Global Program convened a meeting within WHO on preventing HIV transmission through injections and other skin-piercing procedures. In a "note verbale" issued to all ministers of health in Member States, the Director-General recommended, among other things, that injections and other skin-piercing procedures be restricted to situations where there is no other alternative.

**HIV and routine childhood immunization.** To address concerns regarding immunization of children who are HIV infected, a consultation was jointly sponsored by the Global Program on AIDS and the Expanded Program on Immunization (EPI). The meeting, held in Geneva in August 1987, was attended by 13 participants from eight countries and included immunologists, virologists, disease control specialists, infectious disease specialists, and experts in immunization and epidemiology. Participants endorsed the recommendation of EPI's Global Advisory Group to immunize HIV-infected children with EPI antigens, except for those with clinical manifestations of AIDS, for whom BCG is to be avoided.

**Prevention and control of AIDS in prisons.** In November 1987, in Geneva, a consultation on prevention and control of AIDS in prisons was convened by the Program. The meeting developed a detailed consensus statement specifying that the general principles adopted by national AIDS programs should apply to prisons.

The struggle against AIDS in the future will, most assuredly, make increasing and more wide-ranging demands on individual countries. WHO's Global Program on AIDS has shown what can be done in a short time when individual countries' efforts are unified.

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**The Response to AIDS in the Region of the Americas**

Even before the formal organization of the Global Program on AIDS (GPA) by the World Health Organization in early 1987, countries in the Americas were beginning to develop a wide variety of activities for the prevention and control of HIV infection and AIDS. In 1987 and 1988, the Pan American Health Organization (PAHO) collaborated with nearly all the countries in the Region of the Americas to consolidate those activities into national AIDS prevention and control programs. These programs, which can be differentiated into short-term programs (encompassing 6 to 12 months) and medium-term programs (covering 3 to 5 years), follow the general guidelines developed by WHO for AIDS prevention and control strategies. Every country in the Region now has at least a short-term program in operation, and PAHO is providing technical collaboration in the preparation of medium-term programs.

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In addition to national plans, PAHO has collaborated with its Caribbean Epidemiology Center (CAREC) and WHO in a subregional AIDS prevention and control initiative for the Caribbean Area. In November 1987, a Caribbean-wide workshop was held to discuss and organize the preparation of a coordinated subregional approach, which potential donor agencies were invited to review. At a meeting of donors in October–November 1988 the countries were to present consolidated subregional medium-term plans in order to secure full financing for the period covered by those plans.

Informal evaluation of some of the early national plans revealed some problems. Even though initial funding was provided swiftly by WHO through PAHO, there were delays in fully utilizing the available funds in some countries, caused in some cases by lack of political will and in others by lack of installed capacity to deal with the problem. For example, many countries must set up new laboratory facilities, which requires significant lead time for personnel training and purchasing of supplies.

**FUNDING**

Initial funding for the rapid implementation of national activities was obtained from the GPA, and a total of US$6.99 million was distributed to 30 countries and CAREC during 1987–1988. An additional US$1.3 million was obtained for regional activities in support of national programs. Thus, of the total of US$8.3 million received, 84% was spent in support of national programs. The Caribbean Area received the largest proportion (27%), followed by Central America (18%) and the Latin Caribbean (16%) (Figure 1).

PAHO estimates that its requirement for both regional activities and support of country activities will be approximately US$35 to US$40 million over the period 1989–1991. An estimate of the total external and internal funding required for AIDS prevention and control is not possible at this time. So far, projections have concerned start-up costs, not longer-term funding needs. The countries have been asked to develop three-year plans indicating both their funding requirements and

![Figure 1. Distribution of funds allocated by PAHO/WHO to the countries for combating AIDS in the Americas, by subregion.](image-url)
their commitments. PAHO recognizes the additional financial burden imposed by HIV infection on already strained budgets, but believes the countries must search for financial support of their national programs from local sources, in addition to depending on funds provided by WHO/PAHO.

REGIONAL SUPPORT FOR NATIONAL PROGRAMS

Like the other WHO Regional Offices, PAHO, as Regional Office for the Americas, executes regional activities for the control of AIDS. The objectives and strategies of the regional attack on AIDS are conceptually identical to WHO’s global objectives and strategies. The PAHO Regional Program on AIDS provides technical assistance and financial support for the formulation and execution of national programs through a variety of activities.

