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Geneva, 23 February 1996

Dear Ms Fleming,

re: Global HIV Preval. review: NEW.

After our floating encounter just before your take off from Kampala, I sent you some materials via the Geneva Mission.

Meanwhile, some additional information has become available that could possibly be of interest. In essence, the day after the closure of the ICASA9 Conference in Kampala, WHO/HQ released in the Weekly Epidemiologic Record n°50 15 Dec 95 --the first time ever--

PROVISIONAL working estimates of adult HIV PREVALENCE as of end 1994, by country.

- 1 I enclose a copy -together with the usual halfyearly update of the AIDS cases on file. One of my jobs is to review such and to push it into comparative schemes for international comparison and use.

As a first exercise, I transformed the WORKING FREQUENCY ESTIMATES into PROPORTIONS of ADULTS living with either HIV or AIDS END-1994.

- (1) We opted in this exercise for the age segment 15-59 years (not 49, since there is considerable sexual activity in the 50ies). A second step is then to enter the information into the BIRANK MODULE as used for New AIDS Case rates since many years (Attached the latest: 1993 New AIDS Incidence Case Rate/10⁵ Pop).

The outcome is quite dramatic and highly informative. I thus thought that you should have early access to it. I have produced the first half overview, that is PANEL A, world ranks 1-86 (B will be available in the definitive version for Vancouver in July 1996). I enclose 6 copies together with 6 copies of the AIDS BIRANK SYSTEM.

The advantage of this method is that you have an instant sense of how serious "matters really are" and that you can compare, for instance, with your own country, say, the Donor country, who has to make hard decisions. Here is for instance a ad libitum extraction, imagining that I am sitting in Washington D.C. and want to know something precisely around the world (The idea is of course that you develop your own RELATIVE PREVALENCE RATIO CHAINS once you perceive the simplicity of method).

		WORLD	PAHO	EURO	WPRO	EMRO	SEARO	Z ADULTS (15-59y)
		RANK	RANK	RANK	RANK	RANK	RANK	HIV SEROP. end-94
G7	USA	60	15				(BASE) 1	.435
	France	71		3			.59	.257
	Italy	73		4			.57	.249
	Canada	78	24				.37	.163
	Germany	94		12			.19	.827
	UK	102		16			.16	.0710
	Japan	145			14		.02	.0078
World Ranks 1-21	Botswana	1	AFRO 1				37.5	16.32
	Zimbabwe	2	2				36.6	15.90
	Zambia	3	3				36.2	15.74
	Uganda	4	4				34.7	15.11
	Malawi	5	5				31.5	13.69
	Togo	6	6				17.9	7.77
	Kenya	7	7				17.5	7.61
	Rwanda	8	8				14.7	6.41
	Tanzania	9	9				14.2	6.16
	Côte d'Ivoire	10	10				13.8	6.02
	Burkina Faso	11	11				13.7	5.96
	Congo	12	12				13.1	5.68
	C.A.R.	13	13				12.4	5.40
	Namibia	14	14	PAHO			12.4	5.39
	Haiti	15	1				9.9	4.30
	Mozambique	16	15				9.5	4.14
	Bahamas	17	2				8.0	3.48
	Zaire	18	16				7.52	3.27
	Swaziland	19	17				7.40	3.22
	Lesotho	20	18				6.44	2.80
	South Africa	21	19				6.39	2.78
Selection.	Djibouti	25			EMRO 1		6.09	2.65
	Barbados	28	3			SEARO 1	5.66	2.62
	Thailand	35			WPRO 1		4.37	1.90
	Cambodia	36					4.28	1.86
	Belize	37	4				4.23	1.84
	Honduras	38	5				3.38	1.47
	Liberia	39	31				3.33	1.45
	Myanmar	40					3.15	1.37
	Brazil	54	11				1.33	.577
	Mexico	62	17				.88	.384
	etc, etc...							

Now it's play to read off: To each Adult (15-59y) living with HIV or AIDS, end 94 there are 35 in Uganda, 16 in Togo 14 in Tanzania/Côte d'Ivoire/Burkina Faso, 10 in Haiti, 8 in the Bahamas, 6.4 in Lesotho and South Africa, 4.4 in Thailand, 4.3 in Cambodia, 3.4 in Honduras, 3.2 in Myanmar, 1.33 in Brazil, .88 in Mexico, .59 in France, .57 in Italy, .37 in Canada, .19 in Germany, .16 in UK, & .02 in Japan. Obviously, such a solid chain can be helpful in support planning. Good luck!

Sincerely yours,

Roger P. Bernard, MD MSPM FMH
Director, AIDS FEEDBACK & DEM-EPI
Liaison UN and NG Organizations

A	RANKS 1-86 levels 1-6	WORLD	AFRO	PAHO	EURO	WPRO	EMRO	SEARO	ADULTS (15-59) HIV+ END 1994
		RANK	RANK	RANK	RANK	RANK	RANK	RANK	
tq	Botswana	1	1						(1a) 16.32
	Zimbabwe	2	2						15.90
	Zambia	3	3						15.74
	Uganda	4	4						15.11
	Malawi	5	5						(1b) 13.69 ^o
	Togo	6	6						7.77
	Kenya	7	7						7.61
	Rwanda	8	8						6.41
	Tanzania	9	9						6.16
	Côte d'Ivoire	10	10						6.02
	Burkina Faso	11	11						5.96
	Congo	12	12						5.68
	C.A.R.	13	13						5.40
	Namibia	14	14						5.39
	Haiti	15	15						4.30
	Mozambique	16	15	4%					HIGHEST (1) (1c) 4.14
	Bahamas	17		2					3.48
	Zaire	18	16						3.27
	Swaziland	19	17						3.22
	Lesotho	20	18						2.80
	South Africa	21	19						2.78
	Guinea-Bissau	22	20						2.76
	Sierra Leone	23	21						2.72
	Cameroon	24	22						2.69
	Djibouti	25					EMRO 1		2.65
	Burundi	26	23						2.62
	Eritrea	27	24						2.58
	Barbados	28		3					2.46
	Chad	29	25						2.27
	Ethiopia	30	26						2.25
	Nigeria	31	27						2.25
	Gabon	32	28						2.20
	Ghana	33	29	2%					VERY HIGH (2) 2.14
	Gambia, The	34	30					SEARO 1	1.93
	Thailand	35				WPRO 1			1.90
	Cambodia	36							1.86
	Belize	37		4					1.84
	Honduras	38		5					1.47 ^o
	Liberia	39	31						1.45
	Myanmar	40						2	1.37
	Mali	41	32						1.36
	Guyana	42		6					1.33
	Senegal	43	33						1.21
	Benin	44	34						1.07
	Suriname	45		7					1.03
	Equator. Guinea	46	35	1%					HIGH (3) 1.02
	Niger	47	36	% ADULTS HIV PREV.					.954
	Sudan	48						2	.944
	Angola	49	37						.885
	Dominican Rep.	50		8					.872
	Jamaica	51		9					.800
	Trinidad/Tobago	52		10					.791
	Mauritania	53	38						.656
	Brazil	54		11					.577
	Guinea	55	39						.537
	Panama	56		12					.524
	El Salvador	57		13					.501
	Spain	58			EURO 1				.486
	Costa Rica	59		14					.468
	U.S.A.	60		15					.435
	Guatemala	61		16					.385
	Mexico	62		17					.384
	India	63						3	.333
	Somalia	64							.311
	Argentina	65		18					.305
	Venezuela	66		19					.286
	Malaysia	67				2			.274
	Cyprus	68					4		.272
	Switzerland	69			2				.271
	Uruguay	70		20					.269
	France	71			3				.257
	Ecuador	72		21					LOW (5) .250
	Italy	73			4				.249
	Peru	74		22					.219
	Colombia	75		23					.192
	Brunei	76				3			.175
	Papua New Guinea	77				4			.169
	Canada	78		24					.163
	Belgium	79			5				.162
	Austria	80			6				.159
	United Arab Em.	81						5	.144 ^o
	Bahrain	82							.142
	Portugal	83			7				VERY LOW (6) .132
	Iceland	84			8				LOWEST (7) .123
	Denmark	85			9				. level .122
	Chile etc to 168	86		25					.119

NOTE: -source: WHO W.Epid.Rec.1995,70 [N°50,15 Dec 95] GE fb AF 15 Feb 1996
denominator: UN W.P.Prosp.1994 Rev.;EB/YB95-BWD. AF 02 96

-execution of DRAFT-1: AIDS FEEDBACK, 22, Ave Riand-Parc, 1209 Geneva, Suisse.
-comments, critique, suggestions are gratefully appreciated

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	Zambia	3	3						15.74
	Uganda	4	4						15.11
	Malawi	5	5						(1b) 13.69 ^o
	Togo	6	6						7.77
	Kenya	7	7						7.61
	Rwanda	8	8						6.41
	Tanzania	9	9						6.16
	Côte d'Ivoire	10	10						6.02
	Burkina Faso	11	11						5.96
	Congo	12	12						5.68
	C.A.R.	13	13						5.40
	Namibia	14	14						5.39
	Haiti	15		PAHO 1					4.30
	Mozambique	16	15	4%					HIGHEST (1) (1c) 4.14
	Bahamas	17		2					3.48
	Zaire	18	16						3.27
	Swaziland	19	17						3.22
	Lesotho	20	18						2.80
	South Africa	21	19						2.78
	Guinea-Bissau	22	20						2.76
	Sierra Leone	23	21						2.72
	Cameroon	24	22						2.69
	Djibouti	25					EMRO 1		2.65
	Burundi	26	23						2.62
	Eritrea	27	24						2.58
	Barbados	28		3					2.46
	Chad	29	25						2.27
	Ethiopia	30	26						2.25
	Nigeria	31	27						2.25
	Gabon	32	28						2.20
	Ghana	33	29	2%					VERY HIGH (2) 2.14
	Gambia, The	34	30					SEARO 1	1.93
	Thailand	35				WPRO 1			1.90
	Cambodia	36							1.86
	Belize	37		4					1.84
	Honduras	38		5					1.47 ^o
	Liberia	39	31						1.45
	Myanmar	40						2	1.37
	Mali	41	32						1.36
	Guyana	42		6					1.33
	Senegal	43	33						1.21
	Benin	44	34						1.07
	Suriname	45		7					1.03
	Equator, Guinea	46	35	1%					HIGH (3) 1.02
	Niger	47	36	% ADULTS HIV PREV.					.954
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	Angola	49	37						.885
	Dominican Rep.	50		8					.872
	Jamaica	51		9					.800
	Trinidad/Tobago	52		10					.791
	Mauritania	53	38						.656
	Brazil	54		11					.577
	Guinea	55	39						.537
	Panama	56		12					.524
	El Salvador	57		13					INTERMEDIATE (4) .501
	Spain	58			EURO 1				.486
	Costa Rica	59		14					.468
	U.S.A.	60		15					.435
	Guatemala	61		16					.385
	Mexico	62		17					.384
	India	63						3	.333
	Somalia	64						3	.311
	Argentina	65		18					.305
	Venezuela	66		19					.286
	Malaysia	67							.274
	Cyprus	68						4	.272
	Switzerland	69			2				.271
	Uruguay	70		20					.269
	France	71			3				.257
	Ecuador	72		21					LOW (5) .250
	Italy	73			4				.249
	Peru	74		22					.219
	Colombia	75		23					.192
	Brunei	76						3	.175
	Papua New Guinea	77						4	.169
	Canada	78		24					.163
	Belgium	79			5				.162
	Austria	80			6				.159
	United Arab Em.	81						5	.144 ^o
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	Portugal	83			7				VERY LOW (6) .132
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1983 HIV (shadow proxy)

GLOBAL RANKS 1-98 (LEVELS 1-6: HIGHEST to VERY LOW) Extended 7-LEVEL GEOMETRIC INCIDENCE CLASSIFICATION...

**Third International Conference on AIDS in Asia and the Pacific
The Fifth National AIDS Seminar in Thailand**
Pang Suan Kaew Hotel, Chiang Mai, Thailand
September 17-21, 1995

AIDS FEEDBACK (AF) AF 995_A

VERY HIGH

20⁺/10

HIGH

INTERMEDIATE

ANNUAL
DEPENDENCE
LOW

LOW

VERY LOW

 1.25×10^5

cont

GLOBAL RANKS 99-169 (LEVELS 7-14...LOWEST to nil)

**AIDS INCIDENCE STRUCTURE
ACROSS WORLD REGIONS (1993)**

shows staircase/Isorank bundle (5-, 10-, 15-), suggesting main W/E spread from Europe to Africa (1983) with apparent start in Sub-Saharan Africa and closing tour du monde with EMD & ASIA/PACIFIC region. More complex rank pattern in Thailand (local risk factor)

CLASSIFICATION (of national AIDS outbreak)

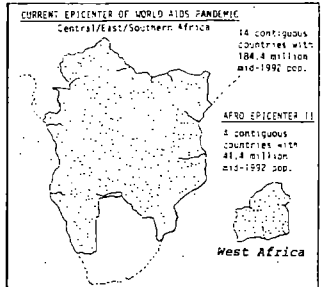
This epidemic is 'local'

WORLD AIDS INVENTORY ranks globally/regionally (33RANK) the 1993 New AIDS CASE RATES by 1000 pop. (1993) and proposes in extended 7-level **GEOGRAPHIC CLASSIFICATION** of annual AIDS attainment:

LEVEL 1	40-110	highest
2	20+	very high
3	10+	high
4	5+	INTERMEDIATE

	1993 NEW AIDS CASE RATE, BY COUNTRY/WHO-REGION AND
	--93 ANNUAL INCIDENCE TRAJECTORIES IN ASIA/PACIFIC
	Bernard BP, Liaison UN-NGO AIDS FEEDBACK Geneva, CH

Confirmation of last year's review [AF 8 94



NOTES: 1 See PANEL B (cont.) & Abstract. PANEL A: 98 Data sets down to 1.25 1993 AIDS cases/10⁵ mid-1993 Pop. PANEL B: <1.25.
2 Data sources: All available sources [GPA:Current Global Sit., 1 July 1995; Reg. Offices; ECNEA, Paris; Sel. Govs].



