

Facts and Figures on HIV/AIDS

HIV/AIDS Figures

- ✓ Since the beginning of the epidemic, almost 60 million people have been infected with HIV and 25 million people have died of AIDS related causes
- ✓ Although important progress has been achieved in preventing new HIV infections and in lowering the annual number of AIDS –related deaths, AIDS continues to be a major global health priority. The number of people living with HIV worldwide continued to grow in 2008, reaching a total of 33.4 million. In 2008, 2.7 million people became newly infected, and 2 million people died from AIDS-related causes.
- ✓ The epidemic appears to have stabilized in most regions, although prevalence continues to increase in Eastern Europe and Central Asia and in other parts of Asia due to a high rate of new infections. Sub-Saharan Africa remains the most heavily affected region, accounting for 71% of all new HIV infections in 2008. 14.1 million children in sub-Saharan Africa have lost one or both parents to AIDS, and AIDS remains the top killer in the region. In countries of the European Union and other high-income countries the resurgence of the epidemic among men who have sex with men is increasingly well-documented.
- ✓ Access to effective HIV treatment for those in need increased from a coverage of 7% in 2003 to 42% in 2008, with especially high coverage of 48% achieved in eastern and southern Africa. In contrast, Eastern Europe and Central Asia is lagging behind, in spite of progress made, with a coverage of only 22% of those in need.

European Union action to confront HIV/AIDS

- ✓ A European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action (2007-2011) was adopted by the Council of the European Union in 2005 as the basis for a concerted and strong response and action of the European Union Member States to confront the three diseases.
- ✓ Welcoming the 2009 report on progress in the implementation of the European Programme for Action, the European Council in its

conclusions of 17 November 2009 reaffirmed EU's commitment to lead the global efforts to sustain financial commitments in the response to the three diseases and work through a wide array of existing financing instruments at global and country levels, including the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM), through the UN system and through other relevant organizations and mechanisms, including NGOs.

- ✓ As the world's largest donor, the EU has collectively provided the majority of the significant increase in recent years of international financing earmarked for HIV/AIDS, malaria and tuberculosis. Collective EU contributions to the Global Fund have almost quadrupled, from a total of US\$403 million in 2003 to US\$1 546 million in 2008, representing around 55% of total contributions in the years 2004-2008. As a founding member of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the European Commission has to date pledged a total of €1,072.5 million covering the period 2002-2010.
- ✓ The Commission and other EU donors are making funds available to strengthen health systems and confront AIDS through a variety of financing instruments. In the case of the Commission, for the period 2007-2011 covered by the Programme for Action 19, programmed ODA financing earmarked for health is estimated to total €3.043 billion, a slight decrease from the total of €3.151 billion programmed for the preceding five years 2002-2006. This financing includes support for research and technological development, where more than €200 million have already been allocated in the 7th Research Framework Programme (2007-2013) specifically for research on AIDS, malaria and tuberculosis.
- ✓ General budget support has increased sharply from a total of €1.425 billion in the period 2002-2006 to €2.571 billion for the period 2007-2011. General budget support can be particularly beneficial for health systems and other social sectors, as it provides longer-term and predictable financing, which strengthens country ownership and allows countries to cover recurrent costs such as salaries of health workers and teachers, buildings and infrastructures. The new MDG contract introduced by the Commission expands the financing cycle from three to six years, and parts of the disbursements are based on progress in MDG-related indicators.