

# Key Points: HIV and AIDS

## THE CHALLENGE

In 2000, AIDS, tuberculosis and malaria appeared to be unstoppable. In June that year, media reports said that AIDS was killing one in two Africans<sup>i</sup>, and UNAIDS claimed that the disease was taking out an entire generation. Significant advances in prevention and increased access to treatment and care for people affected by the diseases has reversed the situation. However, more needs to be done to end HIV as an epidemic.

### **HIV, the virus that causes AIDS, is one of the world's most serious health and development challenges.**

- AIDS is still one of the leading causes of death worldwide. More than 25 million people have died of AIDS-related illnesses since 2000; 1.2 million people died in 2014.<sup>ii</sup>
- Since 2000, more than 38 million people have become infected with HIV; 2 million became newly infected in 2014 alone.<sup>iii</sup>
- During the 30 years of the epidemic, an estimated 17 million children lost one or both parents due to AIDS.<sup>iv</sup>
- Families affected by HIV and AIDS see decreased or complete loss of income, resulting in a reduction of food consumption and therefore in malnutrition.<sup>v</sup>
- Life expectancy plummeted in hard-hit countries due to AIDS. In Zimbabwe, life expectancy was 60 years of age in 1980; by 2000, it was 44. Thanks to increased numbers of people on antiretroviral treatment, life expectancy in Zimbabwe has since rebounded to 60 years.<sup>vi</sup>

### **While huge progress has been made, HIV treatment is still not reaching all who need it, and additional resources are required.**

- There are 36.9 million people living with HIV worldwide and only 15 million are accessing antiretroviral therapy.<sup>vii</sup>
- New WHO guidelines state that anyone infected with HIV should begin antiretroviral treatment as soon after diagnosis as possible. This raises the number of people eligible for treatment from 28 million to 37 million,<sup>viii</sup> creating a new challenge of finding additional funding and resources.
- The new UNAIDS 90-90-90<sup>ix</sup> fast-track approach commits to ending the global HIV epidemic as a public health threat by 2030. To achieve this, US\$31.9 billion will be required in 2020 and US\$29.3 billion by 2030. The total global resources available for HIV in 2014 were US\$20.2 billion; by the end of 2015, it is estimated at US\$21.7 billion.<sup>x</sup>

### **TB/HIV co-infection is a growing problem. HIV is the strongest risk factor for people living with TB, and TB a leading cause of death for people living with HIV.<sup>xi</sup>**

- Over the past three decades, HIV has fuelled the number of TB cases worldwide. People living with HIV are 29 times more likely to develop TB than those who are HIV-negative.<sup>xii</sup>
- All HIV-positive TB cases are eligible for antiretroviral treatment; however, of the 1.2 million people living with HIV that developed TB in 2014, only one-third received antiretroviral treatment.<sup>xiii</sup>

- TB is a leading cause of death of HIV-positive people: in 2015, one in three HIV deaths was due to TB.<sup>xiv</sup>

**Not knowing one's own HIV status can result in people unknowingly passing the virus to others, hampering the fight against HIV.**

- Of the almost 37 million people living with HIV in the world, 19 million do not know their HIV-positive status<sup>xv</sup>.

**Young women and adolescent girls are more at risk of HIV than their male counterparts. Gender inequalities are major drivers of disease transmission.**

- HIV is the leading cause of death for women aged 15-44 worldwide.<sup>xvi</sup>
- Globally, almost 60 percent of new HIV infections among 15-24 year olds were contracted by girls and women<sup>xvii</sup>; 7,000 girls<sup>xviii</sup> and women in this age bracket are infected with HIV every week. In the hardest-hit countries, girls account for more than 80 percent of all new HIV infections among adolescents.<sup>xix</sup>
- Globally, adolescent girls and young women (15-24 years) are twice as likely to be at risk of HIV infection compared to boys and young men in the same age group.<sup>xx</sup>

**Stigma, discrimination and other human rights violations against people living with HIV limit their access to health services, increasing the risk of spreading the disease.**

- People who fear to get tested will get diagnosed late, which makes treatment less effective and increases the chance of passing the disease to others.
- While HIV cases have declined in the general population, the disease continues to prey on marginalized and vulnerable “key populations” such as people who use drugs, transgender people, young women and girls, prisoners, migrants, men who have sex with men and sex workers. These people are also less likely to access treatment and care due to stigma and discrimination.

## THE OPPORTUNITY

The Global Fund supports countries in the fight against HIV and calls for strategic investments to maximize available resources and make bigger impact against the disease. The approach seeks to ensure a sustainable HIV response and shifts the focus from costs and expenditures to investments that deliver returns.

**In the past 15 years, great progress has been made towards eliminating HIV and AIDS as public health problems.**

- The Millennium Development Goal #6 of halting and reversing the spread of HIV has been achieved and exceeded: there has been a 35 percent decline in new HIV infections; 42 percent reduction in AIDS-related deaths since their peak in 2004; and 7.8 million AIDS-related deaths averted since 2000.<sup>xxi</sup>
- As of mid-2015, the Global Fund has disbursed US\$15 billion for HIV programs worldwide.

