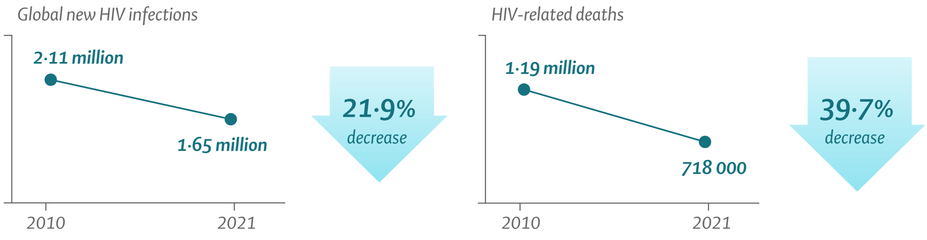
Global, regional, and national burden of HIV/AIDS, 1990–2021, and forecasts to 2050

In this analysis, we assess the current burden of HIV in 204 countries and territories and forecast HIV incidence, prevalence, and mortality up to 2050. Globally, substantial progress has been made in reducing HIV incidence and mortality; however, this progress has been unevenly distributed across regions.

Since 2010, both global new HIV infections and HIV-related deaths decreased:

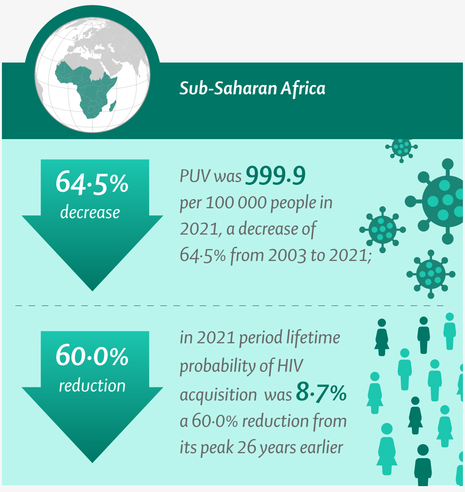


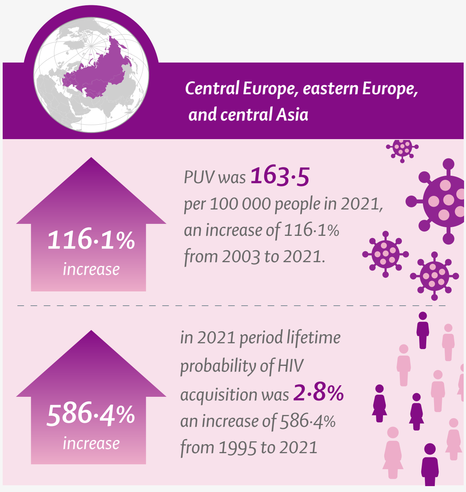
This study introduces two new metrics: ***prevalence of unsuppressed viraemia (PUV)*** and ***period lifetime probability of HIV acquisition***

PUV indicates the percentage of the population with a viral load of ≥1000 copies/mL, reflecting those at risk of transmitting HIV. Sustained treatment can lower HIV levels to negligible transmission risk. The PUV metric highlights individuals who have not reached this low viral level .

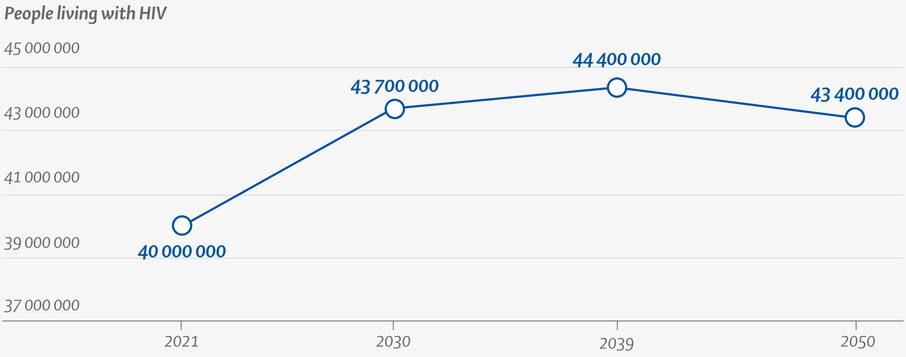
Period lifetime probability of HIV acquisition translates HIV incidence rates during a particular time period into the likelihood that a person born during that time would acquire HIV if those rates remained constant throughout their life.

The largest declines in incidence and mortality were in sub-Saharan Africa and south Asia, whereas in central Europe, eastern Europe, and central Asia, and north Africa and the Middle East incidence and mortality were increasing.





We estimate that the number of people living with HIV will increase to 43·7 million by 2030, peak at 44·4 million in 2039, and then gradually decrease to 43·4 million by 2050.



While successes in the global HIV response are to be celebrated, this study highlights critical challenges that require further action:

- Public health efforts, such as PEPFAR, need to be protected and strengthened
- As people living with HIV age, their health-care needs will evolve and include the management of other chronic diseases
- Prevention services, with a multitude of existing and emerging technologies in the pipeline, can help to further reduce the number of new infections
- Key populations and marginalised communities who are at the greatest risk must be identified and receive special attention and necessary resources
- Interventions and care delivery models that work must be studied and implemented effectively and equitably
- Tracking progress and identifying remaining gaps can help us chart the path towards our collective goal of ending the HIV epidemic

Read the full *Lancet HIV* article for more details

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