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PROGRESS REPORT

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

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PROGRESS REPORT

Executive Summary

The AIDS pandemic is spreading fast throughout the world, particularly in sub-Saharan African and South-East Asia. Up to 31 December 1994, more than one million cases of AIDS have been reported to WHO from all over the world. However, because of under-diagnosis, under-reporting and delays in reporting, the real number is estimated to be more than 4.5 million and this number is estimated to reach 10 to 12 million by the year 2000. More than 18 million adults and 1.5 million children are estimated to have been already infected with the HIV virus. The cumulative number infected with HIV is expected to reach 30 to 40 million by the year 2000.

More than 3000 cases of AIDS have been reported from Member States of the Eastern Mediterranean Region. However, the actual number is estimated to be more than 10 000. Three-quarters of the reported cases are a result of sexual transmission, and the age group of 15-49 years accounts for 90% of the cases. The number of new cases reported is increasing every year. The cumulative number of cases of HIV infection is estimated to be more than 150 000 in the Region. The prevalence of HIV infection is increasing rapidly among people with high-risk behaviours, such as patients with other sexually transmitted diseases (STDs), prostitutes and bar girls. The prevalence among blood recipients decreased considerably during 1994. Sentinel surveillance is being carried out to monitor the trend of HIV infection.

WHO continued to give top priority to providing technical and financial support for the national AIDS programmes. Technical support consisted of staff and consultant missions for planning, implementation and review of national programmes and fellowships for external training. Financial support was provided for priority activities, including health education, surveillance, blood safety, STD control and care of persons with HIV/AIDS. These activities are supported by the provision of supplies and equipment and local cost subsidies for national training, the production of educational materials, the preparation of socio-behavioural studies, and HIV surveillance.

WHO continued to emphasize the need for effective national programmes with high-level commitment and involvement of all sectors and the nongovernmental organizations. A number of Member States have developed sexually-transmitted-disease control programmes, with a syndromic approach to STD case-management; the syndromic approach being a method of case identification depending on a combination of signs and symptoms (syndromes).

A number of intercountry meetings were held to increase the capabilities of national officials and to exchange information and experiences among Member States. World AIDS Day was observed in all Member States, with a large number of activities for information and education.

WHO's Global Programme on AIDS will cease to function from 1 January 1996 when the joint and co-sponsored UN Programme on HIV/AIDS (UNAIDS) will become fully operational. UNAIDS will draw on the experience, expertise and resources of six co-sponsors, namely UNDP, UNESCO, UNFPA, UNICEF, WHO and the World Bank.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) PROGRESS REPORT

1. Introduction

In its previous sessions, the Regional Committee passed resolutions recommending among other things that WHO should continue to provide the Regional Committee regularly with up-to-date information on the regional and global epidemiological situation of AIDS. This report has been prepared as a fulfilment of this recommendation.

