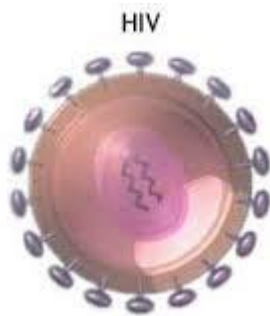


# HIV

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**BACKGROUND** Since surfacing in 1981, the global HIV pandemic is estimated to have infected 78 million people, killed 39 million, left more than 17 million orphans, reversed an upward trend in life expectancy around the world, and, in the process, turned the clock back on health systems, education and economic development in some of the poorest countries in the world. Today, more than 37 million people worldwide are infected with HIV.

**Now** Antiretroviral treatment has turned the trajectory of the pandemic, with life expectancy in the hardest hit countries slowly rebounding. In recent years the number of people starting treatment has exceeded the number of people becoming infected with HIV. About 15 million people now have access to antiretroviral treatment that prevents serious illness, extends their lives, and prevents transmission to uninfected sexual partners.

The World Health Organization has recommended immediate treatment for all people with HIV upon diagnosis. The United Nations has projected that if by 2020, 90 percent of all people living with the virus know their status, 90 percent receive antiretroviral treatment, and if treatment is consistent and effective enough to suppress the virus in 90 percent of those individuals, HIV would cease to be a global threat by 2030. At the same time, millions of young people today are approaching the age of greatest risk for infection. While current efforts to control the pandemic are increasingly effective, population growth and demographic shifts will mean current programs must expand to meet those needs even as work continues toward vaccines, other biomedical prevention approaches and access, and better medicines.

**THE FUTURE** In the last two decades, research has advanced treatment for HIV from the complex “cocktails” of pills taken multiple times daily, to single daily pills. Development of a long-acting injectable treatment continues and is promising. Research has led to the development of effective biomedical interventions that protect people who are uninfected from acquiring HIV, including medical male circumcision and oral pre-exposure prophylactic use of antiretroviral medicines (or PrEP). Topical uses of antiretroviral medicines in gels and most recently, a vaginal ring also show promise. Further research and development is needed to make them effective, accessible and appropriate to the needs of people at risk in places with high HIV prevalence.

**US RESOURCES** The President’s Emergency Plan for AIDS Relief delivered programs and treatment in its first iteration in 2003 as an emergency response with funding reaching its highest level in fiscal year 2010. It has transitioned to a response intended to be sustainable, building countries’ capacities to support increasing burdens of ongoing treatment and prevention efforts, while funding has remained relatively flat. Now, as the flagship program transitions, once again, and targets control of the epidemic, it confronts a need to more than double the numbers of people receiving treatment in the next four years, with funding at roughly the same level as that of the preceding several years. The U.S. also provides funding not to exceed a third of all support for the Global Fund to Fight AIDS, Tuberculosis and Malaria, with a current contribution for the multilateral agency of \$1.35 billion. About half of that goes to HIV responses. In recent years, Congress has provided \$3 billion annually in funding for HIV research.

**THE NEED** To retain the progress made, all people living with HIV and those at risk must have reliable access to antiretroviral medicines. The President’s fiscal year 2017 budget proposes **\$4.32 billion** for the President’s Emergency Plan for AIDS Relief. A minimum of an additional **\$500 million** is necessary to increase diagnostic, treatment and prevention access to the levels necessary to achieve epidemic control. The President’s FY 2017 proposal calls for a Global Fund contribution of **\$1.35 billion**, an amount critical to meeting multilateral HIV, tuberculosis and malaria prevention and treatment goals. Research toward a vaccine and a cure remain critical to ending the epidemic, but the purchasing power of research funding has eroded over years of level funding. Maintaining **at least \$3 billion** annually in funding for HIV research is critical to realize the goals of a vaccine against the virus, and a cure.

*For more information, or to contact an expert :*  
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