

GLOBAL HIV PREVENTION: THE ACCESS AND FUNDING GAP

FACT SHEET
THE GLOBAL
HIV PREVENTION
WORKING GROUP

In 2006, there were more than 4 million new HIV infections, the vast majority in developing countries.¹ The world has at its disposal a wide array of proven strategies for preventing new HIV infections, but they reach only a fraction of those in need. Most prevention strategies are accessible to fewer than 1 in 5 people who could benefit from them, and funding for HIV prevention falls far short of the resources needed to ensure adequate access.

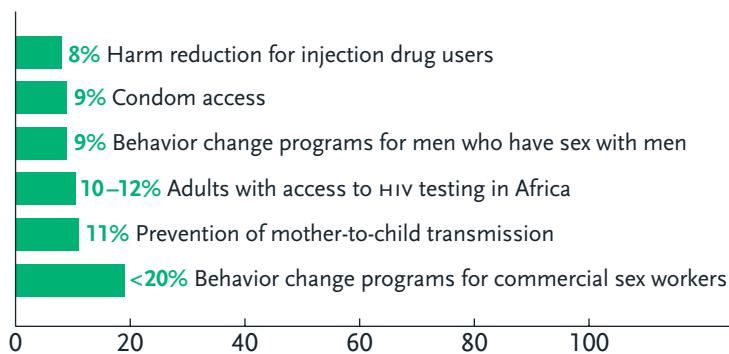
Prevention efforts are not keeping pace with the gains being made in providing treatment to people infected with HIV. For every person who began antiretroviral therapy in 2006, six people were newly infected.

If prevention efforts continue at current levels, 60 million new HIV infections are estimated to occur globally by 2015. However, by fully scaling up all scientifically proven prevention strategies, an estimated 30 million of the 60 million infections expected to occur by 2015 could be averted.²

THE PREVENTION ACCESS GAP

Global Access Gap: Scientifically proven prevention programs are not being implemented on a sufficient scale, meaning they do not reach enough people, with enough intensity, to curb the epidemic. Most prevention strategies are accessible to fewer than 1 in 5 people who could benefit from them.³

Percentage of Individuals at Risk with Access to HIV Prevention



Little Progress from Recent Years: Only limited progress has been made in recent years in expanding the coverage of certain HIV prevention efforts for which trend data are available. Access is notably limited for populations known to be at especially high risk of infection, such as sex workers, men who have sex with men, and injection drug users.

And while condoms are cheap and highly effective, they remain unavailable for many people who need them. The current supply of condoms falls millions short of the number

required,⁴ and the number of condoms needed annually is expected to increase significantly as the population of reproductive-age individuals increases by nearly 25% in some countries between 2000 and 2015.⁵

THE PREVENTION FUNDING GAP

Today's Funding Shortfall: Although the resources devoted to fighting HIV/AIDS have increased substantially in recent years, they have failed to keep pace with the epidemic. An estimated US\$10 billion is currently being spent annually for all aspects of the global AIDS response⁶ — just half of the \$22 billion that UNAIDS estimates is needed each year. Out of this, approximately \$11.4 billion is needed annually for prevention, according to UNAIDS.⁷

Growing Needs: The costs of controlling the global HIV epidemic continue to escalate. In 1993, the World Health Organization called for \$1.5 billion to \$2.9 billion annually to prevent half of new HIV infections in 2000 and save \$90 billion in associated costs. Having failed to meet that need, the world faces far greater costs today.

Shrinking Prevention Budgets: There is evidence that funding for HIV prevention is decreasing in some areas. With limited resources, some countries are shifting portions of their HIV budgets to the provision of treatment. While provision of

treatment for HIV-infected people is essential, it should not come at the expense of preventing new infections. For example:

- ▶ Thailand has launched a program to provide greater access to HIV treatment, yet it also reduced prevention spending by three-quarters between 1997 and 2003. In 2003, prevention accounted for 8% of all HIV-related spending in the country, although officials have said they plan to intensify prevention efforts.⁸
- ▶ In the U.S., HIV prevention spending by the government has remained relatively flat while treatment expenditures have significantly increased.⁹ Several studies report that risk behaviors are increasing in some high-risk populations.¹⁰

Ineffective Use of Funds: There are also indications that some countries are not investing scarce prevention resources in the interventions that would have the greatest impact. For example:

