

Chapter 2

The Launch of the Control Programme on AIDS

Fakhry Assaad was taken aback: he had not put AIDS¹ on the agenda for this meeting, but here they were, talking about AIDS. Arguing about AIDS was more like it. It was the end of 1984, and Fakhry Assaad (Picture 2.1)—then Director of the World Health Organization’s (WHO) Division of Communicable Diseases—had gathered with a small group of WHO staff and advisors to discuss immunization and communicable diseases in Karlsbad, Czechoslovakia.² The morning session had centered on pertussis and the afternoon was spent on WHO’s China program. And now, it was evening, and the discussion had somehow turned to AIDS.

Since Assaad had omitted AIDS from the agenda, he found himself on the defensive and felt he needed to explain his position. He did not plan on engaging all of the Communicable Diseases Division on the problem, he explained; it was something for high-income countries to handle. At this point in the meeting, one of the attendees challenged Assaad’s stance: “You think you are WHO, you are talking as if you were WHO, but you *have* to take into consideration AIDS!” A heated discussion then broke out between the various participants over whether WHO should engage more fully in AIDS, and Assaad found himself on the losing end of the argument.

Perhaps Assaad should not have been surprised. By the end of 1984, a growing body of evidence indicated that AIDS would be a much greater problem than originally imagined. Consequently, key leaders both inside and outside WHO had finally awakened to the fact that the agency needed to address AIDS more aggressively. But the main catalyst for substantive change would have to be Assaad.

Within this chapter the singular pronouns *I* and *my* refer to Michael Merson alone, whereas the plural pronouns *we* and *us* generally refer to Michael Merson and Stephen Inrig jointly. Where *we* or *us* refers to Michael Merson and his colleagues at WHO, the object of the pronoun is clarified by context.

¹For the purposes of this text, we will use the term AIDS to encompass both AIDS and HIV unless otherwise specified.

²Meeting attendees included Vilimirovic, Dittman, Aswall, Ralph Henderson, and Assaad, among others. Fawsia Assaad, Interview by Michael Merson, New Haven, CT, July, 2002.

Picture 2.1 Fakhry Assaad (Photo courtesy of Fawsia Assaad. Photo by Fadyaha Haller—Assaad)



An Egyptian primary care physician who had worked with WHO as an Egyptian government counterpart, Assaad formally joined the organization in late 1959. First stationed in Taiwan, conducting epidemiological research on trachoma, Assaad moved to WHO headquarters in Geneva in the summer of 1964 as a medical officer in the communicable diseases area. In 1981, just as AIDS emerged, Assaad became Chief of Virus Diseases; less than a year later, following the retirement of his predecessor, Albert Zahra, Assaad became Director of WHO's Division of Communicable Diseases.³

While Assaad would eventually play an important role crafting WHO's first response to AIDS, initially (as we have suggested) he paid AIDS only scant attention. His division and the WHO regional offices did begin tracking and reporting on AIDS in late 1982 and early 1983,⁴ but at this early date, Assaad committed little engagement from his division. He believed that WHO's mandate was to address the diseases of poorer nations and AIDS, he felt, was a Western disease that the affected

³ Ibid.

⁴ "Acquired Immune Deficiency Syndrome (AIDS)," *Weekly Epidemiological Record*, April 8, 1983, 58(14):1–2.

“rich” nations could handle adequately on their own.⁵ Even after *Projet SIDA* and other observers began reporting the pandemic’s spread in Africa in 1984, Assaad felt AIDS did not merit the attention of other global health concerns: “Fakhry, for some reason, after this group had done the studies in Africa, didn’t want to deal with this. He said he had enough on his plate” recalled Joshua “Joe” Cohen, who had joined WHO in the early 1970s and who in the mid-1980s was serving as Senior Health Policy Advisor to Director-General Halfdan Mahler.⁶

Admittedly, some of Assaad’s reluctance sprang in part from his ambivalence about the morality associated with AIDS: “[Assaad] was a deep puritan,” his wife, Fawsia (a long time human rights advocate), explained, “and he had the feeling that [AIDS] was a first world disease for very dissolute people.”⁷ More importantly, Assaad and many of his WHO colleagues did not think that WHO could do much to address AIDS. In 1984, renowned University of Washington epidemiologist and sexually transmitted disease (STD)⁸ specialist, King Holmes, approached Assaad “to motivate him to create an AIDS program” at WHO. According to Holmes, Assaad explained WHO’s inaction with an analogy to a tuberculosis screening program that Assaad had launched in Egypt: “[Assaad] had identified a large number of people who had tuberculosis and [his boss asked] ‘Now that you are finding all these people with tuberculosis, what are you going to do with them?’”⁹ Assaad appeared to be saying that WHO’s initial decision not to start an AIDS program was based on the belief that, even if AIDS was a growing problem, it would be unhelpful to identify all those infected since WHO had little to offer them.

