

## KEY MESSAGES

# TOWARDS UNIVERSAL ACCESS

## Scaling up priority HIV/AIDS interventions in the health sector

SEPTEMBER 2009 **PROGRESS REPORT**

*Towards universal access* provides a comprehensive global update on progress in the health sector response to HIV/AIDS. The current report is the third in a series of annual reports published by WHO, UNICEF and UNAIDS in collaboration with international and national partners.

**CHAPTER 1 | Introduction***Background and context*

- With some 33 million people living with HIV and 2.7 million new infections in 2007, the HIV epidemic continues to be a major challenge for global health.
- Sub-Saharan Africa remains the most affected region, accounting for two-thirds of all global HIV infections.
- At the United Nations General Assembly High-Level Meeting on AIDS in 2006, countries committed to work towards the goal of universal access to HIV prevention, treatment, care and support by 2010.
- In recent years, intensified political commitments and financial support from international partners have led to expanded access to HIV health sector services for those in need.
- Financing a sustained response to HIV remains a challenge for the future, particularly in the context of the current global economic crisis.

*Data and methods*

- For the first time this year, WHO, UNICEF and UNAIDS collected data from national programmes worldwide through a joint reporting tool. The tool includes 46 indicators to track progress across all critical health sector areas.
- WHO, UNICEF and UNAIDS received data from 158 countries (among 192 UN Member States) in 2008, including 139 low- and middle-income countries and 19 high-income countries.
- This report focuses primarily on progress in the availability and coverage of priority health-sector interventions in low- and middle-income countries. However, key data from high-income countries have also been included where relevant and available.

- For the first time this year, WHO, UNICEF and UNAIDS collected data from national programmes worldwide through a joint reporting tool. The tool includes 46 indicators to track progress across all critical health sector areas.
- WHO, UNICEF and UNAIDS received data from 158 countries (among 192 UN Member States) in 2008, including 139 low- and middle-income countries and 19 high-income countries.
- This report focuses primarily on progress in the availability and coverage of priority health-sector interventions in low- and middle-income countries. However, key data from high-income countries have also been included where relevant and available.

## CHAPTER 2 | HIV testing and counselling

HIV testing and counselling is often referred to as the primary 'gateway' for HIV prevention, treatment and care services. Among the key findings in this year's report:

### *National policies*

- The data show increased political commitment for HIV testing and counselling policies. Nearly 90% of reporting countries had national HIV testing and counselling policies in 2008 compared to 70% in 2007.
- More countries are implementing a provider-initiated HIV testing and counselling approach, whereby health workers recommend these services to patients seen in health facilities.
- Most countries make HIV testing available free of charge. In 2008, 94 of 101 countries surveyed across all regions provided free HIV testing through public sector health facilities.

### *Availability and uptake*

- Most recent sources of data show an upward trend in the availability and uptake of HIV testing and counselling services.
- In 66 low- and middle-income countries, the reported number of health facilities providing HIV testing and counselling increased by approximately 35%, from 25 000 in 2007 to 33 600 in 2008.
- In 39 low- and middle-income countries, including 19 sub-Saharan African countries, the total reported number of HIV tests more than doubled between 2007 and 2008.
- More women have access to HIV testing and counselling than men. In 9 national surveys conducted in 2007 and 2008, a median of 37% of women and 21% of men had received an HIV test prior to the survey.

### *Challenges*

- Populations at high risk of HIV infection, including men who have sex with men, sex workers, injecting drug users and prisoners, continue to have limited access to HIV testing and counselling services.
- Despite the expansion of services, knowledge of HIV status remains low. According to seven population-based surveys conducted in 2007 and 2008, a median of less than 40% of people living with HIV knew their status.

**CHAPTER 3 | HIV prevention**

HIV prevention and treatment must be strengthened in tandem. The annual number of new HIV infections (an estimated 2.7 million in 2007) must decrease dramatically before we can begin to effectively curb the epidemic. The health sector plays a critical role in scaling up interventions for HIV prevention.

