

Chapter 1 : The Division of Global HIV & TB

The U.S. President's Emergency Plan for AIDS Relief is the U.S. Government's response to the global HIV/AIDS epidemic and represents the largest commitment by any nation to address a single disease in history. Thanks to American leadership and generosity, alongside the work of many partners, PEPFAR has saved millions of lives, averted.

This trend is most marked in places where heterosexual sex is the dominant mode of transmission, particularly the Caribbean and sub-Saharan Africa. Women also significantly figure in many countries with epidemics that are concentrated in key populations such as injecting drug users, mobile populations, and prisoners. Several social factors are driving this trend. Young African women tend to have male partners much older than themselves—partners who are more likely than young men to be HIV-infected. Gender inequalities in the region make it much more difficult for African women to negotiate condom use. Furthermore, sexual violence, which damages tissues and increases the risk of HIV transmission, is widespread, particularly in the context of violent conflict. A survey of women attending antenatal clinics in Soweto, South Africa, found significantly higher rates of HIV infection in women who were physically abused, sexually assaulted or dominated by their male partners. The study also produced evidence that abusive men are more likely than non-abusers to be HIV-positive Dunkle et al. Asia Similar factors are threatening women in South and South-East Asia, but the overall impact in the region is much lower because the epidemic in most countries is concentrated among injecting drug users and other key populations. Women typically have limited access to reproductive health services and are often ignorant about HIV, the ways in which it can spread and prevention options. Social and cultural norms often prevent them from insisting on prevention methods such as use of condoms in their relations with their husbands. Global increases, global inequality Increases in the percentage of HIV-infected women also appear to be rising in: While it is difficult to compare all the regional factors causing this increase, it is clear that gender inequalities—especially the rules governing sexual relationships for women and men—are at the heart of the matter. In , an estimated 4. This is more than in any one year before. The epidemic remains extremely dynamic, growing and changing character as the virus exploits new opportunities for transmission. There is no room for complacency anywhere. Virtually no country in the world remains unaffected. Some countries that have let down their guard are seeing a renewed rise in numbers of people infected with HIV. For example, in some industrialized countries, widespread access to antiretroviral medicines is fuelling a dangerous myth that AIDS has been defeated. In sub-Saharan Africa, the overall percentage of adults with HIV infection has remained stable in recent years, but the number of people living with HIV is still growing. The epidemic is not homogeneous within regions; some countries are more affected than others. Even at country level there are usually wide variations in infection levels between different provinces, states or districts, and between urban and rural areas. In reality, the national picture is made up of a series of epidemics with their own characteristics and dynamics. Since , there has been a resurgence of energy and commitment in responding to the epidemic. Finances have increased considerably, and donors are exploring ways of channelling AIDS resources more quickly and efficiently to where they are most needed. The cost of antiretroviral medicines has tumbled, and concerted efforts are being made to extend treatment to millions of people in low- and middle-income countries whose lives depend on it. There is now also more funding available for prevention. Together, all these approaches are making a difference in curbing the spread of HIV and in restoring quality of life to infected people and their families. But they are doing so on a scale that is nowhere near the level required to halt or reverse the epidemic. At the rate it is currently spreading, HIV will have an increasingly serious impact into the foreseeable future, unravelling the fabric of societies in its path. Trends of global HIV infection The number of people living with HIV continues to rise, despite the fact that effective prevention strategies exist. All the estimates in this report are based on updated estimation methodologies and the latest available data. Hence current estimates cannot be compared directly with previously published estimates. During that time, the methods and assumptions used to make these estimates have been continually evolving. The UNAIDS Reference Group on Estimates, Modelling and Projections scientists and researchers from a variety of institutions, convened by UNAIDS meets annually to guide this

