

## HIV/AIDS White Paper Addendum: 2020 Update

Despite significant efforts in providing treatment and information, the devastating effects of HIV and the opportunistic infections related to it that have caused millions of deaths remain a reality. This addendum of the HIV/AIDS white paper presents the most recent statistics about the number of HIV cases worldwide. It also presents UNAIDS recent strategies to address this issue.

In 2018 approximately 37.9 million people were living with HIV around the world,<sup>1</sup> including 1.7 million people newly infected that year.<sup>2</sup> According to UNAIDS, the number of new infections per year has decreased from 2.1 million in 2010.<sup>3</sup> Out of the total number of people living with HIV, 36.2 million were adults and 1.7 million were children under 15 years old.<sup>4</sup> Sub-Saharan Africa is still the region most severely affected, with 1 in every 25 adults living with HIV, representing more than two-thirds of the people living with HIV worldwide. In 2018 there were 25.7 million infected people in Sub-Saharan Africa.<sup>5</sup>

The vast majority of people with HIV live in low and middle-income countries. In 2018, there were 20.6 million people with HIV (57%) in eastern and Southern Africa, 5.0 million (13%) in Western and Central Africa, 5.9 million (16%) in Asia and the Pacific, and 2.2 million (6%) in Western and Central Europe and North America.<sup>6</sup>

In 2018, 770,000 people died of HIV-related illnesses worldwide.<sup>7</sup> Of those, an estimated 120,000 were children and adolescents, about 72% of whom under 10 years old.<sup>8</sup> Since the beginning of the epidemic, 75 million people have been infected with the HIV virus and about 32 million people have died of HIV related issues.<sup>9</sup>

Treatment and prevention are essential elements in the battle to reduce the number of new infected people and the number of people dying because of HIV related diseases. By 2018, 23.3 million people living with HIV were accessing antiretroviral therapy (ART), up from 7.7 million in 2010.<sup>10</sup> This means that 62% of all people living with HIV were accessing treatment,<sup>11</sup> but

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<sup>1</sup> *Global Health Observatory (GHO) data: HIV/AIDS*, WHO, <https://www.who.int/gho/hiv/en/> [hereinafter WHO, GHO data: HIV/AIDS].

<sup>2</sup> *HIV/AIDS: Key Facts*, WHO, <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>.

<sup>3</sup> *Global HIV & AIDS statistics—2019 fact sheet*, UNAIDS, <https://www.unaids.org/en/resources/fact-sheet> [hereinafter UNAIDS, 2019 fact sheet].

<sup>4</sup> *Global Statistics*, HIV.GOV, <https://www.hiv.gov/hiv-basics/overview/data-and-trends/global-statistics>.

<sup>5</sup> *Global Health Observatory (GHO) data: Number of people (all ages) living with HIV*, WHO, [https://www.who.int/gho/hiv/epidemic\\_status/cases\\_all/en/](https://www.who.int/gho/hiv/epidemic_status/cases_all/en/).

<sup>6</sup> *Id.*

<sup>7</sup> WHO, GHO data: HIV/AIDS, *supra* note 1.

<sup>8</sup> *Global and Regional Trends*, UNICEF, <https://data.unicef.org/topic/hivaids/global-regional-trends/>.

<sup>9</sup> UNAIDS, 2019 fact sheet, *supra* note 3.

<sup>10</sup> HIV.GOV, *supra* note 4.

<sup>11</sup> *Id.*

although that is a significant increase, 14.6 million people still lack access to ART. Nine million people living with HIV that lacked access to ART in 2011,<sup>12</sup> which shows that that much work remains to be done on ensuring access.

