“In June of 1981 we saw a young gay man with the most devastating immune deficiency we had ever seen. We said, ‘We don’t know what this is, but we hope we don’t ever see another case like it again’.” (WHO, 1994)

The words of Dr. Samuel Broder, then of the National Cancer Institute in the United States of America, remind us how much the world has changed in 25 years, since physicians saw the earliest cases of AIDS in hospitals in the United States, in the Democratic Republic of the Congo and on the shores of Lake Victoria, East Africa. The world was slow to recognize the gravity of this new health crisis, and in the years in which AIDS remained off the political agenda, the infection took a foothold that it has not yet relinquished. Indeed, affected communities galvanized and drove much of the initial response to the rapidly developing epidemic.

By 1985, with cases reported in every region of the world, a group of scientists and health professionals came together under the auspices of the World Health Organization (WHO) to recommend a global strategy for AIDS prevention and control that was then endorsed by the World Health Assembly and the United Nations General Assembly. With the establishment of the Global Programme on AIDS in 1987 and the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 1996, the United Nations moved to address AIDS not as an isolated health problem but as a human development issue as significant as any facing the world today.

At the 2001 Special Session of the UN General Assembly on AIDS, 189 nations agreed that AIDS was a national and international development issue of the highest priority, signing an historic Declaration of Commitment on HIV/AIDS that promised innovative responses, coordinated efforts and accountability for progress against the epidemic. The Declaration set a comprehensive list of time-bound targets to support the Millennium Development Goal of halting and beginning to reverse the epidemic by 2015. Importantly, the Declaration also called for an assessment of national, regional and global progress against AIDS at the end of 2003, 2005 and 2010, using a series of core indicators developed by UNAIDS and diverse partners.
Building on that commitment, this report summarizes and analyses data from reports from 126 countries collected by UNAIDS between December 2005 and March 2006, along with additional reporting on key HIV prevention, treatment, care and support interventions prepared by UNAIDS and civil society groups. This is the first systematic reporting by countries on services for populations most at risk, and these reports provide one of the most comprehensive reviews of progress made and obstacles to be overcome in the response to AIDS.

The story told in this report is complex and at times disheartening. New systems, including greatly improved surveillance, tell us with increasing accuracy where and how the epidemic is moving. Nearly twenty-five years of experience with HIV prevention and ten years of experience with effective antiretroviral therapy have produced mountains of evidence about how to prevent and treat this disease. Yet, these advances in the social and biomedical sciences, while vitally important to mounting an effective response, do nothing to mitigate the shortages of leadership and human compassion that frequently hinder progress towards our shared goals.

This report provides one of the most comprehensive pictures ever developed of how the epidemic is affecting women and girls, men, young people, sex workers, injecting drug users, men who have sex with men, prisoners and babies born with HIV. It provides a regional picture, from sub-Saharan Africa where a mature epidemic continues to expand beyond limits that many experts believed impossible, to relatively new but rapidly growing epidemics in regions such as eastern Europe and South-East Asia that may come to rival that of sub-Saharan Africa in scope. In doing so, it also illustrates some enormous and often frightening divides... between the number of people in need and the number being helped; between what we could be doing to stop AIDS, and what is actually being done today.

Many successes are also documented here, in terms of behavioural change, national responses and increasing access to prevention, care and treatment. This report includes stories of brave and effective action that have demonstrated time and again that HIV can be stopped with concerted effort and the use of evidence-
based strategies. Overall, however, despite some notable achievements, the response to the AIDS epidemic to date has been nowhere near adequate. In just 25 years, HIV has spread relentlessly from a few widely scattered “hot spots” to virtually every country in the world, infecting 65 million people and killing 25 million.

As noted in The Declaration of Commitment on HIV/AIDS Five Years Later, Report of the Secretary-General, “A quarter century into the epidemic, the global AIDS response stands at a crossroads. For the first time ever the world possesses the means to begin to reverse the epidemic. But success will require unprecedented willingness on the part of all actors in the global response to fulfill their potential, to embrace new ways of working with each other, and to . . . sustain the response over the long term.”

Barriers to providing widespread HIV prevention and treatment, such as lack of infrastructure, poor transportation or shortages of trained workers are substantial and can only be overcome through our greatest collective efforts. As we mobilize to address these, however, we
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must not forget that stigma, discrimination and denial about issues such as sexuality and drug use may be as great as any other barrier to an effective response to AIDS. It has been estimated that as many as two-thirds of the new HIV infections expected to occur in this decade could be averted by the implementation of a comprehensive range of evidence-based prevention measures (UNAIDS, 2005). Yet access to HIV prevention, care and treatment is continually limited by unwillingness to address issues long considered taboo, such as sex, sexuality and drug use. This must change.

This report shows wide differences between countries in implementing the response pledged in the Declaration of Commitment on HIV/AIDS. While some have reached key targets and milestones, many have fallen short of the pledges made in 2001. We must fortify the responses of those nations struggling to meet their goals and demand greater action from those that have not yet responded to the best of their abilities.

Failure to meet the goals to which all member nations have pledged is a serious
matter with global consequences. If we do not urgently strengthen the AIDS response, neither the 2010 targets nor the Millennium Development Goal of halting the spread of AIDS and rolling back HIV infections by 2015 will be met. Failure to meet this Goal will also seriously endanger progress towards the Millennium Development Goals to reduce poverty, hunger and childhood mortality, as each of these is inextricably tied to our response—or lack of response—to AIDS. National economies and international security are at risk.

One of the greatest paradoxes is that, although it causes 11 000 new infections and (nearly) 8000 deaths daily, in many ways the epidemic remains hidden. It is hoped that this report will help take this epidemic one step further out of the shadows and into the centre of the global agenda. In the 21st century, we are all living with HIV, and we must all be part of the response.