



Press Release

GLOBAL AIDS EPIDEMIC SHOWS NO SIGN OF ABATING; HIGHEST NUMBER OF HIV INFECTIONS AND DEATHS EVER

Rapid Increases in Newer HIV Epidemics in Asia and Eastern Europe

Despite Improvements, Current Prevention and Care Efforts are Inadequate

London, 25 November 2003 – The global AIDS epidemic shows no signs of abating. Five million people became infected with HIV worldwide and 3 million died this year alone – the highest ever. The findings are featured in “AIDS Epidemic Update 2003,” a comprehensive new report on the global HIV/AIDS epidemic issued today by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) in advance of World AIDS Day, commemorated on 1 December.

One in five adults across southern Africa are now living with HIV/AIDS, the highest rate since the beginning of the epidemic. While infection rates across sub-Saharan Africa vary widely, from less than 1% in Mauritania to almost 39% in Botswana and Swaziland, the breadth of the epidemic indicates that HIV/AIDS now has a firm hold on most countries in the region.

In several countries in sub-Saharan Africa, high levels of AIDS mortality now match the high rate of new infections, creating a cycle of illness and death due in great part to the almost complete absence of large-scale HIV prevention or antiretroviral treatment programmes.

According to the new report, an estimated 40 (*between 34 and 46*)* million people are living with HIV worldwide, including 2.5 (*between 2.1 and 2.9*) million children under the age of 15. Globally, an estimated 5 (*4.2-5.8*) million people were newly infected and 3 (*2.5-3.5*) million people died of AIDS in 2003. Sub-Saharan Africa, the most severely affected region of the world, accounted for over 3 million of these new infections and 2.3 million AIDS deaths. Every day in 2003 an estimated 14,000 people were newly infected with HIV. More than 95% of those live in low- and middle-income countries.

“The world is now mounting a greater response to AIDS through individual initiatives like the US Government’s Emergency Plan on AIDS and the Global Fund to Fight AIDS, TB and Malaria,” said Dr Peter Piot, UNAIDS Executive Director. “However it

*The ranges around the estimates define the boundaries within which the actual numbers lie, based on the best available information.

is quite clear that our current global efforts remain entirely inadequate for an epidemic that is continuing to spiral out of control. AIDS is tightening its grip on southern Africa and threatening other regions of the world. Today's report warns regions experiencing newer HIV epidemics that they can either act now or pay later – as Africa is now having to pay.”

AIDS Maintains a Stranglehold in Africa, Hitting Women Disproportionately

An estimated 26.6 (25-28.2) million people in sub-Saharan Africa were living with HIV in 2003, and an estimated 3.2 (3-3.4) million people in the region were newly infected during the past year. About 30% of people living with HIV/AIDS worldwide live in southern Africa, an area that is home to just 2% of the world's population. South Africa alone was home to an estimated 5.3 million people with HIV at the end of 2002 — more than any other country in the world.

“The most devastating social and economic impacts of AIDS are still to come,” said Dr Piot. “Widespread treatment access would substantially mitigate the devastating impact of HIV/AIDS, which affects everything from agriculture to national defense. Effective HIV prevention programmes must be scaled up dramatically if we want a realistic chance at reducing the number of new infections.”

The epidemic is particularly devastating for women in sub-Saharan Africa, where women are more likely to be infected with HIV than men. Among young people this discrepancy is particularly high, with young women aged 15-24 up to 2.5 times more likely to be infected than young men in the same age group.

Rapid HIV Spread in Many Regions Driven by Injection Drug Use, Unsafe Sex

A new wave of HIV epidemics is threatening China, India, Indonesia and Russia, mostly due to HIV transmission through injecting drug use and unsafe sex. The new UNAIDS/WHO report presents many clear warning signs that Eastern Europe and Central Asia could become home to serious new HIV epidemics. Prevalence rates in these regions continue to grow and show no signs of abating.

Young people are among the hardest hit by HIV/AIDS in this part of the world. While young men still bear the brunt of the epidemic, 33% of those infected at the end of 2002 were women, up from 24% the year earlier. Despite the growing prevalence of HIV infection, too little prevention outreach, such as safe sex education or adoption of safer injection techniques, is being employed in these areas.

The epidemic is also growing in areas where, until recently, there was little or no HIV present, including many areas in Asia and the Pacific. Recent rapid increases in HIV infections in China, Indonesia, and Viet Nam show how suddenly an epidemic can erupt wherever significant levels of drug injecting occur and, as seen in Eastern Europe, illustrate the urgent need to increase prevention efforts before the epidemic expands beyond high-risk groups.

Response, While Improving, Falls Far Short of What is Needed

“AIDS Epidemic Update 2003” notes that the response to HIV/AIDS as measured by spending and political action has improved dramatically in recent years, but improvements are still far too small and slow in coming to adequately respond to the growing global epidemic.

The report indicates that the rapid scale-up of treatment access is urgently needed to help avoid the devastating effects of millions of anticipated illnesses and deaths. In

an effort to scale up treatment, the World Health Organization, the convening agency for HIV care in UNAIDS, and partners are developing a comprehensive global strategy to bring antiretroviral treatment to 3 million people by 2005, known as the '3 by 5' initiative.

"The World Health Organization will unveil detailed implementation plans for '3 x 5' next week, to coincide with the commemoration of World AIDS Day," said Dr LEE Jong-Wook, Director-General of the World Health Organization. "This represents an unprecedented drive to increase the number of people receiving treatment. For '3 x 5' to succeed, however, and for treatment access to increase further in the future, the international community must continue to increase its financial and logistical support."

In addition to treatment gaps, the report finds that surprisingly little is being done to implement even the most basic cost-effective HIV-prevention efforts. Prevention resources remain scarce, especially in sub-Saharan Africa where, outside of Senegal and Uganda, few prevention success stories can be identified. In many of the hardest-hit countries, there are no national orphan programmes in place, coverage of voluntary counselling and testing is threadbare, and prevention of mother-to-child HIV transmission is virtually non-existent.

"With increased focus on the urgent issue of access to treatment, there is also a danger that the equally important issue of prevention will continue to be overlooked," said Dr Piot. "There has been an upsurge in the past few years in political support, policy formulation, and funding on HIV/AIDS. This momentum must be maintained and expanded — for both treatment and prevention — if the epidemic is to be reversed."

"AIDS Epidemic Update 2003" also notes that close to 40% of countries that have reported on progress made in implementing the Declaration of Commitment on HIV/AIDS (adopted at the UN General Assembly Special Session on HIV/AIDS in 2001) have not yet adopted legislation to prevent discrimination against people living with HIV/AIDS. Such legislation is vital to prevention efforts, as it can help individuals get tested for HIV without fear of persecution and discrimination. Combating HIV-related stigma and discrimination is the theme of the UNAIDS World AIDS Campaign this year.

Improved Epidemiological Surveillance

While last year's "AIDS Epidemic Update" estimated the total number of people living with HIV to be 42 million, improved epidemiological monitoring shows that the population living with HIV, while continuing to grow, is slightly smaller than previously believed. The report emphasizes that this apparent reduction reflects an improvement in HIV surveillance only, and does not represent a decrease in either infections or illnesses – both of which continue to rise.

To emphasize the need for better HIV surveillance in many countries, the report this year also includes ranges for the HIV/AIDS estimates provided. Improved data and understandings of the epidemic are vital for effective planning and programming at country and regional levels.

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