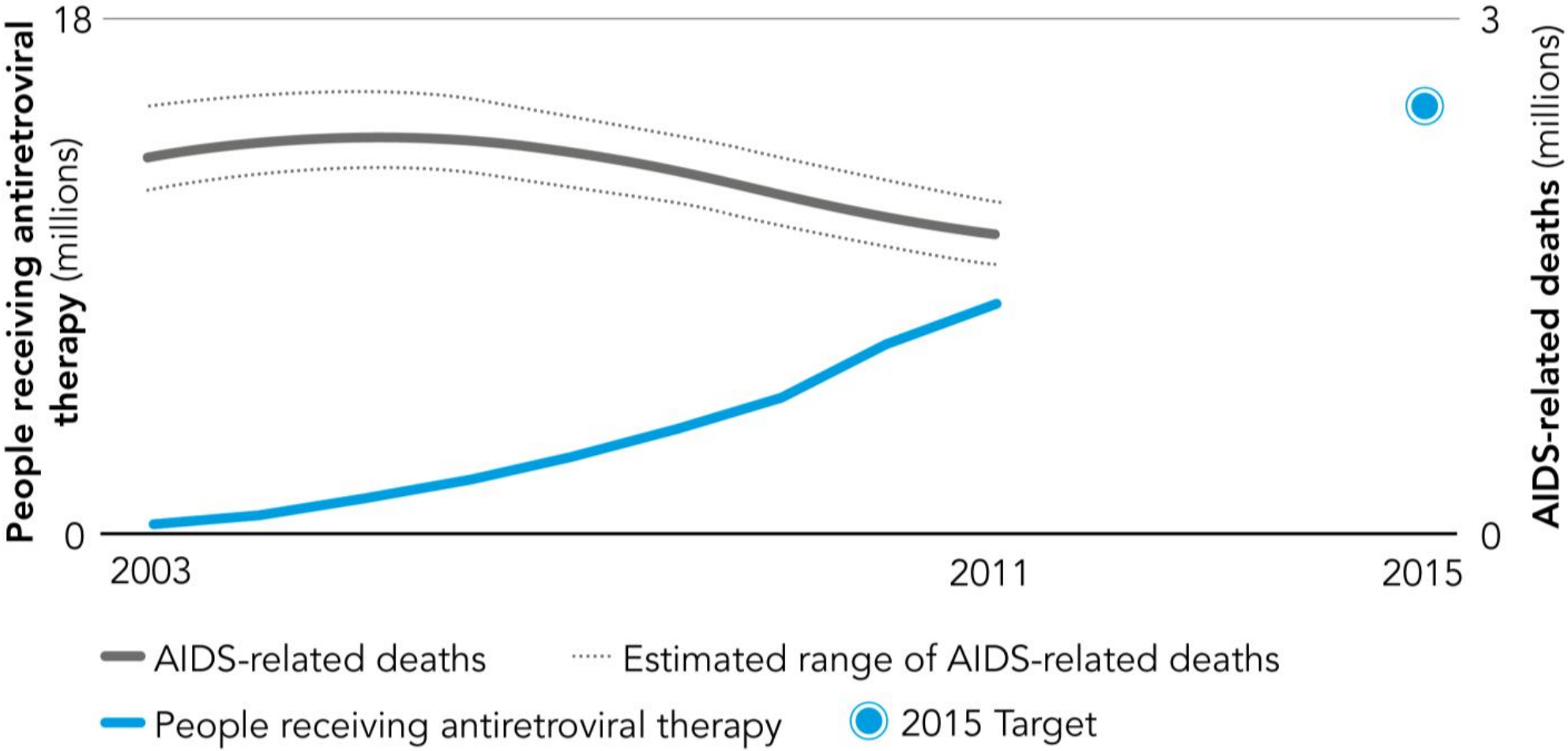
TOGETHER WE WILL END AIDS

UNAIDS

GETTING TO ZERO

UNAIDS

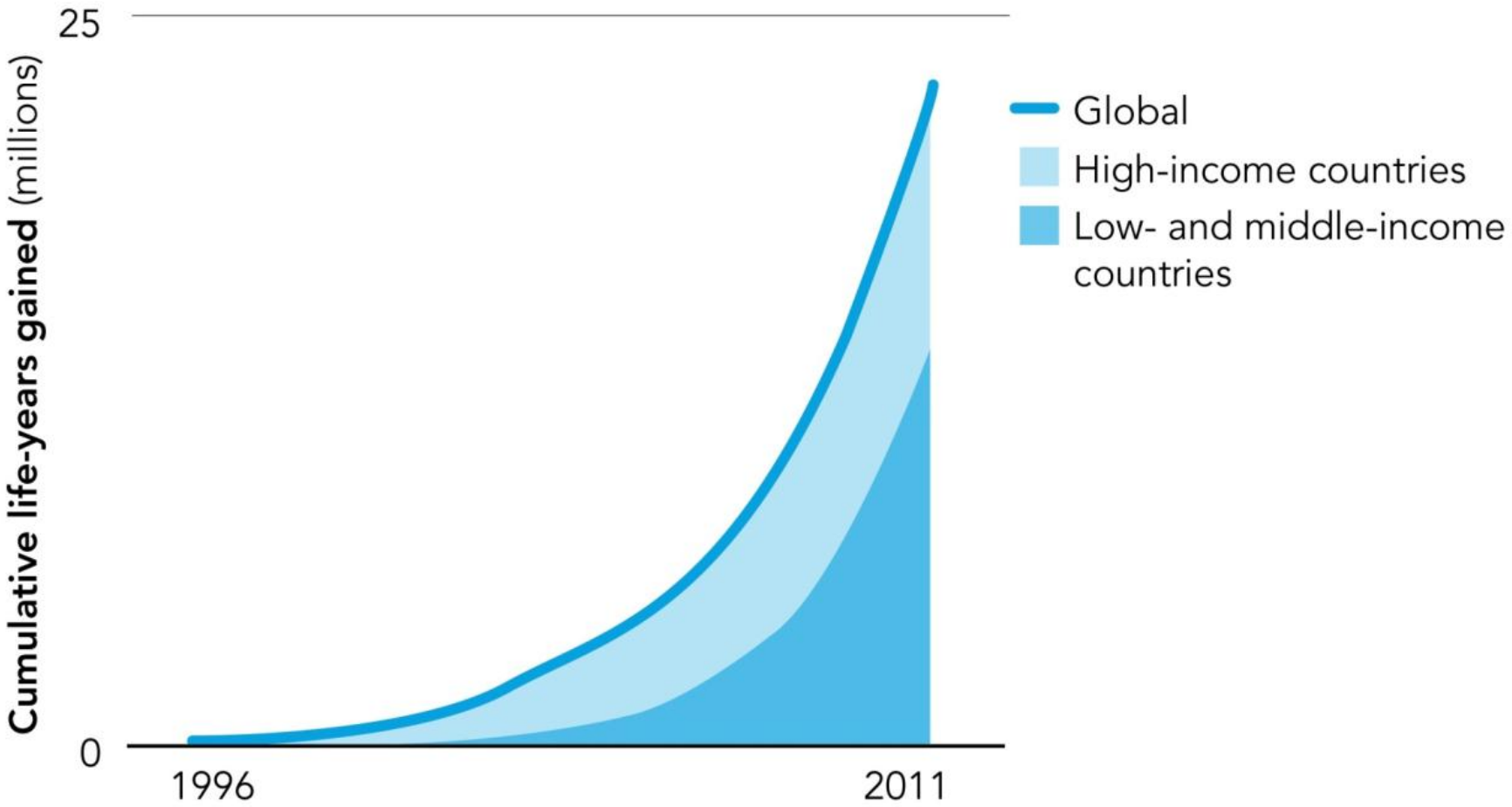
Low- and middle-income countries are **on track** to reach 15 million people with antiretroviral treatment by 2015



Source: UNAIDS, 2012

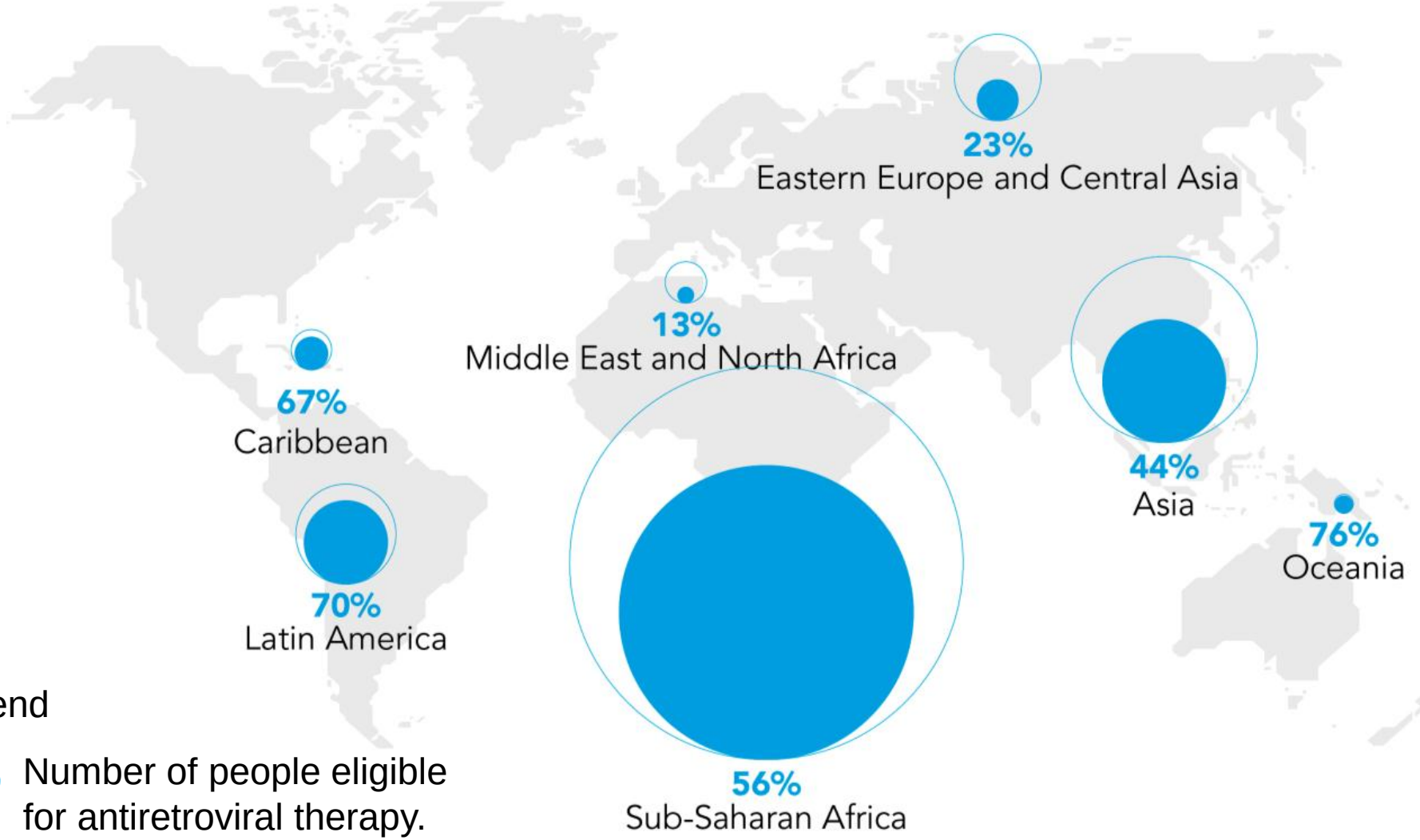
UNAIDS

Cumulative life-years gained from antiretroviral drugs, 1996–2011



UNAIDS

54% of all people eligible were receiving antiretroviral therapy in low- and middle-income countries in 2011



Legend

Number of people eligible for antiretroviral therapy.

Percentage receiving ART in 2011.

Source: UNAIDS, 2012

UNAIDS

New HIV infections among children, 2009–2011

Rapid decline

Will reach the target if the 2009–2011 decline of more than 30% continues through 2015.

31%	Ethiopia
31%	Ghana
43%	Kenya
60%	Namibia
49%	South Africa
39%	Swaziland
55%	Zambia
45%	Zimbabwe

Moderate decline

Can reach the target if the decline in 2009–2011 of 20–30% is accelerated.

22%	Botswana
30%	Burundi
24%	Cameroon
20%	Côte d'Ivoire
21%	Lesotho
26%	Malawi
24%	Uganda

Slow or no decline

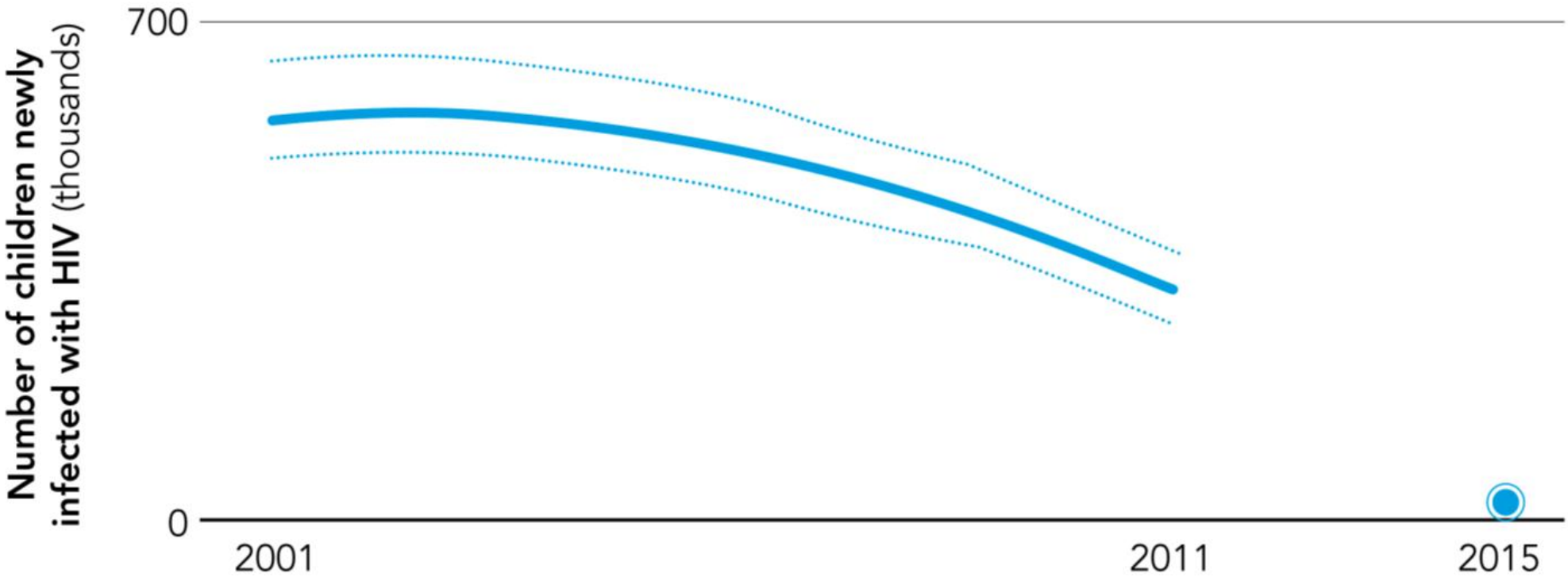
In danger of not reaching the target, with a decline in 2009–2011 of less than 20%.

0%	Angola
4%	Chad
–	Democratic Republic of the Congo
5%	Mozambique
2%	Nigeria
19%	United Republic of Tanzania
–	India

Note: The baseline year for the Global Plan is 2009. Some countries had already made important progress in reducing the number of new HIV infections among children in the years before 2009, notably Botswana which by 2009 already had 92% coverage of antiretroviral regimens among pregnant women and a transmission rate of 5% (see table pp122–123). In countries with high coverage, further declines are much harder to achieve.

