AIDS SCORECARDS

OVERVIEW: UNAIDS REPORT ON THE GLOBAL AIDS EPIDEMIC | 2010

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AIDS SCORECARDS

OVERVIEW: UNAIDS REPORT ON THE GLOBAL AIDS EPIDEMIC | 2010

UNAIDS VISION

ZERO NEW HIV INFECTIONS.

ZERO DISCRIMINATION.

ZERO AIDS-RELATED DEATHS.

FOREWORD

"No child should be born with HIV; no child should be an orphan because of HIV; no child should die due to lack of access to treatment," urged Ebube Sylvia Taylor, an eleven year old born free of HIV, to world leaders gathered in New York to share progress made towards achieving the Millennium Development Goals by 2015.

We have halted and begun to reverse the epidemic. Fewer people are becoming infected with HIV and fewer people are dying from AIDS.

We must be proud of these successes and the potential of our shared future—breakthroughs in a prevention revolution are at hand with a new microbicide gel holding promise for a whole generation of women who will be able to initiate usage and take control of their ability to stop HIV. Political breakthroughs will be achieved as more countries abolish discriminatory practices led by voices of a new law commission, and Treatment 2.0—a breakthrough that could save an additional 10 million lives.

However we are not yet in a position to say "mission accomplished".

Growth in investment for the AIDS response flattened for the first time in 2009. Demand is outstripping supply. Stigma, discrimination, and bad laws continue to place roadblocks for people living with HIV and people on the margins.

To fulfill Ebube's hope, we must break the trajectory of the AIDS epidemic by redoubling our efforts to ensure countries meet their goals towards universal access to HIV prevention, treatment, care and support. We must leverage the growing integration of AIDS with maternal and child health and all of our Millennium Development Goals.

We know that there are solutions. We know that there is political and societal will to bring change. The real challenge is following through. This new fourth decade of the epidemic should be one of moving towards efficient, focused and scaled-up programmes to accelerate progress for Results. Results. Results.

Michel Sidibé
UNAIDS Executive Director
Under Secretary-General of the United Nations

INTRODUCTION

On the cusp of the fourth decade of the AIDS epidemic, the world has turned the corner—it has halted and begun to reverse the spread of HIV (Millennium Development Goal 6.A). The question remains how quickly the response can chart a new course towards zero new infections, zero discrimination and zero AIDS-related deaths through universal access to effective HIV prevention, treatment, care and support.

Since 1999, the year in which it is thought that the epidemic peaked, globally, the number of new infections has fallen by 19% (Figure 1.1). Of the estimated 15 million people living with HIV in low- and middle-income countries who need treatment today, 5.2 million have access—translating into fewer AIDS-related deaths (Figure 1.2). For the estimated 33.3 million people living with HIV after nearly 30 years into a very complex epidemic, the gains are real but still fragile. Future progress will depend heavily on the joint efforts of everyone involved in the HIV response (Table 1.1).

At a time of financial constraint, good investments are more important than ever. The evidence supporting increased investment in the HIV response has never been clearer or more compelling. New data from 182 countries, along with extensive input from civil society and other sources, clearly show that steady progress is being made towards achieving universal access to HIV prevention, treatment, care and support. HIV prevention is working. Treatment is working. Social welfare programmes are reaching orphans and vulnerable children.

Increasing evidence also definitively demonstrates that investments in the HIV response can lead to clear reductions in discrimination and stigma, help people in accessing information and services to reduce their risk of HIV infection, and deliver the treatment, care, and support that will extend and improve the lives of people living with HIV.

Table 1.1

Regional HIV and AIDS statistics, 2009 and 2001

Regional figures on adults and children newly infected and living with HIV and AIDS-related deaths

Source: UNAIDS.

		Adults and children living with HIV	Adults and children newly infected with HIV	% Adult prevalence (15–49 years)	AIDS-related deaths among adults and children
SUB-SAHARAN AFRICA	2009	22.5 million [20.9–24.2 million]	1.8 million [1.6–2.0 million]	5.0 [4.7–5.2]	1.3 million [1.1–1.5 million]
	2001	20.3 million [18.9–21.7 million]	2.2 million [1.9–2.4 million]	5.9 [5.6–6.1]	1.4 million [1.2–1.6 million]
MIDDLE EAST AND NORTH AFRICA	2009	460 000 [400 000–530 000]	75 000 [61 000–92 000]	0.2 [0.2–0.3]	24 000 [20 000–27 000]
	2001	180 000 [150 000–210 000]	36 000 [32 000–42 000]	0.1 [0.1–0.1]	8300 [6300–11 000]
SOUTH AND SOUTH-EAST ASIA	2009	4.1 million [3.7–4.6 million]	270 000 [240 000–320 000]	0.3 [0.3–0.3]	260 000 [230 000–300 000]
	2001	3.8 million [3.5–4.2 million]	380 000 [350 000–430 000]	0.4 [0.3–0.4]	230 000 [210 000–280 000]
EAST ASIA	2009	770 000 [560 000–1.0 million]	82 000 [48 000–140 000]	0.1 [0.1–0.1]	36 000 [25 000–50 000]
	2001	350 000 [250 000–480 000]	64 000 [47 000–88 000]	<0.1 [<0.1–<0.1]	15 000 [9400–28 000]
OCEANIA	2009	57 000 [50 000–64 000]	4500 [3400–6000]	0.3 [0.2–0.3]	1400 [<1000–2400]
	2001	29 000 [23 000–35 000]	4700 [3800–5600]	0.2 [0.1–0.2]	<1000 [<500–1100]
CENTRAL AND SOUTH AMERICA	2009	1.4 million [1.2–1.6 million]	92 000 [70 000–120 000]	0.5 [0.4–0.6]	58 000 [43 000–70 000]
	2001	1.1 million [1.0–1.3 million]	99 000 [85 000–120 000]	0.5 [0.4–0.5]	53 000 [44 000–65 000]

		Adults and children living with HIV	Adults and children newly infected with HIV	% Adult prevalence (15–49 years)	AIDS-related deaths among adults and children
CARIBBEAN	2009	240 000 [220 000–270 000]	17 000 [13 000–21 000]	1.0 [0.9–1.1]	12 000 [8500–15 000]
	2001	240 000 [210 000–270 000]	20 000 [17 000–23 000]	1.1 [1.0–1.2]	19 000 [16 000–23 000]
EASTERN EUROPE AND CENTRAL ASIA	2009	1.4 million [1.3–1.6 million]	130 000 [110 000–160 000]	0.8 [0.7–0.9]	76 000 [60 000–95 000]
	2001	760 000 [670 000–890 000]	240 000 [210 000–300 000]	0.4 [0.4–0.5]	18 000 [14 000–23 000]
WESTERN AND CENTRAL EUROPE	2009	820 000 [720 000–910 000]	31 000 [23 000–40 000]	0.2 [0.2–0.2]	8500 [6800–19 000]
	2001	630 000 [570 000–700 000]	31 000 [27 000–35 000]	0.2 [0.2–0.2]	7300 [5700–11 000]
NORTH AMERICA	2009	1.5 million [1.2–2.0 million]	70 000 [44 000–130 000]	0.5 [0.4–0.7]	26 000 [22 000–44 000]
	2001	1.2 million [960 000–1.4 million]	66 000 [54 000–81 000]	0.4 [0.4–0.5]	30 000 [26 000–35 000]
TOTAL	2009	33.3 million [31.4–35.3 million]	2.6 million [2.3–2.8 million]	0.8 [0.7–0.8]	1.8 million [1.6–2.1 million]
	2001	28.6 million [27.1–30.3 million]	3.1 million [2.9–3.4 million]	0.8 [0.7–0.8]	1.8 million [1.6–2.0 million]

This report revises the estimate of the number of people living with HIV in 2008 of 33.4 million [31.1 million–35.8 million] published in *AIDS epidemic update: November 2009*, to 32.8 million [30.9 million–34.7 million], which is within the uncertainty range of the previous estimate. This revision is based on additional data becoming available for many countries, including data from population-based surveys such as in Mozambique.

AIDS epidemic update: November 2009 included Mexico in Latin America. This report includes Mexico in North America and categorizes the rest of Latin America as Central and South America. This report presents trend analysis based on the new definition of these regions.

» **More than 5 million people are now receiving HIV treatment**

In 2009 alone, 1.2 million people received HIV antiretroviral therapy for the first time—an increase in the number of people receiving treatment of 30% in a single year. Overall, the number of people receiving therapy has grown 13-fold, to 5.2 million people in low- and middle-income countries, since 2004. Expanding access to treatment has contributed to a 19% decline in deaths among people living with HIV between 2004 and 2009 (Figure 1.3). This success is just the beginning: 10 million people living with HIV who are eligible for treatment under the new WHO guidelines are still in need.

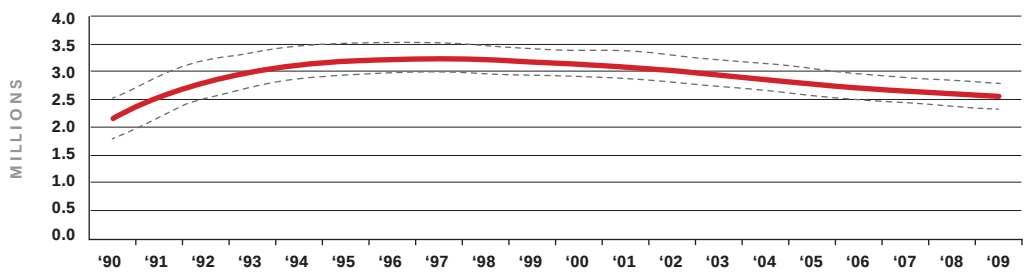
Efforts are now underway for Treatment 2.0, a new approach to simplify the way HIV treatment is currently provided and to scale up access to life-saving medicines. Using a combination of efforts, this new approach could bring down treatment costs, make treatment regimens simpler and smarter, reduce the burden on health systems, and improve the quality of life for people living with HIV and their families. Modelling suggests that, compared with current treatment approaches, Treatment 2.0 could avert an additional 10 million deaths by 2025.

In addition, the new platform could reduce the number of people newly infected with HIV by up to 1 million annually if countries provide antiretroviral therapy to all people in need, following revised WHO treatment guidelines.

Figure 1.1

Number of people newly infected with HIV

Source: UNAIDS.



Note about Figures:
Dotted lines in figures represent ranges, solid lines represent the best estimate.

Figure 1.2

Global HIV trends, 1990 to 2009

Source: UNAIDS.

