

# AIDS in Africa



## Key Facts

### GETTING TO ZERO NEW HIV INFECTIONS IN AFRICA

- In 2015, there were 25.7 million people living with HIV in Africa South of the Sahara, women accounted for more than half of the total.
- In 2015, there were an estimated 1.4 million new infections in Africa South of the Sahara.
- Africa South of the Sahara accounts for approximately two thirds of the global total of new HIV infections.
- New HIV infections in Africa declined by 40% between 2000 and 2015; however, there was almost no decline for the period 2010 - 2015.

### GETTING TO ZERO AIDS-RELATED DEATHS IN AFRICA

- Approximately 800,000 people died of AIDS-related causes in Africa South of the Sahara in 2015.
- Between 2005 and 2015, AIDS-related deaths fell by almost 50%.

### ADDRESSING THE TREATMENT GAP IN AFRICA

- Africa is leading the world in expanding access to antiretroviral therapy, with 12.0 million people on ART, up from fewer than 100,000 in 2002.
- 5 out of 8 people on ART live in Africa South of the Sahara.
- To end AIDS by 2030 90% of people living with HIV should be tested, 90% should be started on Anti-Retroviral Treatment and 90% should achieve viral suppression by 2020.

### ELIMINATING MOTHER-TO-CHILD TRANSMISSION OF HIV

- There were 120,000 new HIV infections among children in Africa South of the Sahara in 2015.
- Since 2009, there has been a 60% decline in new HIV infections amongst the 21 highest burden countries, all in Africa, prioritized under the Global Plan.
- Across these countries, 1.2 million new HIV infections among Africa's children have been averted since 2009.
- Since 2009 over 2 million more pregnant women have started receiving lifesaving antiretroviral therapy.
- In 2015, 1.6 million children under the age of 15 years in Africa were living with HIV, with 330 new HIV infections and 250 deaths every day.
- While the percentage of children accessing antiretroviral therapy is 63% in Eastern and Southern Africa, it is only 20% in West and Central Africa.

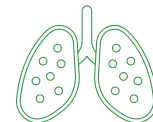
### FINANCING THE AIDS RESPONSE

- With 12 million people on the continent receiving antiretroviral treatment as of 2015, the number will need to reach 25.7 million to treat everyone living with HIV.
- US\$12.2 billion is needed to reach all African countries by 2020. This will gradually decrease to US\$10.8 billion by 2030 if Fast Track targets are to be met.



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# TB in Africa



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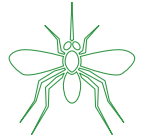
## Key Facts

- In 2015, there were an estimated 10.4 million new TB cases worldwide. About 5.9 million (56%) were among men, 3.5 million (34%) among women and 1.0 million (10%) among children. People living with HIV accounted for 1.2 million (11%) of all new TB cases.
- Most of the estimated number of cases in 2015 occurred in Asia (61%) and in Africa (26%).
- Africa accounts for more than half (53%) of the countries with high TB burden; over 76% of the countries with high TB/HIV burden and 30 % of countries with a high burden of multi drug resistant TB.
- In 2014 Nigeria and South Africa was among the six countries that accounted for 60% of new cases. Global progress depends on major advances in TB prevention and care in these countries.
- The proportion of TB cases co-infected with HIV was highest in Africa (31%) and exceeded 50% in parts of southern Africa.
- The case fatality ratio in 2015 varied from under 5% in a few countries to more than 20% in most countries in Africa. This shows considerable inequalities among countries in access to TB diagnosis and treatment that need to be addressed.
- South-East Asia and Africa accounted for more than 80% of TB deaths among HIV-negative people.
- In Africa the burden of HIV-associated TB is highest, 81% of TB patients had a documented HIV test result.
- TB and HIV coinfection is particularly acute in Africa, where 80% of people who have active TB are also living with HIV.
- South Africa accounted for the largest share (45%) of people living with HIV who received TB preventive treatment for latent TB infection in 2015. This is followed by Malawi, Mozambique and Kenya.
- In 2015, some 29 809 TB cases were reported in the three post-Ebola affected West African countries: Guinea, Liberia and Sierra Leone. WHO estimates that Liberia and Sierra Leone are among the 10 countries with the highest TB rates per capita worldwide.



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# Malaria in Africa



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## Key Facts

### PEOPLE AT RISK OR/ AND AFFECTED BY MALARIA

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- The proportion of the population at risk in Africa south of the Sahara who are infected with malaria parasites is estimated to have declined from 17% in 2010 to 13% in 2015.
- The number of people infected with malaria parasites in Africa south of the Sahara is estimated to have decreased from 131 million in 2010 to 114 million in 2015.
- Infection rates are higher in children aged 2 to 10 years, but most infected people are in other age groups.
- In 2015, it was estimated that 7 of the 43 countries in Africa south of the Sahara with malaria transmission had more than 25% of their population infected with malaria parasites (Burkina Faso, Cameroon, Equatorial Guinea, Guinea, Mali, Sierra Leone and Togo); this number has decreased from 12 countries in 2010.