Technical cooperation. PAHO is working to mobilize a staff of experts to manage the program and provide direct technical cooperation to Member Countries in support of the planning, execution, evaluation, and financing of national AIDS prevention and control programs. Although the GPA is centralized in Geneva, PAHO is responsible for the recruitment and selection of regional posts related to AIDS prevention and control. The staff will be assisted by a cadre of specially trained short-term consultants who have helped Member Countries in the development and refining of national AIDS programs and will be available to monitor and evaluate national and regional efforts to prevent AIDS.

Dissemination of information. The Regional Program has provided and will continue to provide the latest scientific literature to the staff and scientists of national programs to keep them up-to-date on epidemiological, biological, clinical, laboratory, and educational/behavioral aspects of AIDS and HIV infection. It has forwarded documents, policies, and statements developed by WHO through global consensus. In addition, PAHO produced “Guidelines for AIDS Prevention and Control,” which has been reviewed, updated, and distributed to all the countries (see pp. 158–161 for a summary).

Major efforts have been made to distribute AIDS educational materials and information to the countries. Two AIDS information/education exchange centers have been set up, one at CAREC and the other in Mexico, and three other subregional centers, strategically located throughout the Region, are planned. The purpose of the centers is to collect, evaluate, and disseminate AIDS information and educational materials from as many countries as possible to assist other Member Countries in formulating their own AIDS education programs. The AIDS education effort must be innovative, and sharing of materials developed in a variety of settings by different countries will broaden perspectives and stimulate creativity. As countries develop specific educational messages which are acceptable to their cultures and particularly to high-risk population groups, a mechanism must be established for the exchange of these materials between countries, and existing facilities will be utilized as much as possible in this exchange. The Regional Program will provide financial and technical support to the subregional centers.

Another effort to promote AIDS education was the First Pan American Teleconference on AIDS, broadcast in September 1987 from Quito, Ecuador. The teleconference reached over 650 sites throughout the countries and territories of the Western Hemisphere. This initiative allowed approximately 45,000 health workers to participate in a PAHO/WHO tech-
A technical scientific meeting (see pp. 162-173 in this volume). A Second Pan American Teleconference took place in Rio de Janeiro, Brazil, in December 1988. PAHO will sponsor other AIDS teleconferences as appropriate.

PAHO has participated in numerous national and international congresses, meetings, and workshops. It will continue to keep professionals throughout the Region informed of relevant scientific seminars and other forums. Periodic national and international meetings of persons involved not only in national AIDS programs but also in other health sector activities that feel the impact of AIDS, such as maternal and child health, blood banks, and human resources development, will be organized in order to share knowledge.

**Research.** Through a contract with the National Institute of Allergy and Infectious Diseases (NIAID), U.S. National Institutes of Health, PAHO is involved in research into the epidemiology of HIV and other retroviruses. This research, which will be done in collaboration with national scientists, will focus on four areas: seroprevalence of the infection in population groups at high, medium, and low risk; the natural history of the disease and its relationship to other endemic diseases; factors contributing to the heterosexual transmission of AIDS; and factors involved in perinatal transmission of AIDS. In the future, PAHO plans to expand its research efforts to include studies on the behavioral and social aspects of AIDS.

**Training.** Five international laboratory workshops have been held since early 1987 to disseminate AIDS laboratory technology to Member Countries. Although the Organization will continue to provide occasional international courses as the need arises, the Regional Program will direct its future support toward training done at the national level within the context of a country’s AIDS prevention and control program. PAHO will provide short-term consultants and generic training materials.

**Regional monitoring.** PAHO will continue to monitor the AIDS situation through regional surveillance and to provide statistical and analytical support for the strengthening of national surveillance efforts, including standardization of case definition. PAHO is exploring coordination of an electronic AIDS information bulletin board and periodically will provide Member Countries with regional and subregional analyses of the AIDS situation. Monitoring with regard to AIDS also includes collaborating with Member Countries to evaluate national program progress on a periodic basis.

**Regional coordination.** The Regional Program on AIDS has established working relationships with the United States Agency for International Development, United Nations Children’s Fund, World Bank, Inter-American Development Bank, International Planned Parenthood Federation, International Development Research Center, Canadian International Development Agency, and other major international organizations in the Region to coordinate hemisphere-wide activities as well as technical and financial support for national AIDS prevention and control programs. Through the development of an international AIDS commission, under PAHO leadership, the Regional Program will continue to share information with other international organizations participating in the effort to stop the spread of AIDS. This commission will serve as a mechanism for coordinating international efforts and preventing duplication. In addition, international meetings will be organized to coordi-
nate interprogrammatic activities within the health sector in support of AIDS prevention.

