LETTER TO PARTNERS | 2011

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UNAIDS

Dear Colleagues

I believe in a world where there are:
Zero new HIV infections;
Zero discrimination;
Zero AIDS-related deaths.

This is the new vision of UNAIDS. This is our passion, our commitment, our resolve. A few years ago we could only dream of such a day—but today we know we can make it happen.

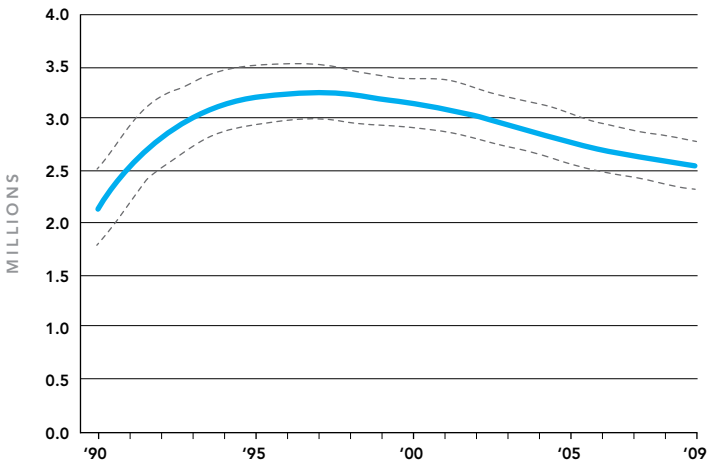
30 YEARS INTO THE EPIDEMIC

This year the world commemorates 30 years of AIDS and the AIDS response. It is a time to remember the friends and family we have lost. It is a time to share our successes and also to reflect on our failures.

The world was slow to react to the AIDS epidemic 30 years ago, with devastating results. But persistent voices rose up and today the AIDS response has grown into a truly joint partnership—of governments from the south and the north, of people living with HIV, of civil society, of communities, and of organizations committed to the response.

Indeed, the world has begun to reverse the AIDS epidemic—at least 56 countries have either stabilized or reduced new HIV infections by more than 25% in the past 10 years. New HIV infections among babies have dropped by 25%—a significant step towards achieving virtual elimination of mother-to-child transmission of HIV by 2015. More than 5 million people are on antiretroviral treatment, which has reduced AIDS-related deaths by more than 20% in the past 5 years.

Number of people newly infected with HIV



VISION TO GET TO ZERO NEW INFECTIONS

Goals for 2015:
Sexual transmission of HIV reduced by half, including in young people, in men who have sex with men, and transmission in the context of sex work.

Vertical transmission of HIV eliminated and AIDS-related maternal mortality reduced by half.

All new HIV infections prevented among people who use drugs.

VISION TO GET TO ZERO DISCRIMINATION

Goals for 2015:
Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half.

HIV-related restrictions on entry, stay and residence eliminated in half of the countries that have such restrictions.

HIV-specific needs of women and girls addressed in at least half of all national HIV responses.

Zero tolerance for gender-based violence.

VISION TO GET TO ZERO AIDS-RELATED DEATHS

Goals for 2015:
Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment.

Tuberculosis deaths among people living with HIV reduced by half.

People living with HIV and households affected by HIV addressed in all national social protection strategies and have access to essential care and support.

South Africa and India, the countries with the largest numbers of people living with HIV in their respective continents, are turning around the AIDS epidemic through bold actions and smart choices. South Africa's renewed AIDS leadership under President Zuma is paving the way for dialogue and social transformation, taking on social norms, mobilizing people to find out their HIV status, and strengthening health services.

Ten years of investments in evidence-informed programmes have helped India reach people who are at increased risk of HIV infection. Coupled with a concerted effort to reduce stigma and discrimination and to protect human rights by a watchful civil society, the country is closing the gap on access to HIV services for those people in greatest need.

China has shown the power of scaling up—today more than 680 centres provide methadone treatment compared with eight centres in 2004. And Brazil has remained the vanguard of universal access to treatment regardless of the economic climate.

The world should not shy away from acknowledging these hard-earned successes, just as we cannot forget the 30 million lives that have been lost to AIDS—a very real outcome of global inaction. It would be easy in times of fiscal austerity to give in to complacency—but history shows us that this is a disease that feeds on fatigue and neglect.

