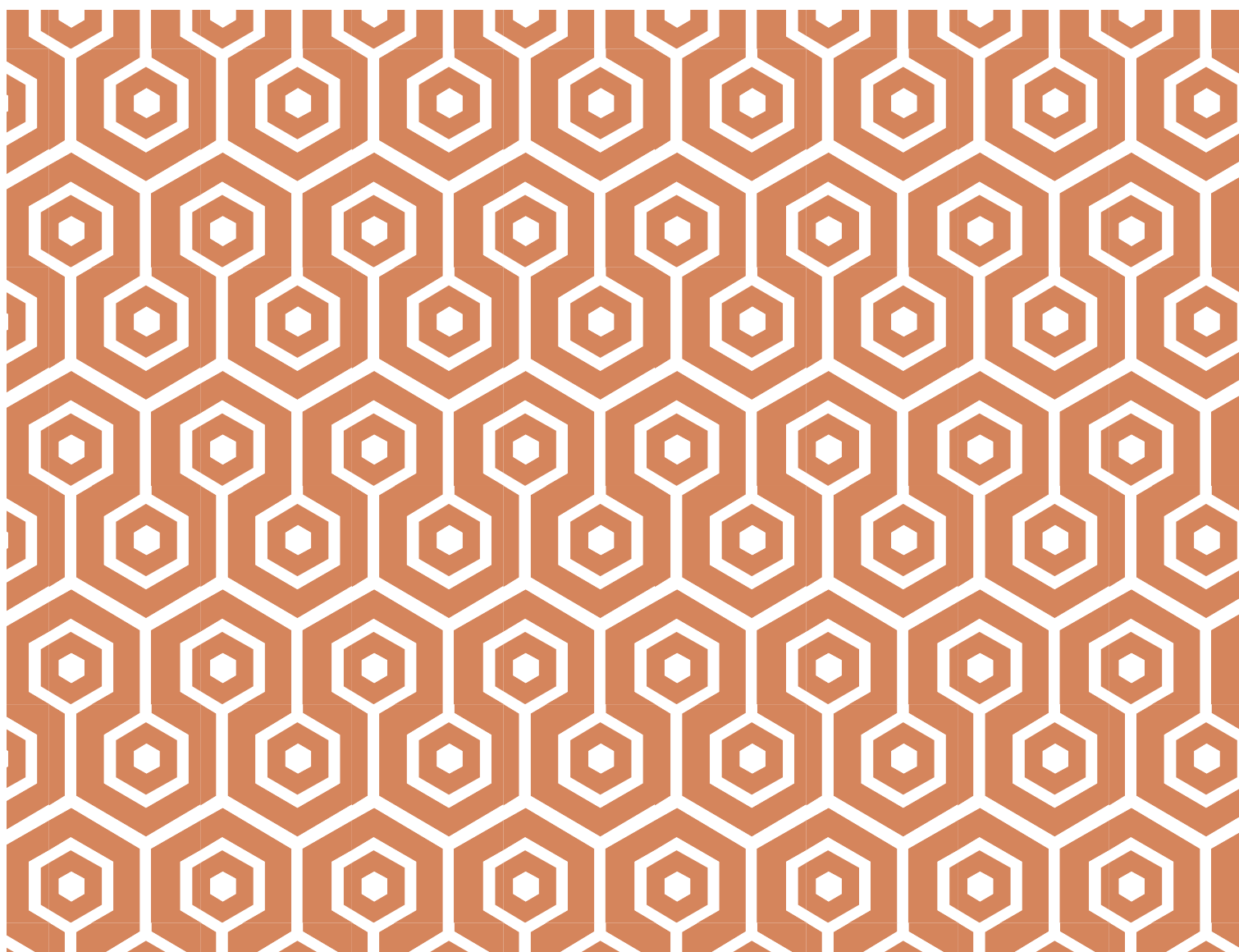


SNAPSHOT | #HLM2016AIDS

# HIV prevention



## Unacceptably high rates of HIV infection

More than 2 million new HIV infections occurred in 2014—two thirds occurred in sub-Saharan Africa. The speed at which new HIV infections are declining needs to accelerate in order to meet the UNAIDS Fast-Track Targets by 2020.

The UNAIDS Fast-Track prevention target is to reduce the number of new HIV infections to fewer than 500 000 annually by 2020, a reduction of 75% over the next few years.

By scaling up both treatment and HIV prevention, and front-loading investments, around 17.6 million new HIV infections can be averted between 2015 and 2030.

By investing in averting new HIV infections, the future costs of treatment will be reduced and HIV prevention and treatment programmes can be sustained.

## The right to HIV prevention

People at increased risk of HIV infection have a right to be able to protect themselves from becoming infected with HIV.

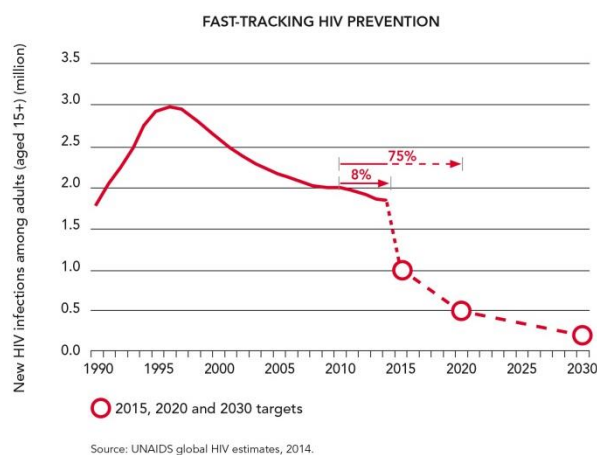
Fulfilling that right includes ensuring that young women and men, especially in countries most affected by HIV, and the populations most affected by HIV have access to effective HIV prevention services.

