THE BEGINNING OF THE END?

Tracking Global Commitments on AIDS

Volume 2

YOUNG PEOPLE WHOSE LIVES HAVE BEEN AFFECTED BY HIV HAVE AN OPPORTUNITY TO ATTEND A GLOBAL FUND-SUPPORTED EDUCATIONAL ADVANCEMENT PROGRAM IN RWANDA.

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EXECUTIVE SUMMARY

In 2012, ONE produced the first in a series of annual accountability reports on AIDS, in which we assessed progress towards the vision of the "beginning of the end of AIDS". ONE, and many others in the scientific and advocacy communities, defined this vision as a tipping point in time, in which the total number of people newly infected with HIV in a given year is equal to, and eventually lower than, the number of HIV-positive people newly receiving antiretroviral (ARV) treatment in the same year. ONE also outlined three key targets on which world leaders should focus significant attention in order to make headway against the disease:[1]

1. **The virtual elimination of mother-to-child transmission of HIV by 2015**
2. **Access to treatment for 15 million HIV-positive individuals by 2015**
3. **The drastic reduction of new adult and adolescent HIV infections, to approximately 1.1 million or fewer annually, by 2015.**

ONE's 2012 report, "The Beginning of the End? Tracking Global Commitments on AIDS", found that the world had made significant progress in improving access to treatment and in providing services to HIV-positive women to prevent transmission of the virus to their children, but that progress had been lagging in preventing new HIV infections for adolescents and adults. In addition, while it was important that leaders had begun to call for "the beginning of the end of AIDS", there was not yet a sufficient sense of urgency for achieving it. Based on ONE's calculations in the 2012 report, projected trends showed that the tipping point would not be met until 2022.[2]

Now, one year later, ONE's 2013 analysis shows that the world has achieved a marked acceleration in its progress towards the achievement of the beginning of the end of AIDS. Most encouragingly, updated data shows that **if current rates of acceleration in both adding individuals to treatment and in reducing new HIV infections continue, we will achieve the beginning of the end of AIDS by 2015**.[3] This progress is impressive, and gives credibility to this vision as something achievable in the near term.

In order to analyse what factors have driven this acceleration, the first part of this report examines in detail progress made towards the three key indicators outlined above in addition to the overall AIDS tipping point, noting both global and regional trends. It also highlights other efforts that play an indirect role in driving progress, such as strengthening health systems, reaching marginalised populations with services and fighting HIV/TB co-infection.

A key requirement for achieving greater gains across treatment and prevention efforts is securing and effectively deploying increased resources, and the second part of this report tracks global AIDS financing efforts. This analysis examines both donor funding for AIDS, which in 2012 remained flat, and African spending on AIDS, which is growing but remains insufficient.[4]

Securing more money for HIV/AIDS, however, is only one piece of the broader effort to end the disease. In order to develop a sustainable response to the epidemic, leadership in those countries most affected by HIV/AIDS – primarily in sub-Saharan Africa – must be more than financial. Political leadership at the national and local levels has proved to be essential in driving real gains across the continent. The report therefore focuses in greater detail on the role that governments and civil society organisations (CSOs) have played in nine sub-Saharan African countries. Profiles of these countries highlight the varying degrees of political and financial commitment that currently exist across the continent, ranging from unique leadership and policies that have driven success to uncoordinated or underfunded responses that are holding countries back.

Finally, this report recommends five ways in which stakeholders invested in the fight against AIDS should step up efforts to help ensure even greater progress for future generations. The next twelve months must be a moment of accountability for donors, scientists and activists to answer the question: are we doing all that we can to achieve the end of AIDS within our lifetimes? If the world simply maintains current levels of financing and prevention efforts, the answer will be "no". But if stakeholders can adopt the recommendations included within this report and ambitiously scale up their efforts, the answer could be a definitive, and inspiring, "yes".[5]

