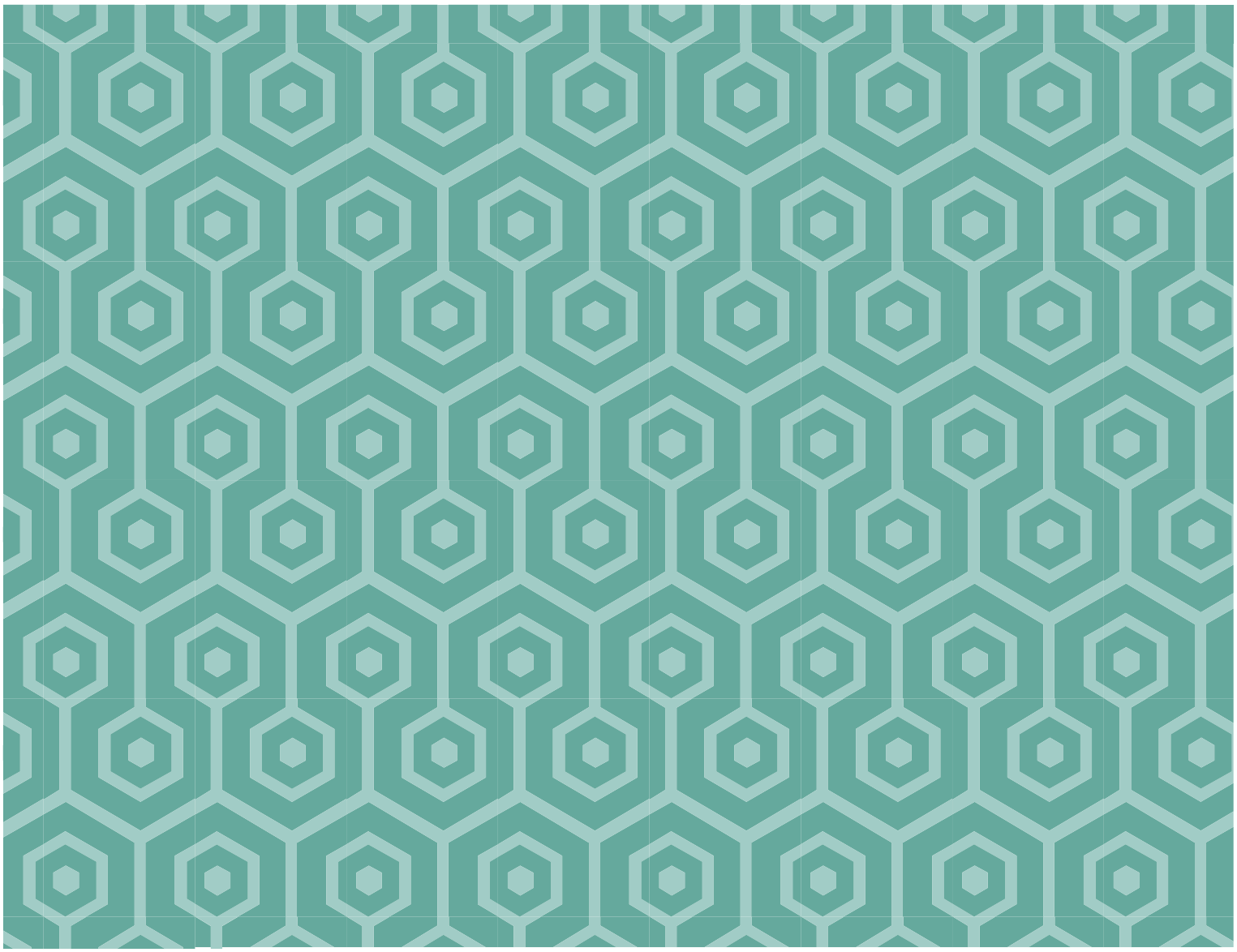
UNAIDS 2016

SNAPSHOT | #HLM2016AIDS

HIV investments



Investments urgently needed to end the AIDS epidemic by 2030

The world has pledged to end the AIDS epidemic as a public health threat by 2030 as part of the Sustainable Development Goals. Such an extraordinary achievement will require extraordinary and urgent efforts. The response will need to be fully funded and investments will need to be front-loaded and will need to focus on the populations and locations in greatest need and where they will have the greatest impact.

Reaching UNAIDS Fast-Track Targets will require a one-third increase in international and domestic investments in HIV programmes in low- and middle-income countries. Resources will need to increase from an estimated US$ 19.2 billion available in 2014 to US$ 26.2 billion by 2020, as well as efficient spending of those resources.[1]

The US$ 7 billion gap between the resources available in 2014 and the resources needed in 2020 must be rapidly filled. The Fast-Track approach requires increasing and front-loading investments during the next few years to establish the momentum required to reduce by 2030 the annual number of people newly infected with HIV globally by nearly 90% compared with 2010 and reduce the annual number of people dying from AIDS-related causes globally by about 79% compared with 2010.

The cost of inaction is staggering. Failure to Fast-Track would mean an additional 17.6 million HIV infections globally and an additional 10.8 million AIDS-related deaths globally between 2016 and 2030. The epidemic will rebound in several low- and middle-income countries, and by 2030 more people will acquire HIV and die from AIDS-related illness than in 2015. Failure to Fast-Track will also undermine efforts to end tuberculosis and to reduce rates of maternal and child mortality, hepatitis C and cervical cancer.

Investment needs by programme area

Approximately one quarter of total investment should be focused on preventing new HIV infections. These prevention investments—including condom promotion, prevention of mother-to-child transmission of HIV, pre-exposure prophylaxis (antiretroviral medicines used to prevent HIV), voluntary medical male circumcision and a contribution towards services for key populations—need to increase from US$ 4.5 billion in 2016 to US$ 7.3 billion in 2020.

