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# EFFORTS TO COMBAT (HIV/AIDS) IN THE ESCWA REGION

## A. INTRODUCTION

### 1. *AIDS: a multi-dimensional health problem*

1. The AIDS epidemic has become the most serious health problem of our time, with devastating social and economic consequences for mankind. The epidemic affects every region of the world, and in many, is out of control. The number of HIV carriers is estimated to exceed 34,300,300 persons, while more than 2,800,000 deaths in 1999 were HIV-related. This report reviews the evaluation and the factors conducive to the spread of the epidemic worldwide, with the focus on the ESCWA region. There will be occasional references to countries outside this region which are close enough to it to have a direct or indirect effect on the spread of the epidemic in ESCWA countries.

### 2. *The effect of HIV/AIDS on civil development*

2. The HIV/AIDS epidemic has become the main cause of death among young persons and the fourth commonest cause of death among people of all ages. We now face a real disaster, the devastating effects of which are being felt in countries where HIV/AIDS is widespread. Millions of people have seen their hopes destroyed and the unremitting efforts made over decades aimed at development and raising living standards have been wasted. The disaster has cast its dark shadow in every sphere, including health and socio-economic fields. Average life expectancy at birth has fallen back down to its level at the beginning of the twentieth century.

3. In the countries most severely affected by the AIDS epidemic, economic achievements have been wiped out by an extensive and rapid fall in rates of economic development. The epidemic has devastated labourers and professionals alike. A point has been reached where patients can find no doctors to treat them, students can find no teachers, machines have no operators and fields are left untilled.

### 3. *The re-emergence of tuberculosis*

4. These are not the only devastating effects of the HIV/AIDS epidemic, however. It has also caused the re-emergence of other diseases, some of which had been virtually eliminated as a result of the improvement in living standards and health services, and were considered to be a thing of the past. Foremost among such diseases is tuberculosis, which currently represents a problem of serious dimensions throughout the world. HIV/AIDS victims are more vulnerable to infection with tuberculosis because of their lack of immunity. One third of all HIV/AIDS victims worldwide dies of TB. The high level of TB in HIV/AIDS victims has also

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helped to spread the disease among the rest of the population: one quarter of all TB deaths are HIV/AIDS related.

4. *A brief account of the situation in the ESCWA region and neighbouring countries*

5. While the number of HIV/AIDS cases in the countries of the ESCWA region is limited, that should only serve to increase our vigilance. By the end of 1999, the total of all reported cases of full-blown AIDS in the region was more than 9,000, while these were some 26,000 cases of HIV. It is a well-known fact that the true figures are always much higher than those admitted and reported. It is estimated that there are 220,000 cases of HIV/AIDS in our countries. The disease is therefore steadily gaining ground.

5. *The dynamics of the HIV/AIDS epidemic*

6. As we should be aware, HIV/AIDS is a disease which is unprecedented in its nature and characteristics and in the rate at which it spreads. We should therefore adopt an equally unprecedented attitude to combating it. We must realize that it is not in our interest to deny that the problem exists. The earlier we begin to take measures to combat the disease, the easier it will be to control and prevent it from spreading.

7. We must also realize that there are indications of the existence of a number of risk factors, and that the possibility does exist for HIV/AIDS infections to occur in our societies. It is estimated that there are many million drug-addicts, a high proportion of whom are intravenous drug abusers. Such abuse is known to entail a high risk of spreading HIV/AIDS, not only to the addicts themselves, but also to their wives and associates. Moreover, sexually-transmitted diseases are rife in the countries of the ESCWA region, and indicate the prevalence of many sexual practices which carry a high risk of HIV/AIDS infection. Other factors include large-scale intraregional migration, political and security instability, and the existence of refugees.

6. *Prospects for effective solutions*

8. The facts constitute a challenge that must be faced urgently, seriously and with determination. If we are to succeed, we must make proper preparations and meticulous plans and take assiduous and sustained action. It is encouraging that some countries, including Uganda, Senegal and Brazil, have been successful in implementing effective preventive programmes and have reduced and are continuing to reduce the rate at which HIV/AIDS is being spread.

9. It should be noted that a key element in such success is national commitment: the commitment made by the political leadership of those States to support endeavours to eradicate HIV/AIDS and dedicate some of its authority, capabilities and resources to that end. National efforts should not, however, be restricted to raising public awareness through the media, but must adopt a more proactive attitude. The social sectors that are most at risk of contracting HIV/AIDS must be targeted and young people must be protected through the preparation and implementation of courses of instruction on how to guard against the virus. Such courses must be in keeping with our culture and religious and spiritual values.

