INTRODUCTION

On the cusp of the fourth decade of the AIDS epidemic, the world has turned the corner—it has halted and begun to reverse the spread of HIV (Millennium Development Goal 6.A). The question remains how quickly the response can chart a new course towards UNAIDS' vision of zero discrimination, zero new HIV infections, and zero AIDS-related deaths through universal access to effective HIV prevention, treatment, care and support.

Since 1999, the year in which it is thought that the epidemic peaked, globally, the number of new infections has fallen by 19%. Of the estimated 15 million people living with HIV in low- and middle-income countries who need treatment today, 5.2 million have access—translating into fewer AIDS-related deaths. For the estimated 33.3 million people living with HIV after nearly 30 years into a very complex epidemic, the gains are real but still fragile. Future progress will depend heavily on the joint efforts of everyone involved in the HIV response.

At a time of financial constraint, good investments are more important than ever. The evidence supporting increased investment in the HIV response has never been clearer or more compelling. New data from 182 countries, along with extensive input from civil society and other sources, clearly show that steady progress is being made towards achieving universal access to HIV prevention, treatment, care and support. HIV prevention is working. Treatment is working.

Increasing evidence definitively demonstrates that investments in the HIV response can lead to clear reductions in discrimination and stigma, help people in accessing information and services to reduce their risk of HIV infection, and deliver the treatment, care, and support that will extend and improve the lives of people living with HIV.

» **More than 5 million people are now receiving HIV treatment**
In 2009 alone, 1.2 million people received HIV antiretroviral therapy for the first time—an increase in the number of people receiving treatment of 30% in a single year. Overall, the number of people receiving therapy has grown 13-fold, more than five million people in low- and middle-income countries, since 2004. Expanding access to treatment has contributed to a 19% decline in deaths among people living with HIV between 2004 and 2009. This is just the beginning: 10 million people living with HIV who are eligible for treatment under the new WHO guidelines are still in need.

Efforts are now underway for Treatment 2.0, a new approach to simplify the way HIV treatment is currently provided and to scale up access to life-saving medicines. Using a combination of efforts, this new approach could bring down treatment costs, make treatment regimens simpler and smarter, reduce the burden on health systems, and improve the quality of life for people living with HIV and their families. Modelling suggests that, compared with current treatment approaches, Treatment 2.0 could avert an additional 10 million deaths by 2025.

In addition, the new platform could reduce the number of people newly infected with HIV by up to one million annually if countries provide antiretroviral therapy to all people in need, following revised WHO treatment guidelines.

HIV prevention works—new HIV infections are declining in many countries most affected by the epidemic
In 33 countries, HIV incidence has fallen by more than 25% between 2001 and 2009. Of these countries 22 are in sub-Saharan Africa. The biggest epidemics in sub-Saharan Africa—Ethiopia, Nigeria, South Africa, Zambia, and Zimbabwe—have either stabilized or are showing signs of decline.

Howevever, several regions and countries do not fit the overall trend. In seven countries, five of them in Eastern Europe and Central Asia, HIV incidence increased by more than 25% between 2001 and 2009.

These figures demonstrate that positive behaviour change can alter the course of the epidemic—while stigma and discrimination, lack of access to services and bad laws can make epidemics worse. In both cases, the effects are often profound.

Among young people in 15 of the most severely affected countries, HIV prevalence has fallen by more than 25% as these young people have adopted safer sexual practices. Similar to treatment access, the room for continued improvement on this success is great. Young people's knowledge about HIV is increasing but needs to grow further.

