

WORLD HEALTH ORGANIZATION DATA

HIV/AIDS Epidemic

The pullouts on this page were copied directly from the WHO 2006 annual report on HIV/AIDS. We at MJoTA call ourselves humans; we substituted this term for persons.

Healthcare data is only as good as the methods used to gather them. In the United States every case of infectious disease must be reported to the Centers of Disease Control as must be every death and the cause of every death. If humans live and die from HIV/AIDS without ever having been seen by registered healthcare professionals, then they will not be counted. This happens in the United States, and certainly happens in the countries of Africa.

At MJoTA we urge anyone to look at disease and death data with caution, and understand they are estimates. We quote WHO data when available, unless we have compelling evidence that data from another source are more reliable.



High malaria prevalence in humans living with HIV/AIDS

In Uganda, more than 30% of adults visiting district health centres with uncomplicated falciparum malaria were co-infected with HIV. Clinical treatment for malaria was 3 times more likely in adults with HIV. The findings are in line with evidence from elsewhere in sub-Saharan Africa that malaria tends to occur with increased frequency and severity in HIV-infected adults. This underlines the need for new strategies of HIV testing and counselling for adults with uncomplicated falciparum malaria. (Kanya MR, Gasasira AF, Yeka A, Bakyaita N, Nsohya SL, Francis

D, Rosenthal PJ, Dorsey G, Havlir D. Effect of HIV-1 infection on antimalarial treatment outcomes in Uganda: a population-based study. *Journal of Infectious Diseases*, 2006;193:9–15.)

Africa and HIV/AIDS

Almost 25 million humans are living infected with HIV in sub-Saharan Africa: these are 63% of all humans with HIV globally. Considerable efforts have been made towards improving access to anti-retroviral treatment in recent years.

Nonetheless, 2.1 million [1.8 to 2.4 million] Africans died from AIDS in 2006: 72% of all AIDS deaths globally. Hardest-hit is southern Africa, where Zimbabwe is the only country where national adult HIV prevalence has declined. The declining trend appears to be partly associated with behavior changes dating back to the mid- to late-1990s.

Meanwhile, the HIV epidemics in Mozambique, South Africa and Swaziland continue to grow. An estimate 33% adults in Swaziland was living with HIV in 2005—the most intense epidemic in the world. In South Africa, which in terms of sheer numbers has one of the world's largest HIV epidemics, prevalence of HIV among women attending public antenatal clinics was 35% higher in 2005 than it had been in 1999. While HIV infection levels among young pregnant women appear to be stabilizing, they continue to increase among older women. The epidemic is having a significant impact. Death rates from natural causes for women

of 25 to 34 increased 5-fold between 1997 and 2004, and for males of 30 to 44, they more than doubled.

In East Africa, where HIV infection has been less than in the south of the continent, the general trend of a stabilizing or a declining HIV prevalence appears to be continuing. National HIV prevalence among pregnant women has declined in Kenya, and Tanzania and, to a lesser extent, in Rwanda.

In many other countries, discrepant trends are often being found locally. Meanwhile, new research indicates a possible erosion of the gains Uganda made against AIDS in the 1990s, and HIV prevalence has again been rising in some rural areas.

A sudden increase in infection in pregnant women in 2005 in Burundi's capital, Bujumbura, could reverse the general, post-2000 decline in HIV prevalence in that country.

West and Central Africa's smaller epidemics show divergent trends with signs of declining HIV prevalence in urban parts of Burkina Faso, Côte d'Ivoire and Ghana. In Mali the HIV epidemic appears to be growing. A recent development in sub-Saharan Africa is the emergence of injecting drug use as a potential factor in the HIV epidemics of several countries, notably those of Kenya and Tanzania (as well as Nigeria and South Africa).