2. Global and regional HIV/AIDS situation

2.1 Global situation

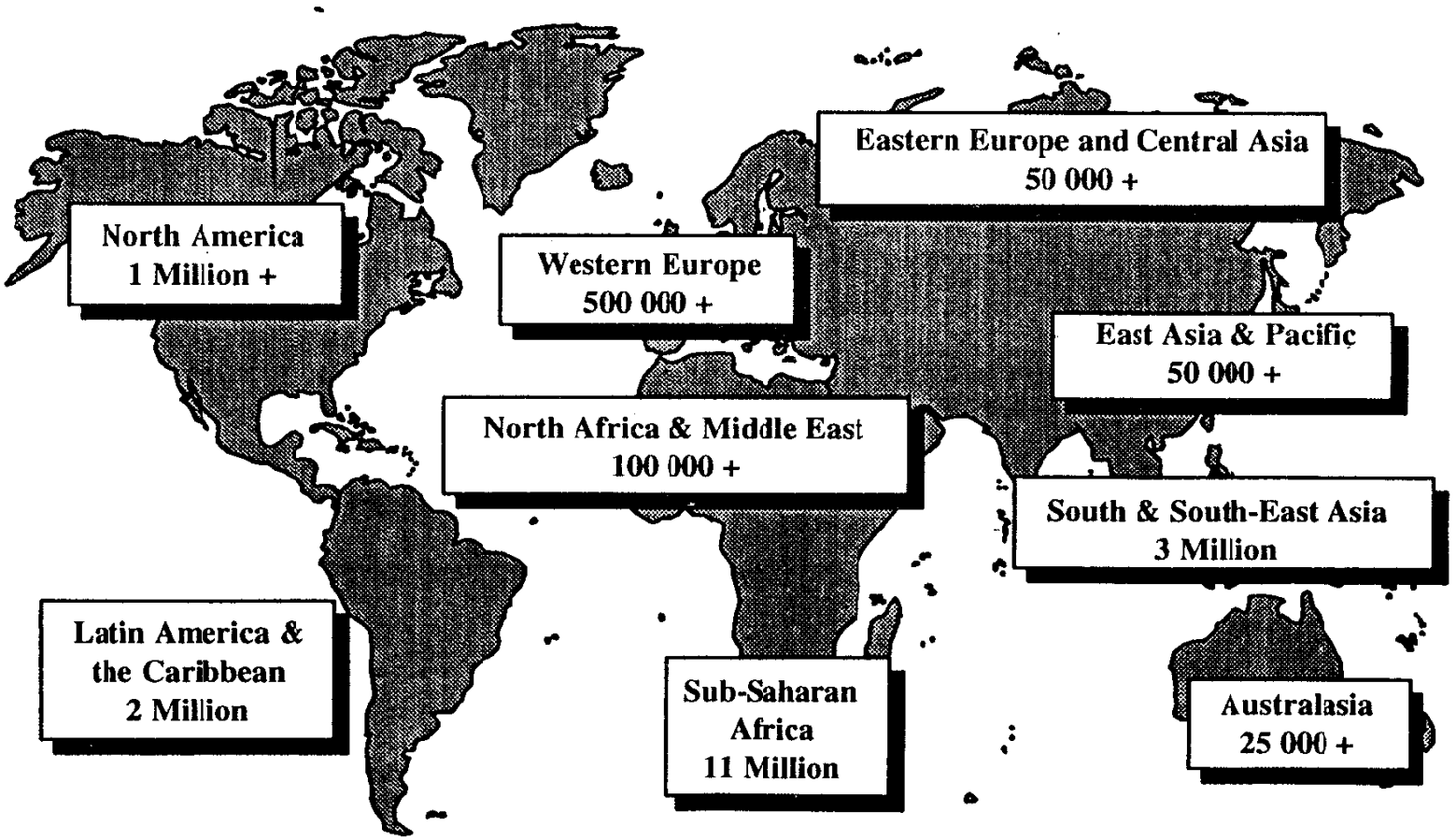
As of 31 December 1994, 1 025 073 cumulative AIDS cases in adults and children were reported to the World Health Organization (WHO) Global Programme on AIDS (GPA) since the beginning of the pandemic. This represents a 20% increase in cases since 31 December 1993. The number of cases reported by continent and year is shown in **Table 1**.

Table 1. AIDS cases reported by continent and year

Year	Africa	Americas	Asia	Europe	Oceania	Total
Up to 1989	79 969	179 871	683	31 605	2 160	294 288
1990	51 104	63 776	450	15 646	758	131 734
1991	67 819	76 322	812	17 683	866	163 502
1992	56 150	95 014	2 036	21 268	811	175 279
1993	75 206	88 881	7 119	22 655	807	194 668
1994	17 465	22 818	5 957	19 029	333	65 602
Total	347 713	526 682	17 057	127 886	5 735	1 025 073

Allowing for underdiagnosis, incomplete reporting and delay in reporting, and based on the available data on human immunodeficiency virus (HIV) infections around the world, it is estimated that over 4.5 million cases of AIDS have occurred worldwide in adults and children since the pandemic began. The major portion of these cases has occurred in sub-Saharan Africa and the Americas. Based on a conservative estimate, the cumulative number of AIDS cases is expected to reach 10 to 12 million by the year 2000.

Figure 1
Estimated distribution of total adult HIV infections from late 1970s/early 1980s until late 1994



Global Total: 18 million

Because of the long interval between the occurrence of HIV infection and the appearance of AIDS, the number of HIV infections gives a better picture of the current status of the AIDS pandemic. As of late 1994, it is estimated that around 18 million adults and 1.5 million children have been infected with HIV since the beginning of the pandemic **(Figure 1)**. Of them, about 13 to 15 million infected adults, a majority of them in sub-Saharan Africa, are estimated to be alive as of late 1994. The majority of new infections in the past year has occurred in sub-Saharan Africa and south and south-east Asia. The cumulative number of HIV infections is estimated to reach 30 to 40 million by the year 2000.

