

# United Nations AIDS report confirms worst epidemic in history

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An estimated three million people will have died of AIDS in 2000, the highest annual figure yet recorded. 500,000 of these were children. Although 2.4 million of the total deaths were in sub-Saharan Africa, the latest UNAIDS and World Health Organisation (WHO) statistics also show serious increases in the number of HIV infections in countries that are part of the former Soviet Union, as well as in South and South-East Asia. The UNAIDS/WHO report was timed to appear for World AIDS day, December 1.

AIDS has now killed a total of 22 million people, making it the deadliest epidemic in the history of mankind and overtaking the total of 20 million killed by Spanish Flu in 1918. The series of statistics in the UNAIDS/WHO report reveals the horrifying scale and spread of the disease. However, the report is just as staggering in spelling out the totally ineffective global response to this pandemic. In line with the attitude of the major Western governments, the report calls only for prevention programmes in sub-Saharan Africa—education and provision of condoms—and basic care and support for those infected. There will be no attempt to deal with the widespread poverty, collapsing healthcare systems, or to provide the anti-retroviral drug treatment available in the West. The derisory sum of \$3 billion a year being asked for by the UN will condemn millions of people to die.

Total world figures for HIV infection were 36.1 million, of which 1.4 million are children. 25.3 million of these were in sub-Saharan Africa.

In Eastern Europe and the former Soviet bloc as a whole, there were at least 700,000 cases of HIV infection, up from just 420,000 cases last year. In the Russian federation, 50,000 new infections were reported in the first nine months of this year compared to 29,000 registered in the previous 12 years. This increase is largely due to intravenous drug use and is likely to be a serious underestimation as many cases are unreported. The Russian Ministry of Health released a report estimating that about 14 million Russians, about 10 percent of the population, will be infected by 2005. “What we had predicted and feared is now happening, and that's an explosion of HIV”, said Peter Piot, UNAIDS director, pointing to the lack of concern shown by governments in the region.

South and South-East Asia now has 5.8 million people with HIV. Although this is only a small proportion of the region's population, figures are expected to rapidly increase, especially in China, Vietnam and Cambodia. Vietnam has had 2,371 deaths from

AIDS, but it is predicted that this will rise to 46,000 by 2005—with 200,000 HIV infected. China is predicted to have 10 million HIV cases by 2010, with HIV cases growing at 30 percent each year.

A Reuters report from India states that the country now has 3.7 million people who are HIV infected, the largest number in the world after South Africa. A health ministry spokesman stated that effective antiretroviral treatment was too expensive for the country's health budget.

The UNAIDS/WHO report shows a slight fall in new HIV infections in sub-Saharan Africa, from 4 million in 1999 to 3.8 million in 2000. This is hardly encouraging news, given the fact that the figures are statistical estimates with large margins of error. It probably means that the epidemic has gone on for so long that it has already affected a high proportion of people in the sexually active population. The other possible explanation put forward by the UN—that AIDS prevention programmes are beginning to take effect in some African countries—do not seem credible when the dire situation in countries the UN claims to represent “success” stories—like Uganda and Zambia—is seriously examined. Experts fear that the epidemic could spread in highly populated Nigeria, where HIV rates are now about 5 percent of the population, increasing to the much higher levels now found in Southern Africa.

Another serious aspect of the UNAIDS/WHO statistics is the recent increases in HIV infection in the West. During 2000 it is estimated that 30,000 people in Western Europe and 45,000 in the US have been infected with HIV. This increase on the rates throughout the 1990s suggests that although the totals are still low compared to Africa, basic education on the danger of AIDS/HIV is lacking.

## AIDS in Africa

Media reports over the last few days have provided heart-rending illustrations of the effect of the disease in Africa. A British Channel 4 TV documentary, *AIDS The Global Killer*, showed the situation in Livingstone, Zambia. On the intersection of main trunk roads the high HIV infection is attributed to a large number of sex workers. A local school was shown where the head teacher had lost so many teachers and pupils he is now allowing sex education classes in spite of opposition from the Catholic Church. Groups of orphaned children are shown sleeping rough; a mother dying from AIDS had been forced to send her child to be looked after by a charity. A highly educated civil servant took the brave decision to openly admit he had AIDS but has since been shunned by his

friends. Despite his relative affluence he cannot afford the price of basic antibiotics to treat his infections.

