

# Despite new treatments, world AIDS deaths continue to rise

## Wide disparity seen between rich and poor nations

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Despite declining death rates in the United States and Western Europe, 2.6 million people worldwide will die this year from AIDS, more than in any previous year. Since the epidemic began in the late 1970s, AIDS has claimed the lives of 16.5 million people.

Sub-Saharan Africa continues to be the region hardest hit by the AIDS epidemic, while countries of the former Soviet Union saw the sharpest increase in the number of people infected with the HIV virus.

More than five and a half million more adults and children will be infected this year with the AIDS-causing virus. Since the beginning of AIDS epidemic, 50 million people have been infected with HIV, and 33 million are still living.

These figures are part of a recently released report by the Joint United Nations Program on HIV/AIDS (UNAIDS) and the World Health Organization (WHO). The report, entitled "AIDS Epidemic Update—December 1999," underscores the devastating impact this epidemic continues to have throughout the world, despite tremendous advances made during the past decade in medication, treatment and prevention of the disease.

Among the report's findings:

- \* The number of deaths from AIDS will continue to grow as the virus progresses in those already infected.

- \* 11.2 million children under age 15 have lost their mothers due to AIDS.

- \* Nearly half of all people infected with HIV acquire the virus before they reach the age of 25 and most will die before they turn 35.

- \* About 15,000 people become infected with HIV every day. Ninety-five percent live in developing countries and 1,600 are children under 15.

- \* HIV/AIDS cases rose most sharply in the countries of the former Soviet Union. From 1997 to 1999 the number of cases doubled, mostly due to the growth of intravenous drug use.

Sub-Saharan Africa remains the epicenter of the AIDS epidemic, with more than 23.3 million people living with HIV/AIDS. While this region contains only 10 percent of the world's population, 70 percent of the global total of AIDS cases are found here. Most of these people will die in the next 10 years. This year alone another 3.8 million men, women and children have become infected.

Since the late 1970s, 13.7 million people in the sub-Saharan

region have died, including 2.2 million this year. Of the 11.2 million children worldwide who have lost their mothers due to AIDS, 10.7 million live in Africa. Most of these children have also lost their fathers.

The AIDS epidemic is responsible for a massive decline in life expectancy for people in the sub-Sahara. Life expectancy, which rose from 44 years in the early 1950s to 59 in the early 1990s, has dropped to just 45. Children born today are expected to die 14 years sooner than a person born just 10 years ago. In Botswana, life expectancy fell from 62 years in 1990 to 50 today. In Zimbabwe it fell from 58 to 47 years. Life expectancy in Malawi has fallen to 40 years.

For the first time, more women than men are infected with the HIV virus. For every 10 men there are 12 women infected with HIV, and women are contracting the virus at a younger age than men.

Nine-tenths of an estimated 570,000 children under 15 who became infected with HIV in 1999 live in sub-Saharan Africa. Ninety percent of these are babies who acquired the virus from their mothers at birth or through their mothers' breast milk. Over 92,000 of these children will die before reaching their fifth birthday, and most will die before the age of 10.

The report warns that "the huge gap in HIV infection rates and AIDS deaths between rich and poor countries, and more particularly between Africa and the rest of the world, is likely to grow even larger in the next century."

The sharpest increase in HIV in 1999 was in the countries of the former Soviet Union. The proportion of people infected with HIV doubled between the beginning of 1998 and the end of 1999. In a larger region, comprising the former USSR as well as the remainder of Central and Eastern Europe, the number of infected people rose by a third over the course of 1999, for a total of 360,000 cases.

While the overall number of cases is still low, primarily among a growing number of intravenous drug users, the virus is expected to spread quickly, both among this segment of the population and beyond.

The virus has been introduced into many Russian cities where until recently HIV was virtually unknown. In the first nine months of this year, 2,700 cases of HIV were reported in Moscow, a three-fold increase. Cities and towns around Moscow have witnessed a

five-fold increase in the number of HIV infections this year.

In both Russia and Ukraine, the report notes that the growth of drug users is directly fueled by growing unemployment, especially among the youth. But the report does not mention the connection between this rising jobless rate and the dismantling and privatization of the state-run industries of the former Soviet Union. While the medical system in this region was once considered among the world's best, it has now all but collapsed and is incapable of coping with the health crisis.

