

Press release

GLOBAL AIDS EPIDEMIC CONTINUES TO GROW

New data also show HIV prevention programmes getting better results if focused on reaching people most at risk and adapted to changing national epidemics

Geneva, 21 November 2006 – The global AIDS epidemic continues to grow and there is concerning evidence that some countries are seeing a resurgence in new HIV infection rates which were previously stable or declining. However, declines in infection rates are also being observed in some countries, as well as positive trends in young people's sexual behaviours.

According to the latest figures published today in the UNAIDS/WHO *2006 AIDS Epidemic Update*, an estimated 39.5 million people are living with HIV. There were 4.3 million new infections in 2006 with 2.8 million (65%) of these occurring in sub-Saharan Africa and important increases in Eastern Europe and Central Asia, where there are some indications that infection rates have risen by more than 50% since 2004. In 2006, 2.9 million people died of AIDS-related illnesses.

New data suggest that where HIV prevention programmes have not been sustained and/or adapted as epidemics have changed—infection rates in some countries are staying the same or going back up.

In North America and Western Europe, HIV prevention programmes have often not been sustained and the number of new infections has remained the same. Similarly in low- and middle-income countries, there are only a few examples of countries that have actually reduced new infections. And some countries that had showed earlier successes in reducing new infections, such as Uganda, have either slowed or are now experiencing increasing infection rates.

“This is worrying—as we know increased HIV prevention programmes in these countries have shown progress in the past—Uganda being a prime example. This means that countries are not moving at the same speed as their epidemics,” said UNAIDS Executive Director Dr Peter Piot. “We need to greatly intensify life-saving prevention efforts while we expand HIV treatment programmes.”

HIV prevention works but needs to be focused and sustained

New data from the report show that increased HIV prevention programmes that are focused and adapted to reach those most at risk of HIV infection are making inroads.

Positive trends in young people's sexual behaviours—increased use of condoms, delay of sexual debut, and fewer sexual partners—have taken place over the past decade in many countries with generalized epidemics. Declines in HIV prevalence among young people between 2000 and 2005 are evident in Botswana, Burundi, Côte d'Ivoire, Kenya, Malawi, Rwanda, Tanzania and Zimbabwe.

In other countries, even limited resources are showing high returns when investments are focused on the needs of people most likely to be exposed to HIV. In China, there are some examples of focused programmes for sex workers that have seen marked increases in

condom use and decreases in rates of sexually transmitted infections, and programmes with injecting drug users are also showing progress in some regions. And in Portugal, HIV diagnoses among drug injectors were almost one third (31%) lower in 2005, compared with 2001, following the implementation of special prevention programmes focused on HIV and drug use.

Addressing the challenges: Know your epidemic

In many countries, HIV prevention programmes are not reaching the people most at risk of infection, such as young people, women and girls, men who have sex with men, sex workers and their clients, injecting drug users, and ethnic and cultural minorities. The report outlines how the issue of women and girls within the AIDS epidemic needs continued and increased attention. In sub-Saharan Africa for example, women continue to be more likely than men to be infected with HIV and in most countries in the region they are also more likely to be the ones caring for people infected with HIV.

According to the report, there is increasing evidence of HIV outbreaks among men who have sex with men in Cambodia, China, India, Nepal, Pakistan, Thailand and Viet Nam as well as across Latin America but most national AIDS programmes fail to address the specific needs of these people. New data also show that HIV prevention programmes are failing to address the overlap between injecting drug use and sex work within the epidemics of Latin America, Eastern Europe and particularly Asia.

"It is imperative that we continue to increase investment in both HIV prevention and treatment services to reduce unnecessary deaths and illness from this disease," said WHO Acting Director-General, Dr Anders Nordström. "In sub-Saharan Africa, the worst affected region, life expectancy at birth is now just 47 years, which is 30 years less than most high-income countries."

The *AIDS Epidemic Update* underlines how weak HIV surveillance in several regions including Latin America, the Caribbean, the Middle East, and North Africa often means that people at highest risk—men who have sex with men, sex workers, and injecting drug users—are not adequately reached through HIV prevention and treatment strategies because not enough is known about their particular situations and realities.

The report also highlights that levels of knowledge of safe sex and HIV remain low in many countries, as well as perception of personal risk. Even in countries where the epidemic has a very high impact, such as Swaziland and South Africa, a large proportion of the population do not believe they are at risk of becoming infected.

"Knowing your epidemic and understanding the drivers of the epidemic such as inequality between men and women and homophobia is absolutely fundamental to the long-term response to AIDS. Action must not only be increased dramatically, but must also be strategic, focused and sustainable to ensure that the money reaches those who need it most," said Dr Piot.

The annual AIDS Epidemic Update reports on the latest developments in the global AIDS epidemic. With maps and regional estimates, the 2006 edition provides the most recent estimates on the epidemic's scope and human toll and explores new trends in the epidemic's evolution. The report is available at www.unaids.org

UNAIDS, the Joint United Nations Programme on HIV/AIDS, brings together the efforts and resources of ten UN system organizations to the global AIDS response. Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Based in Geneva, the UNAIDS Secretariat works on the ground in more than 75 countries worldwide.

As the directing and coordinating authority on international health work, the World Health Organization (WHO) takes the lead within the UN system in the global health sector response to HIV/AIDS. WHO provides technical, evidence-based support to Member States to help strengthen health systems to provide a comprehensive and sustainable response to HIV/AIDS including treatment, care, support and prevention services through the health sector.

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