Assaad seems not to have been comfortable with that position for very long, however. Sometime in 1984, Assaad changed his mind about WHO’s approach to AIDS. We suspect there were a number of reasons for this. Assaad had a keen interest in virology, so perhaps the change started in May of that year, when Robert Gallo and his team at the National Institutes for Health (NIH) clearly showed a virus to be the causative agent for AIDS. Assaad had a deep commitment to fighting diseases in low- and middle-income countries, so maybe a more definitive shift came that summer when he met Jonathan Mann for the first time in Geneva while Mann was engaged in the early stages of *Projet SIDA* in Zaire.¹⁰ Additionally, Assaad during this time was very much in touch with the staff at the Centers for Disease Control

⁵Memorandum of Fakhry Assaad, Director of WHO Communicable Diseases Division to Halfdan Mahler, Director-General of the WHO, July 1983, cited in Katarina Tomasevski, Sofia Gruskin, Zita Lazzarini, and Aart Hendriks, “AIDS and Human Rights,” in Jonathan Mann, Daniel J. M. Tarantola, and Thomas W. Netter, eds., *AIDS in the World: A Global Report*, Cambridge, MA: Harvard University Press, 1992, p. 567.

⁶Joshua Cohen, Interviewed by Michael Merson, New Haven, CT, August, 2002.

⁷Fawsia Assaad, Interview by Michael Merson, New Haven, CT, July, 2002.

⁸For the purposes of this text we use the term sexually transmitted disease(s) and the abbreviation STD rather than the other term sexually transmitted infection(s) or STIs.

⁹King Holmes, Interview by Michael Merson, New Haven, CT, September, 2002.

¹⁰Jonathan M. Mann Oral History, Interviewed by Jake Spidle, New Mexico Health Historical Collection, UNM Health Sciences Library and Informatics Center, 1996.

and Prevention (CDC), so perhaps his concern emerged gradually throughout the year as Walt Dowdle kept him abreast of the latest information on the pandemic.¹¹

Whatever the reason, the tipping point appears to have occurred at that meeting in Karlsbad towards the end of 1984. Jo Asvall, a Norwegian and the Regional Director for the European Office of WHO from 1985 to 2000, remembers being struck that Assaad had not put AIDS on the agenda; that Assaad and WHO had essentially ignored it or avoided it.¹² It was Professor S. Dittman, the famous virologist from the Institute of Hygiene, Microbiology and Epidemiology in Berlin, who had first broached the subject of AIDS that evening, highlighting the tremendous concern health care providers in his country and elsewhere had about AIDS. As we have explained, Assaad at this stage seems to have grown concerned about AIDS, though he still largely considered it a problem for high-income countries. He had not wanted to involve his Communicable Diseases Division in Geneva in a problem he considered to be of such limited scope, but he had been willing for “EURO [WHO’s Regional Office for Europe] to take over AIDS.”¹³

As we noted above, at some point in the meeting Assaad found his position assailed by the other infectious disease specialists. They argued vociferously over the relative merits of WHO’s modest approach on AIDS; none considered Assaad’s decision to limit WHO involvement satisfactory. Coming out of the meeting (according to Assaad’s wife), the argument about AIDS had a transformative effect on him: “then he got involved himself. It was sudden: after this big fight, the following day he took over AIDS. After this fight at the end of 1984 ... in Karlsbad, he did not wait, he just ground himself into AIDS.”¹⁴ Assaad had made a decision; thereafter he would become a key champion, dragging WHO into the global fight against AIDS.¹⁵

The largest problem for Assaad was WHO’s ongoing inertia regarding AIDS. “Fakhry was the only one interested in anything—he was a dynamo,” Dowdle explained, “... he was very keen on what was happening and was following through on everything but couldn’t get anyone else in WHO interested.” Assaad put himself on a steep learning curve, staying in constant touch with CDC as the pandemic expanded.¹⁶ In particular, he began relying heavily on CDC’s McCormick and Dowdle for advice about how WHO should respond. Dowdle became a standing participant in Assaad’s Collaborative Center meetings, and McCormick became one of Assaad’s regular correspondents on global AIDS policy.¹⁷ By mid-1985, Assaad had become such an expert on global AIDS that some in the media took to labeling him “Mr. AIDS” or “*Monsieur SIDA*.”¹⁸ Media briefings on AIDS now became

¹¹ Walt Dowdle, Interview by Michael Merson, New Haven, CT, August, 2002.

¹² Joe Asvall, Interview by Michael Merson, January, 2002.

¹³ Fawsia Assaad, Interview by Michael Merson, New Haven, CT, July, 2002.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Walt Dowdle, Interview by Michael Merson, New Haven, CT, August, 2002.

¹⁷ Ibid; Joseph B. McCormick and Susan Fisher-Hoch, *Level 4: Virus Hunters of the CDC*. New York: Barnes & Noble Books, 1999, p. 187.