South Africa has one of the worst AIDS epidemics in the world. Currently 6 million, one in eight, South Africans are HIV positive, with 1,500 new cases every day. More than 60 percent of beds at state hospitals are filled with AIDS patients.

HIV/AIDS arrived in Asia relatively late. As a result, the report notes, these countries had more time to learn from the experiences of the rest of the world in preventing the spread of the virus. Yet the danger exists for extreme outbreaks in this region of the world as well.

China and India—countries with the largest populations—have a relatively low infection rate. However, even a tiny increase in the rate of infection means millions of additional cases. There are currently 4 million infected in India and a majority of hospitals are reported to either turn away HIV-infected patients or to under-serve their needs.

In China only about half a million people among a population of over 1 billion are infected with HIV/AIDS. However, the bulk of new cases are concentrated among drug users in the populous coastal province of Guangdong, causing the report authors to warn of a possible rapid spread of the disease.

The report fails to mention that Guangdong province has been one of the regions most affected by the injection of private capital into China. Millions of people from rural China have moved into the province looking for work. Many end up working in deplorable conditions producing goods for export to the world market, and others are unable to find any work at all. These conditions of exploitation contribute to the growth of illegal drug use.

The UN report does note that the growth of income inequality in China has fueled an explosion of the sex industry, with as many as 4 million prostitutes throughout the country, creating the potential for rapid transmission of the HIV virus.

Nor is the United States immune from the social stratification of the AIDS crisis. While the death rate from AIDS has fallen by 50 percent since the introduction of antiretroviral therapy, the greatest benefit has been among wealthier sections of the population. Death rates for blacks and Hispanics have fallen by only 10 to 20 percent. And while blacks make up less than one-quarter of the population, they now account for nearly half of all new infections.

The report makes some reference to the connection between the AIDS epidemic and the extreme poverty of many of the most severely infected nations. However, one is left with the impression that HIV/AIDS is primarily a natural disaster.

To the extent that the UN report proposes any actions, it is to urge employers to conduct more education and prevention programs. In an attempt to convince corporations that such programs are in their interest, the report notes that the AIDS epidemic is costing companies money in hiring and training new

workers to take the place of those who die because of AIDS. The report's authors argue that employers would save money in the long-run if they spent money now on prevention and education programs.

Nonetheless, upon examination it becomes clear that the devastation of AIDS in southern Africa and its expansion into other regions of the world has less to do with a chance of nature than with deliberate social policies. More specifically, policies of the United States and European countries are protecting the profits of drug companies at the expense of human life.

Current treatment procedures call for HIV-positive patients to be administered a three-drug combination, which includes the well-known drug AZT. While not a cure, such treatment—known as highly active antiretroviral therapy—has been shown to lower the HIV count in the bloodstream to undetectable levels. But if a patient stops taking the medication the levels return and AIDS can set in. In Europe and America, where antiretroviral therapy has become standard, AIDS death rates have fallen by as much as 50 percent in the four years since the medication has become available.

Furthermore, giving antiretroviral therapy to HIV-positive pregnant women also greatly reduces the chances that the virus will be passed to the newborn baby during childbirth or through breast-feeding.

A study conducted by the US Department of Veterans Affairs found that the cost of antiretroviral drugs increased by 434 percent from 1992 to 1998. The cost for the standard three-drug treatment ranges from \$10,500 to \$22,300 a year with an average cost of \$17,600, according to a study by Caro Research in Massachusetts. The average cost for treating pregnant women with ATZ is \$1,000 a month. However, these costs are well beyond the means of all but the world's most affluent individuals.

The UN report notes Argentina and Brazil are the only two countries in South America that have begun to spend relatively large amounts of money on providing HIV/AIDS patients with antiretroviral treatment. The report notes that the programs in these two countries have substantially slowed the rate of HIV infection. However, the impact has primarily been on the well educated, that is, the wealthier sections of the populations. Poorer sections of the population have not seen a substantial decrease.

In Central America and the Caribbean island states, which the report describes as having the worst concentration of HIV/AIDS outside of Africa, access to antiretroviral therapy is far more limited than even in South America. Guatemala, for example, spends only \$64 per person per year on health care. Only an estimated 185 people have access to antiretroviral drugs out of an estimated 50,000 people living with HIV and AIDS.



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