WEEKLY EPIDEMIOLOGICAL RECORD

SEMAINE EPIDEMIOLOGIQUE HEBDOMADAIRE

15 DECEMBER 1995 • 70th YEAR

18 DEC 1995

70^e ANNÉE • 15 DÉCEMBRE 1995

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ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) — DATA AS AT 15 DECEMBER 1995
 SYNDROME D'IMMUNODÉFICIENCE ACQUISE (SIDA) — DONNÉES AU 15 DÉCEMBRE 1995

Country/Area — Pays/Territoire	Number of cases Nombre de cas	Date of report Date de notification	Country/Area — Pays/Territoire	Number of cases Nombre de cas	Date of report Date de notification
Africa — Afrique			Seychelles	6	12.09.94
Algeria — Algérie	217	31.12.94	Sierra Leone	162	31.10.95
Angola	895	31.03.95	Somalia — Somalie	13	06.07.95
Benin — Bénin	1 066	10.07.95	South Africa — Afrique du Sud	8 405	03.08.95
Botswana	3 110	05.06.95	Sudan — Soudan	1 258	30.10.95
Burkina Faso	3 722	31.12.93	Swaziland	590	26.10.95
Burundi	7 024	31.12.94	Togo	5 609	30.06.95
Cameroon — Cameroun	5 375	31.12.94	Tunisia — Tunisie	255	11.08.95
Cape Verde — Cap-Vert	92	31.12.94	Uganda — Ouganda	46 120	31.12.94
Central African Republic — République centrafricaine	4 463	10.11.95	United Republic of Tanzania — République-Unie de Tanzanie	53 247	18.05.95
Chad — Tchad	3 457	31.05.95	Zaire — Zaïre	26 131	06.07.94
Comoros — Comores	7	15.11.95	Zambia — Zambie	32 491	02.06.95
Congo	7 773	22.04.95	Zimbabwe	41 298	19.10.95
Côte d'Ivoire	25 236	31.05.95			
Djibouti	768	30.10.95	Total	442 735	
Egypt — Égypte	120	01.08.95	Americas — Amériques		
Equatorial Guinea — Guinée équatoriale	157	09.11.95	Anguilla	5	31.03.95
Eritrea — Érythrée	1 664	31.07.95	Antigua and Barbuda — Antigua-et-Barbuda	41	31.03.95
Ethiopia — Éthiopie	19 433	30.07.95	Argentina — Argentine	6 835	30.09.95
Gabon	990	27.10.95	Bahamas	1 876	30.06.95
Gambia — Gambie	369	30.09.95	Barbados — Barbade	586	30.06.95
Ghana	15 890	30.06.95	Belize	100	30.06.94
Guinea — Guinée	1 681	31.03.95	Bermuda — Bermudes	291	30.06.95
Guinea-Bissau — Guinée-Bissau	707	31.12.94	Bolivia — Bolivie	105	30.06.95
Kenya	56 573	25.04.95	Brazil — Brésil	71 111	02.09.95
Lesotho	515	31.12.94	British Virgin Islands — Îles Vierges britanniques	10	30.06.95
Liberia — Libéria	191	31.03.94	Canada	12 119	30.09.95
Libyan Arab Jamahiriya — Jamahiriya arabe libyenne	15	10.04.95	Cayman Islands — Îles Caïmanes	18	30.06.95
Madagascar	22	14.11.95	Chile — Chili	1 290	30.09.95
Malawi	39 989	06.11.95	Colombia — Colombie	5 763	30.06.95
Mali	2 594	10.01.95	Costa Rica	851	30.09.95
Mauritania — Mauritanie	130	22.08.95	Cuba	379	08.07.95
Mauritius — Maurice	27	31.12.94	Dominica — Dominique	31	30.06.94
Morocco — Maroc	280	27.08.95	Dominican Republic — République dominicaine	2 948	30.09.95
Mozambique	1 815	31.05.95	Ecuador — Équateur	491	31.03.95
Namibia — Namibie	5 101	31.12.93	El Salvador	1 248	30.09.95
Niger	1 729	13.10.95	French Guiana — Guyane française	489	30.09.95
Nigeria — Nigéria	1 591	31.05.95	Grenada — Grenade	63	31.12.94
Reunion — Réunion	65	20.03.92	Guadeloupe	623	30.09.95
Rwanda	10 706	30.06.93	Guatemala	594	31.12.94
Sao Tome and Principe — Sao Tomé-et-Principe	18	28.08.95			
Senegal — Sénégal	1 573	27.06.95			

Country/Area — Pays/Territoire	Number of cases Nombre de cas	Date of report Date de notification
Guyana	698	30.06.95
Haiti — Haïti	4 967	31.12.92
Honduras	4 424	30.06.95
Jamaica — Jamaïque	1 314	30.09.95
Martinique	344	30.09.95
Mexico — Mexique	26 660	30.09.95
Montserrat	7	30.06.95
Netherlands Antilles and Aruba — Antilles néerlandaises et Aruba	177	30.09.95
Nicaragua	117	30.09.95
Panama	947	30.09.95
Paraguay	176	30.06.95
Peru — Pérou	2 709	30.06.95
Saint Kitts and Nevis — Saint-Kitts-et-Nevis	47	30.06.95
Saint Lucia — Sainte-Lucie	73	30.09.95
Saint Vincent and the Grenadines — Saint-Vincent-et- Grenadines	67	30.06.95
Suriname	209	30.06.95
Trinidad and Tobago — Trinité-et-Tobago	1 892	30.06.95
Turks and Caicos Islands — Îles Turques et Caïques	39	30.09.93
United States of America — États-Unis d'Amérique	501 310	31.10.95
Uruguay	658	30.09.95
Venezuela	4 960	30.09.95
Total	659 662	
Asia — Asie		
Afghanistan	—	15.02.92
Armenia — Arménie	2	30.04.93
Azerbaijan — Azerbaïdjan	2	30.09.95
Bahrain — Bahreïn	28	21.11.95
Bangladesh	7	22.11.95
Bhutan — Bhoutan	—	22.11.95
Brunei Darussalam — Brunéi Darussalam	6	30.04.95
Cambodia — Cambodge	86	15.10.95
China — Chine	77	30.06.95
Cyprus — Chypre	47	29.10.95
Democratic People's Republic of Korea — République populaire démocratique de Corée	—	22.11.95
Georgia — Géorgie	2	30.04.93
Hong Kong	148	30.06.95
India — Inde	2 095	22.11.95
Indonesia — Indonésie	82	22.11.95
Iran (Islamic Republic of) — Iran (République islamique d')	118	29.11.95
Iraq	42	02.11.95
Israel — Israël	340	30.09.95
Japan — Japon	1 062	31.10.95
Jordan — Jordanie	39	28.10.95
Kazakhstan	5	30.09.95
Kuwait — Koweït	18	05.11.95
Kyrgyzstan — Kirghizistan	—	30.04.93
Lao People's Democratic Republic — République démocratique populaire lao	13	30.08.95
Lebanon — Liban	91	02.11.95
Macao	8	30.06.95
Malaysia — Malaisie	259	31.07.95
Maldives	2	22.11.95
Mongolia — Mongolie	—	01.10.95
Myanmar	570	22.11.95
Nepal — Népal	48	22.11.95
Oman	55	13.11.95
Pakistan	52	05.11.95
Philippines	220	31.08.95
Qatar	80	11.11.95
Republic of Korea — République de Corée	32	31.05.95
Saudi Arabia — Arabie saoudite	137	15.11.95
Singapore — Singapour	145	30.06.95
Sri Lanka	52	22.11.95
Syrian Arab Republic — République arabe syrienne	30	08.07.95
Tajikistan — Tadjikistan	—	30.09.95
Thailand — Thaïlande	22 135	22.11.95
Turkey — Turquie	172	30.09.95
Turkmenistan — Turkménistan	1	30.04.93
United Arab Emirates — Émirats arabes unis	8	12.02.93

Country/Area — Pays/Territoire	Number of cases Nombre de cas	Date of report Date de notification
Uzbekistan — Ouzbékistan	2	30.09.95
Viet Nam	292	20.09.95
Yemen — Yémen	20	18.10.95
Total^a	28 630	
Europe		
Albania — Albanie	5	30.09.95
Austria — Autriche	1 442	30.09.95
Belarus — Bélarus	14	30.09.95
Belgium — Belgique	1 930	30.09.95
Bulgaria — Bulgarie	35	30.09.95
Croatia — Croatie	89	30.09.95
Czech Republic — République tchèque	69	30.09.95
Denmark — Danemark	1 781	30.09.95
Estonia — Estonie	6	30.09.95
Finland — Finlande	216	30.09.95
France	38 372	30.09.95
Germany — Allemagne	13 665	30.09.95
Greece — Grèce	1 236	30.09.95
Hungary — Hongrie	195	30.09.95
Iceland — Islande	37	30.09.95
Ireland — Irlande	491	30.09.95
Italy — Italie	30 447	30.09.95
Latvia — Lettonie	9	30.09.95
Lithuania — Lituanie	6	30.09.95
Luxembourg	100	30.09.95
Malta — Malte	35	30.09.95
Monaco	37	30.09.95
Netherlands — Pays-Bas	3 734	30.09.95
Norway — Norvège	482	30.09.95
Poland — Pologne	346	30.09.95
Portugal	2 726	30.09.95
Republic of Moldova — République de Moldova	6	30.09.95
Romania — Roumanie	3 601	30.09.95
Russian Federation — Fédération de Russie	191	30.09.95
San Marino — Saint-Marin	1	30.09.95
Slovak Republic — République slovaque	12	30.09.95
Slovenia — Slovénie	47	30.09.95
Spain — Espagne	34 618	30.09.95
Sweden — Suède	1 276	30.09.95
Switzerland — Suisse	4 795	30.09.95
Ukraine	48	30.09.95
United Kingdom — Royaume-Uni	11 494	30.09.95
Yugoslavia ^b — Yougoslavie ^b	509	30.09.95
Total	154 103	
Oceania — Océanie		
American Samoa — Samoa américaines	—	30.03.95
Australia — Australie	5 883	31.03.95
Cook Islands — Îles Cook	—	31.12.94
Fiji — Fidji	7	20.03.95
French Polynesia — Polynésie française	45	31.12.94
Guam	31	31.08.95
Kiribati	—	27.09.95
Mariana Islands — Îles Mariannes	6	01.10.95
Marshall Islands — Îles Marshall	2	30.09.95
Micronesia (Federated States of) — Micronésie (États fédérés de)	2	11.10.95
Nauru	—	08.06.95
New Caledonia and Dependencies — Nouvelle-Calédonie et Dépendances	43	08.06.95
New Zealand — Nouvelle-Zélande	511	30.09.95
Niue	—	26.04.95
Palau	1	20.10.95
Papua New Guinea — Papouasie-Nouvelle-Guinée	141	28.09.95
Samoa	2	31.07.95
Solomon Islands — Îles Salomon	—	29.09.95
Tokelau	—	19.09.95
Tonga	5	02.11.94
Tuvalu	—	31.12.94
Vanuatu	—	10.04.95
Wallis and Futuna Islands — Îles Wallis et Futuna	1	28.09.95
Total	6 680	
World total — Total mondial	1 291 810	

^a Does not include 8 cases reported for United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). — A l'exclusion de 8 cas notifiés pour l'Office de Secours et de Travaux des Nations Unies pour les Réfugiés de Palestine dans le Proche-Orient (UNRWA).

^b Refers to states/areas of the former Socialist Federal Republic of Yugoslavia not otherwise listed separately. — Concerne les États/territoires de l'ancienne République fédérale socialiste de Yougoslavie qui ne sont pas cités séparément.

The current global situation of the HIV/AIDS pandemic

As of 15 December 1995, 1 291 810 cumulative AIDS cases in adults and children have been reported to WHO from 193 countries/areas. This represents a 26% increase from the 1 025 073 cases reported on 3 January 1995.¹

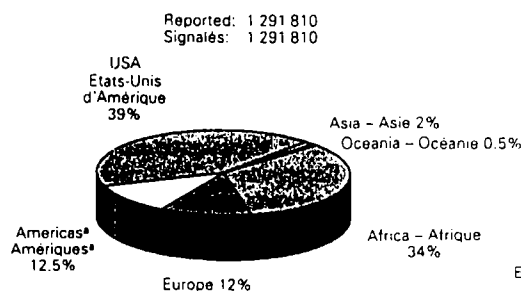
The accompanying table provides the number of reported AIDS cases to date, by continent.

La pandémie mondiale de VIH/SIDA: situation actuelle

Au 15 décembre 1995, un total de 1 291 810 cas de SIDA chez les adultes et les enfants avaient été signalés à l'OMS par 193 pays/territoires. Cela représente une augmentation de 26% sur les 1 025 073 cas signalés le 3 janvier 1995.¹

Le tableau ci-contre donne le nombre de cas de SIDA déclarés jusqu'ici, par continent.

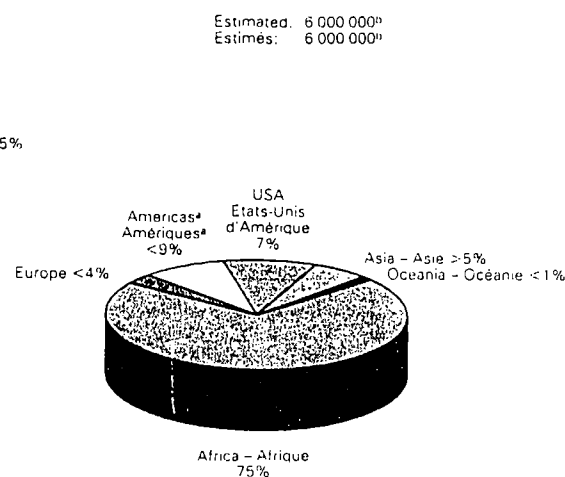
Fig. 1 Total number of AIDS cases in adults and children from late 1970s/early 1980s until late 1995



* Excluding USA. - Sauf États-Unis

° Adjusted following review of global estimates. - Ajusté à la suite de l'examen des estimations mondiales.

Fig. 1 Nombre total de cas de SIDA chez les adultes et les enfants depuis la fin des années 70/début des années 80 jusqu'à la fin 1995



In January 1995, WHO estimated that there were 13-15 million HIV-infected adults alive as of late 1994.¹ In 1995, following a country-by-country review of HIV/AIDS data, WHO revised its estimate of 1994 adult HIV prevalence to 17 million (see below). Based on these revised prevalence estimates, and allowing for under-diagnosis, incomplete reporting, and reporting delay, WHO provisionally estimates that 6 million adult and paediatric cumulative AIDS cases have occurred as of late 1995 (Fig. 1). As new data have been incorporated, and a more detailed estimation has been made, this estimate should not be compared with previously published estimates of cumulative AIDS cases.

¹ See No. 2, 1995, pp. 5-8.

En janvier 1995, l'OMS estimait à 13-15 millions le nombre d'adultes infectés par le VIH encore vivants à la fin de 1994.¹ En 1995, à la suite d'un examen pays par pays des données sur l'infection à VIH et le SIDA, l'OMS a révisé son estimation de la prévalence du VIH chez les adultes à 17 millions (voir article ci-dessous). D'après ces estimations révisées de la prévalence, et compte tenu du sous-diagnostic ainsi que des lacunes et des retards dans la déclaration des cas, l'OMS estime provisoirement qu'un nombre de 6 millions de cas de SIDA chez les adultes et les enfants se sont produits à la fin 1995 (Fig. 1). De nouvelles données ont été incorporées et une estimation plus détaillée a été faite; la présente estimation ne devrait donc pas être comparée à d'autres estimations publiées antérieurement.

¹ Voir N° 2, 1995, pp. 5-8.

Provisional working estimates of adult HIV prevalence as of end 1994, by country¹

Following a country-by-country review of HIV/AIDS data, WHO estimates that globally approximately 17 million adults were living with HIV infection at the end of 1994. The majority (66%) of these infections were in sub-Saharan Africa (11.2 million) followed by South and South-East Asia (3 million), with Australasia having the fewest infections (12 000). In 50 countries the estimated HIV prevalence rate was less than 5 per 10 000 sexually active adults and in 15 countries (all in sub-Saharan Africa) the prevalence rate was over 500 per 10 000. The lowest prevalence rates were seen in Central and East Asia and the highest in Central and Southern Africa.

¹ Countries with adult populations of over 100 000.

Estimations de travail provisoires de la prévalence du VIH chez les adultes, à la fin 1994, par pays¹

Après avoir étudié pays par pays les données sur l'infection à VIH et le SIDA, l'OMS estime que, fin 1994, environ 17 millions d'adultes étaient infectés par le VIH dans le monde. La majorité (66%) des cas se trouvait en Afrique subsaharienne (11,2 millions), suivie par l'Asie du Sud et du Sud-Est (3 millions) et c'est en Australasie que l'on comptait le moins d'infections (12 000). Dans 50 pays, la prévalence estimée de l'infection à VIH était inférieure à 5 pour 10 000 adultes sexuellement actifs et, dans 15 pays (tous situés en Afrique subsaharienne), le taux de prévalence dépassait 500 pour 10 000. C'est en Asie centrale et de l'Est que les taux de prévalence étaient les plus faibles et en Afrique centrale et australe qu'ils étaient les plus élevés.

¹ Pays comptant plus de 100 000 adultes.

