

PRESS RELEASE**More than 80 countries increase their domestic investments for AIDS by over 50% between 2006 and 2011**

A new report and supplement from UNAIDS shows that as international funding flattens, more countries are increasing their own share of investments for HIV and that a record 8 million people are now receiving antiretroviral therapy

WASHINGTON, DC/GENEVA, 18 July 2012—A new report by the Joint United Nations Programme on HIV/AIDS (UNAIDS) shows that domestic funding for HIV has exceeded international investments. The report, *Together we will end AIDS*, states that low- and middle- income countries invested US\$ 8.6 billion for the response in 2011, an increase of 11% over 2010. International funding however remained flat at 2008 levels (US\$ 8.2 billion).

According to the report, 81 countries increased their domestic investments for AIDS by more than 50% between 2006 and 2011. As economies in low- and middle-income countries grow, domestic public investments for AIDS have also grown. Domestic public spending in sub-Saharan Africa for example, (not including South Africa) increased by 97% over the last five years. South Africa already spends more than 80% from domestic sources and has quadrupled its domestic investments between 2006 and 2011.

“This is an era of global solidarity and mutual accountability,” said Michel Sidibé, Executive Director of UNAIDS. “Countries most affected by the epidemic are taking ownership and demonstrating leadership in responding to HIV. However, it is not enough for international assistance to remain stable—it has to increase if we are to meet the 2015 goals.”

To further expand country ownership and support mutual accountability, the African Union launched a *Roadmap for shared responsibility and global solidarity for AIDS, tuberculosis and malaria* in Africa ahead of the XIX International AIDS Conference in Washington, DC. It charts a course for more diversified, balanced and sustainable financing for the AIDS response by 2015 and demonstrates Africa’s new leadership and voice in the global AIDS architecture.

BRICS countries (Brazil, Russia, India, China and South Africa) increased domestic public spending on HIV by more than 120% between 2006 and 2011. BRICS countries now fund, on average, more than 75% of their domestic AIDS responses. Domestic sources already account for more than 80% of resources spent on AIDS in South Africa and China—and the Chinese government has pledged to fully fund its response in the coming years. India, too, has committed to increase domestic funding to more than 90% in its next phase of the AIDS response. Brazil and Russia already fully fund their AIDS response with domestic resources.

HIV funding from the international community, on the other hand, has largely been stable between 2008 and 2011, at US\$ 8.2 billion. Funding from the United States of America accounts for nearly 48% of all international assistance for AIDS.

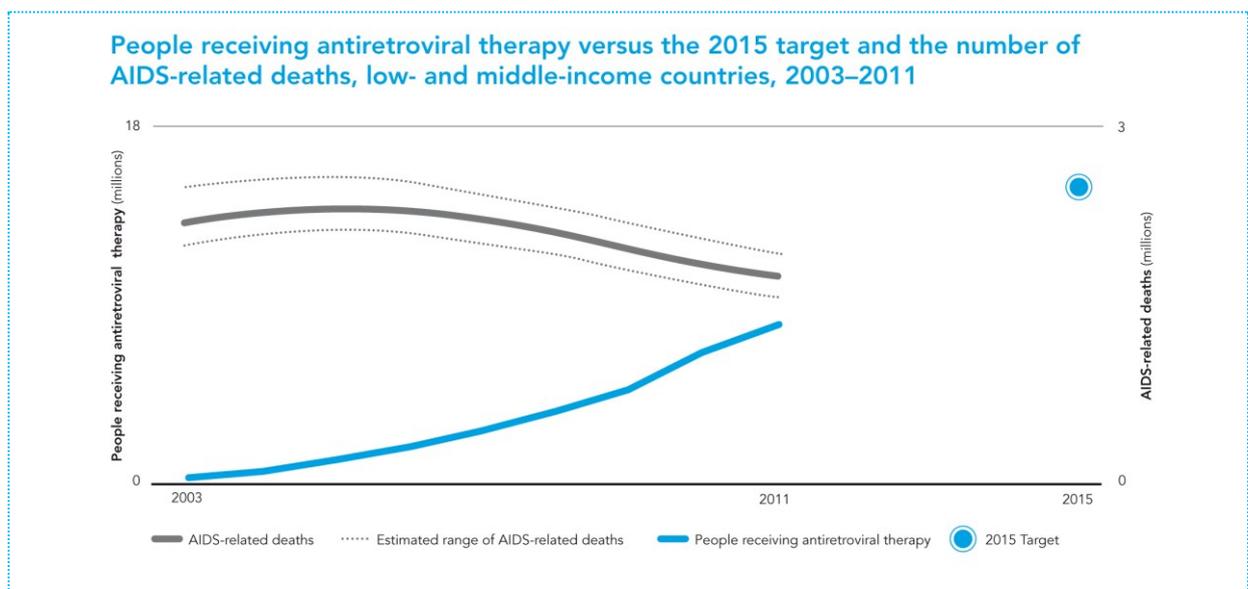
“It is clear that this is no time for the world to slow down our efforts on global AIDS—rather, we must seize the moment to build on the progress we’ve made and achieve an AIDS-free

generation,” said Ambassador Eric Goosby, U.S. Global AIDS Coordinator. “The United States has made it clear that we will continue to do our part in meeting our shared responsibility by making smart investments that stretch each dollar as far as possible to save lives.”

