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HIV/AIDS Statistics:

Globally

It is estimated that around 40 million people are living with HIV/AIDS
The highest estimates for people living with HIV/AIDS are:

- Sub-Saharan Africa (around 26.6 million)
- South and South-East Asia (around 6.4 million)
- Latin America (around 1.6 million)
- Eastern Europe and Central Asia (around 1.5 million)

Around 5 million people were newly infected with HIV/AIDS in 2003. The highest estimates for new HIV/AIDS infections occurring in 2003 are:

- Sub-Saharan Africa (around 3.2 million)
- South and South-East Asia (around 855 000)
- Eastern Europe and Central Asia (around 230 000)
- East Asia and Pacific (around 210 000)

It is estimated that around 3 million people died from HIV/AIDS in 2003
The highest estimates for deaths due to HIV/AIDS in 2003 are:

- Sub-Saharan Africa (around 2.35 million)
- South and South-East Asia (around 460 000)
- Latin America (around 59 500)
- East Asia and Pacific (around 45 000)

Eastern Mediterranean Region

It is estimated that around 750 000 people are living with HIV/AIDS in the Region. The most affected country is Sudan.

Between 43 000 and 67 000 people were newly infected with HIV/AIDS (estimated average of 55 000) in 2003.

Between 35 000 and 50 000 people died from HIV/AIDS (estimated average of 42 500) in 2003.

Up to the end of 2002, 12 764 AIDS cases had been reported in the Region, 1852 of which were reported in 2002 (14.5%).

Heterosexual transmission is the main mode of HIV transmission in the Region, accounting for nearly 55% of all reported AIDS cases. Injecting drug use is playing an increasing role in spreading HIV, to the extent that it may soon become the driving force behind the HIV epidemic in the Region. A five-fold increase in HIV/AIDS was reported among injecting drug users between 1999 and 2002.

Estimates of HIV in Eastern Mediterranean countries, 2002–2003

Country	Estimated no. of people living with HIV/AIDS (2002–2003)	Country	Estimated no. of people living with HIV/AIDS (2002–2003)
Afghanistan	Less than 1000	Oman	1447
Bahrain	Less than 1000	Pakistan	80 000
Cyprus	Less than 1000	Palestine	Less than 1000
Djibouti	8283	Qatar	Less than 1000
Egypt	3584	Saudi Arabia	No estimates
Islamic Republic of Iran	30 000	Somalia	43 000
Iraq	Less than 1000	Sudan	512 000
Jordan	Less than 1000	Syrian Arab Republic	Less than 1000
Lebanon	1951	Tunisia	Less than 1000
Kuwait	Less than 1000	United Arab Emirates	Less than 1000
Libyan Arab Jamahiriya	7000	Republic of Yemen	11 227
Morocco	14 000		

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3 by 5

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3 Million on ARVs by 2005

Around six million people in developing countries have HIV infections that require antiretroviral treatment, but fewer than 300 000 are being treated. To tackle the AIDS treatment emergency, urgent action is needed.The World Health Organization (WHO) will work with UNAIDS and our other partners to take emergency measures. "To deliver antiretroviral treatment to the millions who need it, we must change the way we think and change the way we act," said Dr LEE Jong-wook, Director-General of WHO. "Business as usual will not work. Business as usual means watching thousands of people die every single day." WHO will provide emergency response teams to those countries with the highest burden of HIV/AIDS.

WHO and UNAIDS are renewing their commitment to meeting an ambitious target: providing antiretroviral medicines to three million people by the end of 2005, the "3 by 5" target. Under all the existing programmes, fewer than 1 million people who need antiretroviral treatment will receive it by the end of the target year of 2005. WHO, UNAIDS and our partners are developing a comprehensive global strategy to meet the 3 by 5 target.

"The scale of the global HIV treatment emergency should not be underestimated: about 99% of HIV-positive people who need HIV treatment today in sub-Saharan Africa do not have access to it," said Dr Peter Piot, UNAIDS Executive Director. "However, AIDS therapy is a long-term commitment, not a one shot. We therefore need dramatic and sustained increases in resources and political commitment, including from hard-hit countries themselves. Above all, we must incorporate treatment into wider emergency plans for HIV prevention and care, without which we stand no chance of reversing the tide of the AIDS epidemic. "Together with UNAIDS and other partners, WHO is leading the response to this global health emergency and is urging governments, donors, other international organizations, non-governmental organizations, people living with HIV/AIDS and industry to join together to ensure that the millions of people who urgently need antiretroviral medicines will receive them.

