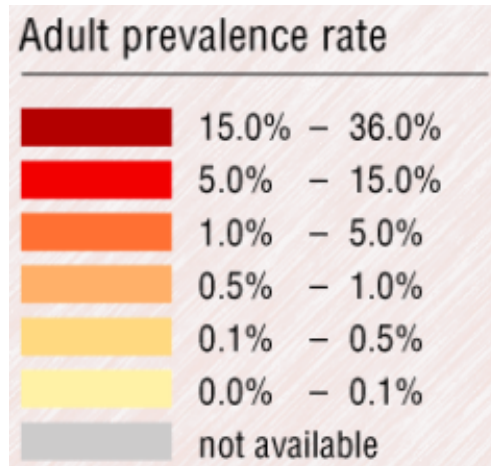
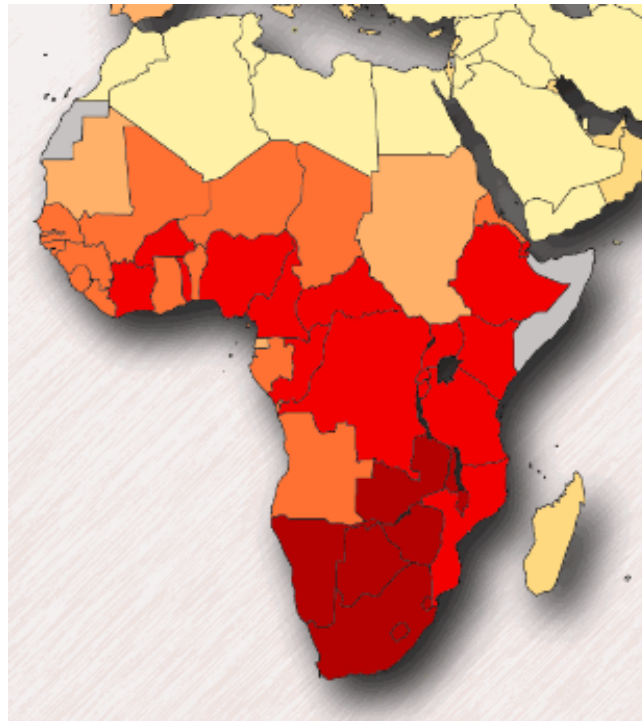


## AIDS in Africa

- At the end of 2001, there were 28.1 million sub-Saharan Africans living with HIV/AIDS. The overall prevalence of HIV among sub-Saharan African adults, ages 15 to 49 years, is estimated to be an astounding 8.4 percent.
- Prevalence varies widely across the African continent. In some West African countries prevalence is less than 2 percent of the adult population, while in countries in southern Africa – including South Africa, Botswana, Lesotho, Swaziland, Namibia, Zambia and Zimbabwe – 20 percent and more of the adult population are living with HIV/AIDS.

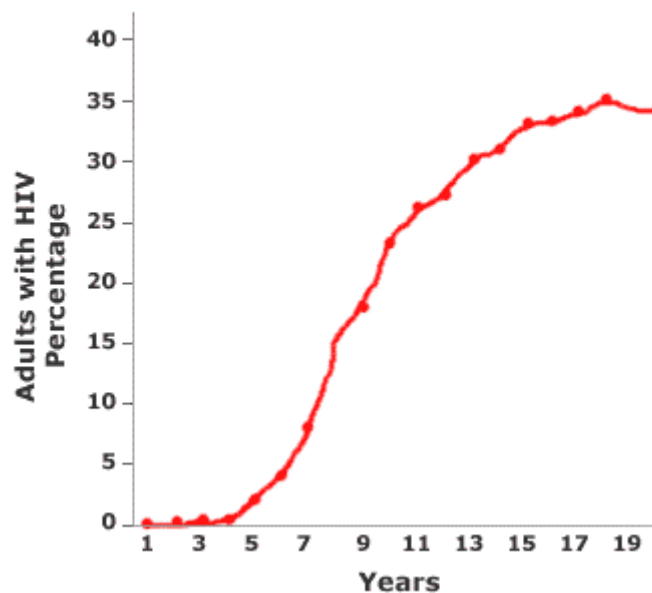


- There is insufficient data to accurately estimate HIV infection across northern Africa, although localized studies indicate that HIV is spreading among the

general population. In 2001 there were about 80,000 new infections and 440,000 people living with HIV/AIDS in North Africa and the Middle East.