10. All the studies indicate that men form the group in our societies which is most vulnerable to HIV/AIDS. That group includes adolescents, intravenous drug abusers, prisoners and migrants. With regard to the issue of drug abuse, which is of great importance in our States, cases have been reported in all countries of the ESCWA region of intravenous drug abuse spreading HIV/AIDS. Studies and reports in Egypt, Kuwait, Bahrain and other countries have shown that this phenomenon is responsible for dangerously increasing the spread of the virus. In Oman, for example, the rate of increase of such cases in 1999 was 5 per cent; and in 1998, intravenous drug abuse was implicated in 30 per cent of all cases of HIV/AIDS contracted in the Islamic Republic of Iran.

11. In conclusion, programmes to eradicate HIV/AIDS must be implemented with the full participation of all the sectors involved and, in particular, the political leadership, influential religious and media

personalities and civic leaders. The non-governmental sector must also be involved, in order to give such programmes the necessary effectiveness and comprehensiveness and ensure that they have the requisite impact.

## B. THE STATUS OF HIV/AIDS IN THE WORLD AND IN THE COUNTRIES OF THE ESCWA REGION

The stages of an AIDS/HIV epidemic may be characterized as follows:

1. Stage one: A low infection rate, where less than 5 per cent of any given sector of the population is infected.

2. Stage two: A localized rate, where 5 per cent in at least one particular population sector is infected and the rate of infection in pregnant women is less than 1 per cent in urban areas.

3. Stage three: Widespread infection, where rates of infection in pregnant women exceed 1 per cent at national level.

### 1. *The global situation*

(a) *Cases of the virus and virus-related deaths*

12. Twenty years ago, HIV/AIDS had not been heard of in many countries. Now it is a disaster of almost incomprehensibly tragic dimensions, exacerbated by the fact that it cannot be treated. At the end of 1999, it was estimated that 33.6 million women and children were infected with HIV/AIDS. In 1999, there were more than 5.6 million new cases of the virus. Lamentably, 11 persons are newly infected with the virus with each minute that passes. Since the epidemic began, there have been 16.3 million HIV/AIDS-related deaths. The virus has, beyond any doubt, become a major scourge. In 1999 alone, it claimed 2.6 million lives, at a rate of 7,123 deaths per day, equivalent to 297 deaths per hour or five deaths per minute.

13. The overwhelming threat from HIV/AIDS is that so many of its victims are young adults. More than 95 per cent of all new cases of the virus occur in developing countries and, in particular, in sub-Saharan Africa, and some 50 per cent of those infected are aged less than 25 years. There is no doubt that this age factor means that HIV/AIDS represents a special threat to adolescents and children. In 1999, 570,000 children under the age of 14 were infected with HIV/AIDS, and 90 per cent of those children were infected at birth or during breastfeeding.

(b) *The demographic and social impact of the disease on societies in developing countries*

14. The rate of infection with the virus is continuing to rise, in particular, in developing countries where the population is generally poor and lacks adequate health services, and the resources to take precautions against the disease or treat those who are infected are not available. Premature deaths and disability related to HIV/AIDS are clearly having a destructive impact on the economy and social fabric of the societies and countries afflicted. By the end of 1999, 11.2 million children under the age of 15 had lost their mothers to HIV/AIDS. By early 2010, according to the latest estimates, life expectancy in the 10 sub-Saharan African countries most seriously affected by HIV/AIDS will have been reduced by 20 years. Furthermore, the cost of caring for HIV/AIDS victims is a tremendous burden. In many countries, such victims occupy between 50 and 80 per cent of hospital beds in urban areas. The basic annual medical costs of an HIV/AIDS patient is between two and three times greater than per capita gross domestic product (GDP).

(c) *Distribution of victims in the various countries*

15. While Africa is currently considered the area most seriously affected by HIV/AIDS, the virus is also spreading rapidly throughout Asia, especially in the south and south-east. Some 6 million persons are affected, the majority young, intravenous drug abusers. Despite a reduction in the number of HIV/AIDS-related deaths in the American continent, rates of infection continue to rise amongst minorities and in the

population sectors that have no access to services. Between the end of 1997 and the end of 1999, the number of persons infected with HIV/AIDS in the newly independent countries of eastern Europe doubled, and is likely to increase. With the fall in the number of sexually-transmitted cases, those most at risk are intravenous drug abusers. Table 1 below sets forth cases of HIV/AIDS disaggregated by region.

