

New HIV infections stagnating at 2.5 million a year worldwide

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A major new analysis from the Global Burden of Disease 2015 (GBD 2015) study, published today in *The Lancet HIV* journal, reveals that although deaths from HIV/AIDS have been steadily declining from a peak in 2005, 2.5 million people worldwide became newly infected with HIV in 2015, a number that hasn't changed substantially in the past 10 years.

The new GBD estimates show a slow pace of [decline](#) in new HIV infections worldwide, with a drop of just 0.7% a year between 2005 and 2015 compared to the fall of 2.7% a year between 1997 and 2005. The study is being launched at the International AIDS meeting in Durban, South Africa on Tuesday 19 July.

Improvements and updates in GBD's data sources and methodology indicate that the number of people living with HIV has been increasing steadily from 27.96 million in 2000 to 38.8 million in 2015. Annual deaths from HIV/AIDS have been declining at a steady pace from a peak of 1.8 million in 2005, to 1.2 million in 2015, partly due to the scale-up of antiretroviral therapy (ART). Furthermore, the proportion of people living with HIV on ART increased rapidly between 2005 and 2015, from 6.4% to 38.6% for men, and from 3.3% to 42.4% for women (figure 1D). Yet, most countries are still far from achieving the UNAIDS 90-90-90 target of 81% by 2020.

While the annual number of new infections has decreased since its peak at 3.3 million per year in 1997, it has stayed relatively constant at around

an estimated 2.5 million a year worldwide for the past decade.

"Although scale-up of antiretroviral therapy and measures to prevent mother-to-child transmission have had a huge impact on saving lives, our new findings present a worrying picture of slow progress in reducing new HIV infections over the past 10 years", says lead author Dr Haidong Wang from the Institute for Health Metrics and Evaluation (IHME) at the University of Washington, Seattle, USA.

"Development assistance for HIV/AIDS is stagnating and health resources in many low-income countries are expected to plateau over the next 15 years. Therefore, a massive scale-up of efforts from governments and international agencies will be required to meet the estimated \$36 billion needed every year to realise the goal of ending AIDS by 2030, along with better detection and treatment programmes and improving the affordability of antiretroviral drugs", says the Director of IHME, Professor Christopher Murray.

The findings come from a comprehensive new analysis of HIV incidence, prevalence, deaths and coverage of antiretroviral therapy (ART) at the global, regional, and national level for 195 countries between 1980 and 2015 (see table 1 for country-by-country data).

Despite years of strong progress in reducing HIV at the global level, success in different countries and regions varies as the HIV epidemic has peaked and declined at different times, and depending on access to, and quality of ART, and other care.

Key regional and country GBD 2015 findings include:

- In 2015, three-quarters of new infections (1.8 million) were in sub-Saharan Africa. Outside of Africa, south Asia accounted for 8.5% (212500), southeast Asia for 4.7% (117500), and east Asia

for 2.3% (57500; figure 2A).

- Within Europe, the highest number of new infections in 2015 were in Russia (57340), Ukraine (13490), Spain (2350), Portugal (2220), UK (2060), Italy (1960), and Germany (1760; table).
- Between 2005 and 2015, 74 countries experienced a rise in age-standardised incidence rates, notably in Indonesia and the Philippines, north Africa and the Middle East, and eastern Europe, but also in some countries in western Europe (Spain and Greece; table).
- In 2015, especially high rates of incidence (new infections in 2015 divided by the total population) were recorded in southern Africa, with more than 1% of the population becoming infected with HIV in Botswana, Lesotho, and Swaziland, compared with around 39 per 100000 in Ethiopia and 42 per 100000 in Congo (figure 2B).
- In 2015, the highest incidence rates in Europe were in Russia (exceeding 20 per 100000), while Cambodia (above 46 per 100000) had the highest rates in Asia. In parts of Latin America and the Caribbean (Belize, Guyana, and Haiti), rates exceed 50 per 100000 people (figure 2B).
- No country has achieved the UNAIDS 90-90-90 target that 81% of people living with HIV should be receiving ART by 2020 yet, Sweden (76%), the USA, Netherlands, and Argentina (all at about 70%) are close.
- ART coverage is highly variable and massive scale-up of treatment is needed in the Middle East, north Africa, eastern Europe, and east Asia where only around a fifth of people living with HIV receive ART, and in central Asia where treatment reaches less than a third of people with HIV (figure 3).
- Although global HIV mortality has been declining at 5.5% a year since the mid-2000s, progress has been mixed between regions and countries (figure 1C). In sub-Saharan Africa, for example, mass scale-up of ART and interventions to prevent mother-to-

child transmission have led to huge declines in HIV [death](#) rates over the past decade, while in many countries in north Africa and the Middle East like Morocco, Egypt, Iraq, Syria, and Tunisia, progress has been nonexistent (table and figure 4).

In a linked Comment, Dr Virginie Supervie and Dr Dominique Costagliola from the Pierre Louis Institute of Epidemiology and Public Health, Sorbonne Universités, Inserm/UPMC, Paris, France discuss the reliability of current approaches to estimate trends in HIV incidence and say that even the most recent estimates of the worldwide HIV burden may still underestimate the scale of the problem. They say, "The GBD estimates of HIV incidence are significantly lower (two to ten times) than the reported number of newly diagnosed HIV cases for most countries in North America, Europe, central Asia, and Australia (table). The study reveals that there are still large uncertainties and gaps in knowledge about the HIV incidence in many settings. Without timely and reliable assessment of HIV incidence it will be impossible to end the HIV epidemic."

More information: *The Lancet HIV*, [www.thelancet.com/journals/lan... \(16\)30087-X/abstract](http://www.thelancet.com/journals/lan... (16)30087-X/abstract)

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