



HIV/AIDS IN AFRICA AND ITS IMPACT ON GLOBAL HEALTH: BASIC REVIEW

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Abstract:

Introduction

Africa has the greatest problem of HIV/AIDS in the world, which accounts new major infections and deaths related to AIDS. The burden has caused socio-economic and health consequences, affecting individuals, families, communities, and countries. High prevalence and impact of HIV/AIDS is related to factors like poverty, gender inequality, and limited access to health care and social stigma. The negative effect of HIV/AIDS in Africa extends beyond the continent itself and has greater effect on global health. The continent's high HIV level adds significant global burden of the disease. The problems facing Africa, includes less resources, bad healthcare systems, and barriers in culture, shows the need for continuous investment and support from the international bodies to effectively address the epidemic.

Methods/Approach

The researchers gathered secondary data and reports on HIV/AIDS pandemics and epidemics in sub Saharan Africa. A thorough review were made comparing and contrasting findings and conclusions on the various reports from the archives of UNAIDS, W.H.O from 1980 to 2000 in relation to 2023 reports. In all the researchers worked across 120 reports and constructively criticized and accepted findings and conclusions that were similar in about 99% of all works.

Findings

The majority of reported AIDS cases in sub-Saharan Africa, approximately 91%, are believed to have been acquired through heterosexual transmission. Additionally, HIV transmission through blood transfusions and from mother to child during childbirth (perinatal transmission) has also played a significant role in the spread of the virus across the continent. Among AIDS patients in sub-Saharan Africa, tuberculosis (TB) is the most commonly observed opportunistic infection. Secondly, Africa has been a testing ground for innovative approaches to Human Immune Virus prevention, management, treatment, and care. The African continent has been a leader of bringing many interventions, such as antiretroviral treatment programs, mother-to-child transmission prevention initiatives, and community-based interventions. The skills gotten from these processes in Africa have informed global health policies, helping HIV/AIDS in the world. Furthermore, the effect of HIV/AIDS on major people in Africa, like females, adolescents, and communities, bring the need for major interventions. Addressing the specific challenges faced by these people is important for helping the spread in Africa and the globe, and also growing health equality, equity and the right of human.

Keywords: High prevalence rate, HIV/AIDS, poverty, heterosexual transmission, community based interventions, affordable barrier methods, opportunistic infections.

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INTRODUCTION:

The human immunodeficiency virus (HIV)/AIDS epidemic has already devastated many individuals, families, and communities. The epidemic has left millions of children orphaned, has disrupted village and community life, and increasingly contributes to the erosion of civil order and economic growth. According to the World Health Organization (WHO) and the Joint United Nations Program on HIV/AIDS (UNAIDS), an estimated 34.3 million people worldwide were living with HIV/AIDS at the end of 1999 and an estimated 15,000 people become infected each day¹. Of the global total of people who are living with HIV, 95% live in developing countries². As the epidemic evolves further, rates will continue to rise in communities and nations where poverty, social inequalities, and the spread of the virus is facilitated by the bad health infrastructures^{3, 4}.

The HIV/AIDS pandemic has taken on different forms in various parts of the world. In some areas, the general population is affected heavily with HIV infection; in others, the infection has maintained high amongst-risk subpopulations, which are sex workers and their customers, homosexuals, and intravenous drug abusers. Globally, the adult prevalence rate is 1.07% of the population, and 47% of infections occur among women⁵. The leading cause of death in Sub-Saharan Africa is AIDS and it is the fourth cause of death worldwide. 18.8 million adults and children have died of HIV/AIDS since the beginning of the epidemic according to 1999 statistics⁶. The annual number of deaths worldwide can be expected to increase due to the increased number of HIV infected people⁷. In 1999, women, young adults and children were 50% of all the HIV-related deaths worldwide. As of November 1999, there was an increase of AIDS cases from 214,244 to 2,201,461 as reported by the World Health Organization in November 1998.

The African continent has been disproportionately affected by the HIV/AIDS pandemic when compared to other regions around the world. Among the countries in Africa, sub-Saharan Africa has experienced the highest levels of infection, the lowest access to healthcare services, and the least economic stability. This region accounts for nearly 70% of the global total of people living with HIV and 83% of cumulative AIDS-related deaths⁸. Several factors contribute to the facilitation of HIV transmission, and their significance varies across different countries in the region. These factors include a high prevalence of sexually transmitted diseases (STDs), a low rate of male circumcision, gender inequality and the

unequal status of women, migration patterns, poverty, and social mixing patterns^{9, 10}.

In summary, the African continent, particularly sub-Saharan Africa, bears the greatest burden of the HIV/AIDS pandemic. The region faces challenges such as high infection rates, limited access to care, economic instability, and the prevalence of other infections like TB. Understanding the specific factors that contribute to HIV transmission is crucial for developing targeted interventions and strategies to combat the epidemic effectively in different countries within the region.

