

HIV & AIDS

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

Target 7: To have halted by 2015 and begun to reverse the spread of HIV and AIDS.

Target 7b: To achieve universal access to treatment for HIV/AIDS by 2010

Are we on track to meet the target?

	Africa		Asia				Latin America & Caribbean	Commonwealth of Independent States	
	Northern	Sub-Saharan	Eastern	South-Eastern	Southern	Western		Europe	Asia
Progress on halting and reversing the spread of HIV/AIDS	low prevalence	very high prevalence	low prevalence	low prevalence	moderate prevalence	low prevalence	moderate prevalence	moderate prevalence	low prevalence
	Orange	Red	Red	Orange	Orange	Orange	Orange	Orange	Red
HIV prevalence in adults aged 15-49 (%)	1990	2.7	< 0.1	0.1	0.1	< 0.1	0.3	< 0.1	< 0.1
	2005	5.8	0.1	0.5	0.7	< 0.1	0.6	1.1	0.2

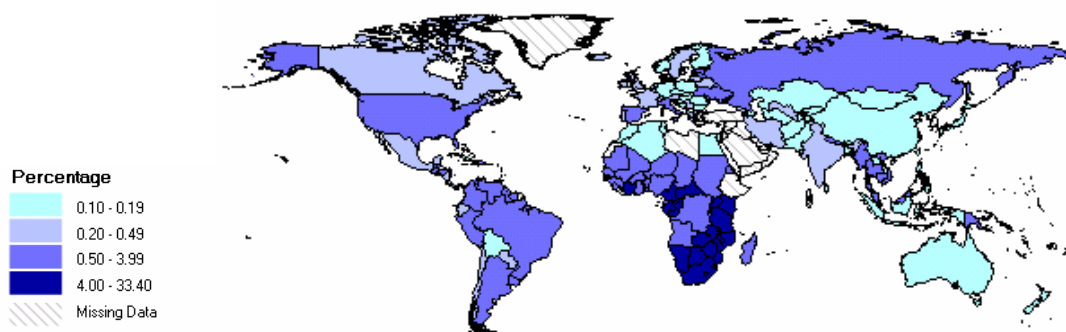
Line 1 (progress) – The words describe current levels. The colours show the trend towards meeting the 2015 target.

Key: **Dark Green** = target met. **Light Green** = almost met, or on target. **Orange** = some/negligible progress, but insufficient to meet target. **Red** = no change or negative progress.

Line 2 (level) – **HIV prevalence in adults aged 15 – 49 (percentage)** – **Key:** Please refer to map key below.

Source: United Nations Statistics Division - UN Millennium Development Goals Report 2006

Progress: Several countries report success in reducing HIV infection rates. However, rates of infection overall are still growing. And, the number of people living with HIV has continued to rise from 36.9 million in 2004 to 39.5 million in 2006. ^{1p.2} Globally, 17.7 million women are living with HIV; more than ever before and an increase of more than 1 million since 2004. There were 4.3 million new infections in 2006. Young people aged 15 to 24 accounted for 40% of new infections among adults in 2006. Young girls in particular are vulnerable to HIV infection. In sub-Saharan Africa, they make up 76% of young people living with HIV. ² The number of AIDS-related deaths also increased to 2.9 million despite greater access to antiretroviral treatment and improved care in some regions. ^{1p.3}



HIV Prevalence adults aged 15 – 49 (2005) (percentage)

Source: UN "Millennium Development Goals Indicators Database" (2007)

"An estimated 2.8 million adults and children in sub-Saharan Africa became infected with HIV in 2006, more than in all other regions of the world combined." ^{1p.2}

