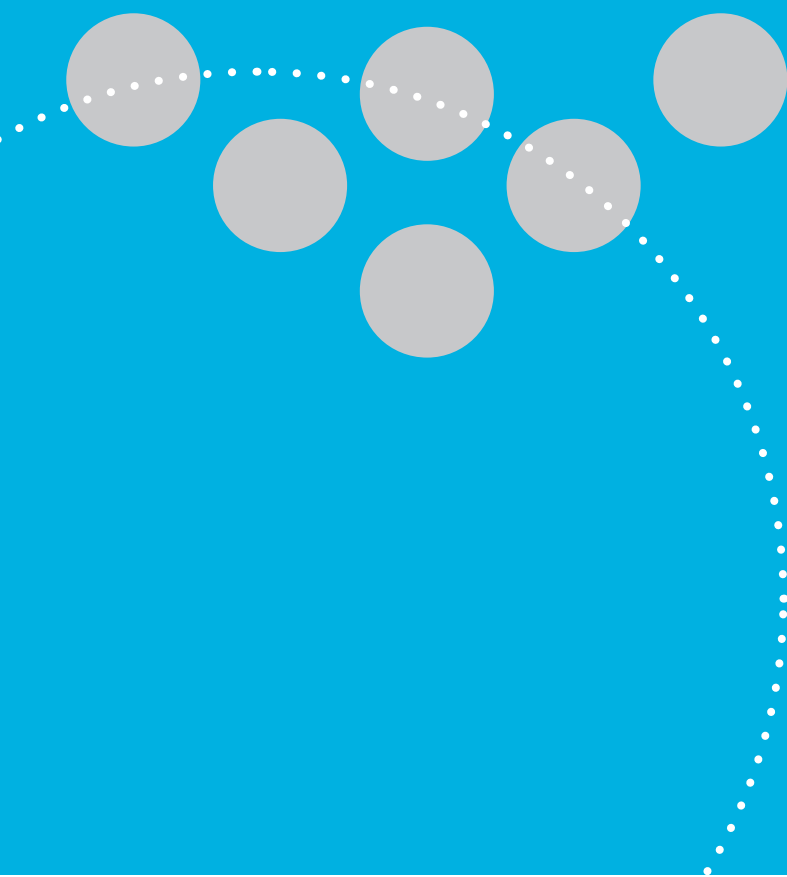
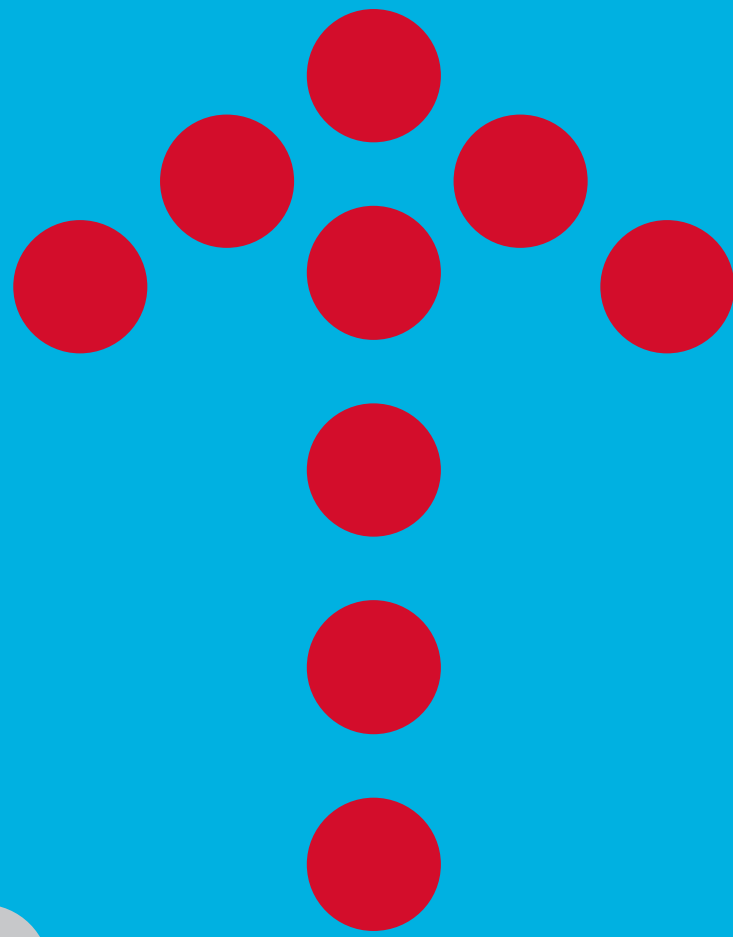