¹⁸ Fawsia Assaad, Interview by Michael Merson, New Haven, CT, July, 2002.

marathons, with Assaad sometimes answering questions for up to 2 h as reporters from various countries sought answers about the expanding pandemic.¹⁹

Despite Assaad's increased attention to AIDS, he had yet to convince WHO leadership that the organization needed to make AIDS a greater priority. "[Assaad] had already become convinced that he needed to get a program started under the auspices of WHO," McCormick later explained, "but his chief, Dr. Halfdan Mahler, was more difficult to persuade and was slower to grasp the significance of what was happening."²⁰ "Between 1984 and 1985 ..." recalled then Director-General of the Swedish National Institute for Infectious Disease Control, Lars Kallings, "Fakhry Assaad called on me to convince Mahler that AIDS was indeed a problem."²¹ According to Dowdle, Mahler largely ignored Assaad's concerns about AIDS, to Assaad's tremendous aggravation: "He didn't listen—neither did anyone else ... [Assaad's] frustration was profound."²² Indeed, in September 1985, Mahler told reporters in Zambia that "if African countries continued to make AIDS a 'front-page' issue, the objectives of Health for All by the Year 2000 would be lost." Mahler agreed that WHO should help others strategize and mobilize against the pandemic, but he did not think it should make the disease a high priority: "AIDS is not spreading like a bush fire in Africa," Mahler concluded. "It is malaria and other tropical diseases that are killing millions of children every day."²³

Mahler's reluctance to prioritize AIDS stemmed both from his professional commitments and organizational prejudices. Born in 1923, raised by his father (a Danish Baptist preacher) and mother (a German woman from a family of physicians), and educated as a physician in Denmark, Mahler led an antituberculosis campaign for the Red Cross in Ecuador immediately before joining WHO as a tuberculosis officer in the early 1950s. He was initially attached to the tuberculosis control program in India and in 1962 became Chief of the Tuberculosis Unit in WHO in Geneva. In 1969 he headed up WHO's Project Systems Analysis before being elected for the first of his three terms as Director-General in 1973. A visionary and charismatic man with passionate views and a minister's oratory, Mahler believed fervently in his 'primary health care' model—the Global Strategy for Health for All by the Year 2000—and the decentralized, local-level responsibility structure that went with it.

Launched at the International Conference on Primary Health Care in Alma-Ata, USSR in 1978, the Global Strategy proposed by Mahler and his Senior Health Policy Advisor, Joe Cohen, called for a peripheral, nonphysician-based, health infrastructure that would provide basic prevention and care services for the world's poor using appropriate technologies, in contrast to one focusing on vertical, disease-control approaches that produced in their eyes only short-term gains. In Mahler's mind, another global, "vertical" program like the one that had recently eradicated

¹⁹ Ibid.

²⁰ Joseph B. McCormick and Susan Fisher-Hoch, *Level 4: Virus Hunters of the CDC*. New York: Barnes & Noble Books, 1999, p. 187.

²¹ Lars Kallings, Interview by Michael Merson, New Haven, CT, September, 2002.

²² Walt Dowdle, Interview by Michael Merson, New Haven, CT, August, 2002.

²³ *Times of Zambia*, 11 September 1985, cited in John Iliffe, *The AIDS Epidemic: A History* p. 68.

smallpox—particularly for a disease that seemed disproportionately to affect high-income nations like AIDS—would distract from the importance of primary health care as a global health priority. Cohen himself was not convinced that AIDS deserved attention, telling Suzanne Cherney, editor at the time of the *WHO Chronicle*, “not to make too much of the epidemic as it stigmatized Africans and any way ‘it’s not going to spread like wildfire through Africa.’”²⁴

Also, Mahler had hoped WHO could avoid taking on the global responsibilities for a socially complex disease like AIDS. Mahler felt that WHO had a dismal record when it came to helping countries establish STD prevention programs, and he doubted it would do any better with AIDS. Mahler believed that such diseases were primarily “social problems,” and therefore were not WHO’s forte. WHO should focus on what it did well, he concluded. Despite Assaad’s petitions for an aggressive AIDS program at WHO, Mahler remained unconvinced.²⁵

Mahler’s disengagement and reluctance notwithstanding, Assaad recognized he needed to move forward and establish an AIDS program within WHO. His first major step was to partner with the United States’ CDC to host the first major International Conference on Acquired Immunodeficiency Syndrome (AIDS) on April 15–17, 1985 in Atlanta. The conference drew more than 3000 participants from 50 countries and included 392 presentations on aspects of this new disease.²⁶ For 3 days in Atlanta, participants tried to wrap their minds around this emerging problem that was simultaneously scientifically exciting, therapeutically discouraging, and politically controversial. Perhaps most disturbing for conference participants was the revelation that the virus causing AIDS had a longer incubation period than previously thought, sparking the growing realization that “many of those dying [from AIDS] in 1985 had been infected before 1981.”²⁷ As the unique and interesting epidemiological data emerged from across the globe, the conference left the clear impression that AIDS was not just a real and potentially devastating problem, but that it was a worldwide problem.²⁸

Immediately following the conference, Assaad convened a WHO consultation group to assess and make recommendations emanating from the conference findings. Led by Assaad and Dowdle, 38 participants from 21 countries recommended WHO establish an AIDS Collaborating Centers network; generate a common reporting format and case definition for AIDS; coordinate global AIDS surveillance; facil-

²⁴ Suzanne Cherney, Interview (email) by Michael Merson, August 13, 2013.

²⁵ Halfdan Mahler, Interview by Michael Merson, Geneva, October, 2001.

²⁶ “The Acquired immunodeficiency syndrome (AIDS): Memorandum from a WHO Meeting,” *Bulletin of the WHO*, 63 no. 4, 667–672, 1985; Boris Bytchenko. “Travel Report Summary on World Health Organization European Consultation on AIDS,” Atlanta Georgia, 18–19 April 1985; WHO Division of Communicable Diseases, “WHO Consultation on AIDS, 18–19 April 1985, Atlanta, Georgia, USA,” WHO Unpublished document, p. 1.