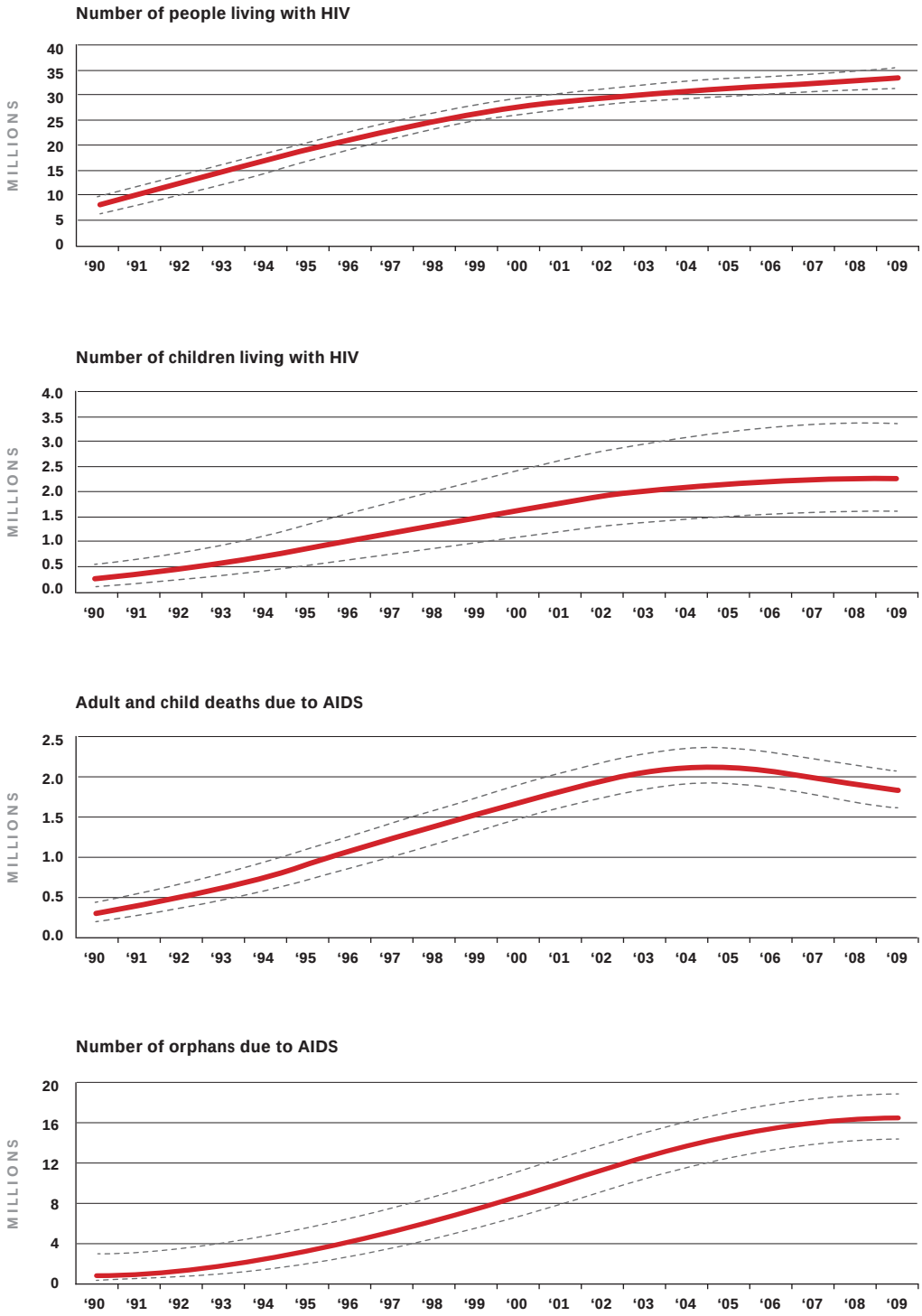
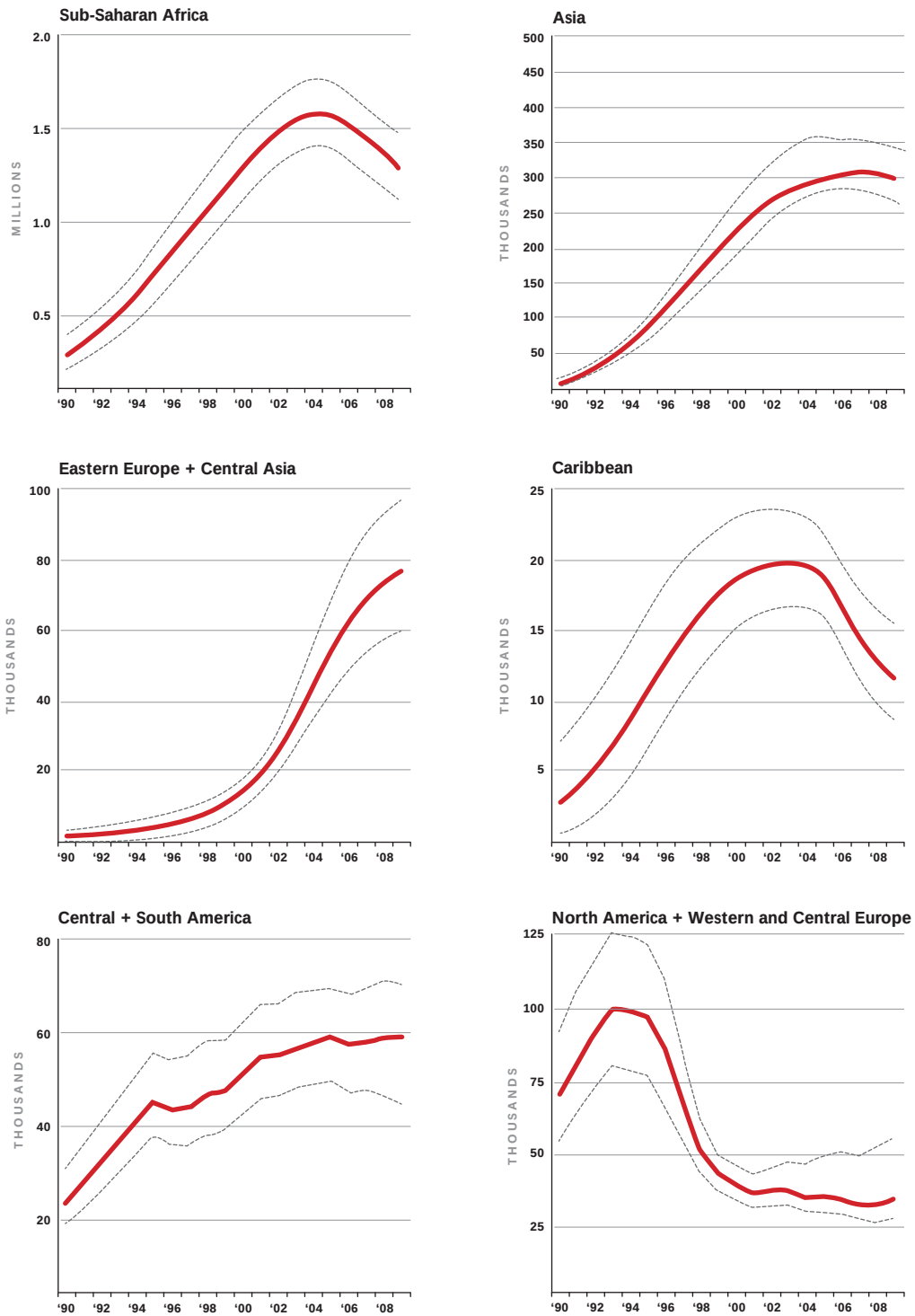


Figure 1.3

Annual AIDS-related deaths by region, 1990 to 2009

Source: UNAIDS.



HIV prevention works—new HIV infections are declining in many countries most affected by the HIV epidemic

In 33 countries, HIV incidence has fallen by more than 25% between 2001 and 2009. Twenty-two of these countries are in sub-Saharan Africa. The biggest epidemics in sub-Saharan Africa—Ethiopia, Nigeria, South Africa, Zambia, and Zimbabwe—have either stabilized or are showing signs of decline.

Several regions and countries do not fit the overall trend. In seven countries, five of them in Eastern Europe and Central Asia, HIV incidence increased by more than 25% between 2001 and 2009.

These figures demonstrate that positive behaviour change can alter the course of the epidemic—while stigma and discrimination, lack of access to services and bad laws can make epidemics worse. In both cases, the effects are often profound.

Among young people in 15 of the most severely affected countries, HIV prevalence has fallen by more than 25% as these young people have adopted safer sexual practices. Similar to treatment access, the room for continued improvement on this success is great. Young people's knowledge about HIV is increasing but needs to grow further.

Virtual elimination of mother-to-child transmission of HIV is possible

In 2009, an estimated 370 000 children [220 000–520 000] contracted HIV during the perinatal and breastfeeding period, down from 500 000 [320 000–670 000] in 2001.

Although this is a significant reduction, HIV continues to weigh heavily on maternal and child mortality in some countries. But in South Africa, which achieved almost 90% coverage of treatment to prevent mother-to-child transmission of HIV, transmission to infants has been drastically reduced. In many communities, countries and regions of the world, however, access to services to halt mother-to-child transmission needs to be scaled up.

In 2009, UNAIDS called for the virtual elimination of mother-to-child transmission of HIV by 2015 (Figure 1.4). In the 10 most severely affected countries, this is a realistic aim and can be achieved with significantly increased action to implement proven strategies to eliminate HIV transmission to young people.

25%

HIV incidence has fallen more than 25% between 2001 and 2009 in 33 countries.

Women and girls need support

Slightly more than half of all people living with HIV are women and girls. In sub-Saharan Africa, more women than men are living with HIV, and young women aged 15–24 years are as much as eight times more likely than men to be HIV positive. Protecting women and girls from HIV means protecting against gender-based violence and promoting economic independence from older men.

Human rights are increasingly a part of national strategies

Human rights are no longer considered peripheral to the AIDS response. Today, the vast majority of countries (89%) explicitly acknowledge or address human rights in their national AIDS strategies, with 92% of countries reporting that they have programmes in place to reduce HIV-related stigma and discrimination.

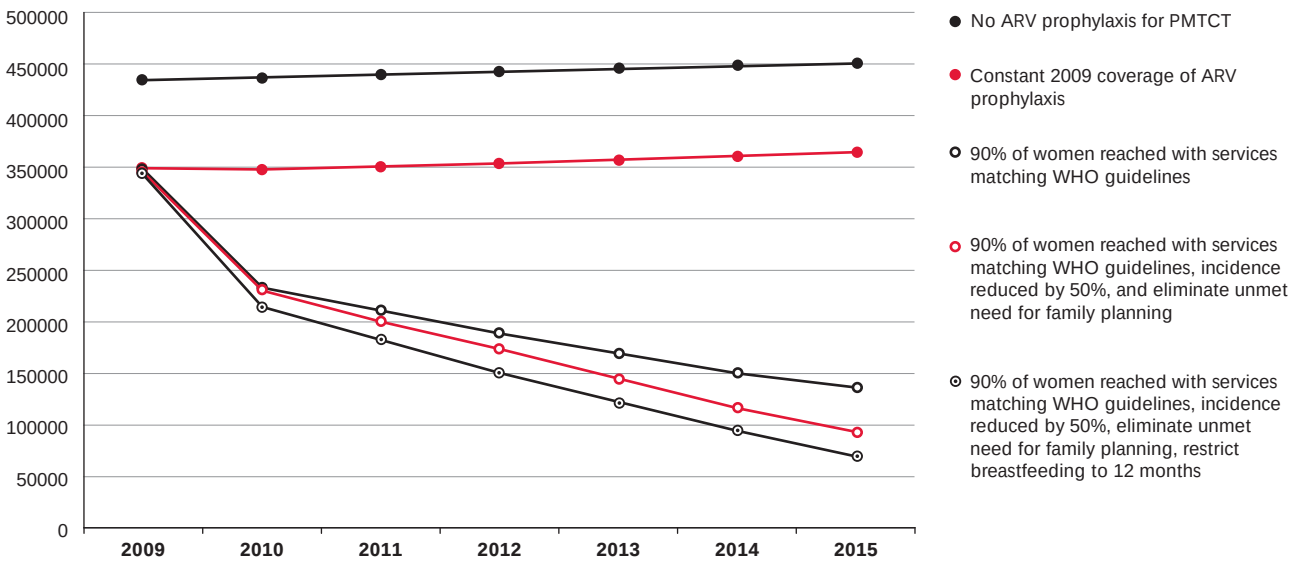
At the same time, however, criminalization of people living with HIV still presents significant challenges to the AIDS response. More than 80 countries across the world have laws against same-sex behaviour, and the free travel of people living with HIV is restricted in 51 countries, territories and areas. Such laws are not only discriminatory and unjust—they also drive HIV underground and inhibit efforts to expand access to life-saving HIV prevention, treatment, care and support.

Figure 1.4

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.



Financing the response is a shared responsibility

Increasingly, countries with heavy HIV burdens are assuming their responsibilities to resource the response to the degree that their means permit. Domestic expenditure is the largest source of HIV financing globally today, accounting for 52% of resources for the HIV response in low- and middle-income countries. Improving financing for the global response will require ongoing efforts to mobilize domestic resources among countries that appear to be under-investing in the HIV response, increasing the efficient use of funds for HIV and related other health and development programmes, and increasing external aid in a global environment of constrained resources.

A fragile progress

Despite extensive progress against a number of indicators on the global scale, many countries will fail to achieve Millennium Development Goal 6: halting and reversing the spread of HIV (Figure 1.5 and Figure 1.6).

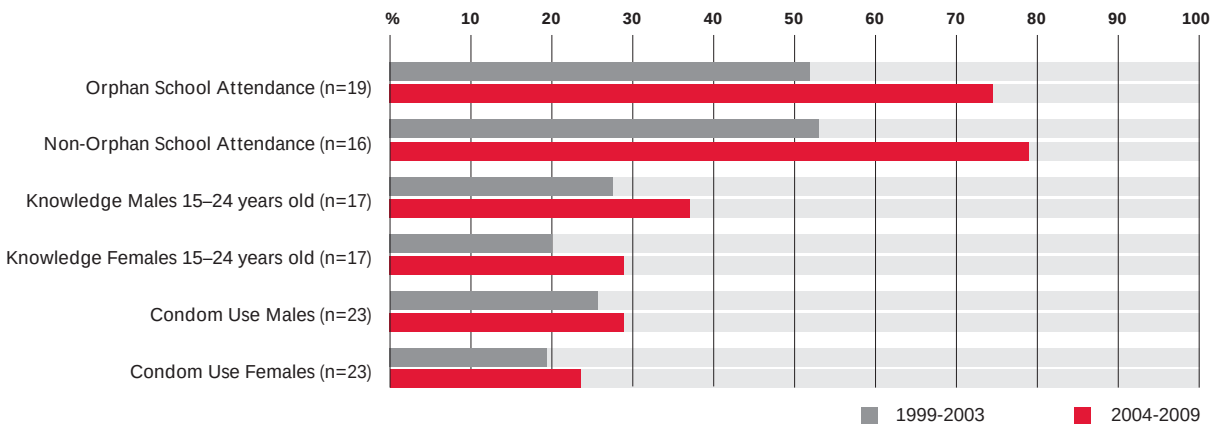
Having more than five million people receiving treatment is a major public health achievement—but still represents only 36% of the people who need HIV therapy now, according to WHO guidelines issued in early 2010. Reaching the two thirds of people who need treatment but are not yet receiving it and financing this expansion in access to HIV therapy will require a continued and expanded global commitment to providing quality HIV care for all.

Figure 1.5

Millennium Development Goal 6 indicators

Population-adjusted averages for indicators for Millennium Development Goal target 6.A (halt and begin to reverse the spread of HIV/AIDS), 1999–2003 and 2004–2009.

Source: DHS and UN Population Statistics.



Knowledge of the epidemic and how to prevent HIV infection has increased among young people aged 15–24 years—people frequently at the highest risk for infection. Six countries have achieved greater than 80% condom use at last higher-risk sex among males, and two countries have achieved this high level of condom use among females (see the HIV prevention scorecard).

Young people still lack knowledge and, importantly, often lack the tools they need to practice HIV risk-reduction strategies, however. Many people still lack ready access to condoms and lubrication, and people who inject drugs also lack sufficient access to sterile needles.

Figure 1.6

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.

