

HIV & AIDS

MAY 2009

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

Target 6a: To have halted by 2015 and begun to reverse the spread of HIV and AIDS.

Target 6b: To achieve universal access to treatment for HIV/AIDS by 2020

Progress: The number of people newly infected with HIV and the number of people who die from AIDS have started to decline. The number of infected people that are receiving antiretroviral therapy increased but the need for treatment far outpaces the availability of antiretroviral drugs.

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		moderate mortality	high mortality	low mortality	high mortality	low mortality	low mortality	moderate mortality	moderate mortality	low mortality
HIV prevalence in adults aged 15-49 (%)	1990	< 0.1	2.1	< 0.1	0.2	< 0.1	< 0.1	0.2	< 0.1	< 0.1
	2007	0.1	4.9	0.1	0.4	0.3	0.1	0.6	1.2	0.1

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) - Net enrolment ratio in primary education (percentage) - **Key:** Please refer to map key below.

Source: United Nations Statistics Division - UN Millennium Development Goals Report 2008

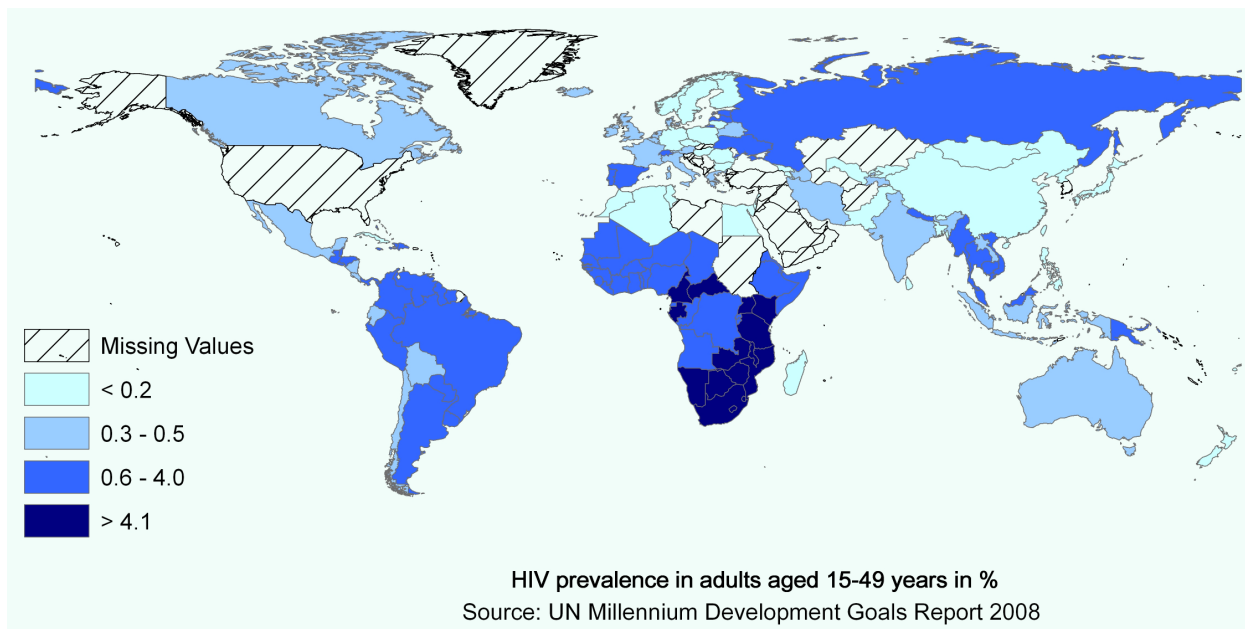
Progress¹

Significant progress has been made since the UK government's first AIDS Strategy, Taking Action, was published in 2004:

- The percentage of the world's adult population living with HIV has leveled off.
- There has been rapid progress in scaling up treatment services, but treatment for children has not kept pace.
- 20 times more people have access to life-saving treatment – 3 million people are now being treated.
- The price of first line AIDS drugs has fallen considerably.
- There is still no cure in sight and despite progress in treatment we have still only reached 30% of people in need of ARV treatment.
- Access to AIDS services remains unacceptably low – for example, most prevention strategies are available to fewer than one in five people who could benefit from them.

