

PRESS RELEASE

Ahead of World AIDS Day 2013 UNAIDS reports sustained progress in the AIDS response

Renewed commitment needed in Eastern Europe and Central Asia, the Middle East and North Africa and for key populations.

GENEVA, 20 November 2013—Accelerated progress has been reported in most parts of the world. However, there are worrying signs that some regions and countries are not on track to meet global targets and commitments on HIV.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) reports that new HIV infections have been on the rise in Eastern Europe and Central Asia by 13% since 2006. The Middle East and North Africa has seen a doubling of new HIV infections since 2001.

In many cases stalled progress is due to inadequate access to essential HIV services. Key populations including men who have sex with men, people who use drugs, transgender people and sex workers are often blocked from accessing life-saving services.

“Every person counts,” said Michel Sidibé, Executive Director of UNAIDS. “If we are going to keep our pledge of leaving no one behind—we have to make sure HIV services reach everyone in need.”

Investments focused on reaching key populations have not kept pace. Funding for HIV prevention services for men who have sex with men is especially limited in East Asia, the Middle East and North Africa, and across sub-Saharan Africa. Investments lag in a number of countries where HIV prevalence among people who inject drugs is high. Ten countries in which HIV prevalence among people who inject drugs exceeds 10%, allocate less than 5% of HIV spending to harm reduction programmes. Notwithstanding sex workers’ disproportionate risk of acquiring HIV, prevention programmes for sex workers account for a meagre share of HIV prevention funding globally.

While much work needs to be done in Eastern Europe, for the first time in 2012, Ukraine has reported a decline in the number of newly identified HIV cases, representing a new turning point for the country. There are an estimated 200 000 people living with HIV in Ukraine. At 21.5%, HIV prevalence is highest among people who inject drugs.

However, by working together, the Ukrainian government and civil society organizations are striving to provide essential HIV services to support key populations, using evidence to guide investments and programmes. In 2011, Ukraine also amended its AIDS law which now guarantees harm reduction services for people who inject drugs, confidentiality of HIV status for people living with HIV and removal of HIV-related travel restrictions.

More attention needed for children and adults aged 50 and over

In priority countries, only three in 10 children receive HIV treatment under 2010 WHO treatment guidelines. Children living with HIV continue to experience persistent treatment gaps. In 2012, 647 000 children under 15 years of age were receiving antiretroviral treatment. HIV treatment coverage for children (34% (31-39%)) remained half of coverage for adults 64% (61-69%)) in 2012 under the old guidelines.

“We have seen tremendous political commitment and results to reduce mother-to-child transmission of HIV—but we are failing the children who become infected,” added Mr Sidibé. “We urgently need better diagnostic tools and child-friendly medicines—irrespective of the market size.”

Although the number of children receiving antiretroviral therapy in 2012 increased by 14% in comparison to 2011, the pace of scale-up was substantially slower than for adults (a 21% increase). The failure to expand access in many settings to early infant diagnosis is an important reason explaining why HIV treatment coverage remains much lower for children than for adults. In three priority countries, Chad, Democratic Republic of the Congo and Malawi, coverage of less than 5% was reported for early infant diagnostic services in 2012.

An increasingly significant trend in the global HIV epidemic is the growing number of people aged 50 years and older, who are living with HIV. Worldwide, an estimated 3.6 [3.2–3.9] million people aged 50 years and older are living with HIV. This “aging” of the HIV epidemic is mainly due to three factors: the success of antiretroviral therapy in prolonging the lives of people living with HIV; decreasing HIV incidence among younger adults shifting the disease burden to older ages; and the often-unmeasured, and thus often overlooked, fact that people aged 50 years and older exhibit many of the risk behaviours also found among younger people.

Global AIDS data

New HIV infections among adults and children were estimated at 2.3 million in 2012, a 33% reduction since 2001. New HIV infections among children have been reduced to 260 000 in 2012, a reduction of 52% since 2001. AIDS-related deaths have also dropped by 30% since the peak in 2005 as access to antiretroviral treatment expands.

By the end of 2012, some 9.7 million people in low- and middle-income countries were accessing antiretroviral therapy, an increase of nearly 20% in just one year. In 2011, UN Member States agreed to a 2015 target of reaching 15 million people with HIV treatment. However, as countries scaled up their treatment coverage and as new evidence emerged showing the HIV prevention benefits of antiretroviral therapy, the World Health Organization set new HIV treatment guidelines, expanding the total number of people estimated to be in need of treatment by more than 10 million.

Significant results have also been achieved towards meeting the needs of tuberculosis (TB) patients living with HIV, as TB-related deaths among people living with HIV have declined by 36% since 2004.

Despite a flattening in donor funding for HIV, which has remained around the same as 2008 levels, domestic spending on HIV has increased, accounting for 53% of global HIV resources in

2012. The total global resources available for HIV in 2012 was estimated at US\$ 18.9 billion, US\$ 3-5 billion short of the US\$ 22-24 billion estimated to be needed annually by 2015.

In 2012, an estimated:

35.3 million [32.2 million – 38.8 million] people globally were living with HIV

2.3 million [1.9 million – 2.7 million] people became newly infected with HIV

1.6 million [1.4 million – 1.9 million] people died from AIDS-related illnesses

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UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners to maximize results for the AIDS response. Learn more at unaids.org and connect with us on Facebook and Twitter.