Key Messages

- HIV prevalence rates have levelled off in developing regions, but the global picture masks the large variation in country experiences. Although the epidemic has begun to decline in Kenya, Zimbabwe and urban areas of Burkina Faso, and stabilised in Uganda, Tanzania and Ghana, in South Africa the epidemic is still growing. ^{1p.11}
- The clearest achievement has been the boost in the number of people being treated. By the end of 2006, over 2 million people were receiving antiretroviral therapy in low and middle income countries, which is a 54% increase on the previous year. ^{11p.14-15} This is equivalent to 28% of those needing treatment. However, prevention measures are failing to keep pace with the spread of HIV. ¹⁰ For every new person that receives treatment, another six people are becoming infected. ¹²
- In every epidemic, specific individuals and groups of people are disproportionately vulnerable to HIV and AIDS. Yet, they remain largely neglected in the global response to AIDS. Women, young people, men who have sex with men, sex workers, injecting drug users and prisoners are among those most vulnerable to HIV and most affected by the epidemic. But, globally fewer than one in twenty men who have sex with men have access to the HIV prevention and care services they need. ^{1p.110} And, coverage of HIV prevention for injecting drug users is at best 5% across the globe. ^{1 p.114}

Facts and figures

- Over the last 2 years, the number of people living with HIV has increased in every region of the world. 39.5 million people were living with HIV in 2006. Two thirds of these people live in sub-Saharan Africa. 4.3 million people were newly infected with HIV and 2.9 million people died from AIDS in 2006. ^{1p.3}
- The top three countries with the highest numbers of people living with HIV in 2005 are South Africa, 5.5 million; Nigeria 2.9 million; India 2.5 million. ^{1p.505-540} India halved its count from 5.2 million to 2.5 million, based on better data in 2007. ⁹
- The feminisation of the epidemic is becoming increasingly apparent. Worldwide, 17.7 million women are HIV-positive, more than ever before. In sub-Saharan Africa, they make up 59% of all people living with HIV. And, for every 10 adult men living with HIV, there are 14 adult women infected. ^{1p.4} Young women are particularly affected. In South Africa, young women (aged 15 to 24) are four times as likely to be HIV infected than young men. ^{1p.11}
- In Malawi, where 14% of adults are living with HIV, only one quarter (23%) of young women (aged 15 to 24) and one third (36%) of young men can correctly identify ways to prevent HIV.
- By the end of 2005, 15 million children had been orphaned by AIDS. ^{7p.6} Each day, 1,800 children worldwide become infected with HIV – the vast majority of them newborns. ^{1p.132}
- The UK government will spend at least £1.5 billion over three years (2005-08) on AIDS related work in developing countries. ^{8p.1} Since 2001, the UK has provided over 1 billion condoms for use in developing countries. ^{8p.10}

Challenges and solutions

More money is now available, from domestic and international sources, for responding to the epidemic. Since 1996, annual funding for AIDS in low and middle-income countries grew 28-fold from US\$300 million to US\$8.3 billion in 2005 and an estimated US\$10 billion in 2007. This increase in finance reflects growing political commitment and momentum to fighting HIV and AIDS through a mixture of prevention and treatment strategies.

Despite the increased financial resources, there remains a large funding gap for universal access to a comprehensive strategy of prevention, treatment and care. The UN projected the costs as US\$18 billion for 2007 and US\$22 billion for 2008; far in excess of current commitments. And, even the latest evidence may be underestimating the number of people who need anti-retroviral (ARV) treatment by 50%. ¹⁰ Spending per capita varies across countries, and within countries resources may not be channelled to the groups with greatest need – in particular those most vulnerable and affected by HIV and AIDS. Resources devoted to services for these populations are not proportional to the HIV prevalence. We agree with UNAIDS that this reflects a serious mismanagement of resources and a failure to respect fundamental human rights. ^{1p.104}

As well as the funding gap, there is also an implementation gap. Gender inequality, stigma and discrimination continue to fuel the AIDS epidemic. Women and girls often lack the social and economic power to control key aspects of their lives, including sexual and reproductive behaviour or the use of services. And, people living or associated with HIV and AIDS often face denial of care, violence and loss of job or property. Stigma and discrimination stops people from taking up preventive services and testing, disclosing their status, and seeking treatment and care. In Indonesia, research found that 40% of injecting drug users avoided HIV testing because of stigmatization. ¹³ Gender inequality, stigma and discrimination are entrenched in all levels of society – from individuals and communities, to institutions and laws and legislation. And, these issues need to be addressed at multiple levels, through a range of interventions ranging from participatory education to legal reform.


