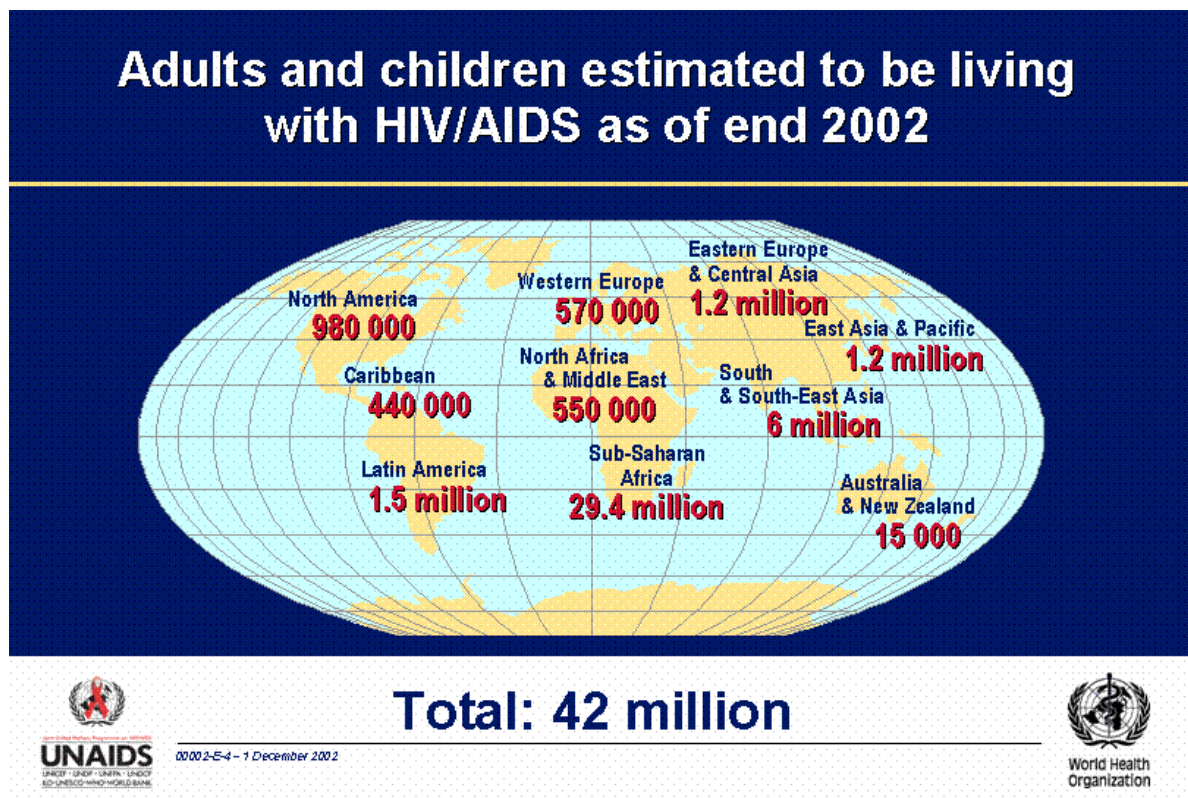


## Executive Summary - AIDS Worldwide

The precise source of the Human Immunodeficiency Virus is unclear. Scientists speculate that it originated in either African monkeys or chimpanzees and was transmitted to humans around 1930 via a bite or ingestion of the animal's meat. The first documented case of the disease was in 1959 in an adult male living in what is now known as the Democratic Republic of Congo. In June, 1981, the first cases of HIV were documented in the US among five homosexual men. By 1984, HIV, which eventually leads to AIDS, had been isolated. The virus is spread through sexual exposure or contact with infected blood. The most common sources of exposure are sexual activity and the sharing of intravenous needles among drug users.

Worldwide, 5 people currently die of AIDS every minute of every day. In 2002, there were 5 million new HIV infections, raising the number of people living with HIV/AIDS to 42 million. Around the world, 3.1 million AIDS deaths occurred in 2002. In the US, over 800,000 people are living with HIV/AIDS, and in 2002 there were 42,136 new cases of AIDS. Over 450,000 Americans have died of the disease. Because its nature, specifically its tendency to lie dormant for years in a person's blood stream, HIV/AIDS often goes undiagnosed, suggesting that current estimates are lower than actual numbers.

