



4<sup>th</sup> global report

# 2004 Report on the global **AIDS** epidemic



Joint United Nations Programme on HIV/AIDS

**UNAIDS**

UNICEF • WFP • UNDP • UNFPA • UNODC  
ILO • UNESCO • WHO • WORLD BANK



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UNAIDS/04.16E (English original, June 2004)

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WHO Library Cataloguing-in-Publication Data

UNAIDS.

2004 report on the global HIV/AIDS epidemic : 4<sup>th</sup> global report.

1.HIV infections – epidemiology 2.HIV infections – therapy 3.Acquired immunodeficiency syndrome – epidemiology 4.Acquired immunodeficiency syndrome – therapy I.Title.

ISBN 92 9173 355 5

(NLM classification: WC 503.4)

Cover design: Lewis Evans

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This report would not have been possible without the support and valuable contributions of our colleagues in UNAIDS' Cosponsor organizations, the UNAIDS Secretariat, national AIDS programmes and research institutions around the world. The following people are among those who made significant contributions and deserve our special gratitude:

Angeline Ackermans, Peter Aggleton, Calle Almedal, Peter Badcock-Walters, Andrew Ball, Heidi Bazarbachi, Julia Benn, Elizabeth Benomar, Alina Bocai, Ties Boerma, Raul Boyle, Don Bundy, Angela Burnett, Alexandra Calmine, Michel Caraël, Pedro Chequer, Mark Connolly, Kieran Daly, Ernest Darkoh, Michel de Groulard, Getachew Demeke, Isabelle de Zoysa, Mandeep Dhaliwal, Neelam Dhingra-Kumar, Rebecca Dodd, Enide Dorvily, Alexandra Draxler, René Ehounou Ekpini, Olavi Elo, José Esparza, Tim Farley, Nina Ferencic, Nathan Ford, Edwige Fortier, Michael Fox, Vidhya Ganesh, Geoffrey Garnett, Amaya Gillespie, Aida Girma, Nick Goodwin, Ian Grubb, Lenin Guzman, Laura Hakokongas, Keith Hansen, Mary Haour-Knipe, Lyn Henderson, Alison Hickey, Wolfgang Hladik, Gillian Holmes, Dagmar Horn, Lee-Nah Hsu, Enida Imamovic, José Antonio Izazola, Jantine Jacobi, Noerine Kaleeba, Pradeep Kakkattil, Mohga Kamal Smith, Carol Kerfoot, Brigitte Khair-Mountain, Robert Kihara, Alexander Kossukhin, Christian Kroll, Amna Kurbegovic, Robin Landis, Susan Leather, Jean-Louis Ledecq, Seung-hee Lee, Ken Legins, Gael Lescornec, Jon Liden, Tony Lisle, Carol Livingston, Ruth Macklin, Bunmi Makinwa, Valerie Manda, Geoff Manthey, Tim Marchant, Hein Marais, William McGreevey, Henning Mikkelsen, David Miller, Jadranka Mimica, Hi-Mom, Roeland Monasch, Erasmus Morah, Rosemeire Munhoz, Elizabeth Mziray, Warren Naamara, Alia Nankoe, Francis Ndowa, Paul Nunn, Philip Onyebujoh, Gorik Ooms, Victor Ortega, Jos Perriens, Eduard Petrescu, Jean-Pierre Poullier, Elizabeth Pisani, Ben Plumley, Joel Rehnstrom, Chen Reis, Sinead Ryan, Marcos Sahl, Roger Salla Ntouna, Karin Santi, George Schmid, Kristan Schoultz, Geeta Sethi, Ismail Shabbir, Catherine Sozi, Paul Spiegel, Susan Stout, Inge Tack, Miriam Temin, Kate Thomson, Georges Tiendrebeogo, Susan Timberlake, Warren Tiwonge, Stephanie Urdang, Mirjam van Donk, Bob Verbruggen, Anna Vohlonen, Neff Walker, Bruce Waring, Alice Welbourn, Caitlin Wiesen, Alan Whiteside, Desmond Whymys, Brian Williams (WHO), Kenneth Wind-Andersen, Anne Winter, Soumaya Yaakoubi, and Alti Zwandor



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# Preface

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The global AIDS epidemic is one of the greatest challenges facing our generation. AIDS is a new type of global emergency—an unprecedented threat to human development requiring sustained action and commitment over the long term. As this report shows, the epidemic shows no sign of weakening its grip on human society.

The AIDS crisis continues to deepen in Africa, while new epidemics are growing with alarming speed in Asia and Eastern Europe. No region of the world has been spared.

While there is a pressing need for additional resources and commitment, this report also documents some of the success stories that have been achieved—by groups of people living with or affected by HIV, as well as by governments, nongovernmental organizations, business people and religious leaders.

AIDS has been with us for more than 20 years. It will continue to challenge us for many decades to come. The most important lesson we have learned so far is that we can make a difference: we can prevent new infections, and we can improve the quality of care and treatment for people living with HIV.

