

# The Node *... where a leaf arises from a stem*



The Node is a bilingual publication dedicated to global HIV/AIDS issues by Red Ribbon Centre, the UNAIDS Collaborating Centre for Technical Support

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Press release

## Global HIV prevalence has levelled off AIDS is among the leading causes of death globally and remains the primary cause of death in Africa

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IMPROVEMENTS IN SURVEILLANCE INCREASE UNDERSTANDING OF THE EPIDEMIC,  
RESULTING IN SUBSTANTIAL REVISIONS TO ESTIMATES

**Geneva, 20 November 2007** – New data show global HIV prevalence—the percentage of people living with HIV—has levelled off and that the number of new infections has fallen, in part as a result of the impact of HIV programmes. However, in 2007 33.2 million [30.6 – 36.1 million] people were estimated to be living with HIV, 2.5 million [1.8 – 4.1 million] people became newly infected and 2.1 million [1.9 – 2.4 million] people died of AIDS.

There were an estimated 1.7 million [1.4 – 2.4 million] new HIV infections in sub-Saharan Africa in 2007— a significant reduction since 2001. However, the region remains most severely affected. An estimated 22.5 million [20.9 – 24.3 million] people living with HIV, or 68% of the global total, are in sub-Saharan Africa. Eight countries

in this region now account for almost one-third of all new HIV infections and AIDS deaths globally.

Since 2001, when the United Nations Declaration of Commitment on HIV/AIDS was signed, the number of people living with HIV in Eastern Europe and Central Asia has increased by more than 150% from 630 000 [490 000 – 1.1 million] to 1.6 million [1.2 – 2.1 million] in 2007. In Asia, the estimated number of people living with HIV in Viet Nam has more than doubled between 2000 and 2005 and Indonesia has the fastest growing epidemic.

These findings were released today by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) in the report 2007

## Continuing improvements to latest estimates

The new report reflects improved and expanded epidemiological data and analyses that present a better understanding of the global epidemic. These new data and advances in methodology have resulted in substantial revisions from previous estimates.

While the global prevalence of HIV infection—the percentage of people infected with HIV—has levelled off, the total number of people living with HIV is increasing because of ongoing acquisition of HIV infection, combined with longer survival times, in a continuously growing general population.

Global HIV incidence—the number of new HIV infections per year—is now estimated to have peaked in the late 1990s at over 3 million [2.4 – 5.1 million] new infections per year, and is estimated in 2007 to be 2.5 million [1.8 – 4.1 million] new infections, an average of more than 6800 new infections each day. This reflects natural trends in the epidemic, as well as the result of HIV prevention efforts.

The number of people dying from AIDS-related illnesses has declined in the last two years, due in part to the life prolonging effects of antiretroviral therapy. AIDS is among the leading causes of death globally and remains the primary cause of death in Africa.

“These improved data present us with a clearer picture of the AIDS epidemic, one that reveals both challenges and opportunities,” said UNAIDS Executive Director Dr Peter Piot. “Unquestionably, we are beginning to see a return on investment—new HIV infections and mortality are declining and the prevalence of HIV levelling. But with more than 6 800 new infections and over 5 700 deaths each day due to AIDS we must expand our efforts in order to significantly reduce the impact of AIDS worldwide.”

## Revision of estimates

UNAIDS, WHO and the Reference Group on Estimates, Modelling and Projections have recently undertaken the

most comprehensive review of their methodologies and monitoring systems since 2001. The epidemic estimates presented in this year’s report reflect improvements in country data collection and analysis, as well as a better understanding of the natural history and distribution of HIV infection. This information is vital in helping countries understand their epidemics and respond to them more effectively.

UNAIDS and WHO are now working with better information from many more countries. In the past few years a number of countries, most notably in sub-Saharan Africa and Asia, have expanded and improved their HIV surveillance systems, conducting new, more accurate studies that provide more precise information about HIV prevalence than earlier studies. In addition, 30 countries mostly in Africa have conducted national representative population-based household surveys. These have also informed adjustments for other countries with similar epidemics that have not conducted these surveys. New assumptions have also been made as a result of a better understanding of the natural history of untreated HIV infection.

The current estimate of 33.2 million [30.6 – 36.1 million] people living with HIV replaces the 2006 estimate of 39.5 million [34.1 – 47.1 million]. Applying the improved methodology retrospectively to the 2006 data, the 2007 report revises that figure, now estimating that in 2006 there were 32.7 million [30.2 – 35.3 million] people living with HIV. The single biggest reason for the reduction in global HIV prevalence figures in the past year was the recent revision of estimates in India after an intensive reassessment of the epidemic in that country. The revised estimates for India, combined with important revisions of estimates in five sub-Saharan African countries (Angola, Kenya, Mozambique, Nigeria, and Zimbabwe) account for 70% of the reduction in HIV prevalence as compared to 2006 estimates.

“Reliable public health data are the essential foundation for an effective response to HIV/AIDS”, said WHO’s HIV/AIDS Director Dr Kevin De Cock. “While these new estimates are of better quality than those of the past, we



need to continue investing more in all countries and all aspects of strategic information relating to health."