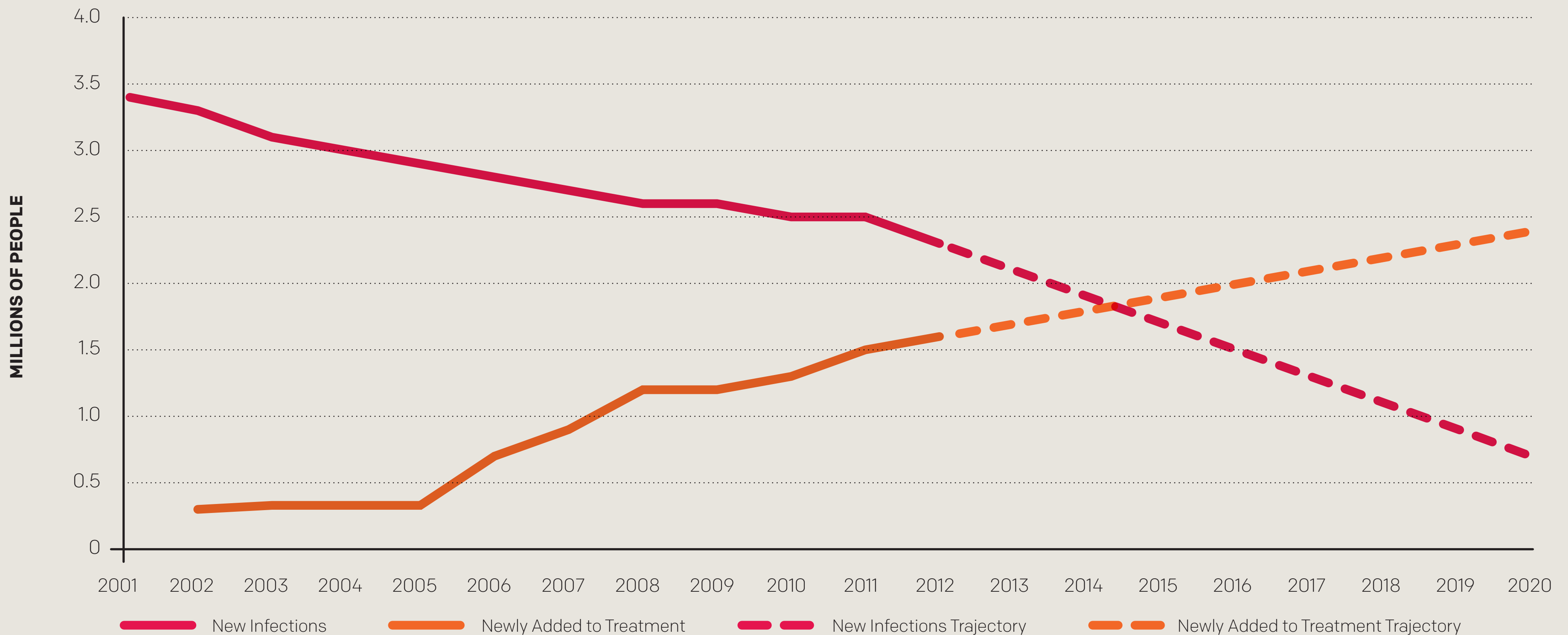
KEY FINDINGS

1 The world has achieved a marked acceleration of progress towards the beginning of the end of AIDS

If current rates of progress continue, the two lines showing the number of new HIV infections and the number of people newly added to treatment will intersect in the year 2015 – years sooner than ONE's projections based on data released in 2012, and an achievement worth celebrating. Some of this acceleration comes as a result of new and more accurate data released in 2013 for previous years, which altered the rate of progress assumed in our projections.[6] Some of this acceleration, however, is driven by real progress achieved in the past year. In particular, the rate at which new HIV infections were reduced has increased substantially over the course of the last year: there were roughly 200,000 fewer new infections in 2012, compared with no change to the number of new infections in 2011, and roughly 100,000 fewer in 2010. At the same time, 1.6 million new HIV-positive people were able to access treatment in 2012, up from 1.5 million in 2011 and 1.3 million in 2010.[7]

At the regional level, progress in sub-Saharan Africa has accounted for much of this global acceleration. In this region, the number of people added to treatment in the last year alone was at an all-time high, while the number of new infections dropped to an all-time low. Improvements in reducing paediatric infections, AIDS deaths and HIV prevalence rates were more marked in sub-Saharan Africa than anywhere else.[8]