UNAIDS

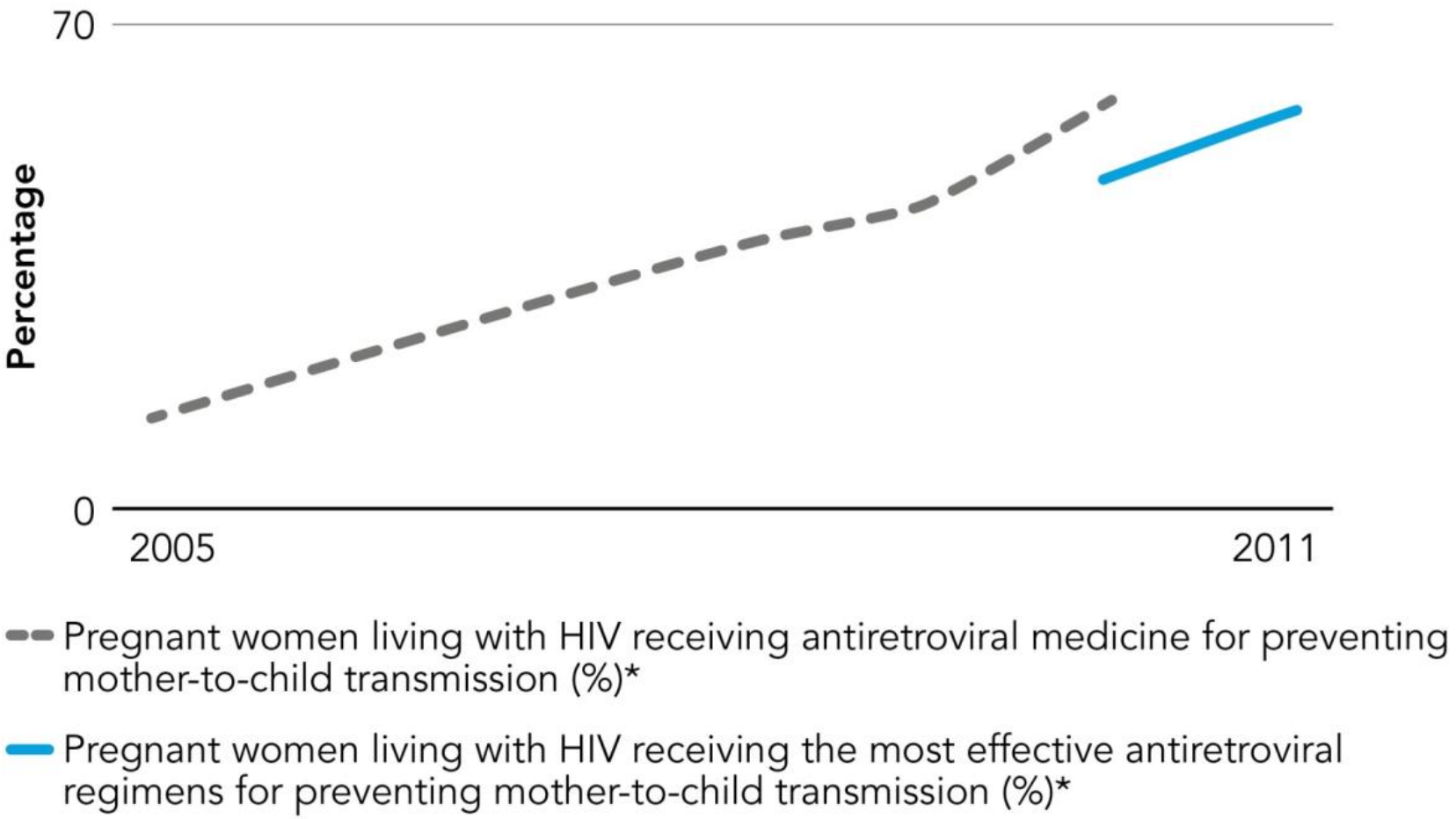
Low- and middle-income countries are **on track** to eliminate new HIV infections among children (0–14 years)



Source: UNAIDS, 2012

UNAIDS

Coverage with antiretroviral regimens among pregnant women living with HIV, low- and middle-income countries, 2005-2011



*Coverage in 2010 and onwards cannot be compared with previous years as it does not include single-dose nevirapine, which WHO no longer recommends.

UNAIDS

Maternal access to antiretrovirals needs to be consistent, to boost coverage during breastfeeding

Percentage of eligible mother-child pairs receiving effective prophylaxis to prevent new HIV infections among children, low- and middle-income countries, 2011

61%

During pregnancy and delivery

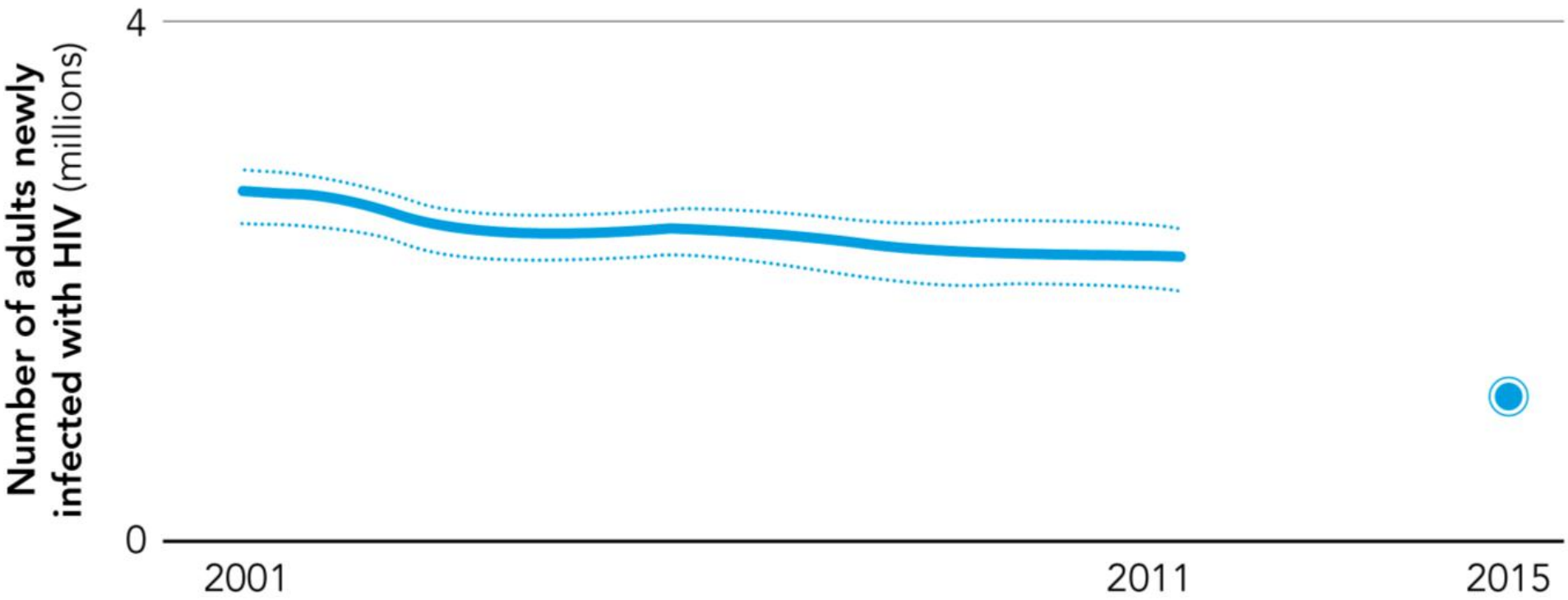
29%

During breastfeeding

Source: UNAIDS, 2012

UNAIDS

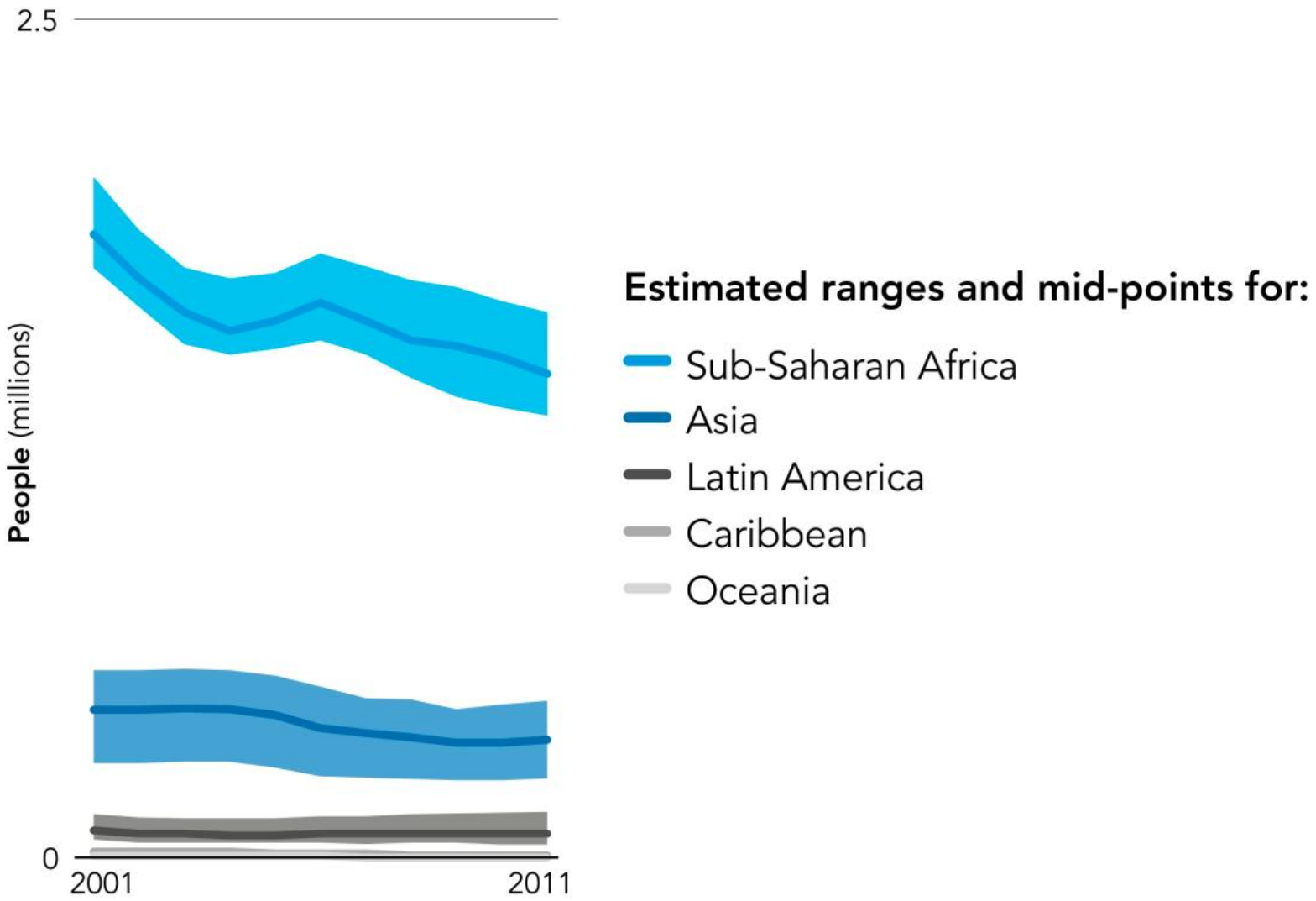
The world is **NOT on track** to halve adult HIV infections



Source: UNAIDS, 2012

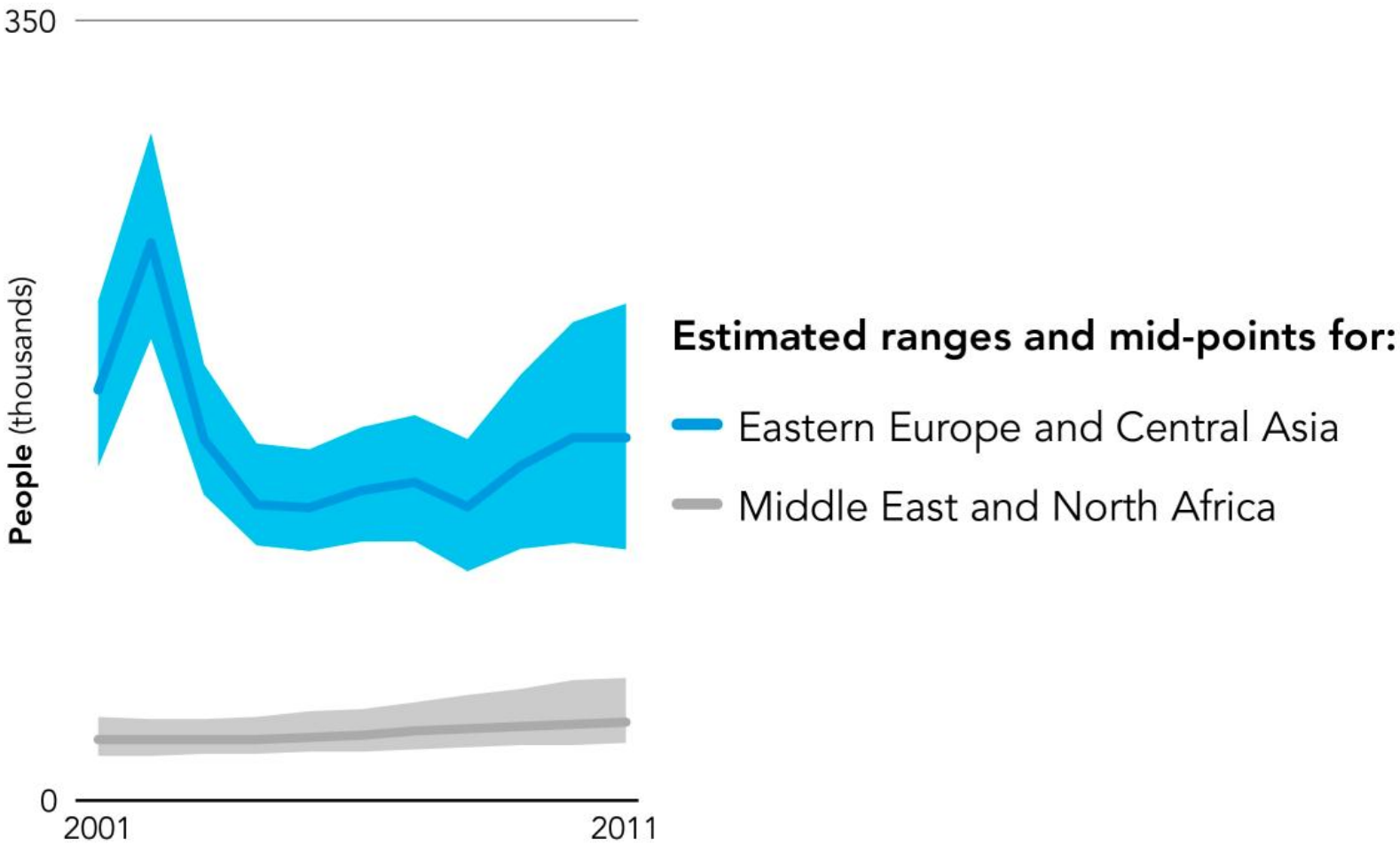
UNAIDS

New adult HIV infections are declining, particularly in Africa



Source: UNAIDS, 2012

New adult HIV infections are rising in Eastern Europe and Central Asia, and in the Middle East and North Africa



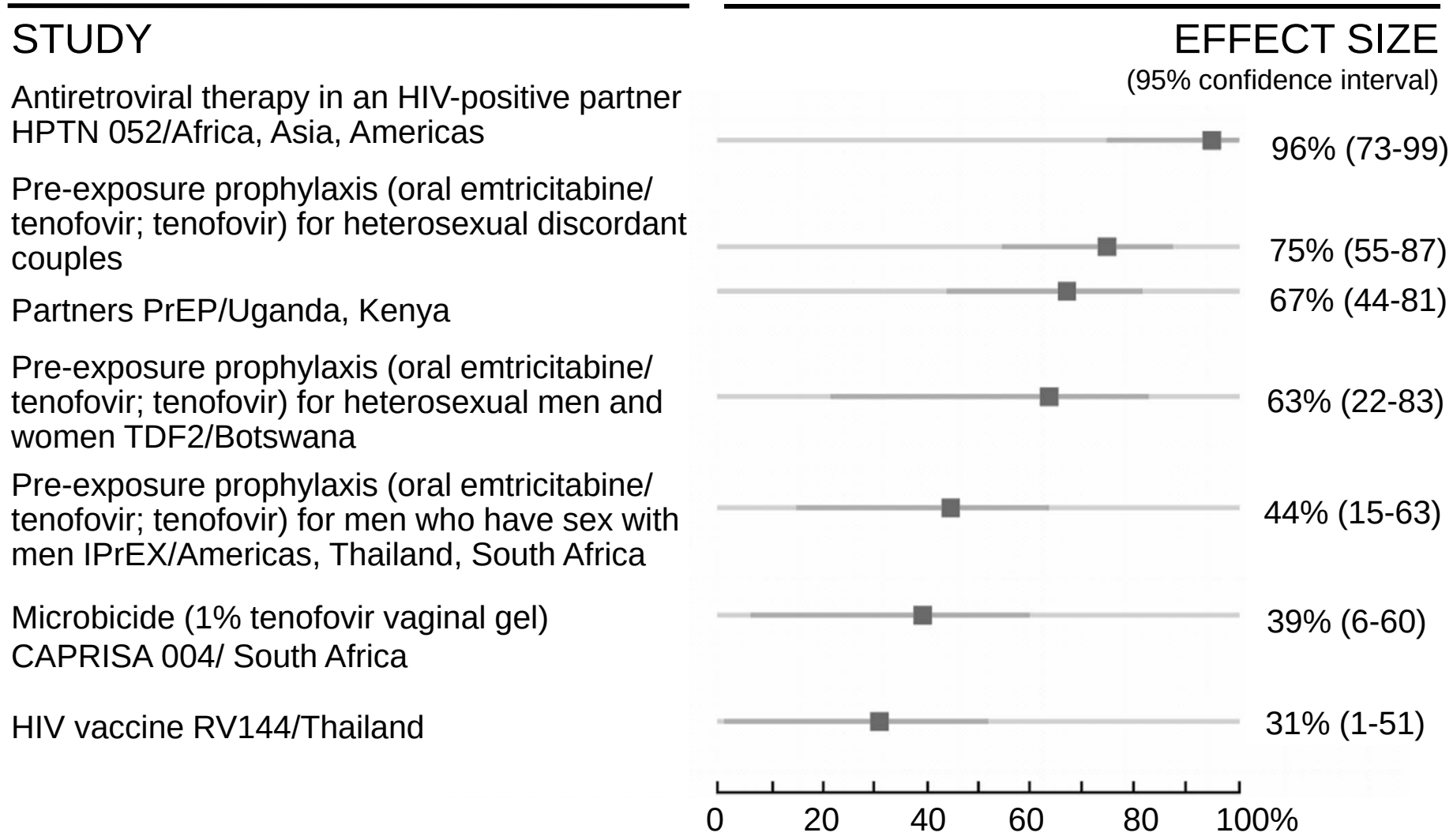
Source: UNAIDS, 2012

UNAIDS

SCIENCE INTO ACTION

UNAIDS

Selected HIV prevention technologies shown to be effective in reducing HIV transmission in randomized controlled trials



Source: Adapted from Karim SS, Karim QA. Lancet, 2011.