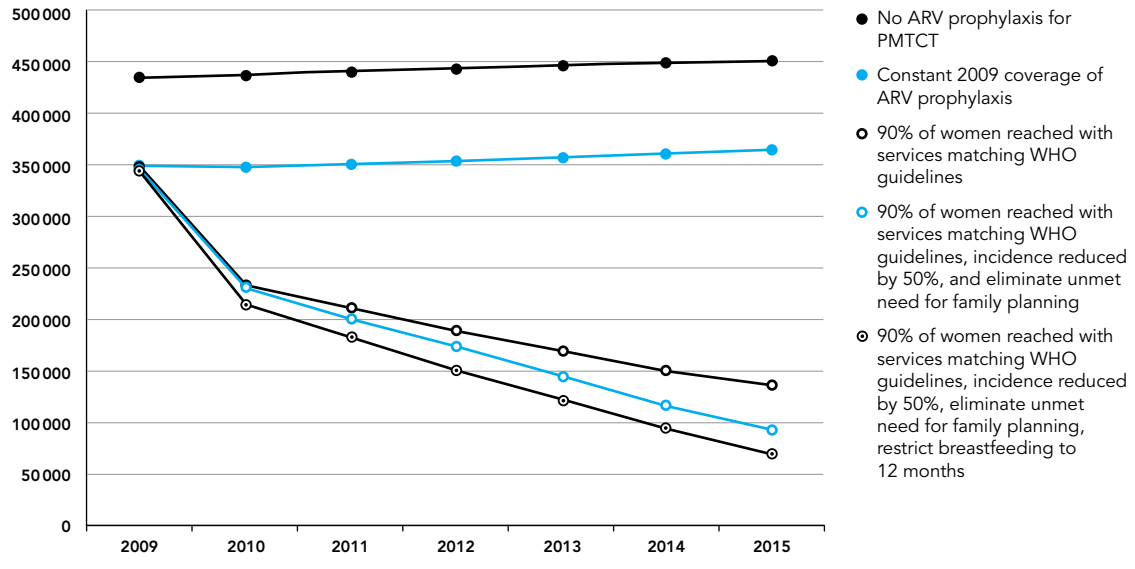
2011 HIGH LEVEL MEETING ON AIDS

This year we have an historic opportunity to build on and better the performance of the past three decades. June 2011 will mark the tenth anniversary of

The virtual elimination of mother-to-child transmission of HIV is possible

Estimated new HIV infections among children 0-14: Different scenarios for 25 countries

Source: Mahy M, Stover J, Kiragu K, et al. What will it take to achieve virtual elimination of mother-to-child transmission of HIV? An assessment of current progress and future needs. Sex Trans Infect (Suppl) 2010.

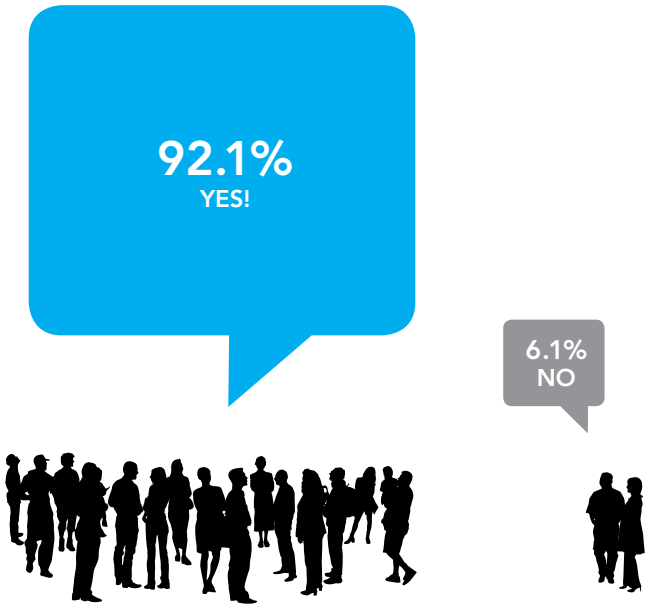


the 2001 Declaration of Commitment on HIV/AIDS and five years since the world committed to achieve universal access to HIV prevention, treatment, care and support.

World leaders gathering in New York for the General Assembly High Level Meeting on AIDS carry the responsibility of renewing hope and re-energizing the AIDS movement. The promises they make and words they speak at this meeting will define tomorrow's agenda. Together, we can make this the defining decade, the decade that signals the beginning of the end of AIDS.

This opinion is shared across the globe. A survey conducted by UNAIDS in May 2010 showed that region by region, countries continue to rank AIDS high on the list of the most important issues facing the world. About half of respondents said they were optimistic that the spread of HIV can be stopped by 2015.

Is the AIDS epidemic important?



MOVING FROM CRISIS MANAGEMENT TO CHANGE MANAGEMENT

"Getting to zero" requires more than simply accepting the validity of current political, social and scientific approaches. It requires a deliberate creative act—of promoting innovation in science, making it simple to treat and prevent HIV infection, confronting deep-rooted social norms to protect women and children, re-examining archaic laws that overtly and subliminally rob people of their dignity and respect, and regarding money spent on health not as expenditure but as investment that secures our future.

This means we have to move from crisis management to managing change. We need to transform competition within the development agenda into competition for development. We have to achieve all the Millennium Development Goals—so let us pool resources where possible and mutually strengthen health and development initiatives. The systems we build today must be robust enough and benefit the generations to come.

NEW FRONTIERS FOR THE AIDS RESPONSE

Our current approaches have been stretched to their limits and are no longer robust enough to take us past the last mile. The AIDS response needs to transform. The AIDS response has to reach for new frontiers. Let me outline a set of six new frontiers. Each supports the other, and singular advancement in any one sector alone will not be sufficient to move the entire global AIDS response forward.

1 Democratization of the AIDS response

Political promises at the global or national level must be followed by resources and services to cities and villages, communities, households, schools and hospitals. The democratization of the AIDS response is imperative and can be leveraged most in a decentralized AIDS response. When this happens, people affected by the epidemic are heard and their leadership is followed for finding local and sustainable solutions. Communities will mobilize if there is a real possibility to access information and services.

In Kenya, the Luo tribe has embraced male circumcision, a move blessed by the village elders, as the community seeks to stem new HIV infections among young people. Networks of sex workers have come together across the world, managing HIV services for themselves, clients and partners. Programmes aimed at reaching men who have sex with men and transgender people are increasingly "of the people" rather than "for the people".