2.2 Regional situation

Although the AIDS epidemic is at an early stage, available evidence indicates that the epidemic is now firmly established in the Eastern Mediterranean Region (EMR). Most recent cases have occurred as a result of indigenous spread and heterosexual transmission has become the predominant mode of HIV transmission, compared to transmission through blood and blood products at the earlier stages.

Persistent efforts have been made to receive reports of HIV/AIDS cases from Member States. Based upon the reports received up to 31 December 1994, a cumulative total of 3043 cases have been reported from all countries of the Region except Afghanistan which has not reported any case yet. In addition, 501 cases of AIDS Related Complex (ARC) have also been reported. However, this is considered to be a gross underestimate and because of under-recognition, under-reporting and delays in reporting, the actual number of cases that have already occurred in the Region is estimated to be at least 3 or 4 times greater, i.e. between 9000 and 12 000. Among the EMR Member States, the largest number of cases was reported from Sudan, followed by Djibouti and north African countries **(Table 2)**. AIDS cases have been reported from all EMR Member States except Afghanistan.

The number of new cases reported continued to show an increasing trend over the years **(Figure 2)**. Despite inadequate information from some countries, 702 new cases of AIDS were reported in 1994, representing an increase of 20% over the number of cases reported during 1993.

Among the total reported AIDS cases since the beginning of the epidemic in the Region, 74% were males and 26% females **(Figure 3)**. The proportion of female cases has been increasing over the years. For example, the proportion of female AIDS cases increased from 18% in 1990 to 33% in 1994, indicating an increasing trend of heterosexual transmission. About 90% of the cases were in the productive age group of 15 to 49 years.

