ACCESS TO HIV PREVENTION
CLOSING THE GAP
A REPORT BY THE GLOBAL HIV PREVENTION WORKING GROUP

KEY FINDINGS AND RECOMMENDATIONS

The Worst Case Scenario Is Avoidable
Globally, less than one in five people have access to basic HIV prevention programs — the information and services that can help save lives and reverse the AIDS epidemic. But according to a research team led by UNAIDS and WHO, 29 million of the 45 million new HIV infections that are expected to occur between now and 2010 could be averted if proven prevention strategies, used in combination, are dramatically scaled up.

Access to HIV Prevention: Closing the Gap, a new report from the Global HIV Prevention Working Group, provides, for the first time, a region-by-region analysis of gaps in access to HIV prevention interventions, examines current spending levels versus projected need, and recommends funding and programmatic activities to scale up HIV prevention programs worldwide.

Combination Prevention to Reverse the Epidemic
There is no single solution—no magic bullet—to prevent the spread of HIV/AIDS. Instead, the Global HIV Prevention Working Group recommends a combination prevention approach to the epidemic, using a range of science-based strategies. By employing all appropriate tools—from delayed sexual activity to condom promotion, from voluntary counseling and testing to programs for injecting drug users—combination prevention can reduce new HIV infections and help stop the epidemic.

Proven prevention interventions include:
- Behavior change programs, including efforts to encourage individuals at risk to delay initiation of sexual activity, reduce the number of sexual partners, and use condoms during sexual intercourse
- Sexually transmitted disease control
- Voluntary counseling and testing
- Harm reduction programs for injecting drug users
- Prevention of mother-to-child HIV transmission
- Blood safety
- Infection control in health care settings
- Programs for people living with HIV

The Prevention Access Gap
Access to proven prevention interventions is extremely limited in all regions of the world.

PERCENT OF INDIVIDUALS AT RISK WITH ACCESS TO KEY INTERVENTIONS

- 5% Prevention of mother-to-child HIV transmission
- 12% Voluntary counseling and testing
- 19% Harm reduction for injecting drug users
- 24% AIDS education
- 42% Condoms

Source: UNAIDS

SOURCES OF FUNDING FOR HIV/AIDS PROGRAMS IN 2002

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Total Spending on HIV/AIDS Programs</th>
<th>Estimated Spending on Care and Support</th>
<th>Estimated Spending on HIV Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing Countries</td>
<td>$1.7 billion</td>
<td>$918 million</td>
<td>$782 million</td>
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<tr>
<td>Bilateral Donors</td>
<td>$1.3 billion</td>
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<td>$780 million</td>
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<tr>
<td>Foundations/NGOs</td>
<td>$200 million</td>
<td>$40 million</td>
<td>$160 million</td>
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<tr>
<td>United Nations System</td>
<td>$150 million</td>
<td>$50 million</td>
<td>$100 million</td>
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<tr>
<td>World Bank</td>
<td>$95 million</td>
<td>$31 million</td>
<td>$64 million</td>
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<tr>
<td>TOTAL</td>
<td>$3.5 billion</td>
<td>$1.6 billion</td>
<td>$1.9 billion</td>
</tr>
</tbody>
</table>

Source: UNAIDS; Working Group analysis
Despite the urgent need for HIV prevention and the broad range of proven interventions available, current annual spending on HIV prevention falls $3.8 billion short of what will be needed by 2005.

**Funding:** Global spending on HIV prevention activities from all sources should increase three-fold by 2005 to $5.7 billion, and to $6.6 billion by 2007. Donor governments should increase spending on HIV prevention to 0.02 percent of national GDP.

**Scale-Up:** Prevention scale-up must be a central priority, focusing on cost-effective, high-impact interventions, including behavior change programs, voluntary counseling and testing, STI control, condom promotion, and prevention of mother-to-child transmission, among other proven strategies.

**Prevention and Treatment:** As both prevention and treatment programs are brought to scale, these initiatives should be carefully integrated.

**Building Capacity:** In addition to funding for prevention interventions, donors should provide extensive additional support to build long-term human capacity and infrastructure.

**Policy Reforms and Aid:** Policy reforms and international aid should address the social and economic conditions—such as gender inequality, stigma, and poverty—that increase vulnerability to, and facilitate the rapid spread of, HIV/AIDS.

**Prevention Research:** Research into new prevention strategies and technologies should be significantly accelerated.

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**About the Working Group** The Global HIV Prevention Working Group is a panel of nearly 40 leading public health experts, clinicians, biomedical and behavioral researchers, and people affected by HIV/AIDS. The Working Group seeks to inform global policy-making, program planning, and donor decisions on HIV prevention, and advocate for a comprehensive response to HIV/AIDS that integrates prevention and care. The Working Group was convened in 2002 by the Bill & Melinda Gates Foundation and the Henry J. Kaiser Family Foundation.