

The Global HIV/AIDS Epidemic

July 2002

The HIV/AIDS epidemic has claimed over 20 million lives and more than 40 million people are 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 (96%) reside in developing nations, where most AIDS-related deaths occur. The nations of sub-Saharan Africa have been particularly hard-hit.^{1,2} AIDS is now a leading cause of death worldwide.^{3,4} HIV/AIDS is also considered a threat to the economic well-being and social and political stability of many nations.

Current Global HIV/AIDS Statistics

- During 2001, an estimated 5 million people became newly infected with HIV.²
- There were an estimated 3 million AIDS-related deaths in 2001.² Of these, 1.1 million were women and 580,000 were children under 15.²
- AIDS is the number one cause of death in Africa, and the fourth leading cause of death globally.^{3,4}
- Worldwide, most HIV-positive individuals are unaware they are infected.¹

Impact on Women, Children, & Young People

- Women comprise an increasing proportion of adults living with HIV/AIDS, rising from 41% in 1997 to 50% in 2001.^{2,5} In sub-Saharan Africa, women represent more than half (58%) of all people living with HIV/AIDS.^{2,6} Gender inequalities in social and economic status and access to medical care increase women's vulnerability to HIV/AIDS.⁵
- Teens and young adults have been particularly affected.⁷ Young people ages 15-24 account for 42% of new HIV infections and represent almost a third of the global total of people living with HIV/AIDS.^{7,8} Infection rates are five times higher among young women than young men in some African countries.^{5,7}
- At the end of 2001, an estimated 14 million children under age 15 were alive who had lost one or both parents to AIDS²; 90% of these children live in sub-Saharan Africa.⁹

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 have been particularly affected.¹

Several regions and countries have been particularly hard-hit by the HIV/AIDS pandemic (see Figure 1). Even in areas where HIV incidence has leveled, such as the U.S., there are increasing numbers of people living with HIV/AIDS and continued risk of HIV infection in many communities.^{10,11} The regions most affected by HIV/AIDS include:

- **Sub-Saharan Africa.** Sub-Saharan Africa has 71% (28.5 million) of the population living with HIV/AIDS but only 11% of the world's population.^{2,12} In some sub-Saharan African nations, up to a third of adults are estimated to be infected with HIV.^{1,6} South Africa has the largest number of people living with HIV/AIDS in the world (5 million).⁶

- **Latin America & The Caribbean.** About 1.9 million adults and children were living with HIV/AIDS in Latin America and the Caribbean at the end of 2001, 200,000 of whom were newly infected with HIV in that year.^{2,13} Twelve countries in this region have an estimated HIV prevalence of 1% or more.¹³ In Haiti and the Bahamas, 6% and 3.5% of adults are estimated to be HIV-positive.¹³ HIV/AIDS prevalence rates in the Caribbean are second only to those in sub-Saharan Africa.²
- **Eastern Europe & Central Asia.** The epidemic is growing fastest in this region.^{2,14} Driven largely by injection drug use, HIV prevalence rates have risen sharply over the last several years in the newly independent states of the former Soviet Union. The estimated number of people living with HIV/AIDS in Eastern Europe/Central Asia was 1 million at the end of 2001.^{2,14}
- **Asia & The Pacific.** At least two countries in the region – Cambodia and Thailand – have HIV prevalence rates above 1% among 15 to 49 year olds.¹⁵ There are increasing concerns about the spread of the epidemic in China, India, and elsewhere.^{8,15,16} In India, close to 4 million adults and children were already living with HIV/AIDS at the end of 2001.^{2,15}

Figure 1: AIDS Prevalence & Incidence by Region^{2,8,17}

Region	Adult Prevalence Rates	Total (%) Living with HIV/AIDS end of 2001	Newly Infected in 2001
Global Total	1.2%	40 million (100%)	5 million
Sub-Saharan Africa	9.0%	28.5 million (71%)	3.4 million
South & South-East Asia	0.6%	5.6 million (14%)	800,000
Latin America	0.5%	1.5 million (4%)	130,000
North America	0.6%	950,000 (2%)	45,000
East Asia & Pacific	0.1%	1 million (2%)	270,000
Eastern Europe & Central Asia	0.5%	1 million (2%)	250,000
Western Europe	0.3%	550,000 (1%)	30,000
North Africa & Middle East	0.3%	500,000 (1%)	80,000
Caribbean	2.3%	420,000 (1%)	60,000
Australia & New Zealand	0.1%	15,000 (<1%)	500