Virtual elimination of mother-to-child transmission of HIV is possible

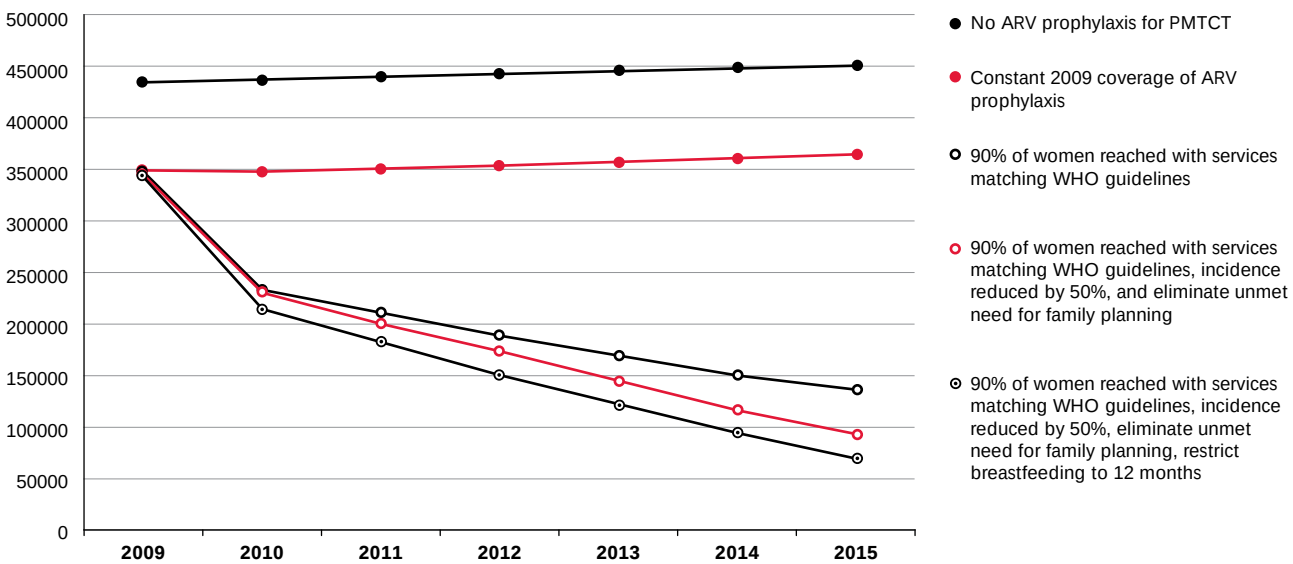
In 2009, an estimated 370 000 children [220 000–520 000] contracted HIV during the perinatal and breastfeeding period, down from 500 000 [320 000–670 000] in 2001.

Figure 1.1

The virtual elimination of mother-to-child transmission of HIV is possible

Estimated New HIV infections among children 0-14: Different scenarios for 25 countries

Source: Mahy M, Stover J, Kiragu K, et al. What will it take to achieve virtual elimination of mother-to-child transmission of HIV? An assessment of current progress and future needs. Sex Trans Infect (Suppl) 2010.



Although this is a significant reduction, HIV continues to weigh heavily on maternal and child mortality in some countries. But in South Africa, which achieved almost 90% coverage of treatment to prevent mother-to-child transmission of HIV, transmission to infants has been drastically reduced. In many communities, countries and regions of the world, however, access to services to halt mother-to-child transmission needs to be scaled up.

10m

Treatment 2.0 could avert an additional 10 million deaths by 2025.

In 2009, UNAIDS called for the virtual elimination of mother-to-child transmission of HIV by 2015 (Figure 1.1). In the 10 most severely affected countries, this is a realistic aim and can be achieved with significantly increased action to implement proven strategies to eliminate HIV transmission to young people.

Women and girls need support

Slightly more than half of all people living with HIV are women and girls. In sub-Saharan Africa, more women than men are living with HIV, and young women aged 15–24 years are as much as eight times more likely than men to be HIV positive. Protecting women and girls from HIV means protecting against gender-based violence and promoting economic independence from older men.

>50%

Slightly more than half of all people living with HIV are women and girls.

Human rights are increasingly a part of national strategies

Human rights are no longer considered peripheral to the AIDS response. Today, the vast majority of countries (89%) explicitly acknowledge or address human rights in their national AIDS strategies, with 92% of countries reporting that they have programmes in place to reduce HIV-related stigma and discrimination.

At the same time, however, criminalization of people living with HIV still presents significant challenges to the AIDS response. More than 80 countries across the world have laws against same-sex behaviour, and the free travel of people living with HIV is restricted in 51 countries, territories and areas. Such laws are not only discriminatory and unjust—they also drive HIV underground and inhibit efforts to expand access to life-saving HIV prevention, treatment, care and support.

Financing the response is a shared responsibility

Increasingly, countries with heavy HIV burdens are assuming their responsibilities to resource the response to the degree that their means permit. Domestic expenditure is the largest source of HIV financing globally today, accounting for 52% of resources for the HIV response in low- and middle-income countries. Improving financing for the global response will require ongoing efforts to mobilize domestic resources among countries that appear to be under-investing in the HIV response, increasing the efficient use of funds for HIV and other related health and development programmes, and increasing external aid in a global environment of constrained resources.