Sexual transmission remains the main route of HIV transmission across the world. Without the democratization of the AIDS response, deep-rooted social norms around sexuality—including intergenerational and age-disparate sex, violence and abuse—cannot be dealt with effectively.

People affected by the epidemic must be heard—and where necessary we have to amplify their voice. People living with HIV have been at the forefront in the

charge towards access to health and social justice. Their role is pivotal for bringing about the HIV prevention revolution and for defining the new era of treatment access.

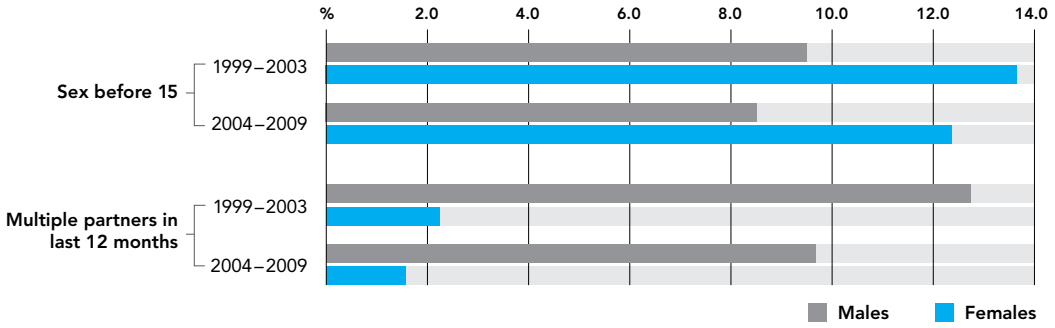
The space for democratization of the response comes from national and global leaders. Democratization does not mean reduced responsibility at the top—in fact, it means more accountability. This is why we need a fresh debate on AIDS in the Security Council this year—and a new mandate to accelerate change. I look to African leaders to lead this action.

I was also very pleased to hear African leaders talking about revitalizing the African Union's AIDS Watch Africa mechanism. This will renew solidarity among African leaders at the highest level and support peer review and shared responsibilities for the AIDS response. African leaders have the power to reverse the trajectory of the epidemic decisively.

Young people and sexual risk

People aged 15–25 years who had sex before age 15 years and who had multiple partners in the past 12 months.

Source: DHS and UN Population Statistics.



Young people—a force for change

I remain convinced that today's young people will assume the mantle for the next decade. Young people can bring new energy to the AIDS movement and deliver on social justice and equity. They can end stigma and discrimination. They can stop new HIV infections. They can secure the future of AIDS.

The prevention revolution of the next decade is already coming and it is our moral imperative to nurture and harness this vastly untapped force for change. I was moved when reading the last wish of Tumisang Ephraim Lesenya, a young person from Lesotho. After receiving his last rites, he told his family: "On the day of my funeral, kindly let the congregation know that I tested for HIV in 2004 and the result was positive. Let them know that I did not die because I suffered from headache or any other disease, but that I died of AIDS. I want as my last wish to share this with them, my friends and colleagues, for them to learn from my experience. For fear of the disease I tested too late." I salute his courage and the thousands of other young people like him who have dared to speak out and make a difference.

2 Making the law work for the AIDS response, not against it

Recent reports show an increase in homophobia and violence against men who have sex with men and transgender people across the world. Arbitrary detentions, archaic laws of colonial times and entrenched attitudes about sexual behaviour are hampering efforts to provide HIV prevention services for people. I was shocked and saddened at the killing of Ugandan gay activist David Kato. In the past year, Honduras has seen a rise in killings of transgender women. Similar cases have been reported across the region.

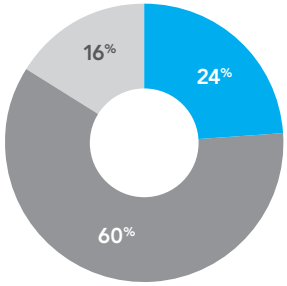
At the very least, national laws must stop discrimination of people living with HIV, men who have sex with men, lesbians, people who inject drugs, sex workers and transgender people. Governments must reduce the inequities faced by women and children and enshrine the right to health. The UNDP Global Commission on HIV and the Law is holding public hearings in all regions of the world. The recommendations of this commission should provide the impetus for law reform.

Let us commend countries for taking action. Fiji's cabinet recently adopted a decree to safeguard the privacy and rights of people infected with or affected by HIV, including confidentiality of personal information; creating an environment where people are encouraged to seek voluntary testing, counselling and support services; and empowering affected people to seek redress from professional bodies and the courts when their rights are violated.

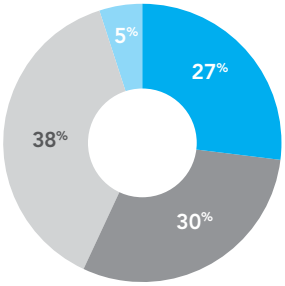
In today's globalized world, mobility and migration are necessities of economic growth. Around 49 countries and territories include HIV as a basis for denying visas or residence permits. This has no public health rationale and is a violation of people's rights. Fortunately five countries have lifted such restrictions in recent months. UNAIDS is also working closely with other countries where such restrictions remain.