WHO uses several methods and a variety of data sources to make estimates of the current and future extent of the HIV/AIDS pandemic. Official country estimates of HIV prevalence made by national experts or national AIDS programmes are used when available. When not available, WHO makes estimates based upon a review of HIV sero-prevalence studies, reported AIDS cases, estimates of under-reporting, population size and structure (including the age/sex distribution and urban/rural differentials in HIV spread), and the predominant modes of transmission.

HIV sero-prevalence rates for populations at increased risk of HIV infection are used to set an upper limit for the national estimate. Sero-prevalence data from studies of groups thought to be more representative of the general population are used as the basis of the national estimate. When appropriate, HIV prevalence is estimated for sub-populations of a country and then aggregated for a national estimate.

Estimates of HIV prevalence are intended to give an indication of the magnitude of the HIV pandemic but should be considered provisional due to the difficulties in accurately assessing levels of HIV infection in national populations.

L'OMS se sert de plusieurs méthodes et de diverses sources de données pour procéder à des estimations de l'ampleur actuelle et future de la pandémie de VIH/SIDA. Les estimations officielles de la prévalence de l'infection à VIH faites dans les pays par des experts nationaux ou des responsables des programmes nationaux de lutte contre le SIDA sont utilisées, lorsqu'elles existent. Sinon, l'OMS procède à des estimations sur la base d'une analyse des études de la séroprévalence du VIH, des cas de SIDA signalés, des estimations concernant la sous-notification, de la taille et de la structure de la population (notamment la répartition par âge et par sexe et les différences de propagation du VIH entre villes et campagnes) ainsi que des principaux modes de transmission.

Les taux de séroprévalence du VIH pour les groupes de population exposés à un risque accru d'infection à VIH servent à fixer une limite supérieure pour l'estimation nationale. Les données sur la séroprévalence provenant d'études faites dans des groupes censés être plus représentatifs de la population générale servent de base pour l'estimation nationale. Le cas échéant, on procède à une estimation de la prévalence de l'infection à VIH pour des sous-groupes de la population d'un pays puis on rassemble les chiffres pour obtenir une estimation nationale.

Les estimations de la prévalence du VIH ont pour but de donner une idée de l'ampleur de la pandémie d'infection à VIH, mais il faut les considérer comme provisoires parce qu'il est difficile d'évaluer exactement les taux d'infection à VIH au niveau national.

COUNTRY-SPECIFIC* WORKING ESTIMATES OF ADULT HIV SEROPREVALENCE - AS OF END 1994 ESTIMATIONS DE TRAVAIL PAR PAYS* DE LA SÉROPRÉVALENCE DU VIH CHEZ LES ADULTES À LA FIN 1994

Country/Area — Pays/Territoire	Estimated number of infections Nombre estimé d'infections	Country/Area — Pays/Territoire	Estimated number of infections Nombre estimé d'infections
Africa — Afrique		Sierra Leone	
Algeria — Algérie	10 000	Somalia — Somalie	60 000
Angola	48 000	South Africa — Afrique du Sud	10 000
Benin — Bénin	27 000	Sudan — Soudan	650 000
Botswana	125 000	Swaziland	125 000
Burkina Faso	300 000	Togo	15 000
Burundi	75 000	Tunisia — Tunisie	150 000
Cameroon — Cameroun	175 000	Uganda — Ouganda	2 000
Central African Republic — République centrafricaine	85 000	United Republic of Tanzania — République-Unie de Tanzanie	1 300 000
Chad — Tchad	75 000	Zaire — Zaïre	840 000
Comoros — Comores	250	Zambia — Zambie	680 000
Congo	80 000	Zimbabwe	700 000
Côte d'Ivoire	390 000		900 000
Djibouti	8 000		
Egypt — Egypte	7 500	Total	11 310 200
Equatorial Guinea — Guinée équatoriale	2 000		
Eritrea — Érythrée	50 000	Americas — Amériques	
Ethiopia — Éthiopie	588 000	Argentina — Argentine	60 000
Gabon	13 000	Bahamas	6 000
Gambia — Gambie	11 000	Barbados — Barbade	4 000
Ghana	172 000	Belize	2 000
Guinea — Guinée	17 000	Bolivia — Bolivie	2 000
Guinea-Bissau — Guinée-Bissau	15 000	Brazil — Brésil	550 000
Kenya	1 000 000	Canada	30 000
Lesotho	28 000	Chile — Chili	10 000
Liberia — Libéria	17 000	Colombia — Colombie	40 000
Libyan Arab Jamahiriya — Jamahiriya arabe libyenne	1 300	Costa Rica	9 000
Madagascar	2 500	Cuba	1 300
Malawi	650 000	Dominican Republic — République dominicaine	40 000
Mali	58 000	Ecuador — Équateur	16 000
Mauritania — Mauritanie	7 000	El Salvador	15 000
Mauritius — Maurice	500	Guatemala	20 000
Morocco — Maroc	5 000	Guyana	6 000
Mozambique	400 000	Haiti — Haïti	150 000
Namibia — Namibie	45 000	Honduras	40 000
Niger	40 000	Jamaica — Jamaïque	12 000
Nigeria — Nigéria	1 050 000	Mexico — Mexique	200 000
Reunion — Réunion	150	Nicaragua	1 500
Rwanda	250 000	Panama	8 000
Senegal — Sénégal	50 000	Paraguay	2 600

Country/Area — Pays/Territoire	Estimated number of infections Nombre estimé d'infections	Country/Area — Pays/Territoire	Estimated number of infections Nombre estimé d'infections
Peru — Pérou	30 000	Uzbekistan — Ouzbékistan	100
Suriname	2 500	Viet Nam	25 000
Trinidad and Tobago — Trinité-et-Tobago	6 000	Yemen — Yémen	750
United States of America — États-Unis d'Amérique	700 000	Total	3 116 420
Uruguay	5 000	Europe	
Venezuela	35 000	Albania — Albanie	100
Total	2 003 900	Austria — Autriche	8 000
Asia — Asie		Belarus — Bélarus	200
Afghanistan	50	Belgium — Belgique	10 000
Armenia — Arménie	20	Bosnia and Herzegovina — Bosnie-Herzégovine	750
Azerbaijan — Azerbaïdjan	50	Bulgaria — Bulgarie	300
Bahrain — Bahreïn	500	Croatia — Croatie	300
Bangladesh ^b	15 000	Czech Republic — République tchèque	2 000
Bhutan — Bhoutan	75	Denmark — Danemark	4 000
Brunei Darussalam — Brunéi Darussalam	300	Estonia — Estonie	40
Cambodia — Cambodge	90 000	Finland — Finlande	500
China — Chine	10 000	France	90 000
Cyprus — Chypre	1 000	Germany — Allemagne	43 000
Democratic People's Republic of Korea ^c — République populaire démocratique de Corée ^c	100	Greece — Grèce	5 000
Georgia — Géorgie	500	Hungary — Hongrie	3 000
Hong Kong	3 000	Iceland — Islande	200
India — Inde	1 750 000	Ireland — Irlande	1 700
Indonesia — Indonésie	50 000	Italy — Italie	90 000
Iran (Islamic Republic of) — Iran (République islamique d')	1 000	Latvia — Lettonie	100
Iraq	250	Lithuania — Lituanie	200
Israel — Israël	2 000	Luxembourg	300
Japan — Japon	6 200	Malta — Malte	200
Jordan — Jordanie	600	Netherlands — Pays-Bas	3 000
Kazakhstan	50	Norway — Norvège	1 250
Kuwait — Koweït	1 000	Poland — Pologne	10 000
Kyrgyzstan — Kirghizistan	25	Portugal	8 000
Lao People's Democratic Republic — République démocratique populaire lao	550	Republic of Moldova — République de Moldova	40
Lebanon — Liban	1 350	Romania — Roumanie	500
Malaysia — Malaisie	30 000	Russian Federation — Fédération de Russie	3 000
Maldives	60	Slovak Republic — République slovaque	250
Mongolia — Mongolie	150	Slovenia — Slovénie	150
Myanmar	350 000	Spain — Espagne	120 000
Nepal — Népal	5 000	Sweden — Suède	3 000
Oman	1 000	Switzerland — Suisse	12 000
Pakistan	40 000	The Former Yugoslav Republic of Macedonia — Ex-République yougoslave de Macédoine	500
Philippines	18 000	Ukraine	1 500
Qatar	290	United Kingdom — Royaume-Uni	25 000
Republic of Korea — République de Corée	2 000	Yugoslavia ^d — Yougoslavie ^d	5 000
Saudi Arabia — Arabie saoudite	1 000	Total	453 080
Singapore — Singapour	1 200	Oceania — Océanie	
Sri Lanka	5 000	Australia — Australie	11 000
Syrian Arab Republic — République arabe syrienne	700	Fiji — Fidji	150
Tajikistan — Tadjikistan	25	New Zealand — Nouvelle-Zélande	1 200
Thailand — Thaïlande	700 000	Papua New Guinea — Papouasie-Nouvelle-Guinée	4 000
Turkey — Turquie	500	Total	16 350
Turkmenistan — Turkménistan	25	World total — Total mondial	16 899 950
United Arab Emirates — Emirats arabes unis	2 000		

^a Countries with adult populations of over 100 000. — Pays dont la population adulte dépasse 100 000 habitants.

^b The Government of Bangladesh has officially reported 44 HIV-infected adults. The estimate of 15 000 is speculative but represents what WHO believes to be a conservative estimate of the actual number of HIV-infected adults in Bangladesh. — Le Gouvernement du Bangladesh a officiellement notifié 44 cas d'infection à VIH chez les adultes. L'estimation de 15 000 cas n'est qu'une hypothèse, mais représente une estimation prudente de l'OMS du nombre réel d'adultes infectés par le VIH au Bangladesh.

^c Despite extensive testing, no confirmed cases of HIV have been detected in the Democratic People's Republic of Korea. WHO believes HIV to be present in the country but at a very low level. — En dépit d'examen approfondis, aucun cas confirmé d'infection à VIH n'a été décelé en République populaire démocratique de Corée. L'OMS estime que le VIH est présent dans le pays, mais à un niveau très faible.

^d Refers to states/areas of the former Socialist Federal Republic of Yugoslavia not otherwise listed separately. — Concerne les États/territoires de l'ancienne République fédérale socialiste de Yougoslavie qui ne sont pas cités séparément.

Electronic publication of the *Weekly Epidemiological Record*

As of mid-January 1996, the *Weekly Epidemiological Record* (WER) will be available free of charge in electronic format on the Internet. To access the electronic edition users must have Internet access and software that retrieves files by file transfer protocol (FTP) or provides access to the World Wide Web (WWW). An E-Mail-based service will also be available.

Issues of the WER will be available in Adobe™ Acrobat™ portable document format (.pdf). To view the WER, the program Acrobat™ Reader¹ is required. Different versions of this program are available free of charge for most operating systems. Initially some of the graphic images included in the printed version may not be included in the .pdf file as they are not available in electronic format. This technical problem will be solved as soon as possible.

Each .pdf file represents a single issue of the WER and is named according to the volume and issue number. For example, the file *wer7048.pdf* contains the WER volume 70, number 48.

Where to obtain the WER through Internet

- (1) WHO WWW SERVER: Use WWW navigation software to connect to the WER pages at the following address: http://www.who.ch/wer/wer_home.htm.
- (2) WHO FTP SERVER: Use FTP to connect to WHO's file server <ftp.who.ch>. At the user name prompt enter **anonymous**, and in response to the prompt for password users should enter their E-Mail address. Select the directory **pub**, then sub-directory **wer**. From the listing, files of interest can be downloaded. A WHO FTPMail server is planned for early in 1996; further details will be published later.
- (3) E-MAIL LIST. An automatic service is available for receiving a weekly notification of the contents of the WER, and which will also provide the possibility to download WER issues in .pdf format and the Acrobat™ Reader program through E-Mail. To subscribe, send an E-Mail message to majordomo@who.ch. The subject field should be left blank and the body of the message should contain only the line **subscribe wer-reh**. Subscribers will be sent a copy of the table of contents of the WER automatically each week from mid-January 1996, together with instructions and other items of interest. Some sites may have to process the received mail attachments with a uuencode utility to create a file readable by Acrobat™. Subscribers who do not have this utility should contact their E-mail administrator.

¹ Acrobat™ Reader is available on the Internet from Adobe™ Inc.; WWW Server at <http://www.adobe.com/Acrobat/AcrobatWWW.html> or FTP Server at <ftp.adobe.com>.

Publication électronique du *Relevé épidémiologique hebdomadaire*

Dès la mi-janvier 1996, la version électronique du *Relevé épidémiologique hebdomadaire* (REH) sera disponible gratuitement sur Internet. Pour accéder à cette version électronique du REH, il suffit de disposer d'un accès au réseau Internet permettant un transfert de fichiers via le protocole FTP ou un accès au *World Wide Web* (WWW). Un service de consultation par courrier électronique sera également disponible.

Chaque numéro du REH sera disponible au format .pdf (*portable document format*) de Adobe™ Acrobat™. Pour accéder au REH, il faudra disposer du programme Acrobat™ Reader.¹ Ce programme, distribué gratuitement, est disponible pour la plupart des systèmes d'exploitation. Dans un premier temps, certains graphiques inclus dans la version papier qui ne sont pas disponibles au format électronique ne pourront être inclus dans les fichiers .pdf. Ce problème sera résolu dès que possible.

Chaque fichier .pdf correspond à un numéro complet du REH et est nommé en conséquence. Ainsi, le fichier contenant le numéro 48, volume 70, du REH sera nommé *wer7048.pdf*.

Comment accéder au REH sur Internet?

- 1) Par le serveur Web de l'OMS: A l'aide de votre logiciel de navigation WWW, connectez-vous à la page d'accueil du REH à l'adresse suivante: http://www.who.ch/wer_home.htm.
- 2) Par le serveur FTP de l'OMS: A l'aide de votre logiciel FTP, connectez-vous au serveur FTP de l'OMS à l'adresse suivante: <ftp.who.ch>. En réponse à l'invite «User:», tapez **anonymous**. A l'invite «Password:», tapez votre adresse électronique. Sélectionnez le répertoire **pub**, puis le sous-répertoire **wer**. Tous les fichiers présents dans la liste qui vous intéressent peuvent être téléchargés sur votre ordinateur. Un serveur FTPMail sera disponible à l'OMS au début de l'année 1996. D'autres détails suivront à ce sujet.
- 3) Par courrier électronique: Un service automatique de distribution électronique du sommaire du REH est disponible, qui permettra également de télécharger les numéros du REH au format .pdf ainsi que le programme Acrobat™ Reader. Pour s'abonner à ce service, il suffit d'envoyer un message à l'adresse suivante: majordomo@who.ch. N'inscrivez rien dans le champ «Objet» et, dans le corps du message, tapez simplement **subscribe wer-reh**. A partir de la mi-janvier 1996, les abonnés recevront chaque semaine une copie du sommaire du REH, ainsi que d'autres informations susceptibles de les intéresser. Dans certains cas, il sera peut-être nécessaire de «décoder» le fichier Acrobat™ joint au message électronique à l'aide de l'utilitaire uuencode avant de pouvoir le lire. Les abonnés qui ne disposent pas de cet utilitaire devront prendre contact avec l'administrateur de leur système de courrier électronique.

¹ Acrobat™ Reader est distribué sur Internet par Adobe™ Inc., à l'adresse Web suivante: <http://www.adobe.com/Acrobat/AcrobatWWW.html>. On peut aussi le télécharger à partir de leur serveur FTP: <ftp.adobe.com>.

Geneva, 23 February 1996

Dear Ms Fleming,

re: Global HIV Preval. review: NEW.

After our floating encounter just before your take off from Kampala, I sent you some materials via the Geneva Mission.

Meanwhile, some additional information has become available that could possibly be of interest. In essence, the day after the closure of the ICASA9 Conference in Kampala, WHO/HQ released in the Weekly Epidemiologic Record n°50 15 Dec 95 --the first time ever--

PROVISIONAL working estimates of adult HIV
PREVALENCE as of end 1994, by country.