Figure 2

Reported AIDS cases in EMR by year

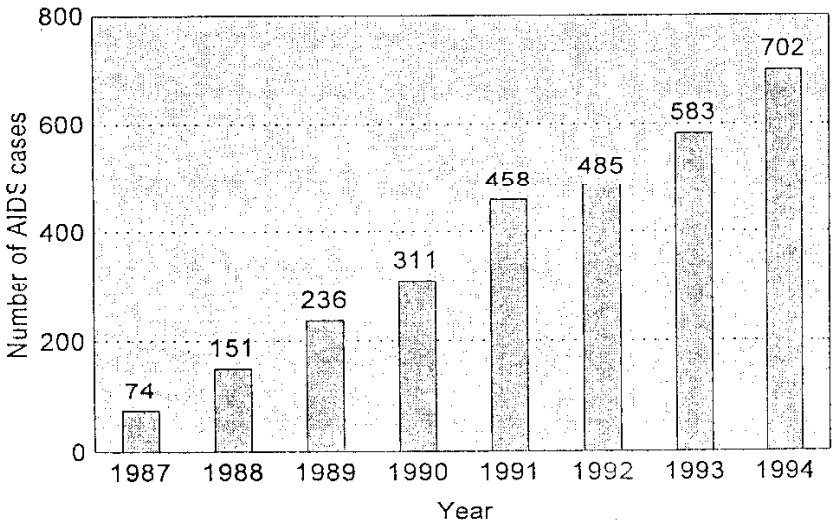


Figure 3

AIDS cases in EMR by sex

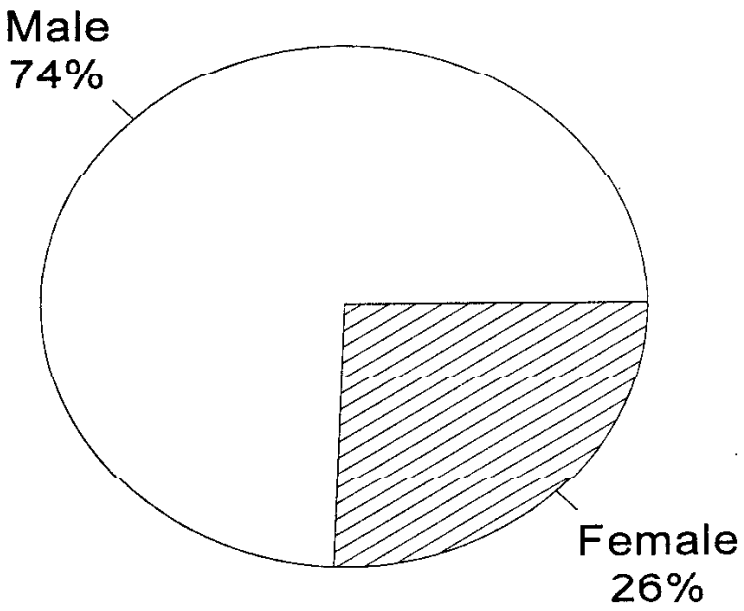


Table 2. Number of AIDS cases reported up to end 1994

Member State	Number
Afghanistan	0
Bahrain	20
Cyprus	41
Djibouti	649
Egypt	113
Iran, Islamic Republic of	111
Iraq	36
Jordan	38
Kuwait	15
Lebanon	83
Libyan Arab Jamahiriya	15
Morocco	249
Oman	46
Pakistan	46
Palestine	8
Qatar	112
Saudi Arabia	100
Somalia	13
Sudan	1 090
Syrian Arab Republic	30
Tunisia	209
United Arab Emirates	8
Yemen, Republic of	11
Total	3 043

Sexual transmission is the predominant mode of transmission, accounting for 82% of the total reported cases (**Figure 4**). Of them, 77% were due to heterosexual transmission and 5% due to homosexual transmission. Eleven percent of the cases were due to transmission through blood and blood products, most of them infected in the early period before screening of blood donations for HIV was widely available. The proportion of AIDS cases due to sexual transmission has been increasing steadily in recent years, while the proportion due to blood transmission has been decreasing. The proportion of AIDS cases due to sexual transmission increased from 70% in 1990 to 87% in 1994, while the proportion due to transmission through blood and blood products decreased from 17% to 8% respectively during the same period. A little over 4% of cases were among injecting drug users and perinatal transmission was responsible for 2% of the cases.

As AIDS represents the late stage of the total spectrum of HIV infection which occurred 10 or more years ago, it does not reflect the current situation of the HIV epidemic. The number of HIV infections gives a better picture of the current status of the epidemic. More than 150 000 persons are estimated to have already been infected with HIV in the EMR.