**Today more people than ever are receiving lifesaving antiretroviral therapy, ensuring they live to care for their families and contribute to their communities, and reducing the likelihood that they will pass the virus on to others.**

- Treatment coverage has increased from 4 percent coverage in 2005 to 21 percent in 2010 and 40 percent in 2014 in countries supported by the Global Fund.<sup>xxii</sup>
- 15 million people around the world are accessing treatment for HIV<sup>xxiii</sup> – 8.1 million of them through programs supported by the Global Fund.

### **The increased provision of HIV treatment has also strengthened global efforts to reduce the burden of tuberculosis.**

- Tuberculosis-related deaths among people living with HIV fell by 32 percent globally from 2004 to 2014, including steady declines in sub-Saharan Africa, the most heavily affected region.<sup>xxiv</sup>
- Globally, 51 percent of notified TB patients had a documented HIV test result in 2014.<sup>xxv</sup> WHO recommends that routine HIV testing should be offered to all TB patients, to all those with TB signs and symptoms, and to partners of known HIV-positive TB patients.
- Coverage of co-trimoxazole preventive therapy (CPT) among HIV-positive TB patients increased to 87 percent globally and 89 percent in Africa in 2014.<sup>xxvi</sup> CPT is known to substantially reduce mortality in HIV-positive TB patients and it should be initiated as soon as possible.

### **Today, more tools than ever are available to prevent the transmission of HIV.**

- More than 5.1 billion condoms have been distributed in programs supported by the Global Fund.
- Through Global Fund-supported programs, 3.1 million mothers have received treatment to ensure they don't pass the virus to their babies.
- The Global Fund supports programs that provide clean needles to people who inject drugs to avoid needle sharing.
- Counseling and testing for HIV is a critically important part of prevention and treatment of people living with HIV. Programs supported by the Global Fund have provided counseling and testing for more than 423 million people.
- The Global Fund supports HIV prevention programs in schools and communities. Peer education is promoted in these settings.

### **The Global Fund is the single largest donor of harm reduction programs.**

- The Global Fund invests in harm reduction services for people who inject drugs, such as raising awareness of behavioral risks, supplying clean needles to avoid needle sharing, providing basic medical care, testing and counseling, and support for people who inject drugs to transition to methadone substitution therapy.
- The Global Fund has committed approximately US\$600 million between 2002 and 2014 for these interventions.
- Based on preliminary analysis, since the transition to the new funding model, an approximate additional US\$100 million has been committed (based on grants approved by July 2015 and likely to increase substantially once all applicants submit their concept notes). These preliminary findings also indicate that funds are also better targeted towards more effective interventions.

### **The Global Fund partnership's investments in HIV create substantial positive effects on the systems for health in countries where the disease is rife.**

- Overall, more than one-third of the Global Fund's investments go to building resilient and sustainable systems for health.
- Greater control of HIV has reinvigorated health and hospital systems by freeing them up to treat other illnesses. Investment in antiretroviral treatment, for example, has reduced hospitalization of people living with HIV.

### **The HIV epidemic can only be ended by achieving more gender equality – and removing gender-based causes of the disease.**

- The Global Fund works with countries to develop appropriate approaches in concept notes and grants to address gender-related barriers to services, and supports the development and implementation of gender-responsive national health strategies.
- Since 2010, the Global Fund has steadily increased its focus on women and girls. In 2010, approximately 46 percent of programs were focused on women and girls; in 2015,

approximately 55-60 percent of the Global Fund's spending was directed to women and girls. That translates to investments of between US\$15-16 billion since 2002.

- There is strong evidence that keeping adolescent girls and young women in school not only reduces their vulnerability to HIV infection but can yield healthy, educated and financially independent women who make well-informed choices about their lives. A girl who completes secondary school is less likely to get married early, get pregnant early, or to be infected with HIV.

**Eliminating human rights barriers to health, stigma and discrimination is key to ending the HIV epidemic, particularly for marginalized and vulnerable “key populations” such as people who use drugs, transgender people, young women and girls, prisoners, migrants, men who have sex with men and sex workers.**

- The Global Fund invests in programs that will help people at most risk of infection and in need of treatment.
- Human rights are built into the Global Fund's strategy. Programs address human rights barriers to health and are required to ensure non-discriminatory access to services for all.
- For example, the Global Fund supports RedTraSex, the Network of Sex Workers from Latin America and Caribbean that covers 14 countries and whose mission is to strengthen organizations of female sex workers to defend and promote their human rights.

**COUNTRY EXAMPLE: KENYA**

With 1.6 million people living with HIV, Kenya has the fourth largest number of people infected with the virus in the world. The number of new infections each year has dropped at a relatively slow pace. However, accelerated expansion of treatment has meant that many more people who contract HIV are staying alive. About 700,000 people are now on HIV treatment in Kenya, and 53,000 women receive prevention of mother-to-child transmission services representing more than 70 percent coverage. Strong HIV testing campaigns have seen 75 percent of Kenyans test for the virus at least once. Fifty percent of people living with HIV in the country know their status. Also, expanded prevention efforts in providing voluntary medical male circumcision have led to 800,000 circumcisions. More than 380,000 people currently receive lifesaving treatment for HIV in Kenya, with Global Fund support.