process and refine the research tools, drawing on work carried out through smaller technical groups over the course of the year. Updated assumptions and methods are then applied to the subsequent round of estimates. These new estimates are the result of more accurate data from country surveillance, additional information from household surveys, and steady improvements in the modelling methodology used by UNAIDS, WHO and their partners. This has led to lower global HIV estimates for , as well as for previous years. Although the global estimates are lower, this does not mean the AIDS epidemic is easing off or being reversed. The epidemic continues to expand. There are massive challenges in determining the exact prevalence levels of any disease— all figures are estimates based on available data. The reality is more complex since global estimates are based on country estimates which themselves are derived from country surveillance systems. These systems collect data on HIV infection levels in different groups, but data are incomplete and their quality has varied. In many countries, vast populations in rural areas are not well covered by surveillance. Because of social and political prejudice, many surveillance systems also bypass the population groups most likely to be exposed to HIV, such as injecting drug users, sex workers and men who have sex with men. The three most-commonly-used sources of data are sentinel surveillance systems that undertake periodic surveys among specific population groups; national population-based surveys; and case reports from health facilities. Each type of data has strengths and weaknesses. If more sources can be tapped, a more detailed picture can be pieced together and more accurate estimates achieved. In sub-Saharan Africa, the virus is spreading throughout the general population in many countries, and estimates are based largely on information gathered from pregnant women attending selected antenatal clinics. Recently, several countries have conducted national population-based surveys with HIV testing, some of which have been Demographic and Health Surveys. The data from these surveys have suggested that previous estimates based on sentinel surveillance were too high. However, all data are subject to possible biases. The assumption that HIV prevalence among pregnant women is equivalent to the prevalence among both men and women in the surrounding communities may not be valid in all countries. Data from antenatal clinics do not fully represent remote rural populations, and there are few data to help adjust for this bias. In household surveys in some countries, people who refuse to participate, and those who are not at home when the survey team passes, may well have higher levels of HIV infection. Figure 1 Difficulties in reconciling different estimates based on data from health facilities and population-based surveys are not applicable solely to HIV. For many conditions and diseases, including micronutrient deficiencies, noncommunicable disorders, and infectious diseases, estimates are improved through surveys collecting clinical and biological data. Even when non-disease indicators, such as poverty levels, are used, reconciling national household accounts with household surveys has become a difficult technical issue. But most experts agree that both should be used and that the truth about global poverty and inequality lies somewhere between the extremes suggested by the two methodologies. An accurate picture of the epidemic is vital for directing national responses. Some countries may exaggerate estimates if they believe that doing so will increase their chances of obtaining international funding support. Or they may understate estimates to disguise poor political leadership, or because they fear high HIV levels will scare off tourists or business investors. However, much of the difference in interpreting the data does not stem from purposeful misrepresentation, but from the simple fact that there are important data gaps. Even before the latest household survey results were released, more sophisticated sentinel surveillance and improved analysis resulted in lower estimates for a number of African countries. This is good news in that it means that fewer people than previously thought will suffer the horror of AIDS, but it should not be cause for undue optimism. For Africa, AIDS remains a catastrophe, and unrelenting commitment is required to turn the epidemic around and alleviate its tremendous impact. Good intelligence is the key to appropriate action Almost universally, mainstream society disapproves of, and sometimes harshly punishes, behaviour such as illicit drug use, sex between men, and sex work. This societal disapproval has meant that people engaged in these behaviours are frequently ignored by epidemiological surveillance systems, even though they are among the most likely to be exposed to HIV. Failure to monitor what is going on among them inevitably means that efforts to respond to the epidemic will be out of step with what is required, and HIV will retain the upper hand. Countries that conduct comprehensive surveillance are more likely to have an accurate picture of their epidemic, and can

