## **HIV/AIDS epidemic ravages Africa**

David Walsh 27 June 1998

• In an estimate researchers call conservative, one in four people in the African nations of Botswana and Zimbabwe are infected with HIV, the virus that causes AIDS.

• In 13 sub-Saharan African countries at least 10 percent of the population is infected with HIV, and in many capital cities the prevalence rates are 35 percent or more.

• In one town on the Zimbabwean-South African border, 7 out of 10 women attending prenatal clinics in 1995 were HIV-infected.

• Perhaps 90 percent of those infected in Africa are ignorant of the fact because testing is not widely available.

• Life expectancy is receding in certain African countries to levels not seen since the 1960s.

• In the Zimbabwean capital of Harare, deaths among children one to five years old jumped by 250 percent between 1988 and 1996.

• Among East Africans, AIDS has more than doubled adult mortality in rural areas where 10 percent of the population has HIV. Even where HIV prevalence is slightly lower, AIDS accounts for four out of five deaths between the ages of 25 and 34.

• Overall, Africa has experienced 83 percent of the world's AIDS deaths. Four out of five HIV-positive women in the world live in that continent. An even higher proportion of the children living with HIV in the world are in Africa--an estimated 87 percent.

These are a few of the horrifying statistics revealed in a report issued earlier this week by the Secretariat of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO), on the eve of the 12th World AIDS Conference in Geneva. The study is the first-ever country-by-country analysis of the global HIV/AIDS epidemic, and the findings shocked even its organizers.

The report describes both a 'prevention gap' between

the advanced countries, where infection rates are leveling off or declining, and the poorest countries of Africa and Asia, and 'a looming divide' between countries where rates of AIDS deaths are falling and countries where they are rising.

The major reason for these gaps will come as a surprise to no one. The study's authors ascribe it to combination 'uneven access' to therapy with antiretrovirals, drugs that fight the human and immunodeficiency virus (HIV) forestall development of AIDS-related infections and cancers. These drugs, the report observes, 'have come into widespread use in the developed world over the past two years, yet because they are costly and difficult to administer they remain inaccessible to most people living with HIV' in the poorest regions of the world.

The Executive Director of UNAIDS, Dr. Peter Piot, commented, 'For nine out of ten people living with HIV, the overwhelming issue is access to care.'

UNAIDS and WHO estimate that by the end of last year there were more than 30 million people worldwide living with HIV, 21 million of them in Africa. Although national rates remain lower in Asia, Latin America and Eastern Europe, many countries in these areas have experienced a doubling or tripling of their infections since 1994.

HIV arrived relatively late in Asia, but the region already accounts for one out of five of the global total of infections and the virus is spreading rapidly. India has the highest number of people living with HIV of any single country, an estimated four million. Figures for Asia are considered to be somewhat unreliable because only a few countries on that continent have developed methods of adequately monitoring the spread of the infection.

The UNAIDS-WHO study notes that until the mid-1990s most of the Eastern European countries had been spared the worst of the HIV epidemic. In the last

few years, however, the former Stalinist countries 'have seen infections increase around six-fold. By the end of 1997, some 190,000 adults in the region were living with HIV infection.... Belarus, Moldova, the Russian Federation and Ukraine have all registered astronomical growth in HIV infection rates over the last three years, most related to unsafe drug injecting. Now there may be nearly four times as many infections in Ukraine alone as there were in the whole Eastern European region just three years ago.'

Ukraine is the worst affected country in the region. The number of HIV infections is estimated to have increased by more than 70 times, from 1,500 to 110,000, between 1994 and 1998. The same trend, although not so dramatic, has been observed in Russia.

The different rates at which rich and poor contract HIV and die from AIDS are not only reflected in the gaps between the industrialized and the backward countries of Asia and Africa. The report notes that this gap is expressed in the differing fates of rich and poor in the US. In a passage that the American media did not care to publicize, the report notes that the use of a combination of antiretrovirals grew 'astronomically' in the US over the study period. In 1994, a quarter of all patients were using combination therapy. By June 1997 that proportion had grown to 94 percent.

'However, patients with private medical insurance were more likely to be prescribed protease inhibitors (in addition to other antiretrovirals) than patients whose medicine was bought through publicly funded programmes. As a consequence, patients with private medical insurance were less likely to get sick or die than others. This disparity, even within a rich country such as the United States, illustrates the difficulties of ensuring equitable provision of drugs that are expensive to buy and hard to administer and monitor correctly.'

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