- 1 I enclose a copy -together with the usual halfyearly update of the AIDS cases on file. One of my jobs is to review such and to push it into comparative schemes for international comparison and use.

As a first exercise, I transformed the WORKING FREQUENCY ESTIMATES into
PROPORTIONS of ADULTS living with either HIV or AIDS
END-1994.

- (1) We opted in this exercise for the age segment 15-59 years (not 49, since there is considerable sexual activity in the 50ies). A second step is then to enter the information into the BIRANK MODULE as used for New AIDS Case rates since many years (Attached the latest: 1993 New AIDS Incidence Case Rate/10⁵ Pop).

The outcome is quite dramatic and highly informative. I thus thought that you should have early access to it. I have produced the first half overview, that is PANEL A, world ranks 1-86 (B will be available in the definitive version for Vancouver in July 1996). I enclose 6 copies together with 6 copies of the AIDS BIRANK SYSTEM.

The advantage of this method is that you have an instant sense of how serious "matters really are" and that you can compare, for instance, with your own country, say, the Donor country, who has to make hard decisions. Here is for instance a ad libitum extraction, imagining that I am sitting in Washington D.C. and want to know something precisely around the world (The idea is of course that you develop your own RELATIVE PREVALENCE RATIO CHAINS once you perceive the simplicity of method).

		WORLD	PAHO	EURO	WPRO	EMRO	SEARO	% ADULTS (15-59y)
		RANK	RANK	RANK	RANK	RANK	RANK	HIV SEROP. end-94
G7	USA	60	15					(BASE) 1 .435
	France	71		3				.59 .257
	Italy	73		4				.57 .249
	Canada	78	24					.37 .163
	Germany	94		12				.19 .827
	UK	102		16				.16 .0710
	Japan	145			14			.02 .0078
World Ranks 1-21	Botswana	1	AFRO 1					37.5 16.32
	Zimbabwe	2	2					36.6 15.90
	Zambia	3	3					36.2 15.74
	Uganda	4	4					34.7 15.11
	Malawi	5	5					31.5 13.69
	Togo	6	6					17.9 7.77
	Kenya	7	7					17.5 7.61
	Rwanda	8	8					14.7 6.41
	Tanzania	9	9					14.2 6.16
	Côte d'Ivoire	10	10					13.8 6.02
	Burkina Faso	11	11					13.7 5.96
	Congo	12	12					13.1 5.68
	C.A.R.	13	13					12.4 5.40
	Namibia	14	14	PAHO				12.4 5.39
	Haiti	15	1					9.9 4.30
	Mozambique	16	15					9.5 4.14
	Bahamas	17	2					8.0 3.48
	Zaire	18	16					7.52 3.27
	Swaziland	19	17					7.40 3.22
	Lesotho	20	18					6.44 2.80
	South Africa	21	19					6.39 2.78
Selection.	Djibouti	25			EMRO 1			6.09 2.65
	Barbados	28	3					5.66 2.62
	Thailand	35			WPRO 1		SEARO 1	4.37 1.90
	Cambodia	36						4.28 1.86
	Belize	37	4					4.23 1.84
	Honduras	38	5					3.38 1.47
	Liberia	39	31					3.33 1.45
	Myanmar	40						3.15 1.37
	Brazil	54	11					1.33 .577
	Mexico	62	17					.88 .384
	etc, etc..							

Now it's play to read off: To each Adult (15-59y) living with HIV or AIDS, end 94 there are 35 in Uganda, 16 in Togo 14 in Tanzania/Côte d'Ivoire/Burkina Faso, 10 in Haiti, 8 in the Bahamas, 6.4 in Lesotho and South Africa, 4.4 in Thailand, 4.3 in Cambodia, 3.4 in Honduras, 3.2 in Myanmar, 1.33 in Brazil, .88 in Mexico, .59 in France, .57 in Italy, .37 in Canada, .19 in Germany, .16 in UK, & .02 in Japan. Obviously, such a solid chain can be helpful in support planning. Good luck!

Sincerely yours,

Roger P. Bernard, MD MSPM FMH
Director, AIDS FEEDBACK & DEM-EPI
Liaison UN and NG Organizations

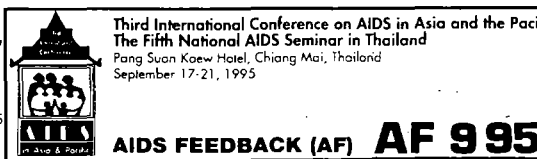
A	RANKS 1-86 levels 1-6	WORLD	AFRO	PAHO	EURO	WPRO	EMRO	SEARO	%ADULTS (15-59) HIV+ END 1994
		RANK	RANK	RANK	RANK	RANK	RANK	RANK	
tq	Botswana	1	1						(1a) 16.32
	Zimbabwe	2	2						15.90
	Zambia	3	3						15.74
	Uganda	4	4						15.11
	Malawi	5	5						(1b) 13.69 ^o
	Togo	6	6						7.77
	Kenya	7	7						7.61
	Rwanda	8	8						6.41
	Tanzania	9	9						6.16
	Côte d'Ivoire	10	10						6.02
	Burkina Faso	11	11						5.96
	Congo	12	12						5.68
	C.A.R.	13	13						5.40
	Namibia	14	14						5.39
	Haiti	15		PAHO 1					4.30
	Mozambique	16	15	4%				HIGHEST (1) **	(1c) 4.14
	Bahamas	17		2					3.48
	Zaire	18	16	REGIONAL ISORANK-5					3.27
	Swaziland	19	17						3.22
	Lesotho	20	18						2.80
	South Africa	21	19						2.78
	Guinea-Bissau	22	20						2.76
	Sierra Leone	23	21						2.72
	Cameroon	24	22						2.69
	Djibouti	25				EMRO 1			2.65
	Burundi	26	23						2.62
	Eritrea	27	24						2.58
	Barbados	28		3					2.46
	Chad	29	25						2.27
	Ethiopia	30	26						2.25
	Nigeria	31	27						2.25
	Gabon	32	28						2.20
	Ghana	33	29	2%				VERY HIGH (2)	2.14
	Gambia, The	34	30					SEARO 1	1.93
	Thailand	35				WPRO 1			1.90
	Cambodia	36							1.86
	Belize	37		4					1.87
	Honduras	38		5					1.47 ^o
	Liberia	39	31						1.45
	Myanmar	40						2	1.37
	Mali	41	32						1.36
	Guyana	42		6					1.33
	Senegal	43	33						1.21
	Benin	44	34						1.07
	Suriname	45		7					1.03
	Equator. Guinea	46	35	1%				H I G H (3)	1.02
	Niger	47	36	% ADULTS HIV PREV.					.954
	Sudan	48					2		.944
	Angola	49	37						.885
	Dominican Rep.	50		8					.872
	Jamaica	51		9					.800
	Trinidad/Tobago	52		10					.791
	Mauritania	53	38						.656
	Brazil	54		11					.577
	Guinea	55	39						.537
	Panama	56		12					.524
	El Salvador	57		.5%				INTERMEDIATE (4)	.501
	Spain	58			EURO 1				.486
	Costa Rica	59		14					.468
	U.S.A.	60		15					.435
	Guatemala	61		16					.385
	Mexico	62		17					.384
	India	63						3	.333
	Somalia	64							.311
	Argentina	65		18					.305
	Venezuela	66		19					.286
	Malaysia	67				2			.274
	Cyprus	68					4		.272
	Switzerland	69			2				.271
	Uruguay	70		20					.269
	France	71			3				.257
	Ecuador	72		.25%	21				.250
	Italy	73			4				.249
	Peru	74		22					.219
	Colombia	75		23					.192
	Brunei	76				3			.175
	Papua New Guinea	77				4			.169
	Canada	78		24					.163
	Belgium	79			5				.162
	Austria	80			6				.139
	United Arab Em.	81						5	.144 ^o
	Bahrain	82							.142
	Portugal	83		125%	7				VERY LOW (6) .132
	Iceland	84			8				LOWEST (7) .123
	Denmark	85			9				level .122
	Chile etc to 168	86		25					.119

NOTE: -source: numerator: WHO W.Epid.Rec.1995,70 [N°50,15 Dec 95] GE rb AF 15 Feb 1996
denominator: UN W.P.Prosp.1994 Rev.;EB/YB95-BWD. AF 02 96

-execution of DRAFT-1: AIDS FEEDBACK, 22, Ave Riant-Parc, 1209 Geneva, Suisse.

-comments, critique, suggestions are gratefully appreciated

A	AFRO	AMRO	EURO	WPRO	EMRO	ARO	LEVEL
1	1 Namibia 96.2	1 Bahamas 111.7					
2	2 Zambia 94.1						
3	3 Zimbabwe 85.8						
4	4 Botswana 61.9	2 (Puerto Rico) 65.7					
5	5 Malawi 51.9						
6	6 Congo 43.5						
7	7 Kenya 41.1						
8	8 Rwanda ('92) 38.4	3 Fr. Guiana 40.6					
9	9 Togo 34.9	4 Barbados 33.8					
10		5 Meth. Antill. 25.5					
11	10 Côte d'Ivoire 29.8	6 Bermuda 21.7			1 Djibouti 25.5		
12	11 Rep. C. Afr. ('92) 28.7	7 U.S.A. 21.4					
13	12 Burundi 28.0	8 Grenada 23.0					
14		9 Trinidad/Tob 19.5					
15		10 Honduras 18.8					
16		11 Guadeloupe 17.9					
17							
18							
19							
20							
21							
22	13 Swaziland 20.0						
23							
24							
25							
26	14 Chad 16.5						
27	15 Guinea Bissau 15.9						
28	16 Lesotho 15.9						
29	17 Ghana 15.3						
30	18 Uganda MTL 14.9						
31	19 Cameroon 14.1	12 Guyana 14.7					
32	20 Burkina Faso 14.0						
33							
34	21 Tanzania MTL 12.54	13 Haiti MTL ('92) 11.92					
35		14 Belize 11.77					
36							
37							
38	22 Gabon 11.41	15 Martinique 10.88					
39		16 Antigua/Barb. 10.61					
40							
41							
42	23 Ethiopia 9.89	17 Jamaica 9.59					
43		18 Dominica 9.47					
44							
45		19 Saint Lucia 8.82					
46		20 Suriname 8.64					
47							
48		21 Brazil 8.24					
49		22 Canada 8.19					
50							
51	24 Eritrea 8.18	23 St. Vincent/Gr 7.34					
52		24 St. Kitts/Nevis 7.18					
53							
54							
55	25 Mali 7.17	25 Panama 6.98					
56							
57	26 Equat. Guinea 6.37						
58	27 Liberia 5.73						
59	28 Benin 5.44						
60	29 Niger 5.32						
61	30 Guinea 5.18						
62							
63	31 Cape Verde 4.86						
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65							
66	32 Senegal 4.42						
67							
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69	33 South Africa 4.22						
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83	35 Réunion 2.53						
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Third International Conference on AIDS in Asia and the Pacific
The Fifth National AIDS Seminar in Thailand
Pong Suan Koew Hotel, Chiang Mai, Thailand
September 17-21, 1995

AIDS FEEDBACK (AF) AF 995_A

1 Spain 12.58
Highest EURO-WEST

1 Thailand 10.92
10⁺/10⁵

1 Australia 4.46
2 Fr. Polynesia 4.25

1 Belgium 2.43
2 Germany 2.29
3 Iceland 2.28

1 Ireland 1.87
2 Romania 1.83
3 Greece 1.65
4 Norway 1.47

1 New Zealand 1.48

1.25⁺/10⁵

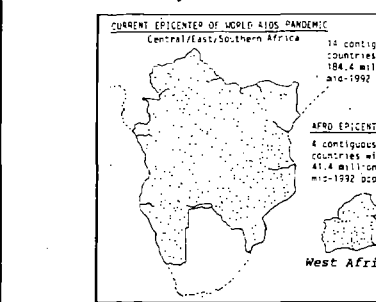
NOTES: 1 See PANEL B (cont.) & Abstract. PANEL A: 98 Data sets down to 1.25 1993 AIDS cases/10⁵ mid-1993 Pop. PANEL B: 1-25. 2 Data sources: All available sources (GPA; Current Global Sit.; 1 July 1995; Reg. Offices; ECMA; Paris; Sel. GOVS). 3 Exclusions: Countries with no reported AIDS cases for 1993, & Countries with less than 50,000 mid-1993 Pop. 4 Denominators: UN mid-1993 Population Estimates (E819-94; Dem. Yearbook, 1993; For new countries best available). 5 Calculations: New AIDS cases for 1993 divided by mid-1993 total population, to obtain New AIDS case rates/10⁵. 6 Classification of 1993 NEW AIDS CASE RATES: 7-Level Geometric Classification. INTERMEDIATE = Class 4: 5 - 9.99.

B	AFRO	AMRO	EURO	WPRO	EMRO	SEARO	LEVEL
99	39 Angola MTL 1.24	35 Guatemala 1.22					
100		36 Peru 1.05					
101							
102							
103							
104	40 Mozambique MTL .991						
105							
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113							
114							
115							
116	41 Sierra Leone MTL .521						
117	42 Mauritania .499						
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119							
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121							
122							
123							
124							
125							
126	43 Nigeria MTL .280						
127	44 Mauritius .272						
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ABSTRACT

1993 NEW AIDS CASE RATE, BY COUNTRY/WHO-REGION AND
--93 ANNUAL INCIDENCE TRAJECTORIES IN ASIA/PACIFIC:
Bernard R.P., Liaison UN-NGO AIDS FEEDBACK, Genève, CH.
OBJECTIVE: Building on previous work, calculate/display in birank a
WORLD INVENTORY of 1993 new AIDS case rates; then give through
1993 "BEST TRENDS" of AIDS build-up (HIV build-up 10 yrs earlier).
METHODS: Only official GOV reporting of AIDS is used & given as
crude rates per 100 mid-1993 population (UN estimates) to fit a
BIRANK STRUCTURE by country & WHO-region. Available Asia/Pacific
data are put vs other WHO-regions' TRENDS, necessarily selected.
RESULTS: Again, the 1993 AIDS case rates assume "descending stair-
case like arrangement" across the 6 WHO-regions in this order:
AFRO/AMRO/EURO/WPRO/EMRO/SEARO with some exceptions that need
discussion of recent dynamics. The color trend panel builds on
previous work [AF 11 94] now with focus on Asia/N.East/Pacific.
in selected global context: reflecting global HIV spread through
1983, that is the year of HIV-1 discovery in the West.
CONCLUSION: The two methods (GLOBAL INCIDENCE BIRANK (GIB) & ANNUAL
INCIDENCE TRAJECTORIES (AIT)) exhibit internal consistency in
place and time: a prerequisite for using GLOBAL ANALYTICAL IN-
TEGRATION (GLANIN) increasingly to evaluate programmatic prevention
effects at local/provincial and national levels. Ready in 2 yrs?

Confirmation of last year's review [AF 8 94]



For 10-year TREND, see companion document AF-9 95B.

Dr. R. P. Bernard, Liaison for UN and NG Organizations Director of Epidemiology in Human Reproduction
Field Epidemiology and Liaison Office, 22 Avenue Plant-Parc, 1209 Geneva, Switzerland

Geneva, rb AF 13 September 1995

Geneva, 23 February 1996

Dear Ms Fleming,

re: Global HIV Preval. review: NEW.

After our floating encounter just before your take off from Kampala, I sent you some materials via the Geneva Mission.

Meanwhile, some additional information has become available that could possibly be of interest. In essence, the day after the closure of the ICASA9 Conference in Kampala, WHO/HQ released in the Weekly Epidemiologic Record n°50 15 Dec 95 --the first time ever--

PROVISIONAL working estimates of adult HIV
PREVALENCE as of end 1994, by country.

