

New report calls for \$25 billion investment to ensure countries reach 2010 targets

10 February 2009



“What countries need: Investments needed for 2010 targets”

A new report released by UNAIDS, *“What countries need: Investments needed for 2010 targets,”* estimates that an investment of US\$ 25 billion will be required for the global AIDS response in 2010 for low- and middle-income countries—US\$ 11.3 billion more than is available today.

“It will not be easy to close this gap but it is achievable and absolutely necessary if we are to accelerate the pace of the response to the AIDS epidemic,” said UNAIDS Executive Director Michel Sidibé.

The investment needs is based on the country-defined targets to reach universal access to HIV prevention, treatment care and support by 2010. The new report anticipates that nearly one third of this investment will come from domestic sources, with investments from multilateral and bilateral sources needed for the remaining US\$ 17 billion.

The report highlights that, of the total investments required, approximately one third is for activities addressing behavioural change, social drivers of the epidemic, social mitigation and other services that are managed outside of the health sector through multisectoral programmes.

Another one third is aimed at strengthening health systems. The weakness of health systems is a major obstacle to scaling up to universal access to prevention, treatment, care and support.

The remaining one third will go towards HIV specific health services, such as programmes to reduce mother-to-child HIV transmission, blood safety, and provision of antiretroviral therapy for those in need.

HIV prevention, treatment and care

It is estimated that nearly US\$ 11.6 billion will be required for HIV prevention and US\$ 7 billion for treatment.

The priority HIV prevention services chosen by countries are based on UNAIDS prevention guidelines, which call on countries to prioritize programmes according to the type of national epidemic. For example, countries with generalized epidemics have an urgent need to scale up prevention services for young people. Whereas countries with concentrated epidemics are

advised to focus first on providing services and programmes to the most-at-risk populations, including sex workers, their clients, injecting drug users, and men who have sex with men.

The investments needs for treatment and care cover more than the provision of antiretroviral treatment. Besides including costs for antiretroviral treatment, they also include provider initiated testing and counseling, treatment and prophylaxis for opportunistic infections, nutritional support, laboratory testing, palliative care and the cost of drug-supply logistics. The costs for CD4 testing to monitor the response to antiretroviral therapy and disease progression are also included.

What can be achieved with the \$25 billion?

With the achievement of country-defined targets of HIV-related services, in 2010 approximately 6.7 million individuals would be receiving antiretroviral treatment. More than 70 million pregnant women will be screened and receive prevention of mother-to-child transmission services; 20 million men who have sex with men, 7 million sex workers and 10 million people who inject drugs will receive HIV prevention services. Seven million orphans will be supported and nearly 8.1 billion condoms (male and female) distributed. This will result in averting 2.6 million new HIV infections, cutting HIV incidence by nearly 50% and averting 1.3 million deaths.

Achieving country-defined targets by 2010 presents an opportunity to change the pace of the response to the AIDS epidemic. It will help save lives—by putting more people on treatment, protecting babies and young people from getting infected, and ensuring that a whole generation of orphans will graduate from school. It will also build the foundation for sustaining the AIDS response for years to come, as well as contributing to the strengthening of health systems and increasing human resources. It will help reduce homophobia, stigma and discrimination, especially of the voiceless and marginalized. It will contribute to reducing violence against women and girls and empowering millions to protect themselves from HIV and sexual abuse.

It is clear that in today's financial climate, investments must be made wisely. But the human face must be kept in mind; behind each reduction or cutback is an individual, a family.

“We cannot let the economic crisis paralyze us,” said Mr Sidibé. “Stimulus packages and economic adjustments should be made with a human face in mind. A mother should not have to choose between continuing AIDS treatment and feeding her children. We cannot let down the 4 million people on treatment and millions more in need today.”

As the report concludes, universal access has to become a reality for the hundreds of millions of people who are vulnerable to HIV infection and the millions of people living with HIV and their loved ones. Investments already made in responses to AIDS are showing results. This is a time for scaling up, not scaling down.