

# Factsheet

OCTOBER 04

## HIV and AIDS

**Millennium Development Goal 6:** To combat HIV/AIDS, malaria and other diseases

**Target 7:** By 2015, to have halted and begun to reverse the spread of HIV and AIDS.

### Key messages

- The HIV and AIDS epidemic is getting worse and poses an enormous challenge for the developing world, particularly in sub-Saharan Africa, where it is the leading cause of death.
- The disease is also making rapid gains in other parts of the world. By 2010, more people will be infected in Asia than in Africa.
- As Uganda, Senegal, Thailand and Brazil have all shown, it is possible to reduce or slow HIV by introducing strong programmes to prevent, treat and educate people about AIDS.
- UNAIDS estimates that by 2005, developing countries will need £6.6 billion to start winning their fight against AIDS, but at present the international community has only come up with £2.6 billion.
- The UK is contributing £1.5 billion between 2005 and 2008 to help close this funding gap.
- But more money, more co-ordinated action and more political leadership from the international community are needed.

### Facts and figures

Today, some 37.8 million are living with HIV. Over 20 million have already died since the first AIDS cases were been identified in 1981.

- 2.9 million died in 2003.
- 4.8 million people became newly infected with HIV in 2003.
- **Asia:** 7.4 million people have HIV. Around 500,000 died of AIDS in 2003, and around 1.1 million people were newly infected. This is 25 per cent of new infections globally.
- **Sub-saharan Africa:** 25 million people have HIV. Around 2.2 million people died of AIDS in 2003, and around 3 million people were newly infected.
- **North Africa & Middle East:** 480,000 people have HIV. Around 24,000 died of AIDS in 2003, and around 75,000 people were newly infected.
- **Eastern Europe & Central Asia:** 1.3 million people have HIV. Around 49,000 died of AIDS in 2003 and around 360,000 were newly infected.
- **Latin America:** 1.6 million people have HIV. Around 84,000 died of AIDS in 2003 and around 200,000 people were newly infected.
- **Caribbean:** 430,000 people have HIV. Around 35,000 died of AIDS, and around 52,000 were newly infected in 2003.

- In the hardest hit countries, life expectancy will fall to 30 years of age by 2010. In Botswana, life expectancy has dropped from 65 years in 1990-95 to 40 years today and is set to fall further to just 27 years by 2010.
- 13 million children in Africa have lost at least one parent to AIDS. By 2010 this will rise to an estimated 25 million children.
- In 1999, an estimated 860,000 African children lost their teachers to AIDS.
- AIDS is also spreading rapidly throughout other parts of the world, with 4.5 million people infected in India, 850,000 in China, two million in Latin America and the Caribbean and 1.5 million in Eastern Europe and Central Asia.
- Each year, two million women infected with HIV become pregnant and there are 600,000 new cases reported of HIV in children.
- Although the price of anti-retroviral drugs has dropped by up to 98 per cent in the last four years, it still costs between \$140 and \$300 for a year's supply of drugs to treat an individual with HIV and the treatment needs to be given for life.
- The UK donated 491 million of the billion condoms that were used in developing countries in 2000.
- UNAIDS estimates that developing countries will need £6.6 billion in 2005 to stop the spread of AIDS in its tracks and treat existing cases.
- At present, there is only £2.6 billion of funding for HIV and AIDS available.

## Are we on track to meet the target?

Assessing progress towards the MDG on HIV and AIDS is hampered by limited availability of data. It is clear however that the HIV and AIDS epidemic is continuing to spread and infection in Asia in particular is increasing rapidly. The rate of infection in sub-Saharan Africa appears to have stabilised in the last few years, though this may have been affected by the high level of AIDS deaths. Countries such as Uganda, Senegal, Thailand and Brazil have shown that it is possible to reduce the spread of HIV by introducing strong programmes of prevention and treatment. More money and strong political direction however are required to help countries to implement such strategies.

## Obstacles to improvement

### Funding gap

In recent years, the subject of tackling HIV and AIDS has moved much higher up the international agenda. In turn, this has led to a lot more money being made available for programmes aimed at preventing the epidemic from spreading further. But a funding gap of almost £4 billion remains.

### Poor cooperation between donors

There is not enough co-ordination and co-operation between donors to ensure that money is being used as effectively as it might be. Many developing countries are struggling to keep up with the requirements of individual donors.

## Relatively high cost of drugs

While prices have tumbled in recent years, the cost of antiretroviral drugs are still far beyond the means of most sufferers.

## Lack of political will

The international community – and the governments of developing countries themselves – have been slow to recognise the enormous scale of the AIDS epidemic. The lack of action and funding at the international and national level has been compounded by an unwillingness to change attitudes and behaviour at grass roots, with many people still in denial about the nature of their illness.

## Progress – what DFID is doing to help

### More money

DFID has invested £1.5 billion to strengthen health systems in the developing world since 1997. Over the next three years, DFID will commit a further £1.5 billion to tackling HIV and AIDS. This money will be used to:

- Fund action that prioritises women, young people and vulnerable groups, and focuses on human rights.
- Ensure that we spend at least £150 million on programmes to meet the needs of orphans and other children, particularly those in Africa, made vulnerable by HIV and AIDS.
- Double our funding for the Global Fund over the next three years.
- Provide £36 million to UNAIDS over the next four years to support its global leadership.
- Provide £80 million to the United Nations Population Fund (UNFPA) over the next four years to support its HIV prevention work with women.