²⁷ Katherine E. Bliss. *The International AIDS Conference Returns to the United States: Lessons from the past and opportunities for July 2012*. Washington, DC: Center for Strategic and International Studies, 2012, 5.

²⁸ Boris Bytchenko. “Travel Report Summary on World Health Organization European Consultation on AIDS,” Atlanta Georgia, 18–19 April 1985.

itate the development of an effective vaccine, and assist in the development of effective control strategies.²⁹ The group also called on countries to inform their citizens on how AIDS was spread, establish surveillance systems, set up blood screening programs, develop guidelines for counseling and care of infected patients, and maintain the confidentiality of positive results of serological testing and the identity of AIDS patients.³⁰ Over the next several months, Assaad designated five institutes as WHO Collaborating Centers on AIDS: the Division of Viral Diseases, CDC, Atlanta; *Institut de Médecine et d'Epidémiologie Tropicales*, Hospital Claude Bernard, Paris; Department of Hygiene and Medical Microbiology, Max von Pettenkofer Institute, Munich; Virus Laboratory, Fairfield Hospital, Fairfield, Victoria; and the *Unité d'Oncologie Virale, Institut Pasteur*, Paris. Each of these centers had extensive experience in laboratory diagnosis of viral infections, and each was to provide advice in its areas of expertise to assist WHO in formulating AIDS policies.

The conference only heightened the demand for more information about AIDS, and WHO Member States began calling on Assaad and his WHO colleagues to coordinate regional and global AIDS control activities more aggressively.³¹ Each of WHO's six Regional Committees traditionally met annually in the months just after the conference had ended, so Assaad found himself peppered with questions at each of these meetings for information and assistance on AIDS.³² Addressing these requests put a tremendous administrative burden on Assaad and his staff.³³ "At this point the Member States [began] to pose questions," Assaad's senior operations officer at the time, Bill Parra remembered.

And these cables are beginning to come in because we didn't have... any internet. There was no way of communicating except through cables.... So we would come in everyday and we had these long tables in the workroom, we would lay out these cables and we would try to figure out what we were able to respond to quickly. There were just more questions than we could answer... My job to help Fakhry was to say, 'ok what can we do, how can we lay out this process? How can we get this answer? What does WHO require, what can I do to help you?' So we would sit down and chart them.³⁴

Consequently, Assaad became even more determined that WHO needed to have "a major AIDS program" run from its headquarters in Geneva that "would concentrate its efforts on the developing world," and over the summer and early fall of 1985

²⁹ "The Acquired immunodeficiency syndrome (AIDS): Memorandum from a WHO Meeting," *Bulletin of the WHO*, 63 no. 4, 667–672, 1985; Control Programme on AIDS, "Global WHO Strategy For the Prevention And Control of Acquired Immunodeficiency Syndrome: Projected Needs For 1986–1987," World Health Organization AIDS/CPA/86.2, June 1986, p. 5.

³⁰ "The Acquired immunodeficiency syndrome (AIDS): Memorandum from a WHO Meeting," *Bulletin of the WHO*, 63 no. 4, 667–672, 1985.

³¹ Control Programme on AIDS, "Global WHO Strategy For the Prevention And Control of Acquired Immunodeficiency Syndrome: Projected Needs For 1986–1987," World Health Organization AIDS/CPA/86.2, June 1986, p. 6.

³² *Ibid.*

³³ William Parra, Interview with Stephen Inrig, October 14, 2010.

³⁴ *Ibid.*

he began calling “several people to solicit ideas about who might set [it] up.”³⁵ “We are concerned about a disease which is still spreading,” Assaad told reporters in mid-September, explaining his evolving plans. “We don’t have any treatment that we can validate, and we don’t have a vaccine. And one of the things that can be done to prevent AIDS is to spread information as widely as possible. We cannot just wait until it spreads throughout the entire world. ... When we began to realize that it was spreading in other countries, we decided we must make sure we have the means available, all the tools for handling it.” Assaad also laid out what he considered to be the foundational components of a larger WHO plan: “We foresee using WHO as the organization that would be a coordinator for the exchange of information. ... the organization would probably also coordinate research and provide support to countries in the developing world.”³⁶

In lieu of such a global program, Assaad began relying heavily on the directors of the AIDS Collaborating Centers for advice and guidance. By this time, Assaad had expanded the list of Centers to 12 (five in the United States, two in Britain, two in France, and one each in West Germany, Australia, and the Central African Republic).³⁷ In late September, 1985, Assaad convened a meeting in Geneva of the center directors to review the status of the pandemic, define their responsibilities, and recommend priority actions WHO should take. On the technical front, the directors called for the development of an international panel of anti-LAV/HTLV-III (the former name for HIV)³⁸ reference sera and distribution of standard preparations of the LAV/HTLV-III virus; collection and characterization of viral isolates; and provision of epidemiological data on LAV/HTLV-III infection. They also recommended 12 priority actions for WHO that focused on laboratory diagnosis, epidemiological surveillance, and blood safety. Finally, at the end of the meeting, the group affirmed the important role WHO could play in the prevention and control of AIDS, particularly in developing countries, and backed Assaad’s idea that WHO should develop a global AIDS program.³⁹ This latter point was prescient, because by the time of this

³⁵ Joseph B. McCormick and Susan Fisher-Hoch, *Level 4: Virus Hunters of the CDC*. New York: Barnes & Noble Books, 1999, p. 189–190.

