

The Global HIV/AIDS Epidemic

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The HIV/AIDS epidemic has already claimed over 20 million lives and another 39 million people are currently estimated to be living with HIV/AIDS worldwide. 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.^{1,2} The nations of sub-Saharan Africa have been particularly hard-hit; there is also increasing concern about the next wave of the epidemic, emerging in parts of Eastern Europe and Asia.^{1,3} HIV is the leading cause of death worldwide, among those ages 15–59.⁴ The epidemic is considered a threat to the economic well-being and social and political stability of many nations.

Current Global Snapshot

- There are an estimated 39.4 million people living with HIV/AIDS worldwide, a greater number than ever before.¹
- During 2004, an estimated 4.9 million people became newly infected with HIV, including approximately 640,000 children (<15 years old).¹
- 3.1 million people died of AIDS in 2004. Of these, over half a million were children.¹
- Worldwide, most people living with HIV are unaware that they are infected.⁴

Impact by Region

The major route of HIV transmission worldwide is heterosexual sex, but risk factors for HIV vary around the world. In many regions of the world, men who have sex with men, injection drug users, and sex industry workers account for significant proportions of infections.¹ 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 there are signs that HIV infection may be on the rise within some communities.^{1,5,6,7}

Around the world, the regions most affected by HIV/AIDS are:

- **Sub-Saharan Africa.** Sub-Saharan Africa is home to 64% (25.4 million) of people living with HIV/AIDS but approximately 10% of the world's population.¹ Most nations in this region have generalized HIV/AIDS epidemics—that is, the national HIV prevalence rate is greater than 1%. In six sub-Saharan African nations, over 20% of adults are estimated to be HIV-positive.⁸ South Africa, with an estimated adult prevalence rate of 21.5%, has the greatest number of people living with HIV/AIDS in the world (5.3 million). Swaziland has the highest prevalence rate in the world (38.8%), followed by Botswana (37.3%).⁸
- **Latin America & The Caribbean.** Over 2 million people are estimated to be living with HIV/AIDS in Latin America and the Caribbean combined, 240,000 of whom were newly infected with HIV in 2004.¹ Eleven countries in this region have generalized epidemics, with Haiti's adult prevalence rate being the highest (5.6%).⁸ The HIV/AIDS adult prevalence rate in the Caribbean (2.3%) is second only to sub-Saharan Africa.¹
- **Eastern Europe & Central Asia.** An estimated 1.4 million people are living with HIV/AIDS in this region. The epidemic is one of the fastest growing in the world and is concentrated among young people.^{1,3} Driven initially by injection drug use and increasingly

Figure 1: HIV Prevalence & Incidence by Region¹

Region	Total No. (%) Living with HIV/AIDS end of 2004	Newly Infected in 2004	Adult ⁹ Prevalence Rate
Global Total	39.4 million (100%)	4.9 million	1.1%
Sub-Saharan Africa	25.4 million (64%)	3.1 million	7.4%
South/South-East Asia	7.1 million (18%)	890,000	0.6%
Latin America	1.7 million (4%)	240,000	0.6%
Eastern Europe/Central Asia	1.4 million (4%)	210,000	0.8%
East Asia	1.1 million (3%)	290,000	0.1%
North America	1.0 million (3%)	44,000	0.6%
Western/Central Europe	610,000 (2%)	21,000	0.3%
North Africa/Middle East	540,000 (1%)	92,000	0.3%
Caribbean	440,000 (1%)	53,000	2.3%
Oceania	35,000 (<1%)	5,000	0.2%

heterosexual transmission, HIV prevalence has risen sharply over the last several years.¹ The Russian Federation has the largest number of people living with HIV/AIDS in the region (an estimated 860,000)¹ and is considered part of the epidemic's "next wave."

- **Asia.** An estimated 8.2 million people are living with HIV/AIDS across the different parts of Asia.¹ 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 second highest number of people estimated to be living with HIV/AIDS in the world (5.1 million).¹⁰ Three countries within the region—Cambodia, Thailand, and Myanmar—have generalized epidemics with adult HIV prevalence rates of over 1%.⁸

Impact on Women & Young People

- Women comprise an increasing proportion of adults (ages 15–49) living with HIV/AIDS, rising from 41% in 1997 to almost half (47%) as of the end of 2004.¹ This trend is occurring in most regions of the world, and is particularly pronounced in sub-Saharan Africa, where women represent more than half (57%) of all adults living with HIV/AIDS (See Figure 2).¹ 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.^{1,8} 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.¹
- Teens and young adults, particularly girls and young women, continue to be at the center of the epidemic.^{1,8} Young people, ages 15–24 account for approximately half of new adult HIV infections and 28% of the global total of adults living with HIV/AIDS.^{2,8} Most young people living with HIV/AIDS are girls (62%), including 76% of HIV-positive young people in sub-Saharan Africa;⁸ in some countries, infection rates are up to six times higher among young women than young men.¹

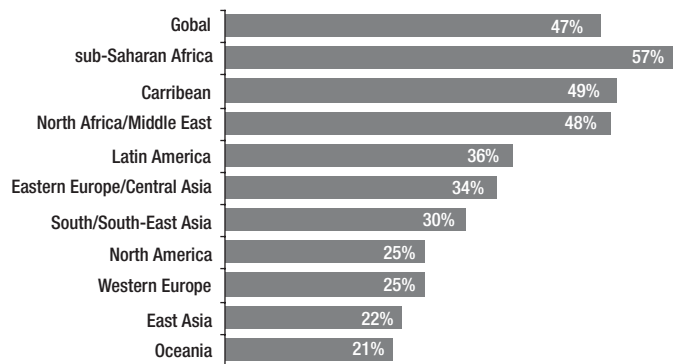
- An estimated 15 million children living today have been orphaned due to AIDS, having lost one or both parents to the epidemic. Most (12 million) live in sub-Saharan Africa.⁸

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:

- AIDS is increasingly recognized as a serious challenge to development.^{8,11} High prevalence countries are estimated to be losing 1–2% of their annual economic growth,⁸ and the long-term economic effects may be much higher.^{4,12} 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.⁸ By 2020, the labor force in some sub-Saharan African countries could be as much as 35% smaller because of workers lost to AIDS.⁸ The loss of skilled workers in turn affects nations' ability to respond to the epidemic.

Figure 2: Women as Percent of Adults Living with HIV/AIDS by Region, End of 2004



Source: UNAIDS, *AIDS Epidemic Update*, December 2004.

- 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.⁸
- 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.⁸
- 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.⁸
- 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.^{4,13} 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.
- 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.^{4,13}

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; 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). 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:

- In 2005, global spending on HIV/AIDS is expected to reach \$8.3 billion, but need is much higher. For 2006, UNAIDS projects that \$15 billion will be needed to effectively respond to the HIV/AIDS epidemic in low- and middle-income countries; by 2008, this will rise to \$22 billion.¹⁴
- 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 them⁸ and that only 15% of people with HIV/AIDS in need of antiretroviral therapy in low and middle income countries have such access.¹⁵
- 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.¹⁶ In its fiscal year (FY) 2005, the U.S. federal funding commitment for global HIV/AIDS, as part of PEPFAR, is expected to total \$2.7 billion, including funding for prevention, care, treatment, and research. This also includes contributions to the Global Fund of \$347 million for FY 2005 and a carry-over of \$87.8 million from FY 2004.¹⁷

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