TABLE 1. STATISTICS AND REGIONAL HIV/AIDS-RELATED CHARACTERISTICS, DECEMBER 1999

| Region | Date epidemic began | Number of adults and children stricken by HIV/AIDS | Number of adults and children newly infected with HIV/AIDS | Percentage of adults* infected | Percentage of women of childbearing age infected | Principal causes of infection |
|---|---|---|---|---|---|---|
| Sub-Saharan Africa | Late 1970s and early 1980s | 23.3 million | 3.8 million | 8 | 55 | Sexual intercourse |
| North Africa and Middle East | Late 1980s | 220 000 | 19 000 | 0.13 | 20 | Intravenous drug abuse<br>Sexual intercourse |
| South and south-east Asia | Late 1980s | 6 million | 1.3 million | 0.69 | 30 | Sexual intercourse |
| East Asia and Pacific | Late 1980s | 530 000 | 120 000 | 0.068 | 15 | Intravenous drug abuse<br>Sexual intercourse<br>Homosexual intercourse |
| Latin America | Late 1970s and early 1980s | 1.3 million | 150 000 | 0.57 | 20 | Homosexual intercourse<br>Intravenous drug abuse<br>Sexual intercourse |
| Caribbean | Late 1970s and early 1980s | 360,000 | 57 000 | 1.96 | 35 | Sexual intercourse<br>Homosexual intercourse |
| Eastern Europe and Central Asia | Early 1990s | 360,000 | 95 000 | 0.14 | 20 | Intravenous drug abuse<br>Homosexual intercourse |
| Western Europe | Late 1970s and early 1980s | 520 000 | 30 000 | 0.25 | 20 | Homosexual intercourse<br>Intravenous drug abuse |
| North America | Late 1970s and early 1980s | 920 000 | 44 000 | 0.56 | 20 | Homosexual intercourse<br>Intravenous drug abuse<br>Sexual intercourse |
| Australia and New Zealand | Late 1970s and early 1980s | 12 000 | 500 | 0.1 | 10 | Homosexual intercourse<br>Intravenous drug abuse |
| Total | | 33.6 million | 5.6 million | 1.1 | 46 | |

* Percentage of adults (aged 15 to 49 years) infected with HIV/AIDS in 1999, using 1998 population census.

(d) *The declining social situation and its impact on the increase in cases of infection*

16. Individuals and groups which are more vulnerable because of their social marginalization and socio-economic deprivation have a high risk of contracting HIV/AIDS. The social sectors most at risk vary from country to country according to occupation and whether they are settled or displaced, sexual practices and methods of drug abuse, geographical area and income. In a southern district of China, for example, the incidence of HIV/AIDS among intravenous drug abusers rose from under 1 per cent in 1998 to 11 per cent at the beginning of 1999.

17. Certain young persons in all parts of the world, especially those living in difficult conditions: roaming the streets rather than attending school, sharing needles with other drug abusers and being sexually or physically abused, are at greater risk than adults of contracting HIV/AIDS. The 1999 World AIDS Campaign therefore focused on children and young persons, in order to secure their rights to information and care and limit their exposure to infection.

18. It would appear that levels of infection with HIV/AIDS are decreasing in a number of places, not only in the industrialized world, but also in developing countries. In Uganda, Brazil, Thailand, Senegal and some parts of Tanzania, rates of infection among young women have been reduced by 40 per cent as a result of effective preventive programmes. Currently, new approaches to treatment are delaying the onset of the disease and prolonging the lives of thousands of HIV/AIDS victims in industrialized countries. The lesson to be learned from this is that measures to resist the epidemic can only succeed when supported by firm political commitment, sufficient resources, the involvement of a variety of sectors and individuals, including HIV/AIDS victims and their families, effective monitoring of the epidemic and of high-risk behaviour and a positive focus on highly vulnerable groups.

2. *The status of HIV/AIDS in the countries of the ESCWA region*

19. It is estimated that, at the end of 1999, some 220,000 persons in the countries of the ESCWA region were infected with HIV/AIDS. This figure represents slightly less than 1 per cent of the world total. At the end of 1999, the Regional Office for the Eastern Mediterranean, World Health Organization, was informed of a total of 1,922 new cases of full-blown AIDS and more than 15,000 cases of HIV. It is no secret that there is a huge discrepancy between the number of reported cases and the number of estimated cases, which indicates that there is a widespread deficiency in the reporting and monitoring of cases. While the first cases of HIV/AIDS were reported in 1979, the majority were reported between 1990 and 1999, and more than 60 per cent of all such new cases were reported in the last five years alone, which indicates that the epidemic is growing rapidly.