2



33



**33%**

decrease in new HIV infections  
since 2001

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**29%**

decrease in AIDS-related deaths  
(adults and children) since 2005

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**52%**

decrease in new HIV infections in  
children since 2001

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**40-fold**

Increase in access to antiretroviral  
therapy 2002–2012

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## AIDS by the numbers

Latest estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS) show that the world continues to close in on the goal of ending the AIDS epidemic by stopping HIV transmission and halting AIDS-related deaths. Remarkable progress has been made over the last decade—yet significant challenges remain.

**9.7**  
million people  
in low and  
middle-income  
countries  
had access to  
antiretroviral  
therapy at the  
end of 2012

### New HIV infections

Globally, the number of new HIV infections continues to fall. There were 2.3 million new HIV infections [1.9 million–2.7 million] in 2012. This is the lowest number of annual new infections since the mid-to-late 1990s, when approximately 3.5 million [3.3 million–4.1 million] people were acquiring HIV every year.

*The number of HIV infections declined by more than 50% in 26 countries between 2001 and 2012 and between 25% and 49% in an additional 17 countries.*

The drop in new HIV infections is most pronounced among children. From 2001 to 2012 the number of children newly infected with HIV dropped by 52%—from 550 000 [500 000–620 000] in 2001 to 260 000 [230 000–320 000] in 2012.

### Access to treatment

*The cost of first line antiretroviral therapy in some low- and middle-income countries has been reduced to around US\$ 140 per person per year. In the mid 1990's the cost was around US\$ 10 000 per person per year.*

Increased political commitment and smarter investments, together with more strategic programming and massive reductions in the cost of treatment have led to a record 9.7 million people in low- and middle-income countries having access to antiretroviral therapy at the end of 2012. The rate of scale up has increased exponentially in recent years. In 2012 alone an additional 1.6 million people newly gained access to treatment.

Some 62% of pregnant women living with HIV had access to antiretroviral medicines.



A major advance in expanding access to treatment has been the scientific discovery that initiating treatment earlier will save more lives. In 2013 the World Health Organization (WHO) amended its guidelines based on this new evidence to recommend that treatment is started much earlier, and immediately in some cases. This means that 28.6 million [26.5–30.9 million] people were eligible for treatment in 2013.

Science has also shown that if pregnant women living with HIV have access to antiretroviral medicines the risk of transmitting the virus to their child can be reduced to below 5%. As a result, access has dramatically increased. By 2012, some 62% of pregnant women living with HIV had access to antiretroviral medicines and in many countries coverage levels exceeded 80%.

### AIDS-related deaths

The massive scale up of antiretroviral therapy is saving more lives. The number of people dying from AIDS-related causes each year has declined from a high of 2.3 million [2.1–2.6 million] in 2005 to 1.6 million [1.4–1.9 million] in 2012.

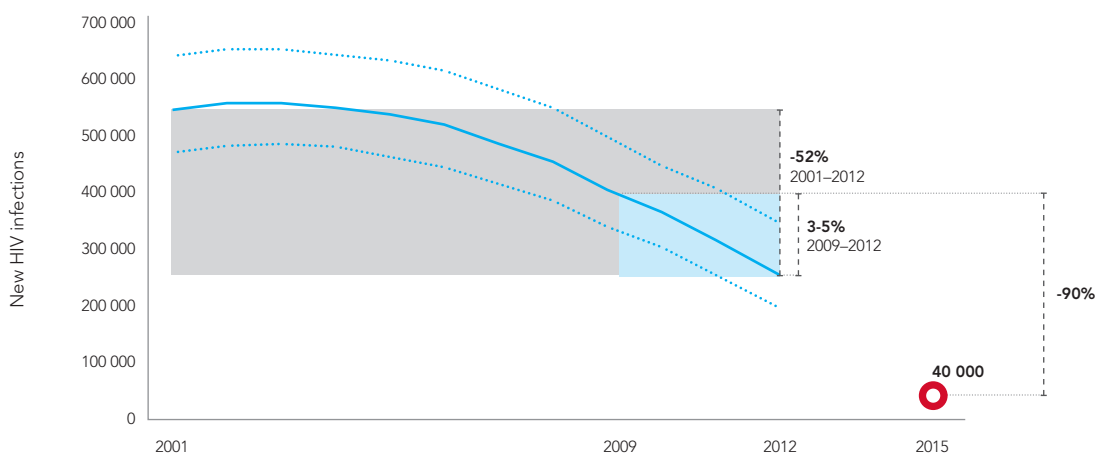
Since 2004, TB-related deaths among people living with HIV have declined by 36% world-wide.

