

AIDS by the numbers 2015







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decrease in new HIV infections among children since 2000





increase in access to antiretroviral therapy since 2010

The world has halted and reversed the spread of HIV. The epidemic has been forced into decline. New HIV infections and AIDS-related deaths have fallen dramatically since the peak of the epidemic. Now the response is going one step further—ending the AIDS epidemic by 2030.

15.8 million on treatment

In 2014, 36.9 million people were living with HIV. The number of people living with HIV continues to increase, in large part because more people globally are accessing antiretroviral therapy and as a result are living longer, healthier lives. As of June 2015, 15.8 million people were accessing treatment. At the same time, even though new HIV infections have declined, there is still an unacceptably high number of new HIV infections and AIDS-related deaths occurring each year. In 2014, around 2 million people were newly infected with HIV and 1.2 million people died of AIDS-related illnesses.

Millennium Development Goals to Sustainable Development Goals

The world has exceeded the AIDS targets of Millennium Development Goal (MDG) 6, halting and reversing the spread of HIV, and more and more countries are getting on the Fast-Track to end the AIDS epidemic by 2030 as part of the Sustainable Development Goals (SDGs).

New HIV infections have fallen by 35% since 2000 (by 58% among children) and AIDS-related deaths have fallen by 42% since the peak in 2004. The global response to HIV has averted 30 million new HIV infections and nearly 8 million (7.8 million) AIDS-related deaths since 2000, when the MDGs were set.

Ensuring access to antiretroviral therapy for 15.8 million people is an achievement deemed impossible 15 years ago. In 2000, fewer than 1% of people living with HIV in low- and middle-income countries had access to treatment. In 2014, the global coverage of people receiving antiretroviral therapy was 40%.

But HIV continues to shine a harsh light on the inequalities of the world. AIDS is unfinished business.

The case for change is compelling and commanding. Significant gaps and shortcomings of the response must be rectified. Accelerating the AIDS response in low- and middle-income countries could avert 28 million new HIV infections and 21 million AIDS-related deaths between 2015 and 2030, saving US\$ 24 billion annually in additional HIV treatment costs.

The next phase of the AIDS response must account for new realities, opportunities and evidence, including a rapidly shifting context and a new sustainable development agenda. The AIDS response has a single priority for the next 15 years: ending the AIDS epidemic by 2030.



million people living with HIV were accessing antiretroviral therapy as of June 2015.

Results to be achieved by getting on the Fast-Track

Rapid scale-up of essential HIV prevention and treatment approaches will enable the response to outpace the epidemic.



UNAIDS Fast-Track

To take the AIDS response forward, UNAIDS has developed a Fast-Track approach to reach a set of time-bound targets by 2020. The targets include 90% of all people living with HIV knowing their HIV status, 90% of people who know their HIV-positive status having access to treatment and 90% of people on treatment having suppressed viral loads. They also include reducing new HIV infections by 75% and achieving zero discrimination.

Of the 36.9 million people living with HIV globally 17.1 million do not know they have the virus and need to be reached with HIV testing services, and around 22 million do not have access to HIV treatment, including 1.8 million children.

At current levels, there will be a gap of US\$ 9 billion globally between the resources available today and the resources needed to reach the UNAIDS 2020 Fast-Track Targets. The annual global cost of attaining the Fast-Track Targets will reach a peak of US\$ 31.1 billion in 2020. After 2020, resource needs will start to decline.

Over the next five years the AIDS response requires front-loading investments and increasing the diversity of investment, innovative delivery mechanisms and partnerships to ensure that no one is left behind, especially adolescents, young people and key populations.

The Fast-Track approach combined with a social justice agenda that puts people first and ensures that their sexual and reproductive health and rights needs are fully respected and met will be unstoppable.

If the world does not act to break the epidemic by 2020, it could rebound to levels seen 10 years ago.

Location-population

The Fast-Track approach may be guided at the national level, but it is realized at the local level. Fast-Track requires cities, towns and communities to take charge of their HIV responses by analysing the nature of their epidemic and then using a location–population approach to focus their resources on evidence-informed high-impact progammes in the geographical areas and among the populations in greatest need.

The key is to do the right things at the right place, for the right people and in the right way.

Ending the AIDS epidemic by 2030—UNAIDS 2016–2021 Strategy

With the SDGs, the world has committed to end the AIDS epidemic by 2030. This ambitious yet wholly attainable objective represents an unparalleled opportunity to change the course of history for ever.

The UNAIDS 2016–2021 Strategy is one of the first in the United Nations system to be aligned to the SDGs, which set the framework for global development policy over the next 15 years, including ending the AIDS epidemic by 2030.