Figure 4

Mode of transmission of infection among AIDS cases in EMR

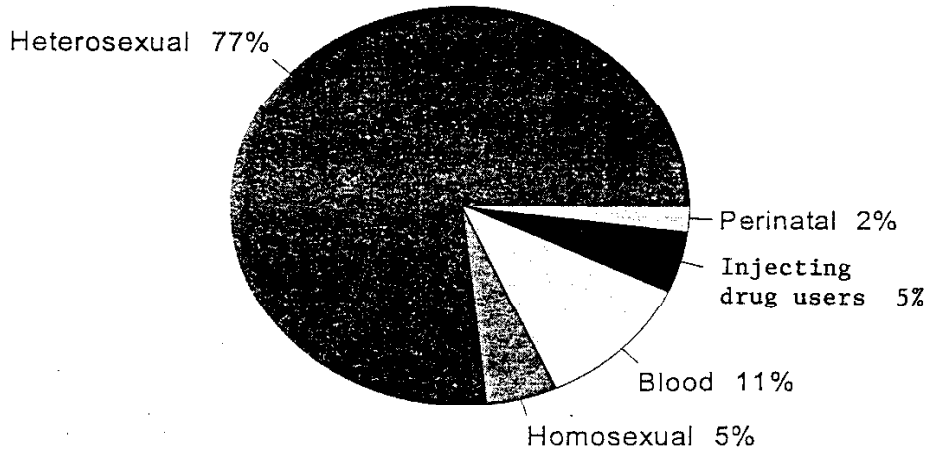
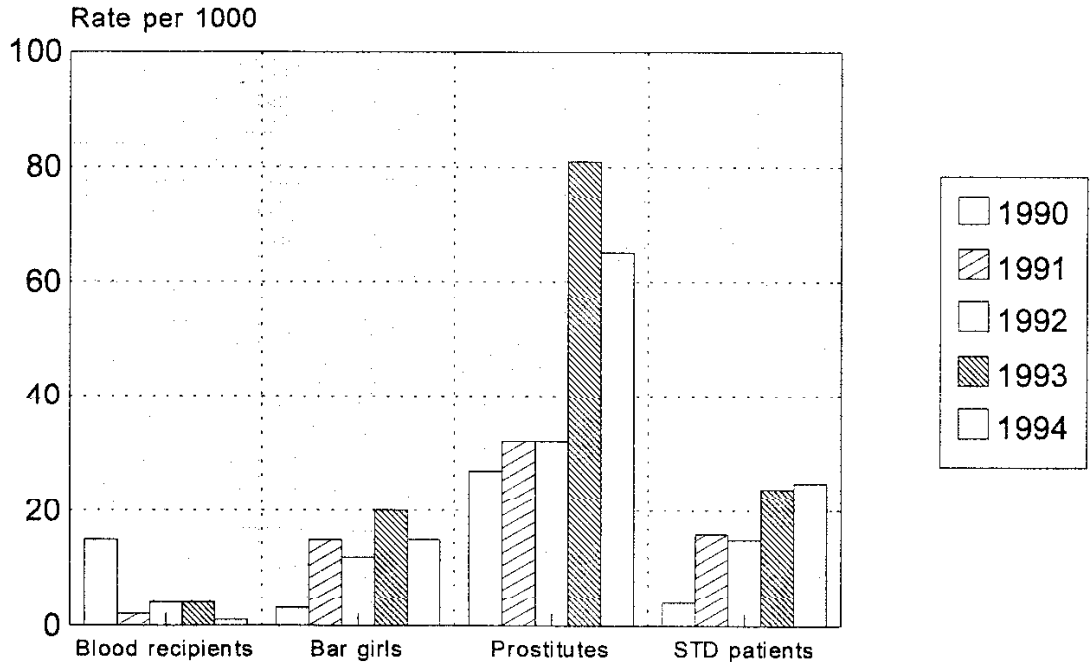


Figure 5

Prevalence of HIV in selected groups



In order to monitor the trend of HIV infection, HIV surveillance is being carried out in many countries of the Region. The findings of HIV surveillance indicate that the prevalence of HIV infection is increasing among certain groups of the population, particularly those practising high risk behaviours, such as sexually transmitted diseases (STD) patients, prostitutes and bar girls (**Figure 5**). As an example, between 1990 and 1994, in Djibouti HIV prevalence increased from 2% to 20% among STD patients and from 24% to 45% among prostitutes. In Sudan, HIV prevalence increased from 1.3% to 5% among STD patients during the same period. HIV infection was also detected among STD patients in Morocco, Pakistan, the Syrian Arab Republic and the Republic of Yemen at rates much higher than among the general population. A strong association has been observed between HIV and tuberculosis (TB) infections in Djibouti and Sudan where about 10% of TB patients were found to be positive for HIV. On the other hand, HIV infection among recipients of multiple blood transfusions declined considerably in 1994, indicating increased efficiency in the screening of blood donations against the HIV antibodies.

HIV prevalence among blood donors and pregnant women was low in the EMR except in Djibouti where it has reached 1.5% and 2.5% respectively and in Sudan where it has reached 1.75% among blood donors. HIV infections were also reported among these groups in many other countries, but at very much reduced rates.

National HIV surveillance protocols have been prepared in 14 countries, with emphasis on sentinel surveillance of STD patients. However, the protocols could not be fully implemented in most countries due to inadequate number of the blood samples collected, as most of STD patients seek care from sources other than the public sector.

3. Regional activities

3.1 Support to national AIDS programmes (NAPs)

Technical and financial support to the Member States continued to receive top priority among the activities of the Regional Office. The Regional Office provided technical assistance in planning, implementation, monitoring and evaluation of national AIDS programmes; fellowships for increasing national capabilities; funds for priority activities such as health education, surveillance, blood safety, care of persons with HIV/AIDS, STD control, supplies and equipment; and support to nongovernmental organizations (NGOs) mainly in their work with groups practising high risk behaviours; monitoring and evaluation of national programmes.

Technical support

The assignment of experts including Regional staff and short term consultants comprised an important part of technical support. The Regional Office organized a total of 22 missions in 11 countries in 1994 (**Table 3**). These involved 18 experts for 10 planning missions in six countries; 11 experts for 11 implementation missions in eight countries; and three experts for a review mission in one country.