BBC Radio World Service interviewed people dying with AIDS in Kenya, where 200,000 have died in the last year. At an orphanage, the reporter was shown the nearby graveyard of children who had recently died. In Harare, Zimbabwe, the local cemetery is now full because of AIDS-related deaths, and an appeal is being made for families to break with traditional custom and accept cremation.

Reports in *Village Voice* reveal the situation facing a group of AIDS patients at Gulu, Uganda. The vast majority of them had gone at least five days without food in the last year, demonstrating the effects of poverty on the disease. A partner in an advertising and media firm in Uganda was interviewed, as one of the 852 people out of 930,000 infected with HIV who has been able to afford antiretroviral drugs. His firm is now making less money, so he can no longer afford the \$6,250 needed for a year's treatment.

The economic impact of AIDS in Africa is referred to by the UNAIDS/WHO report. Studies show the devastating impact that the disease is likely to have on the economy of Southern Africa, which contributes 40 percent of the region's economy. It is predicted that the country's Gross Domestic Product will be 17 percent lower than it would have been in the absence of AIDS, wiping \$22 billion off the economy. In Botswana, with a relatively wealthy economy due to income from diamond mining, it is estimated that health spending will more than treble over the next 10 years.

#### **Western powers largely ignore global catastrophe**

The UNAIDS campaign theme for World AIDS day this year reflects the total refusal of Western governments to seriously address this global catastrophe. "Men make a difference", targets the individual responsibility of men for the growth of the infection—along the lines of moralising Victorian philanthropy. "Harmful cultural beliefs about masculinity"—i.e. men forcing women to have sex and refusing to care for infected family members and orphans—are seen as the key problem. In contrast, the report hardly addresses the basic problems facing the majority of people in Africa—the provision of clean drinking water and nutritious food, to say nothing of healthcare and education systems which have rapidly declined under the IMF and World Bank privatisation programmes of the last period.

World AIDS day also gave US Secretary of State Madeleine Albright the occasion to declare, "We are not winning the war against AIDS" and call for "a global effort with gutsy leadership, backed by donors and caring people everywhere." This was said in the context of a US political leadership that has donated a mere \$1 billion to combat HIV/AIDS to 75 countries over the last 10 years—an average of \$100 million a year. Even this paltry sum is higher than that donated by any other Western nation. The US Congress has voted a global aid budget of \$460 million for 2001, not only for HIV/AIDS but also for all infectious diseases. The figures contrast with an annual US defence budget of \$310 billion. French President Jacques Chirac said that in the European Union, whose presidency is currently held by France, "we are faced, morally and politically, with a situation of failing to assist people at risk", but he merely called for yet another UN conference to

bring together representatives of developing countries, pharmaceutical companies and NGOs.

A response that is perhaps even more cynical was given by the World Bank. With its headquarters fronted by a huge 32-foot high red ribbon, a spokeswoman boasted of the \$500 million that the Bank's board had approved in September for HIV/AIDS work in sub-Saharan Africa. The bank is providing "soft loans"—with lower than usual repayment terms—for 25 African countries, most of which already have a huge debt burden.

Several campaign groups are now focusing on the issue of anti-HIV drugs. At the Durban International AIDS Conference last July, drug companies promised to cut their prices by as much as 80 percent to African countries. The cut has failed to materialise. So far only Senegal has negotiated a price-cut on AIDS drugs. The charity Doctors Without Borders says that the combination of three drugs at present on sale in the US for \$42.60 a day (\$15,500 a year) could be sold to poor countries at \$2.14 a day (\$780 a year) and still make a profit.

In South Africa, the Treatment Action Campaign (TAC) has won considerable support against the ANC government, which is refusing to provide drugs except for health workers infected with HIV and for those who can afford them privately (the latter group includes politicians who have their own insurance scheme). TAC's deputy chairman, Mark Heywood, told the world media that at present only 10,000 of the four million infected with HIV in South Africa had access to anti-retroviral drugs, and that a significant price reduction would bring access to 300,000 within two years.

However important the access to drug treatment is, as the UNAIDS/WHO report points out: "in countries that are worst affected by the epidemic, rising sickness and death often take place against a background of deteriorating public services, poor employment prospects and endemic poverty." Combination drug treatments available in the West, which are not a cure but have been shown to halt the development of full-blown AIDS, can only be administered within an adequate health service. The drugs produce serious side effects and require constant care and supervision of patients. They can only be part of the solution to an enormous social crisis that must be tackled as a global emergency. Western politicians have so far completely rejected any kind of coordinated intervention that would mean spending hundreds of billions of dollars to halt the impact of this deadly disease.



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