UNAIDS

TRANSFORMING SOCIETIES

UNAIDS

Community support keeps people on treatment

CLINIC-BASED TREATMENT

70%

still receiving treatment after two years

Sub-Saharan Africa: people receiving ART from specialist clinics

COMMUNITY TREATMENT MODEL

98%

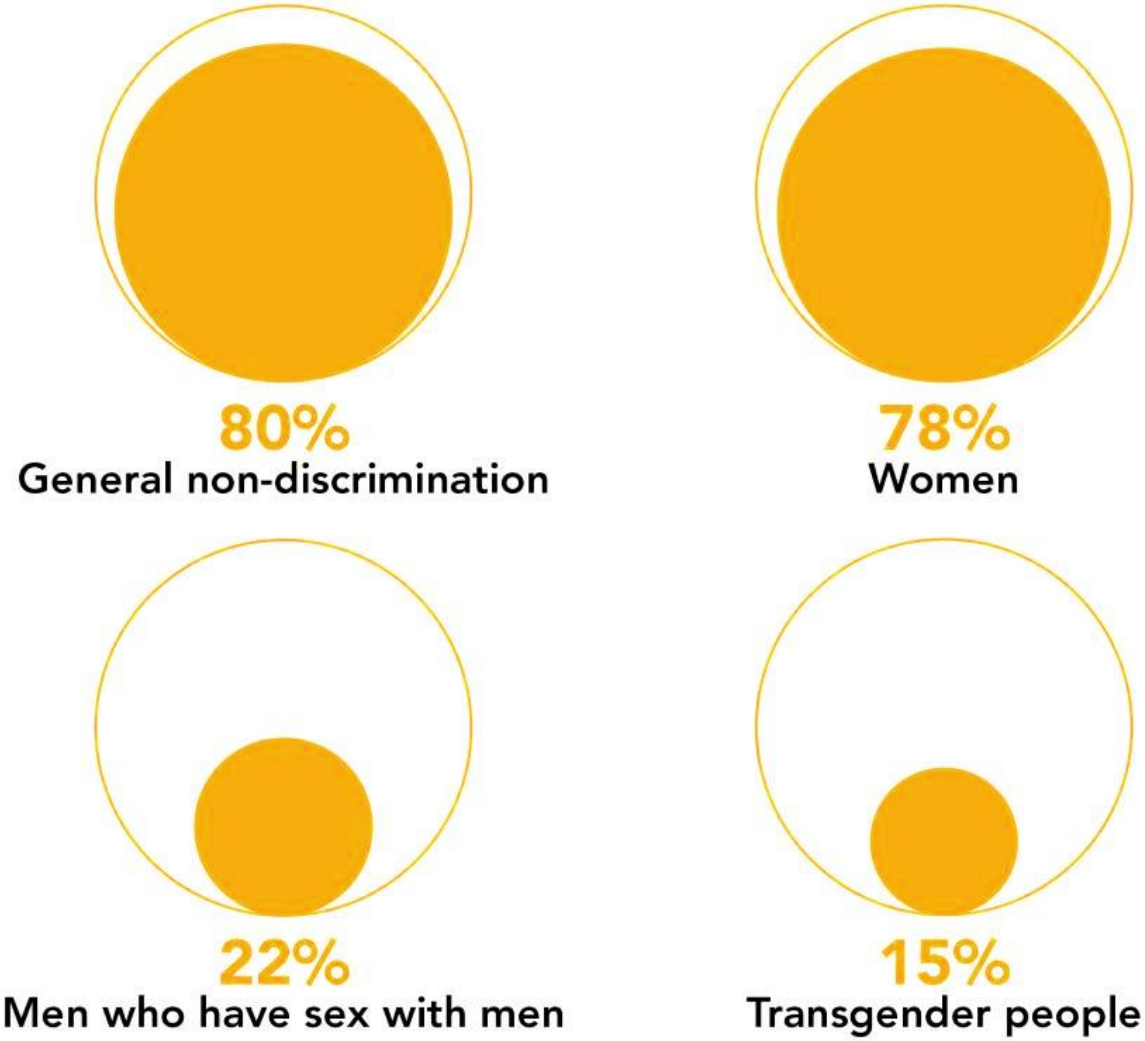
still receiving treatment after two years

Mozambique: self-initiated community model

Sources: Fox MP, Rosen S. Tropical Medicine and International Health, 2010; Decroo T et al. Journal of Acquired Immune Deficiency Syndromes, 2010.

UNAIDS

Percentage of countries reporting non-discrimination laws or regulations for specific populations



Source: Data from 162 countries. NCPI (National Commitments and Policy Instrument) data, nongovernmental sources, country progress reports, 2012. Geneva, UNAIDS, 2012.

UNAIDS

I am gay: 5 things I fear

~80
Nearly 80 countries have laws that criminalize same-sex sexual relations[2]

19%
of men who have sex with men are afraid to walk in their own community[3]

21%
of men who have sex with men report being blackmailed[3]

42%
of men who have sex with men reported receiving an HIV test and knowing theresult in the past 12 months[5]

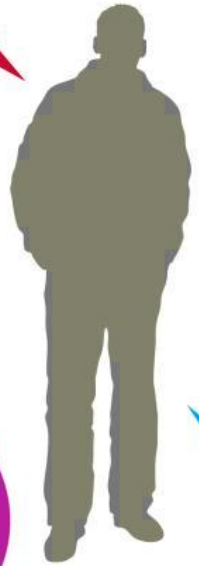
5%
of men who have sex with men are denied health care based on their sexuality[3]

Men who have sex with men are at higher risk of HIV infection[1]

<10%
Fewer than 10% of men who have sex with men have access to HIV prevention services[4]

Condom use by men who have sex with men is low[5]

18%
of men who have sex with men are afraid to seek health care services[3]



I am scared of the police.

I am worried to walk around my neighborhood.

My gay friend was put in jail.

I am afraid to be openly gay.

I might lose my job.

I decided to get married so nobody thinks I'm gay.

The nurse was really rude to me.

My doctor won't treat me well.

I am afraid to go to the clinic.

I don't know where to get condoms discreetly.

I am not able to get condoms and lubricants.

I am worried others will find out my HIV status.

I worry about getting an HIV test.

I don't want to go to my local clinic for an HIV test.

I might not get treatment.

It shouldn't be like this...

Sources: Beyer C et al. World Bank, 2011; Itaborahy LP, ILGA, 2012.; Baral S et al. PLoS One, 2009; Global HIV Prevention Working Group. 2007; UNAIDS

UNAIDS

Measuring stigma

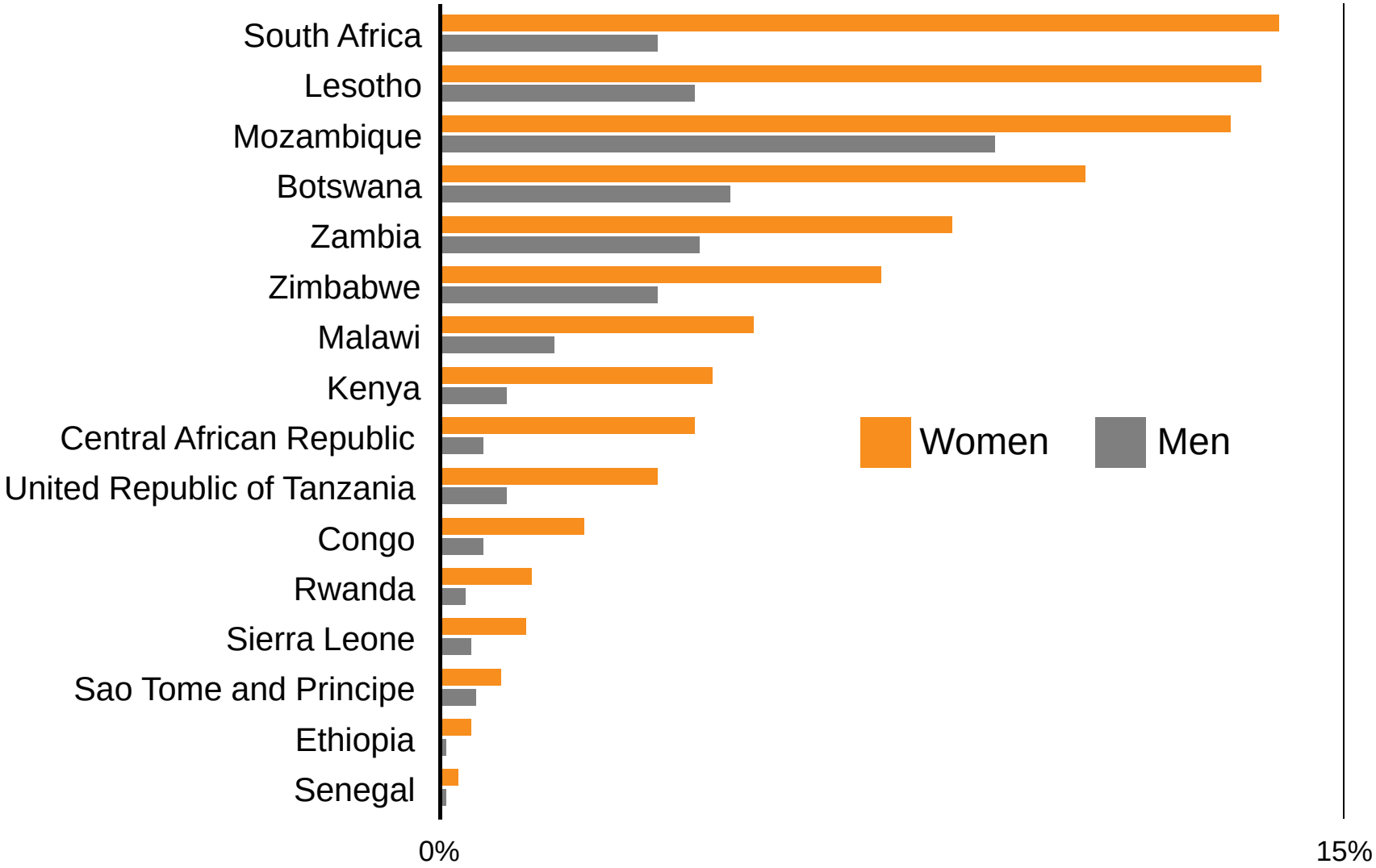
IMPEDING PROGRESS TOWARDS UNIVERSAL ACCESS

	COUNTRY OR REGION*									
	Belarus	China	El Salvador	Myanmar	Paraguay	Poland	Rwanda	United Kingdom	Zambia urban	Zambia rural
% EXPERIENCING STIGMA IN FAMILY AND COMMUNITY										
Excluded from family events	7	10	10	15	17	11	22	...	28	27
Gossiped about	67	39	48	45	56	55	42	63	72	80
% EXPERIENCING VIOLENCE										
Verbally insulted	42	30	31	18	26	...	53	40	52	51
Physically assaulted or physically harassed	14	6	7	10	9	25	20	22	17	33
% EXPERIENCING STIGMA AND DISCRIMINATION IN THE WORKPLACE										
Employment opportunity refused	17	14	8	15	8	11	37	...	...	...
Loss of job or income	28	...	19	...	12	17	65	...	36	39
% EXPERIENCING INTERNALIZED STIGMA										
Feel ashamed or have low self-esteem	36	75	...	81	43	38	22	63	36	38
Feel suicidal	7	...	17	25	22	19	14	25	8	22

*These countries represent a cross-regional snap-shot of information collected using the People Living with HIV Stigma Index.

UNAIDS

HIV prevalence (%) among people 15–24 years old, by sex, selected countries, 2008–2011

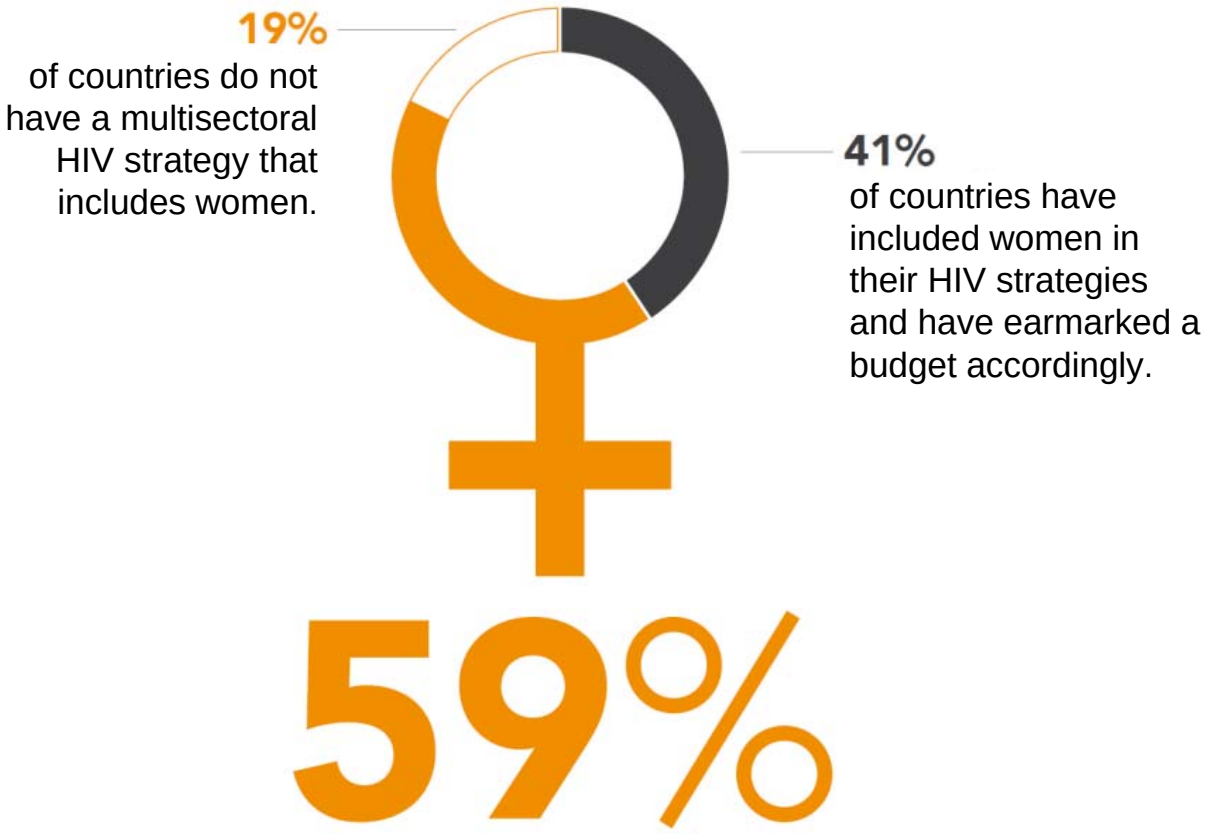


Source: Demographic and Health Surveys and other national population-based surveys with HIV testing.

UNAIDS

Women need funded HIV strategies

Globally, women represent 49% of all adults living with HIV



Of 170 countries reporting in 2012, 59% did not have a multisectoral HIV strategy, including women, with an earmarked budget. Some 40% had included women as a sector in their HIV strategies but had not earmarked a budget. The other 19% had neither an HIV strategy nor an earmarked budget.

