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## PROVISIONAL VERBATIM RECORD OF THE FORTY-FOURTH MEETING

Held at Headquarters, New York,  
on Tuesday, 20 October 1987, at 3 p.m.

President:

Mr. FLORIN

(German Democratic Republic)

- Measures to prevent international terrorism which endangers or takes innocent human lives or jeopardizes fundamental freedoms and study of the underlying causes of those forms of terrorism and acts of violence which lie in misery, frustration, grievance and despair and which cause some people to sacrifice human lives, including their own, in an attempt to effect radical changes: [126]
- (b) Convening, under the auspices of the United Nations, of an international conference to define terrorism and to differentiate it from the struggle of peoples for national liberation
- Report of the Economic and Social Council: [12] (continued)
  - (a) Report of the Council (chapter VI section C (A/42/3): draft resolution

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The meeting was called to order at 3.20 p.m.

AGENDA ITEM 126

MEASURES TO PREVENT INTERNATIONAL TERRORISM WHICH ENDANGERS OR TAKES INNOCENT HUMAN LIVES OR JEOPARDIZES FUNDAMENTAL FREEDOMS AND STUDY OF THE UNDERLYING CAUSES OF THOSE FORMS OF TERRORISM AND ACTS OF VIOLENCE WHICH LIE IN MISERY, FRUSTRATION, GRIEVANCE AND DESPAIR AND WHICH CAUSE SOME PEOPLE TO SACRIFICE HUMAN LIVES, INCLUDING THEIR OWN, IN AN ATTEMPT TO EFFECT RADICAL CHANGES

- (b) CONVENING, UNDER THE AUSPICES OF THE UNITED NATIONS, OF AN INTERNATIONAL CONFERENCE TO DEFINE TERRORISM AND TO DIFFERENTIATE IT FROM THE STRUGGLE OF PEOPLES FOR NATIONAL LIBERATION

The PRESIDENT (interpretation from Russian): As members will recall, at its 3rd plenary meeting the General Assembly decided, on the recommendation of the General Committee, that item 126 should be allocated to the Sixth Committee, on the understanding that sub-item (b) should first be introduced at one plenary meeting before its consideration by the Committee.

I call on the representative of the Libyan Arab Jamahiriya to introduce the sub-item.

Mr. TREIKI (Libyan Arab Jamahiriya) (interpretation from Arabic): Terrorism undoubtedly constitutes a threat to mankind as a whole. It undermines confidence in international relations; it is a destabilizing force; it spreads disturbance, anxiety and fear all over the world.

The Arab Group, of which I have the honour to be Chairman this month, realizes the increasing concern of the international community at the terrorist acts carried out by individuals or by States, which affect the lives of innocent civilians and threaten the security and safety of human communities.

The Arab Group shares the international community's conviction of the need to combat terrorism in all its shapes and forms, proceeding from its belief in

(Mr. Treiki, Libyan Arab  
Jamahiriya)

the absolute necessity of putting an end to all its evils and dangers. In this regard we believe that it is necessary to establish clear, well-defined and agreed international standards on the basis of which to differentiate between terrorism, whether by States or individuals, which all States members of the international community should be committed to combat and eradicate, and the legitimate struggle of peoples against all forms of occupation, colonialism, racism, foreign domination and racial discrimination. This struggle deserves the support and assistance of the international community, in keeping with the provisions of the Charter and resolutions of the United Nations, the rules of international law and the principles of the Universal Declaration of Human Rights.

In the face of certain attempts at obfuscation and confusion with the object of frustrating the struggle of peoples to free themselves from occupation and domination and achieve the right to self-determination, we feel the need for a study of all aspects of terrorism and the establishment of international criteria by means of which to define the phenomenon of terrorism, that affects innocent civilians and endangers States or individuals.

The Arab Group is always guided by the principles of the United Nations Charter and those of the charter of the League of Arab States, the Organization of the Islamic Conference, the Organization of African Unity and the Non-Aligned Movement. All these principles guarantee the right of all peoples to legitimate national struggle to free themselves from occupation and domination and exercise their right to self-determination. The Arab Group believes in the importance of determined and serious international co-operation to combat terrorism in all its forms and put an end to all its dangers and causes. But this must be done without

(Mr. Treiki, Libyan Arab  
Jamahiriya)

prejudice to the right of peoples languishing under the yoke of occupation, colonialism, racism and other forms of discrimination which create misery, frustration, injustice and desperation to struggle for freedom and self-determination. That struggle is in accordance with the provisions of the Charter and the rules of international law, which guarantee the right of peoples to struggle for freedom, resolution 20/5 of the Fifth Islamic Summit Conference, of 1987, the communiqué of the meeting of Foreign Ministers of non-aligned Mediterranean countries held in June 1987 in Brioni, Yugoslavia, and resolution 4654/87, of 6 April 1987, of the League of Arab States.

It is on this basis that I wish to introduce to the General Assembly, on behalf of the members of the Arab Group, sub-item 126 (b), entitled "Convening, under the auspices of the United Nations, of an international conference to define terrorism and to differentiate it from the struggle of peoples for national liberation."

We call upon the Assembly to mandate the Ad Hoc Committee on International Terrorism, which was set up under General Assembly resolution 3034 (XXVII), of 1972, to carry out preparatory work for this conference and to report to the General Assembly at its forty-third session. We also call upon the Secretary-General to provide the necessary facilities so that the Committee can carry out its task.

The PRESIDENT (interpretation from Russian): As I have said, this sub-item will now be considered by the Sixth Committee.

AGENDA ITEM 12 (continued)

## REPORT OF THE ECONOMIC AND SOCIAL COUNCIL

- (a) REPORT OF THE COUNCIL (chapter VI, section C) (A/42/3): draft resolution A/42/L.7

The PRESIDENT (interpretation from Russian): I propose that the list of speakers for the debate on this item be closed today at 5.p.m.

It was so decided.

The PRESIDENT (interpretation from Russian): I request representatives who wish to speak to inscribe their names on the list of speakers as soon as possible.

I call first on the Secretary-General of the United Nations.

The SECRETARY-GENERAL: It was only a few years ago that we first began to learn of a new disease on our planet: acquired immune deficiency syndrome (AIDS). For the first several years, it was thought that this was a very limited disease, particular only to very specific, limited populations. It was therefore easy for many to ignore the disease altogether.

Now we understand that the human immuno-deficiency virus (HIV) can strike virtually anywhere. And it does so with increasing intensity. It is called by many "the plague that knows no boundaries". It ignores not only geographic boundaries, but boundaries of culture, social and economic position, religion, age and sex.

It is critically important that the Member States, and the world community at large, appreciate the full dimensions of the AIDS crisis. AIDS is a global

(The Secretary-General)

challenge of unprecedented dimensions. It affects and threatens all countries - north and south, east and west, rich and poor, of whatever political and economic orientation. It raises crucial social, humanitarian and legal issues, threatening to undermine the fabric of tolerance and understanding upon which our societies must function.

AIDS is one of those critical issues, like nuclear weapons, global development, and environmental pollution, which affects the future of all peoples in all countries. It is, in many senses, a global combat, and it threatens us with all the consequences of war - not only of massive death tolls and even greater numbers of disabled, but of orphans, of mass displacements, of loss of productivity, of overwhelming and bankrupting demands on financial, administrative and human resources, of fear, anger and panic, and of social instability.