*Most-at-risk populations*

Globally, the key driver of the HIV/AIDS epidemic is sexual transmission, followed by injecting drug use. Focusing attention on populations at high risk of HIV infection, including injecting drug users, men who have sex with men and sex workers, is an important priority for the health sector.

While access to HIV services is expanding in some settings, most-at-risk population groups continue to face technical, legal and socio-cultural barriers to accessing health care. Among the report's key findings:

*People who inject drugs*

- Thirty of 92 reporting low- and middle-income countries provided needle and syringe programmes for injecting drug users in 2008. Twenty six countries reported that they provide opioid substitution therapy.
- The median number of syringes distributed annually by needle and syringe programmes per injecting drug user was about 24.4 in Europe and Central Asia and 26.5 in East, South and South-East Asia, far below the internationally-recommended target of 200 syringes per injecting drug user per year.

*Men who have sex with men*

- In surveys in 37 low- and middle-income countries, a median of around 60% of men who have sex (MSM) reported using a condom the last time they had anal sex with a male partner. Rates of condom use varied widely across regions, with the highest rates observed in Latin America.

*Sex workers*

- According to surveys conducted in 56 countries, a median of 86% of sex workers reported using a condom with their most recent client, with wide variations (13-99%) among countries.

*Male circumcision*

Since 2007, WHO and UNAIDS have recommended male circumcision as an important HIV prevention strategy in countries with high rates of heterosexual HIV transmission and low rates of male circumcision.

- As of end-2008, all 13 priority countries in sub-Saharan Africa had established policies and programmes to expand male circumcision. Political commitment for male circumcision services has been strong, with active involvement from leaders at the highest levels. The successful engagement of traditional leaders and elders in some countries has also been pivotal.

*Blood safety*

Within health-care settings, HIV transmission continues to be a serious problem due to the lack of universal quality-assured screening of blood supplies and the use of unsafe injection equipment. Among the key findings of this year's report:

- Of 162 countries that provided data on screening for infections transmitted through blood transfusion (including HIV, hepatitis B, hepatitis C and syphilis), 41 reported that they were unable to screen all donated blood for one or more of these infections.

#### *Post-exposure prophylaxis*

Antiretroviral drugs may be used to prevent transmission after potential HIV exposure in health-care settings or through sexual intercourse (for example, in the case of condom breakage or sexual assault).

- This year's report found that 107 of 110 low- and middle-income countries had national policies or protocols in 2008 to provide post-exposure prophylaxis. In 2007, 69 of 73 reporting countries had such policies.
- In 44 countries, the availability of health facilities offering post-exposure prophylaxis rose from 3516 in 2007 to 4150 in 2008.

## CHAPTER 4 | HIV treatment and care

Since 2003, the '3 by 5' initiative, led by WHO, UNAIDS and partners, has galvanized the unprecedented expansion of antiretroviral therapy (ART) in low- and middle-income countries.

#### *Global progress*

- More than four million people in low- and middle-income countries were accessing antiretroviral treatment at the end of 2008, up from about three million at the end of 2007. This represents an increase of 36% in one year and a tenfold increase over five years.
- The greatest gains were seen in sub-Saharan Africa, where some two-thirds of global HIV infections occur. An estimated 2.9 million people in sub-Saharan Africa received ART in 2008, compared to about 2.1 million in 2007—an increase of 39%.
- An estimated 700 000 people received ART in high-income countries in 2008, bringing the global total to at least 4.7 million. However, recent data from some high-income countries were not available at the time of publication.
- Despite considerable progress, global coverage of antiretroviral therapy remains low: in 2008, only 42% of those in need of treatment were able to access it, compared to 33%<sup>1</sup> in 2007.

<sup>1</sup> **A note on estimating need:** The parameters for estimating treatment need have been revised based on updated evidence on the duration between HIV infection and treatment eligibility, and better country data. According to these new parameters, antiretroviral therapy coverage in low- and middle-income countries in 2007 was 33%, instead of 31%, as previously published.