A fragile progress

Despite extensive progress against a number of indicators on the global scale, many countries will fail to achieve Millennium Development Goal 6: halting and reversing the spread of HIV (Figure 1.2 and Figure 1.3).

Figure 1.2

Millennium Development Goal 6 indicators

Population-adjusted averages for indicators for Millennium Development Goal target 6.A (halt and begin to reverse the spread of HIV/AIDS), 1999–2003 and 2004–2009.

Source: DHS and UN Population Statistics.

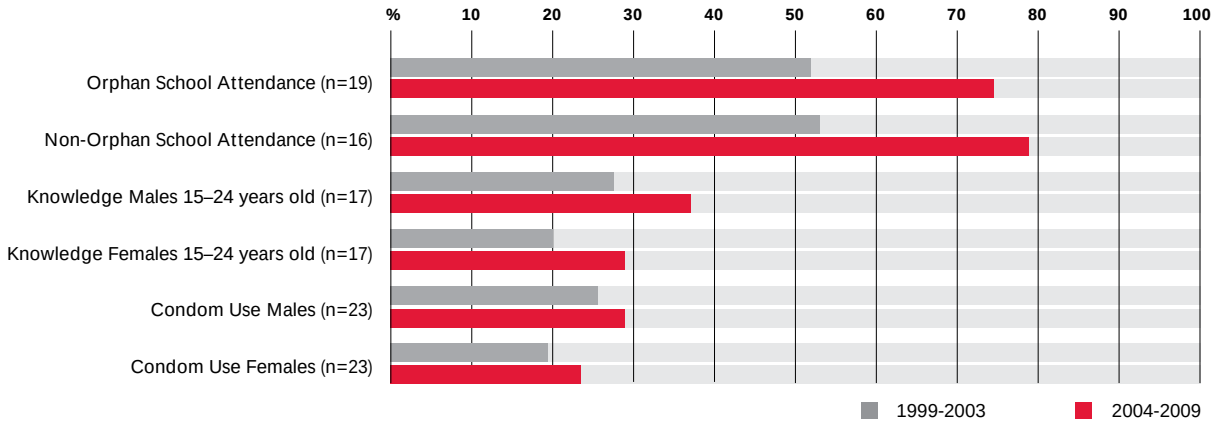
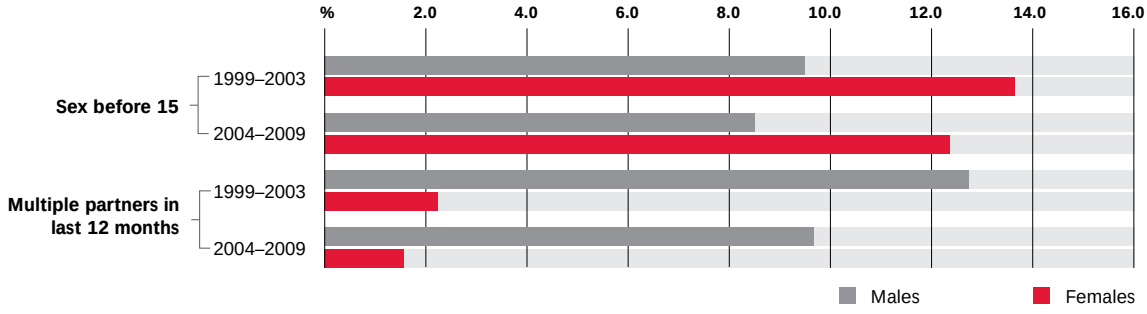


Figure 1.3

Young people and sexual risk

People aged 15–25 years who had sex before age 15 years and who had multiple partners in the past 12 months.

Source: DHS and UN Population Statistics.



Having more than 5 million people receiving treatment is a major public health achievement—but still represents only 35% of the people who need HIV therapy now, according to WHO guidelines issued in early 2010. Reaching the two thirds of people who need treatment, but are not yet receiving it, and financing this expansion in access to HIV therapy will require a continued and expanded global commitment to providing high quality HIV care for all.

Knowledge of the epidemic and how to prevent HIV infection has increased among young people aged 15–24 years—people frequently at the highest risk for infection. Six countries have achieved greater than 80% condom use at last higher-risk sex among males, and two countries have achieved this high level of condom use among females (see the HIV prevention scorecard).

"MANY PEOPLE STILL LACK READY ACCESS TO CONDOMS AND LUBRICATION, AND PEOPLE WHO INJECT DRUGS ALSO LACK SUFFICIENT ACCESS TO STERILE NEEDLES."

