

UN report on AIDS paints a picture of devastation—Part 1

Paul Scherrer
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The United Nations and World Health Organization report on AIDS paints a picture of devastation in Africa and warns of catastrophe in many other regions of the world, yet offers no solution to this raging epidemic.

Issued in preparation for the XIII World AIDS conference held last week in South Africa, "Report—On the Global HIV/AIDS Epidemic—June 2000" was intended to detail the extent of the worldwide epidemic and set the tone for the conference.

This, the first of two articles on the UN/WHO report deals with the extent of the destruction that has been caused by HIV/AIDS, mainly in Africa, but also in other regions. The second article, which will be posted July 18, examines the crisis in health care and the proposals advanced by the UN/WHO.

In regard to this latter section of the report, the reader gets the eerie feeling that those who drafted it had barely read the sections dealing with the extent of the epidemic. Even if fully implemented, the UN/WHO proposals would not halt the infection and death of millions of people each year.

An examination of the information provided by the UN/WHO report leads ineluctably to the conclusion that HIV/AIDS is not merely a health crisis, but a massive social crisis.

Despite the discovery over the past five years of highly effective medical treatments for HIV/AIDS, the worldwide epidemic of HIV/AIDS has reached catastrophic proportions for millions of people and entire regions of the planet. Last year more than 5.4 million people were newly infected with the HIV virus, nearly 2 million more than estimates published by the UN only last December. Of the 5.4 million new cases, 4.7 million are adults, 2.3 million are women and 620,000 are children.

Over 34.3 million people are currently living with HIV/AIDS, including 15.7 million women, nearly half of the 33 million adults with the disease. Some 1.3 million children under the age of 15 have HIV/AIDS. The vast bulk of children living with the virus acquired it from their mother.

More than 18.8 million people have died since the HIV/AIDS epidemic was first recognized in the late 1970s—15 million adults, of which 7.7 million were women, and 3.8 million children under the age of 15. Last year 2.8 million people died—2.3 million adults and 500,000 children.

While centered in Africa, the HIV/AIDS epidemic is taking firm root in parts of Asia, Latin America and the countries of Eastern Europe and the former Soviet Union.

The AIDS epidemic is by far the worst in African countries south of the Sahara desert. There are currently 24.5 million people living with HIV/AIDS in sub-Saharan Africa, of which 4 million became infected during 1999. In most sub-Saharan countries people are acquiring HIV at a faster rate than ever before.

Last year 2.2 million people died of AIDS in sub-Saharan Africa, nearly 80 percent of the 2.8 million deaths worldwide. Since the beginning of the epidemic, 14.8 million people in sub-Saharan Africa have been killed by AIDS, three times as many as had been predicted by the UN in 1991.

AIDS is now the number one killer in the region, accounting for more

than one in five deaths. AIDS killed more people last year than any other cause, including war, malaria or tuberculosis.

One-tenth of the adult population, ages 15-49, in 16 countries are infected with HIV. In seven countries, one in five are living with HIV/AIDS. In Botswana, 35.8 percent of adults are now infected with HIV/AIDS. South Africa, with 4.2 million people infected, has the largest number of people in the world living with HIV/AIDS. Some 19.9 percent of the adult population is now infected with HIV, up from 12.9 percent just two years ago.

The UN/WHO report warns that "unless action against the epidemic is scaled up drastically, the damage already done will seem minor compared with what lies ahead. This may sound dramatic, but it is hard to play down the effects of a disease that stands to kill more than half of the young adults in the countries where it has its firmest hold—most of them before they finish the work of caring for their children or providing for their elderly parents."

Young women in the region are becoming infected with the HIV/AIDS virus at an accelerating rate. Eleven studies of infection rates among teenagers and women in their early 20s in various urban and rural areas show alarmingly high rates.

"The rates among teenage girls and especially among women under 25 defy belief," states the report. "In 7 of the 11 studies, more than one woman in five in her early 20s was infected with the virus; a large proportion of them will not live to see their 30th birthday. Close to 6 out of 10 women in this age group in the South African town of Carletonville tested positive for HIV."

The infection rates in young African women are far higher than those in young men. In the 11 population-based studies presented here, the average rates among teenage girls were over five times higher than those in teenage boys. Researchers point to sexual relationship patterns, in particular the trend for older men to have intercourse with younger women, and the fact that women exercise less control over the use of condoms, as factors contributing to the different infection rates.

The high infection rate of young women has led to a tragic increase in both the number of children infected with the virus and the number of children who have been orphaned by the epidemic. Since the beginning of the AIDS epidemic, 13.2 million children before the age of 15 have lost either their mother or both parents due to AIDS. Many of these children have themselves died, having contacted the disease from their mother. Of those still living, 95 percent live in Africa.

The report states:

"By 1997, the proportion of children with one or both parents dead had skyrocketed to 7 percent in many African countries and in some cases reached an astounding 11 percent. In African countries that have had long, severe epidemics, AIDS is generating orphans so quickly that family structures can no longer cope. Traditional safety nets are unraveling as more young adults die of this disease. Families and communities can barely fend for themselves, let alone take care of orphans. Typically, half

of all people with HIV become infected before they turn 25, acquiring AIDS and dying by the time they turn 35, leaving behind a generation of children to be raised by their grandparents or left on their own in child-headed households.”

