

HIV/AIDS Costs and Challenges

The June 2001 UN General Assembly Special Session on HIV/AIDS called for a global investment of US \$7-\$10 billion annually over the next decade to help prevent the spread of HIV, to care for those living with HIV/AIDS and their families, and to support programmes in low and middle-income countries. That would represent about five times the current level of spending on the pandemic in those areas.

But more is required than money. In the few countries where leaders have given HIV/AIDS the priority it deserves and the investment it requires, prevalence rates have been reversed. The UN Population Fund is a leader in mobilizing the political will that is key to meeting the urgent global need.

Funding is only one of the key issues.

The US \$7-\$10 billion investment goal does not include the costs of improving and expanding general health and education infrastructures, combating poverty, or programmes to encourage children, especially girls, to remain in school, or to improve the status of women, all of which are critical to halting AIDS.¹ All were included among commitments made by 179 nations at the International Conference on Population and Development in 1994.

- Current HIV/AIDS spending in low- and middle-income countries from all private, national and international sources combined totals some US \$1.5-\$2 billion,¹ one-fifth the necessary investment.
- With population growth and the spread of family planning and HIV/AIDS prevention programmes, demand for reproductive health commodities is growing worldwide, far beyond the global supply. The UN Population Fund initiated the Global Strategy for Reproductive Health Commodities Security that seeks to make a reliable supply of affordable commodities, especially condoms, universally available where and when they are needed.
- Advocacy and direction, as well as funding, for medical and scientific research involving AIDS transmission, possible vaccines and cures, and female microbicides and other woman-controlled methods of prevention must not be allowed to falter.

Vocal leadership can be effective.

The prices of important drugs combating HIV/AIDS, including retrovirals, have fallen recently, through advocacy of the need, strong and vocal pressure from activists and civil society, and competition from generic

drug manufacturers, including some governments. But such drugs are still too expensive for most of those with HIV/AIDS in the developing world.

Where the epidemic is cloaked in shame and silence, people are less likely to seek out and use preventive information, services and facilities. Sturdy human rights protections are needed to encourage openness and end stigmatization, discrimination and violence.

- In Thailand, a “100 percent condom use” campaign in brothels played a major part in stabilizing the HIV/AIDS infection rate.²
- The UN Population Fund and the European Commission are working with international and local non-governmental organizations on 43 projects to prevent HIV/AIDS and improve reproductive health services in Bangladesh, Cambodia, Laos, Nepal, Pakistan, Sri Lanka and Vietnam.

The most successful awareness and prevention programmes draw their inspiration and leadership from people living with or at risk of HIV/AIDS who are engaged in outreach work, peer education and service provision in their own communities.

- Refugees were trained as peer educators in camps in Zambia to help prevent HIV infection among other refugees from Angola, Congo and Rwanda.²
- A UNFPA programme in Haiti trained youth facilitators at a local youth club to talk with teenagers in schools and poor neighborhoods about condoms, family planning and the dangers of HIV and unsafe abortion.²

- In Honduras, the UN Population Fund supported a project that trained survivors of Hurricane Mitch to become reproductive health information and condom providers to their neighbors in temporary camps and shelters.²

Prevention of HIV infection remains the first line of defense.

Abundant evidence shows that prevention works, especially when combined with strong care and support programmes throughout a community.

Noting the unprecedented number of 1 billion young people ages 15 to 24 worldwide, UN Special Session participants agreed that 90 percent of them must have access by 2005 to information and services that will reduce their vulnerability to HIV/AIDS. The gathering agreed to reduce young people’s projected infection rate by 25 percent by 2005.

- In Uganda, strong prevention campaigns have brought HIV infection rates down from 14 percent in the early 1990s to eight percent today. The rate among pregnant women has declined by 40 percent since 1996.²
- Prevalence rates dropped 60 percent among young women in northern Tanzania during a six-year campaign on HIV prevention.²
- Yearly surveys of young men in Cambodia have found major reductions in risk behavior and decreases in HIV infection levels, especially among soldiers, following strong prevention campaigns.²

—March 2002

1. UN Department of Public Information, *Fact Sheets: United Nations Special Session on HIV/AIDS*, New York, 2001

2. UN Population Fund, *Preventing Infection, Promoting Reproductive Health: UNFPA’s Response to HIV/AIDS*, UNFPA, New York, 2001