Multi-Sectoral Impact of AIDS

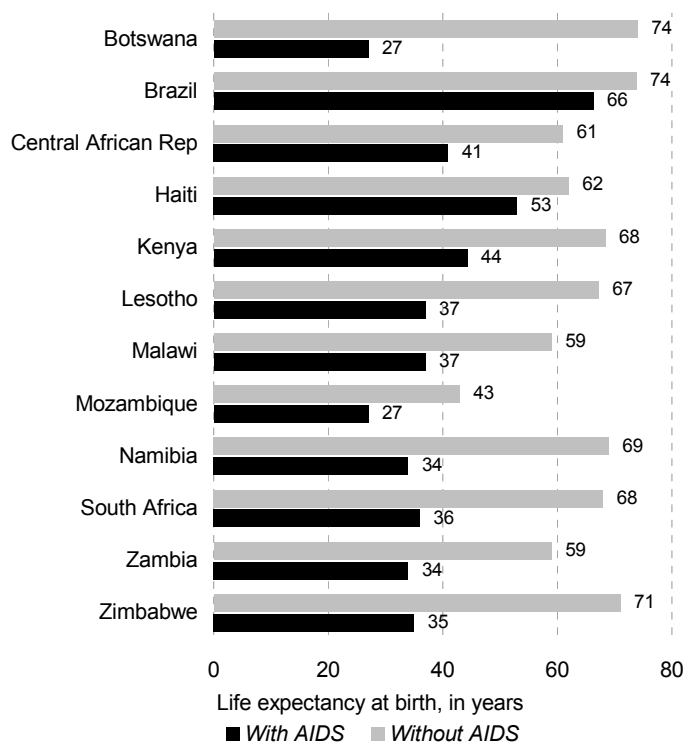
The global HIV pandemic has had a profound, multi-sectoral impact on the structure of many nations, affecting their development and economic growth, communities, households, and individuals:

- AIDS has been declared a development crisis by the World Bank.¹⁸ In countries with prevalence rates of 20% or more, reductions of as much as 2.6% of gross domestic product (GDP) annually are possible.¹⁹ The workforce of nations

has been affected, weakening economies and depleting skilled workers.¹⁹ By 2020, over 25% of the labor force in some sub-Saharan African countries may be lost to AIDS.^{20, 21}

- The education sector is also threatened, as AIDS claims the lives of thousands of teachers and schools are forced to close.²² UNAIDS reports that as many as 1 million children and young people in sub-Saharan Africa lost their teachers to AIDS in 2001.^{22,23}
- Increasing demand for health care services is overwhelming the public health infrastructure in many developing countries. In sub-Saharan Africa, direct medical costs of AIDS are estimated at US\$30 per capita, when overall health budgets are less than \$10 per person.¹⁹
- HIV/AIDS is significantly affecting the population structures of highly-impacted countries, including their population sizes and age distributions.^{3,19,24}
- HIV/AIDS has also affected life expectancy. By 2010, life expectancies in many highly-affected countries could drop below 30 in some countries, reversing steady gains over the last century.^{3,24} (See Figure 2.)

Figure 2: Projected Impact on Life Expectancy in Selected Countries, 2010^{3,24}



The Global Response

- Scarce resources and political constraints have limited many nations' ability to implement scientifically-based prevention interventions.¹ In addition, most people with HIV in the developing world do not have access to treatment, including antiretroviral therapy and other medications needed by people with HIV, due to their high prices and to limited healthcare infrastructure.^{1,25,26}

- UNAIDS has estimated that \$7-10 billion is needed annually to effectively respond to the global HIV/AIDS epidemic.^{27,28} A subsequent analysis found that \$9.2 billion will be required to be spent in 135 low- and middle-income countries by the year 2005²⁹; another study found that \$13.6-\$15.4 billion should be spent in 83 selected low- and middle-income countries by the year 2007, rising to \$20.6-\$24.9 billion by 2015.³⁰
- Estimates of current spending on HIV/AIDS in developing countries range from \$1.5 to \$2.8 billion.^{27,31}
- In FY 2002, estimated U.S. federal spending on global HIV/AIDS efforts is expected to total \$1 billion or 7% of overall federal HIV/AIDS spending (\$14.7 billion).^{31,32} The U.S. made the first commitment (\$100 million in FY 2001) by a government to the recently created Global Fund to Fight AIDS, TB, and Malaria. In FY 2002, the U.S. committed \$200 million.^{31,32} Additional contributions are pending Congressional approval.