The Director-General of the World Health Organization (WHO) and his colleagues will brief the Assembly in more detail on the nature of the AIDS threat and report on the measures which WHO is taking in responding to it. Since last November, WHO has moved rapidly and purposefully to develop its Special Programme on AIDS and fill an essential central role in the international medical and health response to the spread of AIDS. WHO Secretariat initiatives in this regard were confirmed and advanced by the 1987 World Health Assembly, which adopted a global strategy for the prevention and control of AIDS. This strategy was endorsed by the Economic and Social Council at its summer session.

I am pleased that virtually all Member States have indicated their acceptance of the necessary leadership role of the World Health Organization, and that many agencies of the United Nations and the international system are already co-operating with the Special Programme in their operational activities.

The broad effects of AIDS will not be controlled and relieved by medical and health authorities alone. This challenge requires commitment far beyond that yet

(The Secretary-General)

mobilized - internationally, in national Governments, and in communities. Certain fundamental principles are essential to this effort.

First, we must establish - and I am pleased to say that recognition of this need has rapidly grown - that AIDS is a world-wide challenge and that only, to quote WHO's slogan, a world-wide effort will stop it. As a world-wide crisis, it will not be resolved by any single national action, nor can any nation truly exclude itself from the danger. It cannot be prevented from crossing borders, and any attempt by a country to isolate itself from all others offers only a delusion of protection, and not a reality.

Second, we must establish that AIDS is not a national stigma. Early appreciation of the situation was made more difficult by the understandable reluctance of many Governments and many communities to acknowledge the dimensions of the problem in their midst. Fortunately, that reluctance is largely receding; it must be removed altogether, if we are to give our medical, scientific and educational colleagues the room and the freedom to manoeuvre so that they can do their work.

Third, the battle against AIDS and AIDS-related problems must be established as a priority concern of every Government as well as of the international system. The WHO global strategy places particular emphasis on the preparation and implementation of national plans which incorporate health, social, cultural and economic components required to combat AIDS. All concerned United Nations entities must work with Governments in a complementary manner in support of national programmes.

Fourth, the urgent search for treatments and prevention - for a cure and for a vaccine - demands maximum effort and co-operation by the medical and scientific

(The Secretary-General)

community. All engaged in this battle must set aside personal, institutional and national considerations in order rapidly to advance humanity's common cause.

Fifth, the world community must find ways to ensure that national co-operation in WHO's global strategy allows full and expedited exchange between countries of information, research results and procedures, testing protocols and experimental drugs.

Sixth, we must remind all involved in the medical and scientific effort that the objective of their work is to protect and treat all people - not just the wealthy, the privileged, and those with access to sophisticated medical services. Until the AIDS threat is resolved for all people, it is resolved for none of us.



(The Secretary-General)

Seventh, we must work hard to ensure that the rising tide of understandable concern and fear demanding action against AIDS does not wash aside the careful, equally urgent work that the United Nations has led in such areas as child survival, primary health care and community development. That would be especially tragic, not only because such important and dramatic progress has been made in these areas in recent years but also because the very same infrastructure and techniques which the United Nations and our colleagues have pioneered for major success in these areas are essential to the battle against AIDS.

Finally, but most importantly, we must unequivocally establish that our battle is against AIDS, and not against people. The target of our efforts must not be people with AIDS; it must not be people infected with HIV; it must not be people considered at highest risk of AIDS or infection; and it must not be the children, siblings, parents, neighbours or associates of people with AIDS or HIV or high-risk groups. Those who suffer should not be made to suffer more. Those endangered by illness should not be penalized by society.

The human rights dimensions of our response to AIDS have yet to be adequately addressed. We need to carry out a careful, well-researched study of the issue in all its complexity. Yet of one cardinal principle we can be sure: the fight against this disease, as in the fight against innumerable scourges of bygone eras, is also a fight against fear, against prejudice and against irrational action born of ignorance, for those are the causes of some of the most critical violations of human rights. Let us not create new minorities and fashion new structures of discrimination. Instead we have to confront the problem with understanding and compassion, awaiting the assistance that scientific progress will bring.

Ultimately, as the leading public health authorities have reminded us, the AIDS epidemics in each country will constitute difficult and complex tests of national character. As a global crisis it will test the human character in all its

(The Secretary-General)

variety. I am convinced that the entire United Nations system must respond to this fundamental challenge.

This week, at the meeting of the Administrative Committee on Co-ordination, I shall suggest that in order to complement the efforts of the World Health Organization each organization and agency of the United Nations system undertake a comprehensive examination of the implications of AIDS in its area of responsibility, in terms of both the direct action on AIDS which would be appropriate for each agency and the potential impact of AIDS on other concerns of the agency, both in an immediate time-frame and over a longer-term period.

In my view the basic elements of our mutual response should be to support the World Health Organization in its medical and health strategy to combat AIDS; to mobilize the necessary resources and machinery of the international system in order to address the broader-scale implications of this emergency; and to ensure that international actions on AIDS - and, as appropriate, national actions as well - are undertaken in harmony with existing United Nations programmes to combat disease and bring protection and assistance to vulnerable groups.

We are confronted with a truly global emergency. I believe we have the capacity, by acting rapidly and decisively and as a global community, to contain the damage and master this challenge to the health and tranquillity of the world community.

We must combat fear with knowledge, panic with reason and isolation with compassion. We must affirm through solidarity that we are but one human family.

The PRESIDENT (interpretation from Russian): As members of the Assembly are aware Dr. Halfdan Mahler, the Director-General of the World Health Organization, and Dr. Jonathan Mann, the Director of the Special Programme on AIDS at the World Health Organization, have generously offered to brief the Assembly on

(The President)

the question of AIDS. Accordingly, I shall suspend the meeting so that the briefing may take place.

The meeting was suspended at 3.45 pm and resumed at 4.25 p.m.

The PRESIDENT (interpretation from Russian): I call on the representative of Australia to introduce draft resolution A/42/L.7.

Mr. WOOLCOTT (Australia): A relatively new and fatal affliction - acquired immune deficiency syndrome (AIDS) - is casting a dark and threatening shadow over the health of our world. We have just been reminded of the importance of our purpose in gathering together today when we listened first to Dr. Mahler and then to Dr. Mann exposing the devastating challenge of the AIDS virus, which must be one of the most alarming threats to the well-being of mankind. I should like to express the Australian delegation's thanks for the comprehensive briefing which we have just received.

The first task, and one of overriding importance, is clearly the containment and then the defeat of the AIDS virus. This is the crucial challenge of AIDS at present. We must seek, through our collective commitment, to control and eventually to eradicate this terrible problem. AIDS does not distinguish between its victims on the basis of their culture, material wealth or origin. Nor can we, in fighting it, afford to do so. To this end, the World Health Organization (WHO) has established its special programme to co-ordinate global activity against the virus. This is a development which requires our unqualified support.

This forum, the General Assembly, represents the principal policy-making organ of the multilateral system. The issue before it now reflects the aspirations of all our citizens for peace, justice, welfare and security. It is entirely appropriate that the Assembly pause to consider the risks to humanity posed by this virus and to proclaim a commitment to combat it.

(Mr. Woolcott, Australia)

As Article I of the Charter of the United Nations states, this Organization must act as a centre for harmonizing the actions of nations in the attainment of the various common ends to which we all subscribe. The presence here today of officials of WHO is evidence of the way in which the resources of the wider multilateral system can be concerted to meet this challenge.

We must acknowledge that the problem of AIDS is not confined to the public health sphere. AIDS will have repercussions, for example, in areas as diverse as employment, national budgets, tourism, trade and migration. A major concern for all of us is that the AIDS virus will inevitably divert funds from other priority tasks, including development. It is now clear that, unless checked, AIDS could have a greater impact in some areas of the world than famine, drought or war. It may have the potential to threaten national cohesion itself.