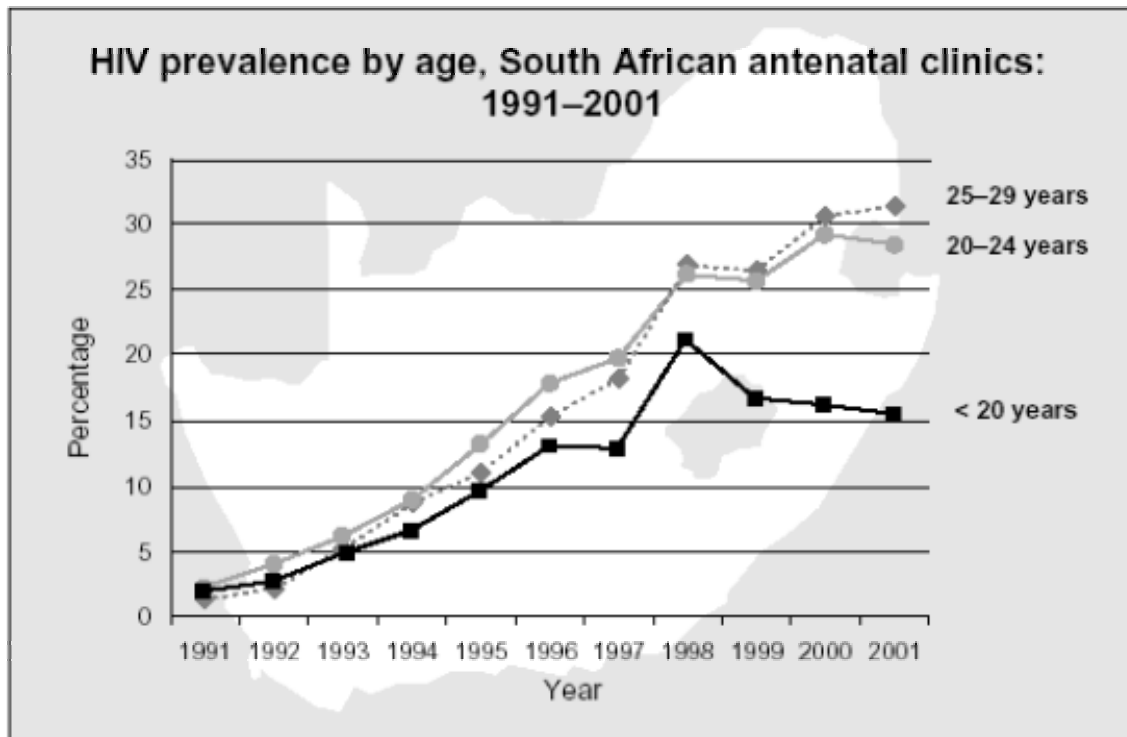


The number of AIDS cases in the U.S. peaked at 80,010 in 1993. In subsequent years, the epidemic grew more slowly: the number of new cases fell by 6% in 1996, 15% in 1997, and about 25% in 1998. Recent data reveal a 2.2% increase in the number of cases between 2001 and 2002, however. The initial success in achieving a decline in HIV/AIDS infections was due in part to an aggressive public education campaign urging sexually active people to use condoms. Scientific advancement has also made AIDS more manageable. The AZT drug has proven effective in reducing the spread of HIV from infected mothers to newborns. Doctors have started prescribing protease inhibitors, mixed into "drug cocktails," to AIDS patients, some of whom have managed to maintain their health. Such treatment costs approximately \$12,000-16,000 per patient per year, however, which is beyond the means of many of those infected. The recent increase in cases is primarily among

homosexual and bisexual males, some of whom now perceive HIV/AIDS as a disease with effective treatment options rather than a terminal one.

Initially, AIDS spread among homosexual men, but in the 1990s it became primarily a disease of the developing world. An estimated 95% of people with HIV live in less developed countries.

### AIDS in Africa



Source: Summary Report, National HIV and Syphilis Sero-Prevalence Survey of Women Attending Public Antenatal Clinics in South Africa, 2001. Department of Health, South Africa, 2002.

The UN estimates that 30 million Africans are HIV positive. Sub-Saharan Africa, where the epidemic began in the late 1970s, has been especially hard hit. It is home to 29.4 million HIV/AIDS victims. In 2002, approximately 3.5 million new infections occurred, and the disease claimed the lives of 2.4 million Africans. South Africa is home to the fastest growing HIV/AIDS epidemic; approximately 4.74 million South Africans or 11.4% of the population have contracted the disease.

Only a small fraction of people living with HIV/AIDS are children, but the numbers are rising and have devastating implications for the future. Children, defined by UNAIDS as persons under age 15, comprised 7.6 percent of the infected population, 1.6 percent of new infections and 1.9 percent of AIDS deaths in 2002. Infections in the womb are still common. Out of a global total of 14 million AIDS orphans, 11 million live in Sub-Saharan Africa.

Most Africans who become infected with HIV die within 10 years. Major causes of the epidemic's explosion in Africa are the lack of awareness, the persistence of stereotypes and social norms promoting male sexual dominance, social unrest and the prevalence of diseases like tuberculosis that weaken the immune system. In Sub-Saharan Africa, over 30% of the total population carries tuberculosis.

