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Global Trends in HIV/AIDS

Global Trends

According to the Joint U.N. Program on HIV/AIDS (UNAIDS), since 1996, when the pandemic began, more than 70 million people have been infected with the HIV virus, about half of whom have died. At the end of 2017, 37 million people were living with HIV/AIDS, including 2.1 million children younger than 15 years. The same year, 940,000 people died of HIV-related illnesses, and 1.8 million people were newly infected with HIV. Globally, an estimated one out of four people infected with HIV do not know they have it. In 2017, an estimated 75% of people living with HIV knew their status.

Successive U.S. Administrations and Congresses have supported efforts to combat global HIV/AIDS over the past few decades. The United States provides more funding than any other country in the global fight against HIV/AIDS. Since the launch of the President’s Emergency Plan for AIDS Relief (PEPFAR) from FY2004 through FY2017, appropriations for global HIV/AIDS programs have averaged \$4.6 billion per year and totaled \$64 billion in that span. This assistance has been provided through PEPFAR, bilateral State Department- and USAID-administered programs, and the United Nations’ (U.N.’s) Global Fund to Fight AIDS, Tuberculosis and Malaria.

Despite substantial global investments in response to the HIV/AIDS pandemic—with \$21 billion in international funding for HIV/AIDS programs in low- and middle-income countries in 2017—advocates argue that substantial work remains to achieve the UNAIDS “90-90-90” goals.

What are the 90-90-90 goals? As part of its goal to end the AIDS epidemic, UNAIDS has set a target for 90% of all people living with HIV knowing their HIV status, 90% of all people diagnosed with HIV receiving sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy (ART) experiencing viral suppression. To achieve these goals, UNAIDS is seeking an additional \$5.4 billion from 2016 to 2020.

On average, low- and middle-income HIV/AIDS-affected countries funded roughly 57% of HIV/AIDS programs in 2016, though the amount they provided varies. Wealthier countries, like South Africa and India, self-finance around 80% of their national HIV programs, whereas many low-income states—including several PEPFAR priority countries—rely on donors for 75% or more of their funding needs. PEPFAR funding has remained flat for the past seven years, and global HIV/AIDS aid declined by 7% between 2015 and 2016. (Data used in this In Focus derive primarily from UNAIDS and PEPFAR.)

Positive Developments

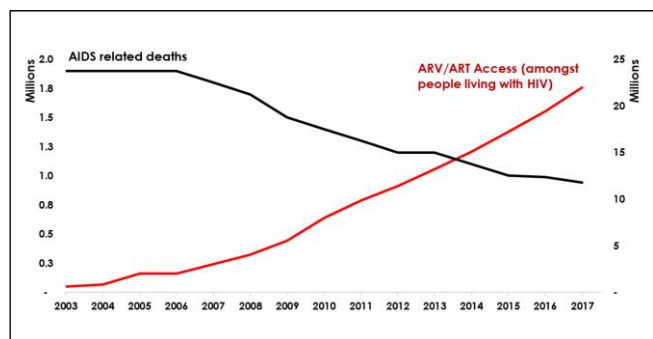
ART Coverage and Prevention. Antiretroviral therapy (ART) prevents the progression of HIV infection. ART also often suppresses viral loads to levels that significantly reduce the risk of HIV transmission, and it is a key tool for preventing sexual transmission of HIV. Without treatment, those infected with HIV will die.

U.S. and international efforts to expand access to ART have increased coverage rates of those infected with HIV from 2% in 2003 to 60% in 2017. Currently, 57% of those in need of treatment, or 22 million people, are receiving ART. Since 2003, new HIV infections among adults have been reduced by 39%. Among children, new infections have dropped by 56%, largely due to increased access to ART for the prevention of mother-to-child transmission.

Between 2003 and 2017, annual global HIV incidence (new cases) declined by 42%. This decrease has been largely fueled by access to biomedical interventions such as ART, though evidence suggests that the scaling up of behavior-change strategies, which experts view as a key prevention approach, will be critical to achieving further declines. Such strategies include counseling to improve knowledge of the disease, and increased risk awareness and communications.

Care. Care of people living with HIV refers to nonclinical services (e.g., psychosocial, physical, socioeconomic, nutritional, and legal support) intended to improve quality of life, minimize suffering and ill health, and enable access to treatment. In 2016, there were 13.4 million orphans and vulnerable children (OVC) living without one or both parents due to an AIDS-related death. Through PEPFAR, expanded access to care programs helped to support 6.4 million OVC in 2017.

Figure 1. AIDS-Related Deaths and ART Access, 2003-2017



Source: CRS graphic created from UNAIDS data, 2018.

