

World AIDS Campaign 2006



Together towards HIV/AIDS prevention, treatment and care for all



**World Health
Organization**

Regional Office for the Eastern Mediterranean



UNAIDS

JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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**Message from Dr Hussein A. Gezairy
Regional Director, WHO Eastern Mediterranean Region
on the occasion of
WORLD AIDS DAY 1 December 2006**

Ladies and Gentlemen, I am pleased to address you today, on the occasion of World AIDS Day, a yearly event which serves to raise our motivation and maintain our efforts for prevention and control of the HIV epidemic.



The HIV epidemic is building in the Eastern Mediterranean Region of WHO. The estimated number of people living with HIV is now approaching 620 000, 100 000 of whom were infected in 2005 only. In the meantime, the impact of our efforts to scale up treatment is still not evident. The number of people who need antiretroviral therapy (ART) in our Region is 75 000, but only 4000 are receiving it, making a coverage rate of 5%, the lowest coverage rate for ART among the six WHO regions.

The regional slogan of this year's World AIDS Campaign is "Towards HIV prevention, treatment and care for all". Through this slogan, the WHO Regional Office for the Eastern Mediterranean is calling on all stakeholders to undertake the necessary efforts to make preventive and curative HIV medical services available for those at risk of HIV infection, for people living with HIV and for their families. The slogan stems from the Universal Access Initiative, which is the logical continuation of the 3 by 5 Initiative which ended last year.

The target of the Universal Access Initiative is to come "as close as possible to universal access to treatment for all those who need it by 2010". In order to reach this target, many interventions should be implemented. Capacities should be built, infrastructure and health systems should be developed and strengthened,

resources should be raised, strategies and policies should be implemented, stigma and discrimination should be eliminated, and last but not least political commitment should be maximized and maintained.

WHO's Regional Office for the Eastern Mediterranean is working closely with its partners and the countries of the Region in order to foster the process of scaling up prevention and treatment. Although the coverage rate of ART is the lowest among the six regions of the World Health Organization, most countries in the Region have developed national strategic plans, have developed guidelines for treatment and care, and are starting now to offer ART. Also, most of the countries have voluntary counselling and testing centres, and are moving onwards in offering different prevention, treatment and care services. Moreover, all priority countries have succeeded in raising funds to support the activities of their national programmes, whether from national or international organizations and donors.

The Regional Office has an HIV/AIDS regional strategic plan for 2006-2010, and by implementing this strategy AIDS programme managers will be able to work on strengthening and expanding prevention, treatment and care towards achieving the goal of universal access.

I believe the coming period will witness a good achievement in ART coverage in our Region, as well as in prevention and care services for people living with HIV. This success will lead to more successes. But we have to remember that success is never reached without continuous work, extensive efforts, strong partnerships and proper planning.

Thank you

A handwritten signature in Arabic script, appearing to read 'Hussein A. Gezairy'.



**Together towards
HIV/AIDS prevention,
treatment and care for all**





Access to HIV/ AIDS prevention, treatment and care

In 1996, it was recognized that combination antiretroviral therapy (ART) dramatically improves survival of HIV-infected individuals. Since then, support groups, HIV activists, national and international agencies have aimed to bring treatment to people living with HIV in developing countries. The most ambitious of these initiatives was the 3 by 5 Initiative announced by WHO and its partners in 2003. Its target was to treat 3 million people by the end of 2005.

Although the target of 3 by 5 was not reached, about 1.3 million people were receiving ART in December 2005 in developing countries, compared to only 400 000 in December 2003. This means that by the end of 2005, 20% of the people who need ART were receiving the treatment. The Initiative also showed the success of national commitment, and created a momentum for scaling up prevention and treatment that will continue until everyone in need receives the therapy.

In 2005, the leaders of the G8 group of industrialized countries made a commitment to 'working with WHO, UNAIDS and other international bodies to develop a package of HIV prevention, treatment and care, with the aim of as close as possible universal access to treatment for those who need it by 2010.

WHO in consultation with country representatives, UNAIDS and other partners, set five strategic priorities for achieving universal access to prevention, treatment and care in the health sector as follows.

1. Wider access to HIV testing and counselling is essential. The importance of this priority comes from results of recent surveys showing that fewer than 10% of HIV infected persons know whether they are infected or not.
2. Delivery of prevention services in health care settings. This is particularly needed for people living with HIV and their families. It includes the prevention of transmission of HIV infection from infected mothers to their children. In developing countries, fewer than 10% of HIV infected pregnant women are reached by preventive interventions. Measures to prevent HIV transmission in health care settings, for example through unsafe blood transfusion and injection, are essential as well. Partnerships to ensure that health services reach populations at risk of contracting HIV, such as drug users and others, are also important.
3. In addition to expanding access to ART, there is a need for improved prevention and management of opportunistic infections, and care (including nutrition and palliative care).

4. Vigorous efforts are required to tackle weaknesses in health systems that were brought to light by the 3 by 5 Initiative. These challenges include a lack of trained health personnel, inadequacies in the infrastructure of laboratories and medical services, ineffective systems for procurement and supply of drugs and other commodities, and weaknesses in administration and management.
5. In all countries, better information on the HIV epidemic is needed in order to know what type of prevention and care services are needed and for which populations. Access to HIV prevention, treatment and care will have to be monitored. This information will be essential for assessment of progress towards universal access.