- Sub-Saharan Africa is home to the nearly seventy percent of the worldwide population of adults living with HIV/AIDS. Four of every five children living with HIV/AIDS are in Africa.
- In 2001, 2.3 million Sub-Saharan Africans died of AIDS-related causes, compared with 2.2 million deaths in 1999. This was 80 percent of all the AIDS-related deaths in the world. AIDS is by far the leading cause of death in Africa, causing one of every five deaths on the sub-continent.
- There are signs that the epidemic may be stabilizing in parts of Sub-Saharan Africa. There were 3.4 million new infections in 2001, compared with 4.0 million in 1999. The reasons for this decline include the fact that in countries with high infection rates there is a smaller pool of people who are still at risk of infection, and successful prevention programs in several countries, notably Uganda, that have reduced infection rates.
- Africa is the only region of the world where more women than men are being infected with HIV and dying from AIDS-related causes. Fifty-five percent of HIV positive adults in Sub-Saharan Africa are women, and heterosexual activity is the principal mode of transmission. Women may have higher prevalence than men because they are more susceptible to HIV infection, and because they are more likely to be exposed to an infected partner.
- Tuberculosis cases are likely to double in the next ten years as a result of the increased spread of HIV and the inadequacy of public health strategies for treating TB. There were nearly two million new TB cases in Africa in 1999, nearly two-thirds also infected with HIV, and experts estimate 3.3 million TB cases by 2005.

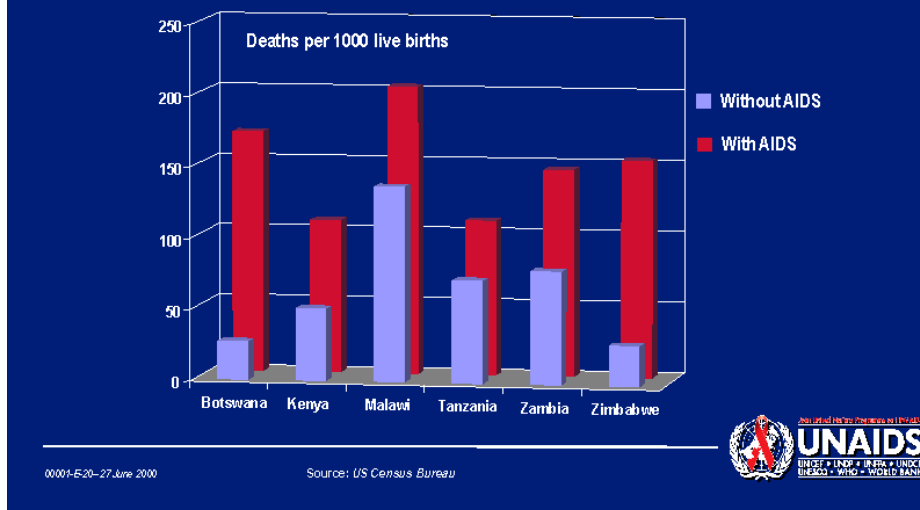
**Typical Growth of HIV in a Southern African Country**



### **The Demographic Impact of AIDS**

- Estimated crude death rates in eastern and southern Africa are as much as 50 to 500 percent greater than they would have been without AIDS. In Kenya, the crude death rate is estimated to have increased from 6.5 per thousand to 14.1 per thousand population due to AIDS. In South Africa, the estimated crude death rate has almost doubled, from 7.4 to 14.7 deaths per thousand population.
- In South Africa, it is estimated that in 2000, HIV/AIDS was the cause of 40 percent of adult deaths aged 15-49 and 25 percent of all deaths. Projections show that without treatment to prevent AIDS, the number of AIDS-related deaths will increase to more than double the number of deaths from all other causes within the next ten years.
- The population growth rate in Zimbabwe has been reduced to nearly zero because of AIDS-related deaths. Sharply reduced growth rates are also seen in South Africa, Botswana, Malawi, Namibia, Swaziland and Zambia.
- By 2003, there will be negative population growth in Botswana, South Africa and Zimbabwe. Negative population growth has never before been projected in a developing country; it is caused by a combination of high HIV prevalence and declining relatively low fertility.
- In the 35 African countries that are highly affected by HIV/AIDS, life expectancy at birth is estimated at 48.3 years, 6.5 years less than it would have been without HIV. The projected population of these countries in 2015 is 84 million, 10 per cent less than it would have been without AIDS.
- Life expectancy and child mortality rates, two indicators of development that have shown positive trends in recent years, are now being reversed in parts of Africa. The life expectancy of children born in Botswana, Malawi, Mozambique, Rwanda, Zambia and Zimbabwe is now less than 40 years of age; without AIDS, life expectancy would have been between 50 and 71.
- In the eight African countries with HIV infection rates over 15 percent, it is estimated that a third of today's 15 year olds will die from AIDS.

