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MORE DEVELOPING COUNTRIES SHOW UNIVERSAL ACCESS TO HIV/AIDS SERVICES IS POSSIBLE

Sustained commitments necessary to secure future progress

28 September 2010 | GENEVA / NAIROBI / WASHINGTON D.C.— Significant progress has been made in several low- and middle-income countries in increasing access to HIV/AIDS services, according to a new report released today. The report *Towards Universal Access* by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) is the fourth annual report for tracking progress made in achieving the 2010 target of providing universal access to HIV prevention, treatment and care.

The report assessed HIV/AIDS progress in 144 low- and middle-income countries in 2009 and found:


- 15 countries, including Botswana, Guyana and South Africa, were able to provide more than 80% of HIV-positive pregnant women in need, the services and medicines to prevent mother-to-child HIV transmission;
- 14 countries, including Brazil, Namibia and Ukraine, provided HIV treatment to more than 80% of the HIV-positive children in need;
- Eight countries, including Cambodia, Cuba and Rwanda, have achieved universal access to anti-retroviral treatment (ART) for adults.

"Countries in all parts of the world are demonstrating that universal access is achievable," said Dr Hiroki Nakatani, WHO's Assistant Director-General for HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases. "But globally, it remains an unfulfilled commitment. And we must join forces to make it a worldwide reality in the coming years."

Remarkable progress in Eastern and Southern Africa, the region most severely affected by HIV, offers hope. In this region, HIV treatment coverage has increased from 32% to 41% in one year. And half of the pregnant women were able to access HIV testing and counseling in 2009.

"We're on the right track, we've shown what works and now we need to do more of it," said Dr Paul De Lay, Deputy Executive Director, Programme, UNAIDS. "But we're US\$10 billion short. At the Global Fund replenishment conference in New York next week countries have a chance to put this right—to make a smart investment and secure the future of the AIDS response."

In 2009, 5.25 million people had access to HIV treatment in low- and middle-income countries, accounting for 36% of those in need. This represents an increase of over 1.2 million people from December 2008, the largest increase in any single year.



In sub-Saharan Africa, close to one million more people started on ART, the number increasing from 2.95 million at the end of 2008 to 3.91 million at the end of 2009, covering 37% of those in need. Latin America and the Caribbean region reached 50% coverage for ART, East, South and South-East Asia–31%, Europe and Central Asia–19%, and North Africa and the Middle East–11%.

Challenges in delivering universal access

Obstacles to scaling up HIV treatment persist in most countries, including funding shortages, limited human resources, and weak procurement and supply management systems for HIV drugs and diagnostics and other health systems bottlenecks. One third of countries reported at least one or more cases when supply of HIV medicines had been interrupted in 2009.

Prevention efforts to reach most-at-risk populations such as sex workers, drug users, and men who have sex with men are limited. For example, only about one third of injecting drug users in reporting countries were reached with HIV prevention programmes in 2009.

Availability and safety of blood and blood products continue to be a concern for HIV prevention, especially in low-income countries. While 99% and 85% of blood donations in high- and middle-income countries, respectively, were screened in a quality-assured manner in 2009, in low-income countries the comparable figure was 48%.

Results from population surveys in ten countries showed more than 60% of HIV-positive people did not know their HIV status. As a result, many patients start treatment too late. Around 18% of patients initiating treatment were lost to follow-up during the first year, a large proportion of them dying due to late initiation of treatment.

"The report findings indicate challenges but also clear opportunities for optimizing investments and increasing efficiency. By starting treatment earlier and improving adherence within the first year, we can save many more lives," said Dr Gottfried Hirnschall, WHO's Director for HIV/AIDS. "We also need to not only further increase access to key HIV/AIDS interventions but also to pay attention to ensure higher quality of these life-saving services," he said.

Women and children

Steady progress was seen in access to prevention of mother-to-child transmission (PMTCT) services. A record 53% of pregnant women who needed PMTCT services received them globally in 2009. But still many pregnant women and their infants lacked access to these timely interventions. Care for infants and children require highest attention. Global treatment coverage for HIV positive children was 28% in 2009, a notable progress, but the rate is lower than the ART coverage for adults (36%). And only 15% of children born to HIV-positive mothers were receiving appropriate infant diagnostics.

"Every day, more than 1 000 infants acquire HIV during pregnancy, delivery and breastfeeding. We know how to prevent this," says Jimmy Kolker, Chief of HIV and AIDS of UNICEF. "While many countries are now showing significant progress, intensified efforts are urgently needed to reach all mothers and children with the most effective treatment and PMTCT interventions for their own health and for the sake of their communities."

Steps towards universal access beyond 2010

The report called for a clear set of actions to be taken by the international community including:

- renewing political and funding commitments to achieve universal access to HIV/AIDS prevention, treatment and care;
- improving integration and linkages between HIV/AIDS and related services such as tuberculosis, maternal and child health, sexual health and harm reduction for drug users;

- strengthening health systems to achieve broader public health outcomes; and
- taking bold measures to address legal and structural barriers that increase HIV vulnerability, particularly for most-at-risk populations.

This call to action is consistent with the key strategies proposed by a broad range of stakeholders for the new Global Health Sector Strategy for HIV/AIDS, 2011-2015. WHO is developing the strategy which is meant to guide the next phase of the health sector response to HIV/AIDS, once discussed and ratified by the World Health Assembly next year.

The embargoed report can be accessed at: <http://www.who.int/hiv/accessformedia/submit/en/>

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Editor's note: All coverage rates in the new report are calculated using the 2010 guidelines. In July 2010, WHO issued new guidelines on antiretroviral treatment for adults and adolescents. The new guidelines changed CD4 count threshold to initiate antiretroviral treatment from 200 cells/mm³ to 350mm³. This change has increased the number of people who needed HIV treatment at the end of 2009 from 10.1 million to 14.7 million. Based on the new criterion for treatment initiation, global ART coverage has increased from 28% in December 2008 to 36% in December 2009. Under the previous criterion for treatment initiation, global coverage would have increased from 42% to 52% during the same period. You can download the full report and related materials at www.who.int/hiv.

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