The resources needed to achieve the 90–90–90 treatment target[2] in low- and middle-income countries by 2020 will peak in 2017 at US$ 19.3 billion, or 73% of the total investment needs for the year. The resources needed for HIV testing and treatment then decline to US$ 17.6 billion in 2020, or 67% of the total resources needed, as projected reductions in the cost of antiretroviral therapy are achieved.

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Unlike HIV treatment, future resource needs for HIV prevention continue to increase for some years past 2020 as the sizes of key populations continue to increase.

Greater investment in civil society and community-based service delivery is critical to the Fast-Track approach. Services for key populations in low- and middle-income countries for HIV prevention and linkage to HIV testing and treatment should grow to about 7.2% of total investment by 2020, and the estimated resources needed for community-based delivery of antiretroviral therapy should grow to about 3.8% of total investment.

By 2020, investment in community mobilization should increase three-fold to 3% of total resources in low- and middle-income countries. Social enablers—including advocacy, political mobilization, law and policy reform, human rights, public communication and stigma reduction—should reach 6% of total expenditure by 2020.

UNAIDS estimates for investment in HIV programmes in low- and middle-income countries, from 2016 to 2020, also include a portion of the US$ 13 billion required for the 2017–2019 replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

A shared responsibility

Ending the AIDS epidemic is a shared responsibility, requiring increases in both international and domestic investment in the AIDS responses of low- and middle-income countries. It is essential there is a global commitment to this shared responsibility and that the resources required to reach Fast-Track Targets are urgently mobilized.

There is a US$ 7 billion gap between the resources available in 2014 and the resources needed in 2020.

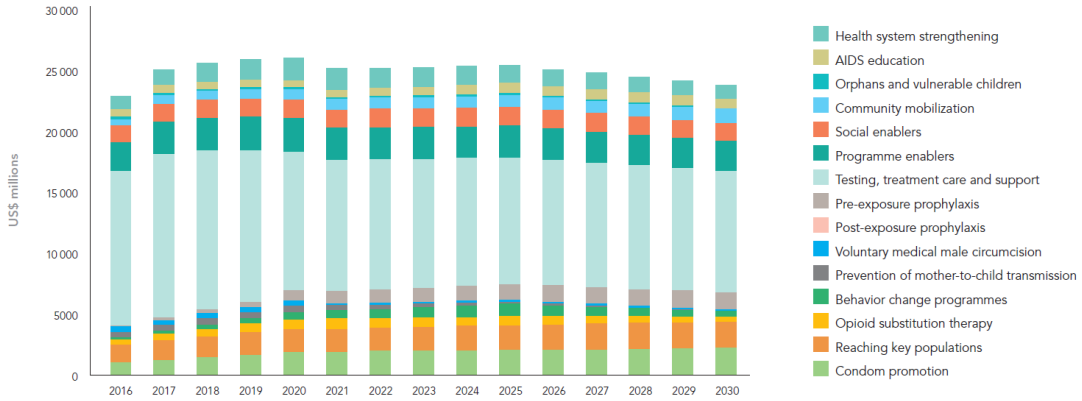
Domestic investment, which nearly tripled from 2006 to 2014, now accounts for nearly 60% of all resources for HIV in low- and middle-income countries. International assistance should continue to focus on countries with a low ability to pay, countries with high HIV prevalence and large numbers of people living with HIV, and countries that have recently transitioned into a higher income level.

Maximizing scarce resources

A Fast-Track approach requires more than additional resources. Fast-Track is a comprehensive approach of health systems working in close collaboration with civil society to deliver evidence-informed, high-impact services within an enabling environment that protects people's rights and advances progress towards achieving zero discrimination

Fast-Track is guided at the national level and realized at the local level. It requires cities, towns and communities to take charge of their HIV responses by analysing the nature of their epidemics and then using a location–population approach to focus their resources on the geographical areas and among the populations in greatest need. Community-based service delivery models are required to reach key populations, such as sex workers, people who inject drugs, transgender people, and gay men and other men who have sex with men. Particular focus is required on the 35 countries that account for 90% of the people newly infected with HIV.

Total investment needs, HIV responses of low- and middle-income countries, 2016-2030 (in millions of US dollars)



[1] UNAIDS resource needs estimates are limited to the HIV programme costs of low- and middle-income countries. They do not include resources required for the HIV programmes of high-income countries or the substantial resources needed globally for research and development of an HIV vaccine, new antiretroviral regimens and other medicines, HIV prevention tools and other innovations.

[2] By 2020, 90% of people (children, adolescents and adults) living with HIV know their status, 90% of people living with HIV who know their status are receiving treatment and 90% of people on treatment have suppressed viral loads.

KEY FACTS*

US$ 19.2 billion

Estimated resources available for the AIDS response in low- and middle-income countries in 2014.

US$ 26.2 billion

Estimated resources needed for the AIDS response in low- and middle-income countries by 2020 to achieve the UNAIDS Fast-Track Targets.

US$ 19.3 billion

Peak in investments needed (in 2017) to achieve the 90–90–90 treatment targets.

US$ 7.3 billion

Investments needed for HIV prevention in low- and middle-income countries by 2020.

57%

Percentage of total investment in the AIDS responses of low- and middle-income countries that came from domestic sources in 2014.

3%

Percentage of total investment that needs to be spent on community mobilization in low- and middle-income countries by 2020.

*All investment estimates were calculated in 2016 using early 2015 programme data.
For more details please refer to the UNAIDS publication, *Fast-Track update on investments needed in the AIDS reponse.*

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