Global HIV and AIDS statistics

2018 global HIV statistics

HIV continues to be a major global public health issue. In 2018 an estimated 37.9 million people were living with HIV (including 1.7 million children), with a global HIV prevalence of 0.8% among adults. Around 21% of these same people do not know that they have the virus.1

Since the start of the epidemic, an estimated 74.9 million people have become infected with HIV and 32 million people have died of AIDS-related illnesses. In 2018, 770,000 people died of AIDS-related illnesses. This number has reduced by more than 55% since the peak of 1.7 million in 2004 and 1.4 million in 2010.2

The vast majority of people living with HIV are located in low- and middle- income countries, with an estimated 68% living in sub-Saharan Africa. Among this group 20.6 million are living in East and Southern Africa which saw 800,000 new HIV infections in 2018.3
Reaching the 90-90-90 targets

While there has been progress towards UNAIDS’ 90-90-90 targets for prevention and treatment, year-on-year reductions this appears to be stalling and at current rates the targets will not be achieved by the 2020 deadline.

*The first 90*
In 2018, nearly four out of five people living with HIV (79%) knew their status.

*The second 90*
Among people who knew their status, four out of five (78%) were accessing treatment.

*The third 90*
And among people accessing treatment, four out of five (86%) were virally suppressed. West and Central Africa, Eastern Europe and Central Asia regions need urgent action if they are to reach the targets.
New infections

There is renewed concern that the annual number of new infections among adults has remained static in recent years. In 2018, there were roughly 1.7 million new HIV infections – an insignificant improvement on 2017 (1.8 million).

In the past eight years, global new HIV infections have declined by just 16%, from 2.1 million in 2010. Although this is nearly half the number of new infections compared to the peak in 1997 (2.9 million), the decline is not quick enough to reach the target of fewer than 500,000 by 2020.

While new HIV infections among children globally have also declined, from 280,000 in 2010 to 160,000 in 2018 - a 41% reduction - reports indicate that this is far less progress being made than previously thought and there is much more that needs to be done to improve knowledge of HIV and HIV testing among adolescents and young adults.

In 2018, more than half of new HIV infections globally were among key affected populations and their partners. Moreover, they accounted for more than 95% of new HIV infections in Eastern Europe and Central Asia; 95% of new HIV infections in Middle East and North Africa; 88% of new HIV infections in Western and central Europe and North America; 78% of new HIV infections in Asia and the Pacific; 65% of new HIV infections in Latin America; 64% of new HIV infections in Western and central Africa; 47% of new HIV infections in the Caribbean and 25% of new HIV infections in eastern and southern Africa.
Young women are especially at risk, with around 6,200 new infections each week among young people aged 15-24 occurring among this group. In sub-Saharan Africa, four in five new infections are among girls aged 15–19 years and young women aged 15–24 years are twice as likely to be living with HIV as men.

More than one third (35%) of women around the world have experienced physical and/or sexual violence at some time in their lives. In some regions, women who experience violence are one and a half times more likely to become infected with HIV.

Yet the tide may be slowly changing for women, as new global HIV infections among young women aged 15-24 years were reduced by 25% between 2010 and 2018.

The reduction in new HIV infections has been strongest in the region most affected by HIV, East and Southern Africa, where new HIV infections have been reduced by 28% since 2010. However, in 2017 new HIV infections rose in around 50 countries. In Eastern Europe and Central Asia the annual number of new HIV infections has doubled, and new HIV infections have increased by more than a quarter in the Middle East and North Africa over the past 20 years.

We are sounding the alarm. Entire regions are falling behind, the huge gains we made for children are not being sustained, women are still most affected and key populations continue to be ignored. All these elements are halting progress and
urgently need to be addressed head on.

- Michel Sidibé, Executive Director of UNAIDS

**Number of new HIV infections in 2018 and change since 2010**

Treatment

Despite challenges, new global efforts have meant that the number of people receiving HIV treatment has increased dramatically in recent years, particularly in resource-poor countries. In 2018, 62% of all people living with HIV were accessing treatment. Of those, 53% were virally suppressed.

This equates to 23.3 million people living with HIV receiving antiretroviral treatment (ART) in 2018 – up from 7.7 million in 2010. However, this level of treatment scale up is still not enough for the world to meet its global target of 30 million people on treatment by 2020.10

Significant progress has been made in the prevention of mother-to-child transmission of HIV (PMTCT). In 2018, 82% of all pregnant women living with HIV had access to treatment to prevent HIV transmission to their babies – an increase of more than 90% from 2010.11 12
HIV and tuberculosis (TB)

*Tuberculosis* (TB) remains the leading cause of death among people living with HIV, accounting for around one in three AIDS-related deaths. In 2016, 10.4 million people developed TB; of those 1.2 million were living with HIV.

Funding

At the end of 2018, US$ 19 billion was available for the AIDS response. This was the first year global resources made available for the AIDS response declined – dropping from 19.9 billion in 2017.

Around 56% of the total resources for HIV in low- and middle-income countries in 2018 were drawn from domestic sources.

UNAIDS estimates that US$ 26.2 billion will be required for the AIDS response in 2020.

While considerable progress has been made, there is a risk that we will lose momentum. If the world is to be on track to end AIDS by 2030, there must be adequate and predictable financing for development. But, for the first time since 2000, the resources available for the AIDS response globally have
declined. Ending AIDS is a life-saving investment that pays for itself many times over.

- Gunilla Carlson, Former UNAIDS Interim Executive Director (July, 2019)