Last year 480,000 children under the age of 15 died of AIDS, 430,000 of them in sub-Saharan Africa. Since the beginning of the AIDS epidemic, 3.8 million children have died of AIDS, 3.3 million of them in sub-Saharan Africa. There are 1.3 million children currently living with HIV/AIDS, 1 million of them in sub-Saharan Africa. The vast majority of these will be dead within 10 years.

The vast bulk of children infected with HIV were born to mothers infected with the virus. These children acquire the virus either in the womb, during childbirth or shortly afterwards from breast-feeding. Studies have shown that about a third of children born to HIV-infected mothers become infected, and that half of those infected contracted the virus during breast-feeding.

However, treatments which have been available to HIV-infected women in the advanced capitalist countries for several years, and which drastically reduce the likelihood of transmitting the virus from mother to child, have been blocked from reaching women in sub-Saharan Africa. Furthermore, bottle-feeding is not an option for the vast majority of HIV-infected mothers in sub-Saharan Africa because of a lack of infant formula and a safe and clean water supply.

The result of the HIV/AIDS epidemic in Africa has been a massive decline in life expectancy, reversing most if not all of the gains made since the end of World War II. In Botswana, after rising to over 60 in the late 1980s, life expectancy has fallen to 47. In South Africa it has fallen to 55, in Zimbabwe to 44, in Zambia and Uganda to 40.

Child mortality rates, which also declined, are on the rise again, the increase entirely due to the AIDS epidemic.

The report explains that these figures are for the most part underestimates, because death rate data is collected by conducting household surveys, and many households which have been hardest hit by AIDS have been completely wiped out and are consequently not counted. Furthermore, since current prevalence rates do not take into account those who have already died from AIDS, the cumulative figure is higher.

Therefore, the likelihood that a young man who is not infected with HIV/AIDS will acquire the virus is much higher than the current prevalence rates. This is true even if infection rates fall in the future.

A population study conducted in Zimbabwe estimates that fully one half of men who were 15 in 1997 could expect to die before reaching the age of 50. This is true even if infection rates are cut in half. In 1983, just 15 percent of 15-year-old men could expect to die before age 50.

In Botswana, the likelihood of a 15-year-old male dying before his fiftieth birthday is over 90 percent.

According to the report, “The situation was just as bad for women. The likelihood of a 15-year-old dying before the end of her reproductive years quadrupled from around 11 percent in the early 1980s to over 40 percent by 1997.”

The UN/WHO report devotes many pages to detailing the economic impact of HIV/AIDS on sub-Saharan Africa. The report begins by stating, “A decade ago, HIV/AIDS was regarded primarily as a serious health crisis.... Today, it is clear that AIDS is a development crisis, and in some parts of the world is rapidly becoming a security crisis too.”

For those families in urban areas of Côte d'Ivoire with one family member inflicted with HIV/AIDS, the money spent on education was cut in half, food consumption went down 41 percent per person, and four times as much was spent on health care.

The Central African Republic has a third fewer primary school teachers than it needs. Almost as many teachers died between 1996 and 1998 as those who retired. A total of 107 schools have closed due to staff shortages, with only 66 remaining open. In Zambia, during the first 10

months of 1998, 1,300 teachers died.

A survey in the rural Bukoba district of the United Republic of Tanzania found that a woman with a sick husband spent 60 percent less time on agricultural activities than she normally would. A study in Namibia concluded that a household headed by women generally loses its cattle, thus jeopardizing the food security of the surviving members.

An AIDS organization in South Africa warns that over the next 20 years Zimbabwe could face a food crisis, as the population of working age people falls and acreage under cultivation drops. The output of much of subsistence farming has fallen by 50 percent over the past five years owing largely, though not solely, to the AIDS epidemic. Maize production has dropped by 54 percent. Cotton output has fallen by 47 percent, groundnuts and sunflowers by 40 percent.

While the HIV/AIDS epidemic is by far the worst in sub-Saharan Africa, the UN/WHO report also documents some very troubling trends in Asia, South America, Eastern Europe and the countries of the former Soviet Union.

The overall prevalence rates in Asia are much lower than in Africa. In only three countries in Asia—Cambodia, Myanmar, and Thailand—are more than 1 percent of 15-49-year-olds infected with HIV/AIDS. In Indonesia only 5 in 10,000 are infected with HIV, and in the Philippines the rate is only 7 in 10,000.

However, these figures do not tell the full story. Since the populations of many of these countries are so high, even a small percentage translates into a very large number of people infected with HIV/AIDS. Thus India, with only seven out of every thousand people infected, has more than 3.7 million people living with the virus, second in the world only to South Africa.

Furthermore, the HIV/AIDS epidemic is thus far confined to sub-populations and locations where the infection rates are much higher than the national average. Should the virus spread, it could produce a catastrophe of African proportions.

There are 1.7 million people living with HIV/AIDS in Latin America and the Caribbean Islands. Several Caribbean nations have the highest concentration of AIDS in the world outside of Africa. Over 5 percent of adults in Haiti are infected with the HIV virus, while in the Bahamas the adult prevalence rate is over 4 percent, and in the Dominican Republic the rate is 2.5 percent.

While still relatively low, the countries of the former Soviet Union have seen the fastest growth in the number of new infections of any region in the world. In the Ukraine, the number of people newly infected with HIV/AIDS has jumped from almost zero in 1995 to around 20,000 a year. While the disease is thus far concentrated among injecting drug users, the collapse of the health care system carries the danger of the epidemic spreading to the population at large.



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