- ▶ HIV prevalence in most Latin American countries is below 1% among the general population, and new infections are concentrated in high-risk populations. However, many prevention programs focus on broad-based awareness campaigns, rather than targeted initiatives for high-risk groups that are likely to have the greatest impact.¹¹
- ▶ Similarly, in Thailand, national authorities were slow to adjust prevention programs to address increasing risk behavior among young people. Among sexually active young people, for example, just 20% use condoms consistently, one of a number of troubling trends that led Thai officials to take steps recently to strengthen their prevention efforts.¹²

REFERENCES

1 UNAIDS, *AIDS Epidemic Update*, 2006.

2 The Working Group commissioned the Futures Institute to develop projections of the impact expanded access to prevention could have on the future course of the epidemic. See Global HIV Prevention Working Group, *Bringing HIV Prevention to Scale: An Urgent Global Priority*, 2007.

3 Data for access to HIV prevention services are for 2005; see UNICEF, WHO & UNAIDS, *Toward Universal Access: Scaling Up Priority HIV/AIDS Interventions in the Health Sector: Progress Report*, 2007.

4 *Ibid.*, UNICEF/WHO/UNAIDS, *Scaling Up Priority Interventions*, 2007.

5 United Nations Population Fund, *Global Estimates of Contraceptive Commodities and Condoms for STI/HIV Prevention, 2000-2015*, 2000.

6 UNAIDS, *Resource Needs for an Expanded Response to AIDS in Low- and Middle-Income Countries*, 2005. Note: The Global HIV Prevention Working Group conservatively estimates that 40% of total current spending on HIV/AIDS is devoted to prevention,

PREVENTING HIV— WHAT WORKS

Effective HIV prevention uses a combination of strategies that have been proven to reduce the risk of acquiring and transmitting HIV:¹³ These include:

Preventing sexual transmission

- ▶ Behavior change programs (to increase condom use, delay initiation of sexual behavior in young people, and reduce the number of partners)
- ▶ Condom promotion
- ▶ HIV testing
- ▶ Diagnosis and treatment of sexually transmitted infections
- ▶ Adult male circumcision

Preventing blood borne transmission

- ▶ Provision of clean injection equipment to injection drug users
- ▶ Methadone or other substitution therapy for drug dependence
- ▶ Blood safety (including routine screening of donated blood)
- ▶ Infection control in health care settings (including injection safety, universal precautions, and antiretroviral prophylaxis following potential HIV exposure)

Preventing mother-to-child transmission

- ▶ Primary HIV prevention for women of childbearing age
- ▶ Antiretroviral drugs
- ▶ Prevention of unintended pregnancy in HIV-positive women
- ▶ Breastfeeding alternatives
- ▶ Caesarean delivery (in the case of high maternal viral load)

based on an analysis of UNAIDS reports of spending in 26 countries seriously affected by the epidemic (UNAIDS, *National Spending for HIV/AIDS*, 2004); in these countries, no more than 40% of total HIV/AIDS spending was devoted to prevention.

7 *Ibid.*, UNAIDS, *Resource Needs for AIDS*, 2005.

8 UNDP, *Thailand's Response to HIV/AIDS: Progress and Challenges*, 2004.

9 Henry J. Kaiser Family Foundation, *U.S. Federal Funding for HIV/AIDS: The FY2007 Budget Request*, 2006.

10 See CDC, Trends in primary and secondary syphilis and HIV infections in men who have sex with men: San Francisco and Los Angeles, California, 1998-2002, *MMWR* 2004;53:575-8.

11 *Ibid.*, UNAIDS, *National Spending for AIDS*, 2004.

12 *Ibid.*, UNDP, *Thailand's Response to AIDS*, 2004.

13 For a review of the scientific evidence for effective HIV prevention strategies, see Global HIV Prevention Working Group, *Proven HIV Prevention Strategies*, 2006.

About the Global HIV Prevention Working Group: The Global HIV Prevention Working Group is a panel of more than 50 leading public health experts, clinicians, biomedical and behavioral researchers, and people affected by HIV/AIDS, convened by the Bill & Melinda Gates Foundation and the Henry J. Kaiser Family Foundation. The Working Group seeks to inform global policy-making, program planning, and donor decisions on HIV prevention, and to advocate for a comprehensive response to HIV/AIDS that integrates prevention, treatment, and care. Working Group publications are available at www.globalhivprevention.org.