- AIDS killed more than 3 million people in 2002. That's more than 8000 people every single day or 1 person every 10 seconds.
- Of the 42 million people currently infected with HIV, 5–6 million urgently need antiretroviral treatment due to the seriousness of their illness.
- Currently, only 300 000 people in developing countries receive antiretroviral medicines. In Africa, less than 50 000 people have access to antiretroviral medicines.
- Many groups have shown that antiretroviral treatment can be delivered in poorer countries with comparable effectiveness and benefits to those seen in richer countries.
- Given current trends, including all the programmes under way and all the funds donated for this effort, these medicines will reach fewer than 1 million people by the end of 2005.
- The cost of antiretroviral medicines has been substantially reduced, and treatment is available in some of the poorest countries in the world for one dollar a day or less.

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3 million by 5 by 2005

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Message From The Regional Director

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In the Name of God, the Compassionate, the Merciful

Message from
Dr Hussein A. Gezairy
Regional Director
WHO Eastern Mediterranean Region
on the occasion of
WORLD AIDS DAY
1 December 2003

Dear Friends,

As you are aware, 750 000 people are estimated to be currently living with HIV infection in our Region. This large scale-spread of the epidemic over the past few years forces us to be more realistic in facing it. We must accelerate our response and act quickly to limit its spread. We must adopt new strategies in prevention and care to meet the needs of the growing number of people living with HIV/AIDS. Lastly, we need to change our attitudes towards the epidemic and towards those affected by it, so that our interventions become more effective.

The theme for this year's, and last year's, campaign is stigma and discrimination related to HIV/AIDS, which cause untold suffering to people living with HIV/AIDS everywhere they go, over and above the suffering they already face. If we try to explore the reason behind HIV-related stigma and discrimination, we find that it is largely due to fear. And this fear arises out of misunderstanding about the modes of transmission of the infection, its relation to socially unacceptable behaviours, and the belief that HIV is a fatal disease. However, it is well known now that the infection has very specific modes of transmission and is not transmitted by casual contact as part of daily life. Moreover, as new therapies have been introduced, HIV/AIDS is now regarded as a chronic disease that needs continuous treatment, rather than a fatal disease.

We must therefore improve our efforts to control stigma and discrimination against people living with HIV/AIDS in our schools, workplaces, health facilities and throughout the community. Stigmatization of and discrimination against people living with HIV/AIDS are against our religious and cultural norms, are against humanity, and are major barriers preventing them from obtaining the care they need.

Before I end, I would like to refer to a WHO global target that originally stemmed from the concept of the right of people living with HIV/AIDS to have access to anti-retroviral drugs. That target is to provide 3 million people in developing countries with antiretroviral drugs by the year 2005, known as "3 by 5". WHO is committed to this target and will work to achieve it within the very tight time-frame set. In order to fulfil this ambitious target, we need the concerted efforts of all partners in the fight against HIV, including governments, communities, nongovernmental organizations and international bodies. I continue to look forward with hope that we can, with determination and open minds, control the spread of HIV/AIDS in our Region, and around the world, and care for those affected.

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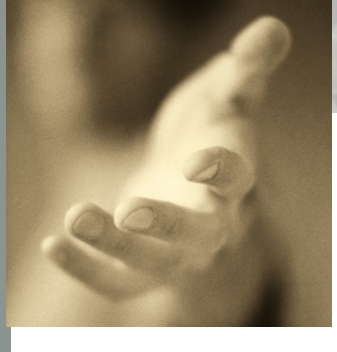
Fight Stigma and Discrimination

- Spread information about HIV modes of transmission and methods of prevention: HIV can only be transmitted through sexual relations with an infected person, through contaminated blood and blood product transfusion, from infected mother to her infant and through sharing contaminated cutting or piercing utensils, including needles
- Inform others that HIV cannot be transmitted through casual contact with a person living with HIV/AIDS: eating, drinking, caring, shaking hands, hugging, working, sharing toilet seats, sharing towels, … none of these transmit HIV
- Acknowledge the rights of people living with HIV/AIDS, … this opens the door to sensitizing them to their responsibilities and promoting responsible behaviour
- Ensure basic human rights to all people, including men, women and children living with HIV/AIDS: access to health care, education, employment, living with dignity, freedom to travel, shelter…
- Develop partnership between all community members, including those infected and affected by HIV/AIDS, … this is crucial in the fight against the epidemic … we are all equally responsible
- Inform others that people living with HIV can enjoy long years of life with the full ability to be as active and productive as anyone else … including people living with HIV/AIDS in the workforce, developing their capacities and respecting their rights enables them to support themselves and their families.



