS prevention and control for the period 2004-2010, with a vision up to 2020.

His country supported WHO's 'three by five' initiative for antiretroviral treatment. In the past, only 0.68% of Viet Nam's patients had been able to receive treatment. However, the draft strategy for 2004-2010 projected that 70% of patients would have access to antiretroviral drugs by 2010. WHO was helping Viet Nam to prepare a proposal for accessing those drugs and to implement the project supported by the Global Fund.

Mr UNA (Solomon Islands) said that the prevalence of sexually transmitted infections in his country had been stable but underreported. The first comprehensive national strategic plan to control sexually transmitted infections and prevent HIV/AIDS had been launched in the previous week, after endorsement by the Government. A system of testing would be instituted to uncover previously unreported HIV cases. His country would continue to support endeavours to control sexually transmitted infections, including HIV/AIDS, in the Region.

Dr NAIVALU (Fiji) said that he was the current chairman of the regional country coordinating mechanism for the project approved by the Global Fund, which was designed to address innovative areas of HIV/AIDS control that were not catered for by current funding sources. In Fiji, the new area was treatment with antiretroviral drugs. The recent WHO announcement of negotiations for drug supplies was welcome, as that would probably be the long-term solution to the problem once the contribution from the Global Fund had been exhausted. An initial sum of US$ 1.22 million for the first six months' implementation of programmes had been received by the Principal Recipient, the

Secretariat of the Pacific Community, in August 2003. That money would be channelled to the 11 Pacific island countries. Accounting for the first six months would, however, take place on 31 December, giving the countries only three and a half months in which to implement the activities outlined for the first half of the annual work programme. Moreover, the sum of US$ 1.22 million did not include the funding that had been requested for procurement. He asked the WHO procurement office to assist the Pacific island countries to procure the equipment and supplies listed in the proposal to the Global Fund. That assistance would help them to implement the programme for the first six months. A follow-up meeting of the Pacific island country coordinating mechanism was to be held in Nadi, Fiji, in October, and he invited key officers from the Regional Office to attend.

He had received full political commitment from the Prime Minister in the battle against HIV/AIDS and had made ministerial statements in Parliament regarding the Government's strategic plan. The Cabinet had asked him to focus attention on churches and vanua, the traditional communities, as 80% of the 119 cases of confirmed HIV/AIDS had been among the Fijian community. The Government's political commitment to HIV/AIDS control had also resulted in a specific budgetary allocation of F$ 300 000 (US$ 160 000) for HIV/AIDS for the biennium 2002-2003, which was expected to be increased in the forthcoming three-year strategic plan for 2004-2006. As Minister of Health, he was also Chairman of the National Advisory Committee on AIDS, which included representatives of nongovernmental organizations, civil society and government ministries. Fiji was developing an appropriate legal framework for the implementation of its HIV/AIDS policy, which would take account of legal implications associated with confidentiality, privacy, human rights, mandatory testing and related issues.

Dr MANN (Papua New Guinea) said that sexually transmitted infections, in particular HIV/AIDS, were a serious problem in his country. Heterosexual transmission accounted for 98% of cases and mother-to-child transmission for the remainder. The incidence of HIV/AIDS was higher among females than among males in the 15-29 age group and higher among males than among females in the 35-45 age group. A possible explanation of that pattern was that older men were economically capable of procuring sex from young females, although it had also been suggested that young women preferred older men. In Papua New Guinea, where polygamy was a cultural norm and common practice, the HIV/AIDS issue was complex.

The epidemic had now become generalized, and the prevalence rate among pregnant women was 1.12%-3.35%. As of 31 July 2003, there were over 7000 reported cases of HIV/AIDS and possibly another 60 000 that had gone unreported. The annual rate of increase in the country was currently over 100%. Given that grave scenario, the country required extraordinary help.

Implementation of the first five-year plan had been completed and had been reviewed in November 2002 by UNAIDS and the Agency for International Development of the United States. Two important findings were: (1) that, although the general population was aware of messages about the mode of transmission of HIV, their sexual behaviour had not changed, and (2) that more care and counselling should be provided, backed up by targeted interventions. A multisectoral plan for the coming five years was being drawn up with the assistance of donors. Two pieces of landmark legislation had been passed in June 2003. The HIV/AIDS Management and Prevention Act addressed protection of people with HIV/AIDS, health workers and blood and tissue donors, and included provisions to penalize people who purposely transmitted HIV in the community. The second instrument was the Public Health Amendment Act 2003.