"The data for measuring the HIV epidemic used by UNAIDS/WHO has considerably expanded and improved in recent years," said Ron Brookmeyer, Professor of Biostatistics and Chair of the Master of Public Health Program, The Johns Hopkins Bloomberg School of Public Health. "Nevertheless, there is a need to further improve the representativeness of the underlying data. There is a need to expand disease surveillance systems to better track the sub-epidemics in risk populations within each county."

"More accurate estimates and trends will ultimately lead to improvements in the design and evaluation of prevention programmes," added Professor Brookmeyer, who was also the Chair of the Independent Review Panel at the recent International Consultation on epidemiological estimates convened by UNAIDS and WHO.

UNAIDS and WHO will continue to update their methodology as new data becomes available from research studies and surveillance data from countries.

### **Progress seen but more needs to be done**

HIV prevalence among young pregnant women (15 – 24) attending antenatal clinics has declined since 2000/2001 in 11 of the 15 most-affected countries. Preliminary data also show favourable changes in risk behaviour among young people in a number of countries, (Botswana, Cameroon, Chad, Haiti, Kenya, Malawi, Togo, Zambia, and Zimbabwe). These trends suggest that prevention efforts are having an impact in several of the most affected countries.

In sub-Saharan Africa, continued treatment scale-up and HIV prevention efforts are also bringing results in some countries, but mortality from AIDS remains high in Africa due to the extensive unmet treatment need. Cote d'Ivoire, Kenya and Zimbabwe, among others, have all seen downward trends in their national prevalence. Beyond sub-Saharan Africa, declines in new HIV infections have also occurred in South and South-East Asia, notably in

Cambodia, Myanmar and Thailand.

There is a need to adapt and revive HIV prevention efforts as some countries are seeing a reversal of declining trends. Burundi's declining trend from the late 1990's did not continue beyond 2005 and HIV prevalence started to increase again at most surveillance sites. Despite achievements in reversing the epidemic in Thailand, HIV prevalence is rising among men who have sex with men and has remained high among injecting drug users over the past 15 years, ranging between 30% to 50%.

UNAIDS and WHO officials point out that the new estimates do not change the need for immediate action and increased funding to scale up towards universal access to HIV prevention, treatment, care and support services.

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UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations in the AIDS response. The Secretariat headquarters is in Geneva, Switzerland—with staff on the ground in more than 80 countries. Coherent action on AIDS by the UN system is coordinated in countries through UN theme groups, and joint programmes on AIDS. UNAIDS' Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Visit the UNAIDS Web site at [www.unaids.org](http://www.unaids.org)

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. Visit the WHO Web site at [www.who.int](http://www.who.int)



# ONE STEP FORWARD TO CROSS THE BORDER.....

Margaret Pang

Prevention Programme Manager  
AIDS Concern

AIDS Concern started its Hong Kong-China cross-border travelers HIV/AIDS prevention programme in 1999. After implementing the programme for years in Hong Kong, we are expanding our coverage to track the mobility of the travelers and approach our clients directly where their sexual activities occur in the Mainland near the border.

In November, 2006, AIDS Concern began pioneering a three-year entertainment establishments HIV/AIDS prevention programme in Shenzhen to work with Hong Kong men who patronize the entertainment establishments and the female workers in the establishments. This project has been funded by Hong Kong Kadoorie Charitable Foundation, and we collaborate with a local partner, Shenzhen Research Institute of Population and Family Planning.

As we accumulated experience on how to provide prevention work in the sex industry in Hong Kong, we use the same model, but have added cultural contexts to implement this project in Shenzhen. We set up an educational center in our intervention district. This center is a base to deliver services that have as their targeted goal for the prevention of HIV in the entertainment businesses in the district. We provide HIV rapid testing and counseling service in this center. We reach out to entertainment establishments and brothels and distribute them with condoms. Additionally, we also set up outreach booths at street corners to approach men from Hong Kong. Workshops are provided to the female workers in the establishments. A helpline service has been set up for enquiries on sexual health issues. We will also recruit male clients and female workers as our peers to promote safer sex.

It has been 15 months since our programme implementation and we have learned significantly throughout this process. We have put much effort in negotiating and building up relationships with the key community individuals and units, including district resident committees and clinics from the government as well as managers, pimps and mamasans from the entertainment establishments. We were fortunate to have Shenzhen Research Institute of Population and Family Planning to facilitate the process. They have played an important role in laying the groundwork and helping us adjust to the working environment in the Mainland.



*The Chief Executive of AIDS Concern, Loretta Wong (left) and the Director of Shenzhen Research Institute of Population and Family Planning, Zeng Xu Chun in the signature ceremony in 2006.*

Since AIDS Concern has acquired rich experiences in programme implementation and development, one of the missions of this project is to help build up the relevant capacities in Mainland China while its development of HIV prevention programmes are in their early stage. We employ two local full-time and one part-time staff and

train them in delivering and developing the programme so that the local capacities in HIV prevention can develop from this programme.

