End AIDS as a public health threat by 2030
Situation Report
(October 2016)
The epi data
New HIV infections among adults (aged 15 years and older), global, 2000–2015

New HIV infections among children (aged 0–14 years), global, 2000–2015

Source: UNAIDS 2016 estimates.
Percent change in new HIV infections among adults (aged 15 years and older), from 2005 to 2015

New HIV infections among adults (aged 15 years and older), eastern Europe and central Asia, 2010–2015

Source: UNAIDS 2016 estimates.
Percent change in new HIV infections among adults (aged 15 years and older), eastern Europe and central Asia, from 2010 to 2015

Source: UNAIDS 2016 estimates.
The different epidemics
Importance of location and population
The risk of HIV acquisition compared to adults (aged 15 years and older) in the general population.

- Sex workers = 10 TIMES
- People who inject drugs = 24 TIMES
- Gay men and other men who have sex with men = 24 TIMES
Prisoners

Lifetime, annual and past-month prevalence of drug use in prisons (based on 62 studies from 43 countries over the period 2000-2013)


Note: Symbols represent median prevalence with vertical lines depicting inter-quartile range. Data on lifetime, annual and past-month use are not consistent across studies (this explains why the annual prevalence of cocaine use has a median value lower than the past-month use).
Distribution of new HIV diagnoses by mode of transmission, western and central Europe and North America, 2014

Regional trends in median HIV prevalence among sex workers, 2011–2014

- Asia and Pacific (N=23)
- Caribbean (N=6)
- Eastern Europe and central Asia (N=11)
- Latin America (N=17)
- Middle East and North Africa (N=10)
- Sub-Saharan Africa (N=36)
- Western and central Europe and North America (N=18)

Source: GARPR 2015.
Regional trends of median HIV prevalence among gay men and other men who have sex with men, 2011–2014

Source: GARPR 2015.
On the Fast-Track to end AIDS

UNAIDS Strategy 2016-2021
8 results areas
Good health and well-being

SDG 3

Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment

- Testing
- Infant diagnostics
- Services upon diagnosis
- Regular monitoring
- Affordable treatment
- Humanitarian emergencies
- R&D

New HIV infections among children eliminated and their mother’s health and well-being is sustained

- Immediate treatment for pregnant women
- HIV, SRH, FP, TB, MCH integrated
- Services for male partners

Result areas 1 and 2

ON THE #FASTTRACK TO END AIDS
PROGRESS TOWARDS 90–90–90 TARGET, GLOBAL, 2015

Percentage of people living with HIV who know their HIV status\(^1\):
- 60% (56–65%)

Percentage of people living with HIV who are on antiretroviral treatment:
- 46% (43–50%)

Percentage of people living with HIV who are virally suppressed\(^2\):
- 38% (35–41%)

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\(^1\) 2015 measure derived from data reported by 87 countries, which accounted for 79% of people living with HIV worldwide.

\(^2\) 2015 measure derived from data reported by 86 countries. Worldwide, 22% of all people on antiretroviral therapy were reported to have received a viral load test during the reporting period.

Source: UNAIDS special analysis, 2016; for more details, see annex on methods.
Progress toward the 90–90–90 target, by region, 2015

- People living with HIV who know their status
- People living with HIV who are virally suppressed
- People living with HIV who are on antiretroviral treatment
- Gaps to reaching the 90–90–90 target

Source: UNAIDS special analysis, 2016; for more details, see annex on methods.
Antiretroviral therapy coverage among select key population groups and the general adult female population (aged 15 years and older), matched by survey year, 2013–2015

Percent of women receiving antiretroviral medicines to prevent vertical transmission, by region, 2010–2015

Mother-to-child transmission rate by region, 2010 and 2015

Source: UNAIDS 2016 estimates.
Reduced inequalities

**SDG 10**

**Result areas 3 and 4**

Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV

- Independent and equal access to services
- Combo prevention, including primary
- 20 billion condoms
- 27 million VMMC
- CSE
- Young people engaged

Tailored HIV combination prevention services are accessible to key populations, including SWs, MSM, PWID, transgender people, and prisoners, as well as migrants

- Combo prevention, including primary
- New media
- 3 million on PrEP
- Harm reduction
- Crisis affected populations
- PLHIV and key pops engaged
PREVENTION GAPS

Only 38% of people living with HIV are virally suppressed.

Condoms available in sub-Saharan Africa cover less than half of the need.

Two-thirds of young people do not have correct and comprehensive knowledge of HIV.

Condom use is much too low across all population groups at higher risk of infection.

43% of countries with documented injecting drug use do not have needle-syringe programmes in place.

The annual number of voluntary medical male circumcisions must nearly double to reach the 2020 target.

PrEP coverage is less than 5% of the 2020 target.
Percent of men and women (aged 15–49 years) who report using a condom at last sexual intercourse among those with multiple partners in the 12 months prior to the survey, sub-Saharan Africa, most recent data, 2010–2015

Source: Demographic and Health Surveys, 2010-2015.
CUMULATIVE NUMBER OF VOLUNTARY MEDICAL MALE CIRCUMCISIONS, 14 PRIORITY COUNTRIES, 2009–2015, AND 2020 TARGET

* At the end of 2015 there were 14 priority countries. The 2020 target includes high-prevalence settings within 15 countries—the original 14, plus South Sudan.