Travel restrictions

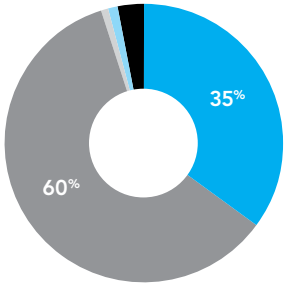
Percentage of countries that have HIV-specific restrictions on entry, stay or residence



Percentage of countries that have laws that specifically criminalize HIV transmission or exposure



Percentage of countries that have laws that criminalize same-sex activities between consenting adults

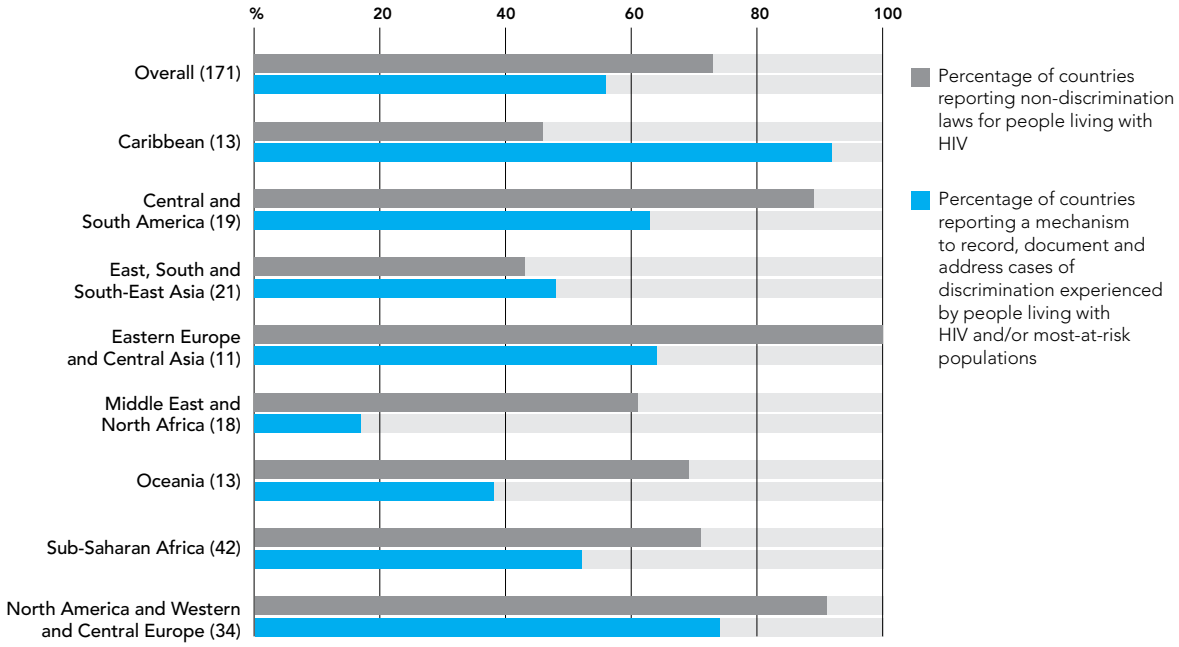


No data | No | Yes | Contradictory | Death penalty

Legal protections on discrimination against people living with HIV

Percentage of countries with legal protections against discrimination against people living with HIV and mechanisms for redress, as reported by nongovernmental sources.

Source: Country Progress Reports 2010.



3 Reducing the upward trajectory of costs of the AIDS response

Few countries have been spared in the global economic crisis. The AIDS response is feeling the impact too. After a decade of growth of investments in the AIDS response, resources available for AIDS remain flat. Less money was available for the AIDS response in 2009 than in 2008. The AIDS response was always underfunded but now the economic crisis is widening the gap and inflation is increasing the costs of delivery.

What is the way forward?

We could wait for economies to grow, as they appear to be doing, and hope for increased investments. Or we can re-examine our models of investments and methods of programme delivery. This I believe will help us bring down unit costs and increase efficiencies. We have to do more with less.

Accountability of resources and delivering performance will be the bedrock for future investments. Public perception of how resources for AIDS are spent and accounted for will determine future resource availability.

Removing trade barriers for access to medicines and diagnostics

In an era of economic pressures and competing development priorities, it can be politically convenient to focus on short-term results. But countries should not trade away the public health of their people for other trade gains.

We have to re-examine the way drugs and other commodities are procured and distributed. The use of every avenue, including the flexibilities set out in the Doha Declaration and the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement, to protect public health and provide access to medicines for all can not be undermined by other trade agreements.

"Investments in the AIDS response have delivered results. This is a time to scale up, not scale down."

Currently, Indian manufacturers account for more than 80% of generic antiretroviral medicines and supply the majority of developing countries. South Africa has removed trade barriers to bring down the costs of the drugs they procure, helping them add thousands of people to those newly on treatment. The cost of the least expensive first-generation regimen has dropped to less than US$ 86 per patient per year. But looking ahead, as increasing numbers of people move towards more efficacious and tolerable first-line treatment, drug prices could double compared with first-generation regimens.