Since there is as yet no cure for AIDS, our priority now must be to contain the disease and prevent its spread. The essential strategy in containing the spread of AIDS is the establishment of effective education and information programmes at local, national and international levels, in order to provide clear information that explains exactly how the virus is transmitted. Success, even at the purely domestic level, will depend greatly on international co-operation. International travel and the movement of blood products do, after all, play a very significant part in transmitting the virus. Governments must also share their experience and resources in developing knowledge about the virus and in promoting the search for a cure and for a vaccine.

The Australian Government has energetically supported a global strategy. My Government was, for example, an active co-sponsor of the World Health Assembly's resolution on the prevention and control of AIDS earlier this year, and it supported the resolution introduced by the President at this year's second regular session of the Economic and Social Council.

(Mr. Woolcott, Australia)

These initiatives will, we hope, culminate in this General Assembly with a system-wide commitment. Australia has valued the support it has received from WHO and it is currently developing its own national strategy. Australia has also been fortunate in the attitude of its neighbours in Asia and the Pacific. Not all those countries have an AIDS problem and they might well have regarded the AIDS threat within the region as one that only a few countries had to face. They might even have allowed relations within the region to be influenced by the identification of certain States as potential sources of regional infection. My Government is very grateful that these Governments have instead recognized that AIDS presents a threat which all countries of the region must fight together.

My Government was greatly encouraged by the response of Health Ministers from the Asian and Pacific regions to the Ministerial Meeting on AIDS that Australia had the honour to host in conjunction with WHO last July in Sydney. That meeting resulted in a firm resolve to resist, through close co-operation, the further encroachment of this disease within the region. Consistent with the commitment that these Governments have themselves given to co-ordinated international action, I ask that their needs be appropriately reflected in global activity. In most of the countries of the Asian and Pacific regions, preventive action can still block the incursion of AIDS, but appropriate support is urgently needed. Many of the countries in the region have limited financial and health resources and to this extent are not well equipped to withstand the virus.

Consistent with these concerns, the Australian Government will consider a contribution to the WHO Special Programme on AIDS to be directed to assisting Asian and Pacific countries in their own efforts to protect themselves. The Australian Government also stands ready to provide direct support to Asian and Pacific Governments under bilateral programmes in consultation with WHO.

(Mr. Woolcott, Australia)

That we can today debate the issue of AIDS openly in this forum is a testimony to how far we have already come in acknowledging the need to participate in a global effort against this virus.

We must at all costs avoid descending into arid speculation about international sources of infection or allow such concerns to fester. Such developments could only be at the expense of the international co-operation which is our only means of resisting the menace of AIDS. We would then suffer in two ways. Not only would resentment and recrimination replace co-operation and commitments, but the AIDS virus would continue to insinuate itself among our peoples quickly, widely and tragically.

The question is not "Where does AIDS come from?" but rather "Where is it now and where is it going?". The disease now spans every continent and is still spreading rapidly. A global commitment in this General Assembly will reaffirm that AIDS is the concern both of the afflicted and of those who strive to be spared.

Australia is pleased, therefore, to have this opportunity to introduce the text in document A/42/L.7 on the prevention and control of AIDS. We do so on behalf of the following sponsors: Austria, Bahamas, Bangladesh, Belgium, Brazil, Canada, Costa Rica, Denmark, Dominica, France, the German Democratic Republic, the Federal Republic of Germany, Haiti, Italy Japan, Liberia, Malawi, the Netherlands, New Zealand, Papua New Guinea, the Philippines, Poland, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Spain, Sweden, Thailand, the USSR, the United Kingdom, the United States and my own country, Australia. In addition, Malaysia and Singapore have recently agreed to co-sponsor the text.

The text before us is the first global statement on the issue to be collectively considered by the world community. The large number of co-sponsors who have indicated their support for this significant draft resolution, and who are

(Mr. Woolcott, Australia)

drawn from all regional groups, is clear evidence of the global concern to eradicate AIDS as soon as possible. The General Assembly is of course the ultimate forum for galvanizing the international co-operation that is so vital on this issue.

In encouraging international co-operation, it is appropriate that the draft resolution before us reflects a measure of consensus on the tactics which need to be followed, both by international agencies and by Governments. The General Assembly should commend the way in which the virus is already being confronted, especially through the WHO Special Programme on AIDS, and should encourage Governments and international agencies alike to support a global strategy under the leadership of WHO. At the domestic level too it is important that the General Assembly emphasize the need for Governments to develop national strategies. These strategies should support the global effort but will also need to take account of the social, economic and cultural circumstances in individual States.



(Mr. Woolcott, Australia)

The draft resolution before the General Assembly makes no moral or value judgements, accuses no one, contains no barbs. It indulges in no special pleading and reflects no political alignments. It merely seeks the commitment of all Governments in the Assembly to a common cause which, with responsibility to their own populations, they cannot resist.

I believe the draft resolution should command the General Assembly's unanimous support.

Dr. KOOP (United States of America): As Surgeon-General and Director of the Office of International Health, it has been my privilege for a number of years to represent my country at the World Health Assembly; and therefore I am honoured to appear before this important body this afternoon.

The United Nations was created with hope and promise following a period of despair and devastation. And now in a way that is what I want to talk about today - hope amid despair and promise amid devastation. I am referring, of course, to a disease this entire planet faces - the disease known as the acquired immune deficiency syndrome (AIDS). This is a disease that most often cuts down those in the prime of their lives. It kills the poor; it kills the affluent; and it is a disease that knows no geographic boundaries. Populations of all countries are vulnerable to attack.

I welcome the General Assembly's decision to discuss this frightening disease, and I welcome the draft resolution placed before it, commending the World Health Organization (WHO) for its impressive efforts to co-ordinate the attack on this awesome threat, and urging action by Governments in all countries to initiate where necessary and improve where possible their individual and collective efforts. My delegation sincerely hopes that this draft resolution will be adopted by consensus.

(Dr. Koop, United States)

I come to this Hall today not as a diplomat but as a physician, and I come to you with a physician's plea. My plea is for greater compassion and for intensified international co-operation under the World Health Organization. It is a plea for all the nations of the world and for all their component parts - in the health community, the education community, the social service community, industry, non-governmental organizations - to mobilize their energies and resources, and to escalate the common fight against AIDS.

In each of our countries, we must start with an understanding of the disease and an acceptance that it is a risk to the entire society, and not just to one or more narrow groups. I recognize that the political and public health leaders in some countries may not have wanted, at the start, to collect and publish data on an epidemic such as this. But we cannot truly understand a disease, much less stop it, if we do not know where it is and how it acts. I believe that the under-reporting of AIDS could be retarding our progress in the fight against it, and I am pleased to learn that WHO has made advances in stimulating more openness and more honesty about the impact of this problem. I sincerely hope that all delegations here will urge that this growing openness continue.

We also need to recognize that while AIDS is a global problem it is potentially more destructive to the developing world than it is to the industrialized world. In developing nations the people stricken with AIDS are primarily those we look to for support of the children, the aged and the sick. Deaths among these breadwinners cause both family income and nutrition to decline, while poverty and disease increase, making AIDS a major threat to family life.

But there is more. Because AIDS strikes the healthy and usually the young productive adult in the prime of life, AIDS is also a hindrance to development. Developing nations will be losing workers in agriculture, industry, and many other

(Dr. Koop, United States)

vital economic areas, not to mention teachers, engineers, physicians, health workers, Government officials and many other professionals. These are talented people that no country, especially not a developing country, can afford to lose.

