HIV/AIDS: Stand up for the Challenge

It's everyone's responsibility

World Health Organization
Regional Office for the Eastern Mediterranean
Contents

2 Message from the Regional Director
4 Challenges related to HIV/AIDS in the Eastern Mediterranean Region
6 It’s everyone’s responsibility: Messages and ideas for action
10 HIV/AIDS statistics
11 Estimates versus reported HIV/AIDS figures
12 Briefing on the progress of the 3 by 5 Initiative
In the Name of God, the Compassionate, the Merciful

Message from Dr Hussein A. Gezairy
WHO Regional Director for the Eastern Mediterranean
World AIDS Day 1 December 2005

I am pleased to address you today on the occasion of World AIDS Day 2005. The theme of this year’s Campaign is ‘HIV/AIDS: Stand up for the challenge. It’s everyone’s responsibility’. Through this theme, the World Health Organization, Regional Office of the Eastern Mediterranean is trying to motivate all members of the community to play their roles in the response to HIV/AIDS.

As you are aware, the HIV epidemic is slowly and steadily advancing in our Region. By the end of 2004, the number of people estimated to be living with HIV/AIDS had reached more than 715,000. The number of new infections occurring in that year was 92,000, the second highest proportional increase in the world when compared with other regions. This situation should force us all to realize the size of the challenge, and to stand together in facing it.

During the past one and a half years, and since the launching of the 3 by 5 Initiative, more countries have begun to provide free antiretroviral drugs to their patients and are applying prevention of mother-to-child transmission strategies. Most countries have initiated voluntary and confidential counselling and testing services, and have legislation to regulate the safety of blood and its products. Moreover, we feel that the barriers to proper HIV/AIDS response, including stigma and discrimination, are being lowered, albeit slowly, and this gives us hope that tomorrow will be better than today.

Despite all these positive indicators, yet coverage with antiretroviral therapy in our Region is still around 5 per cent only. The reasons for this include lack of financial resources, lack of skilled health personnel and the existence of emergency situations, such as internal conflicts, embargo and political instability.

We all need to share the responsibility. We all have to know our roles and practise them: family members, community leaders, teachers, workers, religious leaders, professionals, students, health workers, civil society group, governmental and private health sectors, and last but not least the people living with HIV/AIDS themselves. Only then can we reach our goals.

There is a lot everyone of us can do to share in the response against AIDS: we can inform ourselves and talk about HIV with our peers, we can organize awareness campaigns, we can give love and compassion to those who live with HIV/AIDS, and help them to get the treatment they need. I wish you all success in your efforts against HIV/AIDS, and look forward to meeting you next year and to seeing what further achievements have been made in tackling HIV/AIDS in our Region.

Thank you.

Hussein A. Gezairy MD, FRCS
WHO Regional Director for the Eastern Mediterranean
HIV AIDS: Stand up for the challenge
It's everyone's responsibility
Challenges related to HIV/AIDS in the Eastern Mediterranean Region

**Political commitment:** Much progress has taken place in the level of political commitment in the Region. However, it has still not reached the level necessary for a strong and effective response to HIV/AIDS. Stigma and discrimination may prevent decision-makers from declaring their commitment. Also, lack of sufficient and reliable data on the HIV epidemic in a country, because of weak surveillance systems, will prevent the strong and effective advocacy necessary to obtain the commitment of leaders and senior politicians.

**Competing priorities:** To date, many countries in the Region are considered to be in the state of a low-level epidemic. Around 10 countries have estimated HIV/AIDS cases to be 1000 or below. This situation has led to HIV/AIDS being placed low down on the list of priorities of Ministries of Health, especially where other diseases form greater burdens and therefore are given higher priority than HIV.

**Access to prevention, care and treatment services:** The health systems in many countries of the Region, especially those worst affected by HIV/AIDS, are weak, and face severe shortages of funds and of trained health personnel. Often there is a shortage in the number of qualified professional staff dedicated to programmes on HIV/AIDS and sexually transmitted infections. Also, there is low coverage of therapy provided to HIV/AIDS patients in the Region. An estimated total of 77,500 people living with HIV/AIDS in the Region are in need of antiretroviral therapy. Around 4000 are receiving the therapy, i.e. a coverage of 5.16% only compared with a global coverage rate of 12%. The low regional coverage relates to multiple factors, including lack of capacities, lack of funds, weak political commitment and weak health infrastructure.

**Complex emergency situations:** Several countries in the Region are suffering from one form or another of complex emergency situation. External military occupation, internal civil conflict, mass population movement, embargo and political instability are examples of emergencies existing in the Region. These situations lead to a variety of risk factors that increase HIV transmission and hinder prevention, treatment and care services from taking place.

