

COMMUNITIES AT THE CENTRE

DEFENDING RIGHTS
BREAKING BARRIERS
REACHING PEOPLE
WITH HIV SERVICES

KEY MESSAGES

COMMUNITIES AT THE CENTRE

2019 GLOBAL AIDS UPDATE KEY MESSAGES

1. When communities are empowered, results have followed.

Across all sectors of the AIDS response, community empowerment and ownership have resulted in a greater uptake of HIV prevention and treatment services, a reduction in stigma and discrimination and the protection of human rights. Communities are central to ending AIDS. However, these community-led successes must be replicated and scaled up in most parts of the world.

2. There is unequal and uneven progress in stopping new HIV infections and AIDS-related deaths globally and time is running out. To ensure that people affected by HIV have access to services, political leadership is required to proactively expand evidence-informed services.

We've seen remarkable progress in many countries for treatment scale-up, successes in reducing new HIV infections among young women in the regions most affected, access to harm reduction and other comprehensive HIV prevention and treatment services for key populations and a reduction in stigma and discrimination in some countries.

However, annual gains are getting smaller and the pace of progress is slowing down. Some countries are falling behind and others have never fully accelerated. Even though some countries and regions have made good progress, the key global AIDS targets for 2020 are unlikely to be met unless commitments to reaching the people being left behind are fully backed by policies and political will.

There have been impressive gains in eastern and southern Africa (home to 54% of all people living

with HIV globally) but worrying increases in eastern Europe and central Asia, lack of sufficient progress in western and central Africa and complacency that is driving stagnation in progress in other parts of the world.

In some regions, trends vary between countries. For example, in Latin America there were strong decreases in new HIV infections in many countries but new HIV infections in the region grew as a result of a 22% increase in Brazil. Similarly, in eastern Europe and central Asia, the regional trend in new HIV infections excluding the Russian Federation is a 4% decline instead of a 29% increase.

3. The gap between resource need and resource availability is widening—there is a collective failure in making available the resources needed for the AIDS response. The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) should be fully funded at this critical moment in the AIDS response.

For the first time in the past three years, the resources available for the AIDS response globally have declined significantly. The resources available for the AIDS response in 2018 were nearly US\$ 1 billion (in 2016 constant dollars) less than in 2017, as donors disbursed less and domestic investments did not grow fast enough. In 2018, US\$ 19 billion was available (in 2016 constant dollars) for the AIDS response compared to US\$ 19.9 billion in 2017. The funding gap projected for 2020 widened to US\$ 7.2 billion.

The United States of America continues to be the largest donor for the AIDS response and maintained its level of bilateral investment at US\$ 5.3 billion in 2018.

The Global Fund acts as a catalyst and is a proven mechanism for maximizing impact. In 2019, the Global Fund seeks at least US\$ 14 billion for the coming three-year period. The Global Fund projects that such a level of funding will spur domestic investment of US\$ 46 billion towards health programmes.

4. There has been steady progress in reducing AIDS-related deaths, as a record 23.3 million people living with HIV were accessing antiretroviral therapy in 2018.

AIDS-related deaths have declined by 33% since 2010. For the first time, more than half of all people living with HIV are virally suppressed. Four out of five people living with HIV know their HIV status.

More countries have achieved the 90–90–90 targets. Four high-burden countries— Botswana, Eswatini, Namibia and Zimbabwe—have achieved the threshold of having at least 73% of people living with HIV being virally suppressed. In 43 countries, more than 90% of people living with HIV know their status. In 30 countries, at least 90% of people who know their status are on HIV treatment. And in 69 countries, more than 90% of people on treatment are virally suppressed.

However, the pace of progress of HIV treatment access has not matched the ambition. To reach the 2020 target of 30 million people on HIV treatment, 3.4 million people will have to newly access HIV treatment in both 2019 and 2020, compared to the current average of 2 million additional people newly accessing treatment annually since 2013.

5. The world has failed children—the target of 1.6 million children accessing life-saving antiretroviral therapy by 2018 and the Start Free, Stay Free, AIDS Free target of reducing new HIV infections among children to less than 40 000 by 2018 have been missed, even though there has been significant progress since 2010.

