

# Sub-Saharan scourge: sidebar

by [Sarah Ruden](#) in the [May 17, 2000](#) issue

The aids epidemic is so widespread in some countries that U.S. officials fear it could undermine economies, destabilize governments, threaten military establishments and create other regional problems. Here are a few indications of the magnitude of the problem—with a particular focus on sub-Saharan Africa, where the epidemic is worse than anywhere else in the world:

1) It is estimated that some 6,000 men and women are dying of AIDS each day in the African countries south of the Sahara. Last year's global death toll from AIDS was 2.6 million, and about 85 percent of those deaths took place in Africa. Warfare in Africa killed 200,000 people last year; AIDs claimed ten times that number. The total of AIDS deaths worldwide through 1999 is 16.3 million; 13.7 million of those deaths were in sub-Saharan countries. Most of the HIV-positive Africans will die in the next ten years, leaving behind shattered families and crippled prospects for development.

2) Percentage of adults (15 to 49) living with HIV/AIDS in the countries hardest hit: Zimbabwe, 26; Botswana, 25; Namibia, 20; Zambia, 19; Malawi, 15; Mozambique, 14; South Africa, 13; Rwanda, 13, Kenya, 12. In Uganda the percentage has dropped from 15 to 9.7, thanks to a program of education, testing and counseling introduced early on; nonetheless, Uganda has more AIDS orphans than any other country—1.1 million. No non-African country has an HIV infection rate in the double digits, Haiti being the highest with 5.17.

3) The United Nations reports that life expectancy in southern Africa, which rose from 44 years in the early 1950s to 59 in the early 1990s, is set to drop to just 45 in the next few years because of AIDS. In contrast, life expectancy for South Asians, which was barely 40 in 1950, is expected to rise to 67 in 2005—22 years longer than their counterparts in AIDS-ravaged southern Africa.

4) In 1999 an estimated 570,000 of the world's children aged 14 or younger became infected with HIV. More than 90 percent were babies born to HIV-positive women; the babies acquired the virus at birth or through their mother's breast milk. Of these,

almost nine-tenths were in sub-Saharan Africa. Africa's lead in mother-to-child transmission of HIV was firmer than ever despite new evidence that HIV ultimately impairs women's fertility; once infected, a woman can be expected to bear 20 percent fewer children than she otherwise would.

5) The number of sub-Saharan children under 15 who will have lost their mothers or both parents to AIDS will reach 10.4 million by the end of this year.

6) Africans who think Western AIDS experts regard their continent as a test lab for drug experimentation may be making an unfair judgment, but they are right to be concerned about the price tag for Western methods of AIDS treatment—generally a lifetime drug “cocktail” regimen costing as much as \$10,000 or more per patient per year. As *Village Voice* reporter Mark Schoofs points out, in many African countries the total per-capita health-care budget is less than \$10. “Even at discounted prices,” he says, “the annual cost of putting every African with HIV on triple combination therapy would exceed \$150 billion, so the world is letting a leading infectious killer for which treatment exists mow down millions.” The \$150 million given by donor countries in 1997 for AIDS prevention in Africa, he adds, “was less than the cost of the movie *Wild Wild West*.”