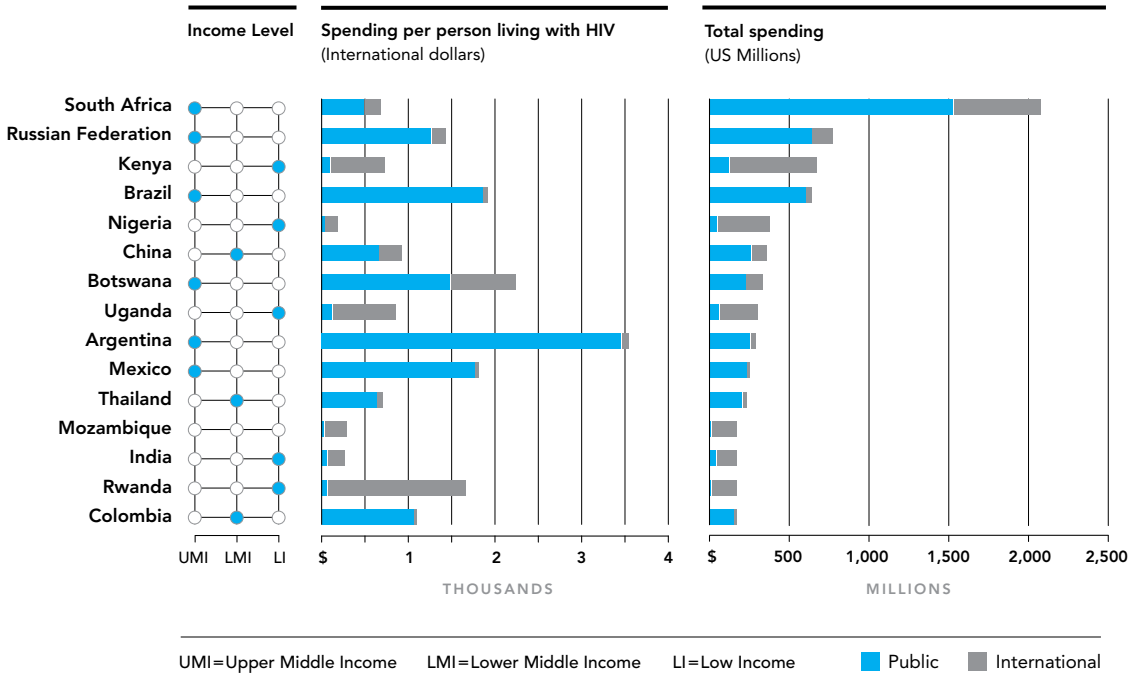
Investing efficiently for impact

To be most effective, investments in HIV prevention have to follow epidemic patterns and serve people at increased risk first. It is unacceptable that sex workers and their clients, men who have sex with men, people who inject drugs and transgender people do not have sufficient access to AIDS resources. We can consolidate and coordinate the delivery of HIV prevention services to minimize duplication and maximize efficiencies and results.

At the same time, cost-cutting and efficiencies cannot come at the cost of the individual. Far too often, even when some medicines and health care are available free of charge, families and communities spend a lot of their already scarce resources on other health-related costs that are not covered. Out-of-pocket expenses for health are robbing families of key opportunities for improving the quality of their lives.

Annual HIV domestic public and international spending in current US dollars, total and per person living with HIV, among the 15 low- and middle-income countries with the highest spending, 2009 or last available year, international dollars (purchasing power parity).

Source: Country Progress Reports 2010



Domestic Investment Priority Index

A new UNAIDS Domestic Investment Priority Index (DIPI) attempts to measure the extent of investment priority given by governments to support their national AIDS response. The index is calculated by dividing the percentage of government revenue each country directs to the AIDS response by the population HIV prevalence. A high value usually indicates a high level of priority.

$$\text{DIPI} = \frac{\text{PUBLIC EXPENDITURE ON AIDS RESPONSE}}{\text{GOVERNMENT REVENUE}} \times \frac{\text{NATIONAL POPULATION}}{\text{PEOPLE LIVING WITH HIV}}$$

Domestic Investment Priority Index for countries with the highest HIV prevalence

	Year	DIPI	Average spending
Swaziland	2007	0.11	●
Botswana	2008	0.31	●
Lesotho	2008	0.33	●
South Africa	2009	0.18	●
Zimbabwe	2009	0.04	●
Mozambique	2008	0.03	●
Malawi	2009	0.03	●
Kenya	2009	0.33	●
Central African Republic	2008	0.12	●
Gabon	2009	0.18	●
Uganda	2008	0.72	●
Cameroon	2008	0.06	●
Côte d'Ivoire	2008	0.05	●
Chad	2008	0.34	●
Congo	2009	0.68	●
Togo	2009	0.11	●
Djibouti	2009	0.00	●
Nigeria	2008	0.13	●
Rwanda	2008	0.61	●
Belize	2009	0.19	●
Angola	2009	0.29	●
Burundi	2008	3.11	●
Ghana	2008	0.10	●
Guinea-Bissau	2009	0.46	●
Sierra Leone	2007	0.11	●

Countries listed in order of decreasing HIV prevalence

DIPI=Domestic Investment Priority Index

● Above average ● Below average

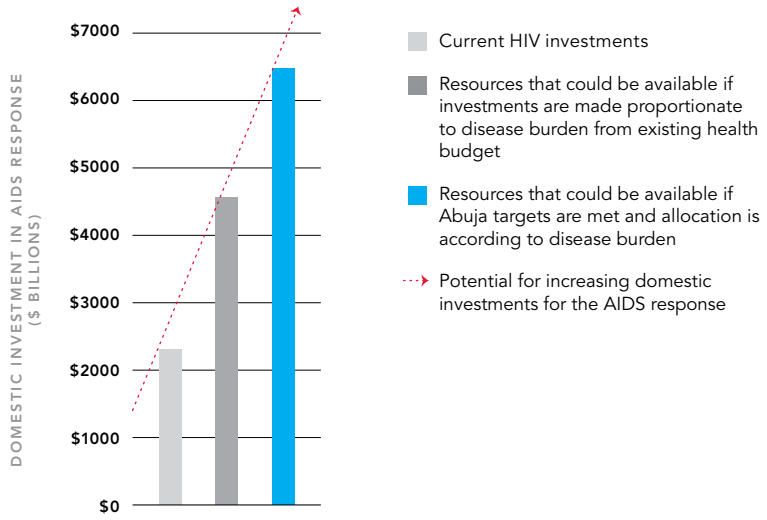
4 Making funding for the AIDS response a shared responsibility