³⁶ Thomas W. Netter, “U.N. Agency Announces Steps To Coordinate Fight Against AIDS,” *The New York Times*, September 23, 1985, A14.

³⁷ Ibid.; Alan McGregor, “World experts meet to reassess Aids data” *The Times of London*, September 25 1985. The new centers included the National Institute for Biological Standards and Control, London; Faculty of Medicine, University of Singapore, Singapore; Laboratory Centre for Disease Control, Ottawa; Institut Pasteur, Bangui; Central Public Health Laboratory, London’s Institute for Viral Research, Kyoto University, Kyoto; National Bacteriological Laboratory, Stockholm; and the Center for Drugs and Biologics, Food and Drug Administration (FDA) in Bethesda.

³⁸ Before being assigned the universally agreed upon designation of HIV, the virus that causes AIDS had at least two designations, depending on who the designee considered the discoverer of the virus to be. Those supporting the French called the virus *Lymphadenopathy Associated Virus* (LAV), while those supporting the Americans called it the *human T-lymphotropic virus* (HTLV)-III.

³⁹ Control Programme on AIDS, “Global WHO Strategy For the Prevention And Control of Acquired Immunodeficiency Syndrome: Projected Needs For 1986–1987,” World Health

meeting, WHO had received over 15,000 reports of AIDS cases; more than 2000 of which had come from 40 countries outside the United States.⁴⁰ We should note, at this point, that the shape of WHO's early AIDS program was largely focused on the technical aspects of AIDS control: securing the blood supply, establishing diagnostic criteria, and setting up viral collection and repository standards. Activities related to the prevention of sexual transmission—behavior change, educational programs, and the like—and the formation of national action plans or concerns about the human rights of people with AIDS were not yet in play or even under consideration.

Assaad began working with CDC's McCormick to develop a clinical case definition of AIDS that low- and middle-income countries could utilize, as participants at April's post International AIDS Conference consultation meeting had recommended. McCormick had continued to press the concern in the ensuing months and consequently, in late October, 1985, Assaad organized a workshop in Bangui, Central African Republic to develop a clinical case definition for AIDS in adolescents and adults for clinicians to use for surveillance when a laboratory diagnosis was impossible.⁴¹ Clinicians from nine African countries who had treated AIDS patients joined WHO representatives to draft the provisional clinical definition and to elucidate ways that WHO could further collaborate with Member States in its use, particularly those countries struggling with AIDS.⁴² With a case definition in place and the Coordinating Centers providing advice and support, Assaad felt he could begin taking the next steps towards developing a full-fledged WHO program.

Launching such a program was no simple task, however, and by the closing months of 1985 the demands for AIDS programs were becoming unwieldy for Assaad and his team. First, there were new diplomatic sensitivities associated with the pandemic, most prominently in Africa. As researchers traced the origins of AIDS back to different countries in Africa, epidemiological data mixed with anthropological conjecture fostered several unwarranted speculations that allegedly unique aspects of "African culture" played a role in the spread of the disease. The conjectures that made it into the academic and popular press often seemed to blame Africans for AIDS, or assigned the origins of AIDS to allegedly taboo sexual prac-

Organization AIDS/CPA/86.2, April 1986, p. 5. Alan McGregor, "World experts meet to reassess AIDS data," *The Times*, September 25 1985; Ibid, "Health experts attempt to lessen fear of Aids," *The Times*, September 27 1985.

⁴⁰Thomas W. Netter, "U.N. Agency Announces Steps To Coordinate Fight Against AIDS," *The New York Times*, September 23, 1985, A14.

⁴¹DCS Control Programme on AIDS, "Global WHO Strategy For the Prevention And Control of Acquired Immunodeficiency Syndrome: Projected Needs For 1986–1987," World Health Organization AIDS/CPA/86.2, April 1986, p. 6; Joseph B. McCormick and Susan Fisher-Hoch, *Level 4: Virus Hunters of the CDC*, New York: Barnes & Noble Books, 1996, 1999, p. 188.

⁴²WHO, "Workshop on AIDS in Central Africa: Bangui, Central African Republic," WHO/CDS/AIDS/85.1, 22–25 October 1985; "Revision of the case definition of AIDS for national reporting—United States," *MMWR*, 1985, 34(25):373–375; DCS Control Programme on AIDS, "Global WHO Strategy For the Prevention And Control of Acquired Immunodeficiency Syndrome: Projected Needs For 1986–1987," World Health Organization AIDS/CPA/86.2, April 1986, p. 6; "WHO/CDC Case definition for AIDS," *WER*, 1986, 61:69–76.

tices in African countries. Assaad found himself in a precarious position. On the one hand, he wanted to silence speculations that drew on negative or colonial-era stereotypes of Africans. On the other hand, he wanted to safeguard against African leaders becoming so sensitive to these unfounded theories that they ignored the very real epidemiology of the pandemic. Kenya and South Africa were the only African countries reporting AIDS cases to WHO by year's end, so Assaad realized he needed to approach this conundrum very carefully if he wanted to ensure maximum buy-in from other affected countries.⁴³