Table 3. Missions to EMR countries in 1994

Type of missions	Number of missions	Number of countries	Number of experts
Planning	10	6	18
Implementation	11	8	11
Review and evaluation	1	1	3
Total	22	11*	32

* More than one mission in some countries.

Planning missions included visits to assist in the preparation of biannual workplans for AIDS prevention and control; technical visits prior to formulation of a medium term plan (MTP) and MTP formulation itself. The first MTP was formulated in Lebanon and a second MTP was formulated in Cyprus, Egypt, Jordan and the Syrian Arab Republic, all with WHO technical and financial assistance.

The implementation missions included four in the field of STDs; two each in information, education and communication (IEC) and sociobehavioural study; and one each in surveillance, injecting drug use and evaluation.

In addition to the above short-term missions, WHO continued to provide three long-term staff member (one in Djibouti and two in Sudan). In addition, one long-term staff started his assignment in Pakistan in early 1995. Furthermore, WHO supported a number of national staff in Djibouti, Lebanon, Morocco, Pakistan and Sudan.

Fellowships

With the aim of increasing national capabilities, the Regional Office awarded six fellowships in 1994 for nationals from five countries (Cyprus, Jordan, Pakistan, Sudan and the Republic of Yemen). They included four in the field of HIV epidemiology and one each in IEC and clinical management. In addition, in 1994 the Regional Office also initiated the processing of 17 fellowships for eventual placement in 1995.

Supplies and equipment

During 1994, WHO provided supplies and equipment to 12 Member States including diagnostic kits for HIV/STD, audiovisual equipment, educational materials, office and data processing equipment and condoms. The value of these supplies and equipment was about US$300 000.

Support to national and local activities

Financial support for national and local activities comprised a major portion of the total WHO support to the Member States. During 1994, WHO

provided financial support to 16 Member States for a wide variety of activities which included training of health care workers such as doctors, nurses, health educators, laboratory staff and paramedical staff; training of other workers such as teachers, media personnel, social workers, youth, women and community workers; and orientation of religious leaders, decision-makers and opinion leaders. Support was also extended for activities aimed at education of the general public as well as those at increased risk of HIV infection; and production of information, educational and training materials such as pamphlets, posters, radio and TV spots, manuals and guidelines. The Regional Office also provided support for the conduct of sociobehavioural studies, HIV surveillance and evaluation of national programmes; and planning and review exercises.

Activities aimed at promoting NGO collaboration in AIDS prevention and control were continued. During 1994, the Regional Office provided financial support to 16 NGO projects in seven countries.

Monitoring and evaluation

The Regional Office continued to monitor regularly the progress in the implementation of national AIDS programmes through reports, and staff visits and country profiles were updated accordingly. A comprehensive external review of the National AIDS Programme was carried out in the Islamic Republic of Iran with WHO's technical assistance. The first evaluation survey in the Region to measure the effectiveness of the programme using the global indicators was carried out in Sudan. Similar surveys are underway in Pakistan.

Financial resources

Member States are implementing their national plans with funds drawn from various sources. Some countries use solely their own national resources while others receive external support to a varying degree. A few countries depend mostly on external support for the implementation of their plans. WHO remained the principal source of such external support, the extent of which for any individual country depended on the epidemiological situation and the needs for external support. Others sources included UNDP, UNICEF, UNFPA, UNHCR and NORAD and other bilateral agencies.

3.2 National commitment

Fortunately the prevalence of HIV is still at a low level in most countries in this Region. However, there is no room for complacency if a serious situation is to be avoided. Concerted efforts should be made continuously to keep this level low. Such efforts will require continued and strengthened commitment and a greater mobilization of resources, particularly since the AIDS pandemic is spreading rapidly. Those Member States which depend significantly on external support should consider such support as only a supplement to national inputs and should mobilize national resources for their national plans.

There is still a tendency in many Member States to limit the national AIDS programme to the health sector. Because of the wide implications of the disease, it should be recognized by all that the AIDS problem cannot be

tackled by the health sector alone and there is a need to actively involve other sectors and NGOs.

