



GLOBAL HIV / AIDS AND THE DEVELOPING WORLD

WHAT ARE THE IMPACTS OF HIV/AIDS IN THE DEVELOPING WORLD?

Human impacts—HIV/AIDS is one of the largest challenges the global community has ever faced.

- Since 1981, more than 25 million people have died of AIDS. Last year alone, 3 million people died of AIDS.
- By 2010, life expectancy in some of these countries might fall to only 30 years—a reversal to the level of a century ago.
- Today 40 million people around the world are living with HIV infection or AIDS; more than two-thirds of those infected are in Africa and the Caribbean.
- HIV/AIDS is also a major health threat in Russia, and there is a strong potential for rapid spread of the infection in China and India.
- HIV/AIDS disproportionately affects women. In 2001, of young women aged 15–24 years, 6%–11% were living with HIV, compared with 3%–6% of young men in that age group.

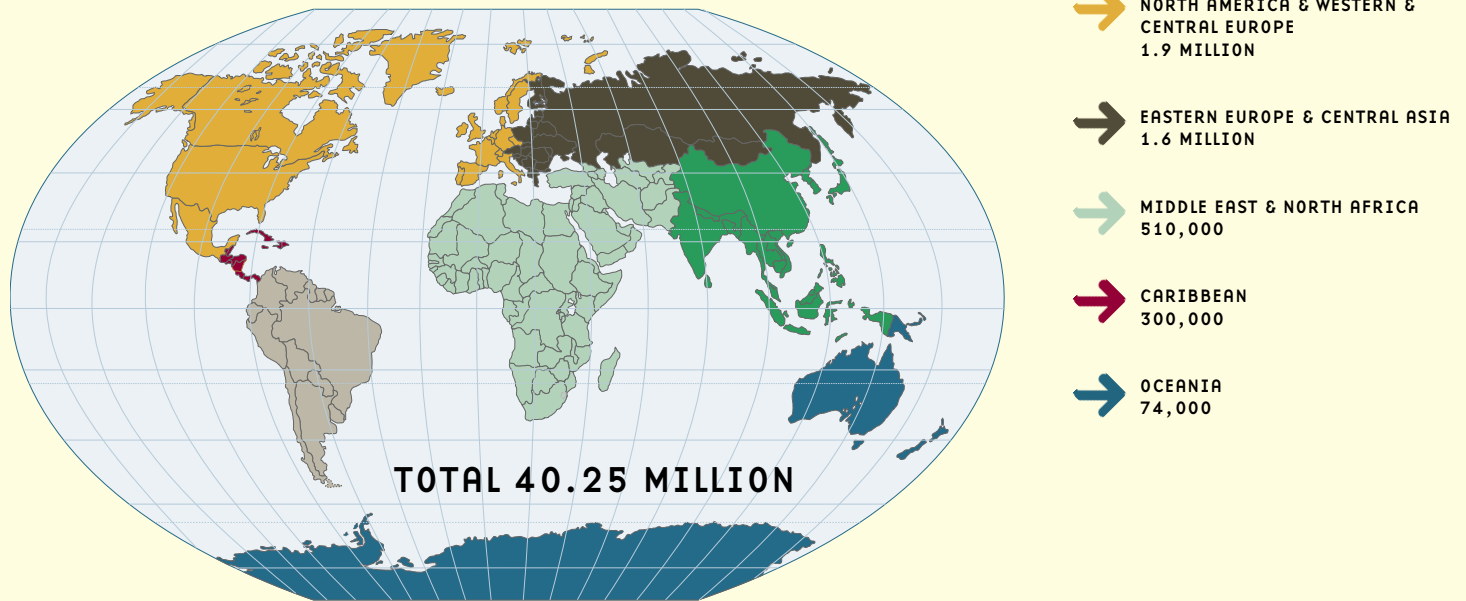
Economic impacts—AIDS is affecting long-term prospects for development in poor countries and is reversing decades of progress.

- In the most profoundly affected countries of Africa, one in five working-age adults—teachers, health workers, political leaders, civil servants, small business owners, soldiers, and parents—have HIV/AIDS.
- The people affected are the drivers of economic progress; without them, countries will remain trapped in poverty. For the hardest hit countries, AIDS is likely to reduce national income by as much as 20% by 2020.
- HIV/AIDS drains already low health care budgets—the governments of the world's poorest countries spend as little as \$10 per person each year on health care, compared with at least \$2,000 per person each year in rich countries.