## Estimated impact of AIDS on under-5 child mortality rates, selected African countries, 2010



- AIDS mortality is changing the population structure of many African countries. Instead of the "population pyramid" in which there is a gradual reduction in population at higher ages, there is a "population chimney", with a sharp decrease in the number of adults over age 30. As a result, large numbers of children will grow up without their parents, and increased child labor will become unavoidable.

### AIDS AND CHILDREN

- There are about 2.4 million children living with HIV/AIDS in Sub-Saharan Africa at the end of 2001. The largest numbers of infected children are living in Ethiopia, Nigeria, South Africa and Kenya.
- More than four million children under age 15 have died of AIDS, with 90 percent of these deaths in Africa. The vast majority of HIV infections in children are caused by transmission of the virus from mother to child during delivery; transmission can also occur through breastfeeding. In East and Southern Africa, infant mortality rates are nearly 70 percent higher than they would have been without AIDS.
- More than 12 million children in Sub-Saharan Africa are maternal orphans of AIDS. Uganda, Tanzania, Nigeria and Ethiopia each have more than one million AIDS orphans living within their borders. By 2010, 44 million children in 34 countries hardest hit by HIV/AIDS will have lost one or both parents, primarily from AIDS.

### ECONOMIC IMPACT

- As HIV prevalence rates increase, there is a decline in the total and growth in national income. In countries where 20 percent or more of the population is infected, GDP may decline up to 2 percent a year.

- In South Africa, economic growth will be reduced by 0.3-0.4 percent annually by AIDS, resulting in a gross domestic product that will be 17 percent lower than it would have been without AIDS.
- South African households will be spending more on care for family members with AIDS, reducing their disposable income by 13 percent. Governments and businesses will have less money to save and reinvest in their economy.
- AIDS has high costs to the workforce, including lost productivity, hiring and retraining, and high costs for insurance and medical care. It will also lead to labor shortages in some countries. While unskilled workers may be relatively easy to replace in countries with high unemployment, the impact will be severe among skilled workers, including the educational system.
- AIDS has taken a high toll on the educational system in Africa; it has eroded the supply of qualified teachers, made it more difficult for children to attend school because family budgets are reduced, and increased the number of children growing up without the parental support they need to stay in school.
- High mortality rates among adults in their most productive years means that Africans will not experience a "demographic bonus" - the economic benefit that comes from having a population with a relatively large proportion of workers relative to the number of children.

#### **PREVENTING AND TREATING AIDS**

- A small number of African countries responded quickly and effectively to the AIDS epidemic. Senegal, Uganda and Zambia are examples of countries that have been successful at controlling the epidemic.
  - Senegal has maintained relatively low rates of HIV/AIDS through a combination of longstanding public health initiatives, broad-based school and community education programs, the public support of religious leaders, and the cultural practices of this largely Muslim country. In Uganda, aggressive public health campaigns have brought prevalence rates to their lowest levels in years.
  - The International Partnership against AIDS in Africa was formed in 1999 to mobilize a broader, intensified response to the epidemic. One of its goals is to encourage countries in Africa to create a high-level coordinating body for planning and treatment efforts. Top-level AIDS coordinating bodies have been established in Ethiopia, Ghana, Mozambique, Nigeria, South Africa, Swaziland, Uganda, United Republic of Tanzania, and Zambia.
  - An investment of \$3 billion a year from the global community, half for prevention programs and half for treatment, would have a significant impact on the quality of life of millions of Africans.
  - Early in the AIDS epidemic, more educated Africans were at greater risk for infection because their higher disposable income and greater mobility increased the likelihood of casual sex. This trend may have been reversed in some regions, so that more educated people are more likely to receive and act upon prevention information, including greater condom use and less casual sexual activity.
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This Executive Summary was prepared by Linda Rosen of the Population Resource Center in December 2001 and reviewed by Dr. Robert Shell of the University of the Western Cape, South Africa. Sources include UNAIDS, WHO, USAID, Population Reference Bureau, UN Population Division, and the South African Medical Research Council. For further information please contact the Center at (202) 467-5030, 1725 K Street, NW, Suite 1102, Washington, D.C. 20006, [prcdc@prcdc.org](mailto:prcdc@prcdc.org), or (609) 452-2822m 15 Roszel Road, Princeton, NJ 08540, [prcnj@prcnj.org](mailto:prcnj@prcnj.org).