57 countries are reported to have a critical shortage of health professionals. ^{6p.xviii} 36 of these countries are in sub-Saharan Africa. 4 million additional workers are needed worldwide – 1 million in Africa alone. These shortages are due to complex reasons: the growing health service needs of developing country populations, high demand given high rates of illness, the added burden of the AIDS epidemic, financial constraints in the public sector, and the loss of professionals due to retirement or moves to other areas of work, local and international migration. UNAIDS suggests that US\$600 million is required in 2007 to build human resource capacity to tackle HIV/AIDS, rising to US\$860 million in 2008. ^{2p.230}

Without major improvements to existing health care systems, it will be impossible to scale up good quality HIV prevention and AIDS treatment and care, including access to anti-retrovirals. While prices have tumbled in recent years, the cost of antiretroviral drugs is still far beyond the means of many governments and individuals. More effective health services will depend on: employing more doctors and nurses; removing bottlenecks in drug production and supply; establishing reliable and accountable supply chain management and reporting systems; promoting better awareness and availability of services; NGO mobilisation to make treatment effective; and a massive scaling up of HIV testing services so people can find out if they need treatment.

“Care of orphans is an enormous social problem, which will only get worse as more parents die of AIDS. In 2005, an estimated 15.2 million children had lost one or both parents to AIDS, 80% of them in sub-Saharan Africa. By 2010, the figure is likely to rise to more than 20 million.”^{3p.20}

What the UK government is doing to help

The UK's HIV and AIDS Strategy

In July 2004, the UK published [Taking Action](#)  (1.31 mb), our strategy for tackling HIV and AIDS in the developing world. The strategy called for more money to be channelled towards tackling HIV and AIDS; better policies; and stronger donor harmonisation behind country leadership. The interim evaluation of Taking Action said the strategy has been useful for driving forward the UK's international leadership and advocacy efforts. In 2007, DFID is preparing a successor strategy to guide our work on HIV/AIDS from 2008-11, a renewed platform for the UK's ongoing political leadership and commitment to reverse the spread of HIV/AIDS.

More money

The UK committed at least £1.5 billion to tackling HIV and AIDS from 2005-8. Our money has supported the following:

- £359 million for the [Global Fund To Fight AIDS, Tuberculosis and Malaria](#) between 2001 and 2007
- £38 million to the International AIDS Vaccine Initiative since 1999
- £94 million to the United Nations Population Fund ([UNFPA](#)) from 2004-8 to support its HIV prevention work with women
- £44 million to [UNAIDS](#) from 2004-8 to support its global leadership
- Providing at least £150 million for programmes designed to target the needs of orphans and other children made vulnerable by HIV and AIDS, particularly in Africa
- Prioritising women, young people, vulnerable groups and a focus on human rights.

Promoting human rights and fighting stigma and discrimination

DFID supported programmes in Malawi, Uganda, Togo, Niger and Rwanda focus on legal education and rights awareness of people living with HIV/AIDS, including vulnerable groups such as HIV-positive women and children affected by AIDS, sex workers and young people, respectively. In Bangladesh, DFID supports an outreach programme that empowers sex workers and their children to demand their rights for basic services – including HIV and health services - and raise awareness of the discrimination and abuse they face among civil society, local government, education authorities, and service providers. DFID supports the [Soul City multi-media programme](#) in South Africa, which uses prime-time television and radio dramas to break down the barriers of stigma around HIV/AIDS. For example, of the children who have been exposed to Soul City, 80% are willing to be friends with someone living with HIV, compared to 48% of children who had not been exposed.