- 1 I enclose a copy -together with the usual halfyearly update of the AIDS cases on file. One of my jobs is to review such and to push it into comparative schemes for international comparison and use.

As a first exercise, I transformed the WORKING FREQUENCY ESTIMATES into

PROPORTIONS of ADULTS living with either HIV or AIDS
END-1994.

- (1) We opted in this exercise for the age segment 15-59 years (not 49, since there is considerable sexual activity in the 50ies). A second step is then to enter the information into the BIRANK MODULE as used for New AIDS Case rates since many years (Attached the latest: 1993 New AIDS Incidence Case Rate/10⁵ Pop).

The outcome is quite dramatic and highly informative. I thus thought that you should have early access to it. I have produced the first half overview, that is PANEL A, world ranks 1-86 (B will be available in the definitive version for Vancouver in July 1996). I enclose 6 copies together with 6 copies of the AIDS BIRANK SYSTEM.

The advantage of this method is that you have an instant sense of how serious "matters really are" and that you can compare, for instance, with your own country, say, the Donor country, who has to make hard decisions. Here is for instance a ad libitum extraction, imagining that I am sitting in Washington D.C. and want to know something precisely around the world (The idea is of course that you develop your own RELATIVE PREVALENCE RATIO CHAINS once you perceive the simplicity of method).

		WORLD	PAHO	EURO	WPRO	EMRO	SEARO	% ADULTS (15-59y)
		RANK	RANK	RANK	RANK	RANK	RANK	HIV SEROP. end-94
G7	USA	60	15				(BASE) 1	.435
	France	71		3			.59	.257
	Italy	73		4			.57	.249
	Canada	78	24				.37	.163
	Germany	94		12			.19	.827
	UK	102		16			.16	.0710
	Japan	145			14		.02	.0078
World Ranks 1-21	Botswana	1	AFRO 1				37.5	16.32
	Zimbabwe	2	2				36.6	15.90
	Zambia	3	3				36.2	15.74
	Uganda	4	4				34.7	15.11
	Malawi	5	5				31.5	13.69
	Togo	6	6				17.9	7.77
	Kenya	7	7				17.5	7.61
	Rwanda	8	8				14.7	6.41
	Tanzania	9	9				14.2	6.16
	Côte d'Ivoire	10	10				13.8	6.02
	Burkina Faso	11	11				13.7	5.96
	Congo	12	12				13.1	5.68
	C.A.R.	13	13				12.4	5.40
	Namibia	14	14	PAHO			12.4	5.39
	Haiti	15	1				9.9	4.30
	Mozambique	16	15				9.5	4.14
	Bahamas	17	2				8.0	3.48
	Zaire	18	16				7.52	3.27
	Swaziland	19	17				7.40	3.22
	Lesotho	20	18				6.44	2.80
	South Africa	21	19				6.39	2.78
Selection.	Djibouti	25			EMRO 1		6.09	2.65
	Barbados	28	3			SEARO 1	5.66	2.62
	Thailand	35			WPRO 1		4.37	1.90
	Cambodia	36					4.28	1.86
	Belize	37	4				4.23	1.84
	Honduras	38	5				3.38	1.47
	Liberia	39	31				3.33	1.45
	Myanmar	40					3.15	1.37
	Brazil	54	11				1.33	.577
	Mexico	62	17				.88	.384
	etc, etc..							

Now it's play to read off: To each Adult (15-59y) living with HIV or AIDS, end 94, there are 35 in Uganda, 16 in Togo 14 in Tanzania/Côte d'Ivoire/Burkina Faso, 10 in Haiti, 8 in the Bahamas, 6.4 in Lesotho and South Africa, 4.4 in Thailand, 4.3 in Cambodia, 3.4 in Honduras, 3.2 in Myanmar, 1.33 in Brazil, .88 in Mexico, .59 in France, .57 in Italy, .37 in Canada, .19 in Germany, .16 in UK, & .02 in Japan. Obviously, such a solid chain can be helpful in support planning. Good luck!

Sincerely yours,

Roger P. Bernard, MD MSPM FMH
Director, AIDS FEEDBACK & DEM-LPI
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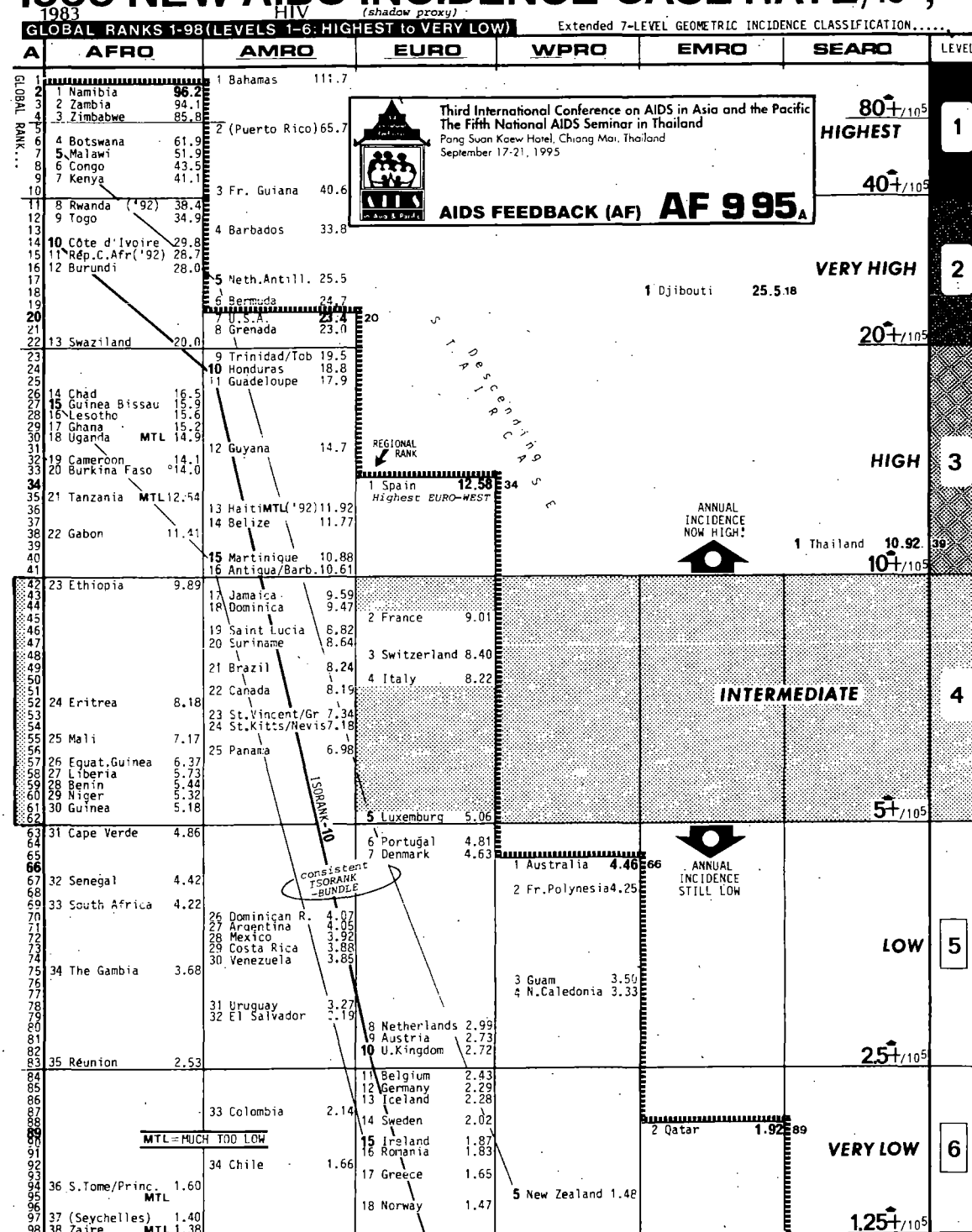
A	RANKS 1-86 levels 1-6	WORLD	AFRO	PAHO	EURO	WPRO	EMRO	SEARO	%ADULTS (15-59) HIV+ END 1994
		RANK	RANK	RANK	RANK	RANK	RANK	RANK	
tq	Botswana	1	1						(1a) 16.32
	Zimbabwe	2	2						15.90
	Zambia	3	3						15.74
	Uganda	4	4						15.11
	Malawi	5	5						(1b) 13.69 ^o
	Togo	6	6						7.77
	Kenya	7	7						7.61
	Rwanda	8	8						6.41
	Tanzania	9	9						6.16
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	Burkina Faso	11	11						5.96
	Congo	12	12						5.68
	C.A.R.	13	13						5.40
	Namibia	14	14						5.39
	Haiti	15		PAHO 1					4.30
	Mozambique	16	15	4%				HIGHEST (i) (1c)	4.14
	Bahamas	17		2					3.48
	Zaire	18	16						3.27
	Swaziland	19	17						3.22
	Lesotho	20	18						2.80
	South Africa	21	19						2.78
	Guinea-Bissau	22	20						2.76
	Sierra Leone	23	21						2.72
	Cameroon	24	22						2.69
	Djibouti	25				EMRO 1			2.65
	Burundi	26	23						2.62
	Eritrea	27	24						2.58
	Barbados	28		3					2.46
	Chad	29	25						2.27
	Ethiopia	30	26						2.25
	Nigeria	31	27						2.25
	Gabon	32	28						2.20
	Ghana	33	29	2%				VERY HIGH (2)	2.14
	Gambia, The	34	30					SEARO 1	1.93
	Thailand	35				WPRO 1			1.90
	Cambodia	36							1.86
	Belize	37		4					1.84
	Honduras	38		5					1.47 ^o
	Liberia	39	31						1.45
	Myanmar	40						2	1.37
	Mali	41	32						1.36
	Guyana	42		6					1.33
	Senegal	43	33						1.21
	Benin	44	34						1.07
	Suriname	45		7					1.03
	Equator. Guinea	46	35	1%				HIGH (3)	1.02
	Niger	47	36	% ADULTS HIV PREV.				2	.954
	Sudan	48							.944
	Angola	49	37						.885
	Dominican Rep.	50		8					.872
	Jamaica	51		9					.800
	Trinidad/Tobago	52		10				level 4	.791
	Mauritania	53	38						.656
	Brazil	54		11					.577
	Guinea	55	39						.537
	Panama	56		12					.524
	El Salvador	57		.5%				INTERMEDIATE (4)	.501
	Spain	58			EURO 1				.486
	Costa Rica	59		14					.468
	U.S.A.	60		15					.435
	Guatemala	61		16					.385
	Mexico	62		17					.384
	India	63						3	.333
	Somalia	64							.311
	Argentina	65		18					.305
	Venezuela	66		19					.286
	Malaysia	67				2			.274
	Cyprus	68					4		.272
	Switzerland	69			2				.271
	Uruguay	70		20					.269
	France	71			3				.257
	Ecuador	72		.25%				LOW (5)	.250
	Italy	73			4				.249
	Peru	74		22					.219
	Colombia	75		23					.192
	Brunei	76				3			.175
	Papua New Guinea	77				4			.169
	Canada	78		24					.163
	Belgium	79			5				.162
	Austria	80			6				.159
	United Arab. Em.	81						5	.144 ^o
	Bahrain	82							.142
	Portugal	83		125%	7			VERY LOW (6)	.132
	Iceland	84			8			LOWEST (7)	.123
	Denmark	85			9			level	.122
	Chile etc to 168	86		25					.119

NOTE:--source: WHO W.Epid.Rec.1995,70 [N°50,15 Dec 95] GE rb AF 15 Feb 1996
denominator: UN W.P.Prosp:1994 Rev.;EB/YB95-BWD. AF 02 96

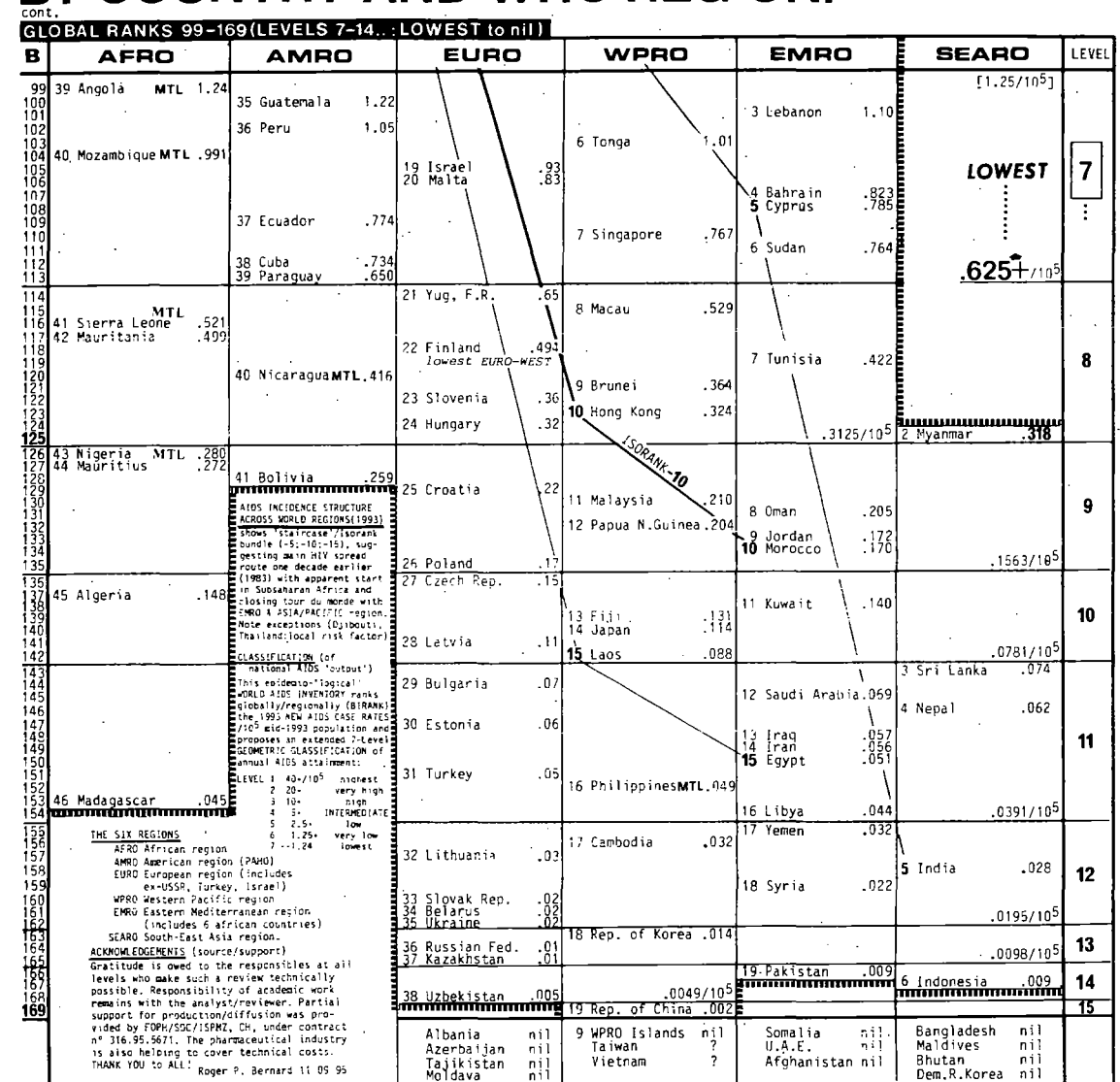
-execution of DRAFT-1: AIDS FEEDBACK, 22, Ave Riant-Parc, 1209 Geneva, Suisse.

-comments, critique, suggestions are gratefully appreciated

1993 NEW AIDS INCIDENCE CASE RATE/10⁵,



BY COUNTRY AND WHO REGION.