FIGURE 1.

HIV/AIDS AROUND THE WORLD:

Over 64% people living with HIV/AIDS are in Africa, which represents only 11% of the world's population. Large numbers of people are also affected in South and East Asia.



Source: UNAIDS, AIDS Epidemic Update, Dec. 2005

WHAT CAN BE DONE TO FIGHT HIV/AIDS?

- **Prevention:** As with any infectious disease, the spread can be reduced only by prevention. There is no HIV vaccine yet, so prevention primarily means changes in behaviors that spread the virus, measures to screen the blood supply, use of safe injection equipment in medical care, and use of medicines to prevent mother-to-child transmission.
- **Treatment:** Antibiotics can be used to treat “opportunistic” infections, including tuberculosis, that affect individuals whose immune systems are weakened by AIDS. Antiretroviral therapy (ART), a combination of powerful drugs, and the close monitoring of patients can make it possible to live with HIV/AIDS for many years.
- **Care:** Care and support for families affected by HIV/AIDS increases awareness about prevention and treatment, helps children stay in school, and allows family members to continue working.
- **Better health systems:** The importance of the treatment and prevention of HIV/AIDS has brought a renewed focus on rebuilding public

health systems, which are critical to economic development. Even if drugs for treatment are available, weak public health systems can limit the ability to distribute them.

SUCCESS IS POSSIBLE

Success in combating and even reversing the HIV/AIDS epidemic is evident in programs ranging from the community level to the national level across the world. For example:

WHAT AMERICANS THINK ABOUT GLOBAL HIV/AIDS

- Nearly half (45%) of Americans believe that the U.S. spends too little to fight AIDS. (AIDS is second only to illicit drug smuggling as an issue for which Americans believe the U.S. is spending too little.)
- An overwhelming majority of Americans (86%) believe that the U.S. should not try to prevent African countries from developing generic AIDS drugs.

Sources: *Public Opinion Strategies and Greenberg Quinlan Rosner Research, 2001; Americans on Africa, Program on International Policy Attitudes and Knowledge Networks, 2003.*

Prevention of mother-to-child transmission: In Uganda, a combination of ART and counseling on breast-feeding alternatives for mothers with HIV reduced transmission from mother to child by 50%.

- **Education and behavior-change programs:** In 2005 Thailand reported about 18,000 new cases of HIV, down from 143,000 in 1991—a decrease of 87%. This success was tied to an aggressive public education campaign and the “100% condom program,” by which all sex workers are required by law to use condoms.
- **Bold leadership:** Senegal, an early success story in the fight against HIV/AIDS, has managed to keep its prevalence rates low through education programs and high-level political commitment: even the head of state has added his voice to HIV/AIDS education around the country.

- **Response to global activism:** Pharmaceutical companies have reduced the annual cost of HIV/AIDS drugs from as high as \$10,000 to as low as \$300 per patient, and rich countries have altered patent laws to make it easier for poor countries to produce and import generic versions of medicines.