Beyond that, there are the innocent victims - the children, the future of our world - who are and will continue to be afflicted with AIDS. The sad fact is that AIDS can roll back the global child survival efforts of both the United Nations Children's Fund (UNICEF) and WHO and undermine all the hard-won victories in reducing infant mortality.

There are many other unpleasant scenarios. Tourism may suffer because of unreasonable fears about how AIDS is contracted; foreign investment may falter as well, because AIDS may be leading to reduced local markets and reduced skilled labour, not to mention the rising costs of health care.

Further, the expenses associated with dealing with AIDS will inevitably take funds and personnel from other programmes in health, education and other vital sectors, and thus jeopardize gains already made in these areas. AIDS can defeat the purposes of foreign assistance that international banks and industrialized countries have provided.

No, it is not fair that those whose potential losses are so threatening may be hit the hardest. But the reality is that AIDS can defeat a developing nation's hopes for the future. Altogether, these are very sad possibilities to consider.

In the industrialized world, the consequences are also very great. We have already seen this in the United States. My country is not the most affected country in per capita terms, but as representatives know it has more cases than any other nation. What we have seen is this: 43,000 AIDS cases have been reported in the United States, with 25,000 deaths. We estimate that 1.5 million additional Americans are infected by the AIDS virus, and can spread it to others. Present

(Dr. Koop, United States)

data indicates that 30 to 50 per cent of infected individuals can be expected to develop AIDS within 7 years of first becoming infected. We now know that the costs are astronomical, even for a country with as many resources as the United States. Treatment can cost \$50,000, and perhaps more, for a single patient. We estimate that by 1991 the costs of treating AIDS in the United States will have reached between \$8 billion and \$16 billion a year. At the same time, however, we are making truly remarkable strides in research. We have learned more about AIDS in 6 years than we did about poliomyelitis in 40 years, or about whooping cough in several generations. But there are limits to this knowledge. President Reagan has pointed out that "science is clearly capable of breathtaking advances, but it is not capable of miracles." He is right; even if we are able to identify a vaccine, because of the long incubation period of the virus it will take years to know if that vaccine is effective.

One thing that can be done in the short term, however, that will help to preserve tourism, business and foreign investment is to resolve to make the world's blood supply safe for transfusion. Could we do this, all of us working together, say by 1991? We have the technology and the resources to do it. This is an area where the nations of the world could come together and do something that is for everyone's benefit. Victory over this one small facet of the AIDS pandemic will help bind us together in our struggle to contain the scourge of AIDS. We call on WHO to give this high priority.

AIDS is such a devastating disease that the cultural, social, economic and ethical after-shocks will last longer than the disease itself. My own country is suffering and in many cases my fellow citizens are confused and angry.

(Dr. Koop, United States)

With this background we have declared AIDS to be our priority public health problem. A massive research effort is under way. We have undertaken educational campaigns to inform the public about AIDS and about the means to prevent it, and to try to dispel the myths and fears that can lead to discrimination against the victims of AIDS.

(Dr. Koop, United States)

Of course, we are also supporting bilateral co-operative efforts in developing nations through our Agency for International Development, and we are co-operating fully with the efforts of WHO. The World Health Organization has developed highly sensible and impressive guidelines for action by individual Governments, and I believe it imperative that all countries make their AIDS control programmes consistent with WHO guidelines.

One reason I came here today was to endorse WHO's leadership role in the battle against AIDS. The World Health Organization's global AIDS programme emphasizes prevention through education, the exchange of information and the need for national programme efforts, developed in co-operation with WHO. It is clear to us that no country can fight AIDS on its own, and that the international co-ordinating authority of WHO is absolutely essential. My Government has provided money and equipment and manpower to assist the WHO programme and will continue to do so.

I have been a surgeon for almost 50 years, and I have never seen such a threat as AIDS. I am proud to be part of a tradition of care that goes back more than two millenia, a tradition that will not abandon the sick and the disabled, whoever they are. But now, in this epidemic, reports are trickling in that some doctors, nurses, and other health care workers, through unfounded fear concerning the transmission of AIDS, are refusing to care for patients with AIDS, or who they think might have AIDS. This behaviour on the part of a misinformed and fearful minority could destroy the fabric of traditional Hippocratic medicine, and we must not let that happen.

We must not abandon those who need our help. Just as important, we must not abandon hope, or abandon our countries or their economies to the devastating impact of this pandemic. Certainly there are and will be those we cannot save. But I do

(Dr. Koop, United States)

believe that our scientific efforts, together with knowledge and education, will eventually stop this terrible disease.

As we speak, progress is being made in the laboratory; progress is being made in education; and as this discussion illustrates, progress is being made in international co-operation.

Let us continue to move forward with good sense and good science and, together, let us give the world something every bit as precious as a vaccine against AIDS. Let us show the world how compassion and enlightenment can triumph over disease.

Mr. MOORE (United Kingdom): I am delighted to have this opportunity to address the General Assembly. I know that it is unusual for health subjects to be debated here but I believe today's debate is a welcome and timely indication of the recognition throughout the world of the threat posed by AIDS. No country is immune from the effects of this new and menacing disease.

Indeed, the presentations we have just heard from Dr. Mahler and Dr. Mann show the world-wide extent of the problems we all face. The 17th-century English poet John Donne wrote that "No man is an island, entire of itself". These words are only too significant in the context of the battle against AIDS.

I believe that there are two fundamental questions which need to be addressed in this debate. First, what is to be done to contain the impact of this disease? Secondly, how much of that action should be taken by individual countries and how much should by a collective effort of us all?

The presentations have indicated the scale and scope of the problem throughout the world. The position in the United Kingdom is that, by September 1987, we were aware of over 1,000 people with AIDS, and over half of these had already died. Particularly worrying is that the number of cases is currently doubling every 10

(Mr. Moore, United Kingdom)

months or so. In addition, the reported number of HIV cases is now over 7,500 and the actual number might be as high as 40,000 to 50,000.

To tackle the growing problem, the United Kingdom has developed a comprehensive four-part strategy, comprising measures in public education, infection control and surveillance, research, and the development of health and other services for people with HIV and AIDS. I should like, if I may, to say a little about each of these in turn.

In the absence of medical defences against AIDS, public education is the main weapon in the fight to limit the spread of infection. Only by influencing personal behaviour and life styles can we hope to minimize the ravages of AIDS throughout our populations. That is why the British Government committed \$33 million in November 1986 to its campaign to raise public awareness about AIDS and particularly to dispel myths about the ways it can be spread. This is a many-faceted campaign. It has included television, radio and newspaper advertisements. And a leaflet was distributed to all 23.5 million households in Britain, a unique exercise for us in mass public education. I am pleased to say that research shows widespread public support for this move, and we received very few complaints. Another strand of the campaign is a 24-hour free national telephone service giving confidential advice and information.

I am also pleased to report that our press and broadcasting authorities have been extremely co-operative in putting out the public education message. This culminated in a co-ordinated schedule of television programmes, the so-called AIDS Week, in February 1987. A similar schedule has been carried on radio. Could I also pay tribute here to the valuable work of the staff of our National Health Service and of the voluntary sector in the United Kingdom in caring for those afflicted by the disease.



(Mr. Moore, United Kingdom)

The most recent stage of the campaign, which I launched on 2 September, concentrates on the dangers of infection in one particularly high-risk group - those who inject drugs. Its results are being closely monitored.

Our public education campaign has been extremely well received. I believe one reason has been its wide-ranging and imaginative nature. But a major cause of public acceptance has undoubtedly been the strength of the Government's commitment to the fight against AIDS. This has been amply demonstrated by the excellent and co-ordinated response of the Government across all of its departments.

