

HIV/AIDS is spreading fastest in eastern Europe and Asia

Deborah Cohen *BMJ*

Eastern Europe and Asia have the fastest growing HIV/AIDS epidemics in the world, the latest report from UNAIDS says.

The report, released to coincide with the 15th international AIDS conference, which opens in Bangkok this weekend, also estimates that five million people became newly infected with HIV in 2003—the greatest number in any one year since the beginning of the epidemic.

Speaking at a press conference in London, Dr Peter Piot, executive director of UNAIDS, the joint UN programme for HIV/AIDS, said: “HIV/AIDS used to be mainly a problem for sub-Saharan Africa—which is still the most affected continent—but today one out of every four new infections occurs in Asia.

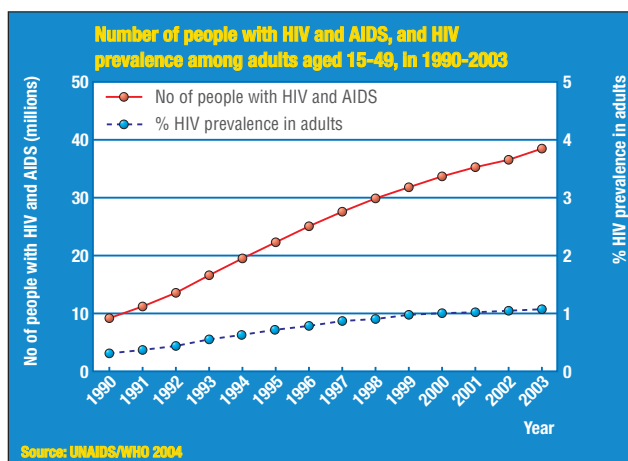
“And in the former Soviet Union, there are about 60% more people living with HIV than two years ago.” Epidemics in eastern Europe and central Asia are fuelled by injecting drug use, and 80% of the new

infections occur in people aged under 30 years.

Thailand and Cambodia are praised in the report for having tackled high risk behaviour in groups such as sex workers and having reduced the number of new HIV infections. In Thailand, for example, the annual number of new infections has fallen from about 140 000 in 1991 to 21 000 in 2003.

Dr Piot also said that there seemed to be a slowing down of new HIV infections in eastern Africa, in the major urban areas—from Addis Ababa, in Ethiopia, to Lilongwe in Malawi. “This slowing down of new infections is particularly [occurring] in young people.”

Women in sub-Saharan Africa are more vulnerable to HIV infection than young men, with young women up to five times more likely to become infected than their male counterparts. Dr Piot said: “In southern Africa, teenage girls are infected more frequently than



boys because of intergenerational sex... First sexual intercourse [for teenage girls] is with men 5 to 15 years older than them, and they [the men] are more likely to [already] be infected with HIV and this sex is often non-consensual.”

Although funding had increased more than 15-fold, from \$300m (£164m; €244m) in

1996 to \$5bn in 2003, this was still only half of what was needed, said Dr Piot.

Only 7% of the people who need antiretroviral drugs in developing countries have access to them. □

2004 Report on the global AIDS epidemic is accessible at www.unaids.org

Official resigns from UNAIDS to “tell the truth”

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Dr Jean-Louis Lamboray, one of the founders of UNAIDS, the joint United Nations programme on HIV/AIDS, announced his resignation from the secretariat this week because he “can’t continue with an institution that doesn’t make a difference.”

Dr Lamboray, a Belgian doctor, represented the World Bank in 1987 during the conception and design of UNAIDS, which is cosponsored by 10 UN organisations including the World Health

Organization and the United Nations Children’s Fund (Unicef). He intends to leave the organisation on 31 August.

Although he praised some of UNAIDS work, Dr Lamboray, who has been the principal coordinator of the competence programme of UNAIDS and UNITAR (United Nations Institute for Training and Research), said that it was not doing all it should and he felt the need to leave so that he could “tell the truth.” Dr Lamboray also questioned the

authority and accountability of the organisation.

Dr Lamboray told the *BMJ*: “UNAIDS is making efforts to coordinate work, but people at local level are out of the loop, and we’re not doing all we can. We’re missing out the grassroots level where people live and work, and we need to learn more from them. UNAIDS is continuing to focus on the national and global processes, and this isn’t enough. I too made a mistake—I focused on commodities and money. We are more comfortable in this role.”

Dr Lamboray drew on his experiences in Phayao, northern Thailand, which saw a dramatic reduction in the proportion of young people with HIV. “What I learned was that [while] you do

need the distribution of condoms and drugs and tests, nothing substitutes for what people decide to do by themselves for themselves. They have to have a feeling of ‘ownership,’ that they are in charge of the response from the bottom up. Being told from the top what to do and what not to do is not good enough,” he said.

Dr Peter Piot, UNAIDS Executive Director, rejected the criticism. He said that it was the first time he had heard such an accusation and described grassroots organisations as “our bread and butter.” He said: “In our offices, we actually have special staff members whose job it is to bring together grass roots organisations with the government in many countries.” □