Uganda is noted for its successful campaign against HIV/AIDS. Infection rates there have dropped from 30% of the population in 1992 to 6% today. This decrease is largely attributed to a massive public relations drive against the disease. The ABCs - abstinence, be faithful and condom use - are an integral part of the curriculum in primary schools and health centers across the nation and have helped to reduce the

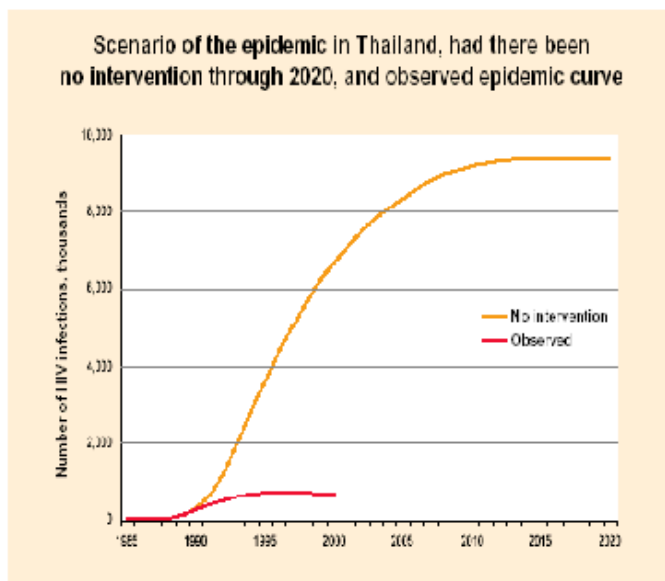
stigma surrounding HIV/AIDS. The education effort emphasized reaching young people before they start having sex. As a result, 90% of adults in Uganda know about HIV/AIDS. The government of Botswana, where more than one third of the population is now infected, has launched a similar effort to gain a hold on HIV/AIDS, including a commitment to provide free anti-retroviral medication (ARVs) to all citizens with AIDS. Multi-nationals with business interests in Botswana have also pledged to make treatment available to employees and their family members. Providing life-prolonging treatment is a major challenge to African countries, however. Only 23% of infected people are receiving the necessary medical services. Expense is a major obstacle despite the fact that generic drug production has driven cost down from \$12-16 thousand to \$360 per patient per year. Unfortunately, that is still beyond the reach of most Africans.

The economic impact of the epidemic on Sub-Saharan Africa has been devastating. Large African companies report annual losses from AIDS-related illness and death in excess of a year's total profits. It is estimated that a worker with AIDS costs an African business around \$200 a year in lost productivity, treatment, benefits and replacement training.

### AIDS in Asia and the Pacific

AIDS arrived in Asia in the late 1980s, and approximately 7.2 million Asians are now living with HIV. Close to 1 million people in the Asia and Pacific region acquired HIV during the course of 2002, a 10% increase from the previous year. Although most Asian and Pacific countries have relatively low national prevalence rates, these figures are deceiving due to large population sizes and the potential for uncontrollable epidemics in a such populous region. Many Asians contract HIV from infected sex workers, through intravenous drug use or unsafe sex practices. At present, women make up 34% of the infected population, but the rates for men and women are expected to balance out with time.

India, with more than 1 billion people, stands to be much weakened by the epidemic. It is estimated that 4.5 million Indians were infected by the end of 2002. The epidemic is spreading most rapidly in the south and west, where the rate of new infections is second only to that in South Africa. Heterosexual contact and intravenous drug use are the main modes of transmission. According to the United Nations, public ignorance and the government's failure to acknowledge the problem until recently are fueling the spread of the disease. Individuals in rural areas, where 70% of India's population lives, remain largely ignorant of the dangers of unprotected sex.



Source: Division of AIDS, Ministry of Public Health in Thailand Thai Working Group on HIV/AIDS Projection (2001)  
HIV/AIDS Projections for Thailand: 2000-2020.

Thailand is one of the few developing nations where the government has carried out a sustained and successful campaign to combat HIV/AIDS. Approximately 1 million people have been infected, and 66 thousand have died of AIDS. Early cases in the mid-1980s were among homosexual men, but the infection soon spread to intravenous drug users. Sex workers were affected next, and subsequently HIV moved into the general population, with the families of men who visited sex workers suffering most immediately. By the late 1980s, over 40% of both sex workers and injected drug users were HIV-positive. In 1990, the Thai government began a national public education campaign against HIV/AIDS, focusing on high-risk groups and promoting condom use among sex workers. This effort has led to an 80% reduction in the rate of HIV infection and to 90% of brothels reporting consistent condom use.

In China, more than 1 million people are infected, and unless immediate prevention efforts are launched, there will be an estimated 10 million cases by the end of this decade. The migration patterns of the population, economic disparities, poor screening of blood at blood banks, localized drug use and lack of access to treatment, especially in the vast rural hinterland, all make the Chinese situation very dangerous. Immediate attention in the form of prevention and treatment centers is needed.