## Publication of the UK's HIV and AIDS strategy

In July 2004, we published *Taking Action* our strategy for tackling HIV and AIDS in the developing world - <http://www.dfid.gov.uk/pubs/files/hivaidstakingaction.pdf>. The strategy set out what the UK will do in order to help:

- Close the funding gap.
- Improve the international response.
- Strengthen political leadership in both developed and developing countries.
- Provide better programmes on the ground.
- Provide more assistance and support for women, young people, orphans and other vulnerable groups.
- Minimise the impact of HIV and AIDS in the long-term.

A summary version of the strategy is available at:

<http://www.dfid.gov.uk/pubs/files/HIVAIDStakingactionssummary.pdf>.

## Publication of the UK's *Call for Action*

In December 2003, the UK issued its *Call for Action on HIV/AIDS* (<http://www.dfid.gov.uk/pubs/files/aidsforallforaction.pdf>) as part of our effort to make fighting the disease a priority for the international community. In the document, we set out our commitment to:

- Make AIDS – and Africa – the centrepiece of the UK's Presidencies of both the G8 and the EU in 2005.
- Make HIV and AIDS the priority for the extra £320 million the UK will be devoting to Africa by 2006.
- Double our core funding of UNAIDS and work with them to strengthen their co-ordination role on the ground.
- Push for the adoption of the International Financing Facility (IFF) to increase the amount of long-term predictable funding available. If adopted, the IFF could increase the amount of development aid from just over US\$50 billion a year today to US\$100 billion per year by 2015.
- Push for the creation of a framework, called the Three Ones, to encourage greater coordination and cooperation between donors. The Three Ones calls for one AIDS action framework, one national AIDS coordinating authority and one system to monitor and evaluate the effectiveness of what the international community is actually doing. All major donors signed up to this framework in April 2004.

## Case studies – countries

### Asia

DFID is spending more than £265 million to support major initiatives to control the spread of HIV and AIDS in Bangladesh, Burma, Cambodia, China, India, Nepal, Pakistan and Vietnam.

### Africa

Over a quarter of the UK's overall bilateral assistance to Africa is spent on HIV and AIDS and sexual and reproductive health work. £320m was committed for HIV and AIDS and Sexual Reproductive Health in 2003-04.

## Using the media in South Africa to raise awareness of HIV and AIDS

DFID Southern Africa has committed £13 million to the South Africa based Soul City programme. Soul City uses multimedia to address a variety of health and social issues. They employ a respected methodology based on a mixture of education and entertainment. It is accessible, popular, and still serious enough to carry persuasive, sophisticated social messages. DFID support seeks to contribute towards a reduction in HIV risk behaviour among young people and in the stigma associated with HIV and AIDS, and an increase in condom use and community mobilisation to support people with HIV and AIDS.

## **Addressing stigma and discrimination in Nigeria**

DFID support for social marketing of condoms, voluntary testing and counselling and behaviour change communication will help to raise awareness of HIV and AIDS and reduce the social stigma associated with HIV and AIDS, especially among young people. Nigeria is planning high-profile media events, in which figures publicly agree to be counselled and tested for HIV, should lead to a noticeable increase in high-level public discussion of HIV and AIDS.

## **DFID working in China to prevent HIV in marginalized groups**

DFID is the largest bilateral funder of HIV and AIDS work in China. DFID will support an innovative, integrated, prevention and care programme for high-risk populations in Yunnan and Sichuan provinces, where infection rates are high. This has built capacity to manage and deliver new approaches to working with high-risk groups, and significantly increased the capacity of the provincial governments to coordinate effective responses that involve all sectors of government and society.

## **The effects of poor donor cooperation in Uganda, Russia and the Dominican Republic**

In 2003, donors held 25 HIV and AIDS planning missions in Uganda, 30 in Russia and 20 in the Dominican Republic. Some countries are spending a year simply completing the necessary forms to apply for funding while funds already allocated sit unspent.

## **Case studies – general**

### **Global Fund for AIDS, TB and Malaria**

The Global Fund was set up in 2002 and committed £1.2 billion (US\$ 2.1 billion) to 124 countries in its first year of operation. The UK pledged £138 million to the fund in its first five years to 2005/2006 and has now pledged a further US\$80 million for the next two years.

### **Investing in prevention – microbicides**

The idea behind microbicides is a simple one: develop a substance, in the form of a cream or gel, that when applied can substantially reduce the transmission of HIV and other sexually transmitted infections.

Microbicides could be particularly useful for women who feel unable to insist that their sexual partners wear a condom. Since 1999, the UK has provided £18 million towards researching and developing microbicides. We are currently funding clinical trials of the two most promising microbicide products in five African countries.

## **Investing in prevention – vaccines**

In 2004, the G8 group of developed countries (including the UK) announced the establishment of the Global HIV Vaccine Enterprise to coordinate research and speed up the process of developing an effective vaccine. The UK was the first government to make a major commitment to vaccine development and we have committed £14 million over four years to the International AIDS Vaccine Initiative.

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