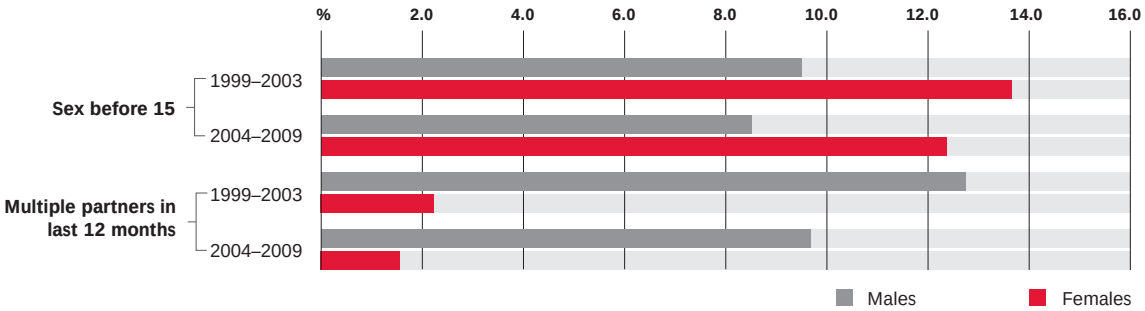
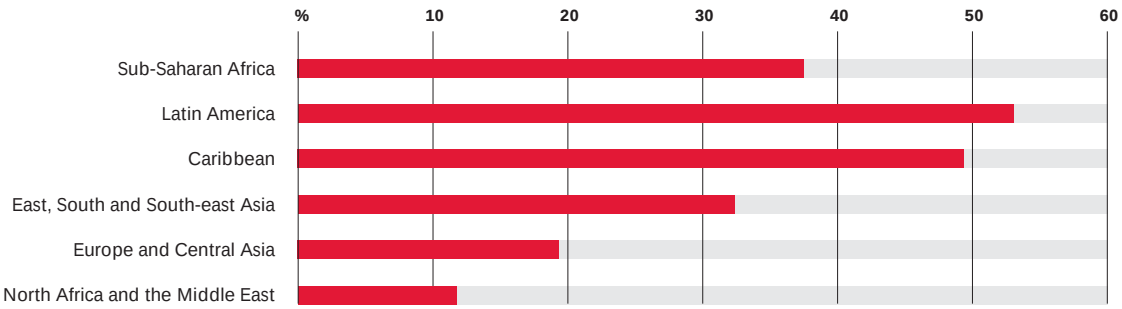


Figure 1.7

Treatment coverage in low- and middle-income countries

Population-adjusted averages for treatment coverage in low- and middle-income countries by geographical region in 2009 based on 2010 WHO guidelines: Millennium Development Goal target 6.B (achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it). The regional figure for North America is not shown because of lack of data.

Source: WHO Towards Universal Access 2010.



A new vision

Fulfilling the UNAIDS vision of zero new infections will require a hard look at the societal structures, beliefs and value systems that present obstacles to effective HIV prevention efforts. Poverty, gender inequity, inequity in health and the education system, discrimination against marginalized people, and unequal resource pathways all affect—and often slow—the HIV response.

In a world that has had to learn to live with an evolving and seemingly unstoppable epidemic over the course of three decades, UNAIDS' vision of zero new infections, zero discrimination and zero AIDS-related deaths poses a challenge. But it is not a hopeless challenge. The vision of eliminating the toll that HIV imposes on human life can be made real using the knowledge and resources available today. Planners, programme administrators and implementers must make a sustained and dedicated effort to use the best social and scientific knowledge available. Strengthened programming using the latest knowledge and best practices to deliver effective prevention, treatment and care services to people in need, or at risk, is highly effective.

Building social coalitions to reduce vulnerability to HIV infection supports individuals and strengthens communities. Safeguarding the health of mothers and infants and optimizing infant feeding provides a strong basis for the growth of new generations. Investing in health care and social support systems, working to eliminate violence against women and girls and promote gender equality and working to end stigma and discrimination against people living with HIV and members of other marginalized groups help to provide social environments that are effective against the spread of HIV and promote more general mental and physical well-being. And in providing HIV-specific services with an awareness of other health and social issues and forging appropriate linkages, the response to HIV can make an important contribution to global health.

The Millennium Development Goals are intertwined. Without achieving substantive progress towards the HIV-specific Goal 6, few other Goals are likely to be reached; likewise, without integration and significant progress towards most other Goals being made, Goal 6 will probably not be achieved.

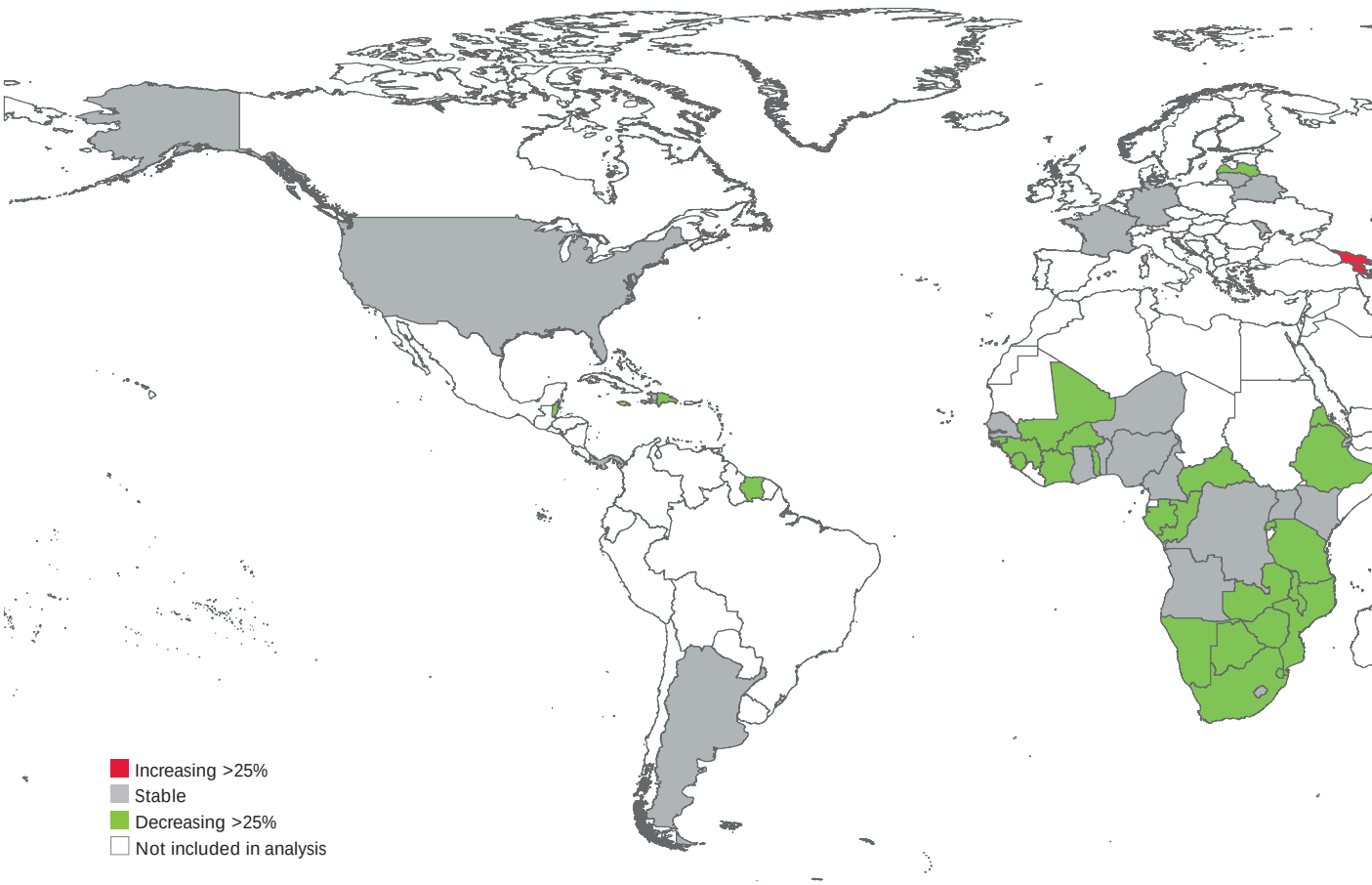
Stopping infections, saving lives and improving the quality of life of people living with HIV have always been at the heart of the global AIDS response. The successes and continuing challenges described in this report should serve as catalysts for continued action. ■

AIDS SCORECARDS

AIDS scorecards provide a quick overview of the progress made by United Nations Member States in the global AIDS response. They provide a snapshot of achievements, failures and obstacles in achieving universal access to HIV prevention, treatment, care and support.

SCORECARD: INCIDENCE

Changes in the incidence rate of HIV infection, 2001 to 2009, selected countries



Increasing >25%

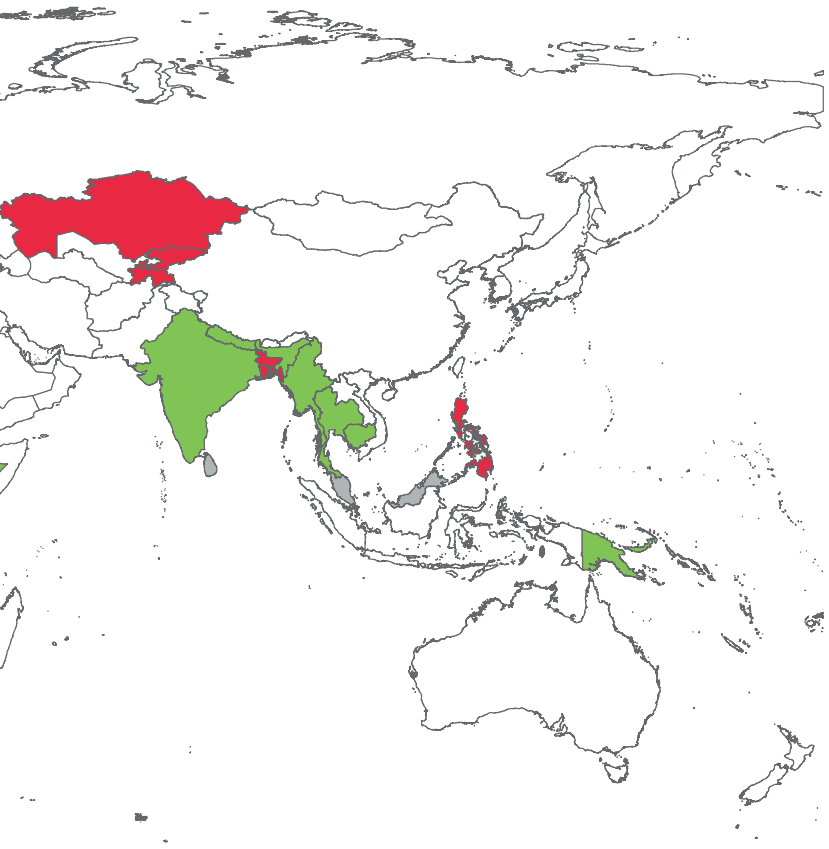
Armenia
Bangladesh
Georgia
Kazakhstan
Kyrgyzstan
Philippines
Tajikistan

Stable

Angola
Argentina
Belarus
Benin
Cameroon
Democratic Republic of the Congo
Djibouti
France
Germany
Ghana
Haiti
Kenya
Lesotho
Lithuania
Malaysia
Niger
Nigeria
Panama
Republic of Moldova
Senegal
Sri Lanka
Uganda
United States of America

Decreasing >25%

Belize
Botswana
Burkina Faso
Cambodia
Central African Republic
Congo
Côte d'Ivoire
Dominican Republic
Eritrea
Ethiopia
Gabon
Guinea
Guinea-Bissau
India
Jamaica
Latvia
Malawi
Mali
Mozambique
Myanmar
Namibia
Nepal
Papua New Guinea
Rwanda
Sierra Leone
South Africa
Suriname
Swaziland
Thailand
Togo
United Republic of Tanzania
Zambia
Zimbabwe



In the absence of a reliable diagnostic test that can directly measure the level of new HIV infections in a population, estimates of HIV incidence have been produced through modeling The map includes 60 countries for which reliable estimates of new HIV infections over time were available from the 2010 round of country-specific estimation using the EPP/Spectrum tools, and 3 countries for which peer-reviewed publications with incidence trends were available. The EPP/Spectrum methods estimate HIV incidence trends from HIV prevalence over time combined with the changing level of antiretroviral therapy. The criteria for including countries in this analysis were as follows. EPP files were available and trends in EPP were not derived from workbook prevalence estimates; prevalence data were available up to at least 2007; there were at least four time points between 2001 and 2009 for which prevalence data were available for concentrated epidemics and at least three data points in the same period for generalized epidemics; for the majority of epidemic curves for a given country, EPP did not produce an artificial increase in HIV prevalence in recent years due to scarcity of prevalence data points; data were representative of the country; the EPP/Spectrum–derived incidence trend was not in conflict with the trend in case reports of new HIV diagnoses; and the EPP/Spectrum–derived incidence trend was not in conflict with modelled incidence trends derived from age-specific prevalence in national survey results. For some countries with complex epidemics including multiple populations groups with different risk behaviours as well as major geographic differences, such as Brazil, China and the Russian Federation, this type of assessment is highly complex and it could not be concluded in the 2010 estimation round. UNAIDS will continue to work with countries and partners to improve the quality of available information and modeling methodologies to include HIV incidence data for additional countries in future reports.