He thanked Australia, the United States of America, the European Commission, UNAIDS, UNICEF and WHO for their support in his country's fight against HIV/AIDS and hoped that Papua New Guinea's second application to the Global Fund would be approved. Despite the statement in the report of the Regional Director that the incidence of HIV/AIDS in the Region was low, in Papua New Guinea it was high, and he looked to WHO for strong support.

Mr KALPOKAS (Vanuatu) warned against complacency in the fight against HIV/AIDS. He recalled that the first case of AIDS in his country had been announced during the fifty-third session of the Regional Committee in 2002. He thanked the Global Fund for its help and WHO for assistance in procuring antiretroviral drugs.

Mrs PIERANTOZZI (Palau) said that her Government supported the efforts of the Regional Office against HIV/AIDS but continued to advocate strategies that would involve men in assisting mothers and children to address the issues of HIV/AIDS and other sexually transmitted infections. Men and women should work in partnership for health, particularly in the area of sexually transmitted infections.

At the invitation of the CHAIRPERSON, statements were made by representatives of the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Association of Girl Guides and Girl Scouts; and the International Federation of Medical Students' Associations.

The REGIONAL DIRECTOR thanked the distinguished representatives for their excellent comments and suggestions, all of which would be taken into account when pursuing further the implementation of HIV prevention strategies. He would take up the more general points made and would leave the technical issues to be dealt with by the Regional Adviser on Sexually Transmitted Infections, including HIV/AIDS.

The 100% condom use programme, which had been instrumental in reducing HIV prevalence in high-risk groups in some countries of the Region, may have given the impression that the Organization was promoting promiscuity. That was not the case, nor did WHO's support for the programme show a neglect of moral values such as fidelity and abstinence. WHO did promote such values, especially among young people. However, the existence of high-risk groups and their importance as sources of infection must be faced and dealt with, otherwise the situation would deteriorate. That was the reason for promoting harm-reduction strategies targeted at high-risk groups, such as the 100% condom use programme.

In a similar way, there was no real dichotomy between prevention and cure. Prevention remained the major strategy to deal with the disease. At the same time, however, efforts must be intensified to provide antiretroviral drugs while strengthening and developing health systems.

The REGIONAL ADVISER IN SEXUALLY TRANSMITTED INFECTIONS, INCLUDING HIV/AIDS said that a country survey on the status of each antiretroviral drug – in terms of price, production of generics and other factors – would soon be carried out. That survey would show the Region's capacity for coordination among countries in production, monitoring of quality, and the export and import of generics, within the legal framework for intellectual property established by the World Trade Organization and under the Doha Declaration, particularly after the crucial year of 2005.

He assured the representatives of Brunei Darussalam and other Member States that surveillance, not only of HIV seroprevalence, but also of hazardous behaviour and sexually transmitted infections in general, were very important to WHO. Data from such surveillance were needed to monitor both the epidemic and the impact of actions taken against it.

In view of the difficulty in producing good estimates for countries with low prevalence, WHO was working with UNAIDS and Family Health International on new modelling systems. A project involving a group of low-prevalence countries had been started in Bangkok, Thailand, in June.

Syringe and needle exchange programmes were among the activities recommended by WHO and had produced good results in several countries in the Region. With the support of AusAID, WHO was developing those programmes in China and Viet Nam.

The WHO ASSISTANT DIRECTOR-GENERAL FOR FAMILY AND COMMUNITY HEALTH, WHO HEADQUARTERS, explained that she had been a commissioner on HIV/AIDS for the Secretary-General of the United Nations and that she was also a citizen of Botswana, the country with the highest HIV infection rate in the world. Like many countries in the Western Pacific Region today, Botswana once had only a handful of people infected, and the authorities had believed that

HIV/AIDS was restricted to high-risk groups and would not spread. They had imagined that one or two interventions would be enough, that prevention through promotion of moral values and abstinence as a standard for young people would suffice. But now 39% of pregnant women were infected.

