



World AIDS Day: December 1, 2006

World AIDS Day is celebrated each year on December 1st in commemoration of the lives lost and the progress made in the battle against HIV/AIDS. This day also serves to highlight the steps being taken by the global community and the challenges still remaining in controlling the epidemic.

HIV/AIDS

- Human Immunodeficiency Virus, (HIV) attacks the immune system and results in a gradual deterioration of immune functions. Acquired Immunodeficiency Syndrome (AIDS) is the most severe manifestation of infection with HIV, resulting in death from opportunistic infections.
- HIV is transmitted through body fluids, particularly blood, semen, vaginal secretions and breast milk. It is not transmitted by casual physical contact, coughing, sneezing, kissing, shared toilet and washing facilities, food and beverages handled by someone who has HIV, mosquitoes or other insect bites.
- There is no cure for HIV/AIDS. Although periods of illness may be interspersed with periods of remission, AIDS is almost always fatal. There are anti-retroviral drugs that slow down the rate at which HIV weakens the immune system. The drugs interfere with the virus' ability to use enzymes it needs to survive. The drugs can significantly prolong the life of those infected. Treatment is expensive, and is only widely available in wealthy nations.

History

- The precise origins of the Human Immunodeficiency Virus are unclear. Scientists speculate that it originated in either African monkeys or chimpanzees and was transmitted to humans via a bite or the ingestion of the animal's meat around 1930.
- The first case was documented in 1959. In 1981, HIV was recognized as a disease and the virus was isolated in 1983 by Luc Montagnier of France's Pasteur Institute and its isolation was confirmed a year later by Robert Gallo of the US-based National Cancer Institute. Since then, many strains of the rapidly mutating virus have been discovered, thus making its treatment extremely complex and the search for a cure frustrating.

Current Conditions

- According to the United Nations Programme on HIV/AIDS (UNAIDS) there are 39.5 million people living with HIV worldwide.
- In 2006, 4.3 million new HIV cases were reported and 2.9 million individuals died as a result of AIDS related complications, approximately one death every 11 seconds throughout the entire year. These statistics are even more disturbing because HIV transmission is preventable.
- Prevalence of the HIV/AIDS epidemic in any one region is determined through estimates of the number of infected people in a population and serves as a snapshot of the overall state of the epidemic. In countries with generalized epidemics, this image is based largely on HIV tests done on anonymous blood samples taken from women attending antenatal clinics.

- The introduction of saliva testing for HIV in 2004 is slated to increase the accuracy of HIV demographics worldwide, because the test is easier to administer than blood tests and provides accurate results in 20 minutes. It is the hope of practitioners that the ability to test a larger number of people will result in a decline in the infection rate. The WHO estimates that 95 percent of infected individuals worldwide do not know they have HIV, which leads to prolonged risky behavior and the spread of infection.
- Prevalence, however, does not provide an accurate picture of the recent trends in the epidemic because it does not register when a person may have been infected. Numbers may be representative of infections that occurred anywhere from a year to a decade ago, making it difficult to pin down current trends in any one region, to establish the state or the disease within a country or to plan preventive programs.
- The greatest number of children and adults living with HIV/AIDS is in Sub-Saharan Africa (24.7 million), followed by South and South-East Asia (7.8 million) and Latin America and Eastern Europe and Central Asia (1.7million). The numbers in other regions are: North America (1.4 million), East Asia (750,000), Western and Central Europe (740,000), North Africa and the Middle East (640,000), and Oceania (81,000).
- The rate of new infections is greatest in Sub-Saharan Africa, with an estimated total of 2.8 million new infections in 2006 (more than 65 percent of all new infections in 2006).
- The most dramatic rate of increase in HIV infections (a 21 percent increase over a period of two years) was reported in East Asia and in Eastern and Central Europe.
- Although women make up less than half (48%) of the infected population, the number of cases among women is increasing. In Sub-Saharan Africa, young women bear a greater burden than young men do. In 2006, approximately 59 percent of adults 15 and up living with HIV were women. In the Caribbean, the Middle East and North Africa, and Oceania one in two individuals with HIV is female.
- There are 2.5 million children living with AIDS, which is 5.7 percent of people with AIDS. More than 80% of those children live in Sub-Saharan Africa. Children made up 14% of the new cases of AIDS and 16% of the AIDS related deaths in 2004.
- The highest rate of HIV prevalence occurs in Sub-Saharan Africa, comprising 63 percent of global HIV cases and 72 percent of total deaths resulting from HIV/AIDS. In Sub-Saharan Africa, the majority of HIV/AIDS cases are concentrated in southern Africa with 32 percent of total infected individuals and 34 percent of AIDS related deaths globally.
- In southern Africa, the only evidence of a decline in the of HIV infection rate occurs in Zimbabwe. Antenatal clinic testing reveals that between 2000 and 2004 the infection rate among pregnant women in Zimbabwe declined from 30-32 percent to 24 percent. Reductions in the rate of infection are linked to changes in sexual behavior including reduction in the instances of casual sex outside of long-term relationship, an increase in condom use, and later sexual debuts.
- Although most Asian and Pacific countries show relatively low national prevalence rates, these numbers are deceiving. Both India and China have high rates of infection in specific populations or localized geographic areas that are obscured in reports of national prevalence rates due to the extremely large populations of both countries. Specific populations include sex workers, injecting drug users and men who have sex with men. A prevalence rate as low as 1-2% would result in millions of infections and would drain all available resources. 1.4 million new people were infected in 2004.
- It is estimated that 840,000 people are infected in China and, if immediate prevention efforts are not launched, by the end of the decade there are likely to be 10 million people