**TABLE 4**

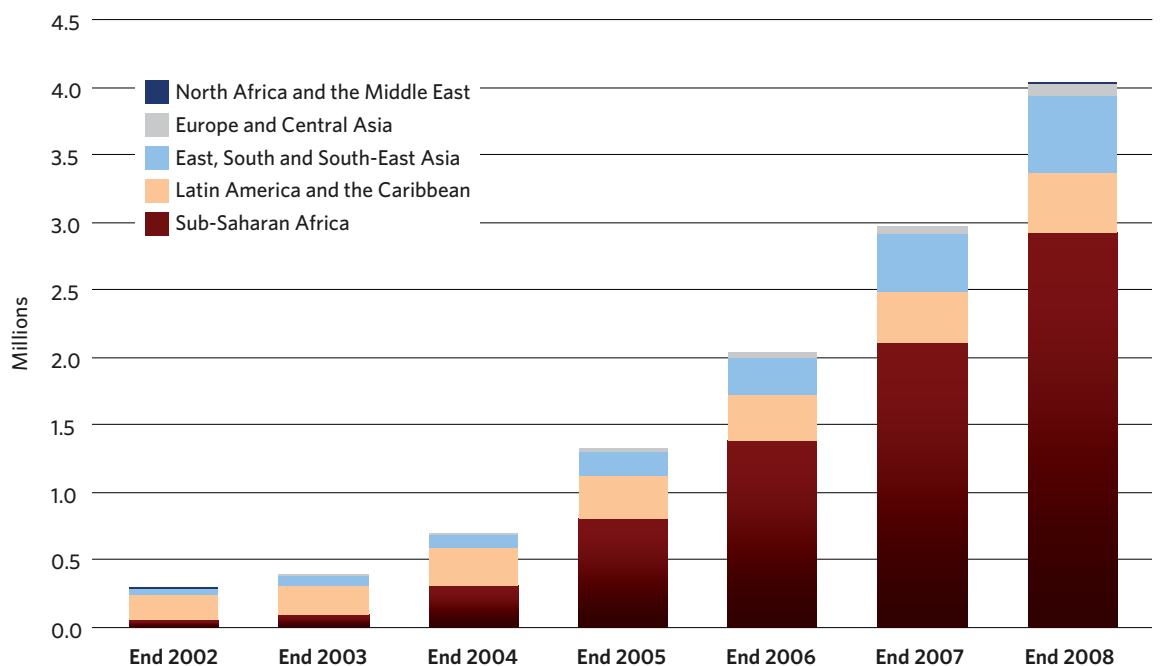
Estimated number of adults and children (combined) receiving antiretroviral therapy and needing antiretroviral therapy and percentage coverage in low- and middle-income countries by region, December 2007 to December 2008

