

## PRESS RELEASE

### **Twenty-two of the most affected countries in sub-Saharan Africa have reduced new HIV infections by more than 25%**

*New UNAIDS data show significant progress towards Millennium Development Goal 6: to halt and begin to reverse the spread of HIV by 2015.*

**GENEVA, 17 September 2010**—Ahead of the United Nations Summit on the Millennium Development Goals (MDGs) on 20-22 September 2010, UNAIDS today released data on progress towards MDG 6 and called for leveraging the AIDS response to support all MDGs.

The data shows that countries with the largest epidemics in Africa—Côte d'Ivoire, Ethiopia, Nigeria, South Africa, Zambia and Zimbabwe—are leading the drop in new HIV infections. Between 2001 and 2009, 22 countries in sub-Saharan Africa have seen a decline of more than 25% in new HIV infections. The number of new HIV infections is steadily falling or stabilising in most parts of the world.

"We are seeing real progress towards MDG 6," said UNAIDS Executive Director Michel Sidibé. "For the first time change is happening at the heart of the epidemic. In places where HIV was stealing away dreams, we now have hope."

However challenges remain. Eastern Europe and Central Asia continue to have expanding HIV epidemics, and in several high-income countries there has been a resurgence of HIV infections among men who have sex with men.

There are now 5.2 million people on HIV treatment, which is a 12-fold increase in six years. AIDS deaths have dropped significantly since the widespread availability of treatment—there were 200,000 fewer deaths in 2008 than in 2004. Young people are leading the prevention revolution by choosing to have sex later, having fewer multiple partners and using condoms, resulting in significantly fewer new HIV infections in many countries highly affected by AIDS.

Among adults, male condom use has doubled in the past five years. Tradition is giving space to pragmatism, as communities embrace male circumcision. Research has shown that male circumcision has the potential to reduce HIV infection among men by nearly 60%. New HIV prevention research reported efficacy in a microbicide controlled and initiated by women.

"To sustain the gains we are making, further investments in research and development are needed—not only for a small wealthy minority—but also focused to meet the needs of the majority," Mr Sidibé said.

Many countries are showing good progress in the AIDS response. For example, in Asia, where the epidemic is concentrated among high-risk populations, China has scaled up access to harm reduction programmes for people who use drugs. Data from its national sentinel surveillance show that the percentage of drug users who used sterile injection equipment the last time they injected drugs increased from 40.5% in 2007 to 71.5% in 2009.

South Africa is rapidly accelerating efforts to achieve universal access to HIV prevention, treatment, care and support. New HIV infections among adults and young people have dropped by more than 25% and record numbers of women are accessing treatment to

**UNAIDS' vision: Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths.**

prevent mother-to-child transmission of HIV from previous years. The country has also significantly increased its domestic investments for the AIDS response in the current fiscal year. However in many low- and middle-income countries, the lack of resources is seriously hampering the scale up of programmes.

### **US \$10 billion shortfall for the AIDS response**

In 2009, an estimated US\$ 15.9 billion was available for the global AIDS response, which is US\$ 10 billion short of the estimated need. In 2009 international investments for AIDS were down from investments made in 2008.

“At this turning point flat-lining or reductions in investments will set-back the AIDS response and threaten the world’s ability to reach MDG 6,” said Mr Sidibé. “Investing for AIDS is a shared responsibility—between development partners and national governments.”

UNAIDS recommends national governments allocate between 0.5% and 3% of government revenue on HIV, depending on the HIV prevalence of the country. Domestic investments for AIDS have increased over the past decade, but for a majority of the countries severely affected by AIDS, domestic investments alone will not suffice to meet all their resource needs.

On the other hand, AIDS programmes can be made sustainable and affordable by increasing the efficiency and effectiveness of HIV programmes. This means knowing what to do and investing resources in the right direction—task shifting among health care workers, reducing unit costs, and focusing on effectiveness are all options that will help lower global resource needs in the long run. In addition, the resource availability must become predictable. Countries cannot respond effectively to the epidemic on a fiscal year basis.

### **Leveraging the AIDS response for all Millennium Development Goals**

Current strategies for resource investments are failing the AIDS response. AIDS programmes must be taken out of isolation. By situating the AIDS response within the broader development agenda and integrating AIDS with other health, development and human rights efforts, the world can accelerate progress across the array of MDGs, optimize efficiency in the use of resources and save and improve more lives.

For example, new UN estimates show that there were 42,000 deaths due to HIV among pregnant women in 2008. About half of these deaths were estimated to be maternal.

“Integrating HIV investments for maternal health, sexual and reproductive health, as well as child health will leverage better results for millions of people most in need,” said Mr Sidibé. “As we move ahead, the HIV response can help accelerate progress across all eight development goals.”

UNAIDS will co-host the event *AIDS plus MDGs* along with China, Nigeria and South Africa on 22 September at the UN Summit. The aim is to look at ways of integrating the AIDS response with other health and development efforts.

“World leaders and UNAIDS are joining together to give the message that we must invest strategically to address multiple MDGs. Releasing the power, capacity and innovation of the AIDS movement may provide one of the best opportunities to ‘do the MDGs’ differently,” said Mr Sidibé.

The AIDS movement should be the bridge that connects other movements: maternal and child health, sexual and reproductive health, gender equality, sexual violence and the fight against women's cancer.

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### **UNAIDS**

UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative United Nations partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. Learn more at [unaids.org](http://unaids.org).