G8 and UN political leadership on HIV and AIDS

With UK leadership, G8 secured an historic, comprehensive package of commitments at the Gleneagles Summit in July 2005 – including for HIV prevention, treatment and care, with the aim of as close as possible to universal access to treatment for all those who need it by 2010. The G8 reaffirmed its commitment to Universal Access at the G8 summit in Helligendamm in June 2007, committing US\$60 million over the next few years and specific funding for prevention of mother to child transmission, paediatric treatment and family planning.

We pushed hard to secure a strong outcome at the UN General Assembly (UNGA) High Level meeting on AIDS (2 June 2006), which reaffirmed its commitment to implement the 2001

“In 2005, only 11% of pregnant women in low and middle-income countries who were HIV-positive were receiving services to prevent the transmission of the virus to their newborns.” ^{3p.20}

Declaration of Commitment on HIV/AIDS. It was agreed that ambitious national targets would be set by partner countries, including interim targets for 2008, to map out the scale up towards universal access. By July 2007, 95 countries had set these targets.

Investment in New Prevention Technologies

The development of a vaccine for HIV and AIDS, effective in developing countries, offers the best hope of finally halting the epidemic in its tracks. DFID has provided £38 million since 1999 for the International AIDS Vaccine Initiative, which is seeking a vaccine against HIV. Microbicides are substances that could offer protection against infection from HIV, if developed into creams and gels. A microbicide, which is only 60% effective, could prevent 3.7 million HIV infections within 3 years if used by all women who are unable to use condoms. The UK has been at the forefront of support to microbicides, providing early support to initial microbicide discovery and development, assessment work and advocacy, since 1999. DFID's funding for microbicides now totals £50 million and includes directly funding the world's largest microbicide clinical trial.

Impact and results

Since, 1990, the UK has provided over one billion condoms for use in developing countries, making us the fourth largest provider in the world. Every second, 15 condoms sponsored by DFID are used around the world. Two million people were receiving anti-retroviral treatment in low and middle income countries at the end of 2006, which is a 54% increase on the previous year. As the second largest donor to HIV/AIDS, DFID can claim a share of this impact. In sub-Saharan Africa, the number of treatments rose from 100,000 in 2003 to 1.3 million by December 2006. The number of treatment sites has grown from 3 to 110 in Zambia and from 3 to 60 in Malawi over the last two years.

DFID is the lead agency in reducing the harms that are associated with drug use. DFID projects and political lobbying in China have been hugely influential in changing national policies. The government is now allocating significant financial resources to scaling up resources for injecting drug users. 320 treatment centres have been set up in the past 2 years, providing services for 37,000 drug users. More than 1,000 treatment centres are expected by 2008.

In Malawi, we are helping with a £100 million emergency programme over 6 years, part of which aims to double the number of nurses and triple the number of doctors, and retain them through better pay and conditions – with a salary increase of 50%. DFID's funding has reduced the vacancy rate and doubled the number of nurses in training.

1. Unless otherwise indicated the source of all data is UNAIDS [Epidemic Update](#) (Dec 2006) and UNAIDS [Report on the Global AIDS Epidemic](#) (June 2006)
2. Quinn and Overbaugh, "HIV/AIDS in Women: An Expanding Epidemic" (June 2005)
3. UN [The Millennium Development Goals Report](#) (2007)
4. [G8 Gleneagles website](#)
5. UNDP [Human Development Report](#) (2005)
6. [World Health Report 2006](#)
7. UNICEF/UNAIDS [Children The Missing Face of AIDS](#) (2005)
8. DFID [Updating Taking Action: The UK's strategy for tackling HIV and AIDS in the developing world](#)
9. [Times of India](#) (7 July 2007)
10. UNAIDS [Press Statement](#) (5 June 2007)
11. WHO [Towards Universal Access Progress Report](#) (April 2007)
12. [Dr Anthony Fauci quoted in BBC article](#) (23 July 2007)
13. Ford, K., et al., [AIDS Education and Prevention](#), 2004. 16(6): p. 487-498.

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