better plan an effective response. Progress update on the global response to the AIDS epidemic, AIDS epidemic continues to expand; vulnerable populations at greatest risk Country data indicate that the number of people living with HIV continues to rise in all parts of the world despite the fact that effective prevention strategies exist. Sub-Saharan Africa remains the hardest-hit region with extremely high HIV prevalence among pregnant women aged 15–24 reported in a number of countries. In Asia, the HIV epidemic remains largely concentrated in injecting drug users, men who have sex with men, sex workers, clients of sex workers and their immediate sexual partners. Effective prevention programming coverage in these populations is inadequate. Diverse epidemics are under way in Eastern Europe and Central Asia. Injecting drug use is the main driving force behind epidemics across the region. In many high-income countries, sex between men plays an important role in the epidemic. Drug injecting plays a varying role. Around half a million range: Among young people 15–24 years of age, 0. Epidemics in this region remain largely concentrated among injecting drug users, men who have sex with men, sex workers, clients of sex workers and their sexual partners. National HIV prevalence in both countries is very low: But a closer focus reveals that both have extremely serious epidemics in a number of provinces, territories and states. In China, 10 million people may be infected with HIV by unless effective action is taken. The virus has spread to all 31 provinces, autonomous regions and municipalities, yet each area has its own distinctive epidemic pattern. In some, injecting drug use is fuelling HIV spread. In other areas, such as Anhui, Henan, and Shandong, HIV gained a foothold in the early s among rural people who were selling blood plasma to supplement their meagre farm incomes. As a result, many people have already died of AIDS. Most infections are acquired sexually, but a small proportion is acquired through injecting drug use. Injecting drug use dominates in Manipur and Nagaland in the north-east of the country, bordering Myanmar and close to the Golden Triangle. In the southern states of Andhra Pradesh, Karnataka, Maharashtra, and Tamil Nadu, HIV is transmitted mainly through heterosexual sex, and is largely linked to sex work. Indeed, according to selected surveys, more than half of sex workers have become infected with HIV. HIV transmission through sex between men is also a major cause for concern in many areas of India. Recent research shows that many men who have sex with men also have sex with women. Attention currently focuses on areas with high recorded prevalence, but there is concern about what might be happening in the vast areas of India for which there are little data. Risk behaviour on the rise Elsewhere in South Asia, behavioural information suggests that conditions are ripe for HIV to spread. For example, in Bangladesh, national adult prevalence is less than 0. Large numbers of men continue to buy sex in greater proportions than elsewhere in the region.

the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), which was established in by a U.N. General Assembly Special Session (UNGASS) on HIV/AIDS as an independent.

Affected Areas Sub-Saharan Africa 7 , with more than two-thirds of all people living with HIV globally, is the hardest hit region in the world, followed by Asia and the Pacific see Table 1. Eastern and Southern Africa. South Africa has the highest number of people living with HIV in the world 7. Eswatini formerly known as Swaziland has the highest prevalence in the world Western and Central Africa. Asia and the Pacific. However, trends vary from country to country. The region is also home to the two most populous nations in the world “ China and India ” and even relatively low prevalence translates into large numbers of people. Western and Central Europe and North America. Eastern Europe and Central Asia. The epidemic is driven primarily by injecting drug use, although heterosexual transmission also plays an important role. An estimated , people are living with HIV in the Caribbean. The number of people living with HIV on treatment more than doubled since from 69, in to approximately , in Middle East and North Africa. Criminalization of key populations and stigma serve as barriers to coverage in the region. In some countries, men who have sex with men, injecting drug users, sex workers, transgender people, and prisoners are disproportionately affected by HIV. Young people, ages , account for approximately a third of new HIV infections, and in some areas, young women are disproportionately impacted. Globally, there were 1. Prevention and Treatment 11 Numerous prevention interventions exist to combat HIV, and new tools such as vaccines, are currently being researched. Those with undetectable viral loads known as being virally suppressed have effectively no risk of transmitting HIV sexually. Access to prevention, however, remains limited, and there have been renewed calls for the strengthening of prevention efforts. In light of recent research findings, WHO released a guideline in recommending starting HIV treatment earlier in the course of illness. Viral suppression varies greatly by region, key population, and sex. Over time, new initiatives and financing mechanisms have helped increase attention to HIV and contributed to efforts to achieve global goals; these include: The contributions of affected country governments and civil society have also been critical to the response. Secretary-General emphasized these commitments, calling for the global community to reinvigorate global efforts to respond to AIDS. Donor government funding in increased after two years of declines, however, this increase was largely due to the timing of U. Government Efforts The U. Global Fund , and trends in U. Miles to go “closing gaps, breaking barriers, righting injustices; July AIDSinfo website; accessed July , available at: Core Epidemiology Slides; July

Chapter 3 : Global and regional trends - UNICEF DATA

The WHO country profiles provide an overview of latest available data on the HIV epidemic in WHO African region as of . Besides demographic and epidemiological HIV data, these profiles also include information on country's HIV policies and plans; antiretroviral therapy coverage and pricing.