ABSTRACT

1993 NEW AIDS CASE RATE, BY COUNTRY/WHO-REGION AND --93 ANNUAL INCIDENCE TRAJECTORIES IN ASIA/PACIFIC:
Bernard RP, Liaison UN-NGO AIDS FEEDBACK, Genève, CH.

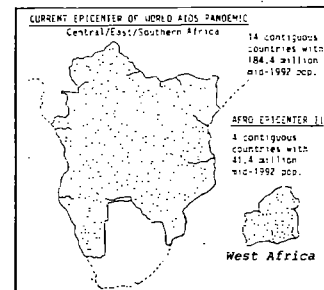
OBJECTIVE: Building on previous work, calculate/display in birank a WORLD INVENTORY of 1993 new AIDS case rates; then give through 1993 "BEST TRENDS" of AIDS build-up (HIV build-up 10 yrs earlier).

METHODS: Only official GOV reporting of AIDS is used & given as crude rates per 10⁵ mid-1993 population (UN estimates) to fit a BIRANK STRUCTURE by country & WHO-region. Available Asia/Pacific data are put vs other WHO-regions' TRENDS, necessarily selected.

RESULTS: Again, the 1993 AIDS case rates assume "descending stair-case like arrangement" across the 6 WHO-regions in this order: AFRO/AMRO/EURO/WPRO/EMRO/SEARO with some exceptions that need discussion of recent dynamics. The color trend panel builds on previous work [AF 11 94] now with focus on Asia/N.East/Pacific, in selected global context: reflecting global HIV spread through 1983, that is, the year of HIV-1 discovery in the West.

CONCLUSION: The two methods [GLOBAL INCIDENCE BIRANK (GIB) & ANNUAL INCIDENCE TRAJECTORIES (AIT)] exhibit internal consistency in place and time: a prerequisite for using GLOBAL ANALYTICAL INTEGRATION (GLANIN) increasingly to evaluate programmatic prevention effects at local/provincial and national levels. Ready in 2 yrs?

Confirmation of last year's review [AF 8 94]



NOTES: 1 See PANEL B (cont.) & Abstract. PANEL A: Data sets down to 1.25 1993 AIDS cases/10⁵ mid-1993 Pop. PANEL B: 1.25. 2 Data sources: All available sources [GPA:Current Global Sit. 1 July 1995; Reg. Offices: EC/EMA, Paris; Sel. GOVs].

Geneva, 23 February 1996

Dear Ms Fleming,

re: Global HIV Prevalence review: NEW.

After our floating encounter just before your take off from Kampala, I sent you some materials via the Geneva Mission.

Meanwhile, some additional information has become available that could possibly be of interest. In essence, the day after the closure of the ICASA9 Conference in Kampala, WHO/HQ released in the Weekly Epidemiologic Record n°50 15 Dec 95 --the first time ever--

PROVISIONAL working estimates of adult HIV
PREVALENCE as of end 1994, by country.

- 1 I enclose a copy -together with the usual halfyearly update of the AIDS cases on file. One of my jobs is to review such and to push it into comparative schemes for international comparison and use.

As a first exercise, I transformed the WORKING FREQUENCY ESTIMATES into
PROPORTIONS of ADULTS living with either HIV or AIDS
END-1994.

- We opted in this exercise for the age segment 15-59 years (not 49, since there is considerable sexual activity in the 50ies). A second step is then to enter the information into the BIRANK MODULE as used for New AIDS Case rates since many years (Attached the latest: 1993 New AIDS Incidence Case Rate/10⁵ Pop).

The outcome is quite dramatic and highly informative. I thus thought that you should have early access to it. I have produced the first half overview, that is PANEL A, world ranks 1-86 (B will be available in the definitive version for Vancouver in July 1996). I enclose 6 copies together with 6 copies of the AIDS BIRANK SYSTEM.

The advantage of this method is that you have an instant sense of how serious "matters really are" and that you can compare, for instance, with your own country, say, the Donor country, who has to make hard decisions. Here is for instance a ad libitum extraction, imagining that I am sitting in Washington D.C. and want to know something precisely around the world (The idea is of course that you develop your own RELATIVE PREVALENCE RATIO CHAINS once you perceive the simplicity of method).

		WORLD RANK	PAHO RANK	EURO RANK	WPRO RANK	EMRO RANK	SEARO RANK	Z ADULTS (15-59y) HIV SEROP. end-94
G7	USA	60	15					.435
	France	71		3			.59	.257
	Italy	73		4			.57	.249
	Canada	78	24				.37	.163
	Germany	94		12			.19	.827
	UK	102		16			.16	.0710
	Japan	145			14		.02	.0078
World Ranks 1-21	Botswana	1	1				37.5	16.32
	Zimbabwe	2	2				36.6	15.90
	Zambia	3	3				36.2	15.74
	Uganda	4	4				34.7	15.11
	Malawi	5	5				31.5	13.69
	Togo	6	6				17.9	7.77
	Kenya	7	7				17.5	7.61
	Rwanda	8	8				14.7	6.41
	Tanzania	9	9				14.2	6.16
	Côte d'Ivoire	10	10				13.8	6.02
	Burkina Faso	11	11				13.7	5.96
	Congo	12	12				13.1	5.68
	C.A.R.	13	13				12.4	5.40
	Namibia	14	14	PAHO			12.4	5.39
	Haiti	15	1				9.9	4.30
	Mozambique	16	15				9.5	4.14
	Bahamas	17	2				8.0	3.48
	Zaire	18	16				7.52	3.27
	Swaziland	19	17				7.40	3.22
	Lesotho	20	18				6.44	2.80
	South Africa	21	19				6.39	2.78
Selec- tion.	Djibouti	25				EMRO 1	6.09	2.65
	Barbados	28	3				5.66	2.62
	Thailand	35			WPRO 1		4.37	1.90
	Cambodia	36					4.28	1.86
	Belize	37	4				4.23	1.84
	Honduras	38	5				3.38	1.47
	Liberia	39	31				3.33	1.45
	Myanmar	40					3.15	1.37
	Brazil	54	11				1.33	.577
	Mexico	62	17				.88	.384
	etc,etc..							

Now it's play to read off: To each Adult (15-59y) living with HIV or AIDS, end 94 there are 35 in Uganda, 16 in Togo 14 in Tanzania/Côte d'Ivoire/Burkina Faso, 10 in Haiti, 8 in the Bahamas, 6.4 in Lesotho and South Africa, 4.4 in Thailand, 4.3 in Cambodia, 3.4 in Honduras, 3.2 in Myanmar, 1.33 in Brazil, .88 in Mexico, .59 in France, .57 in Italy, .37 in Canada, .19 in Germany, .16 in UK, & .02 in Japan. Obviously, such a solid chain can be helpful in support planning. Good luck!

Sincerely yours,

Roger P. Bernard, MD MSPM FMI
Director, AIDS FEEDBACK & DEM-EPI
Liaison UN and NG Organizations

A	RANKS 1-86 Levels 1-6	WORLD	AFRO	PAHO	EURO	WPRO	EMRO	SEARO	ZADULTS (15-59)	
		RANK	RANK	RANK	RANK	RANK	RANK	RANK	HIV+	END 1994
	Botswana	1	1						(1a)	16.32
	Zimbabwe	2	2							15.90
tq	Zambia	3	3							15.74
	Uganda	4	4							15.11
	Malawi	5	5						(1b)	13.69 ^o
	Togo	6	6							7.77
	Kenya	7	7							7.61
	Rwanda	8	8							6.41
	Tanzania	9	9							6.16
	Côte d'Ivoire	10	10							6.02
	Burkina Faso	11	11							5.96
	Congo	12	12							5.68
	C.A.R.	13	13							5.40
	Namibia	14	14							5.39
	Haiti	15		1						4.30
	Mozambique	16	15	4%					HIGHEST (i) (1c)	4.14
	Bahamas	17		2						3.48
	Zaire	18	16							3.27
	Swaziland	19	17							3.22
	Lesotho	20	18							2.80
	South Africa	21	19							2.78
	Guinea-Bissau	22	20							2.76
	Sierra Leone	23	21							2.72
	Cameroon	24	22							2.69
	Djibouti	25					EMRO			2.65
	Burundi	26	23				1			2.62
	Eritrea	27	24							2.58
	Barbados	28		3						2.46
	Chad	29	25							2.27
	Ethiopia	30	26							2.25
	Nigeria	31	27							2.25
	Gabon	32	28							2.20
	Ghana	33	29	2%					VERY HIGH (2)	2.14
	Gambia, The	34	30					SEARO		1.93
	Thailand	35				WPRO		1		1.90
	Cambodia	36				1				1.86
	Belize	37		4						1.84
	Honduras	38		5						1.47 ^o
	Liberia	39	31							1.45
	Myanmar	40						2		1.37
	Mali	41	32							1.36
	Guyana	42		6						1.33
	Senegal	43	33							1.21
	Benin	44	34							1.07
	Suriname	45		7						1.03
	Equator. Guinea	46	35	1%					HIGH (3)	1.02
	Niger	47	36	% ADULTS HIV PREV.						.954
	Sudan	48						2		.944
	Angola	49	37							.885
	Dominican Rep.	50		8						.872
	Jamaica	51		9						.800
	Trinidad/Tobago	52		10					level 4	.791
	Mauritania	53	38							.656
	Brazil	54		11						.577
	Guinea	55	39							.537
	Panama	56		12						.524
	El Salvador	57		.5%					INTERMEDIATE (4)	.501
	Spain	58			EURO					.486
	Costa Rica	59		14						.468
	U.S.A.	60		15						.435
	Guatemala	61		16						.385
	Mexico	62		17						.384
	India	63						3		.333
	Somalia	64								.311
	Argentina	65		18						.305
	Venezuela	66		19						.286
	Malaysia	67								.274
	Cyprus	68						4		.272
	Switzerland	69								.271
	Uruguay	70		20						.269
	France	71								.257
	Ecuador	72		.25%					LOW (5)	.250
	Italy	73								.249
	Peru	74		22						.219
	Colombia	75		23						.192
	Brunei	76						3		.175
	Papua New Guinea	77						4		.169
	Canada	78		24						.163
	Belgium	79								.162
	Austria	80								.159
	United Arab Em.	81								.144 ^o
	Bahrain	82								.142
	Portugal	83		.125%					VERY LOW (6)	.132
	Iceland	84							LOWEST (7)	.123
	Denmark	85							level	.122
	Chile etc to 168	86		25						.119

NOTE: -source: numerator: WHO W.Epid.Rec.1995.70 [N°50,15 Dec 95] GE rb AF 15 Feb 1996

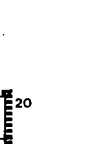
denominator: UN W.P.Prosp:1994 Rev.;EB/YR95-BWD. AF 02 96

-execution of DRAFT-1: AIDS FEEDBACK, 22, Ave Riand-Parc, 1209 Geneva, Suisse.

-comments, critique, suggestions are gratefully appreciated

GLOBAL RANKS 1-98 (LEVELS 1-6: HIGHEST to VERY LOW) Extended 7-LEVEL GEOMETRIC INCIDENCE CLASSIFICATION....

GLOBAL RANKS 1-98 (LEVELS 1-6: HIGHEST to VERY LOW) Extended 7-LEVEL GEOMETRIC INCIDENCE CLASSIFICATION....

AFRO		AMRO		EURO		WPRO		SEARO		
GLOBAL RANK...	1	1 Bahamas	111.7	 Third International Conference on AIDS in Asia and the Pacific The Fifth Annual AIDS Seminar in Thailand Pang Suan Koew Hotel, Chiang Mai, Thailand September 17-21, 1995				80 ⁺ /105	HIGHEST	
	2	2 Namibia	96.2					40 ⁺ /105		
	3	3 Zambia	94.1							
	4	4 Zimbabwe	85.3							
	5	5 Botswana	61.9	 AIDS FEEDBACK (AF) AF 995_A				VERY HIGH		
	6	6 Malawi	51.9							
	7	7 Congo	43.5							
	8	8 Kenya	41.1							
	9	9 Rwanda ('92)	38.4	 ANNUAL INCIDENCE NOW HIGH!				10 ⁺ /105		
	10	10 Togo	34.9							
	11	11 Côte d'Ivoire	29.8							
	12	12 Rep.C. Afr ('92)	28.7							
	13	13 Burundi	28.0							
	14	14 Fr. Guiana	40.6	 ANNUAL INCIDENCE STILL LOW				25 ⁺ /105		
	15	15 Barbados	33.8							
	16	16 Neth. Antill.	25.5							
	17	17 Bermuda	24.7							
	18	18 U.S.A.	23.4							
	19	19 Grenada	23.0							
	20	20 Trinidad/Tob	19.5	 ANNUAL INCIDENCE TOO LOW				VERY LOW		
	21	21 Honduras	18.8							
	22	22 Guadeloupe	17.9							
	23	23 Chad	16.5							
	24	24 Guinea Bissau	15.9	1.25 ⁺ /105						
	25	25 Lesotho	15.6							
	26	26 Ghana	15.2							
	27	27 Uganda	14.9							
	28	28 Cameroon	14.1							
	29	29 Burkina Faso	14.0							
	30	30 Tanzania	12.54							
	31	31 Gabon	11.41							
	32	32 Haiti	11.92							
	33	33 Belize	11.77							
	34	34 Martinique	10.88							
	35	35 Antigua/Barb.	10.61							
	36	36 Jamaica	9.59							ANNUAL INCIDENCE TOO LOW
	37	37 Dominica	9.47							
38	38 Saint Lucia	8.82	2 France		9.01	INTERMEDIATE				
39	39 Suriname	8.64	3 Switzerland		8.40					
40	40 Brazil	8.24	4 Italy		8.22					
41	41 Canada	8.19								
42	42 Eritrea	8.18	23 St. Vincent/Gr		7.34	5 ⁺ /105				
43	43 St. Kitts/Nevis	7.18	24 St. Kitts/Nevis		7.18					
44	44 Mali	7.17	25 Panama		6.98					
45	45 Equat. Guinea	6.37	5 Luxembourg		5.06					
46	46 Liberia	5.73	6 Portugal		4.81	LOW				
47	47 Benin	5.44	7 Denmark		4.63					
48	48 Niger	5.32	1 Australia		4.46					
49	49 Guinea	5.18	2 Fr. Polynesia		4.25					
50	50 Cape Verde	4.86	31 Uruguay		3.27	25 ⁺ /105				
51	51 Senegal	4.42	32 El Salvador		2.19					
52	52 South Africa	4.22	8 Netherlands		2.99					
53	53 Dominican R.	4.07	9 Austria		2.73					
54	54 Argentina	4.05	10 U. Kingdom		2.72	VERY LOW				
55	55 Mexico	3.92	11 Belgium		2.43					
56	56 Costa Rica	3.88	12 Germany		2.29					
57	57 Venezuela	3.85	13 Iceland		2.28					
58	58 The Gambia	3.58	14 Sweden		2.02	1.25 ⁺ /105				
59	59 Uruguay	3.27	15 Ireland		1.87					
60	60 El Salvador	2.19	16 Romania		1.83					
61	61 Colombia	2.14	17 Greece		1.65					
62	62 Chile	1.66	18 Norway		1.47	VERY LOW				
63	63 S. Tome/Princ.	1.60	5 New Zealand		1.48					
64	64 Seychelles	1.40								
65	65 Zaire	1.38								
66	66 MTL = MUCH TOO LOW									
67	67 MTL									
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97	97 MTL									
98	98 MTL									
99	99 MTL									
100	100 MTL									

NOTES: 1 See PANEL B (cont.) & Abstract. PANEL A: 98 Data sets down to 1.25 1993 AIDS cases/10⁵ mid-1993 Pop. PANEL B: <1.25.
2 Data sources: All available sources (COPA; Current Global Sit.; 1 July 1995; Reg. Offices; ECCEA, Paris; Sel. GOV's).

