

HIV / AIDS



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The Challenge

In the more than three decades since HIV/AIDS was first discovered, the disease has taken the lives of 34 million people around the world. In 2014 alone, AIDS killed 1.2 million people, 790,000 of whom were living in sub-Saharan Africa. Though life-saving antiretroviral treatment is available, millions of people still cannot access it: just over 40% of people who are HIV-positive are currently on treatment.

Because people in their most productive years (15-49 years old) are most commonly infected with HIV/AIDS, the disease threatens broader development progress in many low-income countries, including in those in sub-Saharan Africa hit heavily by the disease. In 2014, UNAIDS reported that 13.3 million children around the world were orphans due to

HIV/AIDS. Within countries, HIV is increasingly concentrated among vulnerable populations, including men who have sex with men, female sex workers, injection drug users and adolescent girls – and in many countries, political dynamics and legislation have made it increasingly difficult to reach them.

In 2005, world leaders at the G8 summit in Gleneagles and at the UN World Summit in New York pledged to reach universal access to prevention, care and treatment by 2010. This target was missed, and although leaders recommitted to the fight against AIDS in 2011 by agreeing to work toward achieving universal access to HIV prevention, treatment, care and support by 2015, these goals are still far from being achieved.

The Opportunity

We are at a critical moment in the fight against HIV/AIDS. The world has made incredible progress in its efforts to understand, prevent and treat this disease, and progress has been particularly rapid during the last ten years. Since 2000, new HIV infections have fallen by 35%, with infections among children dropping by 58%; AIDS-related deaths have also decreased by 42% since their peak in 2004. In 2013, for the first time ever, the number of people newly added to AIDS treatment was greater than the number of people newly infected with HIV. Yet, in 2014, new infections (2 million) barely surpassed the number of people newly added individuals to treatment (1.9 million).

As we continue to improve access to treatment (with 15 million people on treatment in 2015, up from just under 700,000 in 2000), we must speed up our prevention efforts, using existing and new tools more effectively. It is now possible to prevent the transmission of HIV from mother-to-child in 95% or more of cases. New research has also provided ground-breaking data on two fronts: the impact of treatment as prevention and the role of male circumcision in prevention strategies. Clinical trials have shown that treatment acts as prevention, reducing the likelihood of an HIV-positive individual on treatment passing HIV on to others by up to 96%. Voluntary medical male circumcision, another powerful tool, was shown to reduce the likelihood of HIV infection in men by up to 60%.

Resources for HIV/AIDS continue to expand, albeit less rapidly than they did in the early 2000s. Global funding for HIV/AIDS reached a historic high in 2014, with \$20.2 billion spent, up from \$19.1 billion in 2013. Still, this spending fell \$2-4 billion short of the \$22–24 billion that UNAIDS estimates is needed annually to control the pandemic. Of the \$20.2 billion spent, \$8.6 billion, or less than half of all global spending, came from international assistance; low and middle income countries' own budgets accounted for 57% of spending.

These resources, channelled through governments and programs such as The Global Fund and PEPFAR, have helped save millions of lives and bend the curve of the pandemic. Since 2002, Global Fund grants have supported 8.1 million people on treatment and provided 423 million HIV counselling and testing sessions. As of December 2013, PEPFAR had provided treatment support for 7.7 million people, including direct support for 4.5 million people and indirect, but essential, technical support for another 3.2 million. It also reached more than 56.7 million people with HIV testing and counselling in FY2014.

The world must accelerate its progress – including among the most marginalized and difficult-to-reach populations. We must finish the job of virtual elimination of mother-to-child transmission, continue scaling up treatment, and deploy smarter preventions strategies. To be effective, these goals cannot be achieved in isolation from one another, or be the sole responsibility of a small number of donor countries. Only when donors, African governments, international organisations and the private sector work together will the path towards the end of AIDS become a reality.