Over the past year I have said that funding for AIDS is a shared responsibility. No single country should bear the burden of the AIDS response alone. International assistance and domestic investments have to continue to grow if we are to realize the goal of universal access to HIV prevention, treatment, care and support. Few countries in sub-Saharan Africa have met their Abuja targets for investment in health. If this target is met and resource allocation is proportionate to HIV burden, then countries will be able to fund a significantly larger portion of their AIDS response needs from domestic sources.

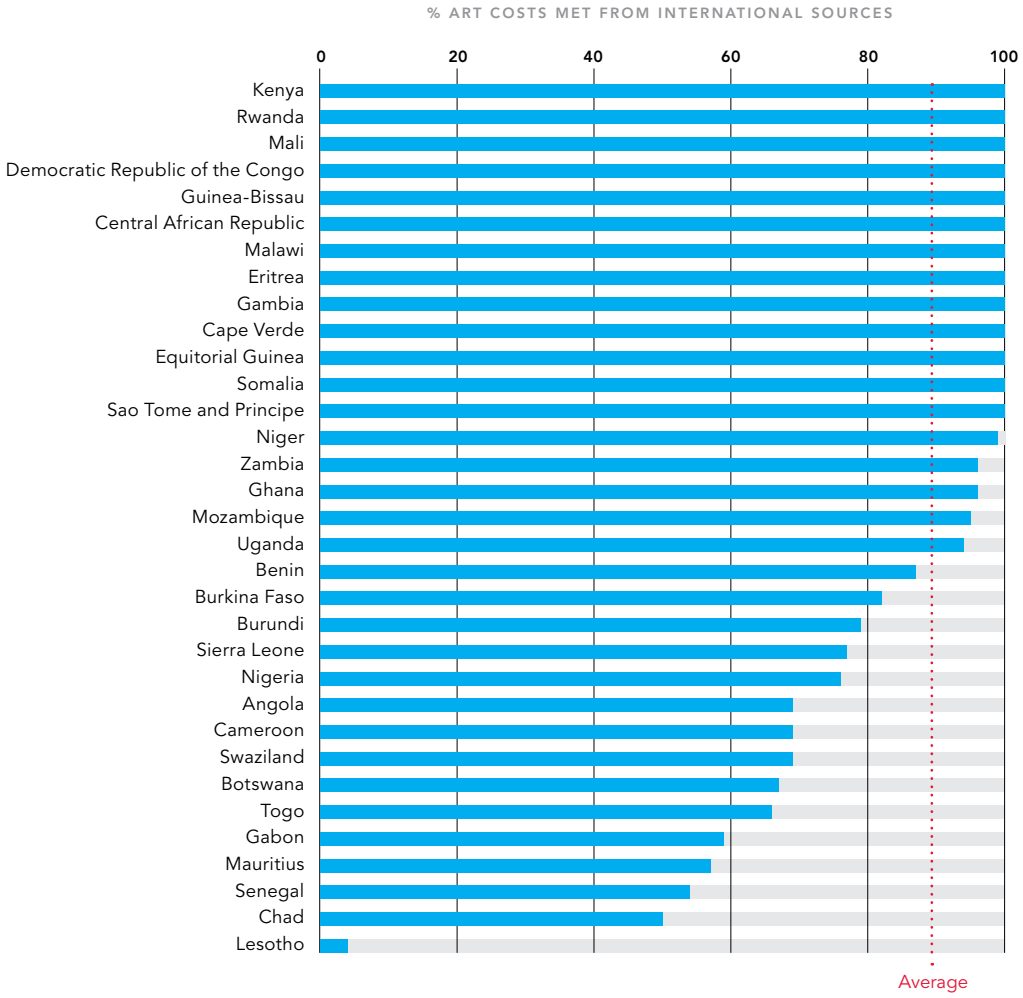
In a changing economic environment, countries that undertake investment risk analysis will be able to better develop sustainable AIDS responses. For the countries that rely entirely on international assistance to meet the cost of AIDS treatment, we know this to be dangerous and could lead to lost lives. The International Monetary Fund forecasts for Brazil, the Russian Federation, India, China and South Africa (BRICS) show that their economies are poised for steady growth in the current year. BRICS engagement in the international and domestic AIDS response can bring a new dimension to the AIDS movement, enhancing south–south cooperation, generating new resources, and fostering new ideas and innovations.

Investments in the AIDS response have delivered results. This is a time to scale up, not scale down. In the coming months UNAIDS will release new data on what countries will need and show that smarter AIDS programmes can reduce costs in the medium and long term.

Potential Domestic Investment in Sub-Saharan Africa



Donor Dependency for ART in Africa



5 AIDS movement as a bridge to further frontiers

The AIDS response has given us the courage to dream big and turn those dreams into a reality. The stigma and discrimination faced by communities at the start of the AIDS epidemic led to a strong confluence of a diverse group of people united by a single cause. The success of this partnership has undoubtedly transformed the lives of millions of people.