Geographical region	Estimated number of people receiving antiretroviral therapy, December 2008 [range]	Estimated number of people needing antiretroviral therapy, 2008 [range] <sup>a</sup>	Antiretroviral therapy coverage, December 2008 [range] <sup>b</sup>	Estimated number of people receiving antiretroviral therapy, December 2007 [range]	Estimated number of people needing antiretroviral therapy, 2007 [range] <sup>a</sup>	Antiretroviral therapy coverage, December 2007 [range] <sup>b</sup>
Sub-Saharan Africa	2 925 000 [2 690 000-3 160 000]	6 700 000 [6 100 000-7 100 000]	44% [41%-48%]	2 100 000 [1 905 000-2 295 000]	6 400 000 [5 900 000-7 000 000]	33% [30%-36%]
Eastern and Southern Africa	2 395 000 [2 205 000-2 585 000]	5 000 000 [4 500 000-5 300 000]	48% [45%-53%]	1 680 000 [1 550 000-1 810 000]	4 700 000 [4 300 000-5 200 000]	36% [33%-39%]
West and Central Africa	530 000 [485 000-575 000]	1 800 000 [1 500 000-1 900 000]	30% [28%-34%]	420 000 [360 000-480 000]	1 700 000 [1 500 000-1 900 000]	25% [22%-28%]
Latin America and the Caribbean	445 000 [405 000-485 000]	820 000 [750 000-870 000]	54% [51%-60%]	390 000 [350 000-430 000]	770 000 [700 000-820 000]	50% [47%-55%]
Latin America	405 000 [370 000-440 000]	740 000 [680 000-790 000]	55% [52%-60%]	360 000 [320 000-400 000]	700 000 [640 000-750 000]	51% [47%-56%]
the Caribbean	40 000 [35 000-45 000]	75 000 [66 000-83 000]	51% [46%-59%]	30 000 [25 000-35 000]	70 000 [61 000-80 000]	43% [37%-49%]
East, South and South-East Asia	565 000 [520 000-610 000]	1 500 000 [1 200 000-1 900 000]	37% [31%-47%]	420 000 [375 000-465 000]	1 500 000 [1 100 000-1 800 000]	29% [23%-37%]
Europe and Central Asia	85 000 [80 000-90 000]	370 000 [310 000-450 000]	23% [19%-27%]	54 000 [51 000-57 000]	340 000 [280 000-410 000]	16% [13%-19%]
North Africa and the Middle East	10 000 [9 000-11 000]	68 000 [52 000-90 000]	14% [11%-19%]	7 000 [6 000-8 000]	63 000 [48 000-86 000]	11% [8%-14%]
<b>Total</b>	<b>4 030 000</b> [3 700 000-4 360 000]	<b>9 500 000</b> [8 600 000-10 000 000]	<b>42%</b> [40%-47%]	<b>2 970 000</b> [2 680 000-3 260 000]	<b>9 000 000</b> [8 200 000-9 900 000]	<b>33%</b> [30%-36%]

For more information, please see the complete progress report.

**FIGURE 4**

Number of people receiving antiretroviral therapy in low-and middle-income countries, by region, 2002-2008



### *Drug regimens and prices*

- The vast majority of adults (98%) and children (97%) surveyed in 43 high burden countries received first-line drug regimens in 2008. Only 2% of adults and 3% of children surveyed were found to be on second-line regimens.
- Prices of most first-line antiretroviral drugs decreased globally by 10-40% between 2006 and 2008 in low- and middle-income countries, contributing greatly to wider availability of treatment. Second-line regimens continue to be more expensive.

### *Patient retention*

Antiretroviral therapy is a life-long intervention. More countries are providing data on patient retention on ART, a key benchmark for the long-term success of treatment programmes.

- The data showed that most patient attrition (or discontinuation of treatment) occurred during the first year of treatment; patient retention tended to stabilize thereafter.
- Late initiation of ART—often due to late HIV diagnosis—remains the most significant threat to patient survival during the first year of treatment.

### *TB/HIV*

- Tuberculosis is a leading cause of death for those living with HIV. Of the 9.3 million new TB patients in 2007, 1.4 million were living with HIV.
- In 2007, only 16% of notified TB patients knew their HIV status in low- and middle-income countries. As a result, access to treatment services for HIV-positive TB patients remains low.
- Slowing and halting the impact of TB among people living with HIV will require a greater emphasis on the 'Three Is': Intensified case finding, Isoniazid preventive therapy and Infection control for TB.

**CHAPTER 5 | Women and children**

The HIV epidemic continues to have a dramatic impact on the health, livelihood and survival of women and children. According to the latest available data, an estimated 15.5 million women and two million children were living with HIV in 2007.