GLOBAL RANKS 99-169 (LEVELS 7-14...: LOWEST to nil)

GLOBAL RANKS 99-169 (LEVELS 7-14...: LOWEST to nil)

	AFRO	AMRO	EURO	WPRO	EMRO	SEARO	LEVEL
99	39 Angola MTL 1.24	35 Guatemala 1.22			3 Lebanon 1.10	[1.25/10 ⁵]	
100		36 Peru 1.05		6 Tonga 1.01			
101			19 Israel .93		4 Bahrain .823		
102	40 Mozambique MTL .991		20 Malta .83		5 Cyprus .785		
103				7 Singapore .767	6 Sudan .764		
104		37 Ecuador .774					
105		38 Cuba .734					
106		39 Paraguay .650					
107			21 Yug. F.R. .65	8 Macau .529			
108			22 Finland .494		7 Tunisia .422		
109		40 Nicaragua MTL .416	lowest EURO-WEST	9 Brunei .364			
110			23 Slovenia .36	10 Hong Kong .324			
111			24 Hungary .32				
112					.3125/10 ⁵		
113						2 Myanmar .318	
114							
115	41 Sierra Leone .521						
116	42 Mauritania .499						
117							
118							
119							
120							
121							
122							
123							
124							
125							
126	43 Nigeria MTL .280	41 Bolivia .259	25 Croatia .22	11 Malaysia .210	8 Oman .205		
127	44 Mauritius .272			12 Papua N. Guinea .204	9 Jordan .172		
128					10 Morocco .170		
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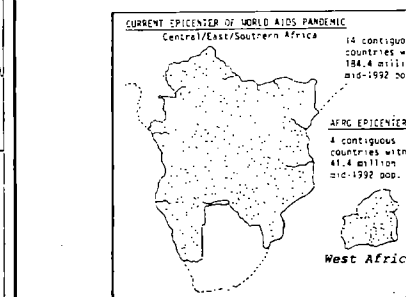
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effects at local/provincial and national levels. Ready in 2 yrs?

CURRENT EPICENTER OF WORLD AIDS PANDEMIC

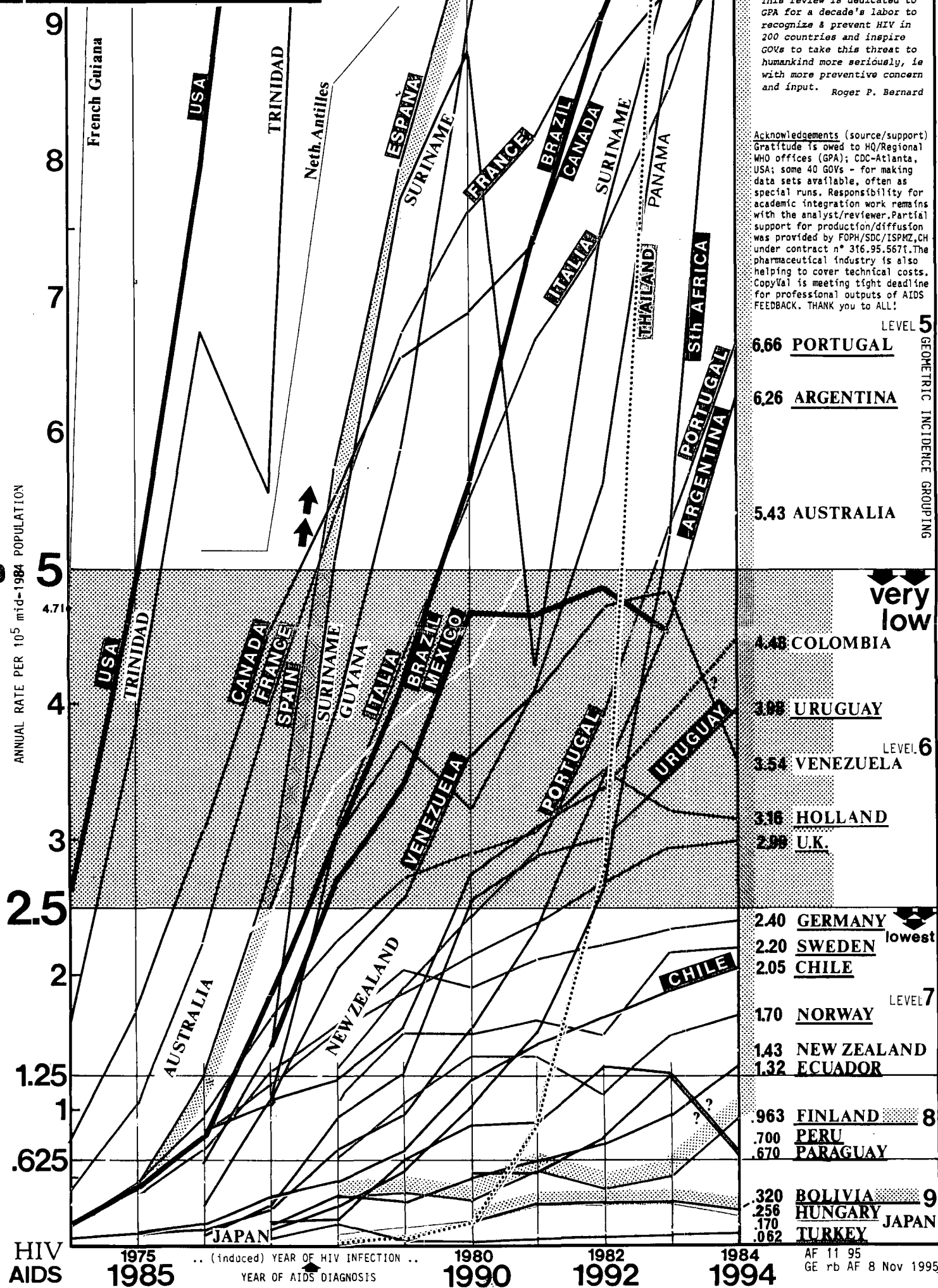


..TRENDS, 1984-1994,

(HIV: 1974 - 1984)

B SOUTH AMERICA in sel. Con-text.

ANNUAL RATE PER 10⁵ mid-1984 POPULATION



For all data sets* the current status of "delay-adjustment"/correction was chosen.
For USA data set by state, new-definition cases are excluded; delay-adjustment..1992.
[*Nth America & Europe]

Printed in Switzerland by Copy Valentin, 1004 Lausanne

10.38 FRANCE
10.06 CANADA, ITALIA
9.56 PANAMA

DEDICATION to SPA/GPA-WHO
This review is dedicated to
GPA for a decade's labor to
recognize & prevent HIV in
200 countries and inspire
GOVs to take this threat to
humankind more seriously, ie
with more preventive concern
and input. Roger P. Bernard

Acknowledgements (source/support)
Gratitude is owed to HQ/Regional
WHO offices (GPA); CDC-Atlanta,
USA; some 40 GOVs - for making
data sets available, often as
special runs. Responsibility for
academic integration work remains
with the analyst/reviewer. Partial
support for production/diffusion
was provided by FOPH/SDC/ISPM, CH
under contract n° 316.95.5671. The
pharmaceutical industry is also
helping to cover technical costs.
CopyVal is meeting tight deadline
for professional outputs of AIDS
FEEDBACK. THANK you to ALL!

GEOMETRIC INCIDENCE GROUPING

very low

LEVEL 6

LEVEL 7

LEVEL 8

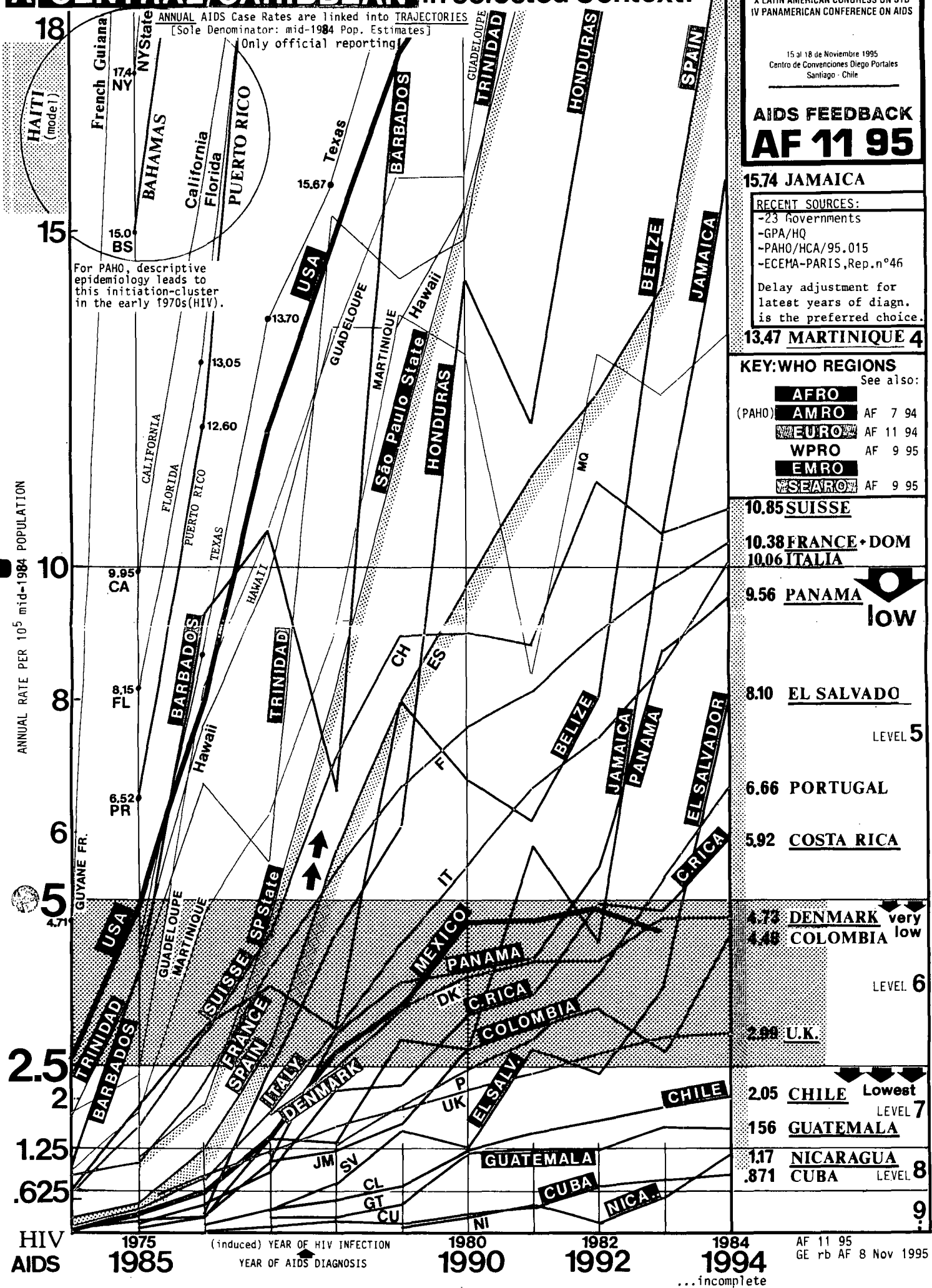
LEVEL 9

AF 11 95
GE rb AF 8 Nov 1995

HIV

BIRTH OF AIDS EPIDEMICS

A CENTRAL/CARIBBEAN in selected Context.



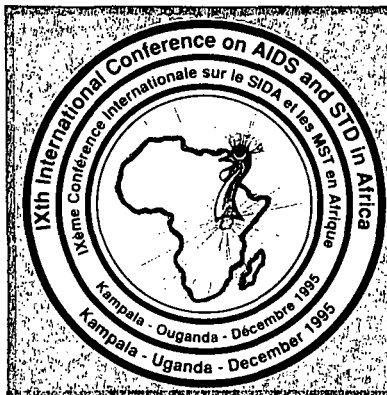
Dr. R. P. Bernard, Liaison for UN and NG Organizations Director of Epidemiology in Human Reproduction
Field Epidemiology and Liaison Office, 22 Avenue Riant-Parc, 1209 Geneva, Switzerland

AFRO AIDS INCIDENCE..

HIV

AIDS FEEDBACK F
AF 12 95

A EAST & SOUTHERN AFRICA in selected Context.



DEDICATION to UNAIDS/G-7
This decennial AFRICA AIDS review is dedicated to UNAIDS & G-7. Given the "shadow findings", UNAIDS should double its budget from the very start to do the job more appropriately. Study the G-7 trajectories and imagine most AFRICA trajectories to rise much higher, in reality. This is a continental emergency needing more help now. Roger P. Bernard

Acknowledgements (source/support)
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Roger P. Bernard

120

133.4 ZIMBABWE

GEOMETRIC
INCIDENCE
CLASSIFICATION

LEVEL 1

KEY:WHO REGIONS

See also:
this Doc.
AF 7 94
AF 11 95
AF 11 94
AF 9 95
AF 9 95

92.4 BOTSWANA

highest

69.6 CONGO
69.2 MALAWI
68.7 CÔTE D'IVOIRE

LEVEL 2

very high

37.6 KENYA

33.7 UGANDA

LEVEL 3

high

~26.0 U.S.A.
23.9 THAILAND
22.5 ERITREA

14.15 ETHIOPIA

13.12 TANZANIA

10.68 S.AFRICA

10.38 FRANCE

10.06 CAN. IT.

5.43 AUSTRALIA

2.99 U.K.

1.70 JAPAN

2.40 GERMANY

LEVEL 4

LEVEL 5

LEVEL 6

AF 12 95
GE rb AF 5 Dec 1995

...incomplete

ANNUAL RATE PER 10⁵ mid-1984 POPULATION

80

40

20

10

5

HIV AIDS

1975
1985

.. (induced) YEAR OF HIV INFECTION ..

YEAR OF AIDS DIAGNOSIS

1980
1990

1982
1992

1984
1994

1991 Peak AIDS case rates for 4 countries
In four contiguous countries (Uganda/Tanzania/
Malawi/Zambia), a clear-cut PEAK AIDS CASE RATE
is observed for 1991. Discuss possible cause(s).

Trajectory *delay* needs backward shift.

In the mid-1980s, AFRICA discovered slowly to
have AIDS. For years, much denial. For each
reported AIDS case there were 10-20 unreported
cases. This translates into 3-6 years *delay*
in the documented/calculated AIDS buildup tra-
jectories. The contemplator should thus mental-
ly shift the trajectories of the 1980s by 3-6
years to the left. The contiguous *country-octet*
(alphabetical): Burundi/Congo/Malawi/Rwanda/Tan-
zania/Uganda/Zaire/Zambia may be designated as
the *AFRICA initiation-cluster* with the HIV
spread linked to the late 1960s/very early 1970s.
The cradle of AIDS is most likely among these
eight countries: to be further studied with
other techniques than descriptive epidemiology.