Young people still lack knowledge and, importantly, often lack the tools they need to practice HIV risk-reduction strategies, however. Many people still lack ready access to condoms and lubrication, and people who inject drugs also lack sufficient access to sterile needles.

A new vision

Fulfilling the UNAIDS vision of zero new infections will require a hard look at the societal structures, beliefs and value systems that present obstacles to effective HIV prevention efforts. Poverty, gender inequity, inequity in health and the education system, discrimination against marginalized people, and unequal resource pathways all affect—and often slow—the HIV response.

In a world that has had to learn to live with an evolving and seemingly unstoppable epidemic over the course of three decades, UNAIDS' vision of zero discrimination, zero new infections and zero AIDS-related deaths poses a challenge. But it is not a hopeless challenge. The vision of eliminating the toll that HIV imposes on human life can be made real using the knowledge and resources available today. Planners, programme administrators and implementers must make a sustained and dedicated effort to use the best social and scientific knowledge available. Strengthened programming using the latest knowledge and best practices to deliver effective prevention, treatment and care services to people in need, or at risk, is highly effective.

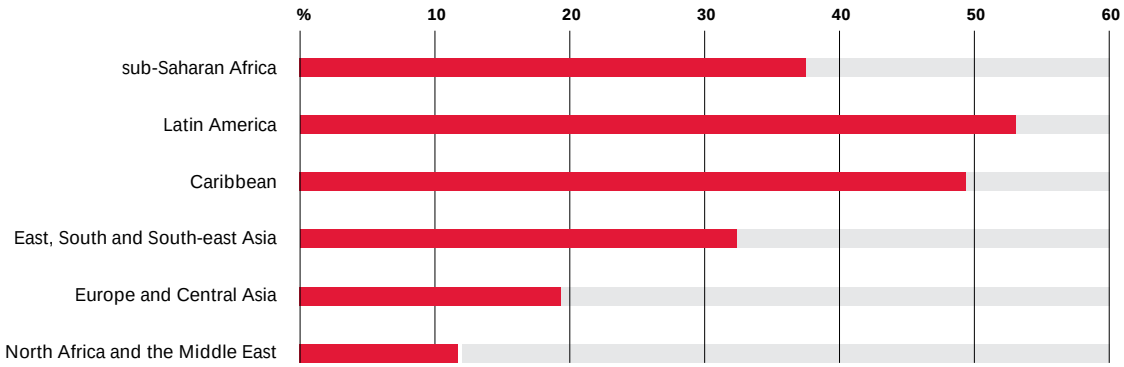
Building social coalitions to reduce vulnerability to HIV infection supports individuals and strengthens communities. Safeguarding the health of mothers and infants and optimizing infant feeding provides a strong basis for the growth of new generations. Investing in health care and social support systems, working to eliminate violence against women and girls and promote gender equality and working to end stigma and discrimination against people living with HIV and members of other marginalized groups help to provide social environments that are effective against the spread of HIV and promote more general mental and physical well-being. And in providing HIV-specific services with an awareness of other health and social issues and forging appropriate linkages, the response to HIV can make an important contribution to global health.

Figure 1.4

Treatment coverage in low- and middle-income countries

Population-adjusted averages for treatment coverage in low- and middle-income countries by geographical region in 2009 based on 2010 WHO guidelines: Millennium Development Goal target 6.B (achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it). The regional figure for North America is not shown because of lack of data.

Source: WHO Towards Universal Access 2010.



The Millennium Development Goals are intertwined. Without achieving substantive progress towards the HIV-specific Goal 6, few other Goals are likely to be reached; likewise, without integration and significant progress towards most other Goals being made, Goal 6 will probably not be achieved.

Stopping infections, saving lives and improving the quality of life of people living with HIV have always been at the heart of the global AIDS response. The successes and continuing challenges described in this report should serve as catalysts for continued action. ■

AIDS SCORECARDS

For the first time, UNAIDS is publishing scorecards to provide a quick overview of the progress made by United Nations Member States in the global AIDS response. Five scorecards for (1) HIV incidence (2) prevention, (3) treatment, care, and support, (4) human rights and gender equality, and (5) investment, show the top national values for key indicators at the end of each chapter. They provide a snapshot of achievements, failures and obstacles in achieving universal access to HIV prevention, treatment, care and support. Readers seeking more detailed data can find a comprehensive tabulation of all available data on each of the indicators used for the international monitoring of national responses to HIV in the annexes.