AIDS Concern is also learning how to develop other programmes in Mainland China. One challenge is to apply our experiences gained in Hong Kong into the local context in Mainland China, including the dynamics of the sex industry, the behavioral pattern of sex workers, and cross-border clients in the Mainland. We are prepared to learn, and partner with our peers to tackle the epidemic together!!



# 2nd Asian Workshop on HIV & AIDS Prevention through Sport

(Dr. Lau Kai Cheung)

From 19-21 September 2007, Dr Wong Ka Hing, Consultant of Special Preventive Programme, attended the 2nd Asian Workshop on “HIV & AIDS Prevention through Sport” which was held in Beijing. The workshop was organised by the International Olympic Committee (IOC) in cooperation with the Chinese National Olympic Committees (NOC), Joint United Nations Programme on HIV/AIDS (UNAIDS), the Health Bureau of Beijing (BHB), the Chinese Red Cross and the International Federation of Red Cross and Red Crescent Societies. Over 50 delegates from ten Asian National Olympic Committees (NOC) and AIDS workers participated in this workshop.

The main objectives of this workshop included:

- to discuss “HIV & AIDS Prevention through Sport” in national and regional efforts against the pandemic
- to learn more about the various projects already undertaken on HIV & AIDS prevention by sports groups and various institutions
- to create and strengthen a working relationship between the National Olympic Committees, UNAIDS, UNICEF, the Red Cross Movement and NGOs
- to introduce and test the toolkit on “HIV & AIDS Prevention through Sport”

During the workshop, there were presentations on the HIV/AIDS situation in the Asia-Pacific, the IOC’s perspectives on “HIV & AIDS Prevention through Sport”

and HIV prevention work in Beijing. Besides, delegates also shared their experiences on “HIV & AIDS Prevention through Sport” with countries and partner organisations including “Go for Gold” HIV prevention campaign for the Sydney 2000 Olympic Games, “Action for AIDS” in the Standard Chartered Singapore Marathon 2003 and AIDS publicity campaign in the Southeast Asian Games 2007.

Delegates at the workshop emphasized the 2008 Beijing Games, the existing sport events and other celebration days can be used as entry points for HIV prevention work and information campaigns. Education of athletes, coaches, officials and administrators can be done by distributing and making use of the toolkit with adoption of local context. Famous athletes can also be recruited as ambassadors. Besides, supporters for their sports and people living with HIV should be involved in their HIV prevention work.

After three days’ discussion, the workshop concluded with a list of recommendations calling on the main stakeholders in sport and health to set up a task force to build on existing partners. The workshop also encouraged further action on developing an HIV/AIDS policy for each relevant organisation, while ensuring that the progress and results were monitored and disseminated. Finally, it was a good opportunity for this workshop to launch the Chinese version of the first HIV/AIDS prevention toolkit for the sports community.

# Shenzhen WORLD AIDS DAY

(Dr. Lau Kai Cheung)

On 1st December 2007, Professor Chen Char Nie, Chairman of the Advisory Council on AIDS, and Dr. Tsang Ho Fai, Controller of the Centre for Health Protection, were invited by the Shenzhen authorities to attend the main publicity event of World AIDS Day. The activity was held at the Sports Stadium of Foxconn International Limited in Baoan District.



Zhang Dan, Deputy Director of Bureau of Health of Shenzhen Municipality also emphasized on the importance of community participation in the prevention of HIV.

Ms Hu Xiao Mei, a famous radio personality in Shenzhen, conducted

interviews on the government's role on HIV prevention and care with Ms Zhang Ying Ji, Chief of Department of Disease Control and Prevention (Health Inspection) Bureau of Health of Shenzhen Municipality and Cheng Jin Quan, Director of the Shenzhen Center for Disease Control and Prevention respectively. Both interviews were enriched with important messages of HIV prevention.

One of the main highlights of the evening was the Prize Quiz Show on HIV prevention conducted by Dr. Feng Tie Jian, Deputy Director of the Shenzhen Chronic Disease Hospital. Participants actively took part in the HIV knowledge quiz and showed a good understanding of HIV prevention and transmission.

Towards the end of the show, there was a sharing session by voluntary AIDS workers and people living with HIV. Speakers shared their experiences in working among the key populations at higher risk and urged the public for the acceptance and care of people living with HIV.

The variety show was jointly organised by the Office of Shenzhen Working Committee for AIDS Prevention and Control, Shenzhen Center for Disease Control and Prevention, Shenzhen Red Cross, Shenzhen Baoan Center for Disease Control and Prevention, Shenzhen Longhua Sanitation Supervision Clinic and Foxconn International Limited in Baoan District. The main objective of the Shenzhen World AIDS Day was to promote HIV prevention for young migrant workers in Shenzhen. About ten thousand people participated in the Shenzhen World AIDS Day activities, including a health exhibition, a film show and an evening variety show.

The evening show was officially declared open by Mr. Chen Yu Ming, Vice Secretary General of the Shenzhen Municipal Government. He expressed gratitude towards HIV workers who cared for people living with HIV. Mr.