3.3 Sexually transmitted diseases

The information available is too meagre to assess the true magnitude of STD in the EMR but the extent of the problem is considered to be not insignificant. STDs not only cause high morbidity but also result in serious complications and long-lasting sequelae. STDs, particularly those causing genital lesions, also increase the risk and efficiency of HIV transmission manyfold. Therefore, the Regional Office has emphasized the need to establish and develop an effective programme to control these diseases.

WHO provided technical assistance to Egypt, the Islamic Republic of Iran, Jordan, Lebanon, Pakistan, Sudan, the Syrian Arab Republic and the Republic of Yemen for preparing the national STD control plan and the operational guidelines. In addition, financial assistance was provided for training of health care workers, production of educational materials and the supply of condoms and diagnostic kits. Because of its cost-effectiveness and efficiency, emphasis was laid on the syndromic approach, a method of case identification depending on a combination of signs and symptoms (syndromes), to STD case management.

Because of the similarities in the risk behaviours, in the modes of transmission, in the target groups, and in the methods of prevention, the Regional Office has encouraged the integration of AIDS and STD control programmes within the Member States. The GPA unit in the Regional Office was renamed GPA/STD.

3.4 Intercountry meetings

A number of intercountry meetings were organized to review the current situation, to exchange experiences and to provide an update on developments in various aspects of AIDS and STD control as well as to increase the capabilities of the national staff in planning, implementation, monitoring and evaluation of the AIDS and STD control programmes. Six intercountry workshops were organized in 1994 and are briefly described below. Eight intercountry workshops have been planned for 1995.

(a) Training workshop on programme management

This two week workshop was organized for programme managers and senior management staff of the national AIDS programmes. A team of three to four staff from each country attended this workshop. Using 12 training modules, the participants were trained in planning, implementation, monitoring, review and evaluation of national AIDS and STD programmes.

(b) Meeting on women and AIDS

This meeting reviewed the epidemiological situation of HIV/AIDS among women in the EMR and the activities being carried out for the prevention of AIDS among women, discussed the status and role of women in relation to AIDS and emphasized the need to give high priority to the problem of AIDS among

women, to enhance the status of women in AIDS prevention and to involve women and other community leaders in AIDS prevention and control.

(c) Workshop on care of persons with HIV/AIDS

With the spread of the AIDS pandemic, more and more cases of AIDS and HIV infections have been detected, creating a need for the provision of adequate care to the affected persons. This workshop reviewed the situation of HIV/AIDS and the activities being carried out for provision of care and made recommendations for adequate care with the whole gamut of the hospital-home care continuum, including clinical management, nursing care, counselling and social support.

(d) Meeting of directors of national AIDS laboratories

A large number of HIV tests is being performed in the EMR countries, using various strategies and methods for HIV testing. This meeting was held to discuss the objectives of HIV testing, to review and select suitable strategies and methods, to emphasize the need to ensure the quality of HIV tests and to suggest measures for strengthening HIV testing laboratories in the Region.

(e) Workshop on the role of media in AIDS prevention

Media, both mass media and the little media (brochures, pamphlets, posters), play a very important role in AIDS prevention and control, as they can reach a large number of people in the community. Two workshops were organized, one in Cairo in the Arabic language and the other in Islamabad in English. These workshops highlighted the role of the media in the dissemination of correct messages, dispelling myths and misconceptions, advocacy for high level commitment, mobilization of resources and education of target audiences on AIDS prevention and control. A plan of action identifying the activities to be implemented by the media was prepared at the workshops.

3.5 AIDS Information Exchange Centre

The Regional AIDS Information Exchange Centre (AIEC) continued to provide information and educational materials for national AIDS programmes, nongovernmental organizations, institutions and individuals. There was a large increase in the number of audiovisual materials distributed in 1994. Selected TV spots and information broadcasts from different national TV programmes were collected on tapes which were distributed to all NAPs in the Region.

AIEC assisted the Member States in the production of printed materials. Such assistance included the technical clearance of manuscripts and prototypes submitted by the NAPs; provision of culturally sensitive prototypes to be adapted or adopted by the NAPs; and printing of materials for a few NAPs.

AIEC distributed catalogues of books, journals, slides and video films to the NAPs and assisted the NAPs in the procurement of these materials. AIEC also provided background material for the intercountry meetings and workshops.

The Centre coordinated World AIDS Day activities in the Region and the two workshops on the role of media in the prevention and control of AIDS.