Second, Assaad faced several logistical issues. He had to begin planning in the fall of 1985 to place the topic of AIDS on the agenda of the next WHO Executive Board meeting in January, 1986. That meant he needed to convince the Executive Board's Program Committee in October of the importance of the full Board making recommendations on the needed response to the pandemic at its January meeting.⁴⁴ WHO's Executive Board is composed of members (31 at the time) technically qualified in the field of health who are elected for 3-year terms (see Appendix 1 for more on WHO structure). The Executive Board meets twice a year. It holds its main meeting, at which resolutions are adopted to be forwarded to the World Health Assembly (WHA) every January, while it convenes its second (and much shorter) meeting in May, immediately after the WHA (where it considers mainly administrative matters). With AIDS numbers climbing across the globe, getting AIDS as an item on the January meeting agenda was imperative.

Assuming he succeeded in placing AIDS onto the agenda, Assaad then had to prepare relevant documentation for the members of the Board—this would be the first official discussion of AIDS held by WHO's Executive Board. So, in the fall of 1985, Assaad drafted a background paper for a proposed WHO AIDS program that would be distributed to Executive Board members in November 1985. Assaad based the document on recommendations made during the AIDS consultations and meetings in which he had participated during the previous year.⁴⁵ He called for a six-point WHO AIDS program that included: preparing and distributing technical guidelines; coordinating the exchange of AIDS information; providing direct technical support to developing countries; advising governments on safeguarding their blood supplies; guiding the deployment of commercially available antibody test kits; and coordination of research on development of therapeutic agents and vaccines. After formulating his proposal, Assaad continued fleshing out the details in mid-December when he met again with the heads of his Collaborating Centers to

⁴³ "Rwanda: In Brief: AIDS not yet a public health problem," *BBC Summary of World Broadcasts*, January 24, 1986; "African AIDS Conference Ends," *The Associated Press*, January 24, 1986; "Is nobody safe from AIDS?" *The Economist*, February 1, 1986, p. 91; Lawrence K. Altman, "New Fear On Drug Use And AIDS," *The New York Times*, April 6, 1986, 1:1.

⁴⁴ DCS Control Programme on AIDS, "Global WHO Strategy For the Prevention And Control of Acquired Immunodeficiency Syndrome: Projected Needs For 1986–1987," World Health Organization AIDS/CPA/86.2, April 1986, p. 6.

⁴⁵ WHO Executive Board, "WHO activities for the prevention and control of AIDS: Report by the Director-General," EB77/42, 25 November 1985.

discuss further the ways that WHO could meet the needs of Member States.⁴⁶ Among other things, the group agreed on coordinating their antibody testing and epidemiological assessment efforts and antiviral/vaccine research. They also committed to developing diagnostic kits that low- and middle-income countries could employ.⁴⁷

Finally, Assaad began helping Member States establish national AIDS programs. In late December 1985, for example, Assaad flew to India to help the government establish its AIDS program. By this time, several cases of AIDS had already surfaced in the country. Assaad met with India's Health Ministry officials and helped them open seven HIV testing facilities. In conjunction with his Collaborating Center directors, he also helped India establish 25 technical teams and distribute AIDS alerts in all 106 of the nation's medical schools.⁴⁸

The India trip proved successful, but it exhausted Assaad. India was but one example of the demands AIDS was now making on his calendar in the last half of 1985. During those last months, his schedule had erupted with AIDS-related travel, planning, diplomacy, and technical advising. These new demands began crowding out the time Assaad had previously spent running his division effectively. Assaad did not want any part of his divisional program to suffer from his absence, so as his schedule began ramping up around AIDS in the summer and fall of 1985, he began searching for someone to lead the AIDS program.⁴⁹

In his preliminary search for a potential program leader, Assaad again sought the opinion of McCormick. McCormick recommended Jonathan Mann. As we noted earlier, Assaad had initially met Mann in 1984, as Mann passed through Geneva on his way to *Projet SIDA* in Zaire.⁵⁰ That meeting was premature, of course, as Assaad had only started thinking about WHO's role in AIDS and the prospect of a global AIDS program remained months away. But McCormick extolled Mann to Assaad: "I couldn't imagine a better candidate for the position," McCormick recalled.⁵¹ As it turned out, Assaad "would have a chance ... [to] sound him out" with relative ease when the two would meet in Bangui in late October at the meeting to develop the clinical case definition for AIDS.⁵² "[Assaad] and [Mann] hit it off well," McCormick recalled, "But

⁴⁶Control Programme on AIDS, "Global WHO Strategy For the Prevention And Control of Acquired Immunodeficiency Syndrome: Projected Needs For 1986–1987," World Health Organization AIDS/CPA/86.2, April 1986, p. 5.

⁴⁷"Second Meeting of the WHO Collaborating Centres on AIDS," 2nd draft, December 16–18, 1985, Geneva.

⁴⁸Fawsia Assaad, Interview by Michael Merson, New Haven, CT, July, 2002; "India launches AIDS education campaign," *United Press International*, May 9, 1986.

⁴⁹Joseph B. McCormick and Susan Fisher-Hoch, *Level 4: Virus Hunters of the CDC*. New York: Barnes & Noble Books, 1999, p. 189.