GOALS OF THE REGIONAL PROGRAM

Among PAHO targets in the fight against AIDS for the biennium 1988-1989 are the following:

- All countries will have national programs covering a minimum of three years for AIDS prevention and control. Those programs will be compatible with strategies for health for all by the year 2000 and primary health care, and will be fully integrated within national health systems.
- By the end of 1988, the programs of all countries that received initial funding from GPA will have been evaluated, and long-term financial needs and sources of funding will have been identified. Periodic re-evaluation of national programs will continue.
- By mid-1989, up to five subregional AIDS information/education exchange centers will have been established.
- By the end of 1989, AIDS research projects will have begun in at least 12 countries and a regional AIDS reference laboratory network will be fully operational.
- By the end of 1988, all blood products utilized by the public sector in all countries in the Region will be screened for HIV, and by the end of 1989, all blood and blood products utilized by all sectors in the Region will be screened for HIV.

OFFICIAL EXPRESSIONS OF PAHO'S AIDS POLICY

The topic of AIDS was on the agenda at the meetings of PAHO's Governing Bodies in 1987 and 1988. The XXXII Meeting of the Directing Council in September 1987 and the XXXIII Meeting of the Directing Council in September 1988 each adopted a resolution expressing support for the policies and activities of the WHO Global Program on AIDS (previously known as the Special Program on AIDS), and urging specific action on the part of the Member Countries and the Organization in fighting the disease. The text of the resolutions is given below.

Resolution XII: Acquired Immunodeficiency Syndrome (AIDS) in the Americas

The XXXII Meeting of the Directing Council, having reviewed Document CD32/10 on acquired immunodeficiency syndrome (AIDS) in the Americas and Resolution WHA40.26 of the Fortieth World Health Assembly;

Recognizing that the AIDS epidemic presents an unprecedented immediate and long-term threat to public health in the Region of the Americas, requiring urgent, coordinated action;

Aware that, under these conditions, special efforts must be made to prevent and control the spread of the disease, yet concerned that these efforts reaffirm human dignity; protect human rights while stressing the social responsibilities of individuals; foster political commitment to health; strengthen health systems based on the primary care approach; and protect freedom of travel, interpersonal communication, and international commerce;

Fully supporting the global response to this problem which is being implemented through the WHO Special Program on AIDS, and recognizing its responsibilities as WHO Regional Committee for the Americas to review annually the situation in the Americas, to monitor the use of regional resources, and to report annually to the Director-General of WHO; and
Aware of the impact AIDS has on health services,

**Resolves:**

1. To urge Member Countries:
   (a) To develop, implement, and sustain strong national AIDS prevention and control programs along the model recommended by the WHO Special Program on AIDS, adapted to individual national contexts;
   (b) To strengthen national epidemiological surveillance activities in order to improve national programs;
   (c) To mobilize and coordinate the use of national and international resources for the prevention and control of AIDS while assuring that national health systems are maintained and strengthened in order to combat this epidemic;
   (d) To provide accurate information to their citizens about AIDS, strengthening health information through all mass media and health promotion activities, and promoting responsible, appropriate public action to reduce the transmission of the virus and to provide compassionate responses to those with the disease;
   (e) To continue permitting freedom of international travel, without restrictions based on human immunodeficiency virus (HIV) infection status;
   (f) To provide periodic situation and progress reports to PAHO/WHO, as requested;
   (g) To make every effort to develop the Special Program on AIDS within the framework of the policy for health system development and strengthening, making use of the AIDS crisis to promote the needed changes in health services.

2. To request the Director, within available resources:
   (a) To coordinate regional AIDS prevention and control activities with the global program in the establishment of a PAHO/WHO Special Program on AIDS;
   (b) To provide urgently needed technical support to national AIDS prevention and control programs, including support for implementing, strengthening, and maintaining surveillance systems with appropriate laboratory support services; transmission prevention and control programs; health professional training programs; and research activities needed to define the epidemiology of AIDS;
   (c) To develop AIDS control activities, especially those related to health care, together with the development and strengthening of health systems;
   (d) To promote, coordinate, and conduct epidemiological studies and related research in order to support regional control efforts;
   (e) To disseminate information to the Member Countries concerning technological advances in combating AIDS, epidemiological information about the regional situation, and other information vital for the conduct of national AIDS prevention and control programs;
   (f) To develop mechanisms to facilitate the interinstitutional exchange of technical and resource information at the operational level;
(g) To provide annual reports on the regional situation and the use of regional resources to the WHO Regional Committee for the Americas;

(h) To take further steps as may be needed, within his authority, to combat this epidemic.