Each day, approximately 4, people were newly infected with HIV and approximately 2, people died from AIDS related causes, mostly because of inadequate access to HIV prevention, care and treatment services. Global trends As of , roughly Millions more have been affected by the epidemic, through a heightened risk of poverty, homelessness, school dropout, discrimination and loss of opportunities. These hardships include prolonged illness and death. Of the estimated , people who died of AIDS-related illnesses in , , of them were children under 20 years of age. In , around , children were newly infected with HIV, bringing the total number of children under age 15 living with HIV to 1. Nearly 90 per cent of these children live in sub-Saharan Africa. However, the number of new HIV infections among adolescents aged has declined at a far slower rate. An estimated , children and adolescents died from AIDS-related causes in . The number of AIDS-related deaths among children has declined rapidly since , while the number of AIDS-related deaths among those aged has doubled. Regional trends Sub-Saharan Africa, particularly Southern Africa, remains the region most heavily affected by the epidemic. In , sub-Saharan Africa accounted for approximately 70 per cent of people of all ages living with HIV, 91 per cent of children living with HIV, and 85 per cent of adolescents living with HIV worldwide. The spread of HIV in sub-Saharan Africa is mostly through heterosexual relationships, both in the context of transactional and commercial sex and in longer-term relationships, including marriage. In addition, infants born to mothers living with HIV are at risk of becoming infected. In most other regions of the world, HIV disproportionately affects persons who inject drugs, men who have sex with men and sex workers. The epidemic is evolving, however, and transmission patterns are changing throughout the world. In Eastern Europe and Central Asia, HIV epidemics that were once distinguished largely by transmission among persons who inject drugs are now increasingly characterized by significant sexual transmission. In parts of Asia, HIV is transmitted more and more among heterosexual couples. In Asia as a whole, HIV epidemics have long been concentrated in persons who inject drugs, sex workers and their clients, and men who have sex with men. Now, infections are steadily spreading into lower-risk populations through transmission to the sexual partners of those most at risk.

Chapter 4 : Global HIV and AIDS statistics | AVERT

A global overview of the AIDS epidemic. Women increasingly infected by HIV. In recent years, the overall proportion of HIV-positive women has steadily increased.

Chapter 5 : The Global HIV/AIDS Epidemic | The Henry J. Kaiser Family Foundation

KEY POINTS: *The history of the HIV and AIDS epidemic began in illness, fear and death as the world faced a new and unknown virus. However, scientific advances, such as the development of antiretroviral drugs, have enabled people with access to treatment to live long and healthy lives with HIV.*

Chapter 6 : WHO | Data and statistics

22 UNAIDS 2 A global overview of the epidemic The scale of the AIDS crisis now outstrips even the worst-case scenarios of a decade ago. Dozens of.

Chapter 7 : CDC's Role in Global HIV Control| subsection title | section title | site title

report on the global aids epidemic | overview of the global aids epidemic In addition to the new data from national population-based surveys, the quality and cover- 02 age of sentinel surveillance in many countries have improved over time.

Chapter 8 : AIDS | United Nations

World Health Organization: "HIV/AIDS," "Global Summary of the AIDS epidemic " Reviewed by Carol DerSarkissian on November 10, This tool does not provide medical advice.

Chapter 9 : Scientific Facts on AIDS status & challenges of the epidemic

In , the world delivered on the AIDS targets of Millennium Development Goal 6â€”halting and reversing the AIDS epidemic. This remarkable achievement marks the first time a global health target.