New HIV infections among children were reduced to 160 000, compared to 280 000 in 2010, a 41% reduction. And the number of children on HIV treatment reached 940 000, nearly double the number on treatment in 2010.

Remarkable reductions in new HIV infections among children have been achieved in Botswana (85%), Rwanda (83%), Malawi (76%), Namibia (71%), Zimbabwe (69%) and Uganda (65%).

6. There has been insufficient and slow progress in reducing new HIV infections among young people and adults globally, despite the availability of a wide array of prevention options.

New HIV infections have declined by only 16% since 2010 and the world is far off from the target of 500 000 new HIV infections by 2020. Viral suppression among men aged 24–34 years is very low, at 40% in four high-burden countries with available data, contributing to slow progress in stopping new HIV infections. There were 1.7 million new HIV infections in 2018. While men remain hard to reach with prevention services, there has been good uptake of voluntary medical male circumcision in priority countries—more than 4 million men were additionally circumcised in 2018.

7. For the first time, more than half of all new HIV infections are occurring among key populations—sex workers, people who use drugs, gay men and other men who have sex with men, transgender people and prisoners—and their partners.

Less than 50% of key populations were reached with combination HIV prevention services in more than half of the countries that reported. Gay men and other men who have sex with men accounted for 17%, people who inject drugs accounted for 12% and sex workers accounted for 6% of all new HIV infections globally.

8. There are early signs of success in reducing new HIV infections among young women, even though large disparities exist between young women and young men of the same age. Targeted programmes for young women will need to be expanded in order to reach more high-incidence locations so as to maximize impact.

Globally, new HIV infections among young women aged 15–24 years were reduced by 25% between 2010 and 2018; HIV infections among older women were reduced by only 10%. HIV infections among young women are 60% higher than among young

men of the same age. Violence against women remains a major public health problem and a violation of women's rights. Women living with HIV face a fourfold to fivefold greater risk of invasive cervical cancer than women who are not living with HIV. A total of 540 000 women of reproductive age acquired HIV in 2018, a reduction of only 19% since 2010.

Only 30% of young women had comprehensive and correct knowledge of how to prevent HIV in countries where data were available. Condom use at last high-risk sex in the past 12 months was less than 50% among young women in 41 countries. Targeted programmes for young women must be scaled-up in all high-incidence settings.

9. The scale-up of HIV treatment and improvements in the delivery of HIV/tuberculosis (TB) services has greatly reduced TB-related deaths among people living with HIV.

However, TB remains the single largest cause of death among people living with HIV globally. Coverage of preventative treatment among people newly enrolled on HIV treatment remains low among many of the 30 HIV/TB high-burden countries, ranging from 1% in Eswatini to 53% in South Africa.

10. Gains have been made against HIV-related stigma and discrimination, but discriminatory attitudes towards people living with HIV and criminal laws against key populations push people to the margins of society.

Discriminatory attitudes towards people living with HIV and key populations remain common in too many countries. Discrimination in those countries is often reinforced by criminal laws, aggressive law enforcement, harassment and violence. The criminalization of HIV transmission and non-disclosure of HIV-positive status continue to slow the response and violate the rights of people living with HIV in at least 86 jurisdictions around the world.

Around 48 countries and territories still have restrictions that include mandatory HIV testing and disclosure as part of requirements for entry, residence, work and/or study permits.

Top-line expanded messages

1. When communities are empowered, results have followed.

- A common lesson learned in all parts of the world is that community approaches to the AIDS response delivers results.
- Reaching the majority of people in greatest need requires a community approach.
 - In South Africa and Zambia, an intensive door-to-door effort by community health workers to promote and provide a range of HIV services has ensured the attainment of the 90–90–90 testing and treatment targets and dramatically reduced new HIV infections.
 - In western Kenya, voluntary medical male circumcision promoted by community circumcision mobilizers combined with other HIV prevention interventions, including a high coverage of antiretroviral therapy, has led to steep reductions in the number of new HIV infections.
 - In New South Wales, Australia, strong collaboration between public health authorities and civil society to provide pre-exposure prophylaxis (PrEP) and immediate start of HIV treatment for all people living with HIV has reduced the number of new HIV diagnoses to their lowest level since 1985.
 - In India and Botswana, strong and sustained pressure from civil society and community groups has led to the decriminalization of same-sex sexual relations.