**Additional Resources**

- Global Fund & HIV and AIDS: <http://www.theglobalfund.org/en/hiv aids/>
- Global Fund Results Report 2015 -- <http://bit.ly/1iIaGkK>
- Global Fund Gender Equality Strategy ([http://www.theglobalfund.org/documents/core/strategies/Core\\_GenderEquality\\_Strategy\\_en](http://www.theglobalfund.org/documents/core/strategies/Core_GenderEquality_Strategy_en)).
- The Global Fund & Human Rights: <http://www.theglobalfund.org/en/humanrights/>
- The Global Fund & Women & Girls: <http://www.theglobalfund.org/en/womengirls/>

<sup>i</sup> BBC <http://news.bbc.co.uk/2/hi/africa/808631.stm>

<sup>ii</sup> UNAIDS <http://www.unaids.org/en/resources/campaigns/HowAIDSchangedeverything/factsheet>

<sup>iii</sup> UNAIDS: <http://www.unaids.org/en/resources/campaigns/HowAIDSchangedeverything/factsheet>

<sup>iv</sup> USAID: <https://www.usaid.gov/what-we-do/global-health/hiv-and-aids/technical-areas/orphans-and-vulnerable-children-affected-hiv>

<sup>v</sup> UN [http://www.un.org/esa/population/publications/AIDSimpact/22\\_EXEC\\_SUMMARY\\_English.pdf](http://www.un.org/esa/population/publications/AIDSimpact/22_EXEC_SUMMARY_English.pdf)

<sup>vi</sup> UNAIDS:

[http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2015/july/20150714\\_P\\_R\\_MDG6report](http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2015/july/20150714_P_R_MDG6report)

<sup>vii</sup> UNAIDS <http://www.unaids.org/en/resources/campaigns/HowAIDSchangedeverything/factsheet>

<sup>viii</sup> WHO <http://www.who.int/mediacentre/news/releases/2015/hiv-treat-all-recommendation/en/>

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- ix UNAIDS: 90% of people know their status, 90% of all people diagnosed with HIV receive ARVs, 90% of people on ARVs will have viral suppression
- x UNAIDS: [http://www.unaids.org/sites/default/files/media\\_asset/MDG6Report\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/MDG6Report_en.pdf)
- xi CDC: <http://www.cdc.gov/tb/topic/tbhivcoinfection/default.htm>
- xii WHO: [http://www.who.int/tb/challenges/hiv/tbhiv\\_factsheet\\_2014.pdf](http://www.who.int/tb/challenges/hiv/tbhiv_factsheet_2014.pdf)
- xiii WHO: [http://www.who.int/tb/publications/global\\_report/gtbr2015\\_executive\\_summary.pdf?ua=1](http://www.who.int/tb/publications/global_report/gtbr2015_executive_summary.pdf?ua=1)
- xiv WHO: <http://www.who.int/mediacentre/factsheets/fs104/en/>
- xv UNAIDS [http://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_Gap\\_report\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf)
- xvi WHO - <http://www.who.int/mediacentre/factsheets/fs334/en/>
- xvii UNAIDS - <http://bit.ly/11HIK7A>
- xviii UNAIDS - [http://data.unaids.org/GCWA/gcwa\\_bg\\_prevention\\_en.pdf](http://data.unaids.org/GCWA/gcwa_bg_prevention_en.pdf)
- xix Center for Strategic and International Studies -- <http://bit.ly/1GQt701>
- xx WHO - <http://www.who.int/mediacentre/factsheets/fs334/en/>
- xxi UNAIDS: [http://www.unaids.org/sites/default/files/media\\_asset/MDG6Report\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/MDG6Report_en.pdf)
- xxii Global Fund Results Report 2015  
[http://www.theglobalfund.org/documents/publications/annual\\_reports/Corporate\\_2015ResultsReport\\_Report\\_en/](http://www.theglobalfund.org/documents/publications/annual_reports/Corporate_2015ResultsReport_Report_en/)
- xxiii UNAIDS <http://www.unaids.org/en/resources/campaigns/HowAIDSchangedeverything/factsheet>
- xxiv WHO: [http://apps.who.int/iris/bitstream/10665/191102/1/9789241565059\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/191102/1/9789241565059_eng.pdf?ua=1)
- xxv WHO: [http://www.who.int/tb/publications/global\\_report/gtbr2015\\_executive\\_summary.pdf](http://www.who.int/tb/publications/global_report/gtbr2015_executive_summary.pdf)
- xxvi WHO: [http://apps.who.int/iris/bitstream/10665/191102/1/9789241565059\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/191102/1/9789241565059_eng.pdf?ua=1)