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UNAIDS

**REFERENCE PANEL ON HIV/AIDS AND HUMAN RIGHTS
REPORTED RISE IN HIV SEROCONVERSIONS IN DEVELOPED**

COUNTRIES

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PROBLEM

Reports in scientific and general media suggest significant increases in the rate of seroconversions to HIV in a number of developed countries since 2000. Other markers, such as increases in the incidence of Hepatitis A cases and increased STDs tend to confirm the trend. The issue is whether there is a general trend underway and, if so, the strategies that should be adopted to reverse it. The larger issue is whether any such trend has lessons for programs adopted to tackle HIV.

IMMEDIATE NEED

The immediate need is for UNAIDS to gather data from a cross-section of developed countries to establish the existence or absence of any general or particular trend(s). Upon the basis of this data, the panel should consider any advice it should tender to UNAIDS.

POSSIBLE EXPLANATIONS

If a trend is detected, as seems possible, potential causes might be:

- (1) Failure of preventive messages to reach new generations of adolescents reaching puberty;
- (2) Fatigue amongst older men who have sex with men (MSM) in the age bracket 30-45 years (anecdotally highly represented in seroconversions at persisting safe-sex practices;
- (3) Similar fatigue amongst injecting drug users;
- (4) Disassociation between sexually active MSM and earlier generation experiences with HIV/AIDS deaths and illness;
- (5) False beliefs in the universal availability of effective HIV therapies following the advent of ARTs;
- (6) Change of culture of sexual practices amongst MSM, including so-called "bare backing" and "bug chasing"; and
- (7) Paradoxical false confidence that HIV/AIDS epidemic is "over" for MSM following improvements in the legal and social status of MSM in many developed countries.

STRATEGIES

The collection of data by UNAIDS should concentrate on identification of patterns in seroconversions (age, sexual practices); patterns of trends compared with past twenty years; and anecdotal

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evidence collected by national AIDS programs from individuals and communities to explain any trend and to suggest well targeted countermeasures.

OBJECTS

This issue should be referred to in the UNAIDS report for the Bangkok conference. In the light of empirical data, strategies should be recommended to affected countries. Consideration should be given to the wider implications of any trend for fatigue in HIV prevention in developing country strategies and the significance for the 3 x 5 Initiative more generally.