

The Pandemic's Reach

Excerpted from: *A Guide to Acting on AIDS: Understanding the Global AIDS Pandemic and Responding through Faith in Action*

AIDS around the World

Whereas a common misconception in the past was that AIDS is a homosexual disease, today the disease is more commonly misperceived as an African one. While it is true that more than 25 million people in Africa are living with HIV or AIDS,¹ it is a mistake to judge HIV/AIDS as an African problem.² Epidemics are growing in regions all over the globe, with Eastern Europe and Central Asia actually experiencing the largest percentage of new infections—nearly a 20-fold increase in less than 10 years. As the disease continues to reach far deeper than any one continent or people group, the world has begun to recognize that AIDS is a global problem needing a global response.

The annual AIDS death toll of 3 million people has been compared to 20 fully loaded 747 airplanes crashing every day for a year.³ Reported cases of AIDS are arising so swiftly in China and India that if nothing is done, the death rates there will eclipse the numbers being reported in Africa.⁴ Most estimates show that the AIDS infection rate and death toll will continue to grow rapidly until at least 2010, even with aggressive worldwide interventions.

Sub-Saharan Africa

Sub-Saharan Africa is home to less than 10 percent of the world's population but has 60 percent of all people living with HIV and AIDS. Southern Africa remains the epicenter of the global AIDS pandemic. For many years, before the isolation of the HIV virus in the early 1980s, many Africans used the term "slim" to refer to the condition later known as AIDS, because the disease caused them to waste away until death. Many in Africa still use this term to refer to those who are living with AIDS.

Because of sub-Saharan Africa's high HIV infection rate, many experts agree that AIDS probably spread from this region. The long-term presence of killer diseases such as malaria, tuberculosis, and dysentery could have initially masked the existence of AIDS.⁵

How the virus first infected humans may never be known.⁶ Even after HIV was identified, African countries have continued to struggle to address the epidemic, largely because public health facilities are poor, communication systems are fragmented, and many governments are unstable.

Transmission of HIV in Africa happens primarily through heterosexual activity. Even today, much of the population still does not understand how HIV is transmitted, and infection rates cannot be accurately contained in Africa's highly rural, poor countries.

The good news is that the prevalence of HIV in adults appears to be declining in three sub-Saharan African countries: Kenya, Uganda, and Zimbabwe. Some of this decline can be attributed to changes in sexual behavior.⁷



Asia

In many Asian countries the percentage of the population which is HIV-positive is low compared with many countries in sub-Saharan Africa. Yet, because populations are large in many Asian countries, even a low prevalence rate means large numbers of people are infected. In 2005, 8.3 million Asian adults and children were living with HIV; 1.1 million of these became infected just that year.⁸ India has already surpassed South Africa as having the highest number of people living with HIV in the world, with more than 5.7 million people infected as of 2005.

Risky behavior feeds the AIDS epidemic in Asia. The interplay of intravenous drug use and unprotected sex—much of it transactional sex—fuels its spread. In China, for example, AIDS is prevalent among intravenous drug users, sex workers, and former plasma donors. Because the majority of drug injectors are sexually active and large portions of them also buy or sell sex, the pandemic can spread quickly.

Indonesia, Vietnam, and China are most at risk for widespread infection. Unless these and several other Asian countries implement programs designed to limit HIV transmission among at-risk groups, HIV is expected to continue its unrelenting march across much of the Asian continent.⁹

Eastern Europe and Central Asia

In 2005, the number of people living with HIV in this region reached an estimated 1.6 million—a 20-fold increase in less than 10 years. Compared to 2003, AIDS claimed nearly twice as many lives in 2005, killing an estimated 62,000 adults and children. The most affected countries in this region are Russia and the Ukraine. The epidemic in both of these countries is fueled by risky sexual behavior and prevalent intravenous drug use among young people. In Russia as much as 40 percent of all drug injectors use non-sterile needles or syringes. Several Central Asian and Caucasian republics are seeing the early stages of high infection rates, and high levels of risky behavior could broaden the epidemic in southeastern Europe.¹⁰

Latin America and the Caribbean

The Caribbean is the second-most infected region of the world after sub-Saharan Africa, with 24,000 adult and child deaths due to AIDS in 2005.¹¹ The region's epidemic is driven primarily by sex, with commercial sex playing a significant role in the spread of HIV. Social conditions, such as severe poverty, high unemployment, and gender inequality, contribute to an environment ripe for the pandemic's growth. For example, in Trinidad and Tobago, HIV infection levels are six times higher among 15- to 19-year-old females than among males of the same age. This trend is largely caused by the common practice of older men establishing relationships with younger women.

Brazil alone accounts for more than one-third of the estimated 1.8 million people living with HIV in Latin America. However, the highest prevalence is found in the smaller countries of Belize, Guatemala, and Honduras. Like in other areas of the world, the epidemic in this region is being fed by both unsafe sex and intravenous drug use. In nearly all Latin American countries, the highest levels of HIV infection are found among men who have sex with men, and the second-highest levels are among female sex workers. In 2005, 66,000 Latin American adults and children died due to AIDS, and 200,000 were newly infected.¹²

Western/Central Europe and North America

The number of people living with HIV in these regions rose to 1.9 million in 2005, up from 1.8 million in 2003. In both years, 30,000 adults and children died due to AIDS. Wide availability of antiretroviral therapy has helped keep AIDS deaths comparatively low. Most of the individuals living with HIV in the United States are men who have sex with men.¹³

Studies show African Americans also have disproportionate infection rates. Despite constituting only 12.5 percent of the country's population, African Americans accounted for 48 percent of new HIV cases in 2003. By some estimates, African American women are 12 times as likely to be infected with HIV than their white counterparts. African Americans also appear to be half as likely to receive antiretroviral drugs. For women living with HIV, unsafe heterosexual intercourse is the main mode of transmission. For many HIV-positive women, the main risk factor for acquiring the virus remains the often-undisclosed risk behavior of male partners, such as intravenous drug use and sex with other men.¹⁴

In Canada, the number of reported new annual HIV infections has risen 20 percent since 2000. In Western Europe, more than half a million people are living with HIV. The most common trend throughout Western Europe is the steadily growing proportion of newly diagnosed HIV infections due to unsafe heterosexual intercourse, but sex between men remains a notable factor in the epidemics in Belgium, Denmark, Switzerland, and Germany.¹⁵

Western Europe and North America remain the only parts of the world where most people in need of antiretroviral treatment are able to receive it. As a result, the number of AIDS deaths plummeted in the late 1990s. In contrast, in Eastern Europe—where antiretroviral treatment availability is limited—the number of AIDS deaths has tripled since 2000.¹⁶

¹ UNAIDS, 2005, 3.

² Ibid., 3.

³ Bourke, *Skeptic's Guide*, 5.

⁴ Bourke, *Skeptic's Guide*, 5.

⁵ Bourke, *Skeptic's Guide*, 14.

⁶ Bourke, *Skeptic's Guide*, 12.

⁷ UNAIDS, 2005, 17–30.

⁸ *AIDS Epidemic Update* (New York: UNAIDS, December, 2005), 31.

⁹ *AIDS Epidemic*, 2005, 31–44.

¹⁰ *AIDS Epidemic*, 2005, 5–52.

¹¹ *AIDS Epidemic*, 2005, 3.

¹² *AIDS Epidemic*, 2005, 53–64.

¹³ *AIDS Epidemic*, 2005, 65–69.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.