As the second part of our strategy, we have adopted a number of measures to safeguard public health and to establish the extent of the problem we face in the United Kingdom. These include the screening of blood donations, the heat treatment of blood products, the establishment of a confidential and voluntary reporting system to monitor the spread of HIV infection and AIDS, and the provision of free and confidential testing and counselling services through National Health Service family doctors and hospital clinics.

As there is currently no vaccine or cure for AIDS, research is clearly a major priority. Accordingly, we have given our Medical Research Council an additional \$24 million over the next three years to finance a directed programme of AIDS research. This programme is particularly aimed at the development of vaccines against HIV infection and anti-viral drugs to treat those who do become infected.

(Mr. Moore, United Kingdom)

We have also given the Medical Research Council \$5 million for general AIDS research outside this directed programme. In addition, the British Government is funding a number of AIDS-related research projects, and our very important pharmaceutical industry is also investing heavily in this area. We all hope that these research efforts will prove successful. However, we have to recognize that expert opinion is at present that no vaccine will be generally available within at least five years, and a cure looks a much more distant prospect. Meanwhile, we must rely primarily on the education campaign.

The fourth strand of our strategy concerns the provision of services for the care and support of those with HIV infection or AIDS. We consider that wherever possible these should be community-based, to enable people to be cared for in their own homes. To achieve this, we aim to promote co-operation between health authorities, local government and the voluntary sector in providing a range of services, including treatment, counselling and special training for staff. One element of this is the working group we have established to consider the implications of AIDS for both health and local government services. An Act of Parliament - the AIDS (Control) Act - has recently been passed. This requires every health authority in the United Kingdom to publish an annual report giving details of both the public education measures and the care provided for people with AIDS. I hope these reports will help contribute to planning future services; the first reports will be made next year.

There is, of course, one further aspect to our strategy, and it is a crucial one. It is the need to encourage international co-operation. AIDS, as other speakers have said, is no respecter of national boundaries. So we need a global response to contain it. This means aiming for the most effective use of all our

(Mr. Moore, United Kingdom)

resources, the sharing of information and expertise and the avoidance of duplication of effort.

This is why the leading role of the World Health Organization (WHO) is so important. A measure of this is that it is now working with over 90 countries on their AIDS campaigns. The United Kingdom greatly appreciates what WHO has achieved so far, and fully supports its Special Programme on AIDS, which aims to provide global leadership, to help international collaboration and to support and strengthen national AIDS programmes world-wide. I am pleased that the United Kingdom has contributed nearly \$5.5 million to this Special Programme. We are also contributing over \$2.5 million to the International Planned Parenthood Federation, to help strengthen its AIDS work, and are currently discussing with WHO the best way of supporting AIDS control programmes in a number of affected countries.

A most encouraging start has been made in co-ordinating the necessary international action. But it is only a start, and much remains to be done. There are three traps that could seriously undermine international efforts, and we must not allow ourselves to fall into any of them.

The first is to pretend that AIDS is not a threat in one's own country. It is a luxury to think that AIDS is someone else's problem, that other countries will somehow find a way of solving the problem and that all we have to do is to sit tight and wait. AIDS is a problem for all of us. All countries will be affected by it in one way or another. And it will not be defeated on a world scale unless each country takes action to defeat it within its own borders.

The second trap is to expend energy in arguing about where the infection originally came from. This question is no doubt of some scientific interest. But Governments' concern must be with the much more urgent issue of how to tackle the

(Mr. Moore, United Kingdom)

infection. Recriminations between countries about the origins of the virus help no one, least of all the sufferers themselves.

The third trap, perhaps the most dangerous of all, is to try to isolate one's country completely from the spread of the infection. Even if this were possible, which for the great majority of countries must be very doubtful, to sustain such a self-imposed quarantine would require the most Draconian measures. These would have to involve not only rigid controls over one's own population, but also severely curtailing contacts between them and those of other countries. The devastating impact this could have on relations between countries, not to mention trade and travel links, is likely far to outweigh its effectiveness in combating AIDS. The United Kingdom therefore firmly supports the World Health Organisation's opposition to such measures.

Instead of these negative approaches to the problem that confronts us all, the United Kingdom believes three things are needed. The first is action, not words. There is no point in countries just paying lip-service to the problem. Each country has to face up to the threat that AIDS represents and take the right measures to safeguard its people, notably by teaching them how the infection is transmitted and how to avoid catching it. The second is co-operation, not conflict. It is essential that each country work with others as part of a communal effort. This involves being willing to co-operate in medical research projects and surveys about the spread of the disease, exchanging experience and expertise and making available to the international community new scientific information and data as soon as practicable. The third is co-ordination, not confusion. International efforts must be co-ordinated. If individual countries take action without any regard to what others are doing, the international response to the problem will be

(Mr. Moore, United Kingdom)

less effective. There could be wasteful duplication in some fields and inadequate action in others. The World Health Organization's Special Programme, therefore, has a crucial role to play, and should be supported.

Therefore, we strongly support the draft resolution now before the Assembly, which has been put together under the skilful leadership of the Australian delegation. If passed, it will represent a substantial political message of our determination to fight the terrible disease of AIDS. The draft resolution also represents a carefully balanced consensus, reflecting the interests of a number of Member States and groups. It has attracted sponsorship from a wide cross-section of the United Nations. I therefore hope that the draft resolution as it stands can be adopted tomorrow by consensus, or at least by an overwhelming majority.

AIDS poses probably the greatest threat to public health this century. It is very important, therefore, to have the issues aired on the world stage. I very much hope that this debate will play its part in generating greater understanding, greater effort and greater co-operation between the Member States. The United Kingdom stands ready and willing to play its part in all this. That is why we look forward to the joint World Health Organization-United Kingdom World Summit of Health Ministers in January 1988, to be held in London. The Summit's theme is public education and prevention. It is clear from the responses we have received so far that a conference on this important subject is widely welcomed. I hope that as many Health Ministers as possible will decide to attend, and that the Summit will enable a further useful exchange of views, very much in the spirit of today's proceedings.

Mr. EPP (Canada): Mr. President, I should like to take this opportunity to express my admiration for the way in which you have conducted this debate. I am convinced that everyone will agree that you have shown great skill in guiding us at this special meeting. The Secretary-General must also be thanked for his

(Mr. Epp, Canada)

introduction to the debate. I also wish especially to express my appreciation to Dr. Mahler, Director-General of the World Health Organization (WHO), and Dr. Mann, for their summary of the AIDS situation throughout the world. Their lucid description has set the tone for our debate.

(Mr. Epp, Canada)

It is hard to believe that less than 10 years ago few people had heard of acquired immuno-deficiency syndrome (AIDS). No one could have imagined a disease of such magnitude. While there have always been deadly diseases there had developed over the last few decades a faith that the skills of doctors and medical researchers would eventually protect us from them. Think of the great strides that we had already made, such as the eradication of smallpox.

We are now faced with a disease against which, for all its efforts, modern science has not made sufficient headway. I do not underestimate the brilliant work already done by doctors and researchers. Extraordinary advances have already been made in research into this disease. In just a very short time scientists have developed an understanding of the complex nature of the disease. Still it is clear that it will take many years and much effort before we can hope to control AIDS through medical techniques.

It is obvious that AIDS has reached such a height of public concern because of the various ways that one can become infected with it and the fact that it is a fatal disease. As we well know, a number of AIDS patients have been infected by the use of contaminated blood and blood products; yet that must be weighed against the fact that millions of people have been saved from the ravages of deadly diseases by means of blood transfusions or injections with vaccines. With immunization programmes sponsored by the World Health Organization (WHO) and many Governments, these immunizations could eventually be available to all. Now, the fear of AIDS has put these programmes into jeopardy. People are justifiably concerned that they might receive the AIDS virus from contaminated, reused needles. That fear of AIDS could lead to an undermining of the great efforts which have already been made to control other diseases.