While domestic investments in AIDS are increasing, there is still a large shortfall in global funding for HIV. By 2015, the estimated annual gap will be US\$ 7 billion. At the 2011 United Nations High Level Meeting on AIDS, countries adopted a Political Declaration on HIV/AIDS in which they agreed to increase investments for HIV to between US\$ 22-24 billion by 2015. A concerted effort by all countries is needed to scale up funding if this target is to be met.

Record numbers of people on treatment – lives saved

Although total resources for AIDS have not significantly increased, record numbers of people are accessing antiretroviral therapy. In 2011, eight million people had access to life-saving treatment in low- and middle-income countries—an increase of 1.4 million over 2010. Despite the substantial numbers of people newly starting treatment, it is only just over half (54%) of the 14.8 million people eligible.

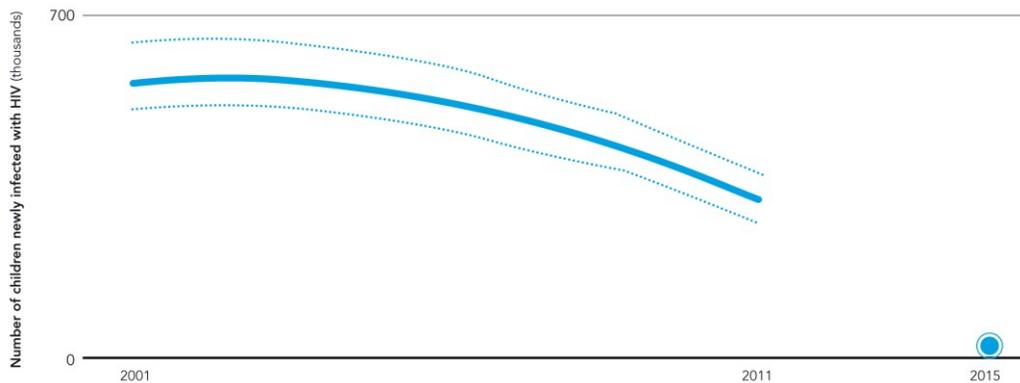


The report also outlines the significant progress that has been made in reducing new HIV infections in children. Since 2009, new infections in children have fallen by an estimated 24%. Some 330 000 children were newly infected in 2011, almost half than at the peak of the epidemic in 2003 (570 000).

In both expanding access to antiretroviral therapy and stopping new HIV infections in children, this progress suggests that countries are on track to achieving the targets set out in the 2011 Political Declaration on HIV/AIDS: to eliminate new HIV infections in children and reach 15 million people with antiretroviral therapy.

“HIV prevention and treatment is needed for all, now and always,” said Mr Sidibé. “I believe that together we will end AIDS. The question is not if but when.”

New HIV infections among children (0–14 years old), 2001–2011 and the target for 2015



The increase in access to antiretroviral therapy is helping to reduce new HIV infections. The positive effects of antiretroviral therapy in suppressing viral loads of people living with HIV is helping to stop the transmission of HIV. Changes in behaviour, combined with the natural course of the epidemic and an increase in access to antiretroviral therapy, has resulted in a continuing decline in new HIV infections—by more than 20% since 2001.

The report, launched ahead of the XIX International AIDS Conference in Washington DC, gives new data showing that an estimated 34.2 million people were living with HIV in 2011. In 2010, UNAIDS reported that at least 56 countries had either stabilized or achieved significant declines in rates of new HIV infections. This trend has been maintained and new HIV infections have fallen by nearly 20% in the last 10 years worldwide. New data shows that 2.5 million people were newly infected with HIV, 100 000 fewer than the 2.6 million new infections in 2010.

Some 4.9 million young people were living with HIV, 75% of them live in sub-Saharan Africa. Globally, young women between 15 and 24 years of age remain the most vulnerable to HIV, and an estimated 1.2 million women and girls were newly infected with HIV in 2011.

Key HIV data in 2011 – at a glance

- 34.2 million [31.8 – 35.9 million] people globally living with HIV
- 2.5 million [2.2 – 2.8 million] people became newly infected with HIV
- 1.7 million [1.6 – 1.9 million] people died of AIDS-related illnesses
- More than 8 million people receiving antiretroviral therapy

Rights-based approaches to HIV

The AIDS conference is being held in the United States for the first time in over 20 years—and just two years after the host country lifted travel restrictions for people living with HIV. Data in the report shows that 46 countries, territories and areas, however, still restrict the ability of people living with HIV to enter, stay or reside in them.

Rights-based approaches, which advance gender equality and empower communities, are widely recognized in the report as essential to all components of the AIDS response. The report also underlines the important advantage of community-based responses in delivering HIV services.

“We can see strong leadership and participation of civil society and key populations in the AIDS response in Eastern Europe and Central Asia, but we still have a rapidly growing epidemic in the region,” said Svitlana Moroz of the All-Ukrainian Network of People Living with HIV. “Punitive policies towards sex workers, people who use drugs and men who have sex with men, combined with the criminalization of HIV transmission, are all factors fuelling the epidemic. We need to develop and sustain programmes of integrated treatment for HIV, tuberculosis, drug addiction and viral hepatitis and to find an appropriate balance between HIV treatment and prevention.”

The report outlines that sustaining the AIDS response will require strong country ownership and global solidarity. It also emphasises the need for investments to be sustainable and predictable and that countries must be able to mobilize and use resources effectively and efficiently.

“Every dollar spent on AIDS is an investment, not an expenditure,” said Mr Sidibé. “We need to focus not only on achieving the 2015 targets but we need to look beyond and keep our sights set firmly on realizing our vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths.”

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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.