



Implementing the Declaration of Commitment on HIV/AIDS

TWO YEARS AFTER HISTORIC UN SESSION ON HIV/AIDS, NEW REPORTS SHOW PROGRESS BUT MEMBER NATIONS FALL SHORT OF GOALS

Two years after a historic Special Session of the United Nations General Assembly on HIV/AIDS, despite considerable progress, many UN Member States will not meet basic AIDS prevention and care goals established at the 2001 meeting unless efforts are dramatically scaled up, according to reports released today by the UN Secretary-General and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

"We have come a long way, but not far enough," said UN Secretary-General Kofi Annan. "Clearly, we will have to work harder to ensure that our commitment to the fight against AIDS is matched by the necessary resources and action."

The reports clearly state that the current pace of country activity on HIV/AIDS is insufficient to meet the 2005 goals agreed to by all nations at the Special Session. Those goals, which focus on the rapid expansion of HIV prevention, care and impact alleviation programmes, are seen as a vital foundation to achieving the UN Millennium Development Goal of halting and reversing the epidemic by 2015. For example, one of the goals is to ensure that by 2005 at least 80% of pregnant women have access to information, counseling and treatment to prevent HIV transmission to their children. But today these services remain virtually non-existent in countries worst-affected by HIV/AIDS.

"Today's reports are a dramatic wake-up call to the world," said Dr. Peter Piot, UNAIDS Executive Director. "The goals, set by the Member States themselves two years ago, must be met if we are going to have any realistic chance of reversing this devastating epidemic. While there has been some concrete progress, the current pace and scope of the world's response to HIV/AIDS remains wholly insufficient. The 2005 goals can still be met, but only if significantly greater and sustained commitments to the global HIV/AIDS epidemic are realized."

Although the reports highlight countries' lack of response in many key areas, they do point to progress on some fronts. Of the 103 countries surveyed, 93% have set up comprehensive national HIV/AIDS strategies and national bodies coordinating the response and 88% have increased public awareness of HIV/AIDS through media campaigns, school-based AIDS education and peer education programmes. The amount of funding for AIDS in low- and middle-income countries has also increased substantially in the last year.

Key Report Findings: Funding

Almost all countries surveyed reported improvements in the availability of financial resources to address HIV/AIDS since 2001:

Spending on HIV/AIDS programmes in low- and middle-income countries will amount to US\$4.7 billion in 2003 - a 20% increase over 2002 funding levels. It is expected that 57% of this funding will come from non-domestic sources.

In 2002, total domestic government spending in 58 low- and middle-income countries was estimated to be US\$995 million, a doubling of the amount documented in 1999.

However, despite the improvement, current spending is less than half of the US\$10 billion that will be required for an effective response to AIDS in 2005 alone.

Regarding biomedical research, the reports note that despite significant increases since 2001 in funding for research on HIV-related vaccines and microbicides, these important prevention measures still only account for a small fraction of overall public sector research investment.

Prevention

Turning to prevention, the reports indicate 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. With the exception of Botswana, less than 1% of pregnant women in these countries receive information and treatment that would help them avoid transmitting HIV to their children.

o Of 17 countries in sub-Saharan Africa reporting on PMTCT, 12 countries, with HIV prevalence rates among newborn babies reaching 25%, have no antiretroviral prophylaxis programme.

Only one quarter of sub-Saharan African countries report that at least 50% of patients with sexually transmitted infections are appropriately diagnosed, counseled and treated. Improved STD diagnosis and treatment is considered to be key to identifying people at increased risk for or already infected with HIV.

Fewer than 5% of injecting drug users receive recommended HIV prevention services.

Treatment

Two years after the Special Session on HIV/AIDS, antiretroviral therapy coverage for people in low- and middle-income countries remains extremely low, with only 300,000 receiving medication in 2002, out of an estimated 5-6 million people who need therapy.

While 80% of responding countries reported having a policy in place to improve or ensure access to HIV-related drugs, more than one-third of countries in the Asia-Pacific region, home to more than 7 million people with HIV/AIDS, have yet to adopt treatment access policies. No country in this region reported treatment coverage above 5%.