GE rb AF 4 Dec 1995

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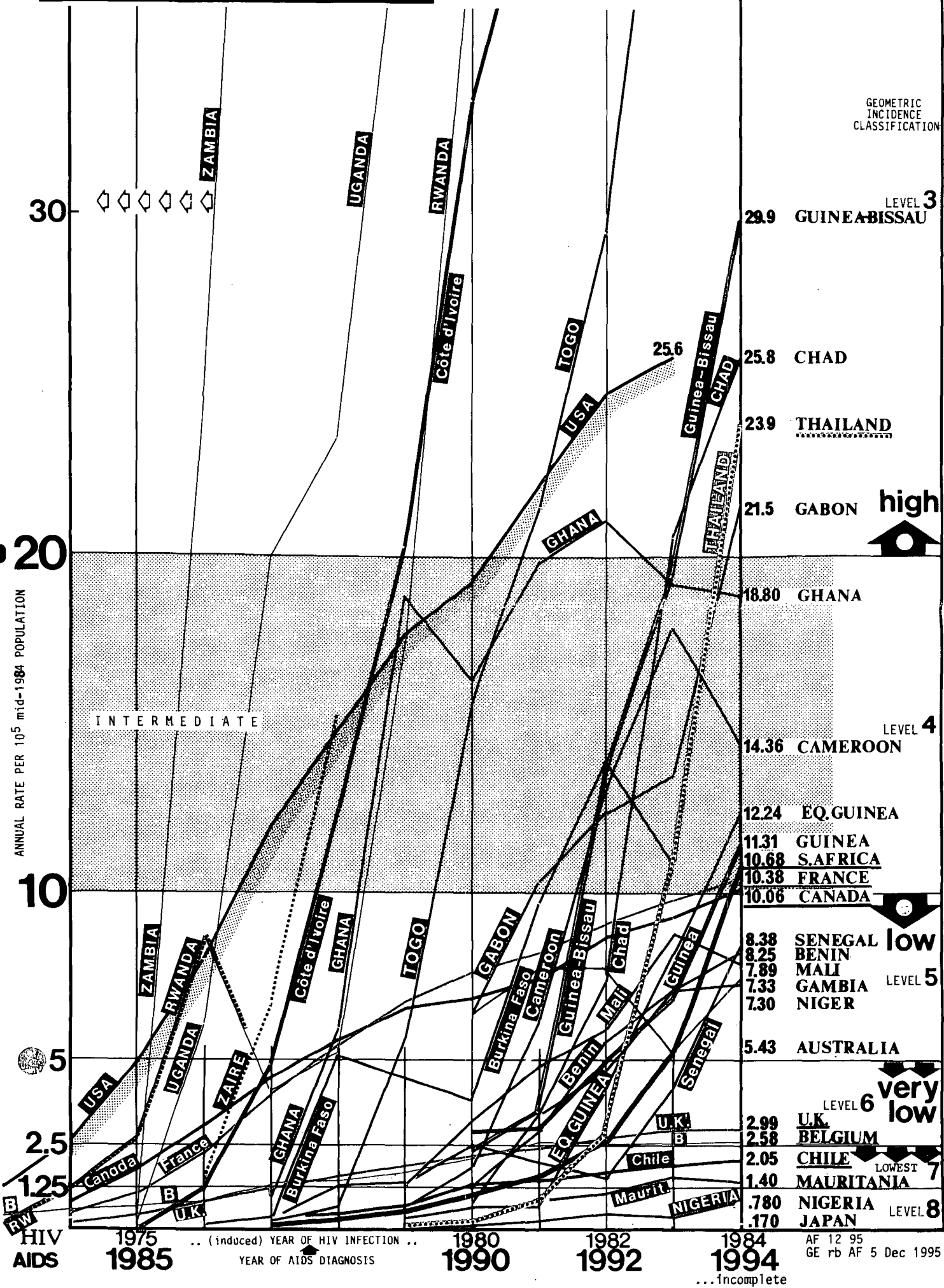
INTERMEDIATE

..TRENDS, 1984 -1994,

(HIV: 1974 - 1984)

B WEST AFRICA & SAHEL in selected Context.

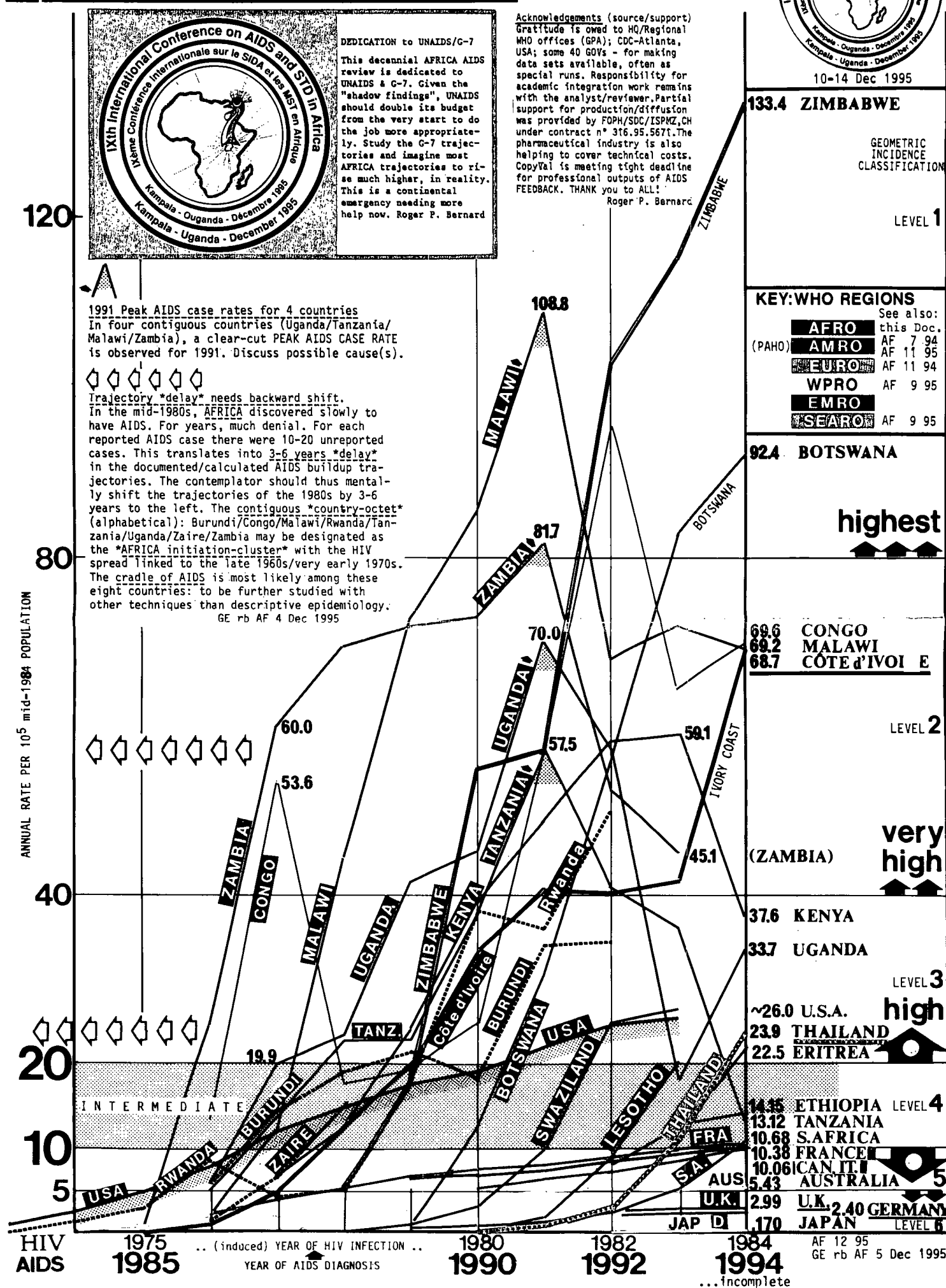
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For all data sets* the current status of "delay-adjustment"/correction was chosen.
For USA data set by state, new-definition cases are excluded; delay-adjustment..1992.
[*Nth America & Europe]

AIDS FEEDBACK
AF 12 85

A EAST & SOUTHERN AFRICA in selected Context.



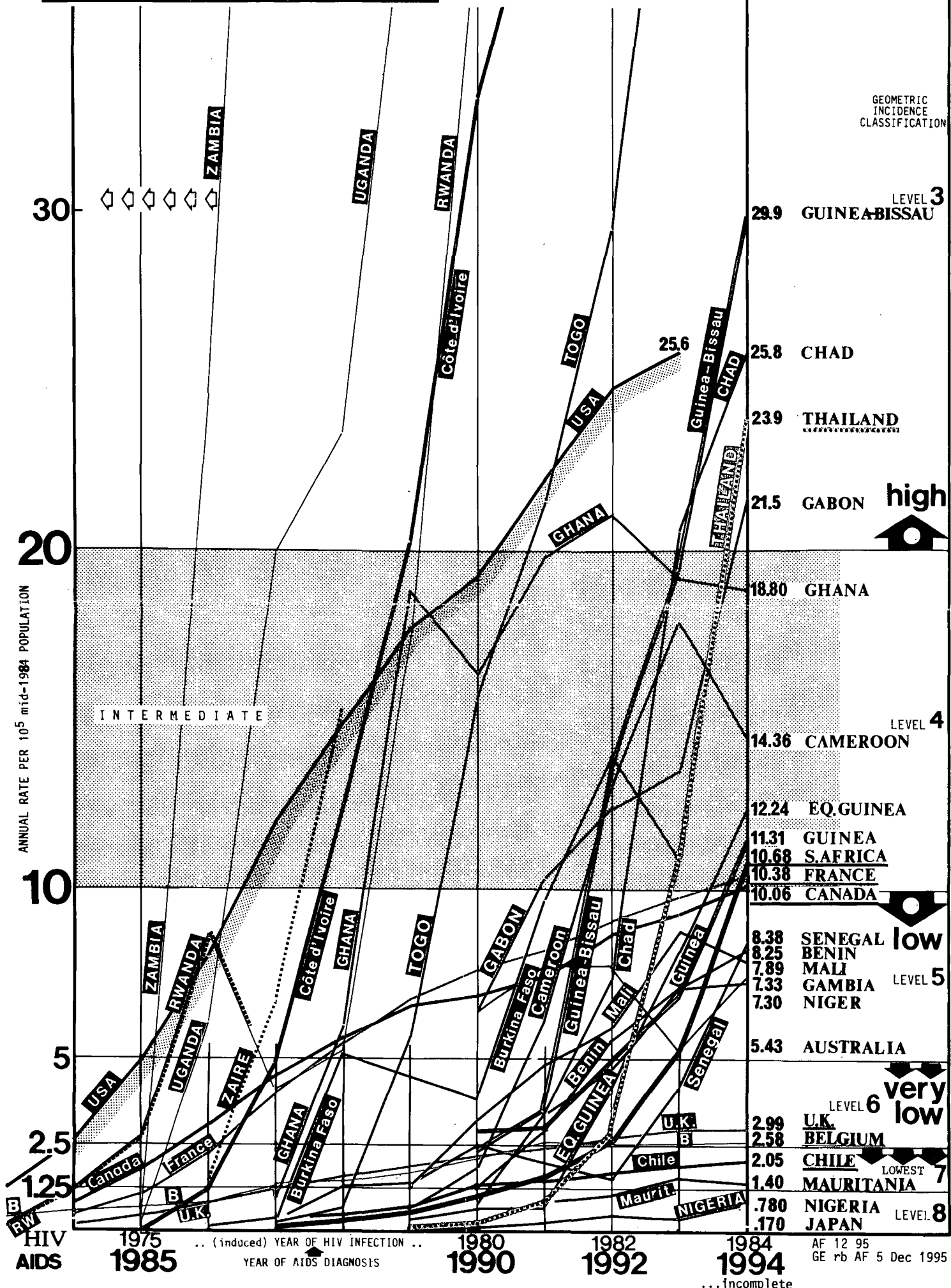
Dr. R. P. Bernard, Liaison for UN and NG Organizations Director of Epidemiology in Human Reproduction
Field Epidemiology and Liaison Office, 22 Avenue Riand-Parc, 1209 Geneva, Switzerland

..TRENDS, 1984-1994,

(HIV: 1974 - 1984)

F

WEST AFRICA & SAHEL in selected Context.



For all data sets, the current status of "delay-adjustment"/correction was chosen.
For USA data set by state, new-definition cases are excluded; delay-adjustment..1992.
[*Nth America & Europe]

AIDS FEEDBACK (AF)

Global analytical integration & DEM-EPI series

Liaison for UN and NG Organizations

International Federation for Family Health (IFFH)

International Council on Management of Population Programmes (ICOMP)

Stop AIDS Worldwide (SAW)

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Stop AIDS Worldwide (SAW)

via GE mission.

Ms Patsy FLEMING
White House
Washington DC
USA

impromptu
typing.

Madam,

Geneva, 19 December 1995

Re:-On need to double the UNAIDS
budget from the very 'start'.
G-7 intervention may be needed.
-I send 12 copies each of last two
years AF output/spread.
-Bonnes fêtes!

Thank you for mentioning 2' before you were boarding the Jeep at Kampala Sheraton, early evening Friday 15 Dec that I could write you to above address. Let's be short: (Kindly send me thus your speech for which I wanted to contact you).

- 1 AIDS FEEDBACK(AF) is a private academic effort that tries to fill a gap since several years. As methodologist, I try to cope with what I came to call *Global Analytical Integration*: of what?of formally reported AIDS cases.
 - 2 The single most important exercise was done with USA by State (and NYC by county) AIDS data in Spring 1994. This led to applying a new method to officially recorded AIDS cases to one WHO region after another.
 - 3 The document I handed to you is one of 2000 copies that was spread in Kampala during the conference via my Poster and many positive com- plicities. I hesitated to apply 'my' method to AFRICA data by the sheer 'incompleteness' and thus 'degrading' somewhat my method. But Sam Okware did insist to the point that it was impossible to 'bow out'. I shall never repent. I stumbled upon that 1991 peak, particularly for Tanzania/ Uganda. I interviewed many scientists of both countries and, individually, they link that mostly to the Uganda liberation war. Those young lads, most, from 19-26 years marched from Tanzania to Kampala and beyond and stayed there for some years (79-82, most). They were strong and healthy, mostly. Their incubation period is thus like in the north, say 10 years on average. They left in 1981/82 and many individual opinions are that this was enough to get the HIV infection first 'more up' and then 'quite down', since a multi-tenthousand military force was demobilized. Various colleagues mentioned that one of the most consistent activity was eating/sleeping/ 'fucking'(sorry). The lesson here is that this finding comes out unexpected (by me) and simply appears when doing broad-regional reviews... Of course, it is the National AIDS Committees of both Tanzania and Uganda who have to sort this out. This is why I do not spread interpretations before they have been confirmed from within. The Uganda AIDS Commission has requested 25 copies, in their hand since day of your departure.
 - 4 When I did the calculation/design/charting in very early December, it came to me that the primary 'context' may be the G-7 countries for many reasons. Given the *shadow findings* for AFRO (see small text on TRAJECTORY delay and by a multiple quotient stunted heights of the AIDS CASE RATE TRAJECTORIES; G-7 countries have completeness quotients of 0.7-0.9, around): the difference is (thus) so enormous that I came, in the last minute, to dedicate the job to UNAIDS & G-7. May I ask you to consider this with all your perceptions and insight and consider positive recommendation for inclusion in the next agenda?
- agenda? agenda of G-7. I have also done recommendation for Japan (who could make a fabulous contribution for WPRO/SEARO and an additional effort into AFRO). EURO G-7 countries (France/Italy/UK/G) could together make a major effort for their 'southern neighbour continent', for instance.

May I mention that my 'initiative' was not discussed with any WHO staff. It was simply done 5 minutes before going to the printers on 5 December.

Of course, I remain at your disposal.

Sincerely yours, and 'bonnes fêtes!'

In box: 12+1 AF 12 95 (AFRO) Kampala
12+1 AF 11 95 (PAHO) Santiago
12+1 AF 9 95B(WPRO/SEARO) Chiang Mai
12+1 AF 9 95A(1993 Incid) Chiang Mai
12+1 AF 11 94 (EURO) Hannover
12+1 AF 7 94 (USA by STATE, etc) GE
12+1 AF 11 93 (GLOBAL/CUM--'92) MARR.

R. P. Bernard
Roger P. Bernard, MD MSPM FMH
Director, AIDS FEEDBACK & DEM-EPI
Liaison UN and NG Organizations

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Office of
National AIDS Policy

Correspondence Routing Slip

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AIDS Feedback, Geneva

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*submitted
several copies*

Recommendations/Instructions:

To Support Staff: _____

Date of Response: _____

n:\corresli