⁵⁰Jonathan M. Mann Oral History, Interviewed by Jake Spidle, New Mexico Health Historical Collection, UNM Health Sciences Library and Informatics Center, 1996. p. 3.

⁵¹Joseph B. McCormick and Susan Fisher-Hoch, *Level 4: Virus Hunters of the CDC*, New York: Barnes & Noble Books, 1996, 1999, pp. 189–190.

⁵²CDS Control Programme on AIDS, "Global WHO Strategy For the Prevention And Control of Acquired Immunodeficiency Syndrome: Projected Needs For 1986–1987," World Health Organization AIDS/CPA/86.2, April 1986, p. 6; Joseph B. McCormick and Susan Fisher-Hoch, *Level 4: Virus Hunters of the CDC*, New York: Barnes & Noble Books, 1996, 1999, p. 188.

when [Assaad] asked him whether he'd have any interest in setting up a WHO program on AIDS, [Mann] didn't immediately agree, although he did tell [Assaad] that he would help him put together some ideas for the new organization."⁵³

While Mann initially seemed ambivalent about the venture, Assaad returned from the Bangui meeting largely convinced Mann was his candidate. "He came back saying that he wanted to get Jonathan," Assaad's wife later remembered.⁵⁴ Consequently, Assaad called Dowdle at CDC to discuss his hopes for a new AIDS program and Mann as the potential program leader. Was Mann available? Assaad asked Dowdle.⁵⁵ It turned out, Mann was available and, more importantly, interested. Despite his initial ambivalence during his meeting with Assaad in October, Mann had quickly come around to the idea of heading WHO's AIDS program. "I noticed ... that his fervor increased," recalled Tom Quinn, Mann's partner at *Projet SIDA*.

He became more passionate, much more. ... I noticed that 3 months before he announced he was leaving. ... I do think that [Mann], having lived [in Zaire] for 2 years, saw that this was a disaster in the making and no one was doing anything. So he became more impassioned – something had to be done, a leader had to go out there and make the predictions and the acknowledgement that this was a tremendous epidemic with global proportions. That's what he wanted to do. ... [Mann] was saying this is going to be the worst epidemic of all times, of our times ... about a month later, he called me and said, I'm going to be leaving *Projet SIDA*, the WHO wants to form a global program—just a unit maybe—and I need to take this on. I think ... he had to take this to a different level. I think he thought WHO was the place to go ... he was religious in his fervor on this topic.⁵⁶

In January, 1986, Assaad and Mahler formally offered Mann the job. Mann agreed and joined WHO on a secondment from CDC assigned out of the office of Jim Curran, who was directing CDC's AIDS efforts.⁵⁷ WHO announced Mann's new position on January 16, 1986, though he would not begin his official duties until later in the year.⁵⁸ For his part, Mann was not unmindful of the fact this opportunity had arisen through strategic contacts and some serendipitous encounters along the way, particularly his initial meeting with Assaad in Geneva in 1984. "I know perfectly well," Mann told an interviewer in 1996, reflecting on that initial encounter with Assaad in Geneva, "that if, in 1986, there'd been an open application for a job as a head of that AIDS program at WHO, I really doubt I would have been chosen, because there would have been people who are older, who had more of this

⁵³ Joseph B. McCormick and Susan Fisher-Hoch, *Level 4: Virus Hunters of the CDC*, New York: Barnes & Noble Books, 1996, 1999, pp. 189–190.

⁵⁴ Fawsia Assaad, Interview by Michael Merson, New Haven, CT, July, 2002.

⁵⁵ Walt Dowdle, Interview by Michael Merson, New Haven, CT, August, 2002.

⁵⁶ Thomas Quinn, Interview by Michael Merson, New Haven, CT, August, 2002.

⁵⁷ James Curran, Interviewed by Michael Merson, September 3, 2002; Walt Dowdle, Interview by Michael Merson, New Haven, CT, August, 2002.

⁵⁸ "More than 20,000 Cases Worldwide, U.N. Agency Reports," *The Associated Press*, January 16, 1986.

experience or that experience.”⁵⁹ Mann would bring more to the task than Assaad could ever have imagined.

Mann’s recruitment was just part of Assaad’s greater effort to launch a large, global AIDS program at WHO. Even as Assaad and Mahler were wooing Mann to join the new venture, the two of them were placing Assaad’s AIDS program proposal before WHO’s Executive Board. On January 17, 1986, Mahler walked the Board through the six-point AIDS program plan that Assaad had provided the Program Committee in written form the previous November.⁶⁰ It had taken four and a half years from the initial discovery for AIDS to make it onto the agenda of WHO’s Executive Board.