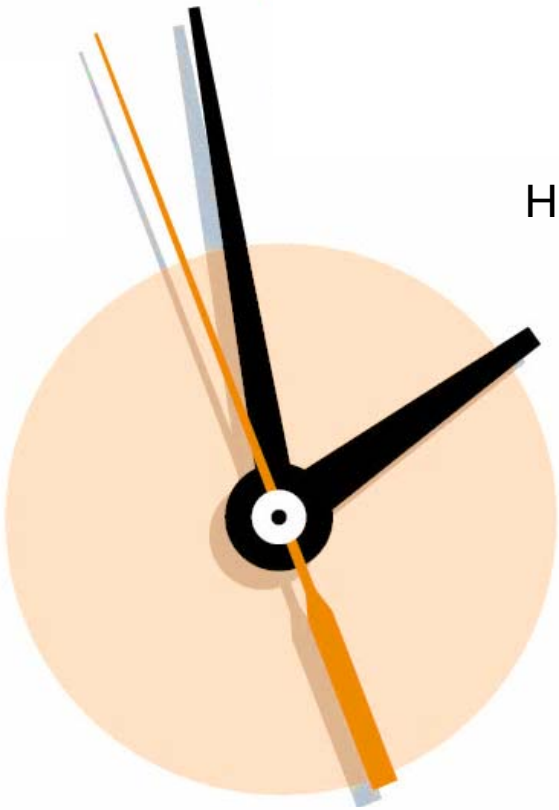
Source: NCPI (National Commitments and Policy Instrument) data, government reporting, from 2012 country reports. Geneva, UNAIDS, 2012

UNAIDS

Every minute a young woman acquires HIV infection

Women living with HIV are more likely to experience violations of their sexual and reproductive rights

HIV is the leading cause of death for women of reproductive age



Fewer than 30% of all young women have comprehensive, correct knowledge of HIV

Only 1 female condom for every 36 women in sub-Saharan Africa

2x

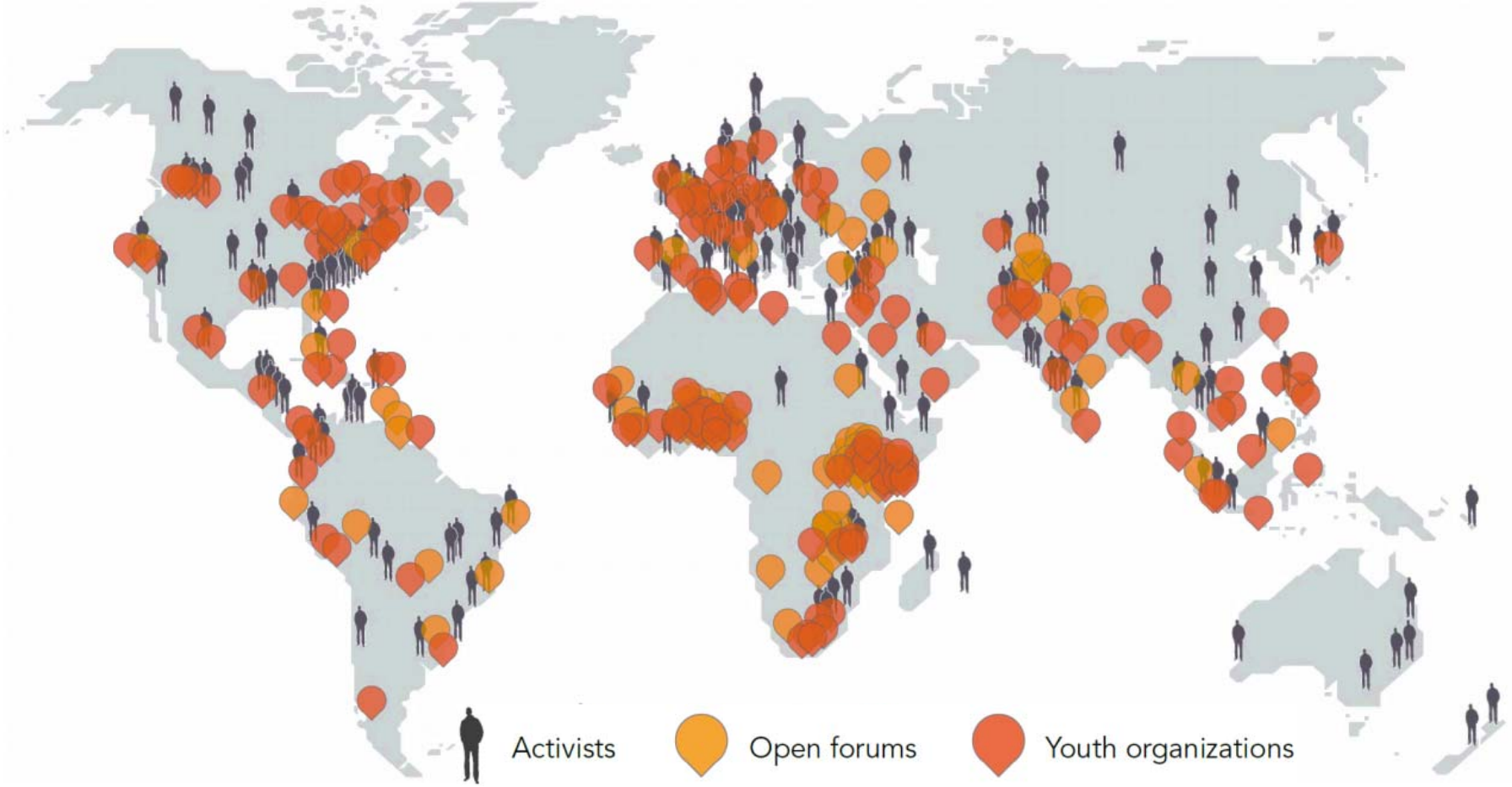
Young women (15-24 years) are twice as likely as young men to acquire HIV infection

Sources: UNAIDS; UN Inter-agency Task Force on Rural Women, 2012; Singh S et al. Guttmacher Institute, 2009; UNICEF, 2011; UNFPA, 2010; WHO, 2009.

UNAIDS

Young people meet to CrowdOutAIDS

Young volunteers hosted CrowdOutAIDS open forums around the world to ensure that recommendations for a new UNAIDS strategy on HIV and young people reflected the diverse perspectives of young people, especially where Internet penetration is low.



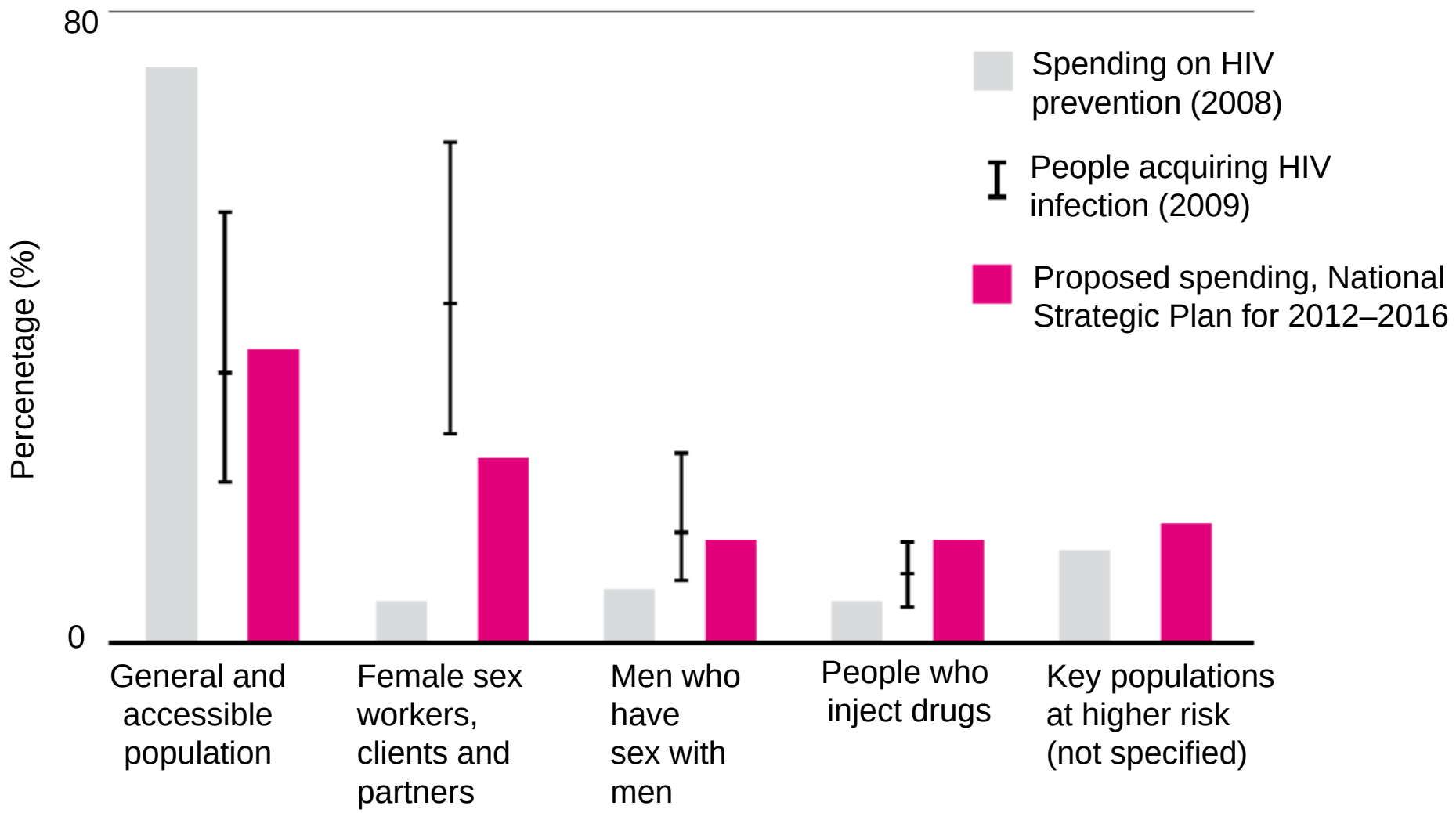
Source: CrowdOutAIDS meet-ups. CrowdOutAIDS, 2012

UNAIDS

GETTING VALUE FOR MONEY

UNAIDS

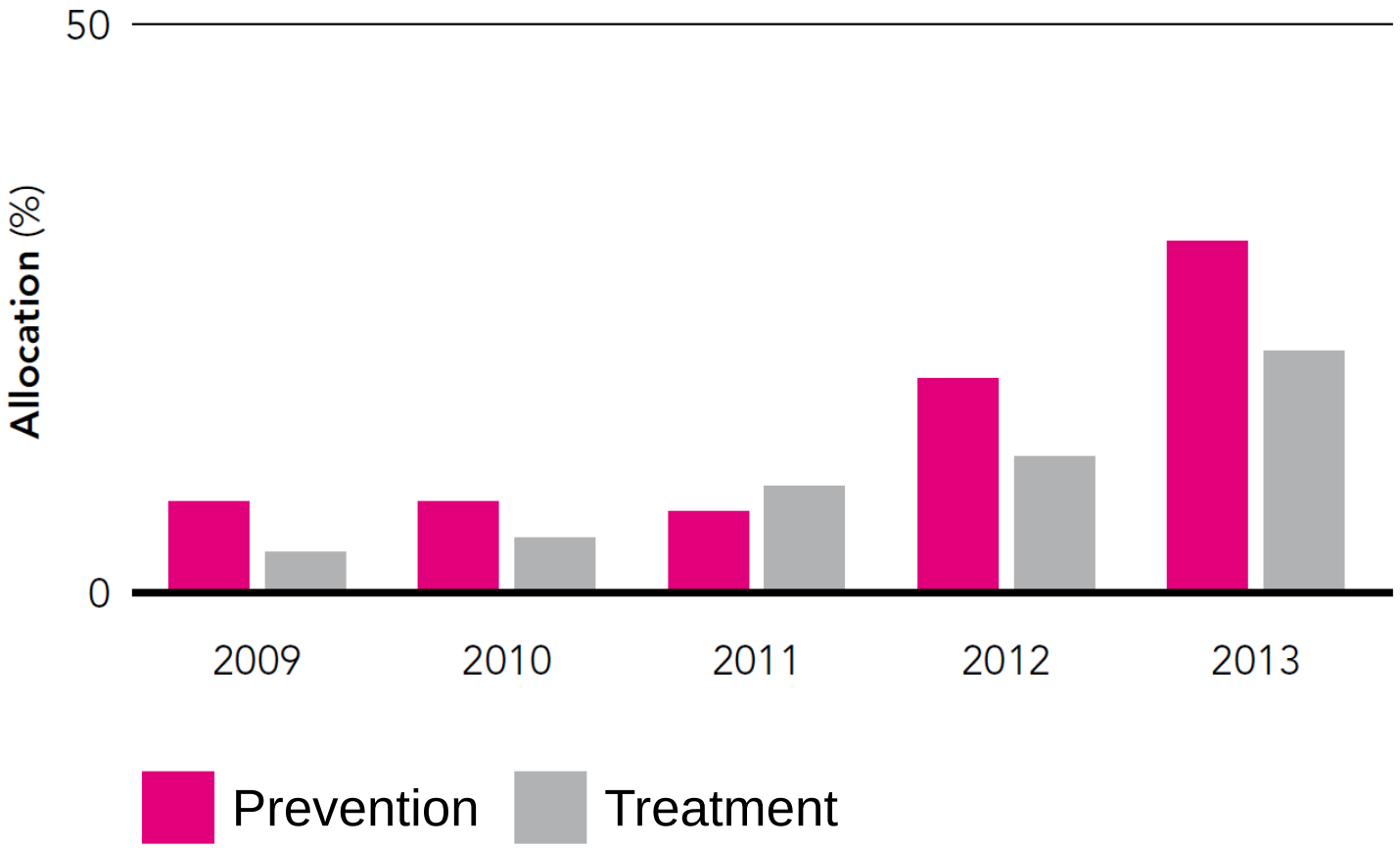
Morocco experience shows that resources should be invested for populations at higher risk



Source: Morocco Ministry of Health, National STI/HIV Programme, HIV modes of transmission in Morocco. August 2010.

UNAIDS

The Global Fund has increased allocations for prevention and treatment for key populations at higher risk



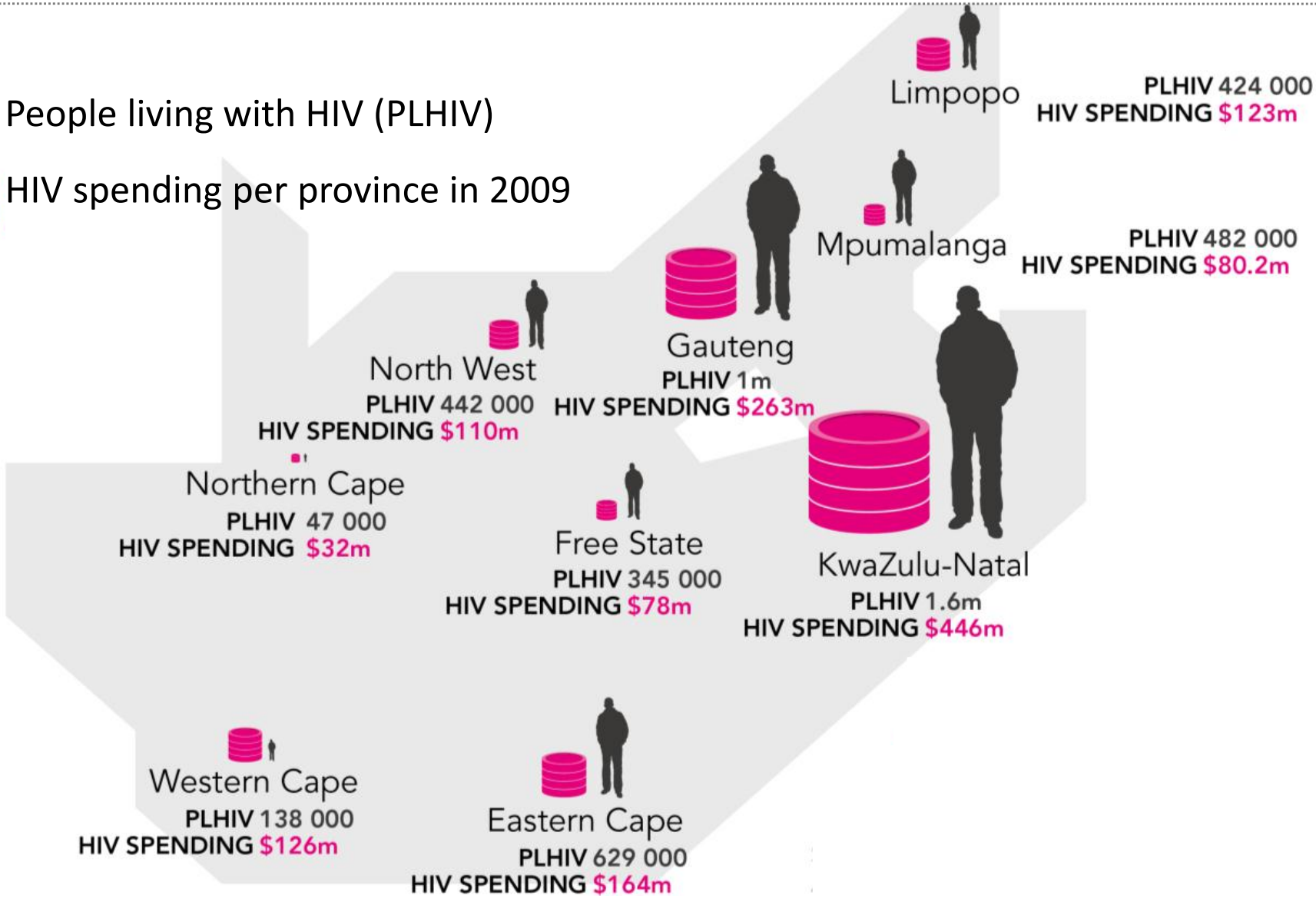
Source: Report commissioned by UNAIDS: Evidence of re-allocation of funds to basic HIV program activities in GFATM grants; 2012.