The AIDS movement is important to all of us, but it is perceived as less significant to others who espouse different causes. The detractors say that AIDS is taking crucial resources away from their needs. Similarly, often the AIDS movement considers other development causes as secondary. We cannot remain in isolation.

I believe that the AIDS movement can be the bridge where there is space and opportunity for all health and development issues to equitably coexist and prosper. The passion and energy we have brought to saving lives will translate to our partners who seek to end violence against women, who want to give a child an opportunity to go to school, and who seek to reduce diabetes and improve other health conditions.

The AIDS response is and should be an even bigger bridge that connects other movements: maternal and child health, sexual and reproductive health, tuberculosis, gender equality, sexual violence and the response to women's cancer.

"The AIDS response is and should be an even bigger bridge that connects other movements: maternal and child health, sexual and reproductive health, tuberculosis, gender equality, sexual violence and even the response to women's cancer."

In Pampaida, a village in Nigeria, I saw first-hand the benefits of an integrated approach to health and development. There I met Sarah, a young woman who had recently become a mother. Five years ago, few pregnant women from her village would go to a health centre for an antenatal check-up. And for the women who went, most would not return to the centre for further visits. It was common for women to give birth at home, often attended by untrained helpers and with no recourse to health care in the case of an emergency.

The village health worker encouraged Sarah and other women to visit the local health clinic for routine check-ups. Here, trained doctors and nurses provide good-quality health care. The results can be felt by the community—between 2007 and 2009 there were about 240 births at the clinic, a three-fold increase in women who have benefited from maternal child health services that have become available nearer to home. There were four deaths due to pregnancy-related complications, a sharp drop from before the project began. At one of her antenatal check-ups, Sarah found out she was HIV-positive. She was offered treatment and counselling and learned how to prevent her child from becoming infected. Imagine if Sarah had had to attend three or four different clinics to get health care for herself and her child. This clinic is integration in practice and action.

6 Science—the final frontier

Major scientific advancements are needed for simplifying HIV prevention and treatment. In the past few years, scientists and communities working together have produced new methods and products that could help stop new HIV infections. The potential of these breakthroughs are significant—but they are not yet available to the people who need them the most.

New HIV prevention methods

At the Global AIDS Conference in Vienna I was energized by the announcement by the Centre for the AIDS Programme of Research in South Africa (CAPRISA), a UNAIDS collaborating centre, that its vaginal microbicide gel reduced new HIV infections among women by 39%—a landmark breakthrough that gives women a much awaited prevention choice, and one that they can initiate and control themselves.

Towards the end of last year, researchers announced that an antiretroviral drug combination taken daily as prophylaxis, in conjunction with the use of condoms, reduces the risk of HIV infection by an average of 44% for HIV-negative men and transgender women who have sex with men.

Both these advancements are moving to the next stage. I hope these findings are confirmed and the products will be available for use as soon as possible. As antiretroviral treatment programmes expand, they too are providing a prevention dividend as people on treatment are less likely to transmit HIV.

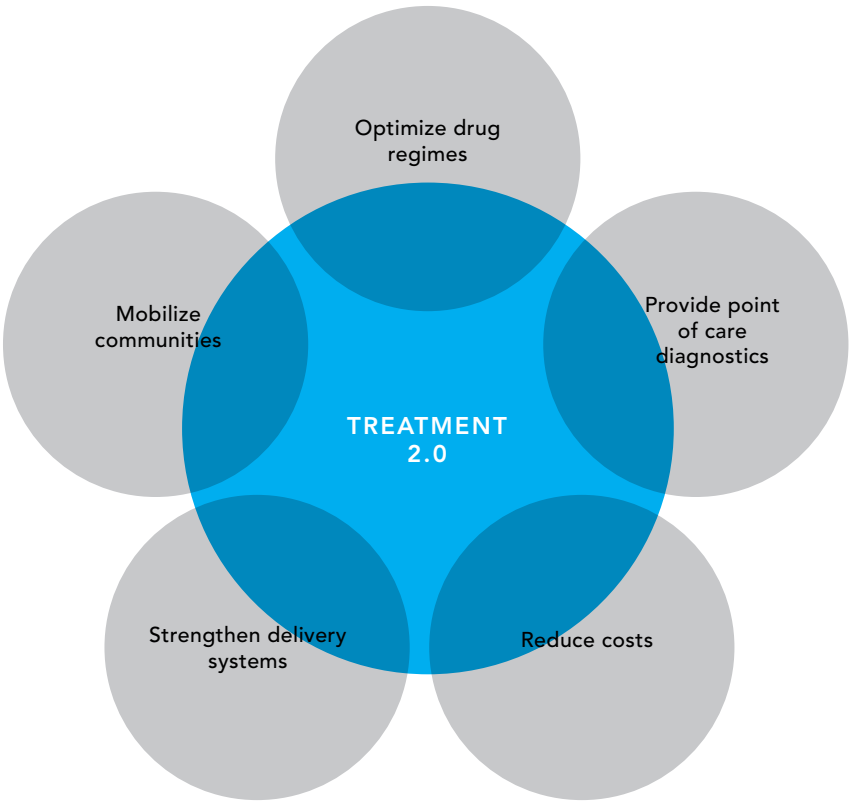
Scaling up male circumcision needed

Heterosexual men can reduce their risk of HIV infection by up to 60% through male circumcision. A review of nine country experiences of scaling up adult male circumcision in Southern and Eastern Africa shows that many of the countries reviewed are gaining valuable experience in introducing this option as part of an HIV prevention packages.