HIV PREVENTION

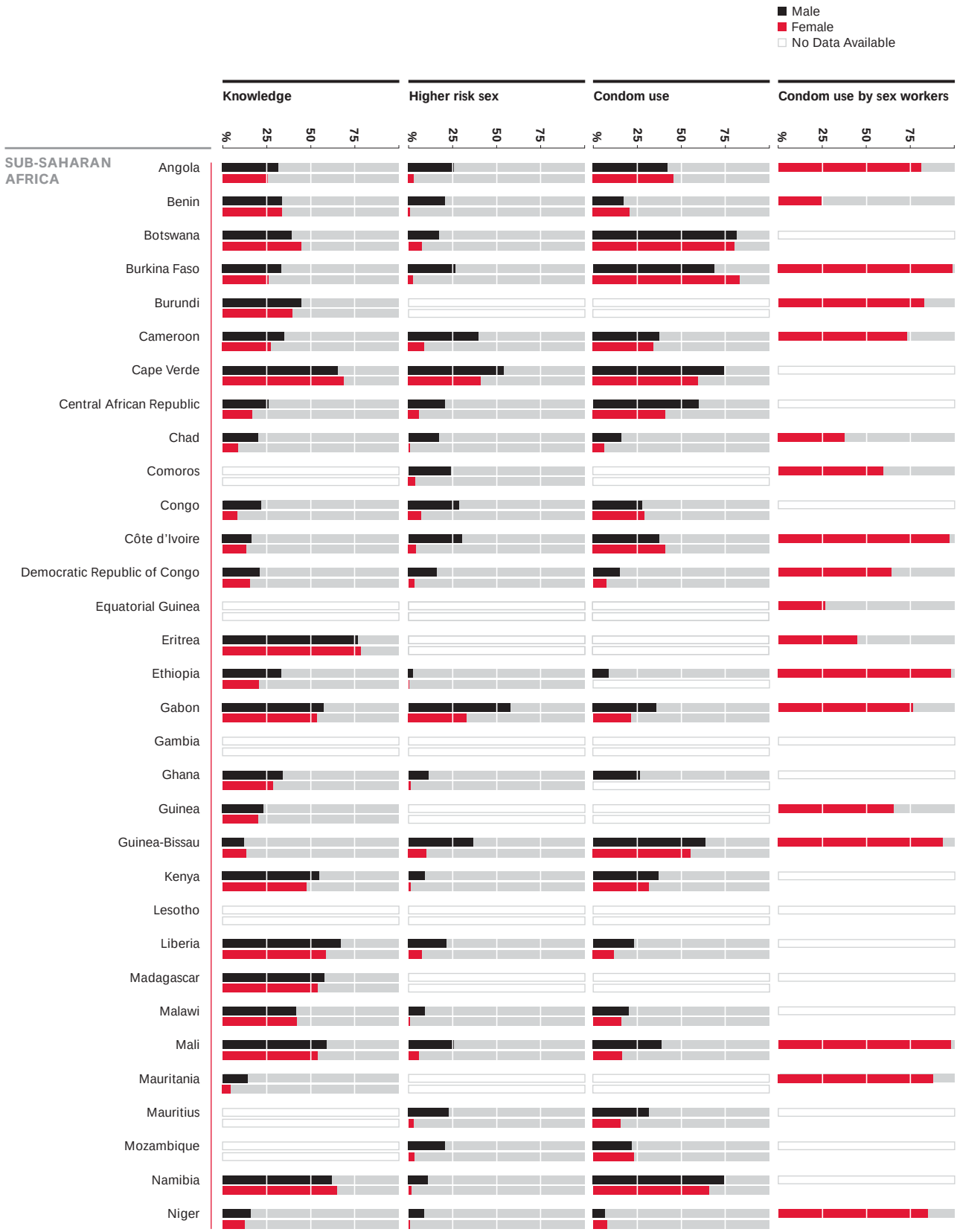
KEY FINDINGS

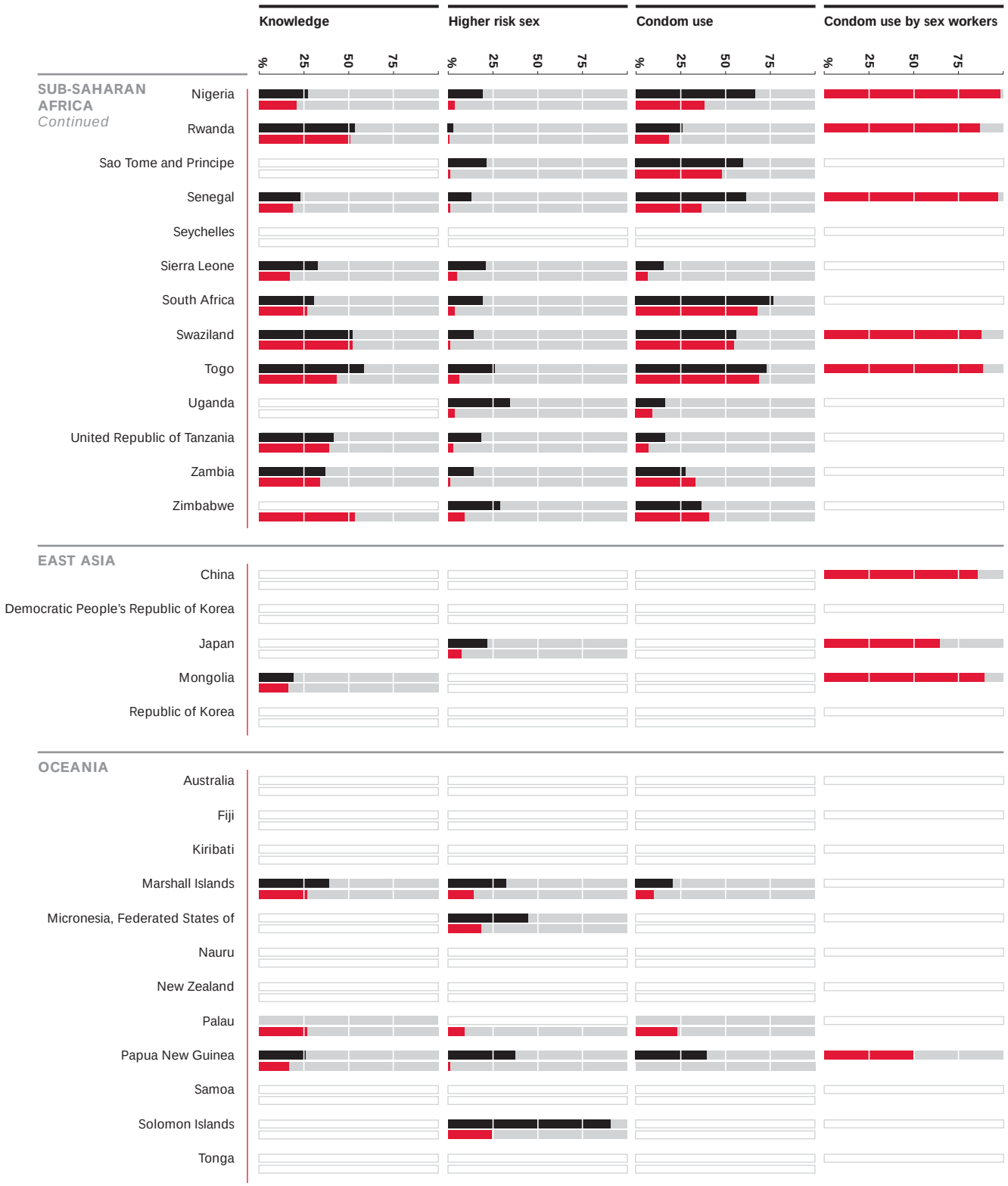
- The global incidence of HIV infection declined by 19% between 1999 and 2009; the decline exceeded 25% in 33 countries, including 22 countries in sub-Saharan Africa.
- In 2009, 370 000 [230 000–510 000] children were infected with HIV through mother-to-child transmission. This is a drop of 24% from five years earlier. However, rapid expansion of delivery of effective advances in preventing mother-to-child transmission is being held back by inadequate access to antenatal and postnatal services.
- HIV prevention investments are about 22% of all spending in 106 low- and middle-income countries.
- Globally, comprehensive and correct knowledge about HIV among both young men and young women has increased slightly since 2008—but at only 34%, the number of young people with this comprehensive knowledge is barely one third of the UNGASS target of 95%.
- Trend analysis shows a general decline in the percentage of people who have had more than one sexual partner in the past year in sub-Saharan Africa.
- Condom availability in places of need is increasing significantly, with 25.8 million female condoms provided through international and nongovernmental funding sources in 2009. Condom distribution increased by 10 million between 2008 and 2009.
- Recent promising results of a tenofovir-based gel have raised hopes that an additional effective female-initiated prevention option may soon become viable.

ACTION ITEMS

- HIV prevention programmes must be scaled up rapidly.
- Investments in HIV prevention programmes are insufficient and should increase. National programmes should ensure that investments are given priority according to epidemic patterns to reach the populations most in need.
- HIV prevention programmes must include a combination of behavioural, biomedical, and structural responses, and these activities should operate in synergy.
- HIV prevention programmes should reach men who have sex with men, sex workers and their clients, transgender people, and people who inject drugs. Behaviour change and condom promotion efforts must work in tandem.
- The virtual elimination of mother-to-child transmission of HIV is possible. Current advances in stopping new infections among children must be accelerated by integrating services in antenatal care settings.
- New HIV prevention methods such as male circumcision must be scaled up in countries with generalized epidemics.
- The results from the CAPRISA microbicide gel trial hold promise for a woman-initiated and controlled HIV prevention option. The international community must fully support the next steps to confirm the trial results at the earliest.

SCORECARD: HIV PREVENTION




Knowledge
Higher risk sex
Condom use
Condom use by sex workers
% 25 50 75
SUB-SAHARAN AFRICA
Continued
Nigeria
Rwanda
Sao Tome and Principe
Senegal
Seychelles
Sierra Leone
South Africa
Swaziland
Togo
Uganda
United Republic of Tanzania
Zambia
Zimbabwe
EAST ASIA
China
Democratic People's Republic of Korea
Japan
Mongolia
Republic of Korea
OCEANIA
Australia
Fiji
Kiribati
Marshall Islands
Micronesia, Federated States of
Nauru
New Zealand
Palau
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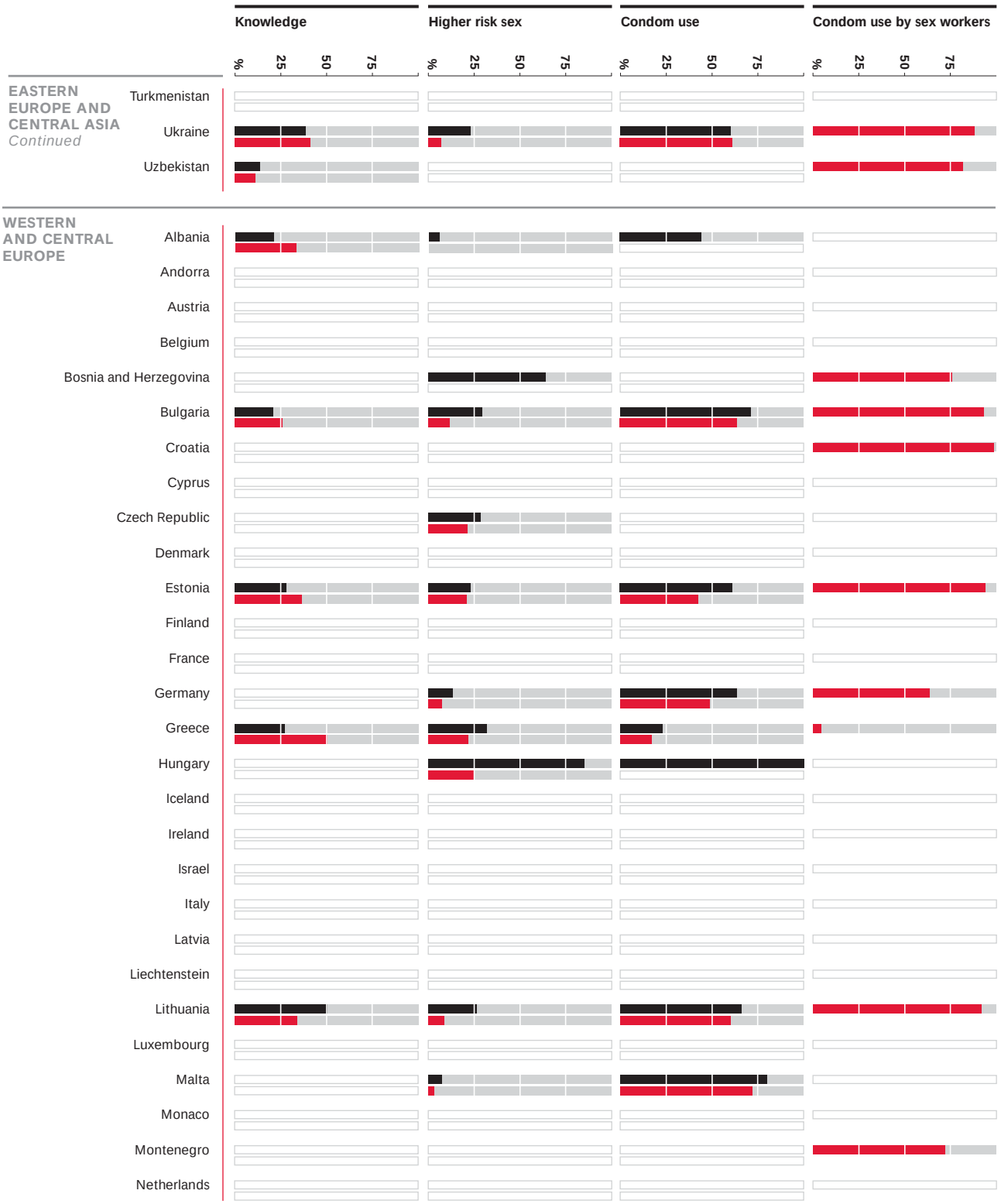
Samoa
Solomon Islands
Tonga

