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LEADING AIDS EXPERTS CALL FOR MAJOR SCALE-UP OF HIV PREVENTION PROGRAMS WORLDWIDE

*New Report Estimates Expanded Prevention Could Avert 30 Million HIV Infections By 2015,
Recommends Doubling of Funding, Better Allocation of Resources*

WASHINGTON, D.C., June 28, 2007 – In a new report released today, a panel of leading AIDS experts calls for a major scale-up of global HIV prevention programs, citing new data projecting that expanded access to prevention could avert approximately 30 million of the 60 million HIV infections expected to occur by 2015.

The report, released by the Global HIV Prevention Working Group, warns that prevention efforts are not keeping pace with the gains being made in treating people infected with HIV. For every person who began antiretroviral therapy in 2006, six people were newly infected.

“We need to make the same gains in HIV prevention that we are making in HIV treatment,” said Helene Gayle, M.D., M.P.H., president and CEO of CARE USA and co-chair of the Working Group. “We have a critical window of opportunity over the next 10 years to dramatically slow the rate of new infections, and ultimately reverse the epidemic.”

“It’s widely assumed that HIV continues to spread because prevention isn’t effective, and that’s simply not true. The problem is that effective prevention isn’t reaching the people who need it,” said David Serwadda, MBChB, M.P.H., director of the Institute of Public Health at Makerere University in Uganda, and co-chair of the Working Group.

The report, titled *Bringing HIV Prevention to Scale: An Urgent Global Priority*, finds that scientifically proven prevention programs – such as those to reduce the risk of mother-to-child HIV transmission – are not being implemented on a sufficient scale, meaning they do not reach enough people, with enough intensity, to curb the epidemic. The report recommends that global spending on AIDS double over the next three years, and calls on governments and donors to ensure that resources are spent on proven prevention strategies targeted to people at highest risk.

The Working Group is an international panel of more than 50 leading public health experts, clinicians, researchers, and people affected by HIV/AIDS. It is co-convened by the Henry J. Kaiser Family Foundation and the Bill & Melinda Gates Foundation.

Expanded Prevention – Including Circumcision – Could Dramatically Slow HIV Infections

For the report, the Working Group commissioned the Futures Institute, a global health think tank, to develop projections of the impact that expanded HIV prevention could have on the future course of the epidemic. The projections include the potential impact of adult male circumcision, which was recently found in clinical trials to reduce female-to-male HIV transmission.

If prevention efforts continue at current levels, 60 million new HIV infections are estimated to occur globally by 2015. During this time, the annual number of new HIV infections, currently nearly 5 million per year, would increase approximately 20%.

However, by fully scaling up all scientifically proven prevention strategies, an estimated 30 million of the 60 million infections expected to occur by 2015 could be averted. With expanded prevention, the annual number of new infections would drop to 2 million per year by 2015 – a level that may cause the epidemic to move into long-term decline.

Adding male circumcision to prevention programs would account for 8% of the drop in infections by 2015, a significant impact for a single intervention. This underscores the potential power of male circumcision as a prevention tool, provided it is used in combination with other proven prevention strategies – including AIDS education, condoms, HIV testing, and prevention of mother-to-child transmission.

“While adult male circumcision can be an important addition to prevention programs, no single prevention strategy is 100% effective,” said Salim Abdool Karim, MChB, Ph.D., pro-vice chancellor for research at the University of KwaZulu-Natal in South Africa, and a member of the Working Group. “We need to use all proven prevention strategies in combination.”

Despite Evidence of Effectiveness, Prevention Doesn't Reach Most People in Need

The report highlights case studies of countries that have successfully brought down HIV infection rates through aggressive prevention. These include well-hailed examples such as Uganda, Thailand, and Brazil, and lesser-known successes such as Senegal.

But today, most prevention strategies are accessible to fewer than 1 in 5 people who could benefit from them – a level too low to have a significant impact on the epidemic. For example, according to the latest data from UNAIDS and the World Health Organization:

- *Prevention of mother-to-child transmission:* In low- and middle-income countries in 2005, just 11% of HIV-infected pregnant women had access to an inexpensive course of antiretroviral drugs that can greatly reduce the risk of mother-to-child HIV transmission.

- *HIV testing:* In African countries most seriously affected by AIDS, only 12% of men and 10% of women had received an HIV test and knew their status in 2005.
- *Prevention for groups at highest risk:* In 2005, effective HIV prevention services reached only 9% of men who have sex with men, 8% of injection drug users, and fewer than 20% of commercial sex workers – the people most at risk of becoming infected and transmitting infection to others.

The report also notes that far too little has been done to address underlying factors that increase HIV risk – such as poverty, gender inequalities, and lack of reproductive health care.

Working Group Calls for Doubling of Funding, Better Allocation of Resources

Although annual global spending on AIDS has increased six-fold since 2001, it is still only half of what UNAIDS recommends is needed. The Working Group calls for global AIDS spending to double within three years, from the current level of US\$10 billion annually to the UNAIDS target of \$22 billion by 2010, and for approximately half of this spending to be allocated for prevention, as UNAIDS recommends.

“Over the past few years there have been major increases in funding for AIDS, but we are still well short of what is needed,” said Nicholas Hellmann, M.D., interim director of the HIV and TB programs at the Gates Foundation and a member of the Working Group. “Increasing spending now will save both lives and money over the long term.”

The report notes that as AIDS spending increases, it is critical for governments and international donors to ensure resources are used strategically. For example, a number of countries focus prevention efforts on general HIV awareness campaigns even though the vast majority of new infections in those countries are occurring among specific high-risk groups such as men who have sex with men and commercial sex workers. Donors should also remove any politically-based funding restrictions that limit access to scientifically proven prevention strategies such as condoms and syringe exchange.

The full report and additional information about the Working Group are available at www.globalhivprevention.org.

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