UNAIDS

South African provincial HIV spending does not match the numbers of people living with HIV

People living with HIV (PLHIV)

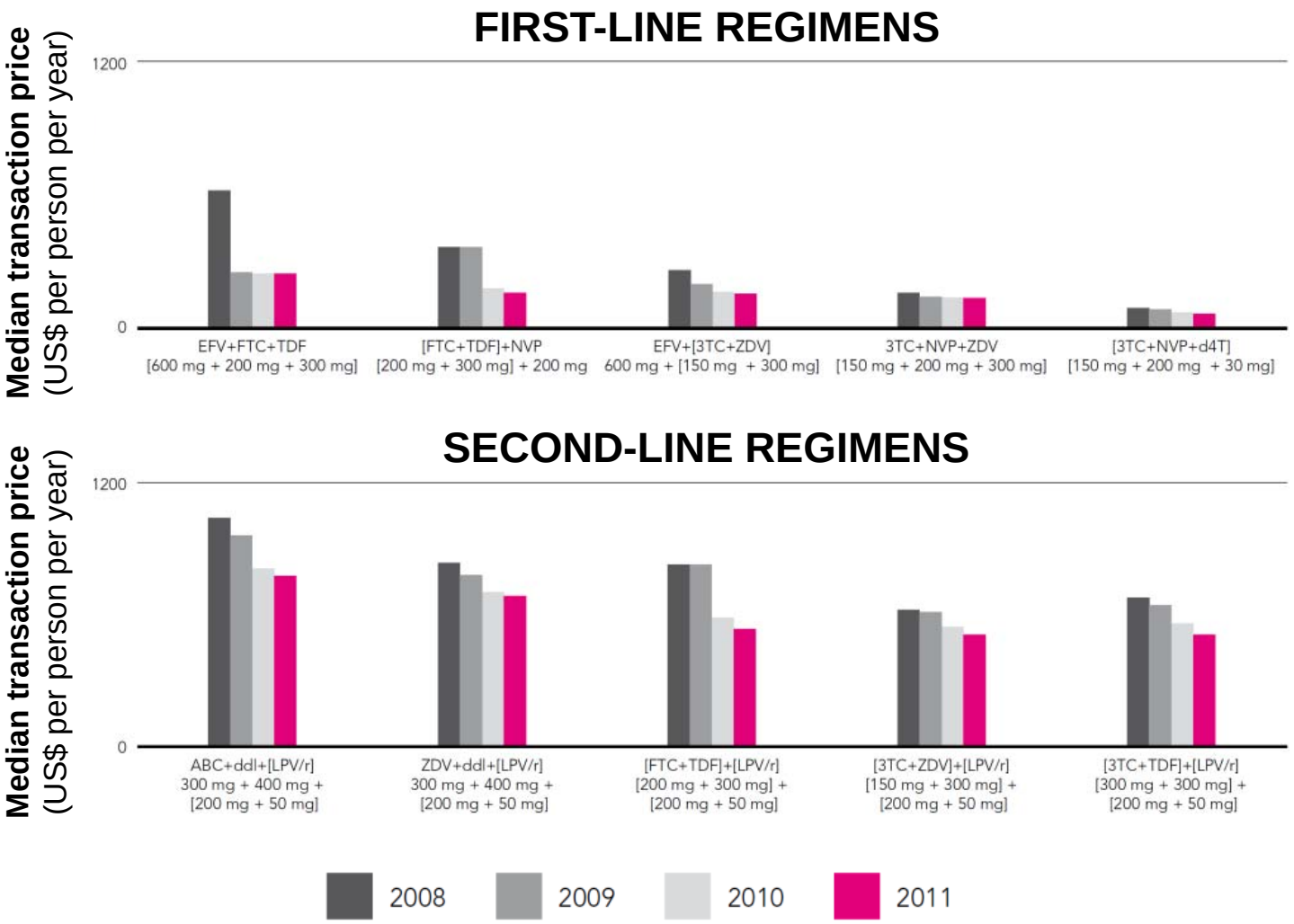
HIV spending per province in 2009



Source: South Africa National AIDS Spending Assessment 2009.

UNAIDS

Prices of first-line and second-line antiretroviral regimens for adults in low-income countries, 2008–2011



EFV: efavirenz;
FTC: emtricitabine;
TDF: tenofovir disoproxil fumarate;
NVP: nevirapine;
3TC: lamivudine;
ZDV: zidovudine;
d4T: stavudine;
ABC: abacavir;
ddI: didanosine;
LPV/r: lopinavir with a ritonavir boost.

Source: Global Price Reporting Mechanism, World Health Organization, 2012.

UNAIDS

Successful country initiatives to cut the costs of antiretroviral drugs

UKRAINE

ACTION Successful advocacy efforts of civil society and development partners

SAVINGS **US$ 190 per treatment regimen for the most frequently used regimen (zidovudine + lamivudine + efavirenz) between 2008 and 2011**

UGANDA (TASO project)

ACTION Ring-fenced antiretroviral funds for antiretroviral medicines

Regularly monitored antiretroviral market prices

Promptly switched to approved generics[iii]

SAVINGS **US$ 1.3 million between 2006 and 2007**

SWAZILAND

ACTION Revised antiretroviral tender process, included ceiling prices, supplier performance data and more reliable quantification methods

SAVINGS **US$ 12 million between January 2010 and March 2012**

BRAZIL

ACTION Implemented a compulsory licence for the manufacture of efavirenziv

SAVINGS **US$ 95 million between 2007 and 2011**

NIGERIA

ACTION Coordinated with the implementing partners of the United States President's Emergency Plan for AIDS Relief for planning, purchase, shipping and distribution of antiretroviral drugs

Transferred antiretroviral drugs between them to avoid stock-outs, costly emergency orders and waste due to expired drugs

SAVINGS **US$ 2.8 million in drug costs between May 2010 and November 2011**

SOUTH AFRICA

ACTION Introduced new tender process to increase competition among suppliers

Pooled procurement across provinces to achieve economies of scale

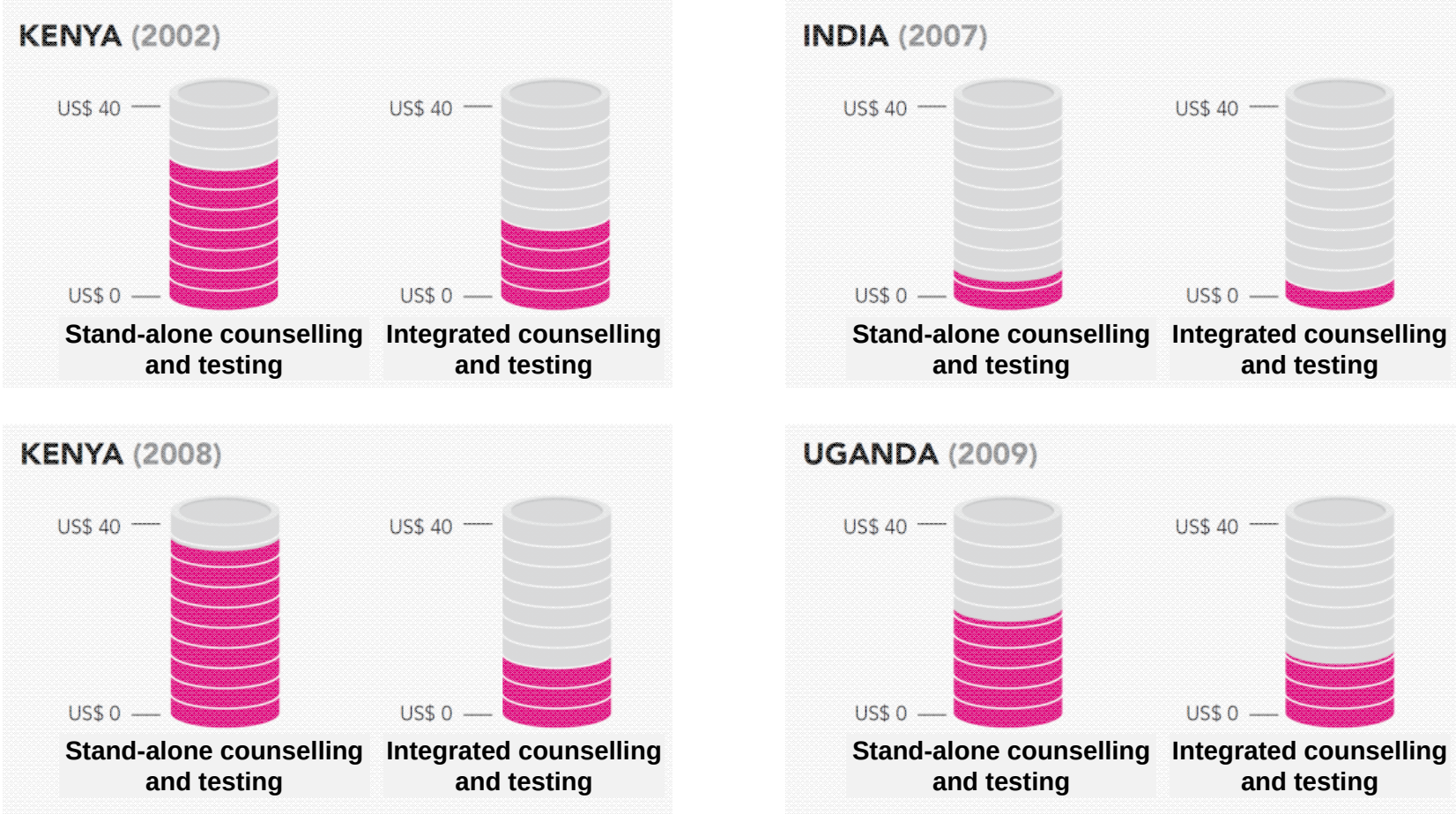
Improved price transparency[i, ii]

SAVINGS **US$ 640 million between 2011 and 2012**

Note: At an exchange rate of 7.40 ZAR/USD, the savings amounted to R 4.7 billion.
Sources: Government of South Africa; Mutabaazi I.I., International AIDS Conference, 2012; Viegas Neves da Silva F. et al., International AIDS Conference, 2012.

UNAIDS

Integration saves money: integrated versus non-integrated HIV counselling and testing, average costs, selected countries



Notes: An example of stand-alone counselling and testing is separate HIV clinics. Integrated counselling and testing includes other health services such as sexual and reproductive health, family planning or primary health care. Kenya (2002): average unit costs of stand-alone counselling and testing sites compared with integrated counselling and testing in three primary health care clinics. Kenya (2008): stand-alone versus integrated in health centres in nine sites. India (2007): stand-alone versus integrated in one clinic offering reproductive health services and counselling and testing. Uganda (2009): one stop versus same structure in hospital setting (all hospital counselling and testing clients).

Sources: Menzies N et al. AIDS, 2009; Liambila W et al. Population Council, 2008; Das R et al. Population Council Frontiers, 2007; Forsythe S et al. Health Policy and Planning, 2002, 17:187–195.; Sweeney S et al. Sexually Transmitted Infections, 2012.

UNAIDS

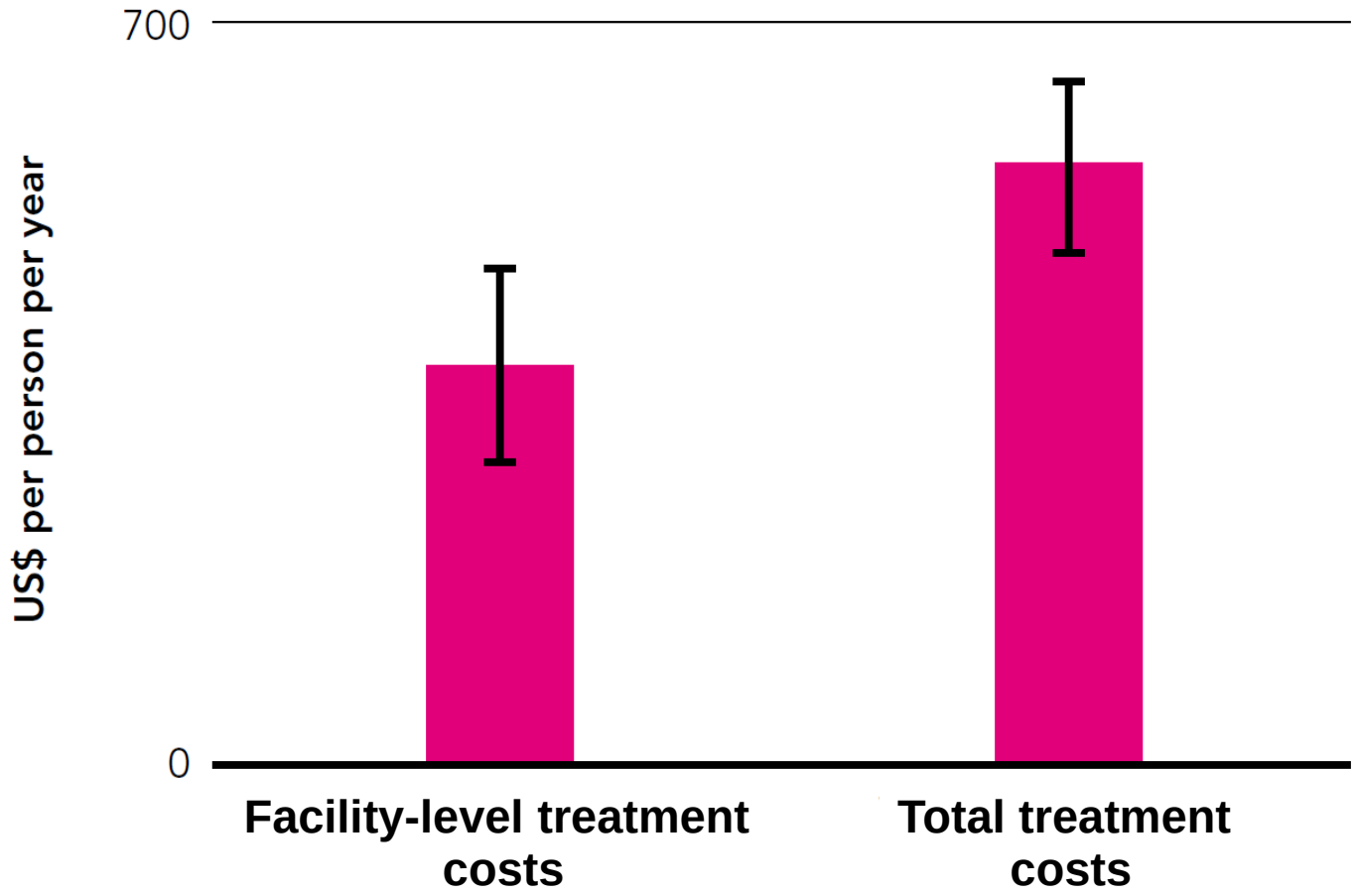
Reduction in the annual cost of antiretroviral therapy, per person, selected countries, 2006 to 2010–2011

*PEPFAR is the United States President's Emergency Plan for AIDS Relief. CHAI is the Clinton Health Access Initiative.

Sources: Menzies NA et al. AIDS, 2011; Bollinger L, Adesina A. UNAIDS, 2011; CHAI data, Clinton Health Access Initiative, in press.

