

HIV AND EBOLA UPDATE

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The outbreak of Ebola virus disease (EVD) in West Africa has primarily affected Guinea, Liberia and Sierra Leone. Mali, Nigeria, Senegal, Spain and United States of America have also reported cases. According to the World Health Organization (WHO), a total of 13 703 confirmed, probable and suspected cases of EVD were reported up to 27 October and there have been 4920 confirmed deaths. At least one in 20 of the people who died were reported to have been health workers.

This EVD outbreak is the first to affect several countries in a region and is the largest since the virus was discovered almost 40 years ago. The outbreak is a public health crisis and a complex emergency.

The United Nations Mission for Ebola Emergency Response (UNMEER) is working closely with Member States, regional organizations, civil society and the private sector around five pillars:

- Stop the outbreak.
- Treat people with Ebola.
- Ensure essential services.
- Preserve stability.
- Prevent further outbreaks.

HIV in the countries most affected by Ebola, 2013

	Guinea	Liberia	Sierra Leone
Number of people living with HIV	130 000 [110 000–140 000]	30 000 [25 000–36 000]	57 000 [45 000–72 000]
Adults	110 000 [97 000–130 000]	25 000 [20 000–30 000]	52 000 [41 000–67 000]
Children	13 000 [11 000–16 000]	5100 [4100–6200]	5000 [4000–6100]
Number of people receiving ART	27 800	6400	9100
New HIV infections	11 000	1800	4200
AIDS-related deaths	5400 [4200–6800]	2700 [2100–3300]	3100 [2400–4100]

HIV in the countries most affected by Ebola

In the countries most affected by Ebola, Guinea, Liberia and Sierra Leone, there are an estimated 210 000 [200 000–250 000] people living with HIV and about 50 000 people receiving antiretroviral therapy (ART). Efforts are under way to ensure that people living with HIV are able to access life-saving ART.

In Guinea, about 75% of people on ART live in the capital Conakry. In Sierra Leone, about 50% of people on ART live in the capital Freetown. Assessments show that some ART sites are no longer functioning in Sierra Leone. Two sites—Rokupa Government Hospital and Lunsar Health Centre—have been temporarily quarantined. Rapid assessments indicate that in Liberia 78% of health services (50 clinics) are open in Montserrado County, which includes the capital Monrovia.

Across the three countries there has been a drastic decline in the number of people using health facilities. Respondents cite fear of being exposed to the Ebola virus as a key factor. It has also been reported that community-based and faith-based HIV services and activities have been seriously disrupted.

Ensuring continued access to health services

It is essential that all people, including people living with HIV, are able to access health services and ongoing treatment. If people living with HIV who are on ART stop abruptly because they cannot access new supplies they could rapidly become unwell, drug resistance may build and the chances of onward transmission of the virus would increase.

UNAIDS is working to mitigate the impact the EVD outbreak is having on access to treatment and care for people living with HIV and on new patient enrolment. In order to provide continuity of treatment to people on ART, community networks, supported by UNAIDS have been working with the National AIDS Councils to establish additional service delivery points. People on ART have been collecting their medicines from the offices of the National AIDS Councils and wherever possible, patients have been given supplies for longer periods than usual.

How UNAIDS is supporting the Ebola response

UNAIDS is fully supporting UNMEER and the five pillar framework. UNAIDS country offices in each of the three countries, as well as the Regional Support Team in Dakar, are contributing to the Ebola operations centres, the national Ebola task forces or committees, the presidential Ebola task forces and other coordination mechanisms.



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