

### **UNAIDS PREDICTS 50% FUNDING SHORTFALL IN FIGHTING GLOBAL AIDS EPIDEMIC**

#### **Coverage of HIV prevention, care and treatment services still inadequate in developing countries**

**Bangkok, 12 July 2004** – Total global spending on AIDS has increased from US\$1.2 billion in 2000 to an estimated US\$6 billion this year – a five-fold increase – according to a new UNAIDS report released today.

Without dramatic increases, there is still an expected shortfall of US\$6 billion in 2005, according to UNAIDS. “Unless more resources are directed toward the global response, the gap between the need and available resources will grow significantly in coming years,” said Dr Paul De Lay, Director of Evaluation of the Joint United Nations Programme on HIV/AIDS.

According to the new report, “Financing the Expanded Response to AIDS”, the increased funding comes largely from new donor initiatives, including the US President’s Emergency Plan for AIDS Relief (US\$15 billion over five years), and the Global Fund.

Part of the US \$6 billion comes from bilateral assistance among leading donor countries for HIV/AIDS, which increased by 64% between 2000 and 2002. In 2004, UNAIDS estimates that bilateral spending will reach US\$1.3 billion.

The United States remains the leading bilateral donor in terms of absolute dollars. The United Kingdom, the European Community, and Canada are also expected to play important roles in providing AIDS assistance in 2004 and beyond.

Countries themselves are also spending more domestically. In 2002, domestic spending totalled US\$1.5 billion and could rise to rise to US\$2.4 billion in 2004. Based on funding trends over the past three years and future funding commitments, UNAIDS projects that annual AIDS spending from all sources is likely to increase to nearly US\$10 billion in 2007 – far short of what will be needed.

The increase in spending, however, is not enough to keep pace with the resources needed to effectively fight the AIDS epidemic in the developing world. UNAIDS now estimates that US\$12 billion will be needed annually by 2005 and US\$20 billion by 2007 to finance a comprehensive response to the epidemic.

The revised estimates on resource needs are based on new data from 78 countries on the actual costs for key services in the areas of prevention, care, treatment, orphan support, policy, advocacy and administration.

In 2001, estimates of resource needs were based on a core package of prevention, care and treatment services. However, the revised estimates take into account additional costs, including safe medical injections, HIV testing services, nutrition for people on antiretroviral treatment, expansion of prevention services targeting migrants, prisoners and people living with HIV, post-exposure prophylaxis, and gloves, gowns and masks for health workers – all of which should be standard in resource-poor settings.

“We have learned the hard way – we will not beat this disease without considering the safety and morale of health workers who are on the frontlines,” said Dr Catherine Hankins, Chief Scientific Adviser at UNAIDS.

## **Coverage of HIV prevention, care and treatment services**

Despite the expectation of more resources, there is no guarantee people will receive the services they need.

At present, most people in low- and middle-income countries do not have access to key prevention and care services, according to a second report released by UNAIDS today in partnership with USAID, WHO, UNICEF and the Policy Project.

The report, "Coverage of selected services for HIV and AIDS", offers the first comprehensive review of the number of people receiving critical AIDS-related health services in more than 70 developing countries. The report presents data on coverage of ten HIV prevention and treatment services – HIV testing; prevention of mother-to-child transmission; condoms; harm reduction; education; home-based care; treatment of opportunistic infections; prophylaxis for opportunistic infections; antiretroviral therapy and orphans and vulnerable children.

Since the United Nations held its Special Session on HIV/AIDS in 2001, there has been some progress in providing key prevention and treatment services in the developing world. "The encouraging news is that over 50% of all primary and secondary school children in sub-Saharan Africa receive AIDS education," said John Stover, Vice President, Future's Group International, speaking at today's press conference. "We have come a long way, but it is not enough."

### **Prevention**

Turning to prevention, the report indicates that, while most countries have developed strategic frameworks for HIV prevention, only a fraction of people at risk have meaningful access to basic prevention services.

- Services to prevent mother-to-child transmission of HIV (PMTCT) remain virtually non-existent in many heavily affected countries. Of the 6.7 million women who were offered PMTCT services during the survey, 5 million accepted an HIV test and only 71,000 received drugs to prevent HIV transmission to the baby.
- According to the survey, only 3.6% of injecting drug users in 2003 had access to harm-reduction services. Harm-reduction coverage is extraordinarily low even in regions where injecting drug use is a primary driver of the epidemic, including South-East Asia (which has 2.8% coverage), the Americas (2.7%), and Eastern Europe (7.6%).
- UNAIDS estimates that 12 billion condoms are needed for HIV prevention every year. Last year, of the 6.9 billion condoms used worldwide, only 2.7 billion were used for disease prevention – the remaining 4.2 billion were used for family planning.
- Among vulnerable populations, coverage of prevention programmes is very low for injecting drug users and only 10-20% for sex workers, men who have sex with men and street children.

### **Care and Treatment**

Minimal coverage (1–4%) exists for prophylaxis against pneumonia, diarrhoea and tuberculosis.

An estimated 16% of HIV-positive people worldwide needing home care in 2003 actually received such services, with the lowest rates occurring in South-East Asia (2%) and Africa (12%).

To date, less than one in ten people in developing countries, or 440,000, have access to antiretroviral treatment. In sub-Saharan Africa, only 4% of people living with HIV have access to treatment.

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*For more information, please contact Dominique De Santis, UNAIDS, Bangkok, mobile (+41 79) 254 6803 or (+661) 2500 882, or Abby Spring, UNAIDS, Bangkok, mobile (+41 79) 308 9861 or (+661) 2500 874. For more information on UNAIDS, please visit our website, [www.unaids.org](http://www.unaids.org)*