EDITORIAL

The AIDS Pandemic is still expanding its horizon: comprehensive, harmonized and large scale responses needed

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This editorial tries to bring to the attention of our readers the most recent report of the UNAIDS on the global AIDS epidemic, which highlights the global direction of the epidemic and the efforts needed to limit its spread. The report emphasizes that the epidemic is still progressing at an alarming rate in some regions of the world sparing no region. The current global AIDS situation calls for a more harmonized, coordinated and large scale prevention, treatment and care programs with strong national leadership.

The HIV/AIDS pandemic that started over twenty years ago is still extremely dynamic and growing worldwide. Globally, 37.8 million people are living with HIV/AIDS, of which over 66% are living in Sub-Saharan Africa (Table 1). Currently the spread is fastest in Asia and Eastern Europe. About 8000 people are dying every day from AIDS (Table 2) and more than 6000 young people contract the virus each day. Young people (15–24 years old) account for half of all new HIV infections.

Table 1: **Global estimates of people living with HIV as of end 2003.**

Region of the World	Estimates as of the end of 2003 [95% confidence Interval]		Percent out of the total
Caribbean	430,000	[270,000 – 760,000]	1.14
North Africa & Middle East	480,000	[200,000 – 1,400,000]	1.27
Western Europe	580,000	[460,000 - 730,000]	1.54
East Asia	900,000	[450,000 – 1,500,000]	2.38
North America	1,000,000	[520, 000 - 1,600,000]	2.65
Eastern Europe & Central Asia	1,300,000	[860,000 - 1,900,000]	3.44
Latin America	1,600,000	[1,200,000-2,100,000]	4.24
South & South-East Asia	6,500,000	[4,100,000- 9,600,000]	17.2
Sub-Saharan Africa	25, 000,000	[23,100,000- 27,900,000]	66.14
Total	37,800,000	[34,000,000-42,300,000]	100

Table 2: **Global Estimates [95% confidence Interval] of the total number of adults and children living with HIV, newly infected and AIDS deaths as of end 2003.**

Total number of people living with HIV	**37.8 million [34.6–42.3 million]**
Adults	35.7 million [32.7–39.8 million]
Women	17.0 million [15.8–18.8 million]
Children <15 years	2.1 million [1.9–2.5 million]
Total number of people newly infected with HIV in 2003	**4.8 million [4.2–6.3 million]**
Adults	4.1 million [3.6–5.6 million]
Children <15 years	630, 000 [570 000–740 000]
Total number of AIDS deaths in 2003	**2.9 million [2.6–3.3 million]**
Adults	2.4 million [2.2–2.7 million]
Children <15 years	490, 000 [440 000–580 000]

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The excess vulnerability of women and young girls to HIV/AIDS has become a serious concern due to many factors. Women are more physically susceptible to HIV infection than men; male-to-female transmission during sex is about twice as likely to occur as female-to-male transmission, if no other sexually transmitted infections are present. Besides biological factors gender inequalities, violence against women, sexual gender norms and other culturally and socially defined gender roles increase the susceptibility of women and young girls. To increase the efforts that provide better protection and support the Global Coalition on Women and AIDS was launched in 2003. The coalition brings together HIV-positive persons, civil society leaders, celebrity activists, nongovernmental organization (NGO) representatives, and UN agencies.

The HIV-prevention coverage is extremely low in poor-countries of the world. For example in 2003, only one in ten pregnant women was offered services for preventing mother-to-child HIV transmission, and an even smaller proportion of adults aged 15-49 years had access to voluntary counseling and testing. Closing this prevention gap will require major recommitment of resources as well as a commitment to full-scale programming-too many efforts today are still at the 'demonstration/pilot project' level. It is crucially important to scale-up best practices and effectively target vulnerable segment of the populations based on the understanding of the local dynamics of the epidemic. The current piecemeal approaches to HIV/AIDS prevention and control are not sufficient to control the epidemic.

Only 7% the people that need antiretroviral medicines in low- and middle-income countries have access to these drugs. The wide scale availability of antiretroviral therapy is seriously jeopardized in low income-countries due to shortage of health staff; either due to inadequate production or wide spread out migration for better incentives, working conditions and opportunities in higher-income countries. These conditions leave patients with the option of using the drugs without proper medical consultation and prescription, which eventually complicates the matter by decreasing the effectiveness of the drugs and increasing national expenses related to misuse of the drugs.

Advocacy works are ongoing worldwide to strongly emphasize the extraordinary kind of a crisis that HIV/AIDS is causing, which is unprecedented in the history of mankind. Responses to HIV/AIDS need to take into consideration the emergency nature of the problem and its long-term development impacts. The control of the epidemic requires rapid, large scale, flexible, energetic and innovative approaches. More than any other problem of mankind its control need to be comprehensive, integrated, and coordinated with appropriate leadership to bring about meaningful results.

Efforts to control HIV/AIDS need to be coordinated and harmonized at local and international levels. Human and institutional capacity strategies need to take into account short- and long-term trends of the epidemic. Special considerations are required to utilize fully the human resource potentials available locally; the use of pensioners and other professional volunteers need to be explored. More commitment is needed to provide hope to the growing number of orphans. Our efforts must be driven by science more than anything else.

The availability of antiretroviral therapy at a reduced cost has given hope to the people living with HIV/AIDS in the poorest countries of the world. The increasing involvement of leadership in the control efforts also helped to lift the stigma attached to the disease significantly. However, there are still national leaders in a denial of the existence of the epidemic.

Although resources to combat HIV/AIDS have almost tripled since 2002 globally it remains grossly inadequate. In some poor countries these resources are blocked from reaching those who need it most due to discriminatory practices, gender inequalities, and inefficient management and health care systems. These need to be corrected in order to reach more needy people in the future. It is very important to take the opportunities created by the greater commitments to avail more resources for HIV/AIDS internationally. Strong national

leadership; effective and rapid capacity building strategies; effective prevention, treatment and care strategies; and efficient and wise use of resources need to be nurtured to make a sustained impact on the epidemic. While avoiding duplication of efforts, fragmentation of resources, and sectoral interests. As Peter Piot, the Executive Director Of the Joint United Nations Programme on HIV/AIDS (UNAIDS), said, "AIDS demands that we do business differently; not only do we need to do more and do it better, we must transform both our personal and our institutional responses." There is no place for 'Business as usual' when thousands of people are dying daily.

Reference

UNAIDS. 2004 report on the global HIV/AIDS epidemic: 4th global report.