The right to HIV prevention also means removing legal barriers to accessing HIV prevention services or activities that heighten people's exposure to HIV.

*“A quarter of all resources for HIV needs to be invested in prevention. Access to effective HIV prevention options, particularly for people at higher risk of infection, will be critical to reaching the UNAIDS Fast-Track Targets.”*

Michel Sidibé,  
Executive Director, UNAIDS

## New HIV infections among young people and adults (aged 15+) declined by less than 10% between 2010 and 2014



## The facts on the HIV prevention gap

- Nearly two thirds of all people, including adolescents and young people, do not have basic awareness about HIV.
- Less than half of the 8 billion condoms estimated to be needed in Africa annually are currently available.
- More than 10 million men have been circumcised in priority countries, yet an additional 27 million need to be reached over the next five years to reach the UNAIDS Fast-Track Targets.
- UNAIDS estimates that only about 50 000 out of the 3 million people at very high risk of exposure to HIV have access to pre-exposure prophylaxis to prevent HIV (PrEP).

## Preventing HIV among people at higher risk of infection

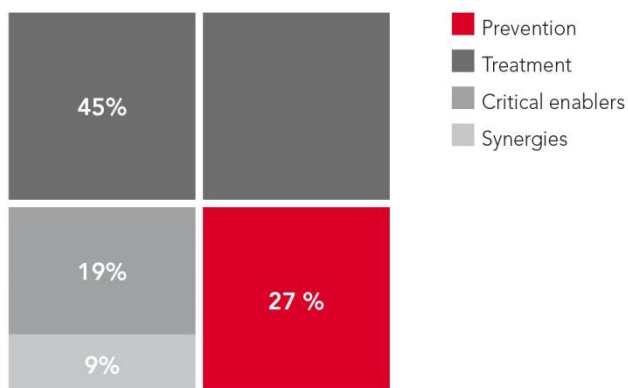
New infection rates are much higher among key populations, such as sex workers, gay men and other men who have sex with men, people who inject drugs and transgender people. Yet access to HIV prevention services for key populations lags far behind.

- HIV prevalence among sex workers is 12 times greater than among the general population.
- In 15 countries surveyed, a transgender woman was 49 times more likely to be living with HIV than a non-transgender person.
- Some 68 countries do not have policies or programmes for providing harm reduction services for people who inject drugs.

With adequate financing, effective programmes for key populations can be scaled up and 40–50% of all infections worldwide can be prevented.

Currently, most investments for HIV prevention for key populations come from international sources; domestic funding for key population programmes needs to increase.

### Global resource needs for the AIDS response, 2020: US\$ 26.2 billion



## Preventing HIV among young women and adolescent girls

About 1000 young women and adolescent girls were infected every day in 2014. Young women between the ages of 15 and 24 who live in sub-Saharan Africa are twice as likely as young men to be living with HIV.

Programmes to reduce sexual violence and provide sexual and reproductive health services, such as male and female condoms and other contraceptives, as well as PrEP for people at very high risk of HIV infection, are essential to reduce new HIV infections.

*A global modelling analysis estimated that condoms have averted around 50 million new HIV infections since the start of the epidemic.*

HIV investments that contribute to women's economic empowerment and provide incentives to stay enrolled in secondary education and tertiary education have multiple other benefits beyond HIV prevention, including reductions in child marriage, unwanted and teenage pregnancies and other sexually transmitted infections.

## A quarter for prevention

UNAIDS estimates that global investments for the AIDS response need to increase from US\$ 19.2 billion in 2014 to US\$ 26.2 billion in 2020, and that at least a quarter of that amount—more than US\$ 7 billion—should be invested in effective and proven combination HIV prevention services, in addition to treatment.

Some countries allocate less than 10% of their HIV resources to effective HIV combination prevention programmes. HIV prevention allocations by international donors also account for a far smaller proportion than needed to reach the UNAIDS Fast-Track Targets.

UNAIDS calls for all countries and donors to examine their investment portfolios and ensure sufficient HIV prevention funding to scale up programmes and reach the UNAIDS Fast-Track Targets.



## KEY FACTS

# 70% of women

and 65% of men do not have basic awareness about HIV.

# 7000

An estimated 7000 young women and girls became infected with HIV every week in 2014.

# 50 million

infections averted through condom promotion and use since the beginning of the epidemic.

# 60%

protection at US\$ 20–100 per circumcision: efficacy and cost of voluntary medical male circumcision.

# 3 million

people at higher risk of HIV eligible for PrEP, but only about 50 000 accessing it.

# 64x

increase in access to HIV treatment in Nigeria, due to community engagement and mobilization.

# 4x

increase in consistent use of condoms in Kenya due to community engagement and mobilization.

All data from end of year 2013, except where explicitly sourced as 2014.

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