The Global AIDS Campaign

Britain's Leading Role

JIM KELSEY

London : The British Government has assumed a leading role in the international campaign against the Acquired Immuno Deficiency Syndrome (AIDS), now acknowledged as the greatest pandemic of the 20th century. In collaboration with the World Health Organisation (WHO), the United Kingdom had sponsored two international conferences on the disease in London in the space of six weeks.

They had brought together ministers, policy makers, doctors, scientists, teachers, representatives of relief agencies and non-governmental organisations. There is a new type of professional who speaks a special kind of language —"AIDS talk"—and such people have been compelled to adapt their skills in the fight against an ailment that, unless contained, threatens to overwhelm many countries.

The first World Summit, attended by health ministers from 114 countries, was held in January and resulted in the adoption of an international strategy by 148 countries to combat the fatal virus.

The second, which concluded in London on 10 March, entitled the Global Impact of AIDS, was jointly organised by the London School of Hygiene and Tropical Medicine and the WHO. It attracted over 1000 delegates from 63 countries.

Besides providing an international forum for the discussion of strategies and numerous problems posed by the complex disease medically, ethically and socially, it considered one of the most important issues related to the unfolding AIDS drama—human rights.

Dr Jonathan Mann of the WHO's Global Aids Unit who, with his compassionate and far-sighted approach to the crisis has already done much to change attitudes on an international scale, spoke of the discrimination against AIDS patients. He urged delegates to adopt a human rights network for which he is seeking United Nations backing.

Unjustified Tag

Dr Mann said AIDS had developed in three stages. The first was in the homosexual community of the United States, the second among intravenous drug-abusers in the western world, and the third through prostitution and bisexual transmission in the community at large in parts of Africa, the Caribbean and Latin America.

"We now know that the virus was already in Africa before it was first detected in the United States," said Dr Mann. "Had it been discovered in Africa, AIDS would have been regarded as a heterosexual disease. It was not, so it got the homosexual tag."

There was evidence of a considerable stigma attached to the Human Immunodeficiency Virus (HIV) and AIDS sufferers which was in itself dangerous and could drive the disease underground. "We have to be linked not just in fighting the disease but in protecting human rights," Dr Mann said. "We need to know where and how discrimination occurs, be alerted to it and collectively fight it."

The doctor also re-emphasised that the virus was the most sexually democratic of all diseases, but generally could only be transmitted sexually through blood or bodily fluids, by shared needles or perinatally from mother to child. There was absolutely no evidence to show that it could be contracted through touching, kissing, sharing a drinking glass, sitting on a lavatory seat or the bites of mosquitoes.

"In your education programmes this is a message you will have to repeat over and over again to ensure it is heard and understood," he said.

The conference provided an opportunity to exchange ideas and hear how both developed and underdeveloped countries were tackling the problems of health education, attempting to change sexual behavioural patterns, providing welfare and support services, and coming to terms with living in a world that might never be free of AIDS.

Serious Risks

The United Kingdom has financed 40 scientific reseach projects to try to discover a vaccine to fight the virus, and there are innumerable similar projects currently being undertaken in other countries. But at the conference the message was loud and clear. Unless a miracle occurs, there will be no cure for at least ten years, and because of the changing character of HIV, possibly never.

In pursuing its own national education programme which is being used as a model by other countries, Britain is about to embark on an advertising campaign that will tell the story of a businessman who travelled abroad and in a very short time contracted the virus.

The Health Education Authority, now responsible for the AIDS education campaign in Britain, said businessmen travelling abroad were among 300 people in the United Kingdom known to have become infected through heterosexual sex. Forty-four had developed AIDS and 20 had died.

The campaign will be followed in the summer with poster advertising at ports and airports aimed

at businessmen and "sexual tourists"—people who travel abroad specifically for sexual gratification. This kind of tourist has already been responsible for spreading AIDS from Europe to the Far East.

One WHO is seeking documentation and preparing a report to examine what can be done to reduce the risks. Dr James Chin, who is in charge of AIDS surveillance there, said: "The only way we can see to control it is education of the public about risks.

No Real Change

The sale of condoms, the only known protection against the HIV virus, has risen by 20% throughout the world but latex barriers are still not being used by those aged under 20, according to the London International Group, the world's leading branded condom manufacturer.

In the United Kingdom, research shows that couples between the ages of 21 and 30 have substantially increased their use of condoms but despite 73% of younger heterosexuals between the ages of 16 and 20 there is still no real change. Only 5% use condoms regularly, compared with 4% in 1985.

To counter this, Britain has launched a £ 1.6 million Kinsey-type five-year survey on how 5000 youngsters between the ages of 16 and 19 conduct their sexual relationships. The first results will be made available in 12 months time. By using these studies the Government will be able to detect why its "safe sex" advertising campaign is succeeding with some and not with others.

In evolving its own plans to combat AIDS the United Kingdom has not forgotten the needs of the Third World where the issues are quite different. Britain has already committed over £ 13 million to the WHO's AIDS campaign to help developing countries formulate their own health education programmes, plus £ 4.2 million through European Community funding.

In Africa a sinister side effect of the AIDS virus appears to be behind alarming new outbreaks of genital ulceration and tuberculosis. One major obstacle in introducing health education is that Africans have an antipathy to using condoms, and in many parts of the developing world illiteracy is a major obstacle to communication.

Susan M.L. Laver of Zimbabwe University, Harare, delivered an imaginative paper on how the populace could be educated through theatre and music groups. She said it was likely that the kind of policy that would succeed in health education programmes was not "information giving" but "information sharing".

Must Be Shared

Exposed women, faith healers, factory workers, blood donors and health workers could be turned into counsellors and in communicating information at grassroots level, actors, singers and artists of all kinds should be used to get the message across, she said.

"It is natural for health professionals to want to assume responsibility for the dissemination of AIDS information," said Ms Laver. "However, given the very nature of the virus and the proportions of the epidemic, it must be shared by anyone we can recruit."

It may well be that this method of communication will be employed by some of the 30 British charities that have established an AIDS consortium for the Third World. The object of the movement is to coordinate policy to combat the epidemic in every way possible in all countries where the relief agencies operate.

One encouraging aspect of the WHO's worldwide AIDS strategy announced at the London meeting is the setting up of a global blood safety initiative. One of the contributory factors to the spread of HIV infection in the Third World is the lack of screening facilities for blood samples and their hygienic storage.

The WHO, in collaboration with the United Nations Development Programme, is to establish a consortium of organisations including the Red Cross and Red Crescent to ensure that blood supply systems are fully sustainable. Such a service will prevent the spread not only of AIDS but also Hepatitis B and malaria in the Third World.

One of the most disconcerting facts to emerge from the conference was that the number of AIDS patients worldwide had been seriously underestimated. A conservative WHO calculation originally put the number likely to develop the full-blown disease by 1991 at between one and 1.5 million or possibly 20% higher. In western countries, including the United Kingdom, it is now understood that deaths from AIDS may have killed twice as many people as those officially reported, while in the Third World, where monitoring is less efficient, the figure may be even higher. It is likely that between 30 and 40% of all victims will die.

Catastrophic Effect

What emerged from the London conference is that the education of the public concerning the fatal effects of AIDS must have prime consideration. In the Third World, these programmes will be backed by the WHO, UNICEF and other international health and charitable welfare organisations. The care of AIDS sufferers will largely be undertaken by hospices and community groups in western countries and by grandparents in developing ones.

As yet the cost of the epidemic cannot be measured but unless it is contained, its effect on the economies of western countries will be profound. On the developing world, where health resources and monitoring services are inadequate, it could be catastrophic. (LPS)