The epidemic was a moral, social, economic, security and political imperative for the whole global community. Half measures would not work. The impact of HIV/AIDS on society and on the economy would not be temporary, but would reverse the gains that had been made over years. She warned that countries' investment in human capital might be brought to nothing. Full-scale, multisectoral, fully-integrated, aggressive interventions were needed now. One intervention would not suffice. Even if 96% of a country's population was HIV-negative, the 4% who were seropositive were still sexually active and the problem would grow. Countries must promote condom use; there was no alternative. Multisectoral interventions must ensure that every part of society played its role. Curricula from primary school onwards had to feature HIV/AIDS. No opportunity should be missed; everyone must know their status. Routine testing had to be provided now by health systems. Vertical programmes on HIV/AIDS were not useful; they had to be integrated now with the rest of the health system, because health professionals had to know immediately how to handle the epidemic. It would be wrong to concentrate on prevention alone: care and treatment had to be provided now, since that would reduce infection rates. This would be costly, but it would be much cheaper now for a few cases than later on for many. If action were not taken now, then in ten or twenty years the price to pay would be very high indeed.

2. CONSIDERATION OF DRAFT RESOLUTIONS

The Committee considered the following draft resolutions:

2.1 Report of the Regional Director (Document WPR/RC54/Conf.Paper No. 1)

Decision: The draft resolution was adopted (see WPR/RC54.R2).

2.2 Proposed programme budget: 2004-2005 (Document WPR/RC54/Conf.Paper No.2)

Suggested amendments were presented by the representatives of the United States of America; Hong Kong, China; Tonga; and Palau.

At the suggestion of the Chairperson it was agreed that those representatives would meet informally with the Rapporteurs to redraft the conference paper for re-submission to the Committee for its further consideration.

2.3 Expanded programme on immunization: measles and hepatitis B
Document (WPR/RC54/Conf. Paper No.3)

Mrs BLACKWOOD (United States of America), referring to second operative paragraph, proposed that the phrase "at the earliest opportunity and" should be inserted after the words "target date should be".

Dr WAQATAKIRENA (Fiji) proposed that a new, fourth preambular paragraph should be inserted that read "Noting that, like measles, rubella infections do occur as outbreaks in some countries in the Region;"

The RAPPORTEUR FOR THE ENGLISH LANGUAGE considered that the proposed amendment had already been reflected in the operative paragraph 5(2), which referred specifically to congenital rubella syndrome.

The representatives from SAMOA and MONGOLIA expressed their preference for the original version.

Dr WAQATAKIRENA (Fiji) agreed to withdraw his suggested amendment.

Professor NYMADAWA (Mongolia) proposed that a phrase should be inserted at the end of operative paragraph 6(2) that would reflect the considerable support for hepatitis B control received by the Region from the Global Alliance for Vaccines and Immunization (GAVI).

The CHAIRPERSON suggested that the new text could be inserted as a final preambular paragraph rather than in an operative paragraph. It was agreed that a new ninth preambular paragraph would be added to read: "Noting with appreciation the significant contribution to hepatitis B control in the Region from the Global Alliance for Vaccines and Immunization and other partners;"

Decision: The draft resolution, as amended, was adopted (see WPR/RC54.R3).

3. TUBERCULOSIS: Item 13 of the Agenda (Document WPR/RC54/7)

The REGIONAL DIRECTOR said that, in 1999, the Committee had declared a "tuberculosis crisis" in the Western Pacific Region and had asked him to make "Stop TB in the Western Pacific Region" a special project of the Regional Office. Significant progress had been made since then towards achieving the project's goals. These had been: first, regionwide DOTS expansion; second, an 85% cure rate; and, third, a 70% case detection rate by 2005. The 85% cure rate was already being achieved in areas implementing DOTS.

He was very encouraged by the success of the foundation building that had taken place since 1999. Political commitment by countries had increased very significantly, symbolized by the development of five-year national acceleration plans. There had also been significant support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, which had led to a dramatic reduction in the funding gap, from 40% to about 10%.

WHO and its Member States were now entering a very critical period. Time was short – there were only two years to go until the end of 2005, and WHO and its Member States would have to be totally focused if they were to achieve those targets. They were still attainable, but WHO and its Member States had to be very honest about the significant barriers that remained. Of the seven countries with a high burden of TB, three had not yet reached the 2005 target of 100% DOTS expansion. In all of those countries, strengthening human capacity building at the central level would be critical if regionwide DOTS coverage was to be achieved. In addition, the current case detection rate of 41% of estimated new smear-positive cases was still far below the regional target of 70%. It was necessary to expand DOTS in both public and private sectors, improve sputum microscopy, and increase community awareness of TB if a regional case detection rate of 70% was to be achieved.