*HIV services for women*

Access to services for the prevention of mother-to-child transmission (PMTCT) in low- and middle-income countries continued to expand in 2008. Among the report's key findings:

- Twenty one per cent of pregnant women received an HIV test in 2008, up from 15% in 2007.
- In 2008, 45% of HIV-positive pregnant women in low- and middle-income countries received antiretrovirals for PMTCT, up from 35% in 2007 and 10% in 2004.
- Combination antiretroviral drug regimens are more effective in reducing mother-to-child transmission of HIV than one drug alone. In 2008, about 31% of HIV-positive pregnant women in 97 reporting countries continued to receive single-dose drug regimens, compared to 49% in 2007. However, these figures are based on limited country data.
- More adult women than men in low- and middle-income countries are accessing antiretroviral drugs: in 2008, women represented 55% of those in need of ART and 60% of those who received it.

**TABLE 5**

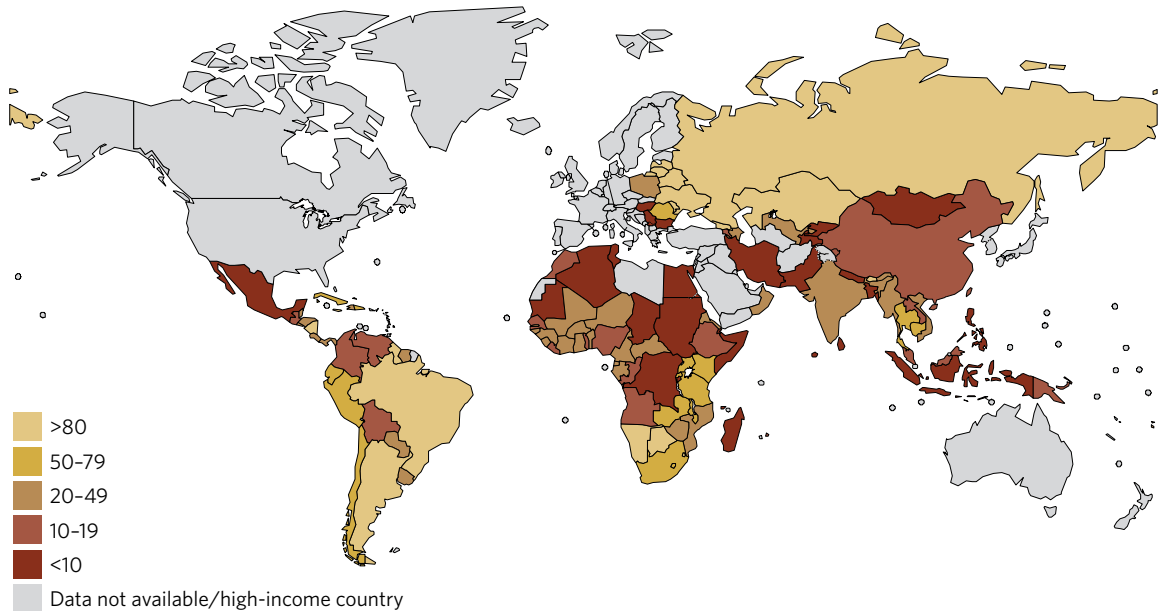
Estimated number of women needing and receiving antiretrovirals for preventing mother-to-child transmission in low- and middle-income countries by region, 2008

Geographical region	Number of pregnant women living with HIV receiving antiretrovirals for preventing mother-to-child transmission, 2008	Estimated number of pregnant women living with HIV needing antiretrovirals for preventing mother-to-child transmission, 2008 [range]	Estimated percentage of pregnant women living with HIV receiving antiretrovirals for preventing mother-to-child transmission, 2008 [range]	Percentage of the estimated number of pregnant women living with HIV needing antiretrovirals for preventing mother-to-child transmission
Sub-Saharan Africa	576 800	1 280 000 [990 000-1 600 000]	45% [37-58%]	91%
Eastern and Southern Africa	516 500	900 000 [680 000-1 100 000]	58% [47-76%]	64%
West and Central Africa	60 300	380 000 [260 000-510 000]	16% [12-23%]	27%
Latin America and the Caribbean	17 100	32 000 [24 000-41 000]	54% [42-71%]	2%
Latin America	13 000	24 000 [18 000-31 000]	54% [42-73%]	2%
Caribbean	4 100	7 900 [4 700-11 000]	52% [36-87%]	1%
East, South and South-East Asia	21 700	85 000 [54 000-130 000]	25% [17-40%]	6%
Europe and Central Asia	12 600	13 400 [8 100-20 000]	94% [64% - >95%]	1%
North Africa and the Middle East	<200	13 400 [6 800-22 000]	1% [1-2%]	1%
All low- and middle-income countries	628 400	1 400 000 [1 100 000-1 700 000]	45% [37-57%]	100%

