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JAMA Column
Surgeon General of the United States and Assistant Secretary, Department of Health and Human Services

The Global HIV/AIDS Epidemic
Word Count:789

An enormous human tragedy is unfolding in many less-developed countries due to the spread of HIV/AIDS. Of the 33.4 million HIV-infected people around the world, there are an estimated 22.5 million in sub-Saharan Africa, 6.7 million in South and Southeast Asia, 1.4 million in Latin America, and 665,000 in the United States. Globally there have already been over 14 million death, 2.5 million last year.

In many southern African countries, HIV/AIDS has become an unprecedented emergency with between 20% and 26% of people between the ages of 15 and 49 infected. In Botswana, Kenya, Malawi, Mozambique, Namibia, Rwanda, South Africa, Zambia and Zimbabwe, HIV/AIDS will reduce life expectancy from 64 to 47 years by 2015. The progress of decades of work immunizing children, controlling diseases, and improving nutrition is being negated by HIV/AIDS.

Conditions in many parts of the world promote rapid spread of the HIV/AIDS epidemic. For example, India, with a population approaching one billion, has estimated that between three and five million Indians are infected and the number of new infections will double every fourteen months. Social and political issues around sex, injecting drug use, and blood transfusion in many countries have created special circumstances in which the disease has been able to spread unchecked. Some less-developed countries also bear a burden of political and economic instability which makes prevention even more difficult. It was only a few years ago that epidemiologists offered projections for sub-Saharan Africa which were met with disbelief. If the present warnings go unheeded, South Asia, Southeast Asia, and perhaps China will follow the disastrous course of sub-Saharan Africa.

Over a decade of experience has taught us how to control HIV/AIDS -- we know what works. Many developed countries have successfully checked the spread of the epidemic. While development of treatments and a vaccine continue, we must emphasize prevention. The basic elements of prevention include education, behavior change and voluntary testing and counseling, prevention of perinatal transmission, and political commitment. Each country must find the appropriate mix of methods, appropriate to its particular conditions.

Education about HIV/AIDS is necessary but alone does not change the behavior of populations. Promotion of voluntary testing and counseling must complement education. Testing and counseling break the deadly silence around HIV/AIDS and empower individuals to make informed decisions and change behaviors. Breaking the silence also will begin to diffuse the stigma around the disease. We have seen success with behavioral change in Uganda and Thailand, the only two less-developed countries with extensive capacity for voluntary testing and

counseling.

It is now known that perinatal transmission of HIV can be reduced by over half using antiretroviral therapy; however, problems with access to these drugs limit their use in some countries. Transmission of HIV through breastfeeding and poor survival of orphans make treatment for perinatal transmission more complex. We continue to work with international organizations, other governments, and pharmaceutical companies to lower costs and expand access to antiretrovirals. Current treatment for perinatal transmission (as well as use of antiretrovirals in general) in less-developed countries is also limited by the fact that very few people have been HIV tested.

The treatment of other sexually transmitted diseases is important to control of the spread of HIV. One of the reasons why HIV has spread so rapidly in Africa is that so many STDs go untreated. Untreated STDS break down natural barriers which prevent transmission. Access to even basic treatment for STDs remains a problem for many less-developed countries.

Perhaps most important in the global battle against HIV/AIDS is political commitment. Leaders at the national, provincial, and local levels of government must speak out about HIV/AIDS and encourage businesses and non-governmental organizations to commit to work against the disease. I was encouraged by Vice President Al Gore and Deputy President Thabo Mbeki of South Africa who put the HIV/AIDS threat at the top of the international agenda at the recent meeting of the United States-South Africa Joint Commission. They set an important example for leaders in both developed and less-developed countries.

American medicine and public health have an important role to play in the global battle against HIV/AIDS by supporting international organizations such as the Joint United Nations Program on HIV/AIDS (UNAIDS), the World Health Organization, and the World Bank.

HIV/AIDS can be likened to the plague which decimated the population of Europe in the 14th century. While the modern epidemic affects people of all age groups, those of working age are at the highest risk, posing potentially dire economic, social and political consequences for the global community. Unfortunately, the world continues to devote greater attention and resources to traditional national security issues such as wars, postponing notice of an epidemic which -- if left to spread unchecked -- will kill more people than any of the terrible conflagrations that have so marked this century.

Department of Health and Human Services

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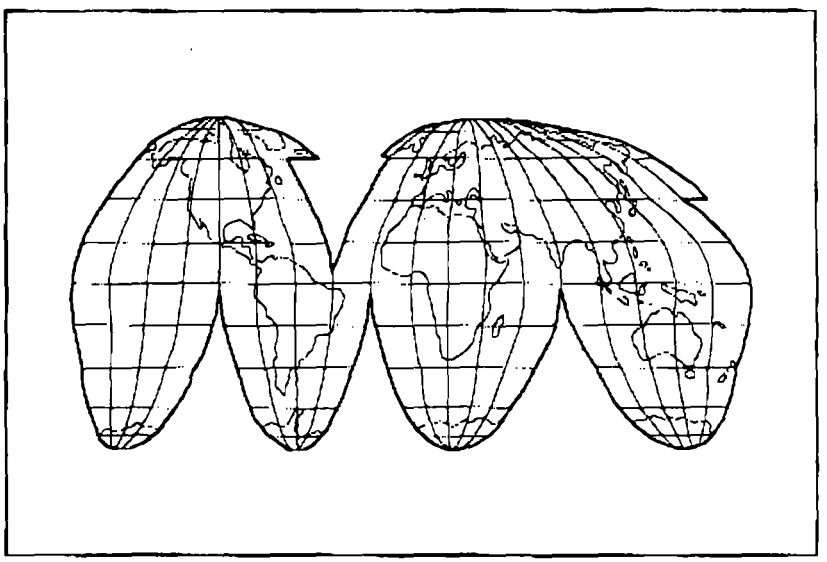

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