2. There is unequal and uneven progress in stopping new HIV infections and AIDS-related deaths globally and time is running out. To ensure that people affected by HIV have access to services, political leadership is required to proactively implement evidence-informed services.

- Annual gains are getting smaller and the pace of progress is slowing down. The key global AIDS targets for 2020 are unlikely to be met, even though some countries and regions have made good progress.

- Globally, there has been steady progress in reducing AIDS-related deaths over the past decades and more gradual progress in reducing new HIV infections.
 - Efforts to reduce new HIV infections are clearly off-track. Reductions in AIDS-related deaths are stronger, but mortality reduction targets could also be missed.
 - There have been impressive gains in eastern and southern Africa (home to 54% of all people living with HIV globally) but worrying increases in eastern Europe and central Asia, lack of significant progress in western and central Africa and complacency that is driving stagnation in progress in other parts of the world.
 - In some regions, trends vary between countries. For example, in Latin America there were strong decreases in new HIV infections in many countries but new HIV infections in the region grew as a result of a 22% increase in Brazil. In eastern Europe and central Asia, the regional trend in new HIV infections excluding the Russian Federation is a 4% decline instead of a 29% increase.
 - Globally, the incidence–prevalence ratio (the goal of having less than three new HIV infections for every 100 people living with HIV to ensure a gradual decline in the total population living with HIV) has declined, from 10% in 2000, to 7% in 2010 and to 5% in 2018.
 - If the number of new HIV infections per 100 people living with HIV is greater than three, the population of people living with HIV will grow over time. The incidence–prevalence ratio combines two desirable conditions: long healthy lives among people living with HIV and reductions in new HIV infections.
 - Western and central Europe and North America, where treatment coverage is generally high and a comprehensive set of HIV prevention options is available to a large percentage of people at risk of HIV, had an incidence–prevalence ratio of 3% in 2018.
 - Other regions had not yet achieved the benchmark in 2018, ranging from 4% in eastern and southern Africa, 5% in Latin America and the Caribbean, 6% in western and central Africa, 8% in the Middle East and North Africa and 9% in eastern Europe and central Asia.
 - Among low- and middle-income countries, Botswana, Burkina Faso, Burundi, Cambodia, El Salvador, Kenya, Mauritania, Nepal, Rwanda, Thailand, Viet Nam and Zimbabwe have achieved an incidence–prevalence ratio of less than 3%.
 - Another 48 countries have incidence–prevalence ratios between 3% and 5%, suggesting considerable progress.
 - A total of 70 countries, including 13 that have a ratio above 10%, have a level that is associated with increasing numbers of HIV infections and large percentages of people living with HIV being denied antiretroviral therapy.
- 3. The gap between resource need and resource availability is widening—there is a collective failure in making available the resources needed for the AIDS response. The Global Fund should be fully funded at this critical moment in the AIDS response.**
- For the first time, the resources available for the AIDS response globally have declined significantly.
 - The resources available for the AIDS response in 2018 were nearly US\$ 1 billion (in 2016 constant dollars) less than in 2017, as donors disbursed less and domestic investments did not grow fast enough.
 - Domestic resources declined by 2%.
 - International resources declined by 8%.
 - In 2018, US\$ 19 billion (in 2016 constant dollars) was available for the AIDS response, compared to US\$ 19.9 billion in 2017.
 - The United Nations General Assembly agreed in 2016 to a steady expansion of investments in the HIV responses in low- and middle-income countries, to US\$ 26 billion by 2020.
 - Between 2010 and 2018, domestic resources invested by low- and middle-income countries in their HIV responses increased by 50%, while international investments in those countries' responses have increased by just 4% over the same period.