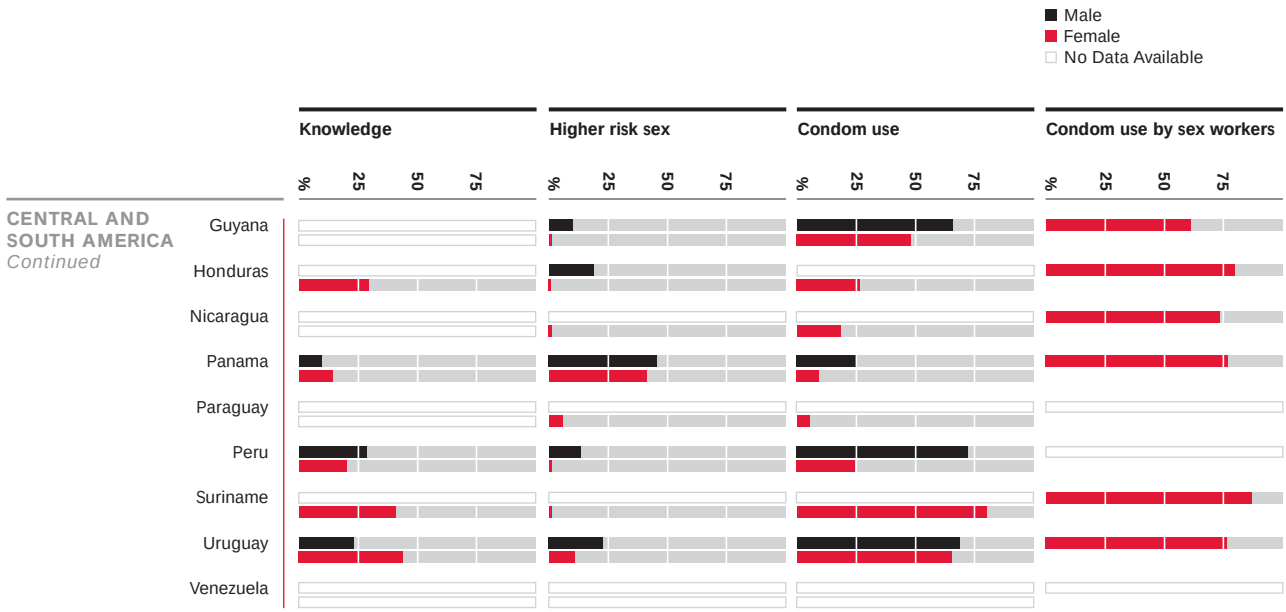
SCORECARD: HIV PREVENTION


Knowledge
Higher risk sex
Condom use
Condom use by sex workers
% 25 50 75
EASTERN EUROPE AND CENTRAL ASIA
Continued
Turkmenistan
Ukraine
Uzbekistan
WESTERN AND CENTRAL EUROPE
Albania
Andorra
Austria
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Latvia
Liechtenstein
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands

SCORECARD: HIV PREVENTION


Knowledge
Higher risk sex
Condom use
Condom use by sex workers
% 25 50 75
MIDDLE EAST AND NORTH AFRICA
Continued
Saudi Arabia
Somalia
Sudan
Syrian Arab Republic
Tunisia
United Arab Emirates
Yemen
CARIBBEAN
Antigua and Barbuda
Bahamas
Barbados
Cuba
Dominica
Dominican Republic
Grenada
Haiti
Jamaica
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and the Grenadines
Trinidad and Tobago
CENTRAL AND SOUTH AMERICA
Argentina
Belize
Bolivia
Brazil
Chile
Colombia
Costa Rica
Ecuador
El Salvador
Guatemala

SCORECARD: HIV PREVENTION



HIV TREATMENT

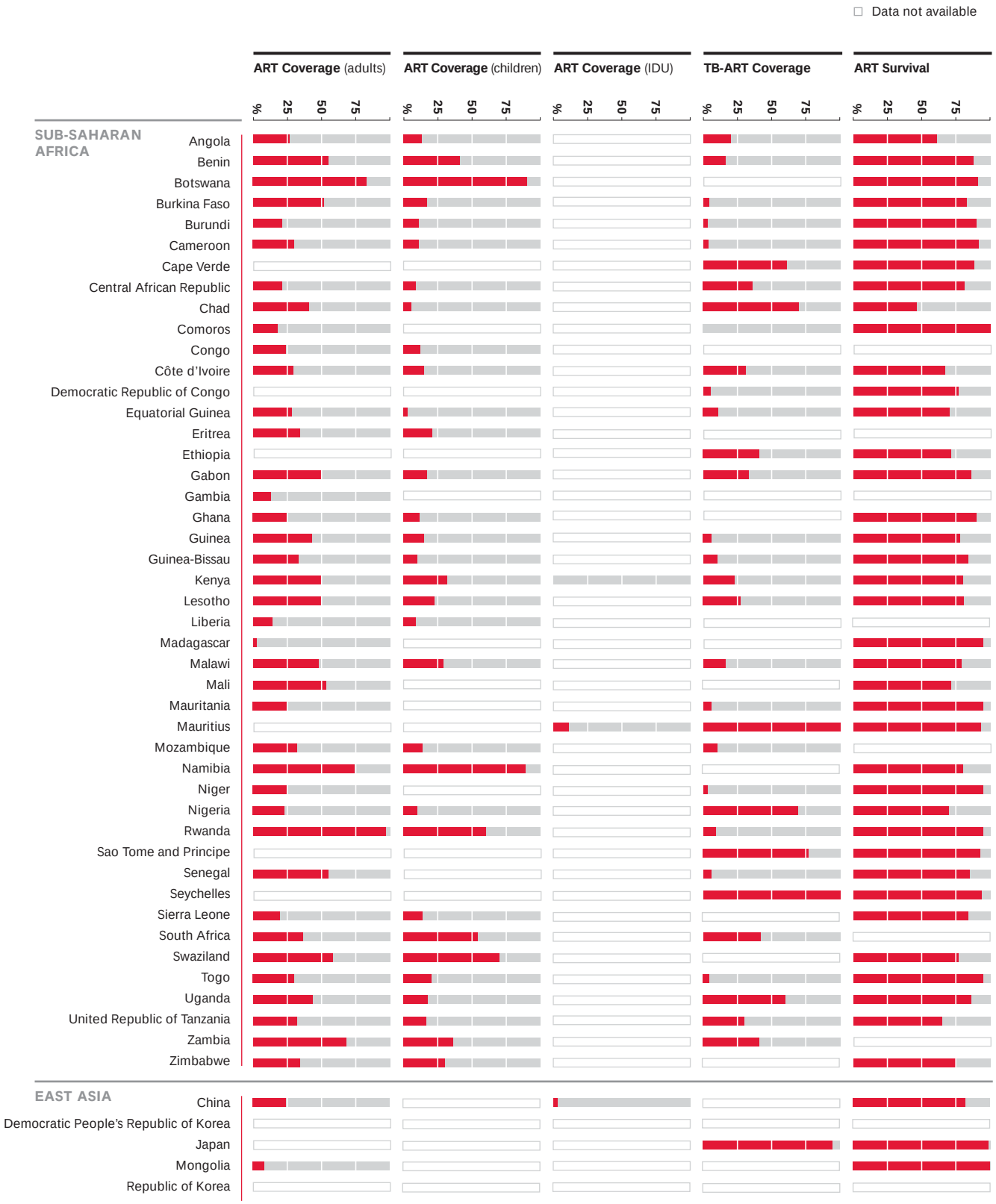
KEY FINDINGS

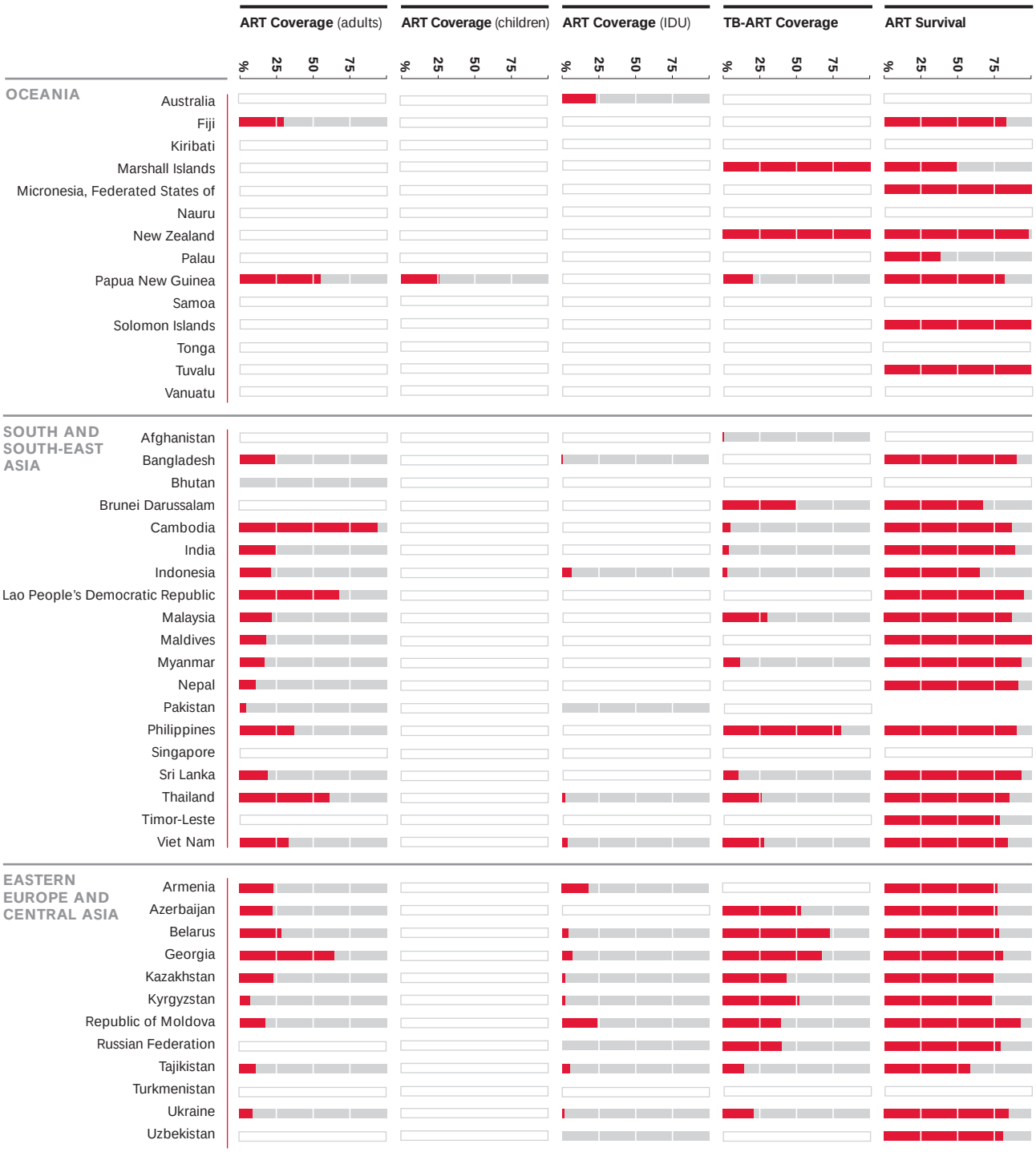
- An additional 1.2 million people received antiretroviral therapy in 2009, bringing the total number of people receiving treatment in low- and middle-income countries to 5.2 million, a 30% increase over 2008.
- At the end of 2009, 36% (about 5.2 million) of the 15 million people in need in low- and middle-income countries were receiving antiretroviral therapy.
- Fewer people are dying from AIDS-related causes. About 14.4 million life-years have been gained by providing antiretroviral therapy since 1996.
- About 50% of pregnant women testing HIV positive were assessed for their eligibility to receive antiretroviral therapy for their own health.
- Children and marginalized populations (such as people who inject drugs) are less likely to receive antiretroviral therapy than the population at large.
- While steady progress is being made in scaling up access to HIV services for people with tuberculosis (TB), the percentage of people with TB who received an HIV test in 2009 remained low, at 26%. Progress in scaling up TB services for people living with HIV is also very slow.
- Children orphaned by AIDS were nearly as likely to attend school as other children.
- The availability of palliative and home-based care services for people living with HIV remains uneven.

ACTION ITEMS

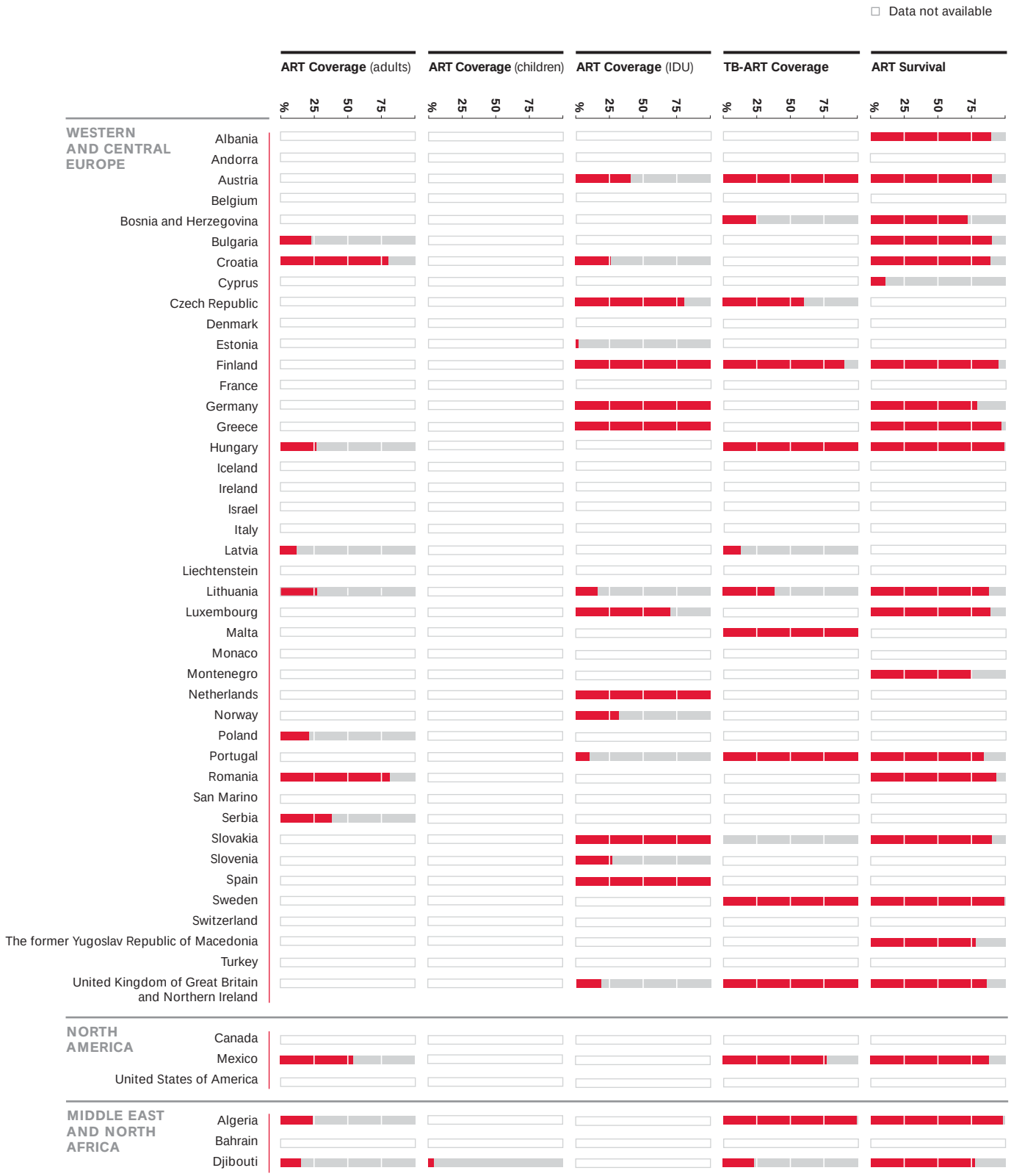
- HIV treatment must be scaled up to keep pace with increasing demand.
- HIV testing and counselling must be expanded, as most people get to know their status very late and access treatment later, which reduces the effectiveness of treatment programmes.
- An integrated HIV and TB programme is essential to meet the challenges posed by the dual epidemics.
- Maternal and child health services must be strengthened so that all pregnant women living with HIV can access comprehensive services for preventing maternal and child mortality and infants from becoming newly infected and for providing antiretroviral therapy for mothers.
- Children's access to antiretroviral therapy must improve. This will require maternal and child health and antiretroviral therapy centres to work closely together. In addition, better diagnostic tools and antiretroviral therapy formulations for children continue to be needed.
- Current approaches to treatment have not been optimal for the 15 million people in need. Treatment 2.0—a radically simplified treatment platform—holds promise to simplify treatment and provide all people needing it with a better pill less likely to lead to resistance, simpler diagnostics and monitoring, easier HIV testing, and more community empowerment. All stakeholders should unite to make this a reality.
- Social support for orphans must continue, and recent success in rolling out programmes of support such as cash transfers, food support, and education bursaries must be expanded and sustained.
- Investments in treatment have brought results for AIDS-related mortality and reducing the number of people newly infected with HIV. These investments must be continued and sustained over the long term.