UNAIDS

Facility-level and total treatment costs per person per year in Zambia, 2009

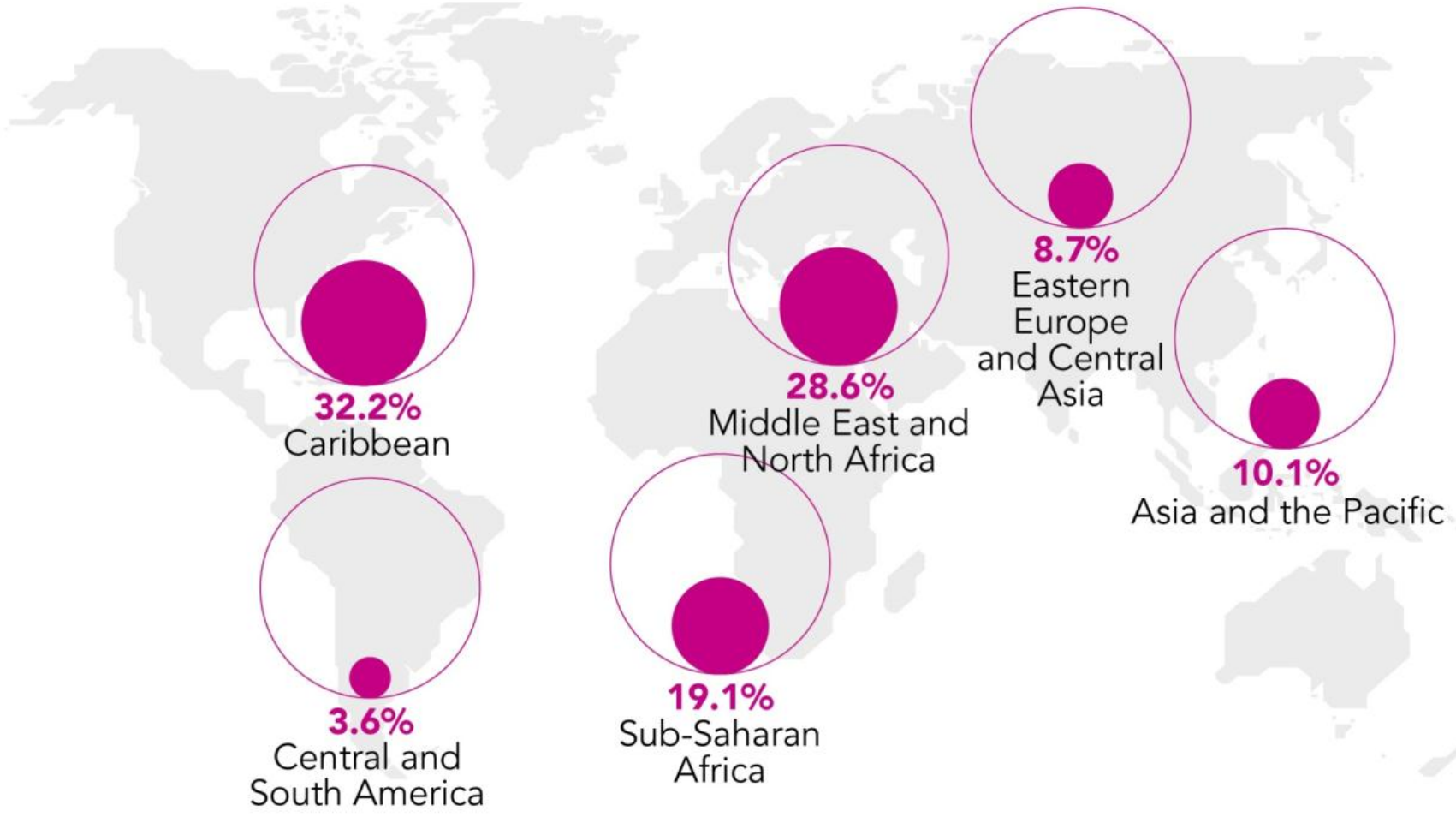


Note: Total treatment costs include facility-level costs, finance and accounting, Human Resources management, procurement, quality assurance, inventory and supply control, data analysis, insurance, IT and telecommunication, laboratory support and community liaison.

Source: Elliott Marseille, Health Strategies International, personal communication, analysis of data from the Centre for Infectious Disease Research in Zambia, 2012.

UNAIDS

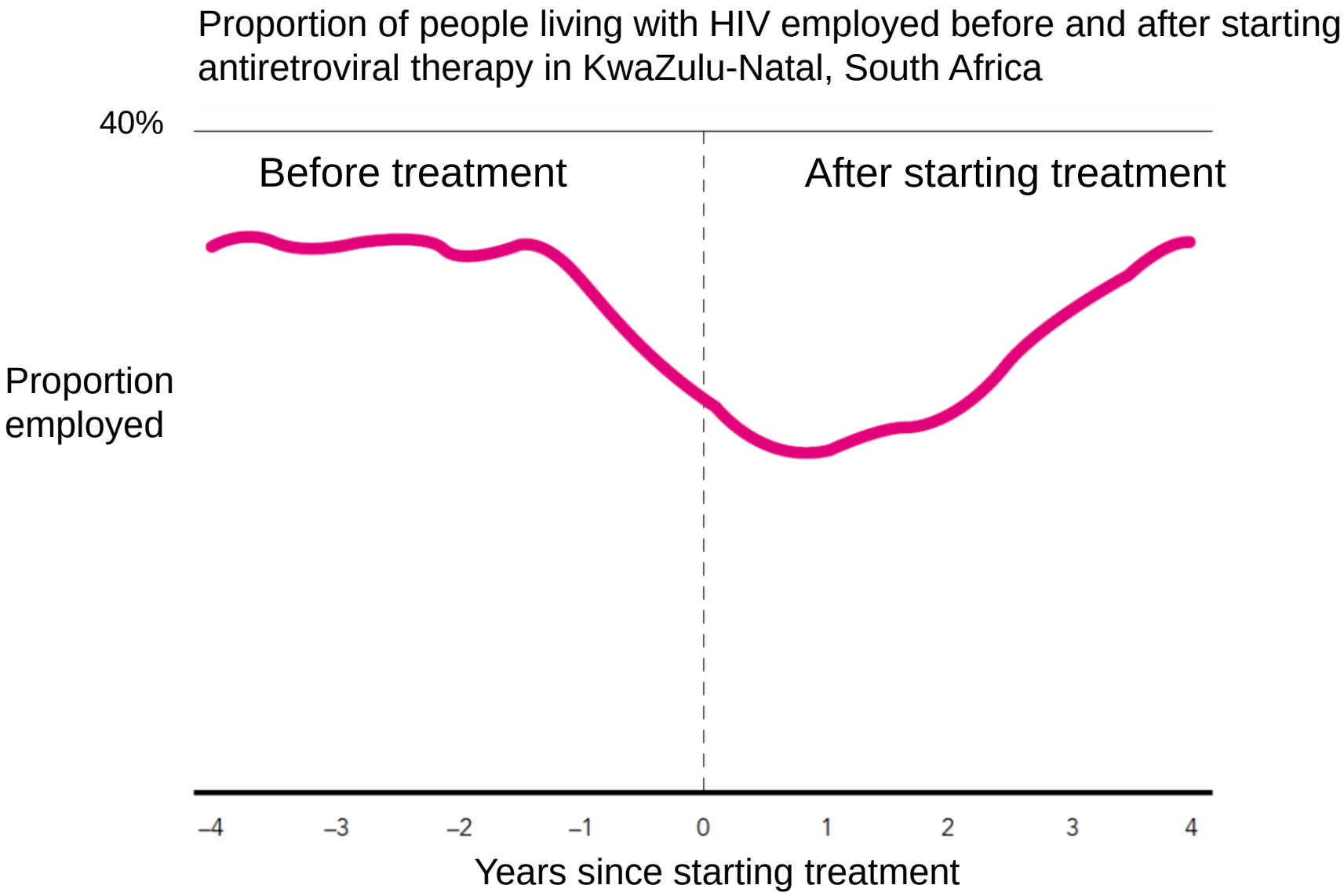
Proportion of total HIV resources spent on programme management by region, 2007–2009



Note: UNGASS 2010 data (or last year available). Programme management includes planning, coordinating and managing programmes, such as administering the disbursement of funds, drug supply, monitoring and evaluation, information and communication technology and infrastructure.

UNAIDS

Health to wealth: treatment restores productivity

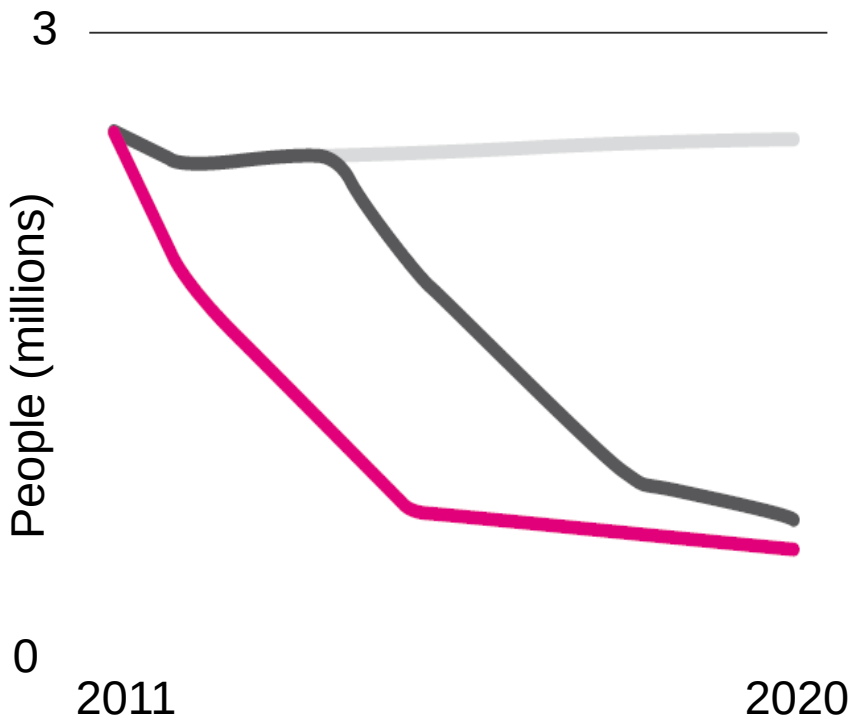


Source: Bor J et al. Health Affairs, July 2012.

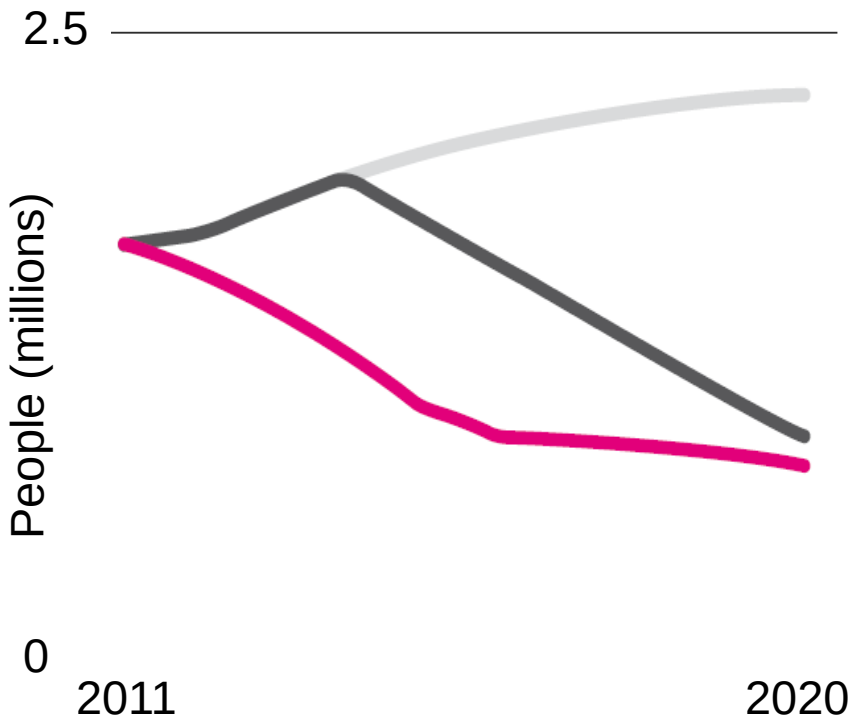
UNAIDS

The costs of inaction

3-year delay =
5 million new HIV infections



3-year delay =
3 million AIDS deaths

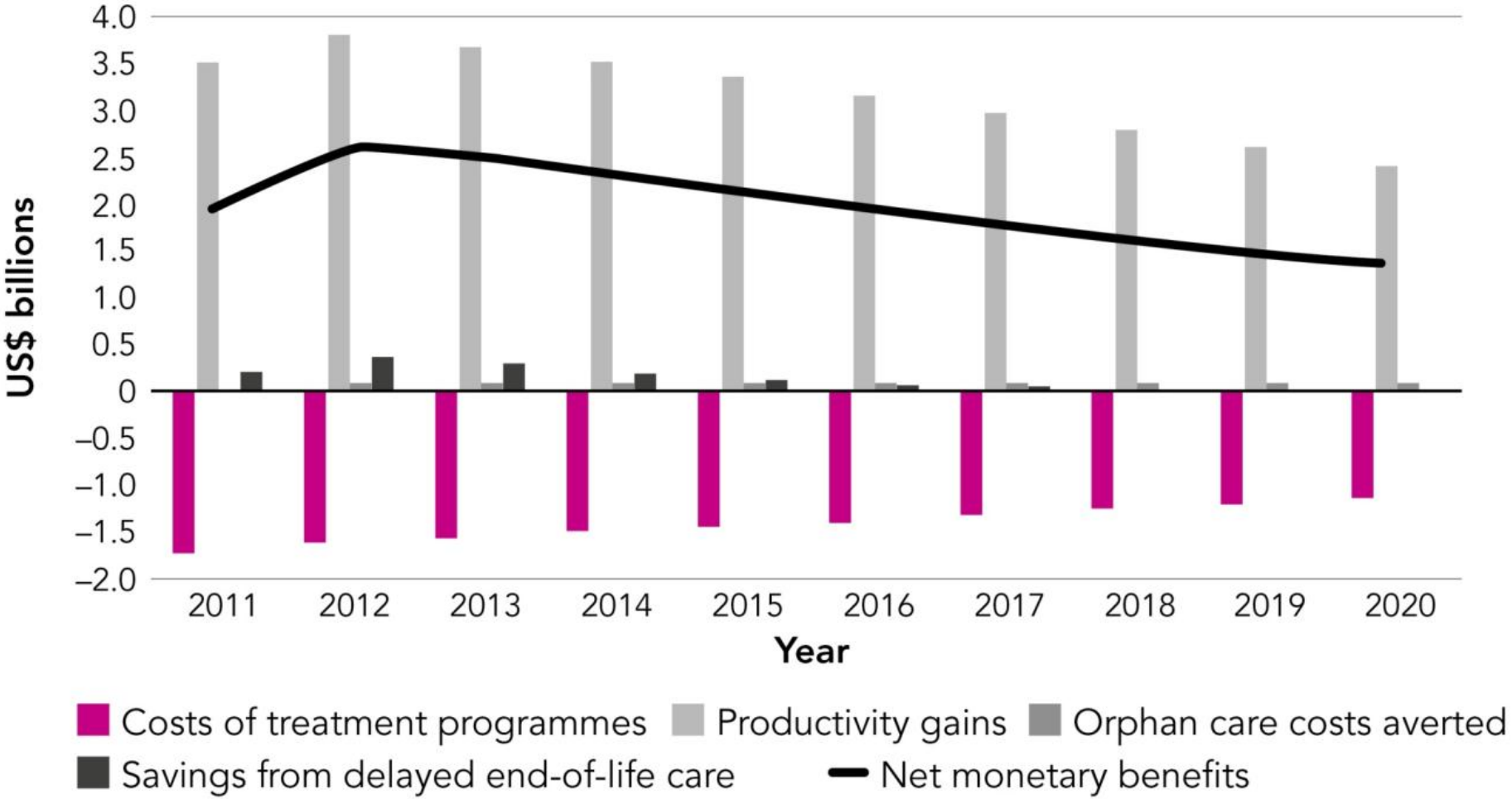


Baseline Investment Framework 3 -year delay

Sources: Schwartländer B et al. Lancet, 2011, 377:2031–2041;
John Stover, Futures Institute, personal communication, May 2012.

UNAIDS

Projected antiretroviral therapy programme costs and benefits for 2011–2020 for people receiving treatment supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, as of 2011



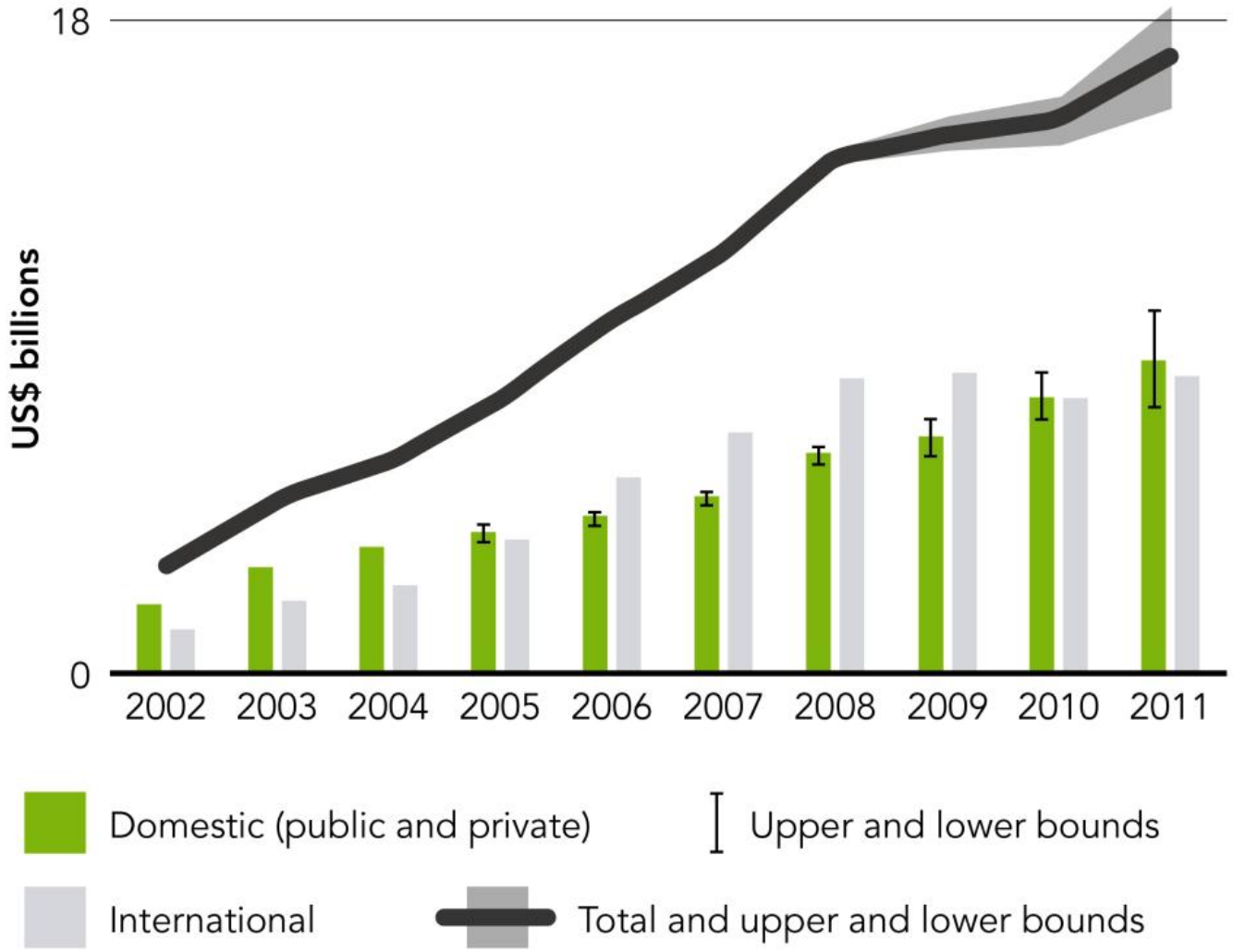
Source: Resch S et al, PLoS One, 2011.