Cambodia, the country with the highest HIV prevalence rate in Asia, reported stabilizing rates of infection in 2002. High-risk behavior, such as casual drug use, is also decreasing. HIV prevalence among pregnant women in major urban areas declined slightly from 3.2% to 2.8% in 2002. Among sex workers, it declined from 42% in 1998 to 29% in 2002, with the decline most pronounced among those under age 20. This suggests that sustained government prevention programs are having a positive effect.

### **Women and AIDS**

Although many more men than women were affected in the initial stages of the epidemic, the latest estimates indicate that about 50% of persons with AIDS are now female. In 2002, 2 million women became infected, 19.2 million were already living with the virus and 1.2 million had died as a result of AIDS.

Cultural norms and the gender divide in African and Asian countries are obstacles to HIV/AIDS prevention and treatment. Women tend to be poorly educated about safe sex practice and frequently lack the power in sexual relationships to insist on condom use.

Many of the AIDS epidemics in Asia began with a burst of cases among sex workers and their clients, who in turn brought the disease into the home. India has seen annual increases in the infection rate of 25% among sex workers and 10% among their clients. Many Asian sex workers are young, uneducated, migrant women sold to the industry by impoverished parents.

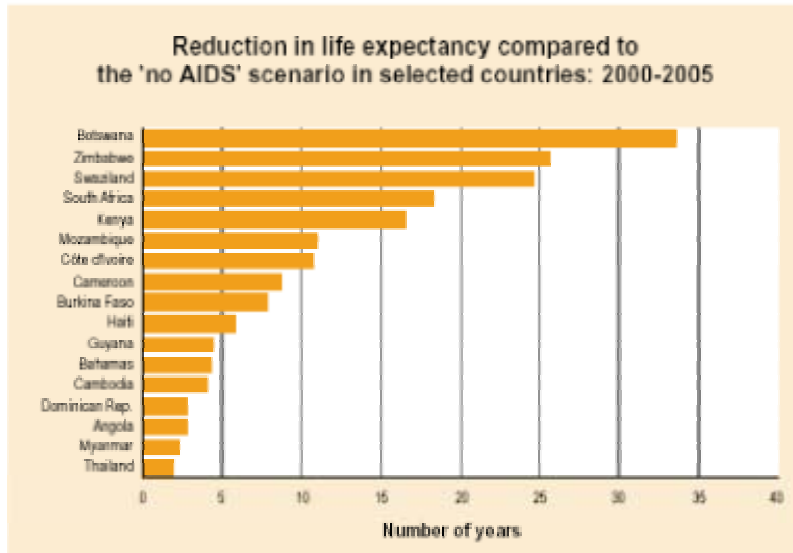
In Sub-Saharan Africa, young women bear a greater burden than young men. In 2001, approximately 6-11% of young women age 15-24 were living with HIV/AIDS, compared to 3-6% of young men. Participation in sexual relationships, both casual and formalized, for economic benefit contributes to the high infection rate among these women. The nature of such relationships makes it difficult for women to demand safe sex, thus increasing the chance of infection. AIDS also often leaves young women as well as older women as heads of households.

### **The Future**

AIDS will dramatically change the demographic landscape of the next century. The estimated life expectancy of children born in 2005 in Botswana is below 40 years; without the epidemic, it would be 70 years. Due to AIDS, estimated life expectancy

for the nine worst-hit Sub-Saharan countries in 2010 is estimated at 47 rather than 64 years, a reduction of 17 years.

The best current projections suggest that, between 2002 and 2010, an additional 45 million people will become infected with HIV in 126 low- and middle-income countries that now have concentrated or generalized epidemics. More than 40% of these new infections are expected to occur in Asia and the Pacific, an area that currently accounts for about 20% of new annual infections.



Source: UN Department of Economic and Social Affairs (2002) *World Population Prospects, the 2000 Revision*

Contributing to reduced life expectancy is a rise in infant mortality. An infant born to an HIV-positive mother has a one in three chance of being infected in the absence of AZT drug therapy. Thus, AIDS is wiping out advances recently made in lowering infant mortality in the developing world.

The U.N. already contends that in some regions the epidemic is out of control. If the projections prove true, and no vaccine is found, the epidemic will continue to consume the developing world in the absence of decisive global action.

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This summary was prepared by Raisa Sheynberg and reviewed by Dr. Elise Jones. The summary is based on the UNAIDS/WHO 2002 AIDS report, Washington Post on-the-web, 2003; Avert on-the-web, case study on Thailand, UNFPA data, 2002. For more information, contact the Population Resource Center at 1725 K Street, N.W. Suite 1102, Washington, D.C., 20006, (202) 467-5030 or 15 Roszel Road, Princeton, NJ, 08540, (609) 452-2822