Our greatest challenge is to extend the extraordinary examples of leadership recorded in this report to the mainstream of everyday life. In the absence of a cure, the mass mobilization of every sector of society remains our only weapon.



Kofi A. Annan

Secretary-General of the United Nations

# Foreword

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Every two years, on the occasion of the International Conference on AIDS, this Global Report sets out our current knowledge on the state of the epidemic based on the experiences of the Joint United Nations Programme on HIV/AIDS (UNAIDS), which comprises nine United Nations system agencies. It makes for sobering reading.

Far from levelling off, rates of infection are still on the rise in many countries in Sub-Saharan Africa. Indeed, in 2003 alone, an estimated 3 million people in the region became newly infected. Most alarmingly, new epidemics appear to be advancing unchecked in other regions, notably Eastern Europe and Asia.

Countries in Eastern Europe and East Asia are experiencing the fastest growing HIV epidemic in the world. The large, populous countries of China, India and Indonesia are of particular concern. General prevalence is low there, but this masks serious epidemics already under way in individual provinces, territories and states.

AIDS is the most globalized epidemic in history, and we are witnessing its growing 'feminization'. Every year brings an increase in the number of women infected with HIV. Globally, nearly half of all persons infected between the ages of 15 to 49 are women. In Africa, the proportion is reaching 60%. Because of gender inequality, women living with HIV or AIDS often experience greater stigma and discrimination.

Yet this is a problem with a solution. As our report indicates, we know what works—successful approaches are evolving locally, nationally and globally. They are being helped by the growing momentum of international political leadership, by business workplace programmes, and by the dynamic mobilization of affected communities themselves—a key element that remains at the heart of our global response.



The good news is that the world is significantly increasing its commitments and resources. Yet as the number of governments, financial institutions and partners responding to AIDS increases, there is an urgent need for greater support for, and collaboration with, heavily affected countries. There is also a need to avoid duplication and fragmentation of resources.

Building on commitments made by leading donors in April 2004, we must not only raise more resources, but make sure that they are spent wisely to help countries mount sustainable and effective AIDS strategies. In particular, we must join forces to help countries strengthen their capacity to deliver these strategies.

A particularly welcome development is that the world has increasingly recognized the need to improve access to antiretroviral treatment for all people infected with HIV, regardless of the country in which they live. Treatment must be at the heart of every comprehensive AIDS strategy. However, prevention is equally important. We must never lose sight of doing everything we can to prevent people from becoming infected in the first place.

Over 20 years of AIDS provides us with compelling evidence that unless we act now we will be paying later—a trenchant message for the countries of Asia and the Pacific. AIDS demands that we do business differently; not only do we need to do more and do it better, we must transform both our personal and our institutional responses in the face of a truly exceptional global threat to security and stability.

AIDS is likely to be with us for a very long time, but how far it spreads and how much damage it does is entirely up to us.



Peter Piot  
Executive Director  
Joint United Nations Programme on HIV/AIDS

## Global estimates of HIV and AIDS as of end 2003



Number of people living with HIV	Total	37.8 million	[34.6–42.3 million]
	Adults	35.7 million	[32.7–39.8 million]
	Women	17 million	[15.8–18.8 million]
	Children <15 years	2.1 million	[1.9–2.5 million]
People newly infected with HIV in 2003	Total	4.8 million	[4.2–6.3 million]
	Adults	4.1 million	[3.6–5.6 million]
	Children <15 years	630 000	[570 000–740 000]
AIDS deaths in 2003	Total	2.9 million	[2.6–3.3 million]
	Adults	2.4 million	[2.2–2.7 million]
	Children <15 years	490 000	[440 000–580 000]

# Overcoming **AIDS**: the 'Next Agenda'



## The gender factor

Women are more physically susceptible to HIV infection than men. Data from a number of studies suggest that male-to-female transmission during sex is about twice as likely to occur as female-to-male transmission, if no other sexually transmitted infections are present. Moreover, young women are biologically more susceptible to infection than older women before menopause.

Women's increased risk is also a reflection of gender inequalities. Gender refers to the societal beliefs, customs and practices that define 'masculine' and 'feminine' attributes and behaviour. In most societies, the rules governing sexual relationships differ for women and men, with men holding most of the power. This means that for many women, including married women, their male partners' sexual behaviour is the most important HIV-risk factor.

The epidemic also has a disproportionate impact on women. Their socially defined roles as carers, wives, mothers and grandmothers means they bear the greatest part of the AIDS-care burden. When death and illness lead to household or community impoverishment, women and girls are even more affected due to their low social status and lack of equal economic opportunities.