3.6 World AIDS Day

World AIDS Day (WAD) was observed on 1 December in all countries of the Region in various forms such as lectures, seminars, debates, games, fairs, exhibitions and competitions. The theme in 1994 was "AIDS and the Family". A large number of government sectors, NGOs and individuals were involved in activities marking this occasion and a large number of materials in Arabic, English and French were distributed. The Regional Office provided the NAPs and the concerned sectors with relevant materials for distribution or reproduction for this occasion.

The Regional Director delivered a message on the WAD theme, highlighting the role of the family in AIDS prevention and control and calling upon all government sectors, NGOs, communities and individuals to participate in the fight against AIDS. This message was delivered to all Member States of the Region in advance of the WAD.

3.7 WHO Collaborating Centres on laboratory diagnosis of HIV

The three regional collaborating centres, namely NAMRU-3 in Cairo, the Faculty of Medicine in Kuwait and the Pasteur Institute in Casablanca are providing support to the Member States of the Region in HIV testing, including supplemental testing to confirm the result of HIV tests and training of laboratory staff. NAMRU-3 is also carrying out virus isolation and characterization of HIV collected from a few selected countries. This activity is considered essential to monitor the types of HIV circulating in the Region in preparation for the potential development of vaccine(s) which are expected to be related to the prevailing strains.

4. Joint and Cosponsored UN Programme on HIV/AIDS

As the AIDS pandemic affects all aspects of society, it was considered that only a special UN programme would be able to fight the pandemic on all fronts. Hence the Joint and Cosponsored UN Programme on HIV/AIDS has been established. This joint programme will draw on the experience, expertise and resources of six cosponsors namely UNDP, UNESCO, UNICEF, UNFPA, WHO and the World Bank.

The joint programme will address the major strategic and policy issues of HIV/AIDS, advocate a strong global response to the pandemic, ensure coordinated support by the cosponsoring organizations for NAPs, and promote and support research of relevance to the developing countries. It will act in partnership with other UN agencies, bilateral organizations, community-based groups, NGOs, the private sector and academic institutions and will involve people with HIV infection and AIDS in all areas of work.

At the global level, the joint programme will carry out global-level activities in the areas of advocacy, strategic and policy guidance, research, support to country-level coordination, technical support to NAPs, monitoring

of the epidemic and of national and international responses to it. At country level, the joint programme's mandate will be to strengthen the national capability to respond to HIV/AIDS needs and will work primarily through the Theme Group on HIV/AIDS established by the UN Resident Coordinator. Country staff will be stationed in selected countries to assist the Theme Group chairperson.

The joint programme will also provide technical support to NAPs in the form of staff assignments or consultancies, funds for the "core needs" of the NAPs (in selected countries), and funds for intercountry projects. The joint programme will not have a regional structure of its own, although there will be regional and intercountry activities and it is expected to utilize the existing regional structures of the cosponsors to implement its activities.

The joint programme will be fully operational from 1 January 1996. WHO's Global Programme on AIDS will cease to exist from that date. The joint programme's budget will include the resources to be used at global level as well as those to support country or intercountry activities. At country level, funding for HIV/AIDS related activities of the UN system in support of NAPs will come from the cosponsors, other UN system organizations and the joint programme. Resources for the joint programme's budget will be mobilized through a global appeal.

5. Conclusion

The AIDS pandemic is spreading fast and indigenously in the Region. There is no room for complacency and a concerted effort must be made to check the spread before the pandemic becomes unmanageable as is being experienced in other regions. This calls for greater commitment to the national AIDS programme, increased mobilization of national resources and active involvement of all sectors and NGOs in all aspects of the programme including planning, implementation, monitoring and evaluation.

It is recommended that Member States:

- ensure maintaining high level commitment to the national AIDS programme;
- provide adequate national human and financial resources for implementing the national AIDS programme effectively and efficiently;
- enlist and ensure active involvement of all concerned sectors and NGOs at all stages of the programme;
- implement effectively all components of the national AIDS programme including education of the general population and of specific priority target groups, blood safety, care of persons with HIV/AIDS, HIV surveillance, monitoring and evaluation;
- develop and strengthen the STD control programme; and
- regularly exchange information with WHO and other Member States on HIV/AIDS and programme activities.