GLOBAL HIV PREVENTION:
The Access, Funding, and Leadership Gaps

Effective means exists to prevent every form of HIV transmission. To slow the global HIV epidemic and eventually bring it under control, countries need to use a combination of evidence-informed strategies, tailoring specific approaches to documented national needs.[1]

In 2006, global leaders convened at the United Nations General Assembly pledged to move as close as possible to universal access to HIV prevention, treatment, care, and support.[2] Although progress has been made in expanding access to certain components of comprehensive HIV prevention, significant access gaps remain, underscoring the need for all stakeholders to infuse HIV-prevention efforts with renewed urgency and commitment.

These access gaps impede an effective global response to HIV. In 2007, an estimated 2.7 million new HIV infections occurred—with 96% of newly infected individuals living in low- and middle-income countries.[3] However, recent analyses have determined that bringing comprehensive HIV prevention to scale would avert more than half of all HIV infections projected to occur between now and 2015.[4]

Although it is clear that HIV-prevention services are not reaching most of those in need, data limitations often make it difficult to quantify access gaps with precision. As HIV-prevention programs expand, additional work is needed to improve monitoring and reporting systems on HIV-prevention service access, funding, and policies.

Delivering essential HIV-prevention services to those who need them is critical to preserving the hope of HIV treatment. Although major advances have been achieved in expanding access to life-preserving antiretroviral drugs in recent years, five new HIV infections occur for every two additional patients who are placed on antiretrovirals.[5]

THE PREVENTION ACCESS GAP

Nearly three decades after AIDS was first recognized, most people who need HIV-prevention services still do not obtain them.

Prevention of Mother-to-Child Transmission. Although coverage for services to prevent mother-to-child transmission more than doubled between 2005 and 2007, only 33% of HIV-infected pregnant women received prevention services in 2007.[6]

Condoms. Condom use remains low among sexually active adults who report having more than one sex partner in the last 12 months. Globally, 27% of women (ages 15–49) and 33% of men (ages 15–49) reported use of a condom the last time they had sex. Of the 21 countries (18 in Sub-Saharan Africa) in which surveys have been conducted at least two times, condom use has increased among women in 16 countries and among men in 12 countries, although rates of increase vary considerably and are frequently quite modest.[7]

HIV Testing. Because serologic testing has only recently been added to household surveys in low- and middle-income countries, comprehensive data are not available on the percentage of people living with HIV who are aware of their infection. In the few countries in which surveys with testing have been conducted, most people who test HIV positive have never been previously tested. Among individuals surveyed ages 15-49, the percentage of males who

had tested in the last 12 months and were aware of their HIV status ranged from 1% (in India, Madagascar, and Senegal) to 19% (Dominican Republic). Among females, testing rates ranged from less than 1% (Madagascar) to 29% (Namibia). For both sexes, the percentage of recent testers was below 10% in the majority of countries in which such surveys have been conducted.[8] Globally, WHO estimates that only 20% of people living with HIV have tested HIV-positive.[9]

Harm Reduction for Populations at Highest Risk. Reliable evidence regarding the extent to which men who have sex with men, sex workers, and drug users are covered by current HIV prevention services does not exist. In 2008, a small minority of countries submitted coverage data to UNAIDS for one or more of these populations. However, these surveys were undertaken in various ways and did not sample a representative cross-section of these groups. Moreover, the surveys asked whether individuals had experienced any prevention encounter in the prior year (i.e., received a condom or clean needle, or knew where they could obtain HIV testing) rather than assessing whether there had been meaningful engagement in prevention services. Extrapolating limited service utilization data to estimate coverage is also questionable due to uncertainties regarding the total national populations of injection drug users, men who have sex with men, or sex workers.

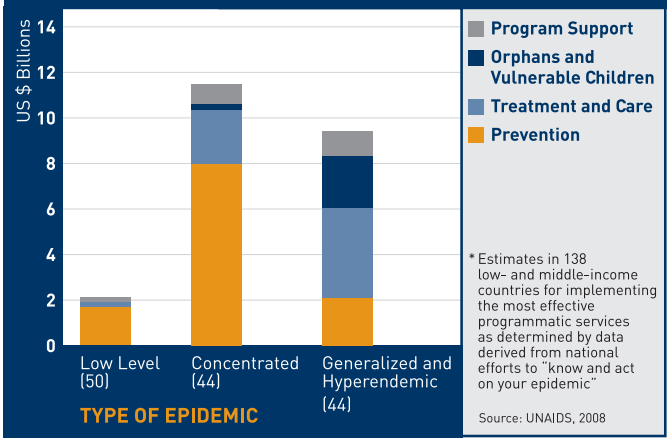
HIV Prevention Services for Young People. Coverage data do not exist for comprehensive HIV-prevention services for young people. Among 62 developing countries reporting, fewer than 40% of schools provided life-skills-based HIV prevention education in 2007.[10] Globally, only 40% of males and 38% of females between ages 15–24 had accurate and comprehensive knowledge about HIV.[11]

