

HIV/AIDS in Global Perspective – Global HIV/AIDS 2007 Statistics

In 2007:

- 2.1 million adults were **newly infected** with HIV.
- 420 000 children under the age of 15 were **newly infected** with HIV.
- 30.8 million adults, 15.4 million (46.4%) of whom were women, were **living with HIV/AIDS**.
- 2.5 million children under the age of 15 were **living with HIV/AIDS**.
- 33.2 million people in the world were **living with HIV/AIDS**.
- 1.7 million adults, **died due to AIDS related illness**.
- 330 000 children under the age of 15 **died due to AIDS related illness**.

HIV Global Hot Spots

Sub-Saharan Africa

For many years, sub-Saharan Africa has been most heavily affected by the HIV/AIDS epidemic. A staggering 22.5 million people there are living with HIV/AIDS - that is over 68% of the global number of HIV infections in an area inhabited by only 10% of the world's population (UNAIDS 2007).

HIV rates among African women are climbing rapidly. In 2007, 15.4 million women in the world were living with HIV and 13.7 million of these women were living in sub-Saharan Africa. In this region, the rates of infection are much higher in women (61%) than in men (UNAIDS 2007). Women are also being infected earlier in their lives than men (ICAD Fact Sheets 2006).

Children in sub-Saharan Africa are particularly affected by HIV/AIDS. "While prevention efforts elsewhere are reducing maternal transmission of HIV to infants, rates in this region continue to rise" (UNAIDS 2006). Almost 90% of HIV-positive children live in sub-Saharan Africa (UNAIDS 2007). Additionally, approximately 9% of children under the age of 15 have lost at least one parent to AIDS, and one in six households is caring for at least one orphan. (UNAIDS 2006).

Asia and the Pacific

Asia and the Pacific are quickly becoming focal areas of HIV transmission. An estimated 4.9 million people are currently living with HIV/AIDS, including 440 000 people who became newly infected in 2007 (UNAIDS 2007). In Asia, the combination of injection drug use and unprotected commercial sex is contributing heavily to the epidemic. Very low condom use and/or sharing of non-sterile needles are common among people engaging in these activities and without adequate preventative measures, we expect that infections occurring in these sexual networks will, in time, spill over into the general population (ICAD 2006).

Latin America

An estimated 1.6 million adults and children are living with HIV/AIDS in Latin America. In 2007, there were approximately 100 000 new infections in this region (UNAIDS 2007). The epidemics in Latin America are being fuelled by combinations of unsafe heterosexual sex, unsafe sex between men, and (to a much lesser degree in Central America) injection drug use (ICAD Fact Sheets 2006). Something to take note of is that, in Latin America, the prevalence of HIV is highest among men who have sex with men (MSM). The group with the next highest rate of prevalence is female sex workers.

Brazil is now home to over one third of the people living with HIV in the region. Because of harm reduction programs in urban areas of the country, there has been a decline in HIV transmission among injection drug users. However, there have been increases in infections in people living in poverty, especially women.

Treatment coverage has high retention in; Brazil, Argentina, Chile, Mexico, Uruguay, and Venezuela. Leading the way, Brazil's health system provides full antiretroviral treatment coverage to all those with advanced HIV infection. (ICAD 2006)

Effects of the Global HIV Epidemic

Further Spread of HIV

High HIV prevalence indicates an increase in the number of people capable of transmitting the virus. The fact that there are so many different groups of people affected, means that creating prevention education to address their diverse needs is a challenge. Interventions, like using a harm reduction approach that is non-judgmental and “meets people where they are at” with tools and information to reduce the harm associated with risk behaviours, greatly increase access to services for people that feel that traditional services do not address their needs.

Breakdown of Family Relationships

In areas of the world where extensive kin relationships are important to the functioning of the family, loss of family members to HIV/AIDS is disrupting the social fabric of communities. Most people who develop HIV/AIDS are in the prime of their adult lives. Specific social and economic responsibilities (such as child rearing, maintenance of the household, care of elders, and religious or traditional roles in the family) are left unfulfilled, particularly in cases where multiple family members are ill or have died. This leads to some child headed households and to grandmothers raising young children after their adult children die as a result of HIV/AIDS. HIV/AIDS is not just a concern for public health agencies; it is clear that the social and economic development of some countries is largely affected by the consequences of the epidemic. HIV/AIDS has the ability to greatly reduce the workforce, create large numbers of orphans, inflame poverty and inequality, and put a strain on health and social services. (World Bank 2007). It is further estimated that by the year 2010, over 40 million children will have lost both their parents as a result of HIV/AIDS and that “95% of these children will be living in sub-Saharan Africa” (AIDS Orphans & Street Children 2006)

HIV and Stigmatization

There seems to be a general perception towards HIV/AIDS that allows people to place blame on people that are living with HIV. The association between HIV infection and behaviours such as drug use and sexual activity, which are seen as taboo, not only widens the rift between ‘us and them’ but also leads some people to believe that those infected somehow ‘deserve’ their illness. Discrimination, alienation, and abuse are often a result of this perception. Stigma and discrimination combine to create a very large and concerning barrier to adequately address HIV/AIDS. Because of the fear of discrimination, people may prefer not to get tested, so they never know their status. The stigma of AIDS and the resulting attitudes surrounding the illness have a major impact on government policy as they “discourage governments from acknowledging or taking timely action against HIV/AIDS” (UNAIDS 2007).

AIDS and the Economy

On national and global levels, HIV/AIDS will increasingly affect economic infrastructure and stability. In sub-Saharan African countries the projected life expectancy has been severely reduced. The productivity of this area - which has made gains in becoming competitive in a global marketplace – is experiencing serious economic and development setbacks due to increasing rates of HIV. Companies are losing a significant part of their workforce (UNAIDS 2007). Indeed, an HIV/AIDS epidemic can reduce the per capita income of a country. Additionally, the strain on governments to provide access to ‘Anti Retro Viral’ (ARV) therapies is mounting. The money needed to pay for the drug treatments is not readily available to countries that have failing economies further hindered by the prevalence of HIV/AIDS among their people.

At the national level, as HIV/AIDS rates rise, so too does the demand for healthcare. As expenditure increases on HIV related concerns, available health dollars decrease or taxpayers must bear the burden.

Many governments in areas heavily affected by HIV/AIDS also have limited health budgets and nominal tax bases. AIDS is not the only urgent issue facing such governments, thus infrastructures are often strained and ineffective in dealing with such health crises (World Bank 2007).

The major impact of the global HIV/AIDS epidemics is at the household level. With the loss of household adults, families reallocate their resources. Children are withdrawn from school to help at home, longer hours are worked, household membership is adjusted, household assets may be sold, friends or family are solicited for assistance.

In poorer families, particularly with fewer assets to draw upon, children may be permanently disadvantaged through worsening malnutrition or withdrawal from school (World Bank 2007).

Contributing to the Global Struggle Against HIV/AIDS

HIV/AIDS continues to affect disproportionately those already faced with other social, economic, or health-related challenges. Whether it be on a local, national, or global level, HIV/AIDS affects women, young people, sexual and ethnic minorities, refugees, drug users, and economically disadvantaged populations.

National governments are not alone in the effort to protect citizens from the spread of HIV and mitigate the effects of an epidemic. Local and international donors and Non-Government Organizations (NGO) have provided funding and leadership for AIDS prevention programs, particularly in lower-income countries.

An expanded response from the industrialized countries is essential today but also tomorrow, as more effective drugs, HIV barriers, and hopefully vaccines are developed and access for people in the developing countries becomes an ever-greater moral imperative (<http://www.thebody.com/encyclo/lessons.html>).

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