UNAIDS remains focused on harm reduction strategies despite the slow reduction in incidence levels, updating and extending its 2011-2015 strategy for 2016-2021<sup>13</sup> to accelerate the response for the next 5 years. In terms of treatment, its efforts focus on the “90-90-90” target: where 90% of people living with HIV must know their status, 90% of people who know their HIV status must have accessible treatment, and 90% of people with treatment should have suppressed viral loads.<sup>14</sup>

To that end, the plan aims to have fewer than 500,000 people newly infected with HIV by 2020, fewer than 500,000 people dying of AIDS-related causes, and the elimination of HIV-related discrimination.<sup>15</sup> UNAIDS objectives, among other strategies, promote the use of condoms instead of reducing the multiple concurrence of partners and delaying sexual activity. UNAIDS continually emphasizes condoms as critical to HIV prevention.<sup>16</sup>

In light of slow and modest reductions in the number of new infections from 2010-2018, UNAIDS’ overarching focus on harm reduction interventions rather than primary behavior change is concerning. Out of the 46 targets that compose the UNAIDS strategy 2016-2021 document, just one approaches a risk behavior avoidance strategy.<sup>17</sup> Person-centered strategies which encourage risk avoidance respect the dignity of each individual and his or her capacity to make healthy decisions.<sup>18</sup> UNAIDS’ own research shows that person-centered efforts can have significant effects.

However, UNAIDS has also reported on the success of programs that help women and girls avoid risk. Studies from Eswatini (formerly Swaziland), Lesotho, Malawi, and Tanzania show that money transfers help young people, especially girls, to stay in school longer and benefit from longer education.<sup>19</sup> This also has the effect of delay of sexual debut, childbearing, and marriage.<sup>20</sup> The the age of sexual debut is very low in many countries, especially in low-middle income

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<sup>12</sup> MEGHAN GRIZZLE, HIV/AIDS WHITE PAPER 9 (2012), *available at* [https://www.wya.net/wp-content/uploads/2014/04/WYA\\_HIV-AIDS\\_white\\_paper.pdf](https://www.wya.net/wp-content/uploads/2014/04/WYA_HIV-AIDS_white_paper.pdf).

<sup>13</sup> *See generally* UNAIDS, 2016-2021 STRATEGY: ON THE FAST-TRACK TO END AIDS, *available at* [https://www.unaids.org/sites/default/files/media\\_asset/20151027\\_UNAIDS\\_PCB37\\_15\\_18\\_EN\\_rev1.pdf](https://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf) [hereinafter UNAIDS, 2016-2021 STRATEGY].

<sup>14</sup> *Id.* at 3.

<sup>15</sup> *Id.* at 15.

<sup>16</sup> UNAIDS, UNFPA, WHO and UNAIDS: *Position Statement on Condoms and the Prevention of HIV, Other Sexually Transmitted Infections and Unintended Pregnancy*, UNAIDS (Jul. 7, 2015), [https://www.unaids.org/en/resources/presscentre/featurestories/2015/july/20150702\\_condoms\\_prevention](https://www.unaids.org/en/resources/presscentre/featurestories/2015/july/20150702_condoms_prevention).

<sup>17</sup> UNAIDS, 2016-2021 STRATEGY, *supra* note 13, at 10 -11.

<sup>18</sup> *See generally* GRIZZLE, *supra* note 12.

<sup>19</sup> *Cash transfer schemes reduce the chances of adolescent girls and young women contracting HIV*, UNAIDS, (Jan. 20, 2020),

[https://www.unaids.org/en/resources/presscentre/featurestories/2020/january/20200120\\_gotw\\_cash\\_transfers](https://www.unaids.org/en/resources/presscentre/featurestories/2020/january/20200120_gotw_cash_transfers).

<sup>20</sup> *Id.*

countries,<sup>21</sup> suggesting that a myopic focus on condom use, which women and girls often struggle to enforce, is misguided.

Person-centered interventions to prevent new HIV infections require access to education, encouraging delayed sexual debut and reduction in multiple concurrent partnerships, and assistance to help sex workers transition to safer jobs and injecting drug users become sober.

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<sup>21</sup> *Young People, HIV and AIDS*, AVERT, <https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/young-people>.