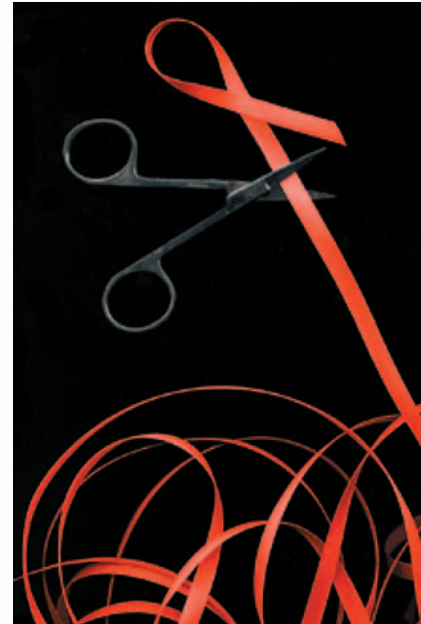
"Together towards HIV/AIDS prevention, treatment and care for all"

The slogan of this year's campaign reflects the Universal Access target. Also the regional strategic plan is in line with the Initiative. It is therefore clear that the regional programme is moving in the direction of universal access and there will be annual assessment of achievements in this regard.



Global overview

- By mid 2006, 25 years had passed since the first cases of acquired immunodeficiency syndrome were reported. During that period, over 65 million people were infected with HIV, of whom at least 25 million died.
- It is estimated that by the end of 2005, 38.6 million people were infected with HIV: 24.5 million in sub-Saharan Africa and 7.6 million in south and south-east Asia.
- 4.1 million people were newly infected in 2005.
- 2.8 million people died of AIDS in 2005.
- The estimated number of HIV-infected people who need ART was 6.5 million, by end of 2005.
- The estimated number of people receiving ART by end of 2005 was 1.33 million, a coverage of 20%.



Regional overview

- It is estimated that by the end of 2005 around 620 000 people were living with HIV in the Region.
- An estimated 100 000 new infections occurred in 2005.
- The majority of HIV infections in the Region are due to heterosexual transmission.
- Injecting drug use is growing in importance as a mode of transmission; almost all countries in the Region except four (Djibouti, Somalia, Sudan and Yemen) have reported HIV transmission among injecting drug users.
- Around 47 000 people in the Region died of AIDS in 2005.
- By the end of 2005, an estimated 75 000 people infected with HIV were in need of ART in the Region, of whom 4000 are receiving it, making regional coverage with ART only 5%.



Burden of HIV in the Eastern Mediterranean Region

Country	Estimated number of PLWH ^a	Estimated number of people needing ART ^b
Afghanistan	<1000	<1000
Bahrain	<1000	<100 ^c
Djibouti	15000	2000
Egypt	5300	2000
Iran, Islamic Republic of	66000	4250
Iraq	na	<200
Jordan	<1000	<200
Kuwait	<1000	<100 ^c
Lebanon	2900	<1000
Libyan Arab Jamahiriya	na	1500
Morocco	19000	2000
Oman	na	<500
Pakistan	85000	8450
Palestine	na	na
Qatar	na	na
Saudi Arabia	na	<1000
Somalia	44000	6000
Sudan	350000	62 000
Syrian Arab Republic	na	<1000
Tunisia	8700	<1000
United Arab Emirates	na	na
Yemen, Republic of	na	1000

PLWH: people living with HIV

^a Report on the global AIDS epidemic 2006, UNAIDS. Geneva, 2006 (if country figures available)

^b WHO report on WHO support to countries in implementing the "3 by 5" initiative, 2004-2005. Geneva, 2006 (if country figures available)

^c 10% of PLWH

na information not available



Regional strategy for strengthening health sector response to HIV/AIDS and sexually transmitted diseases in the Eastern Mediterranean Region 2006–2010

As the first regional strategic plan for HIV/AIDS/STI was to end in 2005, the Regional Office, through a consultative process with regional experts and national AIDS programme managers, developed the second regional strategic plan which covers the period 2006–2010, and was endorsed by the Regional Committee in 2005.

The strategy provides guidance to AIDS programme managers on how to expand prevention, treatment and care towards the goal of Universal Access.



Framework of the strategy

This strategy builds on existing goals and strategies:

- the first strategic plan (2002–2005)
- the United Nations Millennium Development Goals
- the Declaration of Commitment on HIV/AIDS, issued at the United Nations General Assembly Special Session (UNGASS) on 27 June 2001
- the WHO Global Health Sector Strategy for HIV/AIDS (2003–2007)
- the 3 by 5 Initiative.



Goal, targets and strategic actions

Goal

To reduce the transmission of, vulnerability to and impact of HIV/AIDS and sexually transmitted infections in the Eastern Mediterranean Region through a comprehensive, effective and sustainable health sector response to the epidemic.



Targets

1. By 2007 all countries will have shown political commitment, mobilized resources and developed or updated strategies for scaling up prevention, treatment and care through the health sector.
2. By 2010 all countries will have established surveillance and monitoring and evaluation systems that generate reliable information on the distribution and trends of HIV/AIDS/STI and vulnerability in the population, as well as the coverage and quality of services.
3. By 2008 all countries will have put into action a plan to build the necessary infra-structural and human capacity to enable implementation of the health sector response.
4. By 2010 all countries will have expanded access to HIV/AIDS/STI prevention, care and treatment services.
5. By 2010 all countries will have developed and implemented strategies to ensure access to HIV/AIDS/STI prevention, care and treatment for high-risk populations that are hard-to-reach by existing public health services.
6. By 2007 countries will have integrated HIV/AIDS/STI prevention, treatment and care in their national emergency responses and international assistance programmes.