20. Table 2 shows reported new cases of AIDS disaggregated by country. It should be noted, however, that a comparison of the cases reported by the various countries is difficult in view of the different reporting methods.

21. In both 1998 and 1999, the number of new cases of AIDS in the Sudan was almost double that of 1997. Table 3 gives the number of HIV/AIDS cases per 100,000 population for 1998 and 1999 in each of the countries of the ESCWA region.

22. Giving information on high-risk sexual and other practices which can lead to infection with the AIDS virus remains a sensitive issue. Nevertheless, to a large extent, sexual contact and, predominantly, heterosexual sexual contact, represents the most commonly reported means by which the virus is transmitted in the countries of the ESCWA region. In recent years, infection from contaminated blood or its derivatives has been appreciably reduced. In 1999, cases reported in which that was known to be the cause of transmission represented 1.4 per cent of all cases, as compared with 4 per cent in the previous year. While these figures demonstrate that the measures taken to ensure that blood is safe have produced results, it would appear that inadequate precautionary measures and insufficient concern for the purity of blood still prevail in certain countries. On the other hand, intravenous drug abuse was the means of infection in 4 per cent of all cases of HIV/AIDS reported since 1990. In 1999, the virus was transmitted at birth in 2.5 per cent of cases.

TABLE 2. CASES OF AIDS IN THE COUNTRIES OF THE ESCWA REGION REPORTED BETWEEN 1979 AND 1999, DISAGGREGATED BY COUNTRY

| Country | 1979-1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Jordan | 1 | 3 | 1 | 6 | 1 | 8 | 7 | 8 | 6 | 2 | 4 | 12 | 11 | 3 | 73 |
| United Arab Emirates | - | - | - | - | 8 | - | - | - | - | - | - | - | - | 4 | 12 |
| Bahrain | - | 1 | - | 1 | 2 | - | 6 | 3 | 6 | 10 | 11 | 14 | 11 | 9 | 74 |
| Saudi Arabia | 13 | 3 | 6 | 7 | 5 | 10 | 6 | 12 | 38 | 37 | 100 | 112 | 39 | 32 | 420 |
| Syrian Arab Republic | 1 | 1 | 2 | 8 | 1 | 7 | 3 | 3 | 4 | 6 | 9 | 8 | 8 | 7 | 68 |
| Iraq | - | - | - | - | - | 7 | 6 | 21 | 37 | 16 | 15 | 2 | 4 | 6 | 114 |
| Oman | 6 | 11 | 26 | 26 | 22 | 25 | 32 | 37 | 51 | 28 | 24 | 36 | 33 | 45 | 402 |
| Palestine | - | - | 4 | 1 | - | 1 | 6 | 1 | 3 | 3 | 1 | 9 | 3 | 1 | 33 |
| Qatar | 8 | 19 | 11 | 8 | 6 | 10 | 3 | 7 | 6 | 4 | 2 | 4 | 1 | 10 | 99 |
| Kuwait | 1 | - | - | 1 | 1 | 3 | 2 | 2 | 5 | 4 | 5 | 2 | 19 | 4 | 49 |
| Lebanon | 8 | - | 3 | 5 | 10 | 13 | 7 | 22 | 12 | 18 | 5 | 8 | 37 | 32 | 180 |
| Egypt | 2 | 3 | 6 | 9 | 7 | 12 | 23 | 29 | 22 | 16 | 14 | 25 | 33 | 34 | 235 |
| Yemen | - | - | - | - | 1 | - | 3 | 4 | 3 | 11 | 60 | 40 | 34 | 7 | 163 |
| Total | 40 | 41 | 59 | 72 | 64 | 96 | 104 | 149 | 193 | 155 | 250 | 272 | 233 | 194 | 1 922 |