infected. The migration patterns of the population, the economic disparities, poor screening of blood at blood banks, localized drug use, and poor access to treatment, especially in the vast rural communities, all make the Chinese situation very dangerous and in need of immediate attention in the form of prevention and treatment centers.

- The situation in India, unlike that in China, holds more promise. Although India's infected population is only approximately 1 percent of its total population, 5.1 million people currently living in India have HIV/AIDS, second only to South Africa. India's efforts to curb the epidemic have resulted in a significant portion of the adult population (15-49) becoming aware of HIV/AIDS and knowledgeable about the benefits of correct and consistent use of condoms.
- In general individuals in the sparsely educated rural areas, which make up 70% of India's population, still remain ignorant about the dangers of unprotected sex. More than 80% of urban men recognized the protective value of consistent condom use, compared to just over 43% of rural women. Even in areas where women have been educated in condom use, many report not using condoms suggesting that women are still having a difficult time convincing their partners to practice safe sex. India's challenge is to expand its program to vulnerable rural areas.
- Cultural norms and the gender divide in African and Asian countries are obstacles to HIV/AIDS prevention and treatment. Women are poorly educated about safe sex practice and often lack the power in sexual relationships to insist on condom use. For example, in Africa a factor contributing to the high rate of infection among women between the ages of 15 and 24 is their participation in sexual relationships, both casual and formalized, for economic benefit. Since the nature of these relationships is dependence and subordination, women are often unable to demand safe sex.
- Another hard hit area, and the one with the fastest spreading HIV/AIDS epidemic is Eastern Europe and Central Asia. The number of new cases in Russia in 2000 was almost twice the total number of new cases from 1987-1999. The climbing numbers are mainly attributable to injecting drug use, predominantly among young people below the age of 30, and sex workers. The injecting drug use and the subsequent increase in the prevalence of HIV are attributed to the changing political and extremely poor socioeconomic conditions.

Global Initiatives

- According to UNAIDS, responses that involve and treat young people first are most effective. In Kenya, HIV infections among young pregnant women have declined by more than 25 percent since 2000 in both urban and rural areas. The reduction in HIV prevalence is attributed primarily to education programs leading to a decline in high-risk sexual behavior. The number of individuals having sex with non-regular partners decreased in Haiti (men only), Kenya, Malawi, and Zimbabwe (women only). However, instances of increased sexual promiscuity occurred in Cameroon and Uganda (women only). Condom use with non-regular partners increased in Cameroon, South Africa, Tanzania, and Uganda, and Kenya and Zambia (young women only).
- The Global Fund to Fight AIDS, Tuberculosis and Malaria is a collaboration of governments, civil society, the private sector and affected communities. It has committed over 6.8 billion U.S. dollars in 136 countries to reduce infection rates and improve treatment. The United States Government is the largest contributor, paying \$1.08 billion so far, contributing 414 million dollars in 2005. The second largest donor is European Commission, contributing 451 million to date, slightly less than half of US funding. Other major contributors are the France, Japan, Italy, the United Kingdom, Canada, and the Gates Foundation.

- President George W. Bush of the United States committed \$15 billion in 2003 to fighting the African epidemic. The money would be appropriated through annual congressional approval over a five-year period. The move has been both criticized and welcomed by the HIV/AIDS activist community. Funds are in great need in order to curb the epidemic, so the move has been praised as a breath of air for Africa. To the surprise of many activists, the plan includes funding for generic drugs and condom distribution. To date the US has contributed 8.4 billion dollars and 4 billion are up for appropriation in 2007, with a marked increase in funding for antiretroviral medication (\$561,000 in 2006).

This Fact Sheet was updated in November 2006. It is based on information from a number of sources, including the Joint United Nations Programme on HIV/AIDS, the Global AIDS Alliance and the National AIDS Trust. For more information contact the Population Resource Center at (202) 467-5030, 1725 K Street NW, Suite 1102, Washington, DC 20006.