(Mr. Epp, Canada)

However, as we are all aware, the most common way by which the AIDS virus is spread is through sexual contact. That is the source of our greatest concerns. Certainly there have been sexually transmitted diseases before, but never has there been one of such magnitude and danger; therefore we must recognize that the sexual transmission of the AIDS virus is not restricted to any particular group but that all sexually active people are potentially its targets.

Opinions have been expressed that there have been relatively few deaths from AIDS so far. There is some truth in that. In Canada, which has one of the highest reported rates of AIDS per capita in the world, there have been 680 deaths to date out of 1,300 cases; and yet estimates show that this is only the tip of the iceberg and that deaths will rise steadily. What is truly frightening is that we do not know the full magnitude of the disease. When we think of the numbers who are already infected by the AIDS virus, and how far it could spread, we must all face the fact that the effect of the disease will be medically and economically devastating. The costs of caring for AIDS patients will be an enormous burden, even for the most developed countries.

Furthermore, it is clear that the effects of AIDS will go beyond just the deaths of tens of thousands. The disease has the potential to upset the social and economic fabric of many countries, which are likely to lose many of their most economically productive members. In addition, as the number of AIDS cases grows, the cost of caring for them may swamp other equally important health care programmes. We must not forget that there are other serious health care problems in addition to AIDS, which must be addressed.

For the immediate future we face the problem of the fear which has resulted from misinformation about AIDS. Over the last few months we have seen many examples of people infected with the AIDS virus suffering discrimination. Increasingly, those who are AIDS sufferers are being shunned by other members of



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society. What is demanded of us is to give them the best health care possible. Similarly, every effort must be undertaken to provide factual data regarding AIDS, to reduce the rise of groundless fear and panic which is most often built on misinformation.

Just as we cannot isolate the individual AIDS sufferers, so we must not cut off those countries where it seems that the AIDS virus has struck the hardest. We must help them cope with the situation and the AIDS pandemic should be occasion for greater co-operation among us.

Clearly, more than words is needed. AIDS will have to be dealt with in a variety of activities. Research efforts must be properly balanced with public education. That is the approach which Canada has taken to deal with the AIDS pandemic.

AIDS cases were first reported in our country in 1982. Since that time over 1,300 people have developed AIDS and 87 per cent of AIDS cases are between 20 and 49 years of age. Over 86 per cent are homosexuals or bisexuals. By the end of 1991 there may be as many 6,700 AIDS cases in Canada. It is estimated that there are between 50,000 and 100,000 people infected with the AIDS virus in our country.

The screening of blood and blood products began in Canada in November 1985. After the first year of screening, 211 of 1.2 million donation samples contained the AIDS virus antibody. We are confident that the Canadian supply of blood and blood products is safe from the AIDS virus.

Once the full extent of the AIDS danger was evident we in Canada did act. Between 1982 and 1986 \$2.6 million had been spent on AIDS research by the Canadian Government. In 1986, on behalf of the Government, I announced a \$39 million five-year programme, of which over \$22.5 million would be allocated to various research projects. Canadian Government research concentrates on the following areas: first, the use of epidemiological studies of population groups as a means

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to determine the extent and progression of infection; second, the improvement of diagnostic techniques through the use of bio-technology; third, the development of a rapid test to identify the presence of the virus; fourth, the development of an effective vaccine, which is fundamental to any long-term efforts to control the spread of the virus; fifth, immunological studies in individuals with AIDS or related infections; and, last, socio-economic and behavioural studies of the effects of AIDS.

To ensure that its plans are properly implemented the Government of Canada has established the Federal Centre for AIDS. That organization brings together all the AIDS-related scientific and medical expertise within the Federal Government. The unit, which has been designated a World Health Organization AIDS collaborating centre, will co-ordinate epidemiological studies with regard to AIDS and also serve as a source of technical and scientific information for laboratories across the country. Additionally, research will be done by non-governmental organizations, such as universities and hospitals, especially with the assistance of Federal and Provincial Government funding.

In Canada we recognize that it will be many years before there is a cure for AIDS. Further, we know that even an effective vaccine is a long way off. Clearly, at present and for the foreseeable future, the only means available to slow the spread of AIDS are education programmes. The Federal Government has allocated \$3.7 million to the Canadian Public Health Association for a national AIDS education and awareness programme, which includes intensive multi-media educational projects as well as seminars, the provision of written materials and course curricula. Much of the funding provided will go to support community-based AIDS organizations to provide education and services to all parts of Canadian society, including those who are most at risk.

(Mr. Epp, Canada)

To ensure that the Government of Canada was receiving the best advice possible on all aspects of AIDS, the National Advisory Committee on AIDS was formed in 1983. As the pandemic grows, there is a continued need to address the many social, legal, ethical and moral issues which arise. Experts in those disciplines have been included in the Advisory Committee.

Under our Federal system, the Provinces are responsible for the provision of formal education as well as for the delivery of health care and social services. Therefore, various Provincial and Territorial Governments are establishing their own preventive awareness programmes.

The key to all the educational efforts across the country is that they provide intelligible, reliable information. Handled with sensitivity and tact, these programmes can provide Canadians with information about the dangers they face and will familiarize them with the methods available to reduce those risks.

In my opinion, in Canada we are doing our utmost to bring AIDS under control within our own borders. However, we cannot do the job alone. Canadians recognize that it is urgent that international efforts be undertaken to deal with the pandemic. Canadian scientists and doctors have worked with those of many other countries. In June 1989 Canada will serve as host to the fifth International Conference on AIDS, in Montreal. The theme will be partnership, both within and amongst countries, and the Conference will focus on the social and economic issues of AIDS as well as the more traditional biomedical aspects.

So we welcome this debate because it is an opportunity to discuss the various dimensions of AIDS, especially the need for international co-operation. That is why Canada was amongst the first to co-sponsor the draft resolution on AIDS and we urge others to support it. My presence here is indicative of Canada's willingness to co-operate with other countries to manage the pandemic.

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(Mr. Epp, Canada)

Above all these things, we have shown our commitment to participate in the global campaign against AIDS. Canada strongly supports the World Health Organization's (WHO's) Special Programme on AIDS. It is the focal point of international efforts against AIDS. Last May the Government of Canada contributed \$5 million to this Programme. We firmly believe that the WHO Special Programme on AIDS is essential if we are going to control the AIDS pandemic around the world. Therefore, it is vital that it be supported and fully funded.

The Special Programme has been endorsed by countries from all regions. Last May the leaders of the Seven Leading Industrial Nations endorsed the work of the Special Programme. Only last week, in Vancouver, the Commonwealth Heads of Government stated their willingness to co-operate with WHO. This support is not surprising. It has been earned by the extraordinary work done by Dr. Jonathan Mann and his staff. Since February, while occupied with the organization and planning of the Special Programme, they have been able to advise many countries about the AIDS pandemic. The Special Programme has already released a number of studies which are of great use to all countries.

One of the Special Programme's most important roles is to gather information about AIDS. It is essential that we have a free and accurate exchange of information regarding all considerations of the pandemic. That is a responsibility for which the Special Programme is especially suited. In addition, as the international focal point, the Special Programme will provide the necessary co-ordination and collaboration to ensure that countries do not duplicate each other's work.