- The four regions with the largest shares of the global gap between 2018 resource availability and the 2020 resource needs target are western and central Africa (33%), Asia and the Pacific (24%), eastern Europe and central Asia (17%) and Latin America (11%); the latter is mainly financed domestically.
 - The United States continues to be the largest donor for the AIDS response and maintained its level of bilateral investment at US\$ 5.3 billion in 2018.
 - Reductions in bilateral disbursements from the United Kingdom of Great Britain and Northern Ireland (a 30% decrease), Denmark (a 29% decrease), Ireland (a 22% decrease) and Italy (a 76% decrease) contributed to the one-year decline in the resources available for the response to HIV.
 - Domestic resources accounted for 56% of the total financial resources for the response to HIV in low- and middle-income countries in 2018, with a wide variation among regions.
 - Domestic resources were 95% of total resources in Latin America, 81% in Asia and the Pacific, 77% in the Middle East and North Africa, 69% in eastern Europe and central Asia, 41% in eastern and southern Africa, 38% in western and central Africa and 27% in the Caribbean.
 - South Africa invests about 78% of the resources for its response to HIV from domestic sources; the remaining eastern and southern Africa countries relied on donors for 80% of the resources for their responses to HIV in 2018.
 - A total of 45 countries reported an increase in spending since 2010, including 36 that reported an increase of more than 50%. China increased spending from about US\$ 400 million in 2010 to more than US\$ 1 billion in 2018, and South Africa increased its domestic public spending by about US\$ 650 million over the past seven years.
 - The Global Fund acts as a catalyst and is a proven mechanism for maximizing impact. In 2019, the Global Fund seeks at least US\$ 14 billion for the coming three-year period. The Global Fund projects that such a level of funding will spur domestic investment of US\$ 46 billion towards health programmes.
- 4. There has been steady progress in reducing AIDS-related deaths, as a record 23.3 million people living with HIV were accessing antiretroviral therapy in 2018.**
- AIDS-related deaths have declined by 33% since 2010.
 - Reaching the 2020 milestone of fewer than 500 000 AIDS-related deaths will require further declines of about 115 000 AIDS-related deaths per year.
 - Global declines in AIDS-related deaths have largely been driven by progress in eastern and southern Africa, where such deaths declined by 44% from 2010 to 2018.
 - In western and central Africa, AIDS-related deaths have declined by 29%, and outside of sub-Saharan Africa there was a 20% decline from 2010 and 2018.
 - AIDS-related deaths in eastern Europe and central Asia and the Middle East and North Africa have risen by 5% and 9%, respectively, over the past eight years.
 - For the first time, more than half of all people living with HIV are virally suppressed.
 - A total of 86% of people on HIV treatment were virally suppressed.
 - A total of 7.7 million people need to be additionally virally suppressed to reach the 90–90–90 target of viral suppression.
 - Nearly four out five people living with HIV know their HIV status.
 - However, more than 20% of people diagnosed with HIV infection had not initiated treatment.
 - A total of 62% of people living with HIV are on antiretroviral therapy, with 23.3 million people accessing HIV treatment.
 - The biggest gap in access to treatment after HIV diagnosis is in eastern Europe and central Asia.
 - More countries have achieved the 90–90–90 targets. Four high-burden countries—Botswana, Eswatini, Namibia and Zimbabwe—have

achieved the threshold of having at least 73% of people living with HIV being virally suppressed.

- In 43 countries, more than 90% of people living with HIV know their status. In 30 countries, at least 90% of people who know their status are on HIV treatment. And in 69 countries, more than 90% of people on treatment are virally suppressed.
- Testing and treatment gaps are often bigger for men.
 - In western and central Africa, only 40% of men living with HIV were accessing HIV treatment, compared to 61% of women living with HIV.
 - Treatment coverage for men differed by at least 10% in Asia and the Pacific, the Caribbean, eastern and southern Africa and eastern Europe and central Asia.
- However, the pace of progress of HIV treatment access has not matched the ambition.
 - To reach the 2020 target of 30 million people on HIV treatment, 3.4 million people will have to be added on to HIV treatment in both 2019 and 2020, compared to the current average of 2 million additional people on treatment annually since 2013.

5. The world has failed children.

- The target of 1.6 million children accessing life-saving antiretroviral therapy by 2018 and the Start Free, Stay Free, AIDS Free target of reducing new HIV infections among children to less than 40 000 by 2018 have been missed, even though there has been significant progress since 2010.
- The rate of paediatric treatment scale-up is particularly concerning.
 - The estimated 940 000 children (aged 0–14 years) living with HIV globally on antiretroviral therapy in 2018 was almost double the number on treatment in 2010, but far short of the 2018 target of 1.6 million.
- Overall, 54% of the estimated 1.7 million children living with HIV in 2018 were accessing life-saving antiretroviral therapy.
 - Remarkable reductions in new HIV infections among children have been achieved in Botswana (85%), Rwanda (83%), Malawi (76%),

Namibia (71%), Zimbabwe (69%) and Uganda (65%).

