

### The Global HIV/AIDS Epidemic

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The HIV/AIDS epidemic has already claimed more than 25 million lives and another 39 million people are currently estimated to be living with HIV/AIDS worldwide.<sup>1</sup> HIV/AIDS cases have been reported in all regions of the world, but most people living with HIV/AIDS (95%) reside in low- and middle-income countries, where most new HIV infections and AIDS-related deaths occur.<sup>1,2</sup> The nations of sub-Saharan Africa have been hardest hit; there is also increasing concern about the next wave of the epidemic, emerging in parts of Eastern Europe and Asia.<sup>3,4,5</sup> HIV is the leading cause of death worldwide (among those ages 15–59).<sup>6,7</sup> The epidemic is considered a threat to the economic well-being, social, and political stability of many nations.<sup>1,8</sup>

#### Current Global Snapshot<sup>1</sup>

- There are an estimated 38.6 million people living with HIV/AIDS worldwide, twice the number as in 1995.
- During 2005, an estimated 4.1 million people became newly infected with HIV, including 540,000 children.<sup>2</sup>
- 2.8 million people died of AIDS-related illnesses in 2005.
- Worldwide, most people living with HIV are unaware that they are infected.

#### Impact by Region

The major route of HIV transmission worldwide is heterosexual sex, although risk factors vary within and across populations. In many regions of the world, men who have sex with men, injection drug users, and sex workers account for significant proportions of infections.<sup>1</sup> Several regions and countries have been particularly hard-hit by the HIV/AIDS pandemic (See Figure 1). Even in the United States, where HIV incidence has been level for more than a decade, there are increasing numbers of people living with HIV/AIDS, not everyone has access to care, and HIV/AIDS prevalence is high among some sub-populations.<sup>1,9,10</sup>

The most affected regions around the world are:<sup>1</sup>

- **Sub-Saharan Africa.** Sub-Saharan Africa has been hardest hit and is home to almost two-thirds (24.5 million) of people living with HIV/AIDS but only 10-11% of the world's population.<sup>11</sup> The region also is home to most (87%) of the 2.3 million children living with HIV/AIDS globally. Almost all nations in this region have generalized HIV/AIDS epidemics—that is, their national HIV prevalence rate is greater than 1%.<sup>12</sup> In several nations in the region, more than 10% of adults are already estimated to be HIV positive. South Africa has an estimated 5.5 million people living with HIV/AIDS, and almost one in five South African adults are HIV positive. Swaziland has the highest prevalence rate in the world (33%). Despite this significant impact, new HIV infections in the region peaked in the late 1990s, and some countries have experienced recent declines.<sup>13</sup>
- **Latin America & The Caribbean.** Nearly 2 million people are estimated to be living with HIV/AIDS in Latin America and the Caribbean combined, 177,000 of whom were newly infected with HIV in 2005. Ten countries in this region have generalized epidemics, with Haiti's adult prevalence rate being the highest of any country outside of sub-Saharan Africa. The HIV/AIDS adult prevalence rate in the Caribbean (1.6%) is second only to sub-Saharan Africa.

Figure 1: HIV Prevalence & Incidence by Region<sup>1,2</sup>

Region	Total No. (%) Living with HIV/AIDS, end of 2005	Newly Infected in 2005	Adult (ages 15-49) Prevalence Rate, 2005
<b>Global Total</b>	<b>38.6 million (100%)</b>	<b>4.1 million</b>	<b>1.0%</b>
Sub-Saharan Africa	24.5 million (63.5%)	2.7 million	6.1%
South/South-East Asia	7.6 million (19.7%)	830,000	0.6%
Latin America	1.6 million (4.1%)	140,000	0.5%
Eastern Europe/Central Asia	1.5 million (3.9%)	220,000	0.8%
North America	1.3 million (3.4%)	43,000	0.8%
Western/Central Europe	720,000 (1.9%)	22,000	0.3%
East Asia	680,000 (1.8%)	97,000	0.1%
North Africa/Middle East	440,000 (1.1%)	64,000	0.2%
Caribbean	330,000 (0.9%)	37,000	1.6%
Oceania	78,000 (0.2%)	7,200	0.3%

- **Eastern Europe & Central Asia.** An estimated 1.5 million people are living with HIV/AIDS in this region, which has one of the fastest growing HIV/AIDS epidemics in the world. It is heavily concentrated among young people. Driven initially by injection drug use and increasingly heterosexual transmission, HIV prevalence has risen sharply over the last several years. The Russian Federation has the largest number of people living with HIV/AIDS in the region and is considered part of the epidemic's "next" or "second" wave.<sup>5</sup>
- **Asia.** An estimated 8.3 million people are living with HIV/AIDS across South/South-East Asia and East Asia. There are increasing concerns about the spread of the epidemic in this region, particularly in China and India, the two most populous nations in the world. Like Russia, they are considered part of the epidemic's "next wave" and despite having relatively low prevalence rates today, the epidemic could expand significantly over the next decade without increased intervention. India already has the highest number of people estimated to be living with HIV/AIDS in the world (5.7 million), although its prevalence rate is still relatively low (0.9%).