UNAIDS

INVESTING SUSTAINABLY

UNAIDS

Resources available for HIV in low- and middle-income countries, 2002–2011



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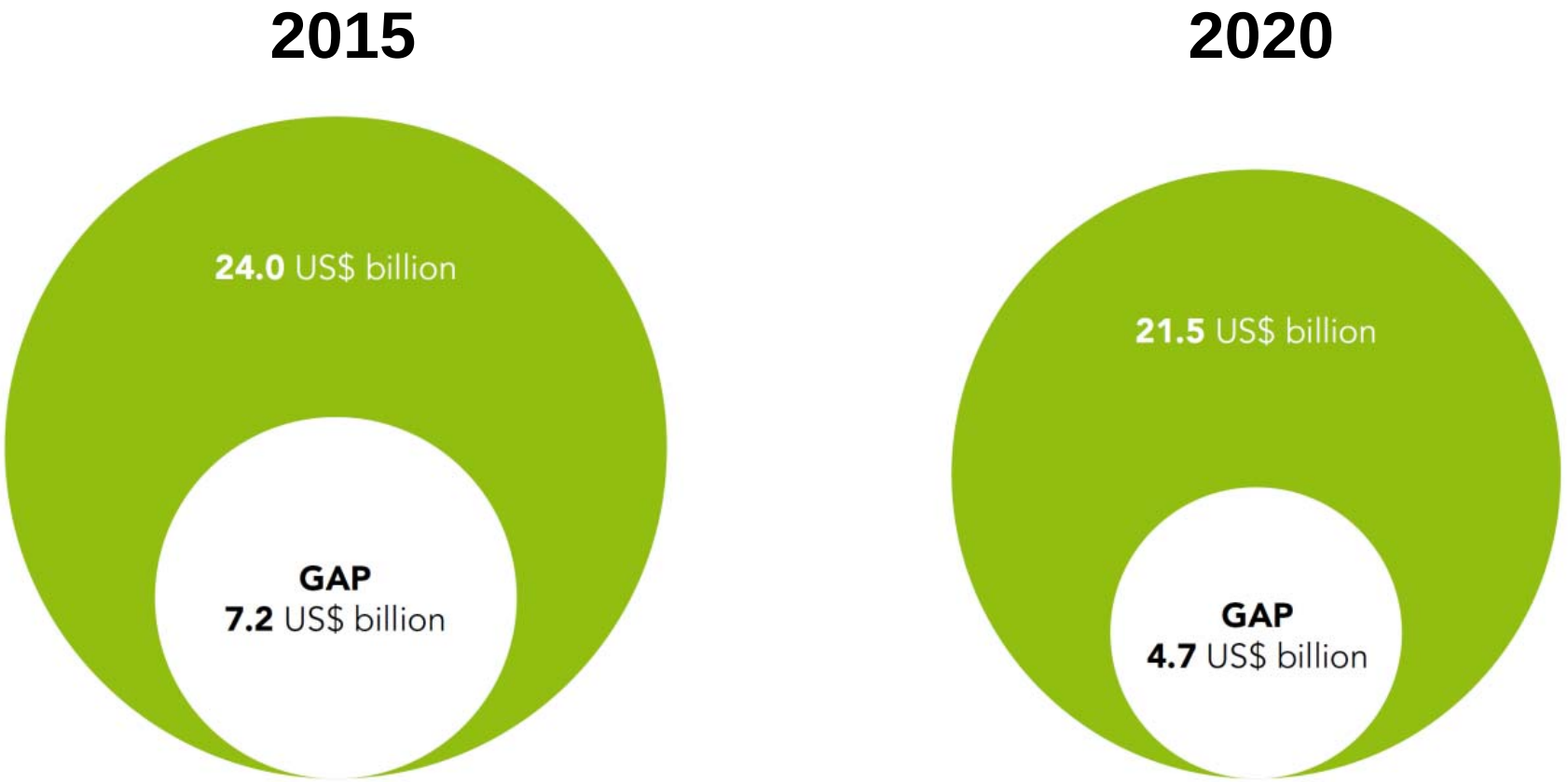
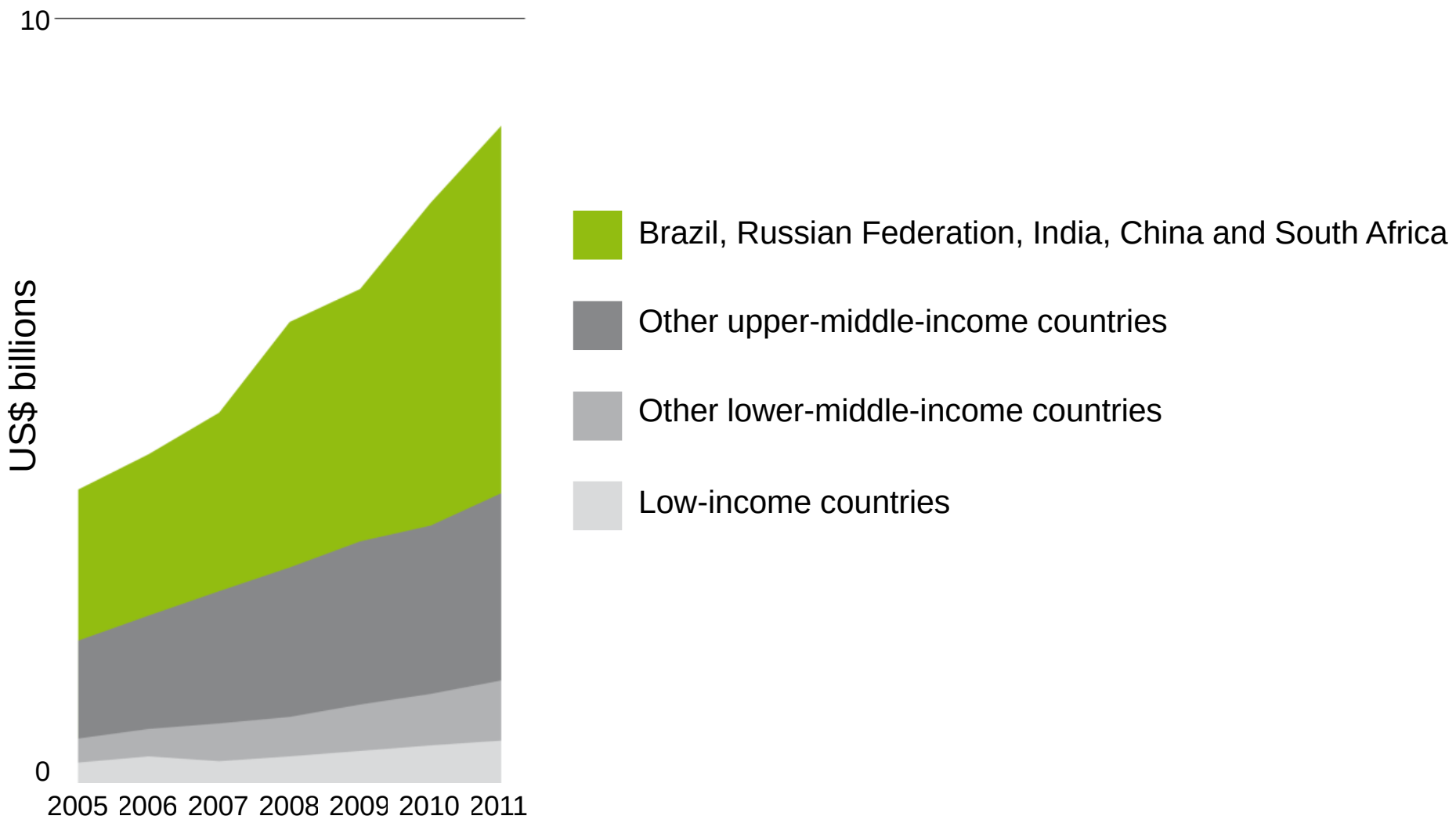
HIV investment needed in low- and middle-income countries



Source: UNAIDS, May 2012.

UNAIDS

HIV expenditure by national income level



UNAIDS

International assistance disbursed to low- and middle-income countries for HIV in 2011

United States President's Emergency Plan for AIDS Relief (PEPFAR) (48%)

European governments (21%)

Other OECD-DAC governments (2%)

Global Fund to Fight AIDS, Tuberculosis and Malaria (18%)

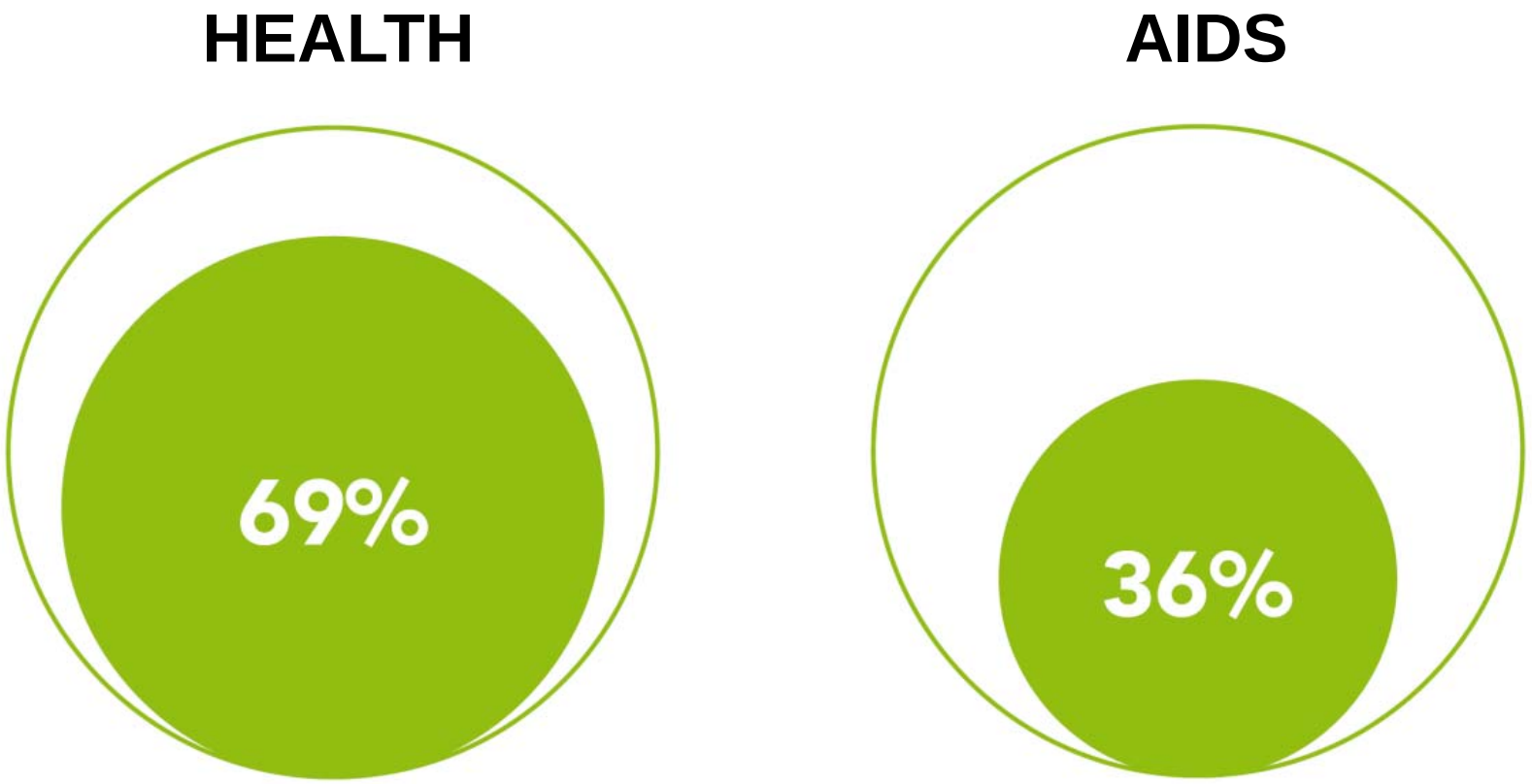
Other multilateral agencies (4%)

Philanthropics (6%)

Brazil, Russian Federation, India, China and South Africa and non-OECD DAC governments (<1%)

UNAIDS

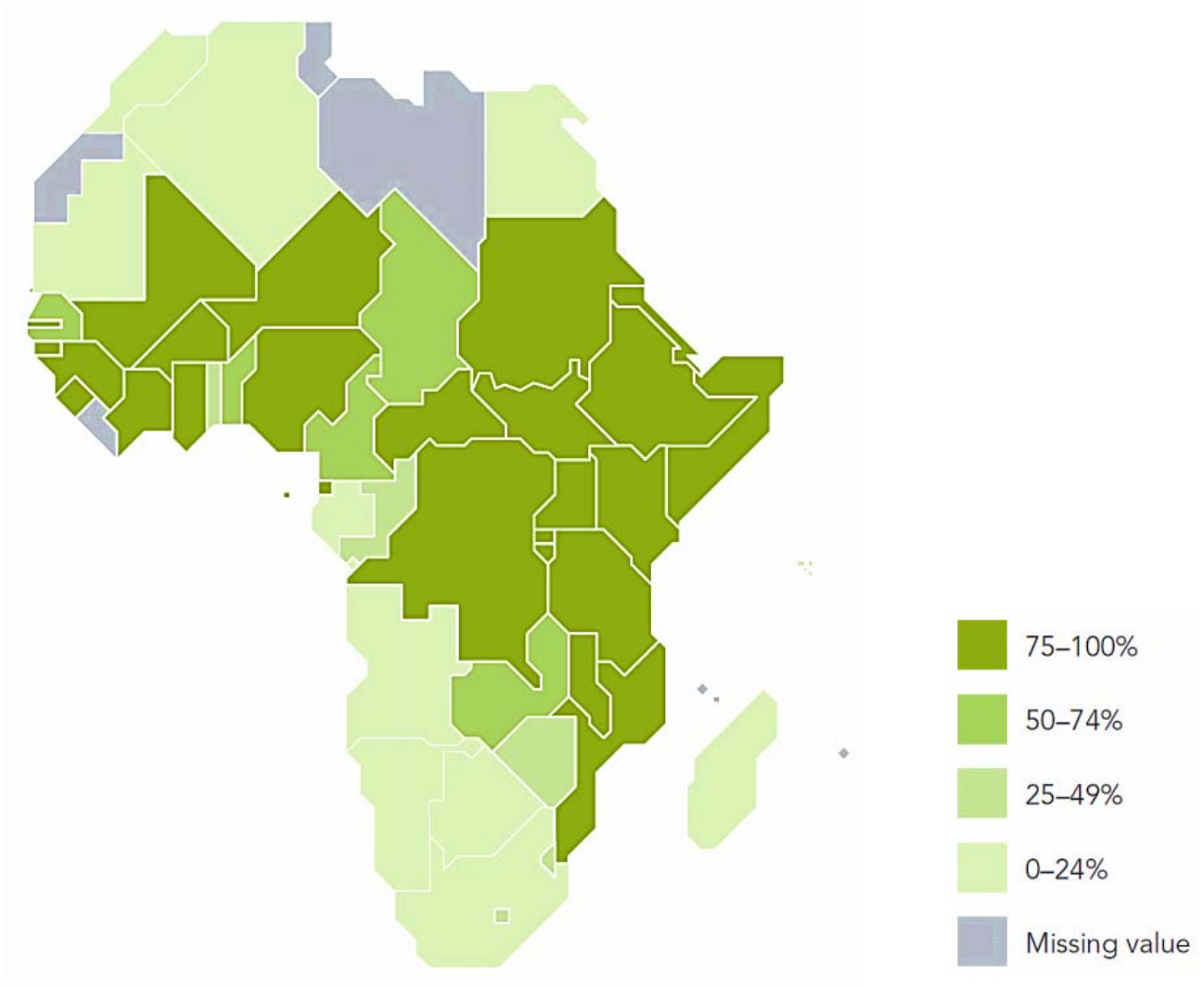
Domestic share of total investment in health and AIDS in Africa, 2010



Source: UNAIDS, May 2012 and WHO, Global health expenditure database, 2012.

