

# GLOBAL HIV PREVENTION WORKING GROUP

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## **NEW REPORT FROM LEADING AIDS EXPERTS DOCUMENTS LARGE GAP BETWEEN HIV PREVENTION NEEDS AND CURRENT EFFORTS**

**– Current Annual Prevention Spending Falls Nearly \$4 Billion Short of Need –**

**-- Access to Prevention Interventions Severely Limited in Every Region –**

Fewer than one in five people at risk of HIV infection today have access to prevention programs, and annual global spending on prevention falls \$3.8 billion short of what will be needed by 2005, according to a new report released today by the Global HIV Prevention Working Group.

The report, *Access to HIV Prevention: Closing the Gap*, is the first-ever analysis of the gap between HIV prevention needs and current efforts, and provides recommendations for expanding access to information and services that could help save lives and reverse the global epidemic.

“Twenty years into the AIDS epidemic, most people in the world still don’t have access to effective HIV prevention,” said Helene D. Gayle, M.D., M.P.H., director of the Bill & Melinda Gates Foundation’s global HIV/AIDS program and co-chair of the Working Group. “A dramatic scaling up of HIV prevention, combined with increased access to treatment for the millions already infected, can control and ultimately reverse AIDS.”

“There is no magic bullet to prevent the spread of HIV. Only a combination of approaches that addresses the needs of different populations at risk can be effective,” said David Serwadda, M.B.Ch.B., M.P.H., of the Institute of Public Health at Makerere University in Kampala, Uganda, and co-chair of the Working Group. “In Uganda, we have brought a severe HIV epidemic under control through the use of combination prevention, including abstinence education, condom promotion, voluntary HIV counseling and testing, and STD control. Other nations must be supported in their efforts to introduce a wide range of science-based prevention interventions, tailored to the needs of their people.”

The Global HIV Prevention Working Group is composed of nearly 40 leaders in public health, clinical care, biomedical, behavioral, and social research, and people affected by HIV/AIDS from around the world. (See attached list). It was convened in 2002 by the Bill & Melinda Gates Foundation and the Henry J. Kaiser Family Foundation to inform global HIV prevention policy-making and program planning.

## **Access**

According to the report, most people at greatest risk do not have access to proven prevention interventions, and access varies widely depending on the region and the intervention. Globally:

- Only 5% of pregnant women at risk have access to drugs to prevent mother-to-child transmission
- 12% of people have access to voluntary HIV counseling and testing
- 19% of injecting drug users have access to harm reduction programs
- 24% of people at high risk have access to AIDS education
- 42% of people in need have access to condoms

Access to treatment is even more limited, and both prevention and treatment will need to be scaled up simultaneously. Careful integration of prevention and treatment services will help ensure those who test positive are quickly linked to treatment, and that those in treatment have the tools necessary to protect others from infection.

## **Spending**

The report found that current HIV prevention spending in 2002 totaled \$1.9 billion, far short of the \$5.7 billion that UNAIDS estimates will be needed annually by 2005, and the \$6.6 billion that will be needed by 2007. (See attached fact sheet for spending data on each region).

UNAIDS and WHO estimate that these resource levels could avert 29 million of the 45 million infections projected to occur by 2010.

“The resource needs are acute, but to date too many donor governments have not contributed their share,” said Drew Altman, Ph.D., President of the Kaiser Family Foundation and co-convenor of the Working Group. “We found that developing countries themselves are actually the greatest financial contributors to AIDS programs, which is important. But developed nations need to do much more. Many donor governments are contributing amounts that would be expected of private foundations, not wealthy countries.”

The Working Group estimates that in 2002 developing countries contributed \$782 million to prevention, donor governments \$780 million, foundations and non-governmental organizations \$160 million, the United Nations system \$100 million, and the World Bank \$64 million.

## **Prevention Priorities**

The report identifies key prevention priorities in each region:

- *Sub-Saharan Africa:* Prevention programs for youth and for adults at greatest risk are urgently needed, and mother-to-child transmission programs should be dramatically expanded.

- *Asia and the Pacific:* The diverse epidemics of Asia require expansion of a broad range of approaches, including behavior-change programs targeted at high-risk groups such as sex workers and men who have sex with men, new efforts to curb rising STD rates, harm reduction programs for injection drug users, and interventions to address the gender inequities that often drive the epidemic.
- *Eastern Europe and Central Asia:* Because the rapidly spreading epidemic in this region is driven by injecting drug use, harm reduction, including needle and syringe programs, is essential to prevent HIV from spreading to the broader population.
- *North Africa and the Middle East:* Programs in this region should target high-risk populations, including injecting drug users, sex workers, and men who have sex with men.

## Recommendations

Based on its analysis, the Working Group recommends:

- **Funding:** Global spending on HIV prevention activities from all sources should increase three-fold by 2005 to \$5.7 billion, and to \$6.6 billion by 2007. Donor governments should increase spending on HIV prevention to 0.02 percent of national GDP. No donor nation is currently at this level. Annual spending on treatment, care and orphan support should increase from \$1.6 billion today to \$5.5 billion in 2005.
- **Scale-Up:** Prevention scale-up must be a central priority in every region, focusing on especially cost-effective, high-impact interventions, such as behavior change programs to delay the initiation of sexual activity, reduce the number of sexual partners, and promote the use of condoms, voluntary counseling and testing, STD control, and prevention of mother-to-child transmission, among other proven strategies.
- **Prevention and Treatment:** As both prevention and treatment programs are brought to scale, these initiatives should be carefully integrated to ensure those who test positive are quickly linked to treatment, and to ensure those in treatment have the tools necessary to protect others from infection.
- **Building Capacity:** In addition to funding for prevention interventions themselves, donors should provide extensive additional support to build long-term human capacity and infrastructure.

- **Policy Reforms and Aid:** Policy reforms and international aid should address the social and economic conditions – such as gender inequality, stigma, and poverty – that increase vulnerability to, and facilitate the rapid spread of, HIV/AIDS.
- **Prevention Research:** Research into new prevention strategies and technologies should be significantly accelerated.

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## **Global HIV Prevention Working Group**

### **Co-Chairs:**

- \* Helene Gayle, Bill & Melinda Gates Foundation
- \* David Serwadda, Makerere University, Uganda
- Meenakshi Datta Ghosh, National AIDS Control Organization, India

### **Co-Convener:**

- \* Drew Altman, Kaiser Family Foundation, USA

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- \* Seth Berkley, International AIDS Vaccine Initiative, USA
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- J. Peter Figueroa, Ministry of Health, Jamaica
- \* Geeta Rao Gupta, International Center for Research on Women, USA
- \* Catherine Hankins, UNAIDS, Geneva
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- \* Susan Kippax, University of New South Wales, Australia
- Peter Lamptey, Family Health International, USA
- \* Kgapa Mabusela, loveLife, South Africa
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- \* Rafael Mazin, Pan American Health Organization, USA
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*Organizational affiliations are provided for identification purposes only, and do not indicate organizational endorsement of the report's recommendations.*

*\* Members of the Working Group who have officially endorsed the report at the time of publication.*