(Adopted at the seventh plenary session, 24 September 1987)

Resolution IX: Acquired Immunodeficiency Syndrome (AIDS) in the Americas

The XXXIII Meeting of the Directing Council,

Having reviewed the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CD33/21);

Recalling Resolution CD32.R12, adopted by the XXXII Meeting of the Directing Council (1987), dealing with AIDS in the Americas, and Resolutions WHA40.26 and WHA41.24 dealing, respectively, with the global strategy for the prevention and control of AIDS and the avoidance of discrimination in relation to HIV-infected people and those with AIDS;

Considering that the AIDS pandemic continues to grow throughout the Region of the Americas, requiring a sustained commitment by every country to control the spread of the human immunodeficiency virus (HIV) and to mitigate the magnitude of the future impact of this disease on health services and national economies;

Recognizing the continued need for joint, coordinated international efforts to prevent and control this disease;

Cognizant of the need for WHO’s global coordinating and promoting role through the Global Program on AIDS and the joint work carried out in the Region of the Americas by the Pan American Health Organization; and

Considering the profound impact the care of AIDS patients has on the already stretched national health services and health resources and the need for national AIDS programs and activities articulated with national plans for strengthening health and services,

Resolves:

1. To endorse the objectives, strategies, and targets for the Global Program on AIDS in the Americas, as presented in Document CD33/21.

2. To urge Member Countries to:

(a) Make special voluntary contributions for the carrying out of catalytic research and cooperative activities in relation to AIDS in this Hemisphere;

(b) Make available to PAHO human and institutional resources to enable the Organization to better fulfill its mandates in this regard.

3. To request the Director of the PASB to:

(a) Continue to search for funds, in addition to those already approved in the PAHO/WHO regular program budget for the biennium 1988–1989, in support of the efforts of the Member Countries to carry out their short- and medium-term programs for AIDS prevention and control;

(b) Study the feasibility of establishing a revolving fund for the procurement of reagents, equipment, and other critical materials in support of the Member Countries for the implementation of their plans of action against AIDS.

(Adopted at the sixth plenary session, 28 September 1988)
Given the magnitude of the current and future impact of AIDS on health care services, current and future costs associated with the epidemic, and the current economic difficulties experienced by many countries, it is obvious that political and financial commitment by each and every country will be essential in order to deal with AIDS and attract external funds for AIDS prevention and control. Some countries are already beginning to feel the impact of AIDS on their health care delivery systems. Those countries which have yet to feel that impact must prepare for the inevitable consequences of a relatively broad epidemic of HIV infection. PAHO will continue in a united effort with its Member Countries in the fight to stop AIDS.

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PAHO Guidelines for AIDS

These guidelines were originally prepared in 1985 by an ad hoc expert advisory group brought together by PAHO. The group, made up of scientists, epidemiologists, and disease control specialists from several of the Region's countries, met again in December 1986 to review and update the document. The current guidelines are a result of a subsequent review by the WHO Global Program on AIDS, and eventually will be replaced by guidelines prepared by that program.

The guidelines comprise an introduction and six sections, which deal with the development of national AIDS programs, recommendations for health care workers, prevention, psychosocial aspects, legal aspects, and the socioeconomic and health aspects of AIDS; four appendices contain additional information on AIDS. This abstract presents a condensed version of the section on recommendations for health care workers.

A condensed version of the original guidelines appeared in Spanish in the October 1986 Boletin de la Oficina Sanitaria Panamericana.

RECOMMENDATIONS FOR HEALTH CARE WORKERS

Since HIV infection and hepatitis B virus infection share a similar epidemiology—the modes of transmission for both viruses are by sexual contact, by parenteral exposure to contaminated blood or blood products, and from infected mother to child by exposure before, during, or shortly after birth—knowledge gathered about the risk of acquiring hepatitis B in the workplace can effectively be used to understand the risk of HIV transmission to health care workers.

Obviously, for health care workers, exposure to blood, blood products, other specimens, or blood-contaminated needles or instruments from persons at high risk for HIV infection presents a particular risk. However, it should be noted that several studies suggest that the actual risk of occupational transmission is very low, that even among thousands of health care workers with documented