The Special Programme must be a catalyst for co-operation between countries. Furthermore, it will be able to build the consensus on issues to avoid conflicts

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which can only hamper efforts to deal with the pandemic. By providing guidelines on various questions, the Special Programme helps alleviate some of the fears which the pandemic is causing.

The other major role which the Special Programme has is to assist countries with the preparation of their national strategies in their fight against AIDS. National strategies of prevention and control are essential if we hope to stop the spread of AIDS. The Special Programme can provide the expertise to put the necessary programmes in place.

It is clear that the Special Programme on AIDS will play a central role in any successful campaign to control the disease. I urge all countries to co-operate fully with the Programme. All countries must face the serious consequences which will result from AIDS if the disease is left unchecked. Long-range health needs should not be sacrificed for short-term economic gains.

We are faced with an enormous task, and I believe that the next five to ten years are the most crucial. I know that all countries, working together with WHO, have the tools to meet the challenge. The work already done by researchers convinces me that it is only a matter of time before there will be an effective vaccine. However, we must accept the fact that a cure is a long way off. For the foreseeable future, we only have education as a tool to slow the growth of the AIDS pandemic. Delicate subjects, generally not discussed in public, must be addressed. Ensuring co-operation and collaboration is vital, and that is one of WHO's major roles.

We can succeed in our efforts to control the pandemic only if each of us recognizes that AIDS is a threat to the social and economic fabric of our countries. AIDS knows no borders, nor does it distinguish the nationality of people. It is a matter for world-wide concern. The defeat of AIDS, like that of

(Mr. Epp, Canada)

smallpox, can be an example of people working together, regardless of national origin, race or creed.

Canada strongly supports the draft resolution. This debate must lead to greater co-operative action now. Canada will do its part, and I urge all nations to join together in conquering this dreadful scourge which is threatening mankind.

Mr. BIERRING (Denmark): Allow me first, on behalf of the twelve member States of the European Community, to thank the Secretary-General for his address this afternoon to the General Assembly and Dr. Mahler and Dr. Mann for briefing us on AIDS - a menacing disease affecting all regions of the world. We welcome the fact that special attention is being given to AIDS here at the Assembly. Let me mention, among others, two reasons for that:

First, a key word in the fight against AIDS is awareness. Not only does awareness tend to increase the resources given to combat the disease but awareness in itself is furthermore a direct remedy - for the time being the most important remedy - in the effort to slow down the spread of the pandemic. By the discussion of AIDS in the General Assembly, it is our firm belief that awareness will be increased not only among public health officials and doctors but also among politicians and the public at large. It will promote efforts by the international community.

Secondly, it is essential that all resources be used in the most efficient way in the fight against AIDS. Discussions and exchanges of information about the subject in various forums should aim at co-ordination and co-operation, thereby avoiding duplication of efforts.

(Mr. Bierring, Denmark)

I should like in general terms to express appreciation of and satisfaction with the important work of the World Health Organization (WHO), which the twelve member States of the European Community have always supported strongly. We also support the activities carried out by other United Nations agencies in this field. Let me assure the Assembly that in the future also our support will not be lacking.

(Mr. Bierring, Denmark)

I should also like to stress that we fully endorse the World Health Organization as the agency which has the international leadership and is the co-ordinating agency with respect to the global struggle against AIDS. The World Health Organization enjoys world-wide respect and has so far shown that it has the flexibility and the capacity to deal effectively with the problem. We believe that WHO is ideally placed to provide and mobilize the international action that will be needed to establish and maintain national AIDS programmes in all countries and we note with satisfaction that national AIDS committees have already been established in more than 100 countries.

No less important is the fact that the World Health Organization, with its long experience in the health sector, is the organization best suited to ensure that efforts to combat AIDS are to the maximum extent possible integrated in general public health services, thereby using existing infrastructure and avoiding creating new and costly structures. We expect, therefore, that WHO will also make use, wherever expedient, of existing channels and programmes of such United Nations agencies as the United Nations Children's Fund (UNICEF) and the United Nations Fund for Population Activities (FPA), as well as of a number of non-governmental organizations which are particularly suited for the execution of important activities in the fight against AIDS.

Information, education and research are essential elements in the fight against AIDS for as long as no vaccine exists, and the Community and its member States focus precisely on those elements. The European Community has decided to introduce in its fourth Medical Research Programme 1987-1991 the co-ordination of medical research on AIDS. Just a few weeks ago the research ministers from the European Community approved about \$US 15 million for research on AIDS.



(Mr. Bierring, Denmark)

Let me also mention that the Council and the Ministers of Health meeting within the Council on 15 May 1987 adopted a number of conclusions aimed at strengthening and improving our common efforts to combat AIDS. In those conclusions it was confirmed that the efforts of the European Community would be carried out in co-operation with WHO, in order to avoid duplication of effort.

The Council of Ministers also decided to establish an ad hoc group of representatives with the mandate to propose as soon as possible a common strategy for an action plan to fight the disease, to be carried out by the Community and its member States.

We believe that in our efforts to combat AIDS care must be taken fully to respect the human rights of all. We stress in this context the ineffectiveness, in terms of prevention, of any policy of systematic and compulsory screening, in particular during health checks at frontiers.

AIDS is not only a grave problem in all parts of the world; the disease will have serious implications for the social and economic development of, especially, the most vulnerable countries. Given the considerable difficulties we have encountered in trying to combat AIDS in our own countries, we can easily appreciate that countries whose national health resources are much more limited find it even harder to cope with the problem.

Against this background, the European Community approved in June this year a three-year plan with a budget amounting to about \$40 million. This plan involves providing technical, financial and scientific assistance to African, Caribbean and Pacific countries running national AIDS control programmes and encouraging Community co-ordination of bilateral efforts. It should be superfluous to say that the plan will be carried out in close co-operation with the World Health Organization, but let me again state clearly that the idea behind the plan is to

(Mr. Bierring, Denmark)

make a Community contribution to the international AIDS campaign being run and co-ordinated by WHO's Special Programme on AIDS. The Community notes with satisfaction that so far about 40 African, Caribbean and Pacific countries have asked to take part in the programme.

The Community is pleased to see that a draft resolution on the prevention and control of AIDS has been presented to the General Assembly. We commend this draft resolution to the Assembly for its unanimous support.

The AIDS pandemic has in the space of a few years become a matter of the greatest concern to the international community and the 12 member States of the European Community believe that exceptional attention should be given to the struggle against the disease. We commend WHO for having done just that.

The Community also strongly welcomes the convening of the world summit meeting of Ministers of Health on programmes for AIDS prevention in London from 26 to 28 January next year.

It is necessary to continue to work solidly and tirelessly towards eradicating the many health problems that still exist.

We fully trust that the World Health Organization will continue to work arduously and wisely in the battle against AIDS, while at the same time not neglecting the many other valuable activities carried out with world-wide co-operation towards attaining health for all.

Mr. POMPIDOU (France) (interpretation from French): This is the first time that the question of the fight against AIDS has been taken up by the General Assembly of the United Nations. France welcomes the initiative taken in the face of the now global impact of this new viral infection.

The inclusion of this question on the agenda of the General Assembly, the attention given to it by the Secretary-General in his introduction, the remarkable

(Mr. Pompidou, France)

addresses that we have heard from Dr. Mahler and Dr. Mann and the presence here of a large number of Ministers and personalities are clear indications of a universal awareness of the dangers inherent in AIDS, not only for our health but also for the development of the world, and bear witness to a collective will for action.

The Ambassador of Denmark has just expressed on behalf of the 12 member States of the Community the importance that we attach to the strengthening of the struggle against AIDS and our appreciation of the role of the World Health Organization in this field. I should like to explain briefly how France sees and carries out such efforts.