Key messages¹

- Over 33 million people are living with HIV and every day over 6,800 persons become infected with the virus, of which 40% are young people aged 15 – 25 years and 1200 are children under 15 years.
- By the end of 2008, 3 million people were receiving antiretroviral therapy in low and middle income countries. This is equivalent to 30% of those needing treatment.
- Preventing people from becoming infected with HIV is our best hope for stopping the epidemic. The UK aims to intensify prevention efforts including interventions that have proven to be effective, such as, prevention of mother-to-child transmission, promotion of condom use and family planning and harm reduction.



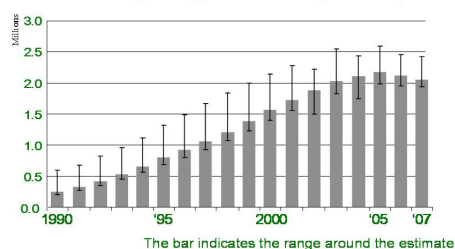
Facts and figures¹

- Around 15 million children have been orphaned due to AIDS.
- For every two people put on treatment there are five people newly infected with HIV. Prevention efforts need to be increased.
- In some countries, AIDS has reversed decades of progress towards better health, education and wealth.
- Information from eleven high HIV prevalence countries shows that only 15% of orphans living in households were receiving assistance.
- More than 67% of all people living with HIV live in sub-Saharan Africa.
- 35% of all people living with HIV and almost one third (32%) of all new infections are in Southern Africa.
- Every day, over 6,800 people become infected with HIV and over 5,700 people die from AIDS.
- In sub-Saharan Africa almost 61% of people living with HIV in 2007 were women.

South Africa

In South Africa young women are four times more likely to be infected with HIV than young men. Soul City is a TV soap opera, supported by DFID, that reaches over 70% of the country's people with its message of safe sex. Watch a clip from an episode [here](#).

Estimated number of adult and child deaths due to Aids globally 1990-2007 (millions)



Source: UNAIDS (2007)

Challenges and Solutions

Making money work harder through effective partnerships

Providing universal access to comprehensive HIV prevention, treatment, care and support requires adequate long-term resources. Global financing for AIDS has increased 20-fold between 1997 and 2007, and has been growing at around UK \$1 billion a year since 2004. But need still outstrips funding, and the resource gap will remain significant in the future especially as the global economic crisis is forcing Governments to re-assess their investments.

Nigeria

Thanks to DFID's efforts in Nigeria there has been an increase in public awareness around HIV. Willingness to be tested for HIV has increased by 35% and the percentage of youth who have taken an HIV test has doubled; consistent condom use has risen by 25%.

The UK is maintaining its commitment to universal access. However, the critical challenge is not only to mobilise more money, but also to use the available funding to maximum effect, to benefit those most in need. The global community needs to make the money work harder and more effectively to prevent more infections and save more lives with the resources that we have.

All of this requires deep, broad partnerships between national governments, international partners and civil society, including networks of People Living with HIV (PLWH), as well as the private sector.

The needs and rights of those most affected

HIV can affect anyone, but certain groups are more affected, including women, young people, children, sex workers, men who have sex with men, injecting drug users, prisoners and migrants. These groups are often the most neglected in the AIDS response. We must ensure that those most vulnerable to and affected by HIV can access quality services.

But providing services, by itself, is not enough. Addressing gender inequality is vital for reversing the spread of HIV. Stigma and discrimination towards PLWH and vulnerable groups also present major barriers to achieving universal access. We can challenge these barriers by empowering vulnerable groups to act on their own behalf and in their own interest. These issues can also be addressed at multiple levels, through a range of interventions ranging from participatory education to legal reform.