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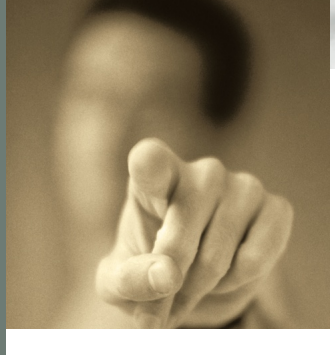
Consequences of stigma and discrimination

Stigma and discrimination are burdens faced by people infected and affected with HIV, additional to the burden of the sickness. The right to education, to access to health care, to work, to freedom of mobility and travel, to dignified living and to equity are often denied to men, women and children who have been infected with HIV. Divorce, humiliation, exclusion from families and communities, unemployment or exclusion from school, homelessness, poverty and sickness are all consequences of stigma and discrimination for people who have been infected with HIV, as well as those related to them or taking care of them.

Stigma and discrimination are caused mainly by fear of the disease, but are also tied up with lack of knowledge and misconception about the modes of transmission of HIV, as well as by the rejection of the behaviours associated with the transmission of HIV.

Learning that HIV can only be transmitted through well-known and specific modes, and that casual daily encounters with people living with HIV do not cause its transmission, helps to reduce fear of people living with HIV. Also, alleviating stigma and discrimination against people living with HIV/AIDS and those affected by it is not only crucial for their well-being, but is also a practical



measure to ensure the success of all the efforts to fight the epidemic. By reassuring people that they will not lose their basic human rights because of HIV we can encourage them to voluntarily learn and disclose their sero-status, and consequently, seek the proper treatment and take adequate action to prevent further transmission.

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True Stories

"The news was devastating, not only knowing that my brother has a deadly disease, but the shame that has been brought to our family. I thought that my parents should not know about it because the feeling of shame would kill them, especially my father. I have been thinking of ways to face people when they know that my brother has got AIDS! If I tell my family-in-law about it they will prohibit me from visiting my parents. All this I have kept to myself fearing what might be my fate and that of my brother if word slips out. Living the duality all by myself is killing me silently, just as HIV is killing my brother"

Sister of a person living with HIV/AIDS, 32 years

"I went to the lab and asked for an HIV test… When I got the result I was all by myself; I could not believe my eyes. I thought maybe there had been a mistake, but when I thought about it I knew exactly when it happened… I did not know what to do, whom to tell, what would happen to me next… I wished I could die at that moment… Committing suicide was one option, running away was another, but none of them I could do. I told my brother. He accused me of being selfish and of not having thought of our parents. He instructed me not to tell anybody else because people can be merciless when it comes to fear of AIDS and to the shame that I have brought to my family and myself… I did as he said, but I don't understand why they should fear AIDS if they are just casually around me or why they should be ashamed of me when they could all make the same mistake that I made".

Male with HIV, 26 years

"My husband died of AIDS after having unknowingly passed the infection to me. His parents accused me of being the one who brought the infection to their son, that is, of being unfaithful to him. They took my children and forced me to leave the house. I turned to my parents who understood the situation and sheltered me, but my father's ill health did not allow them to support me financially. I looked for work, but none of those who knew me accepted to give me a job because they knew that I had HIV. Finally, I found a job quite far from my neighbourhood, where nobody knows me… I have to commute to my workplace every day and I spend more money on transportation than on supporting myself".

Female with HIV, 42 years

"When my son died of AIDS, the school principal where his son was called me. He said that rumours had spread about the cause of death of my son and that the parents of the school pupils were not comfortable to have their children mixing and playing with my grandson. I explained that the child had nothing to do with his father's illness and that he did not have HIV, but the school principal was afraid about the 'reputation' of his school, and explained that he'd rather lose one student than lose all the others. For two years now, my grandson has not gone to school. I try to teach him at home with the help of my daughters, but the child is sad and does not understand why he is isolated".

Mother of a person who died of AIDS, 65 years

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