TABLE 3. NUMBER OF CASES OF AIDS CASES PER 100,000 POPULATION FOR 1998 AND 1999
IN THE COUNTRIES OF THE ESCWA REGION

| Country | Population (in thousands) | Percentage of cases of HIV/AIDS per thousand in population | |
|---|---|---|---|
| | | 1999 | 1998 |
| Jordan | 4 732 | 0.06 | 0.23 |
| United Arab Emirates | 2 624 | 0.15 | - |
| Bahrain | 620 | 1.45 | 1.77 |
| Saudi Arabia | 18 855 | 0.17 | 0.2 |
| Syrian Arab Republic | 15 597 | 0.04 | 0.05 |
| Iraq | 21 847 | 0.01 | 0.02 |
| Oman | 2 302 | 1.95 | 1.43 |
| Palestine | 2 893 | 0.03 | 0.1 |
| Qatar | 693 | 1.44 | 0.14 |
| Kuwait | 1 809 | 0.22 | 1.05 |
| Lebanon | 3 700 | 0.86 | 1 |
| Egypt | 61 880 | 0.05 | 0.05 |
| Yemen | 16 333 | 0.04 | 0.2 |

Source: Regional Office for the Eastern Mediterranean, World Health Organization, 1998.

(-) Indicates that data is not available.

23. In 1999 the majority of countries continued to see a reduction in rates of infection with HIV/AIDS among certain population groups. According to reports for 1999, the rate of infection among prostitutes, tuberculosis patients and blood donors was 38.1 per cent, 11 per cent and 1.32 per cent respectively.

## C. NEW AND ALARMING PATTERNS IN THE SPREAD OF THE AIDS VIRUS IN THE COUNTRIES OF THE ESCWA REGION

24. The AIDS epidemic in the countries of the ESCWA region remains a highly complex issue. Rates of infection are not constant, but take the form of a series of epidemics which each have their own form and dynamic. While the virus remains rare in the general population, sectors which suffer from socio-economic and political deprivation are more exposed to infection. Increased rates of infection are observable, in particular, in those suffering from sexually-transmitted diseases and tuberculosis, prisoners, prostitutes, migrants and intravenous drug abusers. If this epidemic is disregarded, it is likely that the conditions of those groups will deteriorate to an extent that will affect society as a whole.

### 1. *Tuberculosis and HIV/AIDS*

25. The growing and alarming link between tuberculosis and the HIV/AIDS virus gives cause for the greatest concern. In 1999 a steep increase was recorded in the number of tuberculosis patients stricken with HIV/AIDS. In Yemen, the Sudan, Somalia, Oman and Egypt, for example, the proportion of those thus affected was respectively 6.9 per cent, 7.2 per cent, 6.9 per cent, 1.05 per cent and 0.3 per cent.

### 2. *Tuberculosis and drug abuse*

26. Intravenous drug abuse, in particular, is threatening to bring a surge in the HIV/AIDS epidemic to the countries of the Middle East. In 1999 reports indicated that there was frequently a link between such abuse and infection with the HIV/AIDS virus in countries including Pakistan, Bahrain, Tunisia, the Islamic Republic of Iran, Oman, Egypt and Morocco. Even according to the most conservative estimates, there are millions of drug addicts in this part of the world, a large percentage of whom are intravenous drug abusers. It is an extremely widespread practice among such addicts to share and use dirty needles. Notwithstanding the

fact that the effects of the virus on that sector are not clearly marked, there is conclusive evidence that there has been an explosion in the rates of infection. As an example, a study of 200 intravenous drug abusers in Lahore, Pakistan, who had tested negative for HIV/AIDS showed that 89 per cent of them tested positive for hepatitis C. This extremely high percentage of infection, when linked to the high rate of shared needle use (64 per cent) and lack of awareness, makes clear that there is a grave probability that when HIV/AIDS reaches this group, which is exceptionally susceptible to infection, there will be an epidemic. Equally alarming is the fact that in 1999, 5 per cent of intravenous drug abusers in Oman were infected with HIV/AIDS. It is therefore imperative that increased endeavours be exerted to reach an improved understanding of the dynamics of this minor epidemic among drug abusers. This will necessitate a study on the extent of the risk of infection spreading to the general population, in view of the fact, in particular, that intravenous drug abuse is apparently closely linked to other factors which weaken the will and resistance of the individual, including the migration of young people and prisons.

### 3. *HIV/AIDS and other sexually-transmitted diseases*

27. Sexually-transmitted diseases are widespread in the countries of the Middle East: some 10 million cases of such diseases are estimated to occur annually in the countries of the ESCWA region, although less than 6 per cent are reported. The incidence is highest among young adults and in urban areas. Such diseases provide an important indication that extremely high-risk sexual behaviour is practised in the countries of the Middle East. This is borne out by the summarized results of national surveys on awareness of, positions on and practices linked to infection with the HIV/AIDS virus in certain countries.