THE PREVENTION FUNDING GAP

A key reason why prevention services reach so few of those in need is the historic and continuing under-funding of prevention efforts. Although funding for HIV programs in developing countries has increased almost tenfold since 2000—rising to an estimated US$ 13.7 billion in 2008—current funding is 45% short of annual expenditures required to achieve national targets for universal access to HIV prevention, treatment, care and support.[12]

Scaling up HIV prevention to achieve optimal coverage demands expenditures of US$ 9 billion in 2009 and US$ 11.6 billion in 2010, or roughly 46% of overall AIDS financing required to achieve universal access.[13] It is currently impossible to quantify the gap between resource needs for HIV prevention and spending allocated to HIV prevention interventions. This stems, in large part, from the failure of most international donors to issue timely, transparent reports on the types of services they support[14], as well as from the lack of costed, well-defined national strategies in many countries.

Resources needed in 2010 using a phased scale-up strategy towards universal access*



UNCERTAINTIES IN ESTIMATING COVERAGE FOR KEY POPULATIONS

Current estimates of HIV prevention coverage for injecting drug users, men who have sex with men, and sex workers are highly uncertain. First, the majority of developing countries have not undertaken systematic surveys of the reach of HIV prevention programs in these populations. Where surveys have been conducted, they are typically limited to urban areas—often to specific neighborhoods or clinical sites. In addition, while some progress has been made in estimating the size of these populations[15] in diverse settings, such estimates are highly precise, as data are presently unavailable in many parts of the world.

Moreover, expenditure reports by countries invite skepticism as to whether the coverage levels reported in some surveys have, in fact, been achieved in the real world. In 2006, for example, countries with generalized epidemics reported that no funds were spent on HIV-prevention programs for injection drug users, and only 0.1% and 0.5% of all HIV prevention spending focused on programs for men who have sex with men and sex workers, respectively. In concentrated epidemics—where infections are, by definition, heavily centered in these populations—only 4.7%, 3.3% and 1.8% of all prevention spending was allocated to programs for injection drug users, men who have sex with men, and sex workers, respectively.

Some progress has been made in improving HIV-prevention resource tracking in countries, although data are not available for many countries and is sometimes of highly variable quality. Evidence that does exist suggests that prevention services are often notably under-prioritized. For example, even though UNAIDS recommends that HIV spending tilt somewhat toward HIV-prevention services in low-level and concentrated epidemics, countries with these kinds of epidemics consistently fail to provide recommended funding levels for prevention efforts. For countries for which prevention spending is available for 2006 or 2007, the average percentage of overall HIV expenditures allocated to HIV prevention is 28% in the Caribbean, 32% in East Asia, 43% in Eastern Europe and Central Asia, and 26% in Latin America.[16] In Russia and Ukraine—where the epidemic's expansion is among the world's fastest—only 20% and 31%, respectively, of HIV spending was allocated to prevention efforts in 2006.[17]

In failing to provide sufficient funding priority for HIV prevention, developing countries are often merely following the lead of high-income countries. HIV prevention accounts for only 2% of HIV expenditures in Australia, 31% in Switzerland[18], and 4% in the United States.[19]

THE PREVENTION LEADERSHIP GAP

Inadequate programmatic coverage and budget allocations are inevitable results of insufficient global and national leadership on HIV prevention. Although more than 110 countries have developed national targets for universal access[20], nearly all countries have specific goals for HIV treatment while only about 50% have targets for key HIV prevention strategies.[21]

Many countries maintain legal frameworks that institutionalize discrimination against groups most at risk of HIV exposure or otherwise impede the delivery of effective prevention methods:

- One-third of countries lacked legal protections against HIV-based discrimination in 2007.[22]
- Ninety-one countries in 2007 had laws criminalizing sexual activities between consenting adults of the same sex.[23]
- In 2008, only 52 countries permitted methadone substitution therapy for drug users, only 32 allowed buprenorphine substitution therapy.[24]
- Non-governmental informants reported that 45% of countries had laws or regulations in place that inhibited sex workers' access to HIV prevention services.[25]

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ABOUT THE GLOBAL HIV PREVENTION WORKING GROUP: The Global HIV Prevention Working Group is a panel of more than 50 leading public health experts, clinicians, biomedical and behavioral researchers, and people affected by HIV/AIDS, convened by the Bill & Melinda Gates Foundation and the Henry J. Kaiser Family Foundation. The Working Group seeks to inform global policymaking, program planning, and donor decisions on HIV prevention, and to advocate for a comprehensive response to HIV/AIDS that integrates prevention, treatment, and care. Working Group publications are available at **www.globalhivprevention.org.**