In response to Assaad’s proposed plan, the Board passed its first resolution on AIDS.⁶¹ In Resolution EB 77.R12, the Board acknowledged that AIDS and other manifestations of HIV infection were becoming a major public health concern in many areas of the world and urgently required global alertness and preparedness from the global health community.⁶² Since public information, education, and a safe blood supply were, at that stage, the only measures available to limit the spread of AIDS, the resolution urged countries to share information on AIDS incidence and called on WHO to expand its information exchange on the disease, to develop a simple and inexpensive test for the virus, and to advise countries on the provision of a safe blood supply.⁶³ The Board called on governments “to maintain vigilance and carry out as necessary public health strategies for the prevention and control of AIDS,” and requested the Director-General to seek additional funds (of an unspecified amount) to support “national and collective programs of surveillance and epidemiology, laboratory service, clinical support, and prevention and control.”⁶⁴

Following this call from WHO’s Executive Board, Assaad continued convening various WHO constituencies to move the AIDS program forward. Working with the assistance of Karen Esteves, a technical officer from Sweden, Assaad organized a meeting of AIDS test-kit manufacturers soon after the Board meeting to encourage a new generation of screening tests, ones that would make HIV testing accessible to low-and middle-income countries. The participants agreed to fast-track kits that were “simple, inexpensive, and capable of being performed and read with minimal laboratory equipment ... under a wide range of conditions in the field.”⁶⁵ Then, 2 months

⁵⁹ Jonathan M. Mann Oral History, Interviewed by Jake Spidle, New Mexico Health Historical Collection, UNM Health Sciences Library and Informatics Center, 1996. pp. 3–4.

⁶⁰ World Health Organization, “Executive Board, Seventy-Seventh Session Agenda, Geneva, 8 January 1986.” EB 77/1.

⁶¹ WHO Executive Board, “WHO activities for the prevention and control of AIDS,” EB77/12, Geneva, 8–17 January 1986.

⁶² John Iliffe, *The African AIDS Epidemic: A History*. Ohio University Press, 2006, p. 68.

⁶³ “Acquired Immunodeficiency Syndrome (AIDS): WHO Programme on AIDS,” *Weekly Epidemiology Record*, January 31, 1986, 5:35; See also “WHO board reviews ‘health for all by year 2000’ strategy,” *UN Chronicle*, April 1, 1986, 23:88–90.

⁶⁴ WHO Executive Board, “WHO activities for the prevention and control of AIDS,” EB77/12, Geneva, 8–17 January 1986.

⁶⁵ WHO, “Summary of financial requirements for the WHO strategy for the prevention and control

later, in early March, Assaad participated in a WHO meeting of 41 African governments in Brazzaville, the location of the WHO regional office for Africa.⁶⁶ Following extensive debates, the group unanimously approved “Recommendations for a Plan of Action for AIDS Control in the African Region of WHO,” which proposed that every government commence public education, institute a surveillance system, develop its laboratory facilities, form a national AIDS committee, and perform an epidemiological assessment.⁶⁷

By April 1986, Assaad had his WHO AIDS program—dubbed the Control Programme on AIDS (CPA)—on its way. He had a small budget: WHO’s Executive Board had allocated \$1.15 million from its 1986–1987 regular budget for AIDS activities.⁶⁸ He had put together a small team: two permanent staff (Hiko Tamashiro, a Japanese epidemiologist, and Edith Bernard, an experienced WHO administrative assistant), a patch-work of part-time support from other WHO programs (about six full time employee equivalents), and Jonathan Mann, seconded from CDC to serve as the responsible officer.⁶⁹ He also had Coordinating Centers throughout the world providing improved and economical antibody kits and updated blood safety guidelines for low- and middle-income countries to protect their blood supply and conduct surveillance.⁷⁰ The WHO program was small, but it was a very real and important start.

of AIDS,” AIDS/CPA/86.2, June 1986.

⁶⁶ John Iliffe, *The African AIDS Epidemic: A History*. Ohio University Press, 2006, p. 68. WHO, “Summary of financial requirements for the WHO strategy for the prevention and control of AIDS,” AIDS/CPA/86.2, June 1986; “AIDS: Plan of action for control in the African region,” WER, 61, 93, 1986.

⁶⁷ John Iliffe, *The African AIDS Epidemic: A History*. Ohio University Press, 2006, p. 68; DCS Control Programme on AIDS, “Global WHO Strategy For the Prevention And Control of Acquired Immunodeficiency Syndrome: Projected Needs For 1986–1987,” World Health Organization AIDS/CPA/86.2, April 1986, p. 6; WHO, “Summary of financial requirements for the WHO strategy for the prevention and control of AIDS,” AIDS/CPA/86.2, June 1986; “AIDS: Plan of action for control in the African region,” WER, 61, 93, 1986.

⁶⁸ CDS Control Program on AIDS, “Meeting of Donors For the Prevention and Control of Acquired Immunodeficiency Syndrome, Geneva, 21–22 April 1986.” World Health Organization, AIDS/CPA/86.1, 5.

⁶⁹ Ibid.; Ofelia T. Monzon, “Profiles of Famous Educators: Jonathan Mann, 1947–98,” UNESCO International Bureau of Education, 2001. http://www.ibe.unesco.org/fileadmin/user_upload/archive/publications/ThinkersPdf/manne.pdf Accessed on July 29, 2009; DCD Control Programme on AIDS, “Meeting on Educational Strategies for the Prevention and Control of AIDS, Geneva, 17–19 June 1986,” World Health Organization, AIDS/CPA/86.4, Annex 1, p. 12.

⁷⁰ WHO Executive Board, “WHO Activities for the Prevention and Control of Acquired Immunodeficiency Syndrome, Seventy-ninth Session, Provisional agenda item 7.2,” World Health Organization, November 25, 1986, EB79/12, p. 7; “New Test Developed for AIDS Detection,” *Japan Economic Newswire*, April 16, 1986.

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