## D. The role of the Regional Office for the Eastern Mediterranean (which covers the countries of the ESCWA region), the World Health Organization, in the Joint United Nations Programme on HIV/AIDS

28. The World Health Organization (WHO), in its capacity as a participant in the Joint United Nations Programme on HIV/AIDS, continues to play an important role at regional and national levels. The Regional Office, with a view to increasing cooperation in the countries of the ESCWA region, provides an office for the United Nations Development Programme (UNDP) consultant. The Regional Office also assumes the role of the executive agency for 10 projects supported by UNDP in Jordan, the Syrian Arab Republic, Yemen, Djibouti, Lebanon, Egypt and Morocco. The Organization's representative in nearly every country of the ESCWA region leads the United Nations teams concerned with the issue at the national level.

29. It has been established that the joint UNDP/WHO plan was successful in coordinating United Nations endeavours and in terms of the benefit to the countries of the ESCWA region. The joint planning operation resulted in the adoption of more comprehensive, country-focused regional procedures in three fields, namely, the prevention of sexually-transmitted diseases and treatment of those affected; the availability of care for HIV/AIDS victims, those suffering from sexually-transmitted diseases and other high-risk sectors; and communication and information on HIV/AIDS.

30. The Joint United Nations Programme also provided support for the AIDS Information Exchange Centre (AIEC) within the Regional Office, with a view to preparing appropriate strategies for the region, improving the access of influential decision-making parties at national level to information and facilitating the exchange of experiences.

## E. Recommendations

### 1. *Methods of dealing with new challenges*

31. HIV/AIDS has presented the countries of the ESCWA region with unprecedented challenges. The current situation demonstrates that the virus varies in its effects from country to country and from one social sector to another. Its principal victims are persons who are, basically, suffering from socio-economic deprivation. We therefore need to understand the particular effects of this epidemic on the different social

sectors, to be aware of local conditions and developments and take them into consideration. Practical studies, including analyses of situations, must be the basis for national strategies.

2. *Making use of global studies*

32. In the countries of the ESCWA region, we have the opportunity to build on the useful studies that have been carried out at global level on measures that are effective or otherwise. We have learned, for example, that the success of preventive and curative strategies in the field of HIV/AIDS and sexually-transmitted diseases is not dependent solely on political will and appropriate resources. It is also important that the methods used are appropriate to the qualitative needs of the particular circumstances of specific social groups. In regions where rates of infection with HIV/AIDS are still low, as is the case in many of the countries of the ESCWA region, preventive measures are still the most beneficial. This entails, for example, dealing with the problem of the exposure to risk of migrants and of both men and women who engage in high-risk sexual behaviour, drug abusers and certain groups of young persons, including those who attend school and those who do not. As long as there is no centralized policy aimed at changing the behaviour of those most in need of such change, it will be difficult to protect society as a whole. We need to expand the number of practical choices available to us and use new methods that have been proven to be effective, including peer-group education, outreach social work that targets areas that are difficult to access, and strategies aimed at reducing the risks to which intravenous drug abusers are exposed. We must also make such methods appropriate to our situation, culture and customs.

3. *Providing patients with medical care*

33. We must face up to the unprecedented need to care for and treat hundreds of thousands of HIV/AIDS patients in the countries of the ESCWA region, and seek the best method of ensuring that society accepts such persons and provides them with appropriate support. There is also a pressing need to make available the resources necessary in order to change the situation with regard to preventing the spread of infection, reducing its effects and ensuring that the requisite measures continue to be taken.

34. The countries of the region are therefore requested to support the measures which are being taken by the Regional Office in the light of the following considerations:

(a) Preventive measures against HIV/AIDS and sexually-transmitted diseases must be intensified amongst, in particular, the groups which practise the most high-risk behaviour and the appropriate strategic ways and methods, which can be adapted to suit the cultures and customs of the countries of the ESCWA region, must be found. This can be achieved by initiating and supporting the process of national strategic planning to combat HIV/AIDS, including the analysis of situations and examination of control endeavours;

(b) The countries of the ESCWA region must be assisted in finding the best methods of meeting the care requirements of the increasing number of HIV/AIDS patients and their relatives and action must be taken to ensure that they are accepted in society;

(c) A high level of political commitment and leadership must be assured. Special attention must be paid to health education and resources must be accumulated in order to guarantee the effectiveness of HIV/AIDS and sexually-transmitted disease prevention and treatment;

(d) Regional and national mechanisms must be strengthened in order to acquire reliable data through serological and behavioural observation;

(e) The capacities of the relevant institutions must be strengthened and the range of involvement widened in order to support the high-priority measures mentioned above.

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