- New HIV infections among children were reduced to 170 000 compared to 280 000 in 2010, a 41% reduction.
- Progress towards the elimination of new HIV infections among women has been primarily achieved by dramatically increasing the global proportion of pregnant women living with HIV accessing antiretroviral therapy.
 - Nearly 81% of pregnant women living with HIV accessed antiretroviral therapy, compared to just 43% in 2010.
 - In eastern and southern Africa, 92% of all pregnant women living with HIV accessed antiretroviral therapy.
 - However, in the 23 focus countries, the number of pregnant women living with HIV accessing antiretroviral therapy has changed little since 2015.
 - Of particular worry is western and central Africa, where the proportion of women living with HIV accessing antiretroviral therapy decreased from 61% in 2014 to 59% in 2018.
- The lack of coverage of antiretroviral therapy during breastfeeding is a cause for concern.
 - In eastern Africa, more than half of new child HIV infections occurred during breastfeeding. In western and central Africa, 21% of new child HIV infections occurred during breastfeeding and in southern Africa 15% of new child HIV infections occurred during breastfeeding.
- It is important to prevent HIV infections among women during pregnancy and during the breastfeeding period.
 - In southern Africa, one in four new child HIV infections were attributed to the mother becoming infected with HIV during the breastfeeding period.
 - In eastern Africa, nearly 21% of new child HIV infections occurred owing to the mother becoming infected with HIV during the breastfeeding period.

6. There is insufficient and slow progress in reducing new HIV infections among young people and adults globally, despite the availability of a wide array of prevention options.

- New HIV infections have declined only by 16% since 2010 and the world is far off from the target of 500 000 new HIV infections by 2020.
 - There were 1.7 million new HIV infections in 2018.
- Men remain hard to reach with prevention services.
 - Viral suppression among men aged 24–34 years is very low, at 40% in four high-burden countries with available data, contributing to slow progress in stopping new HIV infections.
- There has been good uptake of voluntary medical male circumcision in priority countries—more than 4 million men were additionally circumcised in 2018.
 - Modelling data have shown that reaching 10–29-year-olds with voluntary medical male circumcision services would facilitate quicker epidemic control.
 - About 11 million circumcisions for HIV prevention have been conducted in the 15 priority countries since the beginning of 2016.
 - In 12 priority countries in 2018, 84% of voluntary medical male circumcisions were among adolescent boys and young men (aged 10–24 years). Almost half (44%) were among adolescents aged 10–14 years.
 - However, an additional 16 million voluntary medical male circumcisions are required in 2019 and 2020 to reach the global target of 25 million by 2020.
- Despite condoms being inexpensive and highly effective, progress on condom distribution, promotion and use has stalled in many countries.
 - Median condom use at last higher-risk sex among men in 27 sub-Saharan African countries was only 58.6%, far from the global target of 90% by 2020.

- Countries are gradually adopting PrEP as an additional HIV prevention option for young people in high-prevalence settings and among key populations.
 - PrEP programmes were being implemented at the national level in many low- and middle-income countries.
 - More than 300 000 people globally took PrEP at least once in 2018. More than 30 000 people were accessing PrEP in Kenya at least once.

7. For the first time, more than half of all new HIV infections are occurring among key populations—sex workers, people who use drugs, gay men and other men who have sex with men, transgender people and prisoners—and their partners.

- Less than 50% of key populations were reached with combination HIV prevention services in more than half of the countries that reported.
- Gay men and other men who have sex with men accounted for 17% of all new HIV infections globally, people who inject drugs accounted for 12% of all new HIV infections globally and sex workers accounted for 6% of all new HIV infections globally.
- Gay men and other men who have sex with men accounted for more than half of all new HIV infections in western and central Europe and North America, 40% of new HIV infections in Latin America, 30% of new HIV infections in Asia and the Pacific, 22% of new HIV infections in the Caribbean, 22% of new HIV infections in eastern and central Asia, 18% of new HIV infections in the Middle East and North Africa and 17% of new HIV infections in western and central Africa.
- Transgender women accounted for a small number of new HIV infections globally but accounted for 5% of new HIV infections in the Caribbean and 4% of new HIV infections in Latin America and in western and central Europe and North America.
- People who inject drugs accounted for 41% of new HIV infections in eastern Europe and central Asia, 27% of new HIV infections in the Middle East and North Africa and 13% of new HIV infections in Asia and the Pacific.