AIDS Deaths. Expanded access to prevention programming and higher ART coverage rates have driven declines in AIDS deaths. Between 2003 and 2017, AIDS-related deaths declined by 51% (**Figure 1**).

Challenges

Some experts now believe it is possible to see an AIDS-free generation, though significant challenges remain.

HIV/TB Co-infection. The growing global tuberculosis (TB) burden complicates efforts to reduce HIV/AIDS-related deaths; co-infection increases the progress of both diseases and renders treatment more difficult. Those with HIV are 20 times more likely to develop TB, the leading cause of death for those with HIV. TB accounted for 300,000 deaths in 2017.

HIV Treatment and Testing Coverage. While ART treatment rates are climbing, ART coverage is not expanding fast enough to meet UNAIDS targets. At the end of 2017, 43% of those in need of treatment lacked access to ART. Inadequate access to HIV/AIDS testing services is an impediment to increasing ART coverage rates. Roughly 11 million people in 2017 lacked access to HIV testing services.

Regional Challenges

Africa. The HIV/AIDS pandemic is concentrated in sub-Saharan Africa. In 2017, two-thirds of all people living with HIV/AIDS resided in the region, as did 66% of all HIV-positive children. The region also accounted for 57% of new infections in 2017. Addressing low testing coverage within this population remains an impediment to further reducing HIV transmission rates, where heterosexual sex is the primary mode of HIV transmission. HIV/AIDS testing rates are particularly low among African men aged 25-34.

Central Asia and Eastern Europe. Experts are concerned about a rise in HIV/AIDS infections in Central Asia and Eastern Europe, where infection rates grew by 57% from 2010 to 2015, mainly due to increased injection drug use. ART coverage rates are also relatively low in the region: 36% of people living with HIV receive ART, indicating a relatively large unmet need for scaling up treatment and prevention programs.

Middle East and North Africa. Low ART coverage in the Middle East and North Africa also concerns observers. At the end of 2017, less than 39% of infected adults were receiving ART—the lowest coverage rate in the world. In this region, conservative cultural practices, inadequate HIV/AIDS policies, and stigma are key barriers to improving ART coverage.

Issues at the 2018 UNAIDS Conference

At the July 2018 UNAIDS Conference, 16,000 stakeholders gathered in the Netherlands to discuss science, advocacy, and human rights issues related to the HIV/AIDS epidemic. Key issues discussed included the following:

Financing. Some health experts are concerned that gains recorded to date are threatened by declining global financial support. While low- and middle-income countries have deepened their financial commitments, stagnating funding from donor countries has reduced overall funding for the HIV/AIDS response. A new prospective challenge will be to establish sustainable financing mechanisms in middle-income countries, where 70% of people living with HIV will reside by 2020. Globally, assistance for HIV dropped by \$3 billion between 2012 and 2017.

Stigma. Advocates at the conference contended that the stigmatization and criminalization of homosexuality, injection drug use, and sex work across several regions present continuing challenges to HIV prevention efforts. Low use of HIV services (e.g., HIV testing and treatment) among stigmatized groups—notably injecting drug users, men who have sex with men, transgender persons, sex workers, and prisoners—has been identified as a key challenge to meeting the 90-90-90 goals. Conference participants called for a greater focus on these groups, who accounted for 47% of new HIV infections globally in 2017.

Gender. Conference participants also focused on bolstering efforts to improve women's knowledge of their status while simultaneously prioritizing community awareness. HIV self-testing kits, for example, have shown promise in both supplementing incomes of women who distribute the kits and increasing HIV/AIDS awareness of their sexual partners and communities.

Outlook and U.S. Engagement

In 2017, the United States supported 14 million people with ART through PEPFAR, which is the main channel through which the United States supports efforts to more rapidly achieve the 90-90-90 goals. Known as PEPFAR 3.0, it seeks to focus investments in geographic areas and populations with the highest HIV/AIDS burden, to maximize the cost-effectiveness of PEPFAR funding.

The Trump Administration has proposed reductions in PEPFAR funding, requesting \$7 billion for global health assistance in FY2019, 24% less than FY2018-enacted levels. The Administration has recommended cuts of 11% and 31% to funding for PEPFAR programs managed by the State Department and the Global Fund, respectively.

Some Members of Congress and HIV/AIDS advocates have expressed concern regarding the Administration's willingness to devote resources to combating the global AIDS epidemic and the prospect that people on ART might lose coverage due to spending cuts. PEPFAR continues to receive bipartisan support in Congress, which has appropriated global health and HIV/AIDS funding over the past two years at levels consistent with funding during the last Administration.

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