FIGURE 1: Current Trajectories for Global HIV Prevention and Treatment Efforts



Sources: UNAIDS and ONE calculations

2 The world remains off track for key 2015 indicators on treatment and prevention

While global efforts have brought the tipping point within sight, efforts to achieve targets on specific indicators by 2015 have seen insufficient progress. Programmes to reduce mother-to-child transmission of HIV continued to scale up in 2012, particularly among the 22 high-burden countries. Seven countries in sub-Saharan Africa – Botswana, Ethiopia, Ghana, Malawi, Namibia, South Africa and Zambia – are driving much of this progress, having each reduced new HIV infections among children by 50% or more since 2009. But collectively the world is not on track to meet the virtual elimination goal by 2015, and a few countries, such as Nigeria and Angola, are holding back regional and global progress.[9]

Improvements in access to ARV treatment have put the world on track to meet the 2015 target of 15 million people on treatment – an impressive feat, particularly considering that a decade ago only 300,000 people were on treatment around the world. New WHO guidelines released in 2013, however, have substantially increased the number of people who qualify for treatment,[10] to 28 million.[11] In doing so, these guidelines have significantly expanded the global definition of universal access to treatment, and have reset the bar for how we define success.

Real reductions have been made in new adolescent and adult HIV infections for the first time in years, which is encouraging, but progress to cut that figure by half is still dramatically off track, and marginalised populations are falling further behind. New HIV infections still significantly outnumber people newly added to treatment and, overall, HIV prevention remains the area of least progress and least attention.

3 Current levels of financing for HIV/AIDS are insufficient for controlling and ultimately defeating the disease

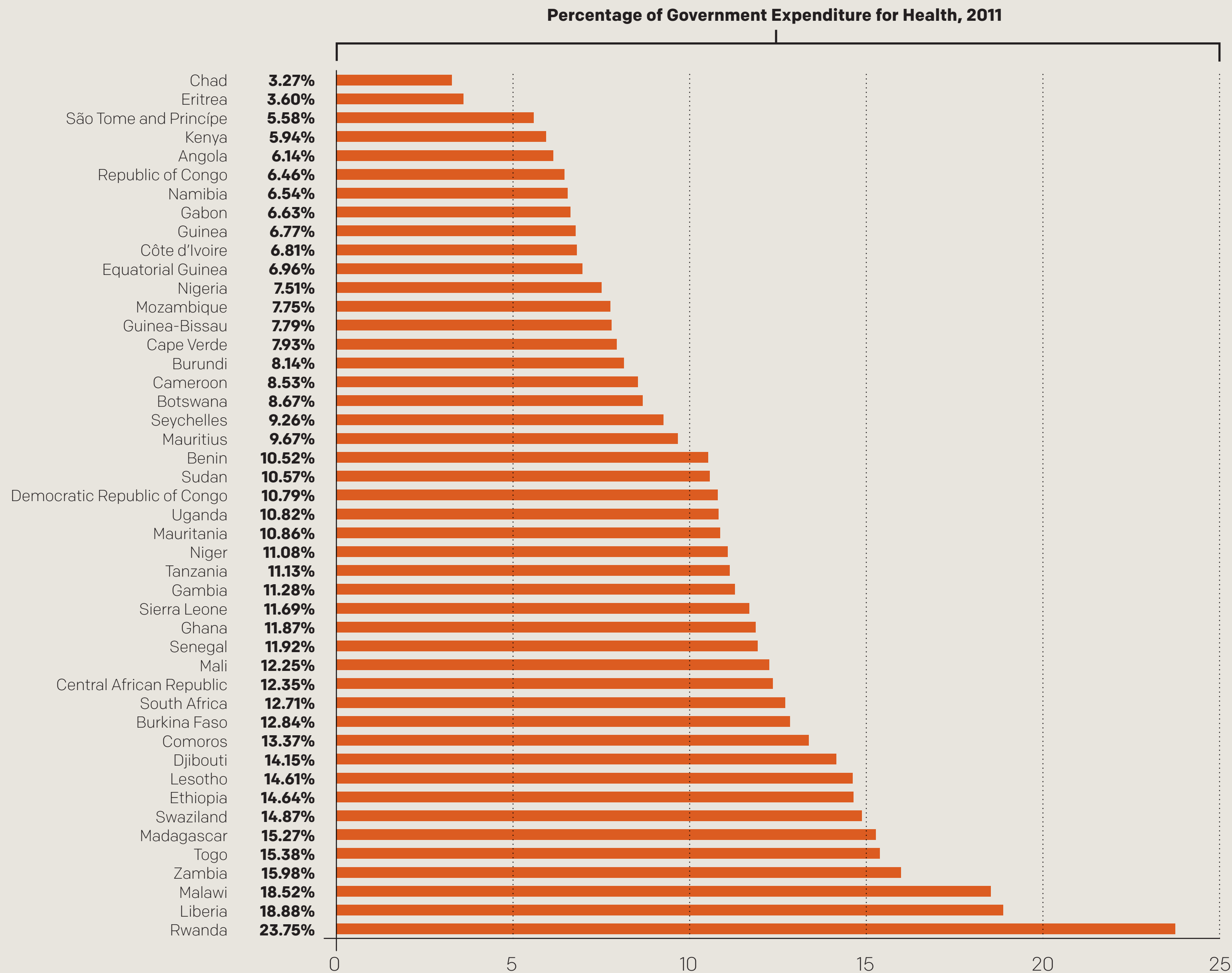
UNAIDS estimates that global financing efforts for AIDS still fall $3–5 billion short of the $22–24 billion needed annually to achieve core outcomes on treatment and prevention by 2015.[12] Taking into account the increases needed to align with the new 2013 WHO treatment guidelines, that financing gap grows by an additional 10%.[13]