- People who use drugs have been the biggest casualties of the global war on drugs.
- Key populations often have lower treatment access.
 - In most countries with available data, people who use drugs and sex workers have lower treatment coverage than the country's entire population living with HIV.
 - Efforts to reach universal access to testing, hepatitis B treatment and hepatitis cure must reach key populations

8. There are early signs of success in reducing new HIV infections among young women, even though large disparities exist between young women and young men of the same age. Targeted programmes for young women will need to be expanded in order to reach more high-incidence locations so as to maximize impact.

- Globally, new HIV infections among young women aged 15–24 years were reduced by 25% between 2010 and 2018; HIV infections among older women were reduced by only 10%.
- HIV infections among young women are 60% higher than among young men of the same age.
 - In eastern and southern Africa, there were 2.4 new HIV infections among young women aged 15–24 years for every new HIV infection among young men of the same age.
 - In western and central Africa, there more than twice as many new HIV infections among young women than among young men.
- Violence against women remains a major public health problem and a violation of women's rights.
 - One in three (35%) women globally have experienced physical and/or sexual violence
 - But there has been some progress—among countries with three different data points, there has been a decrease in recent intimate partner violence in Colombia, Haiti, Peru, Uganda and Zimbabwe.
 - Evidence for high-prevalence locations in sub-Saharan Africa suggests that intimate

partner violence increases susceptibility to HIV and that violence or the fear of violence is associated with lower treatment access, lower treatment adherence rates and lower rates of viral suppression among women and girls.

- Women living with HIV face a fourfold to fivefold greater risk of invasive cervical cancer than women who are not living with HIV.
- A total of 540 000 women of reproductive age acquired HIV in 2018, a reduction of only 19% since 2010.
- Only 30% of young women had comprehensive and correct knowledge of how to prevent HIV in countries in which data were available.
- Condom use at last high-risk sex in the past 12 months was less than 50% among young women in 41 countries.

9. The scale-up of HIV treatment and improvements in the delivery of HIV/TB services has greatly reduced TB-related deaths among people living with HIV.

- However, TB remains the single largest cause of death among people living with HIV globally.
- Coverage of preventative treatment among people newly enrolled on HIV treatment remains low among many of the 30 HIV/TB high-burden countries, ranging from 1% in Eswatini to 53% in South Africa.

10. Gains have been made against HIV-related stigma and discrimination, but discriminatory laws, policies and attitudes towards people living with HIV and criminal laws against key populations push people to the margins of society.

- Discriminatory attitudes towards people living with HIV and key populations remain common in too many countries. Discrimination in those countries is often reinforced by criminal laws, aggressive law enforcement, harassment and violence.
- Criminalization of HIV transmission and non-disclosure of HIV-positive status continue to slow the response to HIV and violate the rights of people living with HIV in at least 86 jurisdictions around the world.

- Around 48 countries and territories still have restrictions that include mandatory HIV testing and disclosure as part of requirements for entry, residence, work and/or study permits.
 - Out of the 48 countries and territories that maintain restrictions, at least 30 still impose bans on entry or stay and residence based on HIV status and 19 deport non-nationals on the grounds of their HIV status.
- At least 100 countries have laws that criminalize the possession of drugs for personal use. At least 33 countries and territories prescribe the death penalty for drug offences in law.
- At least 98 countries criminalize some aspect of sex work.
- Sixty-six countries criminalize same-sex sexual relations. And 17 countries criminalize transgender people.
- Fifty-nine countries reported maintaining mandatory HIV testing for marriage, work or residence permits or for certain groups of people.
- Forty-five countries reported having laws or regulations that impose the need for parental consent for adolescents and young people below 18 years to access HIV testing services.



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