### NUMBER OF NEW MALARIA CASES

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- In 2015, an estimated 212 million cases of malaria occurred worldwide
- Most of the cases in 2015 were in the WHO African Region (90%), followed by the WHO South-East Asia Region (7%) and the WHO Eastern Mediterranean Region (2%).
- Between 2010 and 2015 the estimated number of new cases of malaria in the WHO Africa Region had dropped by 23%.

### MORTALITY

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- In 2015, it was estimated that there were 429 000 deaths from malaria globally.
- Most deaths in 2015 are estimated to have occurred in the WHO African Region (92%), followed by the WHO South-East Asia Region (6%) and the WHO Eastern Mediterranean Region (2%), however deaths from malaria were down by 31%.
- The global burden of mortality is dominated by countries in Africa south of the Sahara, with the Democratic Republic of the Congo and Nigeria together accounting for more than 36% of the global total of estimated malaria deaths.
- In children aged under 5 years, malaria mortality rates are estimated to have fallen by 69% globally between 2000 and 2015 and by 35% globally between 2010 and 2015. Malaria mortality fell by 38% in the WHO African Region between 2010 and 2015.

### REDUCED MALARIA MORTALITY AND INCREASED LIFE EXPECTANCY

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- Between 2001 and 2015, it is estimated that a cumulative 6.8 million fewer malaria deaths have occurred globally than would have occurred had incidence and mortality rates remained unchanged since 2000.
- The highest proportion of deaths was averted in the WHO African Region (94%).
- Of the estimated 6.8 million fewer malaria deaths between 2001 and 2015 about 6.6 million (97%) were for children aged under 5 years.

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## Malaria in Africa, continued

- As a consequence of reduced malaria mortality rates, particularly among children aged under 5 years, it is estimated that life expectancy at birth has increased by 1.2 years in the WHO African Region. This increase represents 12% of the total increase in life expectancy of 9.4 years seen in Africa south of the Sahara, from 50.6 years in 2000 to 60 years in 2015.
- Current methodologies suggest that the increased life-expectancy resulting from malaria mortality reductions observed between 2000 and 2015 can be valued at US\$ 1810 billion in the WHO African Region which is equivalent to 44% of the gross domestic product (GDP) of the affected countries in 2015.

### INVESTMENTS IN MALARIA PROGRAMMES AND RESEARCH

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- Total funding for malaria control and elimination in 2015 is estimated at US\$ 2.9 billion, having increased by US\$ 0.06 billion since 2010. This total represents just 46% of the Global Technical Strategy 2020 milestone of US\$ 6.4 billion.
- Governments of endemic countries provided 32% of total funding in 2015, of which US\$ 612 million was direct expenditures through national malaria control programmes (NMCPs) and US\$ 332 million was expenditures on malaria patient care.

### PREVENTING MALARIA

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#### Control of the Malaria transmitting Mosquito

- The proportion of the population at risk in Africa south of the Sahara sleeping under an insecticide-treated mosquito net or protected by indoor residual spraying is estimated to have risen from 37% in 2010 to 57% in 2015.
- In Africa south of the Sahara, 53% of the population at risk slept under an Insecticide Treated Net in 2015 increasing from 30% in 2010.

#### Testing and treatment

- Diagnostic testing increased from 40% of suspected malaria cases in 2010 to 76% in 2015 in the WHO Africa Region.
- This was mainly owing to an increase in the use of Rapid Diagnostic Tests, which accounted for 74% of diagnostic testing among suspected cases in 2015.
- Data reported by NMCPs indicate that the proportion of suspected malaria cases receiving a parasitological test in the public sector increased from 40% of suspected cases in the WHO African Region in 2010 to 76% in 2015.
- The coverage of malaria interventions rose between 2010 and 2015. More than half of the population of sub-Saharan Africa (57%) now benefits from vector-control interventions (Indoor Residual Spraying or Insecticide Treated Nets), and an increased proportion of pregnant women receive three doses of intermittent preventive treatment in pregnancy (IPTp) (31% in 2015).
- More than half of suspected malaria cases attending public health facilities in the WHO African Region receive a diagnostic test, and the proportion of malaria cases treated with effective antimalarial drugs is increasing.

#### Malaria surveillance systems

- Case detection rates have improved since 2010 (10%), with most of the improvement being due to increased diagnostic testing in Africa south of the Sahara.

#### Investments in malaria programmes and research

- In the WHO African Region, 25% of funding comes from domestic governments, 33% from the Global Fund and 29% from bilateral support from the United States Agency for International Development (USAID).