More than two-thirds of low- and middle-income countries increased domestic spending on HIV last year, accounting for 53% of all HIV/AIDS resources globally – the second year in a row that these countries have supported more than half of the global response. Many African governments, however, are not yet allocating sufficient resources for health.[14] As of 2011, only six countries had met their Abuja commitments, made at an African Union summit in 2001, to spend 15% of their national budgets on health. Nearly a quarter of the countries for which data exists have not yet contributed even half of that amount.[15]

The global financing needs for AIDS treatment, prevention and care are still so significant that the response cannot be met through increased domestic investments alone. Although country ownership is critical for a sustainable response, donors' efforts are still indispensable and need to be amplified to control the epidemic. Yet last year, donor resources for HIV/AIDS programmes remained flat and a number of donors even reduced their spending – a worrying trend, as the demand for HIV services continues to rise significantly.[16]

In 2012, the US remained the clear global leader on total AIDS financing, and the UK, Australia, Japan, Italy and Sweden increased their contributions. However, disappointingly, other countries including Denmark, Canada, France, Ireland, Norway and the Netherlands, along with the European Commission, decreased their overall contributions in 2012. Taking into account donor countries' populations, the Nordic countries (Denmark, Norway and Sweden) were clear leaders, with per capita spending of $31, $23 and $18 respectively. The US ($16), the Netherlands ($15) and the UK ($14) followed them, but France ($6), Australia ($6), Germany ($4) and Canada ($3) all lagged behind.

FIGURE 2: African Countries' Health Expenditure



Source: WHO National Health Accounts Indicators

Note: This chart omits North African countries as well as all sub-Saharan African countries for which data is unavailable.

FIGURE 3: International HIV/AIDS Assistance from Top Donors ($ Millions)[17]

COUNTRY	2012	RANK 2012	2011	RANK 2011	2010	RANK 2010	NET CHANGE 2010–2012
UNITED STATES	5,027.70	**1**	4,530.00	**1**	3,830.00	**1**	**31.27%**
UNITED KINGDOM	910.34	**2**	859.02	**2**	804.71	**2**	**13.13%**
FRANCE	384.40	**3**	412.71	**3**	388.66	**3**	**-1.10%**
GERMANY	288.48	**4**	312.26	**5**	310.33	**5**	**-7.04%**
THE NETHERLANDS	257.61	**5**	321.40	**4**	370.10	**4**	**-30.39%**
JAPAN	209.08	**6**	84.91	**12**	154.62	**7**	**35.22%**
DENMARK	171.00	**7**	189.20	**6**	171.10	**6**	**-0.06%**
SWEDEN	170.73	**8**	163.10	**7**	139.90	**8**	**22.04%**
CANADA	152.38	**9**	156.45	**8**	134.64	**9**	**13.17%**
AUSTRALIA	124.66	**10**	110.60	**11**	104.10	**11**	**19.75%**
NORWAY	115.51	**11**	118.80	**10**	119.00	**10**	**-2.93%**
EUROPEAN COMMISSION	100.66	**12**	122.31	**9**	100.33	**12**	**0.33%**
IRELAND	52.40	**13**	69.40	**13**	97.70	**13**	**-46.37%**
ITALY	13.90	**14**	5.12	**14**	11.40	**14**	**21.93%**
TOTAL	**7,978.85**		**7,455.28**		**6,736.59**		**18.44%**