**Stigma and discrimination:** Stigma and discrimination against people living with HIV/AIDS are faced everywhere: in the family, at school, in the workplace, in health care settings, in the community and in travelling. Stigma and discrimination together constitute one of the greatest barriers, if not the greatest barrier, for effective response to the epidemic. Because of stigma and discrimination, people at risk do not obtain information about preventive measures, and people living with HIV/AIDS do not get adequate care.
It’s everyone’s responsibility:
Messages and ideas for action

Decision-makers
• Show your strong commitment to HIV/AIDS.
• Get involved and participate actively in events and occasions related to HIV/AIDS.
• Speak to people at public events and through the mass media openly about HIV/AIDS.
• Support the addition of first and second line antiretroviral drugs to your country’s national essential drugs list.
• Encourage mass media to broadcast correct information on HIV.
• Take necessary actions to ensure availability of funds for sustainable antiretroviral drugs supply to HIV/AIDS cases in your country, e.g. specify budget lines, encourage internal and external resource mobilization, etc.
• Show your people how you are caring for people living with HIV/AIDS by ensuring that affected people receive decent care.
• Coordinate with other concerned sectors for a strong multisectoral HIV response.
• Offer treatment to HIV/AIDS patients now. If you do not offer the treatment, the patients will cost your country much more later. So consider HIV/AIDS treatment a long-term investment!
• Acknowledge that high-risk behaviour exists in your country and start dealing with the problem through appropriate interventions. This does not mean at all that you approve such behaviour.
• Note that it is now time to act, otherwise it will be too late!

Health care providers
• Deal with HIV/AIDS patients in the same compassionate way you deal with all other patients. Do not allow discriminatory ideas to interfere with that compassion.
• Try to gain the confidence of people with HIV, and allow time for sufficient counselling.
• Respect the confidentiality of HIV/AIDS patients regarding their HIV status and results of investigations.
• Offer HIV/AIDS patients the maximum care and treatment available in your country.
• Advocate for improving the quality of HIV/AIDS care in your facility, whether a hospital, a centre or a clinic.
• Report HIV infections accurately according to the surveillance guidelines available in your country.

Community members
• Make sure you have the correct information on HIV/AIDS. This can be obtained from several sources: printed material, internet sites, counselling centres, hotlines, mass media, health personnel, etc.
• Be friendly and supportive to people living with HIV/AIDS and their families in your community and encourage others to do the same.
• Fight stigma and discrimination towards people living with HIV/AIDS whenever you observe it, in an appropriate way.
• Be convinced that it is your responsibility, ethically and religiously, to provide HIV-infected people with the support they need no matter how the infection was transmitted to them.
• Spread correct information about modes that transmit HIV and modes that do not transmit HIV, as well as other correct information on HIV/AIDS.
• Guide people in need to voluntary counselling and testing centres, to treatment, care services and support.
• Share in activities that support HIV-infected people and their families.
• Support activities of nongovernmental organizations working in HIV/AIDS in your community. If there are no such organizations, be positive and establish one.
• Teach your sons and daughters the correct facts about HIV/AIDS and how to protect themselves from the infection.
People living with HIV/AIDS

- Know how to prevent yourself from transmitting the infection to others, and apply this knowledge fully.
- Seek counselling services and support groups in your country, wherever available, to learn how to live a normal productive life.
- Make sure you are compliant regarding your treatment and follow-up visits (if you are on treatment).
- Share actively in support groups working in the field of HIV/AIDS and that fight for your rights.
- Be active in educating other infected people to seek counselling services, to prevent infection of others and to comply with the treatment regimen.
- Play a role in preventing HIV spread among those who are more vulnerable to the infection, by contacting them and raising their awareness.

Media

- Give priority to HIV/AIDS in your communication channel.
- Confirm that the information you present on HIV/AIDS is scientifically correct and does not promote stigma or discrimination or contradict national HIV/AIDS policy.
- Involve HIV-infected people in your activities to share in reducing stigma, and to highlight their needs and views.
- Raise awareness about available preventive and therapeutic services such as hotlines, counselling, testing, prevention of mother-to-child transmission, post-exposure prophylaxis, treatment and care, HIV-related support groups and nongovernmental organizations.

Non governmental organizations

- Coordinate with national health authorities to complement their role in HIV/AIDS response.
- Involve people living with HIV/AIDS in your activities.
- Share in spreading correct information on HIV/AIDS and on the available services.
- Coordinate with other related sectors whenever necessary to be able to perform your activities without legal or security problems (e.g. coordinate with police when dealing with injecting drug users or other high-risk groups).
- Deal with HIV-infected people and high-risk groups in a friendly and non-judgemental way, otherwise you will not succeed in your work with them.
HIV/AIDS statistics

Global overview
- It is estimated that, by the end of 2004, 39 million people were living with HIV/AIDS: 25.4 million in sub-Saharan Africa and 7.1 million in south and south-east Asia.
- 4.9 million people were newly infected with HIV in 2004.
- 3.1 million people died of AIDS in 2004.

