

PRESS RELEASE

Nearly 50% of people who are eligible for antiretroviral therapy now have access to lifesaving treatment

Substantial scale up, even during the financial crisis, highlights country driven commitments—new investment framework will help countries save more lives and money

BERLIN/GENEVA, 21 November 2011—A new report by the Joint United Nations Programme on HIV/AIDS (UNAIDS), released today shows that 2011 was a game changing year for the AIDS response with unprecedented progress in science, political leadership and results. The report also shows that new HIV infections and AIDS-related deaths have fallen to the lowest levels since the peak of the epidemic. New HIV infections were reduced by 21% since 1997, and deaths from AIDS-related illnesses decreased by 21% since 2005.

“Even in a very difficult financial crisis, countries are delivering results in the AIDS response.” said Michel Sidibé, Executive Director of UNAIDS. “We have seen a massive scale up in access to HIV treatment which has had a dramatic effect on the lives of people everywhere.”

According to UNAIDS and WHO estimates, 47% (6.6 million) of the estimated 14.2 million people eligible for treatment in low- and middle-income countries were accessing lifesaving antiretroviral therapy in 2010, an increase of 1.35 million since 2009. The 2011 UNAIDS *World AIDS Day report* also highlights that there are early signs that HIV treatment is having a significant impact on reducing the number of new HIV infections.

In Botswana, patterns in sexual behaviour have remained relatively stable since 2000. The country scaled up access to treatment from less than 5% in 2000 to over 80% which it has maintained since 2009. The annual number of new HIV infections has declined by over two thirds since the late nineties and data suggests that the number of new HIV infections in Botswana is 30% to 50% lower today than it would have been in the absence of antiretroviral therapy. As treatment reduces the viral load of a person living with HIV to virtually undetectable levels, it also reduces the risk of transmitting the virus to an uninfected partner. Recent studies show that treatment can be up to 96% effective in preventing HIV transmission among couples.

At the end of 2010 an estimated:

34 million [31.6 million – 35.2 million] people globally living with HIV

2.7 million [2.4 million – 2.9 million] new HIV infections in 2010

1.8 million [1.6 million – 1.9 million] people died of AIDS-related illnesses in 2010

Treatment has averted 2.5 million deaths since 1995

People living with HIV are living longer and AIDS-related deaths are declining due to the lifesaving effects of antiretroviral therapy. Globally there were an estimated 34 million people [31.6 million – 35.2 million] living with HIV in 2010, and since 2005, AIDS-related deaths

[Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths.](#)

decreased from 2.2 million [2.1 million – 2.5 million] to 1.8 million [1.6 million – 1.9 million] in 2010. Around 2.5 million deaths are estimated to have been averted in low- and middle-income countries due to increased access to HIV treatment since 1995.

Progress in HIV prevention

New HIV infections have been significantly reduced or have stabilized in most parts of the world. In sub-Saharan Africa the number of new HIV infections has dropped by more than 26%, from the height of the epidemic in 1997, led by a one third drop in South Africa, the country with the largest number of new HIV infections in the world.

In the Caribbean, new HIV infections were reduced by a third from 2001 levels—and by more than 25% in Dominican Republic and Jamaica. Similarly the number of new HIV infections in South and South-East Asia dropped by more than 40% between 1996 and 2010. In India new HIV infections fell by 56%.

However, the number of new HIV infections continues to rise in Eastern Europe and Central Asia, Oceania and Middle-East and North Africa, while it has remained stable in other regions of the world.

Declines in new HIV infections are also being spurred by changes in sexual behaviour, particularly in young people, as people reduce their numbers of sexual partners, increase condom use and are waiting longer before becoming sexually active. HIV prevalence declined among young people in at least 21 of 24 countries with national HIV prevalence of 1% or higher. Five additional countries, Burkina Faso, Congo, Ghana, Nigeria, and Togo have seen HIV prevalence decline by more than 25% between 2001 and 2010 among young people.

The rate of new HIV infections in urban Zimbabwe fell from almost 6% in 1991 to less than 1% in 2010. Without changes in behaviour, studies estimate that there would have been an additional 35 000 new infections annually.

The report highlights that an increase in uptake of male circumcision is also starting to contribute to declines in new HIV infections. Studies show that 2000 new HIV infections were averted among men in Kenya's Nyanza province after scale up of voluntary male circumcision. Estimates in the report highlight that circumcising 20 million more men across Eastern and Southern Africa would avert around 3.4 million new HIV infections by 2015.

Around 400 000 new HIV infections in children are estimated to have been averted since 1995 due to increased access to effective antiretroviral regimens in low- and middle income countries by 2010, almost half (48%) of all pregnant women living with HIV were able to access effective regimens to prevent their child from becoming infected with the virus.

Smarter investments to deliver a better package

UNAIDS has mapped a new framework for AIDS investments which are focused on high-impact, evidence-based, high-value strategies.

"The investment framework is community driven not commodity driven. It puts people at the centre of the approach, not the virus," said Mr Sidibé.

This new strategic approach to investments would achieve extraordinary results; at least 12.2 million new HIV infections would be averted, including 1.9 million among children between 2011 and 2020; and 7.4 million AIDS-related deaths would be averted between 2011 and 2020.

The framework is based on six essential programme activities: focused interventions for key populations at higher risk (particularly sex workers and their clients, men who have sex with men, and people who inject drugs); prevention of new HIV infections in children; behaviour change programmes; condom promotion and distribution; treatment, care and support for people living with HIV; and voluntary medical male circumcision in countries with high HIV prevalence.

For the framework to be effective, programme activities must recognise critical enablers, such as reducing stigma, respect for human rights, creating a protective legal environment and capacity building for community based organizations, which are crucial to overcoming the barriers to successful programme outcomes.

Using the framework to achieve universal access to HIV prevention, treatment, care and support by 2015 requires a scaling up of funding to US\$ 22-24 billion in 2015, in line with the targets in the 2011 United Nations Political Declaration on HIV/AIDS. If full implementation of the new framework is achieved in the next four years, global resource needs would peak in 2015 and decline gradually thereafter; making the AIDS response an excellent investment opportunity where returns will offset the upfront cost in less than one generation.

At the end of 2010 around US\$ 15 billion was available for the AIDS response in low- and middle-income countries. Donor funding has been reduced by 10% from US\$ 7.6 billion in 2009 to US\$ 6.9 billion in 2010. In a difficult economic climate the future of AIDS resourcing depends on smart investments.

To rapidly reduce new HIV infections and to save lives, the 2011 UNAIDS *World AIDS Day* report underscores that shared responsibility is needed.

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UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative United Nations partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. Learn more at unaids.org.