Percent of people who inject drugs who reported using sterile injection equipment for last injection, select countries, most recent data, 2013–2015

COUNTRIES THAT HAVE DEMONSTRATION PROJECTS OR HAVE APPROVED TENOFOVIR DISOPROXYL FUMARATE/EMTRICITABINE FOR PRE-EXPOSURE PROPHYLAXIS, AS OF JUNE 2016

*These countries also have completed, ongoing and/or planned demonstration projects.

** These projects investigate different aspects of PrEP provision and impact including acceptability, safety, adherence, effect, appropriate service delivery, integration in combination prevention services, costing and associated behavioural aspects. Their aim is to increase access to PrEP for those people who could benefit most from it, especially in situations of stigma, marginalization and criminalization.

Sources: AVAC, U.S. FDA and Drug Administration, Department of Health, Republic of South Africa, ANSM, MCC, Health Canada, AVERT, and Therapeutic Goods Administration, Department of Health, Australia. (See Notes section for details.)
Scaled up combination prevention can increase consistent condom use and reduce HIV infections among female sex workers.

CAMBODIA, 1999–2011

MAHARASHTRA, INDIA, 2001–2011

THAILAND, 2000–2013

POKHARA, NEPAL, 2004–2011

Consistent condom use with clients during the last week

HIV prevalence
Result area 5

Gender equality
SDG 5

Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV

• Women, girls, men, boys involved
• Supportive laws, policies and practices
• Sexual and reproductive health and rights
• Economic empowerment
• Women, including WLHIV, engaged
In the majority of sub-Saharan African countries, less than 75% of young women report having a final say in decisions about their own health care.

Gender norms can be harmful

Parental consent for sexual and reproductive health and HIV testing services for young people, 2016

Among 90 countries with available data:

72 COUNTRIES require young people to receive the consent of parents or legal guardians in order to access one or more sexual and reproductive health service.

58 COUNTRIES require young people to receive the consent of parents or legal guardians in order to access HIV testing.

Percent of ever-married or partnered women (aged 15–49 years) reporting experiences of physical and/or sexual violence by a former or current male intimate partner in the past 12 months, most recent data, 2010–2014

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Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed

- Punitive laws removed
- Know your rights
- Access to justice
- Non-discrimination in health, workplace, education
- Violence against key pops prevented
Criminalization of same sex relations impacts access to services:

- It prevents governments to set up effective HIV services for MSM
  - Less than 1 in 10 MSM receive a basic package of HIV prevention interventions worldwide*
  - Reports from 20 countries** – prevention programmes’ coverage decreased from 59% to 40% between 2009-2013
    - Asia and the Pacific from 52% to 33%
    - Europe and central Asia from 63% to 60%
    - Latin America the median coverage for two reporting countries rose from 35% to 67%.

Cost of homophobia as a share of GDP and in value, per region, per year

The size of the bubble represents the total cost of homophobia, per year, in billions of US dollars, per region.

Population of gay men and other men who have sex with men = 3% of males (aged 15–64 years). Elasticity of homophobia = 1.19; Regression fit curve R2 = 0.82.
Punitive laws in 38 countries in Asia and the Pacific that hamper the HIV response

- 37 countries criminalize some aspect of sex work
- 17 countries criminalize same-sex relations
- 11 countries confine people who use drugs in compulsory detention centres
- 15 countries impose death penalty for drug-related offences
- 10 countries impose some form of HIV-related restriction on entry, stay or residence

Source: UNAIDS, Punitive laws hindering the HIV response in Asia and the Pacific (as of June 2016).
Number of people newly diagnosed with HIV in Portugal since the decriminalization of drug use, 2000–2013

Result areas 7 and 8

Global partnership
SDG 17

AIDS response is fully funded and efficiently implemented based on reliable strategic information

- > $26b available
- Sustainability transition plans
- Strategic info
- Efficiencies
- Technology transfer
- Support to civil society

People-centred HIV and health services are integrated in the context of stronger systems for health

- HIV-sensitive UHC
- Social protection
- Community systems
- HR for health
- Procurement and supply chain

ON THE #FASTTRACK TO END AIDS
Community engagement leads to greater access to treatment and prevention

For an increase of 1 community-based organization per 100,000 people:

- 64% increase in likelihood of treatment access (Nigeria)
- 2x increase in likelihood of using prevention service (Nigeria)
- 4x increase in consistent condom use in the previous 12 months (Kenya)

Resources available for HIV by source of funding, 2000–2015

Spending on programmes specifically for key populations as a percentage of total prevention spending by source, 2010–2014

- Gay men and other men who have sex with men: 2.1% (International: 1.8%, Domestic public: 0.2%)
- Sex workers: 3.8% (International: 3.1%, Domestic public: 0.7%)
- People who inject drugs: 3.3% (International: 2.4%, Domestic public: 0.8%)

HEALTH, HUMAN RIGHTS AND PEOPLE WHO USE DRUGS