

HIV/AIDS

WHAT YOU SHOULD KNOW

In 2017 approximately 36.9 million people worldwide were living with HIV, including 1.8 million children under the age of 15. During 2017, 1.8 million adults and 180,000 children were newly infected with the disease.¹ At the same time, the number of deaths from the disease has declined by more than 50% since its peak in 2004.

More than 14 million people — over 40% of those living with HIV — are still not accessing the antiretroviral therapy (ART) they need to survive and thrive. Less than half of HIV-positive children currently access treatment, which is especially disturbing, because half of them will die before their second birthday if they remain untreated.²

Women represent more than half of all people living with HIV. Young women and adolescent girls are only 10% of the world's population, yet make up 25% (1 in 4) of new infections.² Persistent gender inequality means that women often have less power in relationships and during sexual encounters, leaving them vulnerable to coercion and gender-based violence.

Stigma, discrimination, legal barriers, and violations of human rights pose major obstacles for women, young people, and children seeking access to HIV treatment, prevention, and other health care services. This is also the case for other key populations, including adolescents, men who have sex with men, sex workers, transgender people, and people who use drugs.



A young girl receives integrated HIV-TB treatment through EGPAF's CaP TB program at St. Pierre Health Center in Kinshasa, Democratic Republic of the Congo, 2018.

Credit: EGPAF/Eric Bond



RECOMMENDATIONS FOR CONGRESS

Maintain strong funding levels for global HIV/AIDS programs, including the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Global HIV/AIDS programs funded by the United States have shown a consistently high return on investment, measured in lives saved, infections prevented, subsequent costs avoided, and goodwill generated among global partners. Under the PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control,³ countries “must achieve at least the 90-90-90 targets among all ages, genders, and at-risk groups, ensuring that everyone at risk is accessing prevention and treatment and that progress is evident.” These 90-90-90 targets call for 90% of HIV-positive people to be identified, 90% of those identified to be initiated on treatment, and 90% of those on treatment to achieve viral suppression. Yet experts estimate current global investments fall 20% short of what is needed to make progress toward these goals.¹ Strong support from Congress for global health programs without harmful policy riders is necessary to meet the global Fast-Track Targets outlined by UNAIDS.⁵

Continue to support the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). Multilateral funding complements bilateral funding by leveraging investments from other donors, building country-level commitments, and strengthening capacity at all levels to implement programs. U.S. leadership is the most important tool for making investments from other countries available to the Global Fund.

Support scientific advancement toward the eradication of HIV/AIDS. Despite the amazing strides taken toward ending the global AIDS crisis, many scientific challenges remain. A vaccine or a cure could be on the horizon. New technologies, prevention methods, and treatment options could also be game changers. U.S. support for HIV/AIDS research is crucial, not just for those suffering from and at risk for HIV/AIDS around the world, but also for the 1.2 million people currently living with HIV in the United States.

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WHY THIS INVESTMENT IS IMPORTANT

U.S. support of global HIV/AIDS programming is leading the world toward remarkable progress against the epidemic. Linking people living with HIV to care and treatment services is essential for continuing this progress, as scientific research has conclusively shown that putting individuals on treatment is not only good for their own health, but also reduces the likelihood of transmission to others.

PEPFAR represents the largest commitment ever made by a single nation to combat a specific disease on a global scale. Since President George W. Bush announced PEPFAR in 2003, the United States has invested more than \$62 billion in bilateral HIV/AIDS programs and also provided more than \$14 billion to the Global Fund. As of September 2018, U.S. assistance supported more than 14.6 million patients on lifesaving ART and, in Fiscal Year 2018, the PEPFAR program supported more than 95 million people with counseling and testing programs.⁴

Founded in 2002, the Global Fund is a partnership between governments, civil society, the private sector, and people affected by HIV/AIDS, tuberculosis (TB), or malaria. The Global Fund, which provides more than 20% of all international financing for HIV/AIDS programs, has saved 27 million lives since its inception in 2002. In countries where the Global Fund invests, deaths caused by AIDS, TB, and malaria have been reduced by one-third each year since 2002. The Global Fund's co-financing initiative also catalyzes domestic health program investments, which show an increase of more than 40% for the 2018-2020 cycle over the previous three-year cycle.⁵ From 2017 to 2019, programs supported by the Global Fund are expected to save an additional 14 million lives, avert 194 new million infections, and support economic gains of up to \$230 billion.

The United States and international partners have greatly scaled up services to help HIV-positive women to have HIV-negative children: 80% of HIV-positive women received the treatment and services necessary to reduce transmission from mother to child, resulting in 60% fewer new infections since 2000.² PEPFAR-provided resources and funding for the prevention of mother-to-child HIV transmission has led to a cumulative 2.4 million children to be born HIV-free.⁴

U.S. investment in HIV/AIDS and global health programs strengthens our national security and helps safeguard the health of Americans. A recent study showed that countries where PEPFAR operates have seen greater growth in worker productivity and economic development than other countries. Positive effects also spill over into other areas, such as improvements in government effectiveness, regulatory quality, and the rule of law. Additionally, current and former U.S. ambassadors report that these investments allowed for greater U.S. engagement with partner countries and strengthened diplomatic relationships.⁶

The sustainable, long-term approach to laboratory infrastructure and human capacity development has enabled governments and the public to better respond to other disease outbreaks, such as Ebola in West Africa and the Democratic Republic of the Congo (DRC). Recipient countries are also increasing their investments for HIV/AIDS and other health programs, resulting in greater sustainability in fighting their own epidemics. In 2016, domestic investment from low- and middle-income countries accounted for nearly 60% of all HIV-related spending globally.⁷

RESOURCES

PEPFAR Funding Results 2018 <http://bit.ly/1DyH90S>

PEPFAR Dashboards <https://data.pepfar.net>

Global Fund 2018 Results: 27 Million Lives Saved <http://bit.ly/2CGVDFd>

CONTRIBUTORS

Katie Coester, Elizabeth Glaser Pediatric AIDS Foundation, kcoester@pedaids.org

Kevin Fisher, AVAC, kevin@avac.org

CITATIONS

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2. "Global AIDS Update 2018: Miles to Go," UNAIDS. <http://bit.ly/2JgiZCJ>.
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4. "PEPFAR Latest Global Results," PEPFAR. <http://bit.ly/2QNEe4V>.
5. "The Global Fund Results Report 2018: 27 Million Lives Saved," The Global Fund. <http://bit.ly/2CGVDFd>.
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7. "HIV investments," UNAIDS. <http://bit.ly/2PmqQ7c>.