#### Impact on Women & Young People

- Women comprise an increasing proportion of people living with HIV/AIDS, accounting for almost half (48%) as of the end of 2005.<sup>1,14</sup> This trend is occurring in most regions of the world, and is particularly pronounced in sub-Saharan Africa, where women represent more than half (59%) of all adults living with HIV/AIDS (See Figure 2).<sup>1</sup> Gender inequalities in social and economic status and in access to prevention and care services increase women's vulnerability to HIV. Sexual violence may also increase women's risk and women, especially young women, are biologically more susceptible to HIV infection than men. The epidemic has multiple effects on women including: added responsibilities of caring for sick family members; loss of property if they become widowed and/or infected; and even, violence when their HIV status is discovered.
- Teens and young adults, particularly girls and young women, continue to be at the center of the epidemic. Young people, ages 15–24 account for over 40% of new adult HIV infections.<sup>2</sup> Among young people ages 15-24 in sub-Saharan Africa, on average, three young women are infected for every young man.<sup>1</sup> A similar

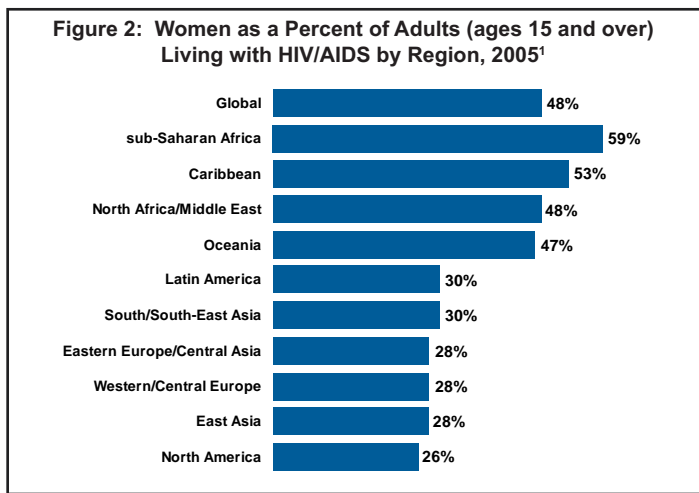
pattern is seen in the Caribbean where research has shown young women to be about twice as likely as men their age to be infected with HIV.<sup>1,14</sup>

- In 2005, there were an estimated 15.2 million AIDS orphans (children who had lost one or both parents to the epidemic), most of whom (12 million) lived in sub-Saharan Africa.<sup>1</sup>

### The Multi-Sectoral Impact of AIDS

The global HIV pandemic has had a profound, multi-sectoral impact on the structure of many nations, affecting their development and economic growth, communities, households, and individuals.<sup>1,8,15</sup>

- AIDS has been identified as a serious challenge to development, with both short and long-term economic effects.<sup>1,6,8</sup> Because HIV/AIDS often hits working age populations hardest, the workforce of many nations has been affected, as skilled workers are lost to the epidemic. The loss of skilled workers in turn affects nations' ability to respond to the epidemic.<sup>1,8</sup>



- The education sector is also threatened, as AIDS claims the lives of teachers and contributes to serious teacher shortages in several African countries. AIDS also weakens the education sector through its impact on school attendance and enrollment among children affected by HIV/AIDS.<sup>1,8</sup>
- Increasing demand for health care services is overwhelming the public health infrastructure in many developing countries. At the same time, many countries are losing large numbers of health care workers to AIDS. In some African countries, it is estimated that AIDS causes up to one half of all deaths among employees in the public health sector.<sup>1,8</sup>
- Many of the nations hardest hit by HIV/AIDS also suffer from malnutrition, food insecurity, and famine. These challenges are interrelated with HIV/AIDS, each intensifying and complicating the effects of the other.<sup>1,8</sup>
- The demographic effects of the epidemic are significant, as it alters the population structures of hard hit countries, affecting their growth and mortality rates and, ultimately, their age and sex distributions. Individuals die at prematurely young ages, during their most productive and reproductive years. One consequence of this is that there are fewer working age people to support children and the elderly. And, in some parts of world, there are disproportionately fewer women compared to men, due to HIV mortality.<sup>6,8,16</sup>
- One of the most striking demographic impacts of HIV/AIDS is on life expectancy, reversing steady gains made in many countries during the last century. By 2010, life expectancies in several highly-affected countries could drop to below 40 years, well below what they would have been without HIV/AIDS and even below levels they had reached in the pre-AIDS era.<sup>6,8,16</sup>

### The Global Response

The past few years have brought greater attention by the international community to HIV/AIDS, leading to several important initiatives including: The United Nations General Assembly Special Session on HIV/AIDS and Declaration of Commitment; The Global Fund to Fight AIDS, Tuberculosis and Malaria; The World Health Organization's "3x5 Initiative"; and the U.S. "President's Emergency Plan for AIDS Relief" (PEPFAR). Affected country governments and civil society also play critical and increasing roles in many national responses to the epidemic. Global funding for HIV/AIDS has also increased over time. Still, resources fall short of projected need and most people at risk for HIV and those living with HIV/AIDS do not have access to prevention, care, and treatment:

- UNAIDS estimates that spending on HIV/AIDS rose from \$300 million in 1996 to \$8.3 billion in 2005, and is projected to reach \$8.9 billion in 2006, but need is much higher. For 2006, UNAIDS estimates that \$15 billion will be needed to effectively respond to the HIV/AIDS epidemic in low- and middle-income countries, rising to \$22 billion by 2008.<sup>1,17</sup>
- The lack of resources has limited many nations' ability to bring prevention and treatment programs to scale, and stem the tide of the epidemic. It is estimated that prevention programs reach fewer than one in five of those who need them and that only 20% of people with HIV/AIDS in need of antiretroviral therapy in low- and middle-income countries have such access.<sup>1,18</sup>
- Most funding for HIV/AIDS is expected to come from international donors, although affected country governments also have an important role to play. In 2004, major donor governments committed \$3.6 billion to global HIV/AIDS efforts in developing countries. The U.S. is a key part of the global response, contributing the highest dollar amount to HIV/AIDS.<sup>19</sup> In its fiscal year (FY) 2006, the U.S. federal funding commitment for global HIV/AIDS, as part of PEPFAR, is expected to total \$3.2 billion, including funding for prevention, care, treatment, and research. This also includes contributions to the Global Fund of \$545 million for FY 2006.<sup>20</sup>

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