UNAIDS

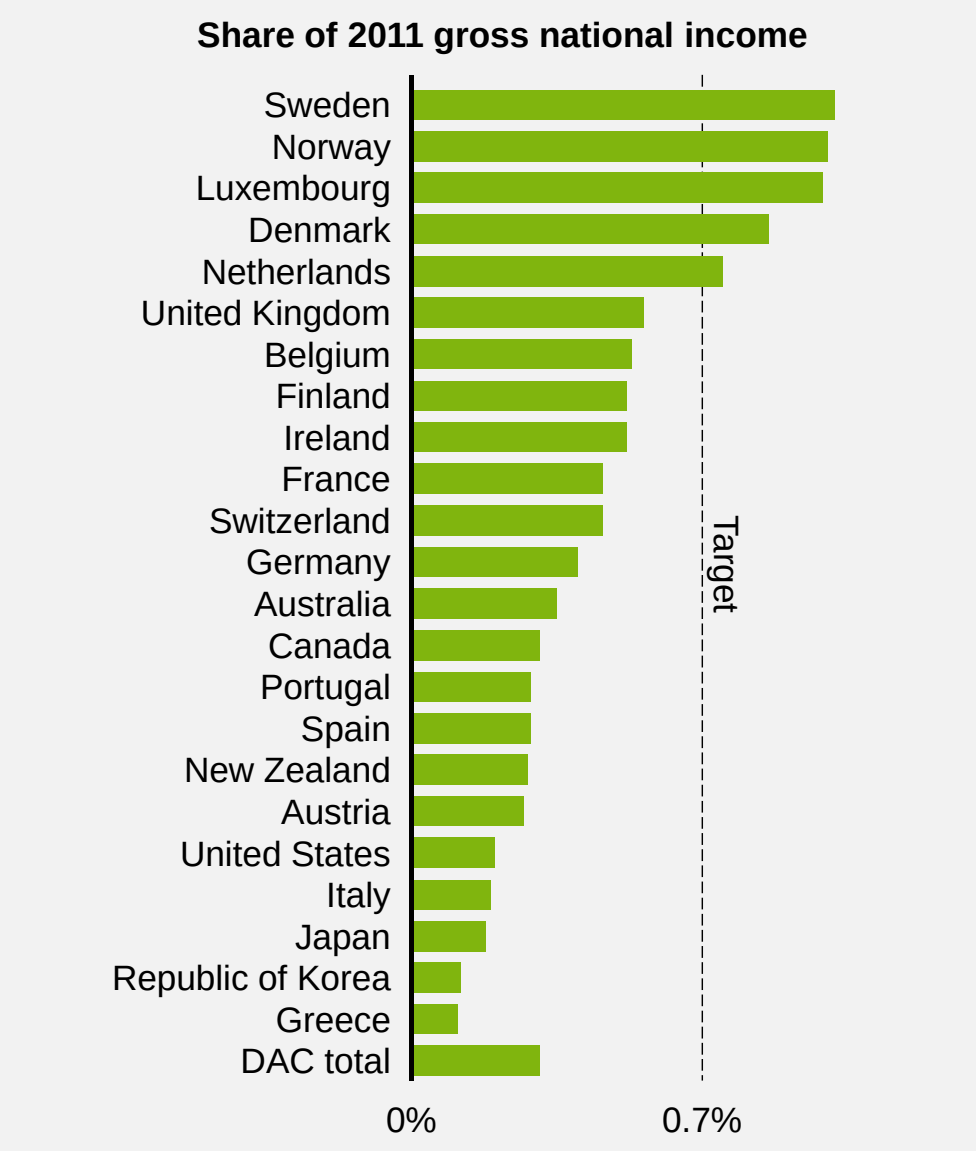
Share of care and treatment expenditure originating from international assistance, African countries, 2009–2011



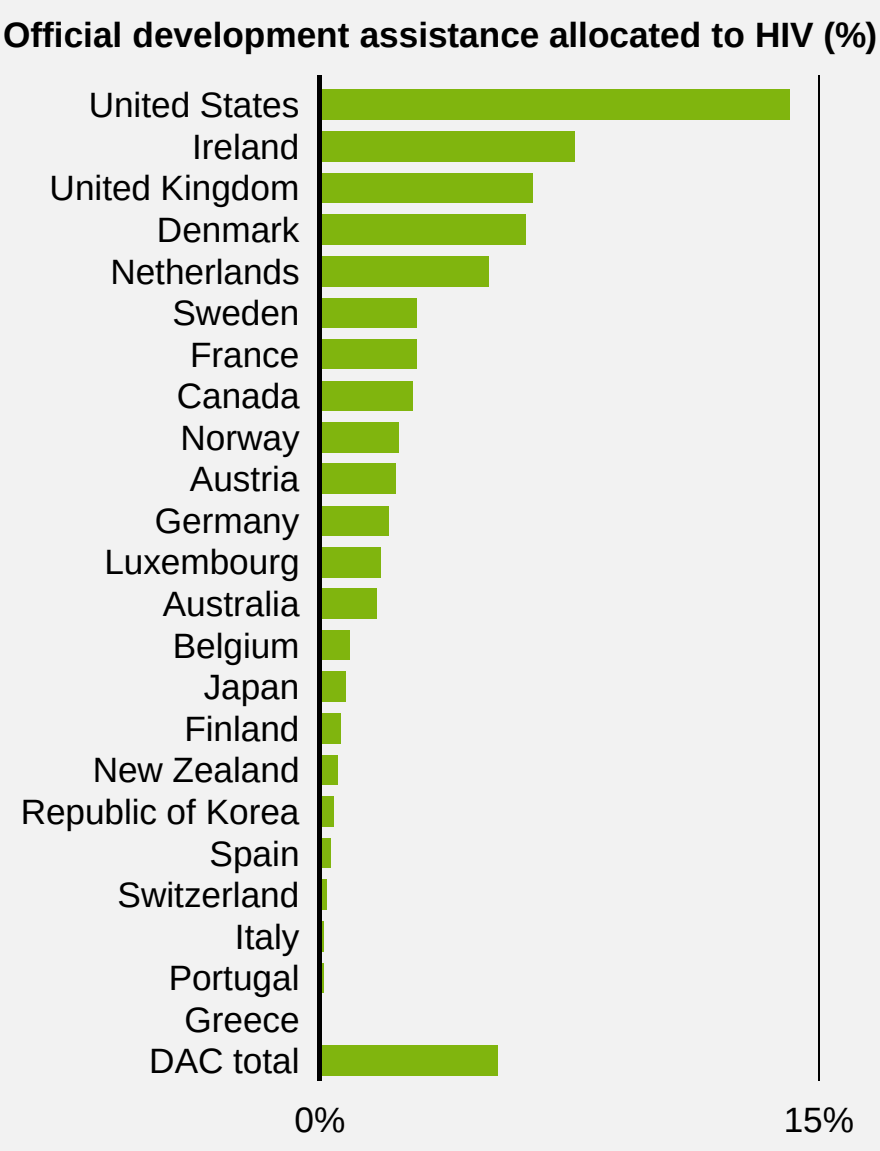
Source: Global AIDS Response Progress Reporting country reports (most recent available).

UNAIDS

Net official development assistance as a percentage of gross national income, OECD-DAC members, 2011



Share of official development assistance allocated to HIV, OECD-DAC members, 2011



Sources: OECD; UNAIDS/Kaiser Family Foundation

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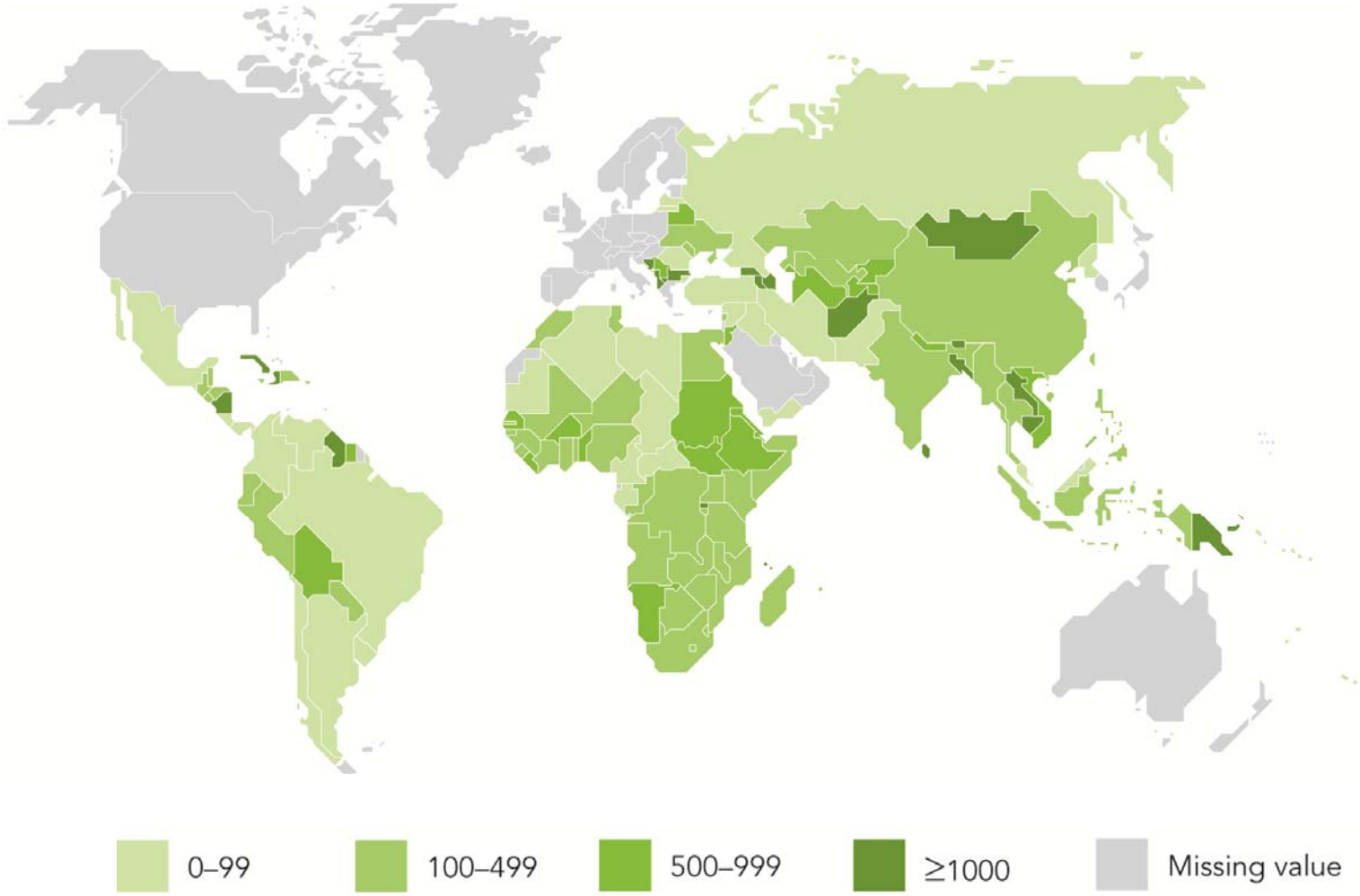
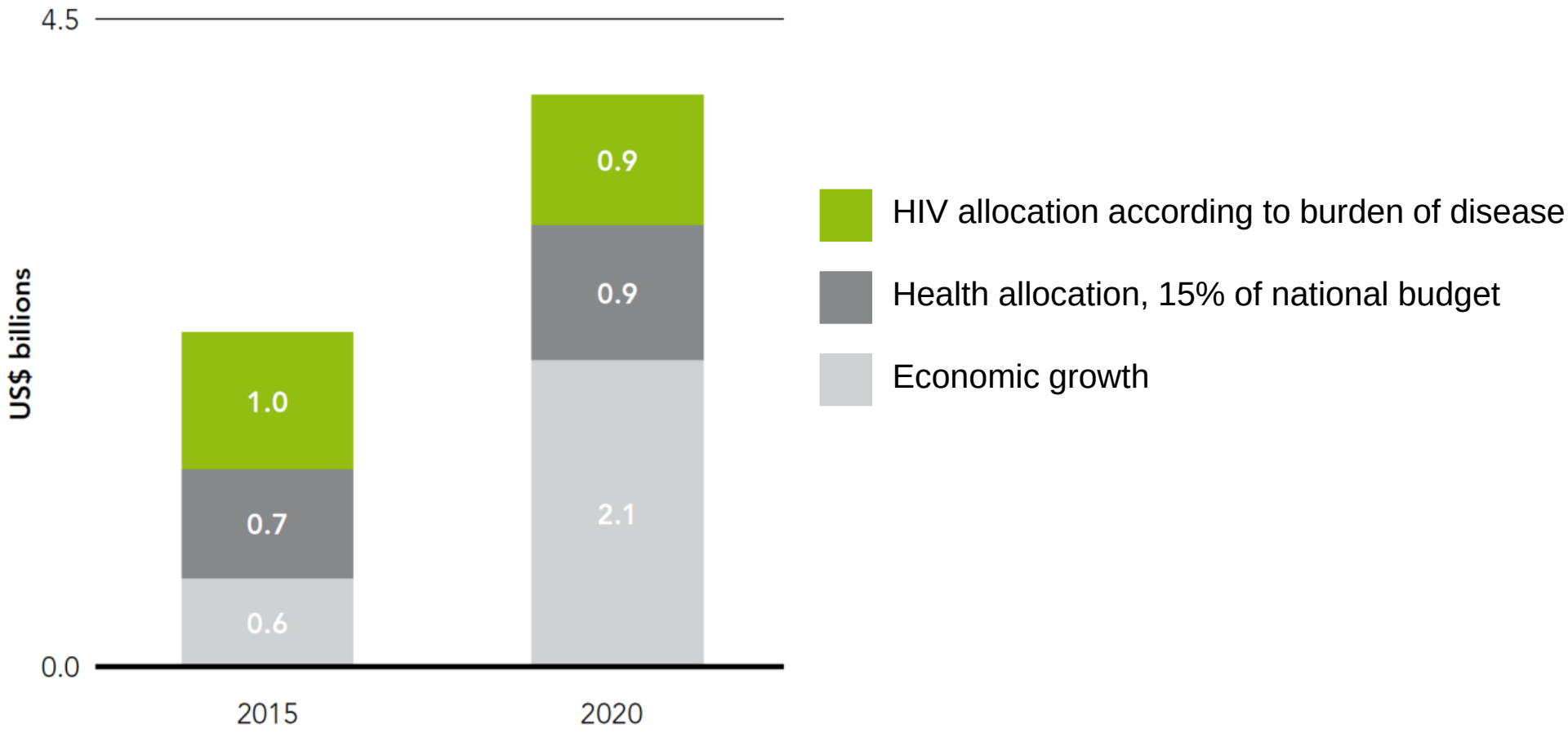
International assistance (US$) per person living with HIV, 2011



UNAIDS

Scenarios for additional domestic public HIV investment in low- and middle-income countries, 2015 and 2020



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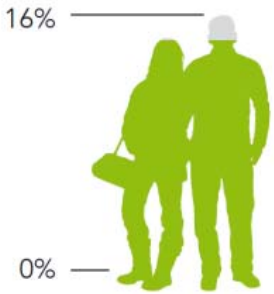
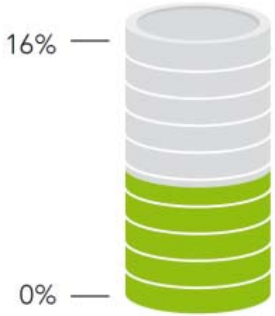
Domestic health expenditure does not always match the burden of disease

HIGHER-PREVALENCE COUNTRIES



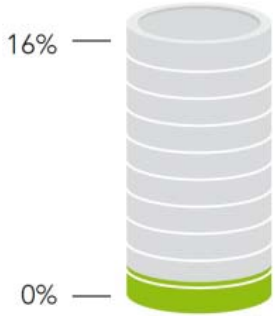
Burden of HIV disease as a % of the total disease burden



Domestic HIV investment as a % of the domestic health budget

LOWER-PREVALENCE COUNTRIES

Burden of HIV disease as a % of the total disease burden



Domestic HIV investment as a % of the domestic health budget

Source: Global AIDS Response Progress Reporting country reports, 2012.

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Potential of new global health funding mechanisms

Potential international revenue source	Probable revenue	Possible amount available for HIV	Assumptions
Tax on financial transactions	US$ 150 billion	US$ 3.75 billion	50% for development, of which 5% for HIV
Currency transaction levy for development	US$ 35 billion	US$ 1.75 billion	5% for HIV
Expansion of airline levy and MASSIVEGOOD	US$ 1 billion	US$ 1 billion	100% for HIV

Source: Leading Group; Interviews; McKinsey analysis.

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