With evidence showing results and progress in simplifying surgical procedures and techniques—much more political leadership is needed to make male circumcision widely available and acceptable in high prevalence countries.

Together we can realize the full dividend of male circumcision in reducing new HIV infections.

The five pillars of Treatment 2.0



AIDS vaccine—for securing the future
An HIV vaccine is a critical missing piece in the stable of prevention options. A large clinical trial in Thailand has shown for the first time that a vaccine against HIV is possible. This has vindicated thousands of scientists and volunteers who have been hoping that a safe and highly effective HIV vaccine is possible. Even if the future vaccine is less than 100% effective—partial protection is most likely—it will help reduce the number of pills that have to be taken by an individual, reduce health-care monitoring needs, and boost the effectiveness of current HIV prevention approaches.

Simplifying HIV treatment and prevention with Treatment 2.0
Looking back over the past decades, one of the most spectacular successes has to be the increase in access to life-saving HIV treatment—13-fold in the past 6 years—largely in sub-Saharan Africa. I worry however, for the future. At current costs, treatment will not be available for all in need. The UNAIDS agenda—Treatment 2.0—charts out the new direction the global community has to take. Smarter and more efficient treatment regimens are needed, as are simple-to-use diagnostics.

This will need us to look beyond the current configuration of drug development, production and supply; broaden private and public partnerships that

Focusing on achieving greater impact

Brazil
Cambodia
Cameroon
China
Democratic Republic of the Congo
Ethiopia
India
Kenya
Malawi
Mozambique
Myanmar
Nigeria
Russian Federation
South Africa
Thailand
Uganda
Ukraine
United Republic of Tanzania
Zambia
Zimbabwe

Intensified joint action in these 20 countries*

WOULD ADDRESS

Over 70% of new global HIV infections

Over 80% of the global gap in ART for eligible adults

Over 75% of the global gap in prevention of vertical transmission

Over 95% of the global burden of HIV-associated TB

Major HIV epidemics driven by injecting drug use

Laws that affect the HIV response, including laws that restrict travel for people living with HIV (14 of these countries have 3 or more such laws)

WOULD BOOST AID EFFECTIVENESS

Enhance the implementation of more than US$ 5.1 billion in active HIV grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria

Leverage funding from the United States President's emergency Plan for AIDS Relief (more than US$ 7.4 billion for 2007–2009)

WOULD ENGAGE

All five BRICS countries (Brazil, Russian Federation, India, China, South Africa)

**These countries meet three of the following five criteria according to independent data sources: (1) >1% of the people newly infected with HIV globally; (2) >1% of the global gap in antiretroviral therapy for adults (CD4 count >350/ml; (3) >1% of the global burden of HIV-associated TB; (4) estimated to have more than 100 000 people who inject drugs and an estimated HIV prevalence among them exceeding 10%; and (5) the presence of laws that impede universal access for marginalized groups, including sex workers; men who have sex with men; transgender people; and people who inject drugs.*

include the south and north; cut out narrow interests; and open the door to new ideas, new insights and deeper understanding. This agenda also has to address the additional HIV-associated health needs of people living with HIV such as cancer, lymphomas, cardiovascular complications and ageing-related diseases.

We have had some good news from the diagnostic front. The World Health Organization has endorsed a new diagnostic test that can diagnose tuberculosis and multidrug-resistant tuberculosis in less than 2 hours, compared with the current standard test that takes up to 3 months. This new rapid diagnostic test could result in a doubling in the diagnosis of people with HIV-associated tuberculosis in areas with high rates of tuberculosis and HIV and a three-fold increase in the diagnosis of people with drug-resistant tuberculosis. In Australia, I saw at the Burnet Institute's HIV laboratory a simple CD4 count tests that costs less than US$ 1 and requires minimal expertise to use.

We have to make the most of what science has to offer today. At the same time we expect science to take the lead in simplifying HIV prevention, treatment, care and support.

"This is our passion, our commitment, our resolve. A few years ago we could only dream of such a day — but today we know we can now make it happen."

THE FUTURE OF AIDS STARTS TODAY

To move ahead on these frontiers, we have a road map. We call it "getting to zero". This is the UNAIDS strategy for 2011–2015 that was agreed by Member States at the UNAIDS Programme Coordinating Board meeting in December 2010. This strategy aims to advance us towards achieving the UNAIDS vision. It is based on three pillars: to revolutionize HIV prevention; to catalyse the next phase of treatment, care and support; and to advance human rights and gender equality.

Yes, AIDS is a global problem, but we can be efficient in channelling our energies.

UNAIDS will provide enhanced support to 21 countries that together account for 70% of new HIV infections, 80% of the global gap for AIDS treatment, 75% of all new HIV infections among babies, and 95% of the global burden of HIV-associated tuberculosis, and where epidemics are primarily concentrated among populations at higher risk of exposure to HIV. A concerted effort in these countries would reshape the face of the global AIDS epidemic.

I began this year by reflecting on what Pope John XXIII said: "Consult not your fears but your hopes and dreams. Think not about your frustrations, but about your unfulfilled potential. Concern yourself not with what you tried and failed in, but what is still possible for you to do."

The year ahead will give us many such opportunities. Let us unite and make this a defining year in the history of AIDS.

I am counting on you and you can count on me.

Best wishes

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