Sources: Kaiser Family Foundation; UNITAID; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and ONE calculations

4 "AIDS in Africa" is a misnomer: there is wide divergence in levels of political will, financial investment and progress across the continent

Although great progress has been made against AIDS in sub-Saharan Africa, it has not been uniform. Political will and financial investments have varied dramatically between countries; so too have countries' relative successes in making headway towards the beginning of the end of AIDS – as calculated by dividing the total number of new infections in a year by the number of people newly added to treatment in that year. Where a ratio of 1.0 equals the 'tipping point', 16 of the 37 countries in sub-Saharan Africa for which data exists had reached or surpassed this milestone in 2012. Of the remaining 21, five were incredibly close to reaching the tipping point, with a ratio of between 1.01 and 1.1, while the remainder had a ratio ranging anywhere between 1.5 and 21.3 (and even going backwards, in the cases of Liberia and Mali).[18]

While there is no single success formula for fighting AIDS at the country level, ONE's analysis shows that the sub-Saharan African countries that have demonstrated strong political will and that have channelled donor and domestic financing through clear national plans have achieved the greatest progress in the past decade. Other countries are struggling to make headway, or are showing uneven progress. The nine countries profiled in the report broadly exemplify three levels of progress:

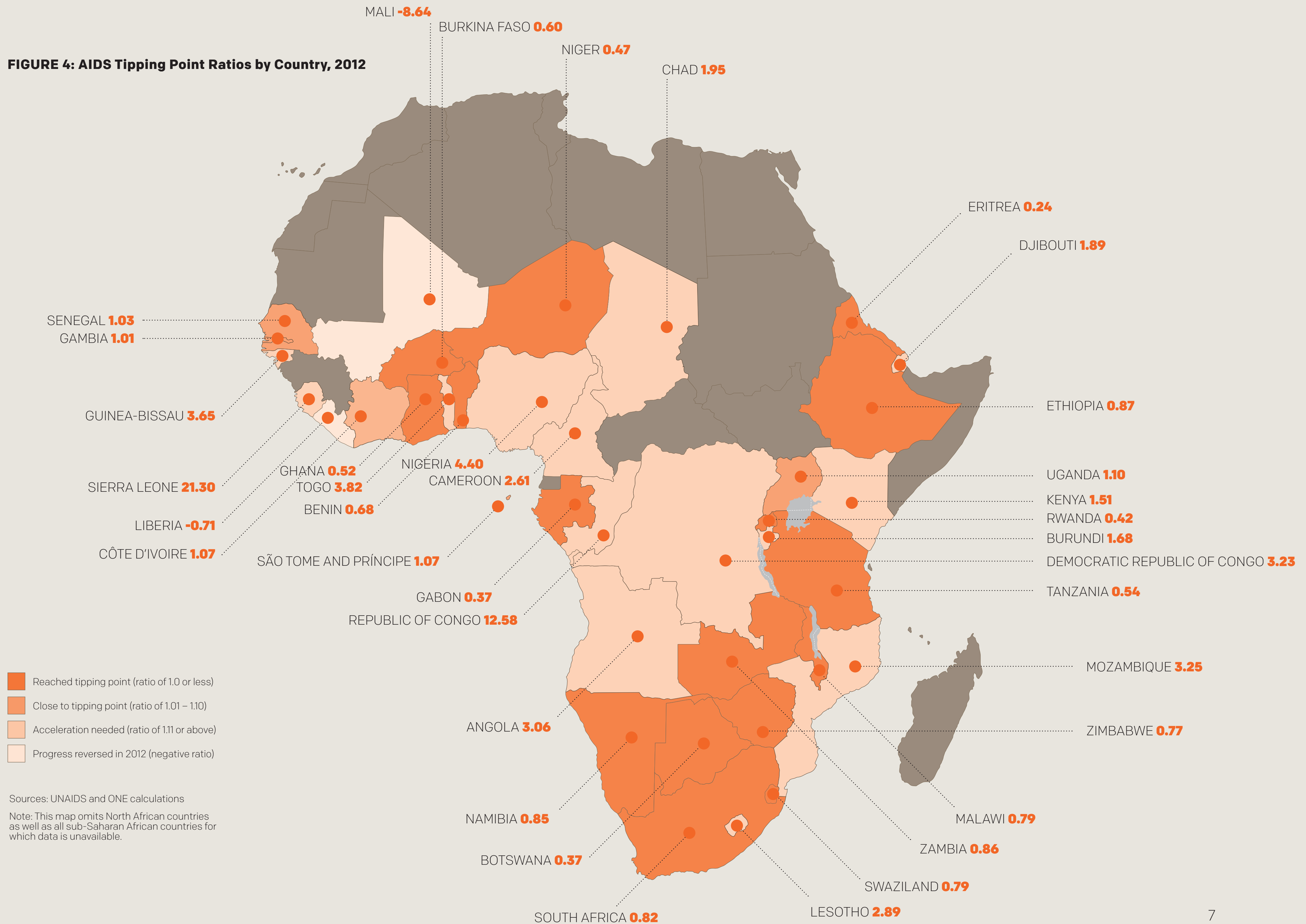
- **Leading the Way:** Ghana, Malawi and Zambia are great examples of how international donors, national governments and key civil society leaders can work together to achieve accelerated progress in the fight against AIDS. Zambia and Malawi entered the decade with two of the world's most widespread, crippling AIDS epidemics. Today, they – along with Ghana – are the world's leaders in ending the epidemic, having made swift and steady progress over the last few years. All three countries have committed significant national resources for health, have reached and surpassed the tipping point at the country level, and are making even further headway towards the control and defeat of the disease.[19]