This is an exciting time in the AIDS response. The world is building momentum towards a sustainable, equitable and healthy future for all.



million people living with HIV globally in 2014



million people who need to be reached with antiretroviral therapy



million people living with HIV do not know they have the virus

UNAIDS 2016–2021 Strategy: targets, goals, vision

TARGETS FOR 2020

Target 1 90% of people (children, adolescents and adults) living with HIV know their status, 90% of people living with HIV who know their status are receiving treatment and 90% of people on treatment have suppressed viral loads

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Target 2 Zero new HIV infections among children, and mothers are alive and well

Target 3

90% of young people are empowered with the skills, knowledge and capability to protect themselves from HIV

Target 6

90% of key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants, have access to HIV combination prevention services

Target 9 Overall financial investments for the AIDS response in low- and middle-income countries reach at least US\$ 30 billion, with continued increase from the current levels of domestic public sources

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Target 7 90% of women and girls live free from gender inequality and gender-based violence to mitigate the risk and impact of HIV

Target 10 75% of people living with, at risk of and affected by HIV, who are in need, benefit from HIV-sensitive social protection

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Fewer than 500 000

STRATEGIC MILESTONES FOR 2020

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Target 4

90% of women and men, especially young people and those in high-prevalence settings, have access to HIV combination prevention and sexual and reproductive health services



Target 5

27 million additional men in high-prevalence settings are voluntarily medically circumcised, as part of integrated sexual and reproductive health services for men

Target 8

90% of people living with, at risk of and affected by HIV report no discrimination, especially in health, education and workplace settings



Snapshot of the regions New HIV infections

Sub-Saharan Africa



In sub-Saharan Africa, there were an estimated 1.4 million new HIV infections in 2014. **A drop of 41% since 2000.**

2000 2.3 million [2.2 million–2.4 million] **2014** 1.4 million [1.2 million–1.5 million]

Caribbean



In the Caribbean, the number of new **HIV infections fell by half** between 2000 and 2014.

2000 27 000 [21 000–31 000] **2014** 13 000 [9600–17 000]

Middle East and North Africa



In the Middle East and North Africa, the estimated number of **people acquiring HIV rose by 26%** between 2000 and 2014.

2000 18 000 [12 000–23 000] **2014** 22 000 [13 000–33 000]

Latin America



In Latin America, the number of **new HIV infections in 2014 was 17% Iower** than in 2000.

2000 100 000 [88 000–120 000] **2014** 87 000 [70 000–100 000]

Western and central Europe and North America



The number of new infections has remained fairly stable since 2000.

2000 87 000 [53 000–130 000] **2014** 85 000 [48 000–130 000]

Eastern Europe and central Asia



In eastern Europe and central Asia, **new infections rose by 30%** between 2000 and 2014.

2000 100 000 [90 000–120 000] **2014** 140 000 [110 000–160 000]

Asia and the Pacific



HIV infections declined by 31% in Asia and the Pacific.

2000 500 000 [440 000–590 000] **2014** 340 000 [240 000–480 000]

Snapshot of the regions AIDS-related deaths

Sub-Saharan Africa



There were an estimated **34% fewer** AIDS-related deaths in sub-Saharan Africa in 2014 than in 2000.

2000 1.2 million [1 million–1.5 million] **2014** 790 000 [670 000–990 000]

Caribbean



Between 2000 and 2014 the number of AIDS-related deaths in the region **fell by more than half.**

2000 18 000 [12 000–28 000] **2014** 8800 [5700–13 000]

Middle East and North Africa



In the Middle East and North Africa, the estimated number of **AIDS-related deaths more than trebled** between 2000 and 2014.

2000 3 600 [1 600–7 100] **2014** 12 000 [5300–24 000]

Latin America



AIDS-related deaths have **decreased by 31%** in Latin America.

2000 60 000 [43 000–120 000] **2014** 41 000 [30 000–82 000]

Western and central Europe and North America



From 2000 to 2014, AIDS-related deaths **fell by 12%.**

2000 29 000 [12 000–96 000] **2014** 26 000 [11 000–86 000]

Eastern Europe and central Asia



The number of AIDS-related deaths in the region **more than trebled** between 2000 and 2014.

2000 20 000 [11 000–45 000] **2014** 62 000 [34 000–140 000]

Asia and the Pacific



AIDS-related deaths **increased by 11%** in Asia and the Pacific between 2000 and 2014. A downward trend started in 2005, however, totalling a 30% drop.

2000 220 000 [130 000–510 000] **2014** 240 000 [140 000–570 000]



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