SCORECARD: HIV TREATMENT




ART Coverage (adults)
ART Coverage (children)
ART Coverage (IDU)
TB-ART Coverage
ART Survival
% 25 50 75
OCEANIA
Australia
Fiji
Kiribati
Marshall Islands
Micronesia, Federated States of
Nauru
New Zealand
Palau
Papua New Guinea
Samoa
Solomon Islands
Tonga
Tuvalu
Vanuatu
SOUTH AND SOUTH-EAST ASIA
Afghanistan
Bangladesh
Bhutan
Brunei Darussalam
Cambodia
India
Indonesia
Lao People's Democratic Republic
Malaysia
Maldives
Myanmar
Nepal
Pakistan
Philippines
Singapore
Sri Lanka
Thailand
Timor-Leste
Viet Nam
EASTERN EUROPE AND CENTRAL ASIA
Armenia
Azerbaijan
Belarus
Georgia
Kazakhstan
Kyrgyzstan
Republic of Moldova
Russian Federation
Tajikistan
Turkmenistan
Ukraine
Uzbekistan

SCORECARD: HIV TREATMENT




ART Coverage (adults)
ART Coverage (children)
ART Coverage (IDU)
TB-ART Coverage
ART Survival
% 25 50 75
MIDDLE EAST AND NORTH AFRICA
Continued
Egypt
Iran, Islamic Republic of
Iraq
Jordan
Kuwait
Lebanon
Libyan Arab Jamahiriya
Morocco
Oman
Qatar
Saudi Arabia
Somalia
Sudan
Syrian Arab Republic
Tunisia
United Arab Emirates
Yemen
CARIBBEAN
Antigua & Barbuda
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El Salvador
Guatemala
Guyana
Honduras
Nicaragua
Panama
Paraguay
Peru
Suriname
Uruguay
Venezuela

HUMAN RIGHTS AND GENDER EQUALITY

KEY FINDINGS

HUMAN RIGHTS

- Failing to address the human rights of key populations at higher risk of exposure to HIV facilitates the growth of the epidemic and enhances its socially damaging effects.
- Punitive laws that affect people living with HIV, or other people at higher risk of exposure, remain widespread. Laws protecting such people exist in many countries, but there are not enough data to show whether they are actively or widely enforced.
- Stigma, discrimination, and violence against transgender people, and men who have sex with men, increase their risk of HIV infection and also for their male and female partners.

GENDER EQUALITY

- The vulnerability of women and girls to HIV remains particularly high in sub-Saharan Africa; 80% of all women in the world living with HIV live in this region.
- Efforts to promote universal access to HIV prevention, treatment, care and support services require a sharper focus on women and girls. Fewer than half of countries report having a specific budget for HIV-related programmes addressing women and girls.

ACTION ITEMS

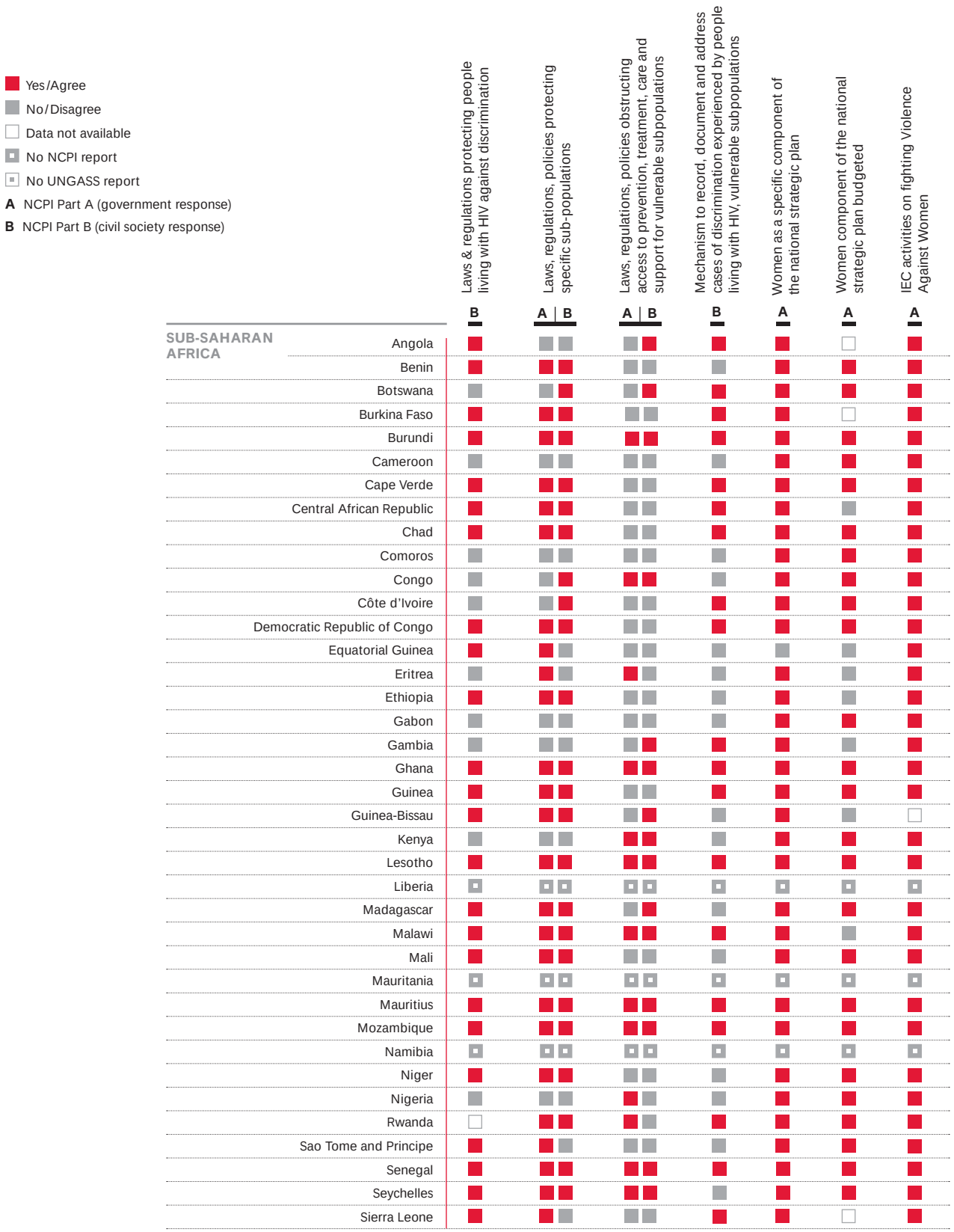
HUMAN RIGHTS

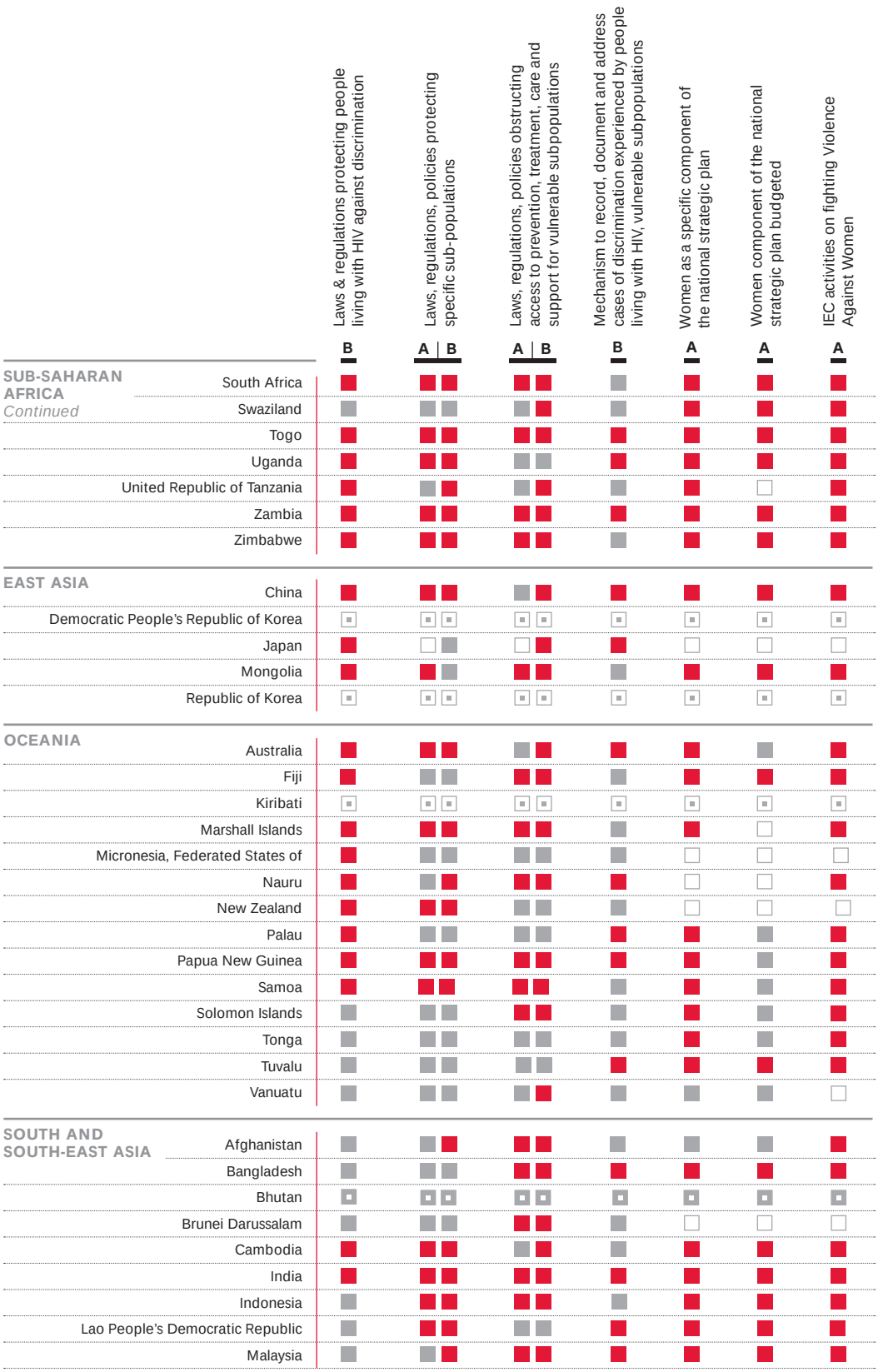
- Laws, policies, and regulations that create obstacles to effective HIV responses are increasingly acknowledged. Countries should now take action to decriminalize sex workers, people who use drugs, men who have sex with men and transgender people, and reform other laws that block effective responses to HIV.
- Despite increased reporting on protective laws, countries and other stakeholders should establish effective enforcement mechanisms and provide people living with HIV and other key populations with access to justice and redress through HIV-related legal services and legal literacy programmes.
- Although progress has been noted, HIV-related stigma and discrimination are still highly prevalent globally and are not yet being sufficiently addressed. Countries and other stakeholders should urgently scale up comprehensive programmes that build capacities of HIV-related service providers, address stigma and discrimination in laws, institutions and communities, and empower those affected by HIV.
- To help to realize human rights in the context of HIV, there must be more meaningful involvement of people living with HIV and those vulnerable to HIV in national HIV responses, as well as meaningful coverage of all affected populations. The principle of greater involvement of people living with HIV must be fully implemented.

GENDER EQUALITY

- To achieve universal access goals towards HIV prevention, treatment, care and support, the AIDS response needs to be women and girls centred and include a dedicated budget to address their needs.
- Given that violence is widespread and that there is a clear association between violence against women and the spread of HIV, national HIV responses must include specific interventions to address violence.
- All countries need to ensure that women have access to integrated quality HIV and sexual and reproductive health services that enable women to exercise their rights.
- Men and boys need to be engaged in innovative approaches to change harmful social and cultural practices and norms, as part of HIV prevention.
- Countries need to address the needs of men who have sex with men through prevention interventions that go beyond health service provision.