- **Ones to Watch:** South Africa, Tanzania and Uganda have shown real dynamism but erratic progress as they face massive disease burdens, shifting political landscapes and unique, country-specific challenges. These countries have made significant strides in recent years, but their progress has been slower than in the leading countries. South Africa and Tanzania hit the tipping point for the beginning of the end of AIDS for the first time just last year, and Uganda – with an AIDS ratio of 1.1 – is close to the tipping point but has yet to reach it. Given unsteady progress against the AIDS epidemic in recent years, how these countries move forward in the next 1–2 years will be crucial.[20]

- **Urgent Progress Needed:** Cameroon, Nigeria and Togo have not made enough progress, having often been hampered by a lack of political will or competing political priorities, insufficient financial commitments, inefficient delivery systems and a lack of specific attention to prevention. Togo, in particular, had reached the AIDS tipping point in 2010 but has slipped back since. Meanwhile, progress towards the beginning of the end of AIDS has been largely stagnant in Nigeria and Cameroon, albeit with dramatic year-to-year fluctuations in the AIDS ratio. These countries, and others like them, must show a serious acceleration of efforts to achieve the beginning of the end of AIDS by 2015.[21]

In all countries, encouragingly, a wealth of CSOs and individuals are actively engaged in their communities and countries in the fight against the disease. Some of these groups are supporting and bolstering broader country-level efforts, while some are actively driving progress in spite of challenging circumstances or government intransigence. Their commitment and advocacy have been critical to the progress achieved on the continent over the past two decades.

FIGURE 4: AIDS Tipping Point Ratios by Country, 2012



Sources: UNAIDS and ONE calculations

Note: This map omits North African countries as well as all sub-Saharan African countries for which data is unavailable.

RECOMMENDATIONS

Achieving the beginning of the end of AIDS, and ensuring that the world does not lose momentum if, and when, the tipping point is reached, requires not just bold rhetoric but also sustained action and investment. Therefore, ONE recommends that government officials, international donors and technical leaders invested in the fight against AIDS undertake the following five actions to accelerate progress:

1 Build the foundations for a "prevention revolution", particularly among adolescents and marginalised populations

Even if an AIDS tipping point is reached as early as 2015, the number of new HIV infections each year will still be in the millions, which will only serve to extend the life of the epidemic and the costs associated with it.[22] For a disease that is entirely preventable with existing technologies, this should be unacceptable.