At the beginning of the 21st century, it was estimated that approximately 24.5 million individuals, including both adults and children, were infected with HIV or had AIDS in sub-Saharan Africa¹¹. According to data from UNAIDS/WHO in 1999,^{12, 13} about 12.9 million women and 11.6 million men between the ages of 15 and 49 were living with HIV in this region, resulting in a prevalence rate of 8.57%. The year 1999 saw approximately 2.2 million deaths due to HIV/AIDS in sub-Saharan Africa. Over the period from 1986 to 1997, there was a significant increase in the mortality rate among men aged 15 to 60. Despite an initial increase in life expectancy in southern Africa to 59 years during the early 1990s, it is projected to decline to 45 years between 2005 and 2010¹⁴ due to the impact of AIDS. A particularly concerning aspect is that AIDS tends to claim lives during the most economically productive years, making it the primary cause of both premature deaths and lost years of healthy living in sub-Saharan Africa.

METHODS/APPROACH

The researchers gathered secondary data and reports on HIV/AIDS pandemics and epidemics in sub Saharan Africa. A thorough review were made comparing and contrasting findings and conclusions on the various reports from the archives of UNAIDS, W.H.O from 1980 to 2000 in relation to 2023 reports. In all the researchers worked across 120 reports and constructively criticized and accepted findings and conclusions that were similar in about 99% of all works. reviewed

FINDINGS

The majority of reported AIDS cases in sub-Saharan Africa, approximately 91%, are believed to have been acquired through heterosexual transmission. Additionally, HIV transmission through blood transfusions and from mother to child during childbirth (perinatal transmission) has also played a significant role in the spread of the virus across the continent. Among AIDS patients in sub-Saharan Africa, tuberculosis (TB) is the most commonly observed opportunistic infection. This co-infection of HIV and TB

¹ UNAIDS. Report on the global HIV/AIDS epidemic: June 2000. Geneva, Switzerland: UNAIDS; 2000. [\[Google Scholar\]](#)

² UNAIDS. AIDS epidemic update: December 1999. Geneva, Switzerland: UNAIDS; 1999. [\[Google Scholar\]](#)

³ UNAIDS. AIDS epidemic update: December 1999. Geneva, Switzerland: UNAIDS; 1999. [\[Google Scholar\]](#)

⁴ UNAIDS. Report on the global HIV/AIDS epidemic: June 2000. Geneva, Switzerland: UNAIDS; 2000. [\[Google Scholar\]](#)

⁵ UNAIDS. Report on the global HIV/AIDS epidemic: June 2000. Geneva, Switzerland: UNAIDS; 2000. [\[Google Scholar\]](#)

⁶ UNAIDS. Report on the global HIV/AIDS epidemic: June 2000. Geneva, Switzerland: UNAIDS; 2000. [\[Google Scholar\]](#)

⁷ UNAIDS. AIDS epidemic update: December 1999. Geneva, Switzerland: UNAIDS; 1999. [\[Google Scholar\]](#)

⁸ UNAIDS. AIDS epidemic update: December 1999. Geneva, Switzerland: UNAIDS; 1999. [\[Google Scholar\]](#)

⁹ Monitoring the AIDS Pandemic Network. The status and trends of the HIV/AIDS epidemic in the world. Geneva, Switzerland: MAP; 1998. [\[Google Scholar\]](#)

¹⁰ UNAIDS. Global situation of the HIV/AIDS pandemic, end 1999. Geneva, Switzerland: UNAIDS; 1999. [\[Google Scholar\]](#)

¹¹ UNAIDS. Report on the global HIV/AIDS epidemic: June 2000. Geneva, Switzerland: UNAIDS; 2000. [\[Google Scholar\]](#)

¹² UNAIDS. The UNAIDS report. Geneva, Switzerland: UNAIDS; 1999. [\[Google Scholar\]](#)

¹³ UNAIDS. Report on the global HIV/AIDS epidemic: June 2000. Geneva, Switzerland: UNAIDS; 2000. [\[Google Scholar\]](#)

¹⁴ UNAIDS. AIDS epidemic update: December 1999. Geneva, Switzerland: UNAIDS; 1999. [\[Google Scholar\]](#)

poses a significant challenge to healthcare providers and further complicates treatment and care for affected individuals

CONCLUSION:

Prevention measures represent a cost-effective means of combating HIV/AIDS and minimizing its economic consequences. The affordability and effectiveness of prevention interventions make them a sound investment, particularly when compared to the expenses associated with HIV/AIDS treatments^{15,16}. Recognizing the importance of comprehensive strategies, the provision of information and services to young individuals has emerged as a critical component in halting the spread of the virus¹⁷. Furthermore, the development and availability of affordable barrier methods, designed for women and complementing existing prevention approaches, contribute to the overall success of prevention efforts.

¹⁵ World Bank. *Confronting AIDS: public priorities in a global epidemic*. New York, N.Y: World Bank; 1997. [[Google Scholar](#)]

¹⁶ World Bank. *Investing in HIV/AIDS*. Washington, D.C.: World Bank; 1999. [[Google Scholar](#)]

¹⁷ UNAIDS. *The UNAIDS report*. Geneva, Switzerland: UNAIDS; 1999. [[Google Scholar](#)].

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