THE RAPIDLY CHANGING FACE OF HIV/AIDS reflects a collection of diverse epidemics throughout the world that increasingly affects women and populations in Asia and Eastern Europe.

In a recent report, released days before World AIDS Day on December 1, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization warned that the pandemic cannot be tamed without expanded prevention programs and changes in social norms that currently deprive women of basic rights in many developing countries (http://www.unaids.org/wad2004/report.html).

"In every single region, the percentage of women among people living with HIV is going up," said Peter Piot, MD, PhD, executive director of UNAIDS. "We have to put women at the heart of the response to AIDS if we want to stop this epidemic."

According to the report, the estimated number of people living with HIV worldwide rose to 39.4 million in 2004, the highest ever. That figure includes about 2.2 million children younger than 15 years and an estimated 4.9 million individuals who were newly infected last year. The report also indicated that 3.1 million died of AIDS last year.

HALF ARE WOMEN

Globally, about 47% of adults with HIV infection are women, although percentages vary dramatically from region to region. In sub-Saharan Africa, which leads the world in numbers of HIV infections with an estimated 25.4 million cases, about 57% of adults infected with HIV are women. That figure has remained stable for nearly a decade, but the report notes that of individuals aged 15 to 24 years with HIV in sub-Saharan Africa, 76% are female.

Women constitute about half of HIV-infected adults in the Caribbean, North Africa, and the Middle East. Figures are lowest in East Asia and Oceania (Australia, New Zealand, and the South Pacific islands), where about 21% to 22% of HIV-infected adults are women. In the industrialized countries of North America and Western Europe, women are about one fourth of HIV-infected adults. About one third of HIV-infected adults in Latin America are women.

"This has major implications," Piot said. Among them is the need to expand prevention programs that focus on the “ABC approach” (abstinence, be faithful, condom use) to controlling HIV transmission. “This is not implemented on a scale large enough to have a major impact,” he noted.

But Piot also explained that prevention programs will not be effective if they are performed in a vacuum that ignores the social contexts that fuel the spread of HIV among women. “We are touching on some of the deepest, most profound societal norms,” he said.

For example, girls in sub-Saharan Africa are counseled to refrain from sex until they marry, to remain HIV-free. But in some regions, marriage is a risk factor for HIV infection when it involves husbands who have had multiple sex partners. The report noted that in Kisumu, Kenya, and Ndola, Zambia, research showed that the frequency of HIV infection in adolescent girls aged 15 to 19 years was 10% higher among those who were married than in those who were single and sexually active (Glynn et al. AIDS. 2001; 15[suppl 4]:S51-S60).
The number of women with HIV in Asia increased by more than 50% in the last 2 years. Since 2002, the number of people with HIV infection has increased by nearly 50% in East Asia, attributable primarily to the growing epidemic in China.

Karen Stanecki, MPH, a senior adviser on demographics and related data at UNAIDS, noted that low prevalence rates in some Asian countries mask high numbers of infections. She said the 5.1 million HIV-infected individuals in India represent just 1% of the population there, but in terms of sheer numbers per country, India is second only to South Africa, where an estimated 5.3 million have HIV infection.

DIVERSE EPIDEMICS

While HIV is deeply entrenched in parts of China and India, infection patterns in other Asian countries show the epidemic's diversity. Thailand was hit early and has mounted effective prevention campaigns. However, Indonesia, Nepal, and Vietnam have more recent, rapidly expanding epidemics that need immediate responses. Risk reduction programs have kept HIV prevalence low in some countries, including Bangladesh and the Philippines, even among high-risk populations. But the report warns that these programs must be sustained and expanded to keep HIV from gaining a foothold in these nations.

In Eastern Europe and Central Asia, the estimated 1.4 million individuals living with HIV represent a 40% increase in infection since 2002 and a more than 9-fold increase in less than a decade. About 70% of these individuals live in the Russian Federation, where interestingly, numbers of new infections have decreased in recent years. According to the report, it is difficult to determine whether these decreases represent a true slowdown in the growth rate of infections or if HIV prevalence has reached a saturation point in high-risk injecting drug users. It is possible that the mode of transmission is shifting from injecting drug use to sexual intercourse, in which the virus is spread more slowly.

THREAT IN UKRAINE

However, numbers of new infections have surged in Ukraine, where injecting drug use is a primary transmission route and the frequency of sexual transmission as a mode of spread is increasing. The report states that the number of officially reported HIV infections in Ukraine increased from 183 to 68,000 in the last decade, but that these figures underestimate the scope of the epidemic there. Women make up about 40% of the HIV-positive population in Ukraine; up to 60% of these women are younger than 25 years.

Piot said governments in Eastern Europe have not taken the epidemic seriously enough and that their departments of justice and of the interior must become involved to help curb injecting drug use.

“AIDS is a disease, but the problem cannot be solved by approaching it only as a public health issue,” he said.