Unlike efforts to expand access to treatment, which have benefited from bold global targets, the AIDS community lacks a central and communicable prevention target to drive policy-making, priority-setting and advocacy. While ONE's 2012 and 2013 reports call for a halving of the number of new adolescent and adult infections (to 1.1 million) by 2015, this target has not been widely adopted in any formal political sense. By 2014 WHO, UNAIDS or the broader UN should call for a globally endorsed prevention target that would help accelerate the progress that is so desperately needed.

To achieve these reductions, donors and countries alike should do much more to apply more effectively the existing prevention tools. Simultaneously, more on-the-ground research is needed to test newer prevention modalities, including the use of treatment-as-prevention, particularly among at-risk populations. Finally, supporting efforts to develop better, real-time measures of incidence will be critical for assessing the effectiveness of prevention efforts with greater speed and accuracy.

2 Commit new and better-targeted resources to drive progress towards the end of AIDS

If the world is to collectively make headway towards the end of AIDS, African and other affected governments must fulfil their responsibilities and ensure that they are effectively targeting domestic resources. First and foremost, this means that African countries must make progress towards meeting their Abuja commitments to spend 15% of their budgets on health, as they agreed to do in 2001.[23] From there, countries with a high HIV/AIDS burden must allocate an appropriate percentage of those health resources towards the control and defeat of the disease. Of course, increasing domestic resources for health does not automatically mean that outcomes will improve; complementary efforts to improve the management of programmes and broader health systems are critical. But particularly for resource rich countries, increasing domestic health financing could free up millions or even billions of dollars for antiretroviral drugs, prevention programmes and other health services for citizens in need.

Likewise, the recent trend of plateaued donor spending must be reversed. In the weeks following this report's publication, government and private sector donors will meet in Washington, DC, to pledge new resources to the Global Fund to Fight AIDS, Tuberculosis and Malaria for the next three years. The extent to which the Global Fund is able to mobilise the full $15 billion it needs will provide the first indication of how serious donors are about controlling AIDS, as well as TB and malaria. Indeed, a successful Global Fund replenishment could help spur renewed momentum in efforts to improve broader global health. For many countries, combining their Global Fund contributions with strengthened, more targeted bilateral AIDS programmes will also help drive progress.

In a challenging economic environment, new sources of funding must be deployed to help accelerate global efforts. This includes the development or roll-out of innovative financing schemes that could generate new revenue for health, such as a financial transaction tax, as well as more meaningful involvement of the private sector. Many companies (particularly those with affected workforces) could contribute not only financial resources, but also technical expertise that can be leveraged to improve health systems and the efficiency of drug procurement.

3 Ensure greater political and programmatic ownership of the fight against AIDS by African governments

Historically, efforts to fight HIV/AIDS globally have centred on solutions designed and led by high-income countries. While scientists, donors and advocates in these countries have all played key roles in helping to bring the AIDS pandemic nearer to a tipping point, their collective efforts have often overshadowed, or even undermined, African leadership on this issue. For decades, as this report shows, many African governments and citizens have been working to tackle the pandemic, but have often lacked the resources to fully fund the necessary treatment and prevention programmes.

In addition to increasing their financing for AIDS, African governments should accelerate their efforts to develop robust and fully costed national AIDS plans that reflect their unique epidemiological contexts. Critically, they must also build up their own capacities to manage the implementation of these plans. Wherever possible, donors should coordinate their resources through these plans, not around them, and must assist African governments with technical training so that they can fully manage these programmes.

On a political level, African leaders can do much more to ensure that the HIV/AIDS responses in their countries are more effective, equitable and free of stigma. Tackling AIDS, particularly among marginalised populations, will in some cases require a sea-change in how these populations are viewed and treated. High-level political endorsement will be critical to ensuring access to services for all.

At the regional and international levels, African leaders should continue to build on the important frameworks developed over the past two years, including the African Union's "Roadmap for Shared Responsibility and Global Solidarity". In the months ahead, they must transform these frameworks from rhetoric into accountable, actionable plans.