Thanks to the discovery by two French and American teams of the human immuno-deficiency virus and of its role as a causal agent of AIDS, it has been possible to devise detection techniques. Rapid scientific progress has been made thanks to the involvement of researchers throughout the world in the fight against AIDS.

(Mr. Pompidou, France)

Despite the extremely productive nature of present-day research, there is still no definitive treatment for the infection and it continues to spread. It is obviously necessary to pursue our efforts, which is why France, in its struggle against AIDS, has developed a global, balanced policy, based on prevention, research and international co-operation.

Prevention encompasses both information and screening. Bearing in mind the highly symbolic nature of transmission through blood and sexual contact, information must be based exclusively on science. It must therefore focus on ways of contamination and epidemiological data on known cases of AIDS, which must be reported in France. Such information, however, is also a way of increasing awareness and making every individual responsible for his own behaviour in order to protect himself and others.

Thirteen million brochures have been distributed to give information on contamination factors and means of protection; 24 million leaflets have been sent to all telephone subscribers; and a data bank has been established and is accessible through an automatic telephone network to the entire population.

Screening is mandatory in France for all blood, cell or organ donors. Apart from this, screening is widely available to the entire population on a voluntary or consenting basis, with professionally guaranteed respect for confidentiality. This is indispensable to avoid both discrimination and frustration of the desired result - that is, broad access to screening and a change in the behaviour of individuals who react positively.

Research is being carried out in several major centres, including the Pasteur Institute in Paris, and a supplementary budget of 100 million francs has been allocated this year.

(Mr. Pompidou, France)

These efforts, of course, are not carried out in isolation from the actions of the international community and France full intends to develop its bilateral and multilateral co-operation. It will, of course, participate in the efforts of the countries of the European Economic Community and will follow the recommendations of the ad hoc group set up on the initiative of the Committee of Ministers of Health of the Community on 15 May 1987. That Committee, in accordance with the recommendations of the World Health Organization (WHO), decided unanimously not to carry out any screening at frontiers, in order to permit free movement of individuals.

France already materially supports WHO, both by means and by personnel. It has decided to increase its assistance to that organization. The action of WHO, under the guidance of its Director-General and thanks to the dynamism of the Director of the Special Programme on AIDS, has been able to mobilize and co-ordinate efforts with remarkable efficiency. That programme must maintain its priority status within WHO and with regard to all countries.

We are therefore fully in favour of the draft resolution submitted to the United Nations, because for us control means prevention and health education, but also screening, with absolute respect for medical confidentiality and human rights, to which France is by tradition firmly committed.

Indeed, while infections by the human immuno-deficiency virus endangers public health science remains directly involved in the search for a radical solution, we must not underestimate the basic questions raised by the spread of AIDS, as stated by Dr. Mann a moment ago, in the modern society, in particular its ethical aspects.

This is why France proposed the meeting in Paris of the people responsible for dealing with the struggle against AIDS in more than 120 countries, which is to take place tomorrow, with representatives of WHO, to consider the questions of

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international co-operation, screening methods and ethical and socio-economic problems. This first contact will make it possible to take stock of the present situation and also to prepare for future meetings, in particular the meeting of Ministers of Health to be held in London next January. The purpose is to avoid over hasty or emotional decisions in an area in which it is more necessary than ever before to proceed step by step and, above all, to do so calmly.

Mr. BELONOGOV (Union of Soviet Socialist Republics) (interpretation from Russian): I wish to express my gratitude to the Secretary-General, Mr. Perez de Cuellar, and to the Director-General of the World Health Organization (WHO), Dr. Mahler, and his colleague Dr. Mann, for their substantive introductory statements.

It is a paradox of our time that the rapid development of science and technology, while making breakthroughs in the exploration of outer space and the ocean depths and opening unprecedented vistas of social and economic progress, is not yet able to penetrate all the mysteries of the human organism and to find antidotes to the many diseases that destroy that organism.

This is clearly reflected in the swift spread of acquired immune deficiency syndrome (AIDS). The scope of the AIDS pandemic, the lack of means of preventing it and the growing fear of it throughout the world have made AIDS one of the gravest global problems, whose significance goes far beyond the limits of medical science and public health.

Although AIDS is not as acute a problem in the Soviet Union as in many other countries, we are conducting intensive scientific research to develop means of preventing, diagnosing and treating this disease. Unfortunately, nowhere in the world have effective means yet been found of treating this disease, nor is there yet a vaccine which can give reliable protection from its pathogenic organisms. In

(Mr. Belonogov, USSR)

the circumstances, the Soviet Union, like several other States, does not see at this stage any alternative to the adoption of measures to impede the spread of AIDS viruses. The Decree of the Presidium of the Supreme Soviet of the USSR of 25 August this year on measures for preventing infection with the AIDS virus has come into force and the USSR Ministry of Public Health has approved rules for medical examination to identify infection with AIDS. These were organizational measures to control the spread of AIDS, inter alia through preventing the introduction of this disease into our country.

(Mr. Belonogov, USSR)

It is obvious, however, that no rules or instructions will be able to make any country safe against the threat of an epidemic. We should not pin our hopes on defensive tactics; it is necessary to bring together all the potential available in the world today in order to start a global offensive against this problem.

That is why we favour the establishment of an world-wide network of medical co-operation on the problem of AIDS and the other most dangerous diseases on the basis of existing WHO structures and with due regard for the ideas on this matter which have been advanced by the leaders of the World Physicians' Movement.

The Soviet Union highly appreciates the activities of WHO, which has been leading the fight against AIDS. It has taken an active part in elaborating a global strategy for the prevention of this disease and has made scientific and material contributions to the implementation of the relevant WHO programme.

At the same time, it is our conviction that we should not stop at what we have achieved and that urgent and vigorous actions are needed to bring together, on a world scale, the efforts and scientific potential of all countries, of intergovernmental and non-governmental organizations and of public and private funds and foundations, to stop the pandemic from growing in geometrical progression and to save people from this plague of the twentieth century.

While supporting the guiding and co-ordinating role of WHO in the fight against AIDS, we think it is necessary to make fuller use of its potential to develop routine exchanges of information and practical co-operation among national laboratories in various countries on the problems of research, evaluation of the epidemiological situation and the efficiency of measures to curb the spread of the infection. In fact, what is needed here is the establishment of a world research centre to combat AIDS.



(Mr. Belonogov, USSR)

The AIDS pandemic is specific in that it is fraught with potential and critically dangerous social, economic, moral, ethical and other consequences where medicine is, in fact, powerless. That is why it is so important for the problem of AIDS to be discussed regularly, not just at a professional medical level, but also at a political level, and to be adequately monitored by the world community as represented by the United Nations General Assembly, its most broad-based and authoritative body.

The fact that the General Assembly is discussing the problem of AIDS today is, in our opinion, a confirmation of the ability of our Organization to respond directly and intensively to the acute problems of our age, especially those of a global nature. In our opinion, this high forum should instruct the relevant specialized agencies to determine, in keeping with their mandates, their role in the work to implement the global strategy of the prevention of AIDS. Subsequent discussion of the implementation of this strategy at regular intervals, including when necessary at sessions of the United Nations General Assembly, will help ensure adequate co-ordination of efforts by the world community.

In our opinion, the draft resolution on the problem of AIDS, of which the Soviet Union is a sponsor, contains sound guidelines for a programme of action in this field and is a useful step towards expanding all-round international co-operation on all aspects of the emergency situation which has arisen as a result of the spread of the AIDS infection.

The meeting rose at 5.55 p.m.