SCORECARD: HUMAN RIGHTS AND GENDER EQUALITY




Laws & regulations protecting people living with HIV against discrimination
Laws, regulations, policies protecting specific sub-populations
Laws, regulations, policies obstructing access to prevention, treatment, care and support for vulnerable subpopulations
Mechanism to record, document and address cases of discrimination experienced by people living with HIV, vulnerable subpopulations
Women as a specific component of the national strategic plan
Women component of the national strategic plan budgeted
IEC activities on fighting Violence Against Women
B
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A | B
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SUB-SAHARAN AFRICA Continued
South Africa
Swaziland
Togo
Uganda
United Republic of Tanzania
Zambia
Zimbabwe
EAST ASIA
China
Democratic People's Republic of Korea
Japan
Mongolia
Republic of Korea
OCEANIA
Australia
Fiji
Kiribati
Marshall Islands
Micronesia, Federated States of
Nauru
New Zealand
Palau
Papua New Guinea
Samoa
Solomon Islands
Tonga
Tuvalu
Vanuatu
SOUTH AND SOUTH-EAST ASIA
Afghanistan
Bangladesh
Bhutan
Brunei Darussalam
Cambodia
India
Indonesia
Lao People's Democratic Republic
Malaysia

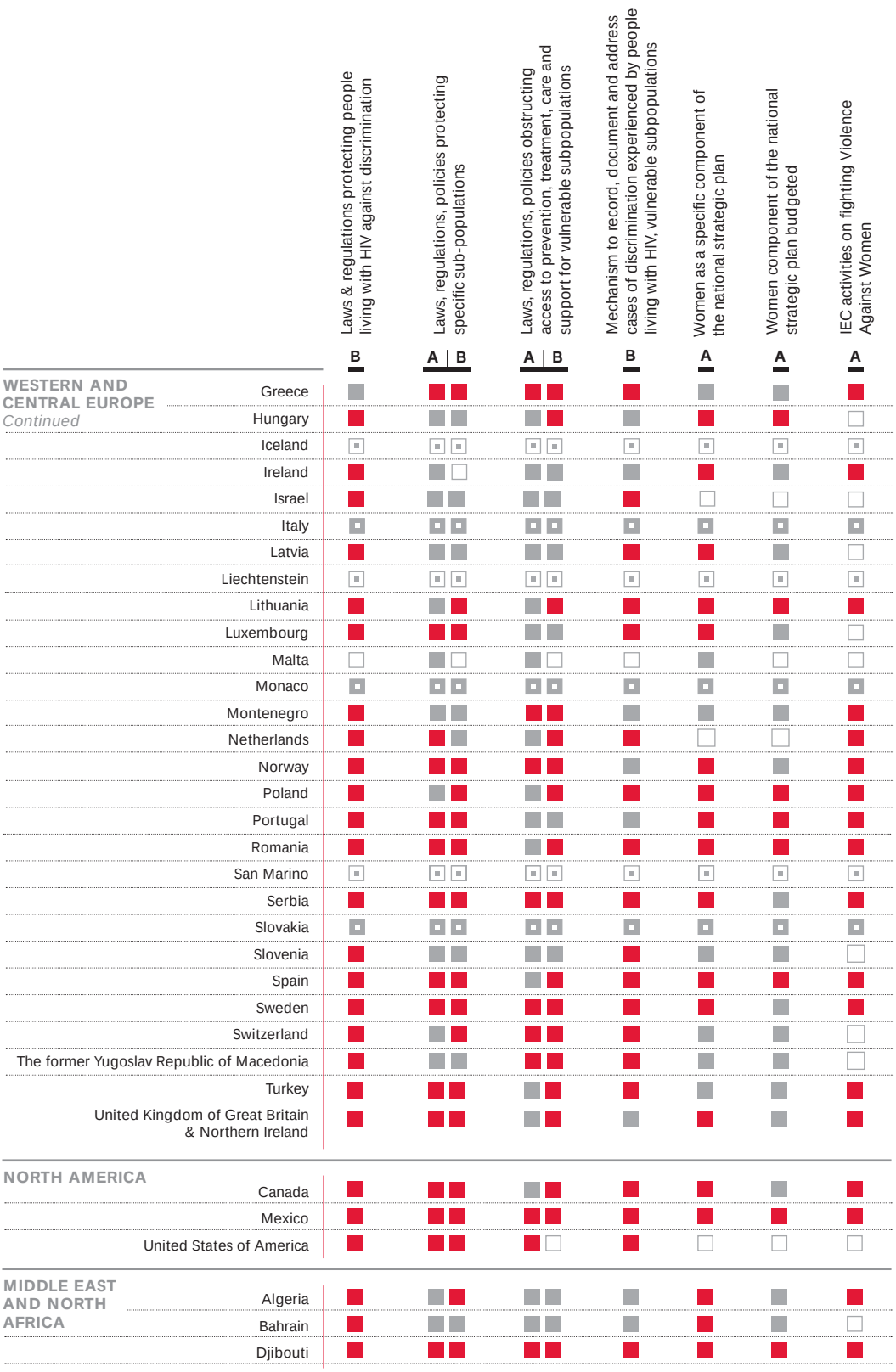
SCORECARD: HUMAN RIGHTS AND GENDER EQUALITY

- Yes/Agree
- No/Disagree
- Data not available
- No NCPI report
- No UNGASS report

A NCPI Part A (government response)

B NCPI Part B (civil society response)

		Laws & regulations protecting people living with HIV against discrimination	Laws, regulations, policies protecting specific sub-populations		Laws, regulations, policies obstructing access to prevention, treatment, care and support for vulnerable subpopulations		Mechanism to record, document and address cases of discrimination experienced by people living with HIV, vulnerable subpopulations	Women as a specific component of the national strategic plan	Women component of the national strategic plan budgeted	IEC activities on fighting Violence Against Women
		B	A	B	A	B	B	A	A	A
SOUTH AND SOUTH-EAST ASIA *Continued*	Maldives	No	Yes	No	Yes	Yes	No	Yes	No	Yes
	Myanmar	No	Yes	Yes	No	Yes	No	Yes	Yes	Yes
	Nepal	No	No	No	Yes	Yes	No	Yes	Yes	No data
	Pakistan	No	No	No	Yes	Yes	No	Yes	Yes	Yes
	Philippines	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
	Singapore	No	No	No	No	Yes	Yes	Yes	No	No data
	Sri Lanka	No	Yes	Yes	Yes	Yes	No	No	No	Yes
	Thailand	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
	Timor-Leste	Yes	Yes	Yes	No	No	Yes	Yes	No data	Yes
	Viet Nam	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
EASTERN EUROPE AND CENTRAL ASIA	Armenia	Yes	Yes	Yes	No	Yes	No	No	No	No data
	Azerbaijan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No data	Yes
	Belarus	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Georgia	Yes	Yes	No	Yes	Yes	Yes	No	No data	No data
	Kazakhstan	Yes	No	Yes	No	No	No	Yes	No	Yes
	Kyrgyzstan	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	Moldova, Republic of	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	Russian Federation	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
	Tajikistan	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	Turkmenistan	No data	No data	No data	No data	No data	No data	No data	No data	No data
	Ukraine	Yes	Yes	Yes	No	Yes	No	No	No	Yes
	Uzbekistan	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
WESTERN AND CENTRAL EUROPE	Albania	No data	No data	No data	No data	No data	No data	No data	No data	No data
	Andorra	No data	No data	No data	No data	No data	No data	No data	No data	No data
	Austria	No data	No data	No data	No data	No data	No data	No data	No data	No data
	Belgium	Yes	No data	Yes	No data	Yes	Yes	No data	No data	Yes
	Bosnia and Herzegovina	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	Bulgaria	Yes	Yes	Yes	Yes	No	Yes	No	No	No data
	Croatia	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No data
	Cyprus	No data	No data	No data	No data	No data	No data	No data	No data	No data
	Czech Republic	Yes	Yes	Yes	No	Yes	Yes	No	No	No data
	Denmark	No	Yes	Yes	Yes	No	Yes	No	No	No data
	Estonia	Yes	No	No	No	No	No	Yes	No data	Yes
	Finland	Yes	Yes	Yes	Yes	No	No	No data	No data	No data
	France	No data	No data	No data	No data	No data	No data	No data	No data	No data
	Germany	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No data	Yes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Women component of the national strategic plan budgeted
IEC activities on fighting Violence Against Women
B
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WESTERN AND CENTRAL EUROPE
Continued
Greece
Hungary
Iceland
Ireland
Israel
Italy
Latvia
Liechtenstein
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Romania
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
The former Yugoslav Republic of Macedonia
Turkey
United Kingdom of Great Britain & Northern Ireland
NORTH AMERICA
Canada
Mexico
United States of America
MIDDLE EAST AND NORTH AFRICA
Algeria
Bahrain
Djibouti

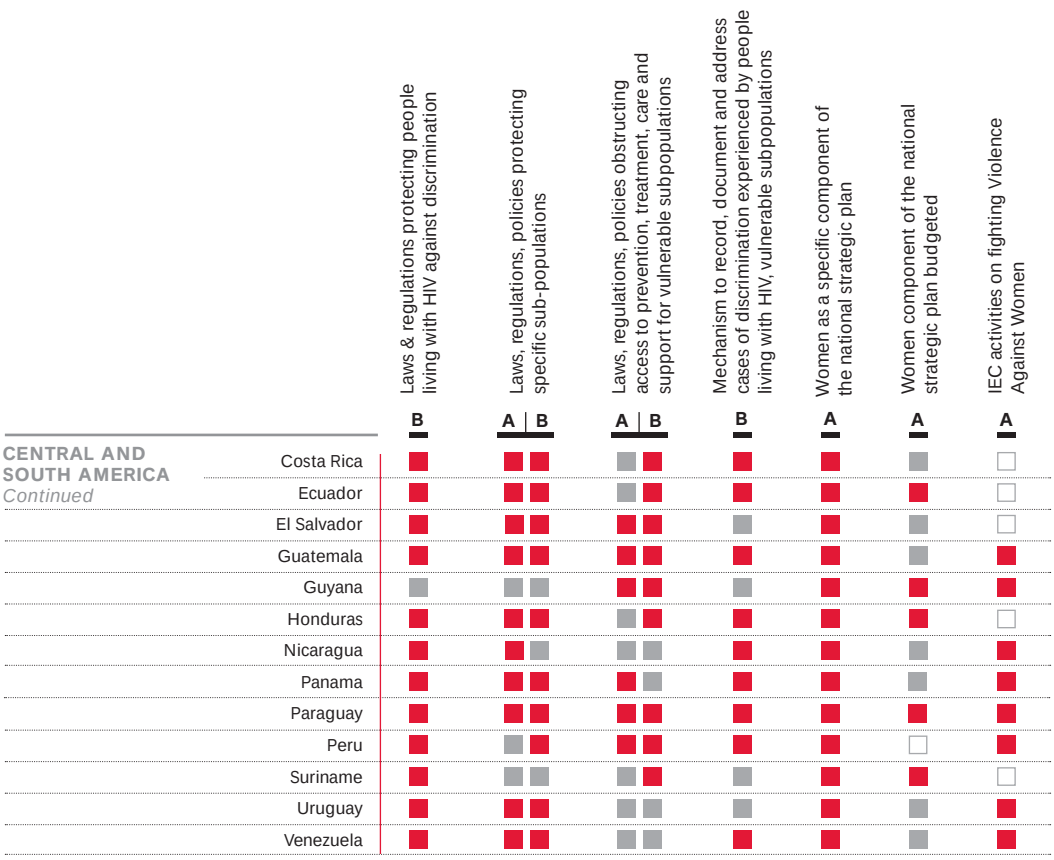
SCORECARD: HUMAN RIGHTS AND GENDER EQUALITY

- Yes/Agree
- No/Disagree
- Data not available
- No NCPI report
- No UNGASS report

A NCPI Part A (government response)

B NCPI Part B (civil society response)

		Laws & regulations protecting people living with HIV against discrimination	Laws, regulations, policies protecting specific sub-populations		Laws, regulations, policies obstructing access to prevention, treatment, care and support for vulnerable subpopulations		Mechanism to record, document and address cases of discrimination experienced by people living with HIV, vulnerable subpopulations	Women as a specific component of the national strategic plan	Women component of the national strategic plan budgeted	IEC activities on fighting Violence Against Women
		B	A	B	A	B	B	A	A	A
MIDDLE EAST AND NORTH AFRICA *Continued*	Egypt	■	■	□	□	■	□	■	□	■
	Iran, Islamic Republic of	■	■	■	■	■	□	■	■	▫
	Iraq	▣	▣	▣	▣	▣	▣	▣	▣	▣
	Jordan	□	□	■	□	■	□	■	□	■
	Kuwait	□	□	□	■	□	□	□	□	▫
	Lebanon	□	■	□	■	■	□	■	□	■
	Libyan Arab Jamahiriya	■	□	□	□	□	□	▫	▫	■
	Morocco	□	□	■	■	■	□	■	■	■
	Oman	■	□	■	□	▫	■	■	□	▫
	Qatar	▫	□	▫	□	▫	▫	▫	▫	▫
	Saudi Arabia	■	■	■	□	□	■	■	■	▫
	Somalia	□	□	□	□	□	□	■	□	■
	Sudan	▣	▣	▣	▣	▣	▣	▣	▣	▣
	Syrian Arab Republic	■	■	■	■	■	□	▫	▫	▫
	Tunisia	□	□	□	□	■	□	■	□	▫
	United Arab Emirates	■	■	■	■	■	□	▫	▫	▫
	Yemen	■	□	□	□	□	□	■	□	■
CARIBBEAN	Antigua & Barbuda	□	□	□	□	□	■	▫	▫	■
	Bahamas	■	■	■	■	■	■	■	□	■
	Barbados	□	□	□	■	■	□	■	■	■
	Cuba	■	■	■	□	□	■	■	■	■
	Dominica	■	■	□	■	■	■	■	■	■
	Dominican Republic	■	■	■	□	■	■	■	□	■
	Grenada	■	□	□	■	■	■	■	□	■
	Haiti	□	□	□	□	□	■	■	■	■
	Jamaica	□	□	□	■	■	■	■	■	▫
	Saint Kitts and Nevis	□	□	□	■	■	■	■	□	▫
	Saint Lucia	■	□	■	■	■	■	■	□	■
	Saint Vincent and the Grenadines	□	□	□	□	□	■	■	■	■
	Trinidad and Tobago	□	■	■	■	■	■	■	■	▫
CENTRAL AND SOUTH AMERICA	Argentina	■	■	■	■	■	■	■	□	■
	Belize	□	■	■	■	■	□	■	■	■
	Bolivia	■	■	■	□	□	■	■	□	■
	Brazil	■	■	■	□	□	■	■	■	■
	Chile	■	□	□	■	■	□	■	□	▫
	Colombia	■	■	■	□	□	□	■	■	■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CENTRAL AND SOUTH AMERICA
Continued
Costa Rica
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El Salvador
Guatemala
Guyana
Honduras
Nicaragua
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Paraguay
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Suriname
Uruguay
Venezuela

HIV INVESTMENTS

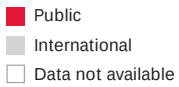
KEY FINDINGS

- A total of US$ 15.9 billion was available for the AIDS response in 2009, US$ 10 billion short of what is needed in 2010.
- In low and middle income countries, domestic resources account for over half of all AIDS-related investments. In low-income countries, however, 88% of spending on AIDS comes from international funding.
- The majority of international funding for AIDS comes from bilateral donors. The United States of America is the largest international donor.
- Investment in treatment and care is increasing—but many countries depend on international assistance for their treatment and care programmes.
- HIV prevention programmes largely rely on international funds.
- One third of countries make the AIDS response a high budgetary priority, based on disease burden and national income.