4 Improve reporting and transparency of AIDS resources and results

Although transparency and accountability have risen on the international political agenda in recent years, there is currently insufficient transparency across the resources used in the fight against AIDS. This report examines a number of data sources, including the OECD DAC database, UNAIDS' domestic finance monitoring and African countries' own budget documents. However, none of these provides sufficiently comprehensive or comparable data for what resources are being spent on AIDS, through which channels and to what ends. This lack of transparency makes it difficult to assess whether or not adequate resources are being spent on the right types of interventions at local and country levels, and makes it even more difficult to analyse what impacts are consequently generated.

African countries that are not already doing so should publish at least a minimum set of key documents from the budget cycle – including the proposed, enacted and audited budgets – in a regular and timely fashion. Spending data should be sufficiently disaggregated to enable analysis of total spending on priority areas or specific programmes, such as HIV/AIDS. In order to facilitate these improvements, donors and African governments alike must work to increase countries' statistical capacities, so that they can more regularly and effectively monitor inputs as well as progress towards disease indicators.

Further complicating this effort, many donors report on their AIDS spending through different channels, in varying levels of detail and at various times. The extent to which donor assistance appears on budget for African governments varies significantly. And as programming has increasingly become more integrated on the ground – itself a laudable aim – funding channels become similarly integrated, and it is challenging to distinguish where domestic investments end and donor investments begin. As many donors push towards a sustainable approach to the AIDS response that relies more heavily on domestic resources and leadership, donors and recipient countries must work together to standardise a way in which each actor can be clear about how, and to what extent, their financing and programmatic support is contributing to outcomes.

5 Reinvigorate HIV/AIDS on the international political agenda

In many ways, the fight against HIV/AIDS has become a victim of its own success. When the pandemic first emerged in the 1980s and 1990s, it was seen as a true emergency. But thanks to improved access to treatment, AIDS is now seen increasingly as a chronic and manageable disease, and thus has fallen sharply off the international political radar. If HIV/AIDS is to be controlled and ultimately defeated, the world must marshal resources and political energy now to avoid further costs and lives lost in years to come.

In the next 12 months, three global forums (in addition to the Global Fund's replenishment conference) will be critical for sustaining this energy: the International AIDS Conference (IAC) in July 2014, to be held in Melbourne, Australia; the G8 and G20 summits, hosted by Russia and Australia respectively; and the ongoing political debates to set the post-2015 development agenda.

IAC organisers should set an aggressive agenda that not only highlights the latest in scientific research, but also seeks to re-energise political will. The conference should highlight progress towards the beginning of the end of AIDS, and should meaningfully involve African and Asian leadership. Similarly, G8 and G20 organisers must make a concerted effort to reinstate HIV/AIDS and broader global health issues on the political agenda, and must hold each other to account on the bold promises made over the past decade. Finally, as stakeholders begin to formulate more concrete proposals for post-2015 development targets and indicators, citizens and political leaders alike must ensure that HIV/AIDS remains a topic of discussion, framed as a driver of momentum within the broader global health landscape. Ideally, any new health goal developed should include a bold, specific and achievable indicator for HIV/AIDS.

For the full report, go to: *www.one.org/aidsreport*

ENDNOTES

1. ONE. 2012. "The Beginning of the End? Tracking Global Commitments on AIDS".
2. Ibid.
3. ONE calculations based on UNAIDS. 2013. "Global Report: UNAIDS report on the global AIDS epidemic 2013".
4. UNAIDS. 2013. "Global Report", op. cit.
5. Ibid.
6. In last year's report, we found that growth in the number of people newly added to treatment was flat, as the data available in 2012 showed that 1.4 million people were newly added to treatment in both 2010 and 2011. New data released this year, however, shows that in fact 1.3 million people were newly added to treatment in 2010, 1.5 million in 2011 and 1.6 million in 2012. As a result, rather than modelling for flat growth, our new trajectories account for accelerated growth in access to treatment.
7. ONE calculations based on UNAIDS. 2013. "Global Report", op. cit.
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16. Kaiser Family Foundation (KFF)/UNAIDS. September 2013. "Financing the Response to HIV in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2012". *http://kaiserfamilyfoundation.files.wordpress.com/2013/09/7347-09-financing-the-response-to-hiv.pdf*.
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19. Ibid.
20. Ibid.
21. Ibid.
22. ONE calculations based on UNAIDS. 2013. "Global Report", op. cit.
23. African Union. 2001. "Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases".

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