Countries were also facing a number of emerging issues related to TB control. In the last few years, the special project had placed great emphasis on addressing TB/HIV coinfection, multidrug-resistant TB, the need to involve the private sector, and the relationship between TB and poverty. In future, particular attention would be paid to addressing rising levels of TB/HIV coinfection in some countries and in further developing policy on TB and poverty. It was essential to improve access to DOTS services by poor communities.

In 2002, the Regional Office had been asked to select a programme to undergo an external thematic evaluation. He had selected the Stop TB special project because he had felt it would be helpful to have a critical review of WHO's role and recommendations for future directions. An independent team had conducted the review and the executive summary of its report was annexed to document WPR/RC54/7. He commended the very professional work and many useful recommendations of the members of the evaluation team.

Dr TEE Ah Sian, leader of the independent review team responsible for the thematic evaluation of the Stop TB Special Project, speaking at the invitation of the CHAIRPERSON, highlighted the main features, findings and recommendations of the review, with the aid of overhead projections. The review team of four had carried out its work in two phases, at the regional and country levels, during the period from February to April 2003. The objectives had been to strengthen WHO's capacity to

provide technical assistance and to conduct programme evaluations, in addition to evaluating the Stop TB project itself.

The team had examined the Regional Committee resolutions on tuberculosis control adopted in the period 1999-2002, and summarized their requests for intensified action under WHO's five core functions. Focusing on countries with a high burden of tuberculosis, the team had also reviewed documents, guidelines and mission reports; undertaken interviews, using a special questionnaire, with 60 key officers in the Regional Office, Ministries of Health, WHO country offices, nongovernmental organizations and other partner bodies; visited China and the Philippines; and held a teleconference with officials in Cambodia (the visit to that country had had to be cancelled owing to the SARS outbreak).

The main project activities undertaken to date were then mapped. WHO had acted rapidly following the declaration of a "tuberculosis crisis" and the call for the establishment of Stop TB as a special project in the Western Pacific Region at the fiftieth session of the Regional Committee in 1999. After three months it had formed a TB Technical Advisory Group (TAG) and a Regional Inter-Agency Coordination Committee (ICC) and was formulating a regional strategic plan. Since then it had organized numerous activities, including meetings and training courses, and support for the development of national plans and ICCs. The commendable speed of the response had been crucial to the success of the project.

Under the core function of policy, advocacy and funding, the evaluation had shown that WHO had played a leading and strategic role in advocacy, and that the Regional Office had demonstrated the ability to develop workable plans, form coordinating committees, facilitate high-level meetings and provide support for applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The funding gap in seven high-burden countries had been reduced from 40% to 10% during 2003. The team had recommended that WHO should continue its activities in those areas, encourage extension of advocacy campaigns to lower levels of government, and collaborate with countries and the Global Fund to ensure support for the implementation of approved projects.

In the area of technical support, WHO had shown excellent leadership, increasing technical country visits, augmenting staffing at country and regional levels, developing a regional framework on HIV/tuberculosis co-infection, supporting country surveillance and planning activities, and sharing best practices in the Region. WHO should extend its technical guidance further, develop a framework on tuberculosis and poverty and guidelines on diagnosis and treatment of tuberculosis in children, and facilitate research into social and cultural barriers in relation to tuberculosis control.

WHO had been successful in attracting and coordinating partners, and in providing well presented and good quality information on tuberculosis and the progress of the project, including a useful Stop TB website. The Organization should strengthen partnerships and continue to disseminate technical and advocacy information and reports.

In the area of norms and standards, the targets set for the project had been assessed as incentives to motivate partners and countries. Of the three targets set for attainment by 2005, the 85% cure rate had been achieved in the Region, and good progress had been made towards 100% DOTS coverage. However, the target of 70% case detection remained a challenge and there was an urgent need to obtain more accurate tuberculosis mortality data. WHO should continue to set clear targets and to support countries in implementing and analysing prevalence studies.

The review team had concluded that WHO was well on the way to achieving its initial targets for the Stop TB Special Project. It had established successful approaches, with strong teams at regional and country levels and valuable partnerships for funding and technical cooperation. However, further efforts would be needed in order to sustain and expand activities and to address the issues of concern identified during the evaluation.

The meeting rose at 12:00.