In sub-Saharan Africa, only an estimated 50,000 people had access to antiretroviral treatment at the end of 2002, or about 1% of the 4.1 million people in need.

Orphans

Globally more than 14 million children under the age of 15 have lost one or both parents to HIV/AIDS - a number projected to increase to 25 million by 2010. Yet 39% of countries with generalized epidemics have no national policy in place to provide essential support to children orphaned or made vulnerable by AIDS. While four of these countries - Cambodia, Namibia, Tanzania, and Uganda - are in the process of developing such policies, one-quarter of respondent countries reportedly have no plans at present to develop orphan support strategies.

Discrimination

HIV stigma and discrimination is recognized as a key obstacle to implementing the targets in the Declaration of Commitment - yet 38% of countries, including almost half of those in sub-Saharan Africa, have yet to adopt anti-discrimination legislation to protect people living with HIV/AIDS, and only 36% of countries have instituted legal measures to prohibit discrimination against populations that are especially vulnerable to HIV/AIDS, such as injecting drug users and sex workers.

Of particular concern, the reports indicate that nearly one-third of countries lack policies that ensure women's equal access to prevention and care services, despite the fact that women account for close to 50% of all people living with HIV/AIDS worldwide as of December 2002.

Key Recommendations

While noting the important progress made in many areas since 2001, the reports also clearly indicate that greatly increased action against AIDS will be required to meet the 2005 goals. Specifically, the reports state that meeting the previously agreed HIV/AIDS reduction goals will require that:

Countries take swift and high-level action to ensure that their HIV policies and programmes comply with the Declaration's provisions for 2003, and involve key constituencies in this process, including people living with HIV/AIDS.

More political leaders become directly involved in anti-AIDS efforts, especially in the regions of Asia, the Pacific, and Eastern Europe, where effective action is immediately needed to prevent a major expansion of the epidemic.

Resources to address AIDS in low- and middle-income countries be doubled by 2005, and tripled by 2007. While the costs of scaling prevention programmes are high, delays are even more costly.

Countries implement a comprehensive package of HIV prevention services that guarantee access to vulnerable groups.

National strategies be devised to ensure the delivery of treatment and care to people with HIV/AIDS, and to support the global community's target that 3 million people with HIV/AIDS receive antiretroviral therapy by 2005.

As set out in the Declaration, countries adopt, implement and enforce national policies that prevent discrimination against and protect the human rights of people living with HIV/AIDS and vulnerable populations.

Governments, including donors, should assess and address laws, policies and practices that increase the vulnerability of women and girls to HIV/AIDS.

About the Reports

The reports, prepared by the Secretary-General of the United Nations and by UNAIDS, were based on an analysis of surveys from 103 countries - representing over 90% of people living with HIV/AIDS worldwide - as measured against 18 global and national indicators of progress towards implementing the targets and goals of the Declaration of Commitment, which was unanimously adopted at the Special Session on HIV/AIDS in 2001. Indicators included:

Global-level indicators (e.g., international spending, policies and advocacy efforts)

National commitment and action indicators (e.g., domestic government spending; country-level policy development and implementation)

National programme and behaviour indicators (e.g., access of vulnerable groups to key services; risk behaviour changes)

National impact indicators (e.g., rate of new infections among young people, high-risk groups and infants born to HIV-infected mothers)

The reports document a significant increase, especially among the worst-affected countries, in the number of nations with comprehensive HIV/AIDS strategic plans and national AIDS councils - many chaired at the highest levels of government. However, they also clearly indicate that, despite this important progress, numerous countries risk missing the Declaration's targets due to strategic gaps in six key areas of HIV policy:

Combating HIV/AIDS discrimination
Ensuring women's equal access to critical services
Improving access to medicines
Addressing the rights and needs of vulnerable populations
Promoting effective HIV-prevention measures for cross-border migrants
Mitigating the social and economic impact of AIDS

In addition, numerous countries report that, despite the existence of national strategies, actual HIV responses remain largely concentrated in health ministries, and do not yet encompass the full range of government departments, such as education, agriculture and human rights, required for a comprehensive response to the epidemic.

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