Endnotes

- UNAIDS, *AIDS Epidemic Update*, December 2001.
- UNAIDS, *Global Estimates of HIV/AIDS Epidemic as of End 2001*, July 2002.
- U.S. Census Bureau, *The AIDS Pandemic in the 21st Century: The Demographic Impact in Developing Countries*. XIII International AIDS Conference, Durban, South Africa, July 9-14, 2000.
- WHO, *World Health Report (Annex Table 2 Deaths by cause, sex and mortality stratum in WHO Regions estimates for 2000)*, 2001.
- UNAIDS, *Gender and HIV/AIDS (Fact Sheet)*, June 2001.
- UNAIDS, *Sub-Saharan Africa (Fact Sheet)*, July 2002.
- Summers, T., Kates, J., Murphy, G., *The Tip of the Iceberg: The Global Impact of HIV/AIDS on Youth*, Kaiser Family Foundation, July 2002.
- UNAIDS, *AIDS Epidemic Update*, December 2001.
- USAID, *Children on the Brink*, 2000.
- CDC, *A Glance at the HIV Epidemic*, 2002.
- Kates J, Sorian R, Crowley J, Summers T., "Critical Policy Challenges in the Third Decade of the HIV/AIDS Epidemic", *AJPH*, Vol. 92, No. 7, July 2002.
- Population Reference Bureau, *2001 World Population Data Sheet*.
- UNAIDS, *Latin America and the Caribbean (Fact Sheet)*, July 2002.
- UNAIDS, *Eastern Europe and Central Asia (Fact Sheet)*, July 2002.
- UNAIDS, *Asia and the Pacific (Fact Sheet)*, July 2002.
- UNAIDS, *HIV/AIDS: China's Titanic Peril*, June 2002.
- UNAIDS, *Report on the Global HIV/AIDS Epidemic*, July 2002
- World Bank, *Intensifying Action Against HIV/AIDS in Africa: Responding to A Development Crisis*, 2000.
- UNAIDS, *The Impact of HIV/AIDS (Fact Sheet)*, July 2002.
- UNAIDS, *UNAIDS Releases New Data Highlighting the Devastating Impact of AIDS in Africa (Press release)*, June 25, 2002.
- Committee of World Food Security, United Nations, *The Impact of HIV/AIDS on Food Security*, May 2001.
- World Bank, *Education and HIV/AIDS: A Window of Hope*, 2002.
- Piot P., *Testimony to a hearing on "Halting the Global Spread of HIV/AIDS: the Future of U.S. Bilateral and Multilateral Responses."* Committee on Foreign Relations of the United States Senate; 2002.
- US Census Bureau, unpublished data, 2002.
- UNICEF/UNAIDS/WHO/MSF, *Sources and prices of selected drugs and diagnostics for people living with HIV/AIDS*, May 2002.
- UNAIDS, *HIV/AIDS Care and Support (Fact Sheet)*, July 2002.
- UNAIDS, *Report to the UNAIDS Programme Coordinating Board on the State of HIV/AIDS Financing*, May 2002.
- UNAIDS, *Meeting the Need (Fact Sheet)*, July 2002.
- Schwartzlander, B., et al., "Resource Needs for HIV/AIDS", *Science*, Vol.292, No.5526, June 2001.
- World Health Organization, Commission on Macroeconomics and Health, *Investing in Health for Economic Development*, December 2001.
- Alagiri, P., Summers, T., Kates, J., *Global Spending on HIV/AIDS in Resource-Poor Settings*, Kaiser Family Foundation, July 2002.
- Alagiri, P., Summers, T., Kates, J., *U.S. Spending on Global HIV/AIDS*, Kaiser Family Foundation, July 2002.

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