Regional overview
- It is estimated that around 715 000 people are living with HIV/AIDS in the Region.
- An estimated 92 000 new infections occurred in 2004.
- The rate of increase in the number of infected people in the Region is around 17%, which is the second highest rate among different regions of WHO.
- The majority of HIV infections in the Region are due to heterosexual transmission.
- However injecting drug use is the second most common mode of transmission and is gaining more importance every year.
- Around 28 000 people died of AIDS in 2004.
- Sudan is the most affected country in the Region with more than half a million HIV infections. Pakistan is the second most affected country in absolute numbers (70 780) followed by Somalia (43 000).

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Reported HIV/AIDS figures denote the numbers of HIV/AIDS cases that are reported to the Eastern Mediterranean Regional Office of the World Health Organization by Ministries of Health. Reports are sent every three months and a collective report is sent at the end of each year. After receiving the reports, staff in the Regional Office enter the data in a special database so that distributions by year, mode of transmission and sex can be calculated.

Estimates are calculated numbers (or ranges) that indicate the expected number of people living with HIV/AIDS in a country or a region, and take into consideration those who are infected and are not known to the authorities and accordingly not reported.

Some people living with HIV/AIDS may be aware of their infection but do not want to disclose it. They are afraid of stigma, discrimination or any other action that implies limitation of freedom, for example. Others may have the infection but do not know. This is because for a long period after infection there may be no significant symptoms and so he or she remains unaware of his/her status for years until tested for HIV infection for one reason or another (e.g. donation of blood, voluntary testing and counselling, requirement for working outside native country, etc).

Estimates are now calculated using mathematical computer programs (software) developed by WHO/UNAIDS. In order to calculate the estimate for a country, the programme needs some key information, including the size of the population and of high-risk groups, as well as prevalence of HIV among the general population, and among high-risk groups. These data may be available from the national census (for the total population size), research studies, screening surveys, surveillance activities, or may be indicated according to estimations by experts working in the field.

In order to facilitate the calculation of estimates in countries where accurate data from studies are not available, data may be entered into the program as a range (low and high estimates of sizes of high-risk groups, as well as prevalence of HIV among the general population, and among high-risk groups), and the final estimate for the number of people living with HIV/AIDS may also be expressed as high and low estimates. For example a country’s estimate may be in the range 2000 – 4000, and the average estimate in this case would be 3000.

Needless to say, the estimate is always much larger than the number of reported cases in any country. However, the gap may vary between countries according to variation in strength of the surveillance system, the extent of stigma and discrimination, the level of awareness of the public, the availability and accessibility of HIV/AIDS health services, and so on. As is clear from the explanation above, this difference between the two statistics is natural and does not imply underreporting or lack of transparency from countries.
Introduction In 2002, experts from WHO, UNAIDS and other organizations calculated that under optimal conditions, 3 million people living with HIV/AIDS in developing countries could be provided with therapy (antiretroviral therapy) by the end of 2005. However, until mid-2003 treatment activities in countries were only being implemented slowly.

On 22nd September, 2003, Lee Jong-wook, Director-General of WHO joined with Peter Piot, Executive Director of UNAIDS, and Richard Feacham, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria to launch the “Treat 3 million by 2005” initiative, or 3 by 5.

Since it was launched, much support has been provided to the initiative by countries, donor agencies and international organizations, and much achievement has taken place all around the world in the context of scaling up prevention, treatment and care.

In the second half of 2004, the number of people on antiretroviral therapy in developing countries increased dramatically from 440,000 to an estimated 700,000. This figure represents about 12% of the 5.8 million people currently in need of treatment in developing countries.

Although the goal of 3 by 5 will not be reached, by the end of 2005, the momentum this initiative has given to the process of response to HIV/AIDS around the world will continue and will not stop. Therefore, while the achievement of the goal may be delayed, it will ultimately be attained. The ambitious achievements are expected to continue until universal access to treatment and care becomes available to every one in need.
3 by 5 progress in the Region

- Eight countries committed themselves officially to the 3 by 5 Initiative in the Eastern Mediterranean Region: Djibouti, Egypt, Islamic Republic of Iran, Libyan Arab Jamahiriya, Pakistan, Somalia, Sudan and Yemen.

- The Regional Office, together with countries, developed a 3 by 5 workplan for WHO support to countries as part of the 3 by 5 Initiative, and workplan activities are being implemented at both regional and country levels in the priority countries. These activities are in the form of technical support to countries, training, fellowships, supplies, conferences, etc.

- The WHO strategy for the 3 by 5 Initiative as well as other related technical documents, has been translated into Arabic, printed and distributed.

- Two medical officers for prevention, treatment and care were recruited, one in Sudan and another in Djibouti. Recruitment of another two officers, one in Somalia and one in Yemen, is in process. Recruitment of national officers in Sudan, Pakistan and Somalia is in process.

- Although 16 countries in the Region are offering antiretroviral therapy free to people living with HIV/AIDS, coverage is still only around 5% among those in need. It is expected that when Sudan (which has the greatest number of HIV cases) provides antiretroviral therapy in the near future the regional coverage will improve significantly.
Stand up for the Challenge