



ACT*africa*

AIDS Campaign Team for Africa

HIV/AIDS in Africa

World AIDS Day 2006 Update

HIV and AIDS statistics for Africa as of end-2006, compared to the rest of the world

REGION	Adults (15+) and children living with HIV	Adults (15+) and children newly infected with HIV	Adults (15 - 49) prevalence (%)	Adults (15+) and child death due to AIDS	No. of Orphans
Sub-Saharan Africa	24.7 million	2.8 million	5.9	2.1 million	12 million
World	39.5 million	4.3 million	1.0	2.9 million	15 million
Africa's Burden	63%	65%		72%	80%

- **Sub-Saharan Africa continues to be the worst affected region in the world** with almost 25 million people living with HIV, of whom over 2 million are children under the age of 15 years. In 2006 alone, almost 8,000 adults and children died of AIDS each day.¹
- **HIV remains an entirely preventable disease and there are promising signs of progress.** Even without a vaccine, HIV can be prevented in adults by behavior modification, condom use, and other approaches which have slowed HIV incidence in a growing number of poor countries.
 - In eight of 11 sub-Saharan Africa country studies, the **percentage of young people having sex before age 15 declined** and condom use increased.
 - Some countries have reached 60 percent of HIV positive pregnant women with antiretroviral prophylaxis to prevent mother to child transmission (PMTCT).
 - Antiretroviral therapy has increased more than eight-fold in Africa, with over 1 million people now on antiretroviral therapy (ART) but it is still only available to one in four patients (23%) who need it.²
 - **Zimbabwe** shows evidence for a decline in the national adult HIV prevalence with prevalence rates falling from 30-32% among pregnant women in 2000 to 24% in 2004.
 - **Declining HIV prevalence** is also being seen in countries like Kenya, Tanzania and Rwanda, although it is limited to certain groups or areas and not widespread enough.
 - **Urban areas in Burkina Faso, Burundi, Cote d'Ivoire, and Malawi** also show declining prevalence levels, particularly among pregnant and young women.
- **AIDS is increasingly a disease of young women.** 59 percent of all HIV infected persons in Africa are women and young women aged 15 to 25 are at least three times (and in some places four or five times) more likely to become infected than men in the same age group, mostly due to inequality in gender, education, and low socio-economic status³. More than ever, a targeted multi-sectoral approach is required to address the underlying root causes of gender inequality that fuel the spread of the epidemic.
- Investments in research and development of new technologies and tools must continue, especially in the area of microbicides and Pre-Exposure Prophylaxis (PrEP) which were highlighted at the 16th International AIDS Conference in Toronto, that would allow women more control in protecting themselves.

¹ 2006 AIDS epidemic update, UNAIDS December 2006 edition

² 2006 AIDS epidemic update, UNAIDS December 2006 edition

³ 2006 AIDS epidemic update, UNAIDS December 2006 edition

- Despite recent signs of progress, we cannot afford to be complacent because there are also signs of emerging epidemics such as injecting drug use becoming a high risk factor in parts of Kenya, Tanzania, Nigeria, South Africa and Mauritius, and signs of increasing infection rates among some groups in Uganda and Mozambique which could erode the gains of the past decade.
- HIV/AIDS is increasingly related to the development of dangerous strains of other chronic diseases such as extensively drug-resistant TB (XDR-TB) which could help to spread TB further if not contained. There is growing evidence to show that malaria tends to occur with increased frequency and severity in HIV-infected adults where clinical treatment for malaria is required three times more in adults with HIV⁴ than non-infected adults.

World Bank Program

Country Projects	38 approved, including 4 repeater projects
Sub-regional projects	4 approved (\$107 million)
Total commitments	\$1.32 billion
Total disbursements	\$ 747 million
2 nd generation MAP projects	Burkina Faso, Ghana, Madagascar, Eritrea (approved) Benin, Cameroon, Kenya and Ethiopia (under preparation)

Almost 50 percent of the Bank financing currently supports prevention and mitigation, including care of orphans, two areas that have been identified as challenges in the UNAIDS report on the global AIDS epidemic and needing continued support.

Estimated allocations of MAP funds to key interventions⁵

Project Thematic Areas	Estimated Percentage	Estimated millions US\$
Prevention	35%	455.52
Care and Treatment	22%	283.88
Mitigation (OVC)	13%	165.05
Advocacy	14%	178.25
Monitoring and Evaluation	4%	52.81
Other (or mixed including operational research)	14%	184.85
Total	100%	1,320.36

In FY07, the Region is focusing on the following core areas:

1. **Updating the World Bank HIV/AIDS Agenda for Action for Africa (2007-2011).** The Agenda will be launched during the Spring Meetings in April 2007. Consultations with the UN agencies, the African Development Bank, IMF, faith based groups, youth, people living with HIV/AIDS and media, donor countries to discuss the concept note have been held and are providing consistent recommendations.

2. **Prioritized, strategic HIV/AIDS Responses.** Through the demand-driven AIDS Strategy & Action Plan (ASAP) Service, the region is providing assistance to countries to review national AIDS strategy and action plans to be evidence based, prioritized and costed. The region will also work with UNDP in supporting countries to integrate HIV/AIDS in Poverty Reduction Strategy Papers (PRSP).

⁴ 2006 AIDS epidemic update, UNAIDS December 2006 edition

⁵ Estimated from WB project appraisal documents(PADs), annual data from National AIDS Commissions (NACs)