

TASK FORCE: AIDS

Investing in Proven Solutions Will Turn the Tide Against AIDS

Task Force asserts effective prevention and treatment measures are in hand to fight a disease that last year killed 3 million and now infects 39 million

17 January 2005, New York—Last year AIDS killed 3 million people, more than 8,000 a day, and the disease now infects 39 million, 25 million of whom live in sub-Saharan Africa. In addition, the epidemic has orphaned 15 million children and is now threatening to explode in Russia and other parts of the former Soviet Union, India, China and Southeast Asia.

The AIDS pandemic will remain a global catastrophe and rapidly intensify in new regions unless world leaders dramatically increase support for proven prevention and treatment approaches and commit to clear goals for subduing the disease by 2015, according to the report—*Combating AIDS in the Developing World*—from the UN Millennium Project Task Force on HIV/AIDS, Malaria, TB, Other Major Diseases and Access to Essential Medicines.

The findings from the Task Force HIV/AIDS Working Group were released today as part of a global action plan for fighting poverty, disease and environmental degradation in developing countries. The working group was led by **Dr. Agnes Binagwaho**, executive secretary of the Rwandan National Commission to Fight AIDS, and **Dr. Josh Ruxin**, assistant clinical professor of public health at Columbia University's Mailman School of Public Health.

The working group believes current spending on AIDS is insufficient. Although there is wide consensus that a comprehensive response to the epidemic would require at least US\$10 billion per year, UNAIDS estimates that only US\$4.7 billion was spent in 2003.

"We now have in hand a range of proven, effective ways to control the spread of HIV and to prolong the lives of those who are already infected," the report said. "Scaling up of these established interventions could save millions of lives and bring the epidemic under control."

The report concluded that prevention and treatment programmes work. However, due to their limited reach, they are having little impact on the disease. For example, only 8 percent of people in the developing world who would benefit from antiretroviral drugs are receiving them, access to services for preventing HIV transmission between mother and child is similarly poor, and most young people lack reliable information on how to protect themselves from infection.

The priorities for winning the fight against the epidemic include:

- **Reinvigorating prevention** by rapidly scaling up known, effective approaches while infusing prevention efforts with the same sense of urgency and excitement that now energize the drive to expand treatment.
- **Prevention and treatment services should be the highest priority in countries where the epidemic is concentrated in vulnerable populations**, such as injecting drug users, sex workers, and men who have sex with men. This has proven highly effective at reducing infection rates when accompanied by strong human rights protections.
- **Ensuring equitable access to treatment.** The working group endorses the UN goal of reaching 3 million people with antiretroviral therapy by the end of 2005 (*3 by 5*) and proposes a goal of reaching 75 percent of those in need by 2015.
- **Investing in health systems will be critical** to expanding treatment in the poorest countries while achieving other health goals. Treatment programmes should be designed so that they contribute to strengthening delivery of all health services.

- **Requiring more from national governments and the UN.** Many national governments still have not made controlling HIV/AIDS a sufficiently high priority. The UN must do more to hold members accountable for their AIDS commitments and must provide more on-the-ground staff in poor countries battling the disease.

The working group believes that making substantial progress against HIV and AIDS is crucial to meeting commitments forged in 2000 at the Millennium Summit, where world leaders agreed to make the fight against poverty—and all of its faces—in developing countries their priority. The summit inspired the Millennium Development Goals, which are built on the recognition that, from health to the environment, from education to gender equality, a growing list of development issues can no longer be managed solely within the boundaries of a single nation.

This ambitious agenda for greatly expanding treatment and prevention services in poor countries is part of the UN Millennium Project, which was commissioned by the UN Secretary-General in 2002 to develop a practical plan of action for enabling developing countries to meet the Millennium Development Goals and reverse the grinding poverty, hunger and disease affecting billions of people. As an independent advisory body directed by Professor Jeffrey D. Sachs, the UN Millennium Project submitted its final recommendations in January 2005.

The HIV/AIDS Working Group is associated with the larger Task Force on HIV/AIDS, Malaria, TB, Other Major Diseases and Access to Essential Medicines, one of 10 UN Millennium Project Task Forces that together comprise some 265 experts from around the world, including members of parliament; researchers and scientists; policymakers; representatives of civil society; UN agencies; the World Bank; International Monetary Fund; and the private sector. The UN Millennium Project Task Force teams were challenged to diagnose the key constraints to meeting the Millennium Development Goals and present recommendations for overcoming the obstacles to get nations on track to achieving them by 2015.



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