For more information, please see the complete progress report.

**MAP 5**

Coverage of antiretrovirals to prevent mother-to-child transmission in low- and middle-income countries, 2008



*HIV services for children*

- More children in low- and middle-income countries are benefiting from paediatric ART programmes. The number of children under 15 years of age who received ART rose from 198 000 in 2007 to 275 700 in 2008, an increase of 39%.
- In 2008, approximately 38% of children in need of antiretroviral treatment in low-and middle income countries received it.
- Early HIV virological testing of infants is essential to identify infection and provide treatment and care. In 41 reporting countries, only 15 % of infants born to HIV-positive mothers were tested for HIV within the first two months of life.

**CHAPTER 6 | Health systems**

Strong health systems are critical to achieve universal access to HIV/AIDS prevention, treatment and care. Yet in high-prevalence and resource-limited settings, health systems are often weak, inequitable, and unresponsive.

*Human resources*

The global shortage of trained health workers exceeds four million, according to WHO estimates. One strategy for tackling the health work-force crisis is task-shifting which entails delegating specific tasks, where appropriate, from highly qualified health workers to less specialized, but trained, health workers. Among the key findings of this year's report:

- In 2008, 49 of 93 countries (53%) reported that they had developed policies to address human resource shortages through task-shifting strategies. In sub-Saharan Africa, the corresponding percentage was 63%.

*Procurement and supply management*

Many health systems are undermined by weak procurement and supply management systems, resulting in frequent stock-outs (shortages) of antiretroviral drugs.

- In 2008, 34% (31 of 90) of low- and middle-income countries documented at least one stock-out of a required antiretroviral drug. In 2007, the corresponding percentage was 38% (25 of 66 countries).

*Health financing*

As countries with limited resources have the greatest HIV burden, financing HIV-related services has been a major impediment to achieving universal access.

- In 2008, 88% of low- and middle-income countries surveyed had policies to provide antiretroviral therapy free of charge in the public sector. Ninety-three per cent reported that they had policies in place for free HIV testing.
- Striking the right balance between international and domestic funding is a challenge for the sustainable financing of HIV programmes.

*Strategic information*

HIV surveillance is the cornerstone of knowing an epidemic and designing a response. Countries should be supported to collect, analyse and use data on the epidemic and its response.

- The volume and scope of data to measure progress in scaling up priority HIV interventions improved substantially in 2008.
- Data quality remain uneven across countries and intervention areas (eg. access to services by populations at high risk of HIV infection). Further effort is needed to improve the collection of high quality data.

## CONCLUSIONS

The year 2008 saw considerable progress in expanding access to HIV prevention, treatment and care services in low- and middle-income countries. Yet despite recent gains, more than five million people in need of antiretroviral therapy are still unable to access it.

Financing a sustained and comprehensive response to HIV remains a challenge for the future, particularly in the context of the global economic downturn.

Critical priority areas for countries and their partners include:

- Expanding HIV testing and counselling services
- Expanding HIV prevention services
- Focusing greater attention on populations at high risk of infection
- Ensuring timely access to treatment
- Enhancing treatment retention and high-quality services
- Expanding efforts to respond to the dual epidemic of TB and HIV
- Improving access to HIV services for women and children
- Integrating HIV programmes with broader health systems
- Strengthening HIV surveillance and investing in further research