



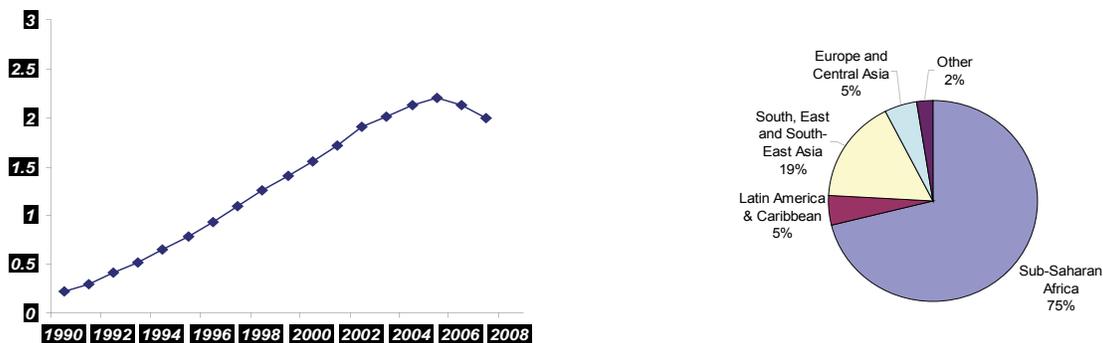
Understanding HIV/AIDS

The Basics

Despite unprecedented global efforts that have led to stabilization of new infections, the HIV/AIDS pandemic continues to affect a growing number of people and the incidence is rising in a number of countries. Over the past 27 years, 25 million have died and 33 million live with HIV – the majority in sub-Saharan Africa.^{1,3}

- ▶ In 2008, new infections increased most rapidly among young women aged 15-24. Women comprised 50 percent of adults living with HIV globally; 77 percent of all women with HIV live in sub-Saharan Africa.^{1,4}
- ▶ Most infections are sexually transmitted. Heterosexual transmission is the primary mode, accounting for more than 80 percent of infections; other primary modes are men having sex with men and injecting drug use.⁵
- ▶ Gender-based inequity and violence drive the rise of HIV among women and girls.^{1,6} Women often lack control of the decision to have sex or use a condom. The feminization of poverty also places women at increased risk.

Deaths Due to AIDS by Year and Region in 2008^{1,3}



Making Progress

Through global efforts, especially the President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, TB and Malaria (GFATM), treatment is more affordable and accessible, and effective prevention strategies are being scaled up, including: prevention of mother-to-child transmission, harm reduction strategies, condom promotion, voluntary counseling and testing, and services for commercial sex workers and their clients. PEPFAR has expanded its programming in over 30 countries worldwide.⁸ The Global Fund has approved grants for HIV/AIDS programs totaling over \$9 billion to 131 countries since 2003.⁷

- ▶ By the end of 2008, more than 4 million people in low- and middle income countries were receiving antiretroviral therapy, including more than 2 million through PEPFAR.^{6,8}
- ▶ Research continues on the feasibility of additional prevention strategies, such as microbicides, vaccines and pre-exposure antiretroviral prophylaxis.¹

Challenges

Stigma, gender inequity and lack of knowledge, particularly among the young, still thwart efforts to reduce an epidemic in which transmission varies from country to country. Prevention strategies must be designed accordingly.

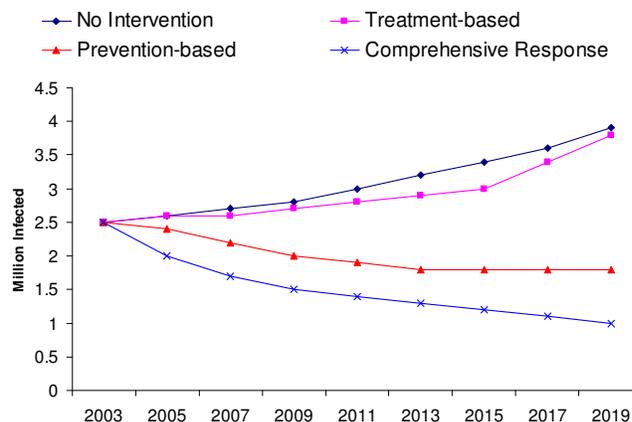
- ▶ By December 2008, 45 percent of pregnant women in low- and middle-income countries had access to services to prevent mother-to-child transmission.⁶
- ▶ Fifty-eight percent of those who need treatment in do not have access, with the coverage in North Africa and the Middle East the lowest (12 percent).⁶ Drug costs remain a barrier.
- ▶ Sub-Saharan Africa is home to 15 million children orphaned or made vulnerable by HIV and AIDS.⁶

The Best Buys

Programs to stem the rapid rise of new infections among young women and girls are especially needed: keeping girls in school, providing for economic independence through vocational training and micro-credit, assuring that youth have accurate information and access to services, and addressing sexual coercion and gender-based violence.

- ▶ The most promising approach for reversing the spread of the pandemic and deaths due to AIDS is a comprehensive response that includes tailored and appropriate prevention care and treatment interventions.^{1,6}
- ▶ An inexpensive antiretroviral drug (ARV) can prevent a half million infants from contracting the virus from their mothers.
- ▶ Reducing the impact of gender-based violence requires prevention programs aimed at changing social norms and behaviors among boys and men.¹
- ▶ Male circumcision has been shown in clinical trials to cut the relative risk of female-to-male infection by approximately 60 percent.¹
- ▶ Utilizing combination HIV prevention programs can avert more than half of all new HIV infections projected to occur between 2005 and 2015.¹

A Model of the Impact of A Comprehensive Response in Sub-Saharan Africa²



Investment needed for HIV services in 132 low- and middle-income countries ⁹ (US \$billion)		
Country-defined targets	2009	2010
Prevention	9.0	11.6
Treatment and care (including palliative care)	5.5	7.0
Orphans and vulnerable children	1.7	2.5
Program support costs	3.4	3.7
Prevention of violence against women	0.2	0.3
Entire Package	19.8	25.1

Global Need

UNAIDS estimates that \$25.1 billion is needed in to meet the global AIDS goal of universal access by 2010 in low- and middle income countries. An estimated \$13.7 billion was invested in HIV services in 2008. While funding has increased from previous years, at the start of 2009, there still existed a gap of \$11.4 billion to meet this goal.⁹

A Call to Action

The Global Health Council supports comprehensive prevention, care and treatment policies that are evidence-based, locally appropriate, and recognize the vulnerability of women and girls. In addition, the Council supports balanced and comprehensive interventions that reflect the HIV/AIDS burden in each country. The Council calls for the United States, developing country governments and other public and private donors to continue their leadership role in the fight against HIV/AIDS by meeting the global need of \$25.1 billion in global investments by 2010.

1. UNAIDS. 2008 Report on the Global AIDS Epidemic. 2008.
2. UNAIDS. Report on the global AIDS epidemic; 2006.
3. UNAIDS. 2009 AIDS Epidemic Update 2009.
4. Siegfried N. Does male circumcision prevent HIV infection? PLoS Medicine 2005;2(11 e393).
5. Chin J. The AIDS Pandemic: the collision of epidemiology with political correctness. Oxford: Radcliffe Publishing; 2007.
6. WHO UNAIDS, and UNICEF. Towards Universal Access; 2009.
7. Global Fund. About the Global Fund.
8. PEPFAR. U.S. President's emergency plan for AIDS relief.
9. UNAIDS. What countries need: investments needed for 2010 targets; 2009.