### Women and girls' special vulnerability

Challenging negative gender roles is critical to the global AIDS response. The 2001 UN Declaration of Commitment on HIV/AIDS recognized that gender inequality is fuelling the epidemic. In the Declaration, governments pledged to create multisectoral strategies to reduce girls' and women's vulnerabilities. Its 2003–2005 benchmarks include:

- addressing the epidemic's gender dimensions (article 37);
- accelerating national strategies that promote women's advancement and their full enjoyment of all human rights; the sharing of responsibility by men and women to ensure safer sexual behaviour and empowering women to make decisions about their sexuality and protect themselves from HIV (article 59);
- eliminating discrimination against women, including violence against women, harmful traditional practices, trafficking and sexual exploitation (articles 61–2);
- reducing mother-to-child HIV transmission by increasing women's access to antenatal care, information, counselling and testing, other prevention services, and treatment (article 54); and
- reviewing the epidemic's social and economic impact, especially on women in their role as caregivers (article 68).

Since 2001, a variety of regional, national and international initiatives have emerged. The United Nations Development Fund for Women launched a programme to intensify gender and human rights activities within 10 highly affected countries' national responses (Barbados, Brazil, Cambodia, India, Kenya, Nigeria, Rwanda, Senegal, Thailand, and Zimbabwe). Among other activities, the programme aims to enhance national capacity to review legislation or policies with implications for the epidemic's gender dimensions.

**"Too often I have listened to women describe how their experiences are not part of the policy discussion. Whether talking about the unequal impact of globalization, the ravages of war and armed conflict, or the reality of living with HIV/AIDS, they feel marginalized and excluded from decision-making and resources that affect their lives. And yet, it is well-known that the most effective policy approaches come from listening to those who have experienced such problems first hand, who can provide needed perspectives, improve understanding and offer creative solutions so that resources may be used creatively".** —Noeleen Heyzer, Executive Director, the United Nations Development Fund for Women

HIV-positive women's organizations are becoming increasingly visible. Globally, the International Community of Women Living with HIV and AIDS helps positive women's organizations to share their experiences. One of the organization's recent initiatives is the Voices and Choices project. It includes participatory research and advocacy for improved policy and practices. In 12 francophone African countries, it also currently researches support, treatment and care provision for HIV-positive women.

### A new coalition

In 2003, the Global Coalition on Women and AIDS was launched. It brings together HIV-positive persons, civil society leaders, celebrity activists, nongovernmental organization (NGO) representatives, and UN figures to facilitate collaboration and to support innovative scaling up of efforts that have an impact on women's and girls' lives. The Global Coalition will work on: preventing HIV infection among girls and young women; reducing violence against women; protecting girls' and women's property and inheritance rights; ensuring women's and girls' equal access to treatment and care; supporting community-based care with a special focus on women and girls; promoting women's access to new prevention technologies and supporting ongoing efforts towards girls' universal education.



# Overcoming **AIDS**: the 'Next Agenda'

AIDS is an extraordinary kind of a crisis. To stand any chance of effectively responding to the epidemic we have to treat it as both an emergency *and* a long-term development issue. This means resisting the temptation to accept the inevitability of AIDS as just another of the world's many problems. The AIDS epidemic is exceptional; it requires an exceptional response that remains flexible, creative, energetic and vigilant.

AIDS is unique in human history in its rapid spread, its extent and the depth of its impact. Since the first AIDS case was diagnosed in 1981, the world has struggled to come to grips with its extraordinary dimensions. Early efforts to mount an effective response were fragmented, piecemeal and vastly under-resourced. Few communities recognized the dangers ahead, and even fewer were able to mount an effective response. Now, more than 20 years later, 20 million people are dead and 37.8 million people (range: 34.6–42.3 million) worldwide are living with HIV. And still, AIDS expands relentlessly, destroying people's lives and in many cases seriously damaging the fabric of societies.

But experience has shown that the natural course of the epidemic can be changed with the right combination of leadership and comprehensive action. Two decades of tackling AIDS have yielded important successes and have taught crucial lessons about which approaches work best, although a cure remains elusive. We now know that comprehensive approaches to prevention bring the best results. Fortright national leadership, widespread public awareness and intensive prevention efforts have

enabled entire nations to reduce HIV transmission. In Africa, Uganda remains the pre-eminent example of sustained success. In Asia, comprehensive action in Thailand averted some five million HIV infections during the 1990s. Cambodia too has managed to curb rapid growth of its epidemic. On every continent we can point to cities, regions or states where concerted efforts have kept the epidemic at bay.

At the same time, we now have antiretroviral medicines that can prolong life and reduce the physical effects of HIV infection. Coordinated national and international action has slashed the prices of these medicines in low- and middle-income countries, and sustained efforts are now under way to make access a reality for people living with HIV across the world who desperately need antiretroviral therapy.

Furthermore, the veil of silence and stigma that has crippled efforts to respond to AIDS is finally lifting in many countries. Leaders of governments, businesses and religious and cultural institutions are increasingly coming forward to take action against AIDS. The movement of people living with HIV has become a global force in the vanguard of social