ACTION ITEMS

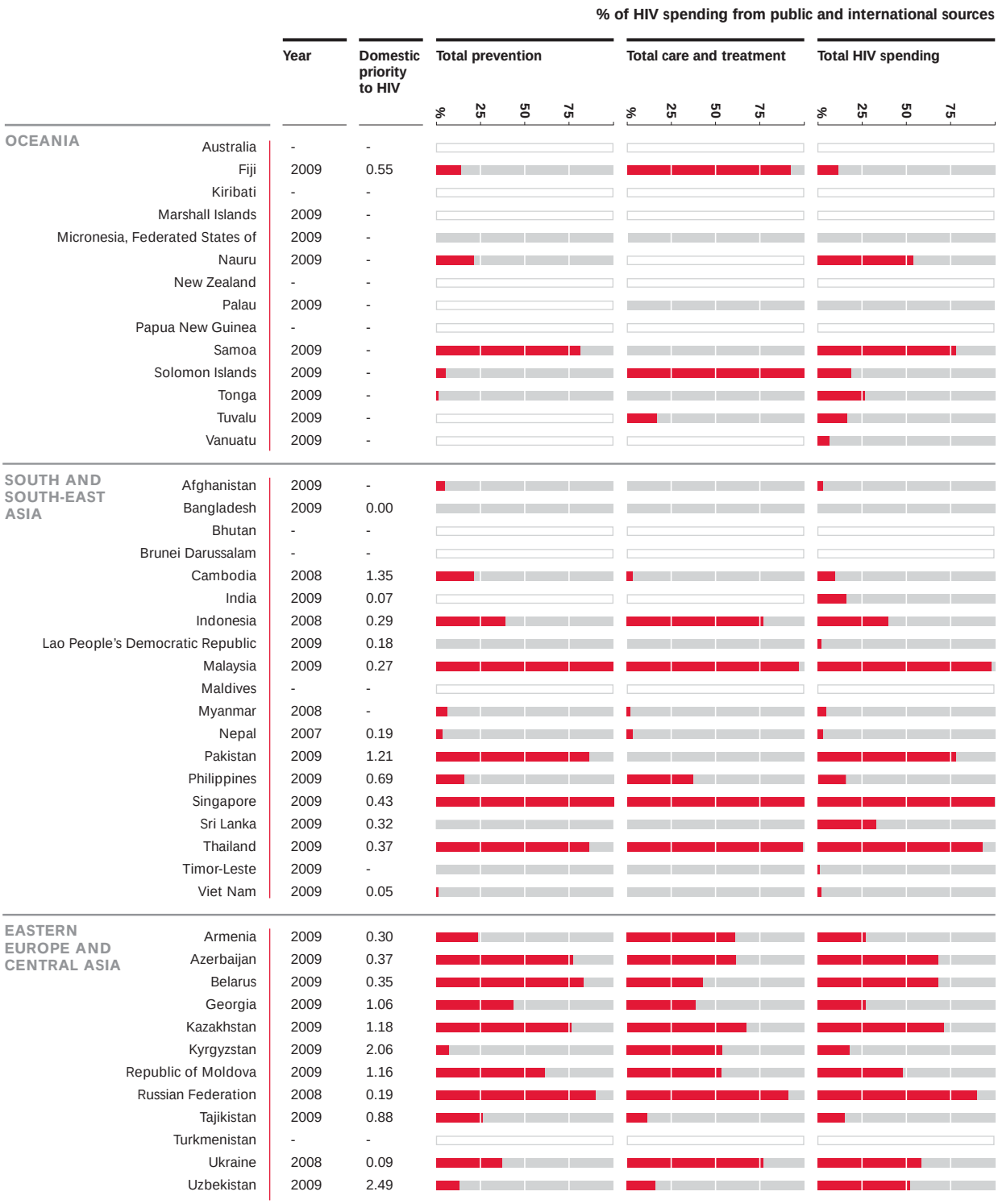
- The AIDS response must be fully funded. This is a shared responsibility between governments, donor countries, civil society and the private sector.
- Donor countries must continue to increase their allocations to the AIDS response.
- Countries that have the potential to increase domestic investments must do so to accelerate progress towards universal access to HIV prevention, treatment, care, and support.
- Resources for AIDS programmes must be predictable. National strategic plans must be realistic.
- Each national programme should set priorities to ensure that available resources are invested appropriately in cost-effective programmes.
- Donor investments must match country priorities.
- Investments must be evidence informed and reach populations most in need first so that the returns are maximized and meet human rights standards.
- HIV treatment programmes should be expanded urgently and utilize optimal combinations of high-quality and less-toxic drugs that reduce mortality over the long term.
- HIV prevention investments are cost-effective when they include combination approaches that maximize synergies rather than isolated interventions.

SCORECARD: HIV INVESTMENTS

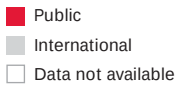


% of HIV spending from public and international sources

		Year	Domestic priority to HIV	Total prevention	Total care and treatment	Total HIV spending
SUB-SAHARAN AFRICA	Angola	2009	0.29			
	Benin	2009	1.42			
	Botswana	2008	0.31			
	Burkina Faso	2008	1.25			
	Burundi	2008	3.11			
	Cameroon	2008	0.06			
	Cape Verde	2009	-			
	Central African Republic	2008	0.12			
	Chad	2008	0.34			
	Comoros	-	-			
	Congo, Republic of the	2009	0.68			
	Côte d'Ivoire	2008	0.05			
	Democratic Republic of Congo	2008	0.28			
	Equatorial Guinea	2009	0.19			
	Eritrea	2009	-			
	Ethiopia	-	-			
	Gabon	2009	0.18			
	Gambia	2008	0.23			
	Ghana	2008	0.10			
	Guinea	2009	0.24			
	Guinea-Bissau	2009	0.46			
	Kenya	2009	0.33			
	Lesotho	2008	0.33			
	Liberia	-	-			
	Madagascar	2008	7.03			
	Malawi	2009	0.03			
	Mali	2008	0.38			
	Mauritania	-	-			
	Mauritius	-	-			
	Mozambique	2008	0.03			
	Namibia	-	-			
	Niger	2008	0.21			
	Nigeria	2008	0.13			
	Rwanda	2008	0.61			
	Sao Tome and Principe	2009	-			
	Senegal	2008	0.38			
	Seychelles	2009	-			
	Sierra Leone	2007	0.11			
	South Africa	2009	0.18			
	Swaziland	2007	0.11			
	Togo	2008	0.11			
	Uganda	2008	0.72			
	United Republic of Tanzania	-	-			
	Zambia	-	-			
	Zimbabwe	2009	0.04			
EAST ASIA	China	2009	0.69			
	Democratic People's Republic of Korea	-	-			
	Japan	2009	0.67			
	Mongolia	2009	1.05			
	Republic of Korea	-	-			


% of HIV spending from public and international sources
Year
Domestic priority to HIV
Total prevention
Total care and treatment
Total HIV spending
% 25 50 75
OCEANIA
Australia - -
Fiji 2009 0.55
Kiribati - -
Marshall Islands 2009 -
Micronesia, Federated States of 2009 -
Nauru 2009 -
New Zealand - -
Palau 2009 -
Papua New Guinea - -
Samoa 2009 -
Solomon Islands 2009 -
Tonga 2009 -
Tuvalu 2009 -
Vanuatu 2009 -
SOUTH AND SOUTH-EAST ASIA
Afghanistan 2009 -
Bangladesh 2009 0.00
Bhutan - -
Brunei Darussalam - -
Cambodia 2008 1.35
India 2009 0.07
Indonesia 2008 0.29
Lao People's Democratic Republic 2009 0.18
Malaysia 2009 0.27
Maldives - -
Myanmar 2008 -
Nepal 2007 0.19
Pakistan 2009 1.21
Philippines 2009 0.69
Singapore 2009 0.43
Sri Lanka 2009 0.32
Thailand 2009 0.37
Timor-Leste 2009 -
Viet Nam 2009 0.05
EASTERN EUROPE AND CENTRAL ASIA
Armenia 2009 0.30
Azerbaijan 2009 0.37
Belarus 2009 0.35
Georgia 2009 1.06
Kazakhstan 2009 1.18
Kyrgyzstan 2009 2.06
Republic of Moldova 2009 1.16
Russian Federation 2008 0.19
Tajikistan 2009 0.88
Turkmenistan - -
Ukraine 2008 0.09
Uzbekistan 2009 2.49

SCORECARD: HIV INVESTMENTS



% of HIV spending from public and international sources

		Year	Domestic priority to HIV	Total prevention	Total care and treatment	Total HIV spending
WESTERN AND CENTRAL EUROPE	Albania	-	-			
	Andorra	-	-			
	Austria	-	-			
	Belgium	2008	0.37			
	Bosnia & Herzegovina	2009	0.38			
	Bulgaria	2009	-			
	Croatia	2009	1.90			
	Cyprus	-	-			
	Czech Republic	2009	6.68			
	Denmark	-	-			
	Estonia	2008	0.33			
	Finland	-	-			
	France	-	-			
	Germany	-	-			
	Greece	2008	0.65			
	Hungary	2009	0.16			
	Iceland	-	-			
	Ireland	-	-			
	Israel	-	-			
	Italy	-	-			
	Latvia	2009	0.05			
	Liechtenstein	-	-			
	Lithuania	-	-			
	Luxembourg	2009	0.00			
	Malta	-	-			
	Monaco	-	-			
	Montenegro	2009	-			
	Netherlands	-	-			
	Norway	-	-			
	Poland	2009	0.63			
	Portugal	-	-			
	Romania	2009	2.02			
	San Marino	-	-			
	Serbia	-	-			
	Slovakia	-	-			
	Slovenia	-	-			
	Spain	2009	0.82			
	Sweden	2009	0.00			
	Switzerland	2009	0.05			
	The former Yugoslav Republic of Macedonia	2008	2.70			
	Turkey	-	-			
	United Kingdom of Great Britain & Northern Ireland	2009	0.06			
NORTH AMERICA	Canada	-	-			
	Mexico	2009	1.09			
	United States of America	-	-			
MIDDLE EAST AND NORTH AFRICA	Algeria	2009	0.05			
	Bahrain	-	-			
	Djibouti	2009	0.00			

% of HIV spending from public and international sources

		Year	Domestic priority to HIV	Total prevention	Total care and treatment	Total HIV spending
				% 25 50 75	% 25 50 75	% 25 50 75
MIDDLE EAST AND NORTH AFRICA *Continued*	Egypt	2008	0.74			
	Iran, Islamic Republic of	2008	-			
	Iraq	-	-			
	Jordan	2009	1.14			
	Kuwait	2009	0.23			
	Lebanon	-	-			
	Libyan Arab Jamahiriya	-	-			
	Morocco	2008	0.26			
	Oman	2009	-			
	Qatar	-	-			
	Saudi Arabia	2009	-			
	Somalia	2009	-			
	Sudan	-	-			
	Syrian Arab Republic	2009	-			
	Tunisia	-	-			
	United Arab Emirates	2009	-			
	Yemen	2009	-			
CARIBBEAN	Antigua & Barbuda	2009	-			
	Bahamas	2009	-			
	Barbados	2009	0.61			
	Cuba	2009	-			
	Dominica	2009	-			
	Dominican Republic	2008	0.21			
	Grenada	2009	-			
	Haiti	-	-			
	Jamaica	-	-			
	Saint Kitts & Nevis	2009	-			
	Saint Lucia	-	-			
	Saint Vincent & the Grenadines	2009	-			
	Trinidad & Tobago	2009	0.20			
CENTRAL AND SOUTH AMERICA	Argentina	2008	1.06			
	Belize	2009	0.19			
	Bolivia	2009	0.31			
	Brazil	2008	0.80			
	Chile	2008	1.07			
	Colombia	2009	0.52			
	Costa Rica	2008	1.16			
	Ecuador	2009	0.00			
	El Salvador	2008	1.22			
	Guatemala	2008	0.00			
	Guyana	-	-			
	Honduras	2008	0.84			
	Nicaragua	2008	3.96			
	Panama	2008	0.83			
	Paraguay	2009	0.68			
	Peru	2009	0.35			
	Suriname	-	-			
	Uruguay	2007	0.36			
	Venezuela	2009	0.21			

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