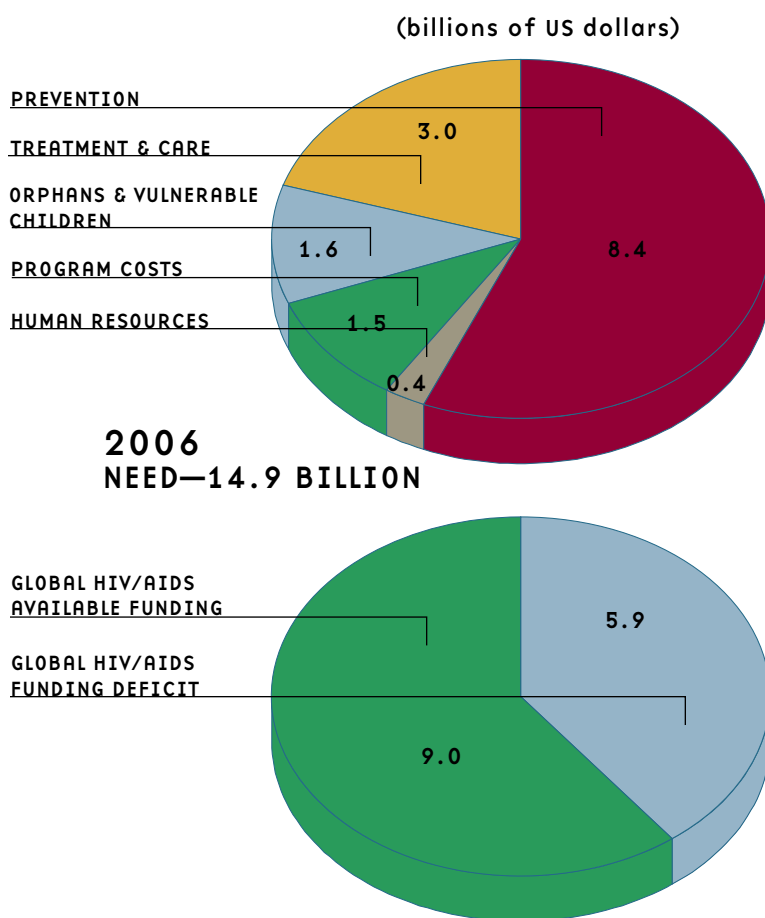
Despite these success stories, HIV/AIDS still represents the greatest threat to human health in modern times and affects millions around the world (see Figure 1). Less than 1% of people in need of treatment in Africa are undergoing ART, and the cost of the drugs is still 30 times the amount the poorest countries spend annually on each citizen’s health.

WHAT IS THE U.S. DOING TO FIGHT HIV/AIDS?

Development assistance:

- The U.S. contributes funds aimed at health programs generally, and at HIV/AIDS in particular, in two ways:
 - **Bilateral assistance:** Each year since 1986, the U.S. has given money directly to affected countries, and it manages its own programs in those countries.
 - **Contributions to the Global Fund to Fight AIDS, Tuberculosis, and Malaria:** The Global Fund is a partnership between governments, civil society, the private sector, and affected communities. All donors’ contributions are pooled to avoid replication of programs and administration.
- In 2003, President Bush announced a five-year Emergency Plan for AIDS Relief, known as PEPFAR. For 2006, the U.S. federal budget provides some \$3.2 billion to fight HIV/AIDS in the developing world, approximately \$600 million of which is set aside for new contributions to the Global Fund. Despite the commitments of the U.S. and other countries, many countries lack the infrastructure—or “capacity”—to deliver prevention and treatment services to all who need them. In addition, there remains an enormous funding gap between what has been committed in development assistance and what is needed for prevention and treatment of HIV/AIDS (see Figure 2).

FIGURE 2.
THE HIV/AIDS FUNDING GAP:
Global HIV/AIDS spending and unmet need, 2005



Source: UN AIDS Global Fact Sheet, 2005

Intellectual property rights:

- Intellectual property rights include the laws that cover patents on medicines. Drug producers argue that they need patents to keep drug prices at levels that cover the cost of research. Others argue, however, that the higher prices keep essential medicines, such as drugs for the treatment of HIV/AIDS, out of reach for poor people.
- The U.S. has subscribed—although slowly and with reservations—to global agreements that allow poor countries to produce or import low-cost generic versions of drugs in the face of public health emergencies. While such policies do not ensure that those in need will have access to essential drugs, they do reduce the barriers to access that intellectual property rights create, and they are seen as a positive step in the face of the AIDS crisis.

QUESTIONS ABOUT HIV/AIDS POLICIES

If you think fighting global HIV/AIDS is important for the United States, talk with your friends, neighbors, civic leaders, elected officials and candidates about it. Here are some questions to get you started:

1. Do you think the U.S. is doing enough to fight AIDS in poor countries? What priority will you give support for the Global Fund relative to U.S.-only AIDS programs?
2. How will you strike the right balance between funding for prevention, treatment, and overall strengthening of health systems?
3. How will you strike the right balance between creating incentives for pharmaceutical companies to invest in research on new drugs to treat AIDS and ensuring that such drugs are priced to be accessible to people in the poorest countries?

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