



The Global HIV/AIDS Epidemic

November 2011

HIV, the virus that causes AIDS, “acquired immunodeficiency syndrome,”^{1,2} has become one of the world’s most serious health and development challenges. The first cases were reported in 1981 and today, 30 years later:

- There are approximately 34 million people currently living with HIV and nearly 30 million people have died of AIDS-related causes since the beginning of the epidemic.^{1,3,4}
- While cases have been reported in all regions of the world, almost all those living with HIV (97%) reside in low- and middle-income countries, particularly in sub-Saharan Africa.⁵
- Most people living with HIV or at risk for HIV do not have access to prevention, care, and treatment, and there is still no cure.⁶
- HIV primarily affects those in their most productive years; about half of new infections are among those under age 25.⁵
- HIV not only affects the health of individuals, it impacts households, communities, and the development and economic growth of nations. Many of the countries hardest hit by HIV also suffer from other infectious diseases, food insecurity, and other serious problems.
- Despite these challenges, new global efforts have been mounted to address the epidemic, particularly in the last decade, and there are signs that the epidemic may be changing course. The number of people newly infected with HIV and the number of AIDS-related deaths have declined, contributing to the stabilization of the epidemic. In addition, the number of people with HIV receiving treatment in resource poor countries has increased more than 20-fold since 2001, reaching 6.6 million in 2010.^{1,3}

- New HIV infections have declined by more than 20% since their peak in 1997, and declined by 15% between 2001 and 2010. Still, there were about 2.7 million new infections in 2010 or more than 7,000 new HIV infections per day.
- Most new infections are transmitted heterosexually, although risk factors vary. In some countries, men who have sex with men, injecting drug users, and sex workers are at significant risk.
- Although HIV testing capacity has increased over time, enabling more people to learn their HIV status, the majority of people with HIV are still unaware they are infected.⁶
- HIV has led to a resurgence of tuberculosis (TB), particularly in Africa, and TB is a leading cause of death for people with HIV worldwide.^{7,8} In 2010, approximately 13% of new TB cases occurred in people living with HIV, and between 2009 and 2010 TB deaths in people living with HIV declined by 10%, largely due to the scale up of joint HIV/TB services.
- Women represent about half of all people living with HIV worldwide, and more than half (59%) in sub-Saharan Africa. Gender inequalities, differential access to services, and sexual violence increase women’s vulnerability to HIV, and women, especially younger women, are biologically more susceptible to HIV.
- Young people, ages 15–24, account for 42% of new HIV infections (among those 15 and over).⁵ In some areas, young women are more heavily impacted than young men. For instance, in Southern Africa, young women are up to 5 times more likely to become infected with HIV than their male counterparts.³
- Globally, there were **3.4 million** children living with HIV in 2010, 390,000 new infections among children, and 250,000 AIDS deaths.⁵ In 2009, there were approximately 16.6 million AIDS orphans (children who have lost one or both parents to HIV), most of whom live in sub-Saharan Africa (89%).²

Figure 1: Adult HIV Prevalence Rate (Ages 15–49), 2009^{2,4}

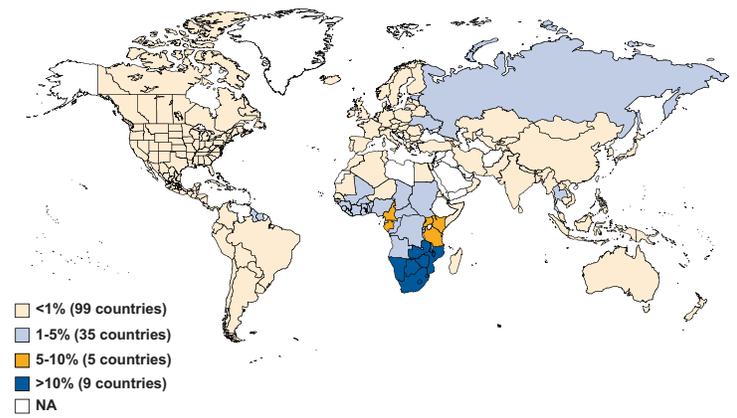


Figure 2: HIV Prevalence & Incidence by Region^{1,5}

Region	Total No. (%) Living with HIV end of 2010	Newly Infected in 2010	Adult Prevalence Rate 2010
Global Total	34 million (100%)	2.7 million	0.8%
Sub-Saharan Africa	22.9 million (67%)	1.9 million	5.0%
South/South-East Asia	4.0 million (12%)	270,000	0.3%
Eastern Europe/Central Asia	1.5 million (4%)	160,000	0.9%
Latin America	1.5 million (4%)	100,000	0.4%
North America	1.3 million (4%)	58,000	0.6%
Western/Central Europe	840,000 (2%)	30,000	0.2%
East Asia	790,000 (2%)	88,000	0.1%
Middle East/North Africa	470,000 (1%)	59,000	0.2%
Caribbean	200,000 (0.6%)	12,000	0.9%
Oceania	54,000 (0.2%)	3,300	0.3%

Current Global Snapshot

According to the latest estimates from UNAIDS:^{1,3,5}

- There were **34 million** people living with HIV at the end of 2010, up from 28.6 million in 2001, the result of continuing new infections, people living longer with HIV, and general population growth.
- The global prevalence rate (the percent of people ages 15–49 who are infected) has leveled since 2001 and was 0.8% in 2010.
- **1.8 million** people died of AIDS in 2010, a 21% decrease since 2005. Deaths have declined due in part to antiretroviral treatment (ART) scale-up. HIV is a leading cause of death worldwide and the number one cause of death in Africa.