Supporting more effective and integrated service delivery

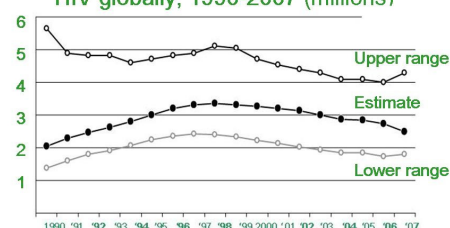
If we are to achieve universal access, and to halt and reverse the spread of AIDS, there is an urgent need to ensure that new and existing resources result in increased access to services for those who need them. This requires us to focus on what services we deliver, how and to whom.

We need to take action across a range of health interventions and services - Sexual and Reproductive Health and Rights, including maternal health services, tuberculosis and malaria.

These interventions and other elements of universal access, such as testing and treatment, require capable, effective health workers, systems to ensure distribution of services and supplies, and plans that provide for everyone - women, young people, children, vulnerable groups.

To capture all of these elements requires a scaling up of good quality HIV prevention and AIDS treatment and care.

Estimated number of people newly infected with HIV globally, 1990-2007 (millions)



Source: UNAIDS (2007)

Securing Universal Access

At the Gleneagles Summit in 2005, the UK led efforts to secure the commitment of the G8 to the goal of Universal Access to treatment by 2010. We pushed for international commitment to this goal at the Millennium Summit in 2005 and led efforts to broaden this goal to include prevention, treatment, care and support at the UN General Assembly High Level Meeting in June 2006.

Malawi

In Malawi, DFID is 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. DFID's funding has reduced the vacancy rate and doubled the number of nurses in training.

Making the money work harder

The UK is working with others to reduce drug prices and increase access to more affordable and sustainable treatment over the long term.

What the UK government is doing to help

In June 2008 the UK published, "[Achieving Universal Access - the UK's strategy for halting and reversing the spread of HIV in the developing world](#)".

The new strategy emphasises:

- The importance of increasing efforts on HIV prevention, care and support, while sustaining treatment momentum.
- The importance of meeting the needs & protecting the rights of the most vulnerable.
- The need to support more effective and integrated service delivery
- The need to make the money work harder through an effective and coordinated response

Key new commitments:

- Over the next 7 years we will commit £6 billion for stronger health systems and services (which are vital to support new AIDS service delivery).
- We will commit £200 million over next 3 years on social protection to support the most vulnerable households, including orphans and vulnerable children.

Impacts and Results

DFID is the second largest Government donor to AIDS. We are a lead agency in reducing the harms associated with drug use. Through support to the Regional Central Asia HIV and AIDS Programme (CARHAP) we focus on supporting and building the capacity of civil society organisations to scale-up harm reduction services, including condom distribution, syringe and needles exchange, raising awareness and reducing stigma and discrimination.

DFID is having a positive impact on the lives of children in southern Africa by working closely with UNICEF to take forward commitments on orphans and vulnerable children including identifying appropriate forms of social protection and child support services, working with Ministries of social welfare to strengthen their capacity, and providing funding through civil society organisations to strengthen community based initiatives.

How DFID is helping

700,000 people in China are HIV positive. See DFID's paper [China Briefing Paper: HIV and AIDS](#) to see how DFID is helping;

In Nigeria, DFID is helping to reduce stigma amongst young people by supporting an [innovative radio show](#).

In Vietnam 290,000 people are living with HIV. Intravenous drug users are the social group with the highest infection rate. [Find out how a DFID-funded project is helping](#) .

Sources

1 – All data in the following section can be found in: UNAIDS (2008): [2008 Report on the global AIDS epidemic](#)

UNAIDS (2007): [AIDS Epidemic Update](#)

DFID (2008): [Achieving Universal Access – the UK's strategy for halting and reversing the spread of HIV in the developing world](#).

UNSD (2008): [UN Millennium Development Goals Report](#)