- **Sub-Saharan Africa.** Sub-Saharan Africa, the hardest hit region, is home to two-thirds (67%) of people living with HIV but only about 12% of the world’s population.^{1,9} Most children with HIV live in this region (91%).⁵ Almost all of the region’s nations have generalized HIV epidemics—that is, their national HIV prevalence rate is greater than 1%. In 9 countries, more than 10% of adults are estimated to be HIV-positive. South Africa has the highest number of people living with HIV in the world (5.6 million). Swaziland has the highest prevalence rate in the world (25.9%). Recent data offer promising signs, with national HIV prevalence and/or incidence stabilizing or even declining in many countries in the region.²

- **Latin America & The Caribbean.** About 1.7 million people are estimated to be living with HIV in Latin America and the Caribbean combined, including 112,000 newly infected in 2010. The Caribbean itself, with an adult HIV prevalence rate of nearly 1%, is the second hardest hit region in the world after sub-Saharan Africa.¹ Eight countries in Latin America and the Caribbean have generalized epidemics, with the Bahamas having the region's highest prevalence rate (3.1%), and Brazil the greatest number of people living with the disease.²
- **Eastern Europe & Central Asia.** An estimated 1.5 million people are living with HIV in this region, an increase of 250% since 2001.¹ The epidemic is driven primarily by injecting drug use, although heterosexual transmission also plays an important role. The Russian Federation and Ukraine have the highest prevalence rates in the region, and Russia has the region's highest number of people living with HIV (980,000).²
- **Asia.** Nearly 5 million people are living with HIV across South/South-East Asia and East Asia.¹ While most national epidemics appear to have stabilized, HIV prevalence is increasing in Bangladesh, Pakistan, and the Philippines. The region is also home to the two most populous nations in the world – China and India – and even relatively low prevalence rates translate into large numbers of people.²

Prevention and Treatment

Numerous **prevention** interventions exist to combat HIV, and new tools, such as vaccines, are currently being researched.^{1,3,6,10}

- Effective prevention strategies include behavior change programs, condoms, HIV testing, blood supply safety, harm reduction efforts for injecting drug users, and male circumcision. Additionally, recent research has shown that providing HIV treatment to people with HIV significantly reduces the risk of transmission to their negative partners and the use of antiretroviral-based microbicide gel has been found to reduce the risk of HIV infection in women.
- Experts recommend that prevention be based on “knowing your epidemic,” that is, tailoring prevention to the local context and epidemiology, and using a combination of prevention strategies, bringing programs to scale, and sustaining efforts over time.
- Access to prevention, however, remains limited.

HIV treatment includes the use of combination antiretroviral therapy to attack the virus itself, and medications to prevent and treat the many opportunistic infections that can occur when the immune system is compromised by HIV.¹

- Combination ART, first introduced in 1996, has led to dramatic reductions in morbidity and mortality, and access has increased in recent years, rising from less than half a million people on treatment in 2001 to 6.6 million people in 2010, an increase of 1.35 million people since 2009.
- In Sub-Saharan Africa, the number of people receiving ART increased significantly by 20% between 2009 and 2010.
- The share of pregnant women receiving ART for the prevention of mother-to-child transmission of HIV increased from 15% in 2005 to 48% in 2010. Access to ART among children has also risen significantly, although they have less access than adults.
- Despite these successes, only 47% of the 14.2 million people who were eligible for treatment were receiving it by the end of 2010.

The U.S. Government Response

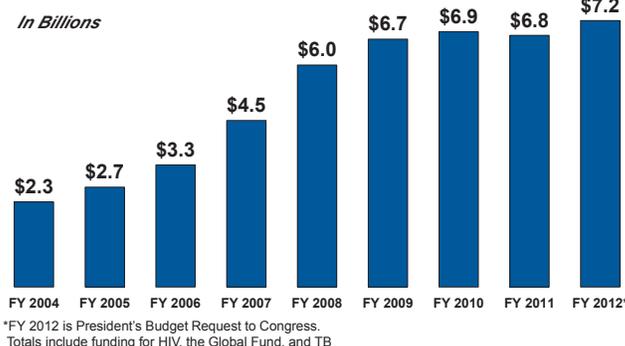
The U.S. first provided funding to address the global HIV epidemic in 1986. U.S. efforts and funding increased slowly over time, intensifying relatively recently. Key initiatives include:

- In 1999, President Clinton announced the *Leadership and Investment in Fighting an Epidemic (LIFE) Initiative* to address HIV in 14 African countries and in India.
- In 2002, President Bush announced the *International Mother and Child HIV Prevention Initiative* focused on 12 African and 2 Caribbean countries.
- The creation of the President's Emergency Plan for AIDS Relief (PEPFAR) in 2003 brought significant new attention and funding to address the global epidemic, as well as TB and malaria.¹¹ PEPFAR authorized up to \$15 billion over 5 years, primarily for bilateral programs and multilateral contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) as well as UNAIDS. In 2008, PEPFAR was reauthorized for an additional 5 years at up to \$48 billion for HIV, TB, and malaria efforts. In FY 2011, Congress appropriated \$6.8 billion for PEPFAR (most of which is for HIV and the Global Fund, with a smaller amount for TB; malaria funding is counted separately).¹²
- Today, there are multiple federal departments, agencies, and programs that address the global epidemic, and the U.S. government is the single

largest donor to international HIV efforts in the world, including the largest donor to the Global Fund.^{12,13}

- In May 2009, President Obama announced the Global Health Initiative, a 6-year, multi-billion dollar effort that builds on PEPFAR and also expands U.S. global health activities in other areas, which will likely lead to an evolving role for PEPFAR.¹⁴

Figure 3: Total PEPFAR Funding, FY 2004–2012¹²



The Global Response to HIV/AIDS

International efforts to combat HIV began in the first decade of the epidemic with the creation of the WHO's Global Programme on AIDS in 1987. UNAIDS was formed in 1996 to serve as the UN system's coordinating body and to help galvanize worldwide attention to AIDS. The role of affected country governments and civil society also has been critical to the response. Over time, funding by donors and others has increased and several key initiatives have been launched:

- In 2000, all nations agreed to global HIV targets to halt and begin to reverse the spread of HIV by 2015, as part of the *UN Millennium Development Goals* (MDGs), and the World Bank launched its *Multi-Country AIDS Program* (MAP).
- In 2001, a *United Nations General Assembly Special Session on HIV/AIDS* (UNGASS) was convened and the Global Fund was created. More recently, at the June 2011 UNGASS meeting, world leaders adopted a new Declaration that reaffirmed commitments and called for an intensification of efforts to combat the epidemic through new commitments and targets.¹⁵
- Most funding has come from international donors who disbursed \$6.9 billion in 2010, up from \$1.2 billion in 2002, to address HIV in developing countries.¹³ Hard hit countries have also provided significant resources to address their epidemics. The Global Fund has approved more than \$12 billion for HIV efforts in more than 100 countries to date,¹⁶ and the private sector, including foundations and corporations, also plays a major role, particularly the Bill & Melinda Gates Foundation which has committed more than \$2 billion for HIV, with additional funding provided to the Global Fund.¹⁷
- Despite these increases, UNAIDS estimates a resource gap of \$6 billion annually.¹³

¹ UNAIDS. *World AIDS Day Report*; 2011.

² UNAIDS. *Report on the Global AIDS Epidemic*; 2010.

³ UNAIDS. *AIDS at 30: Nations at the crossroads*; 2011.

⁴ UNAIDS recently updated their global and regional data to reflect 2010 estimates; country level data are 2009 estimates.

⁵ UNAIDS. *Core Slides: Global Summary of the AIDS Epidemic*; 2011.

⁶ WHO. *Towards universal access: Scaling up priority HIV/AIDS interventions in the health sector*; 2010.

⁷ WHO. Tuberculosis: www.who.int/mediacentre/factsheets/fs104/en/index.html.

⁸ WHO. Tuberculosis and HIV: <http://www.who.int/hiv/topics/tb/en/index.html>.

⁹ Population Reference Bureau. *2010 World Population Data Sheet*; 2010.

¹⁰ Global HIV Prevention Working Group. *Behavior Change for HIV Prevention: (Re) Considerations for the 21st Century*; August 2008.

¹¹ U.S. Congress. P.L. 108-25; May 27, 2003.

¹² Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, and Congressional Appropriations Bills. Totals include funding for HIV, the Global Fund, and TB. FY 2012 is President's Budget Request to Congress.

¹³ KFF/UNAIDS. *Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from the G8, European Commission and Other Donor Governments in 2010*; July 2011.

¹⁴ The White House, Office of the Press Secretary. *Statement by the President on Global Health Initiative*; May 5, 2009.

¹⁵ UNAIDS. *2011 Political Declaration on HIV/AIDS*; 2011, available at: <http://www.unaids.org/en/aboutunaids/unitednationsdeclarationsandgoals/2011highlevelmeetingonaids/>.

¹⁶ Global Fund. *Grants Portfolio*; accessed November 2011, available at: <http://www.theglobalfund.org/programs/search/?search=3&lang=en>.

¹⁷ Bill & Melinda Gates Foundation, *Overview: The Gates Foundation's HIV Strategy*; July 2010.