### HIV and aging

Out of the global total of 35.3 million [32.2 million–38.8 million] people living with HIV, an estimated 3.6 million [3.2 million–3.9 million] are people aged 50 years or older.

The majority—2.9 million [2.6 million–3.1 million]—are in low-and middle-income countries where the percentage of adults living with HIV who are 50 years or older is now above 10%. In high-income countries around one third of adults living with HIV are 50 years or older.

## Number of new HIV infections among children in low- and middle-income countries, 2001–2012 and 2015 target



Source: UNAIDS 2012 estimates

## Coverage of antiretroviral services for pregnant women living with HIV in generalized epidemic countries, 2012.

### Less than 50%

Angola  
Benin  
Chad  
Congo  
Democratic Republic of the Congo  
Djibouti  
Eritrea  
Ethiopia  
Guinea  
Guinea-Bissau  
Nigeria  
Papua New Guinea  
South Sudan

### 50–79%

Burkina Faso  
Burundi  
Cameroon  
Cote d'Ivoire  
Gabon  
Kenya  
Lesotho  
Malawi  
Uganda  
United Republic of Tanzania

### 80% and above

Botswana  
Ghana  
Haiti  
Liberia  
Mozambique  
Namibia  
Rwanda  
Sierra Leone  
South Africa  
Swaziland  
Togo  
Zambia  
Zimbabwe

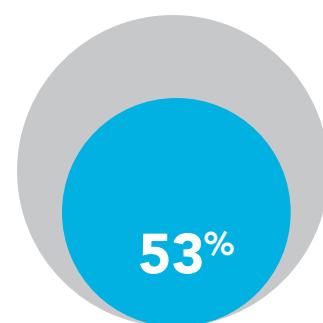
Source: UNAIDS 2012 estimates

### Increased resources and political leadership

Strengthened political commitment has translated into increased domestic and international investment in the AIDS response. In 2012, an estimated US\$ 18.9 billion was available for HIV programmes in low- and middle-income countries—up by 10% from 2011.

Although international HIV assistance remained flat in 2012, many low- and middle-income countries increased funding for HIV, and domestic sources accounted for 53% of all HIV-related spending in 2012.

By 2015 it is estimated that between US\$ 22-24 billion will be needed annually for the response to HIV.



**Percentage of HIV-related funding from low and middle-income countries in 2012**



**17.8  
million**

**Globally,  
17.8 million  
children have  
lost one or  
both parents  
to AIDS**



**1/2**

**HIV treatment  
coverage for  
children was half  
of coverage for  
adults in 2012**

### **Sexual behaviours are becoming less safe in some countries**

There are signs of an increase in risky sexual behaviours in several countries. Recent evidence indicates a significant increase in the number of sexual partners in some countries (Burkina Faso, Congo, Côte d'Ivoire, Ethiopia, Gabon, Guyana, Rwanda, South Africa, Uganda, the United Republic of Tanzania and Zimbabwe), as well as a decline in condom use (in Côte d'Ivoire, Niger, Senegal and Uganda).

Persistent challenges to effective HIV prevention efforts for adolescents and young people include inadequate access to high-quality, youth-friendly HIV and sexual and reproductive education and health services, and sexual violence against young women and girls.

### **Access to HIV treatment**

Under the 2013 WHO guidelines, the HIV treatment coverage in low- and middle-income countries represented only 34% (32-37%) of the 28.6 million people eligible in 2013.

To start treatment people need to know their HIV status. Globally it is estimated that only around half of all people living with HIV know their HIV status. Once linked to care there are mixed findings regarding retention. According to data from 18 countries, retention in HIV care declines over time, with 12- and 60-month retention rates of 86% and 72%, respectively.

Children living with HIV continue to experience persistent treatment gaps. In 2012, 647 000 children under 15 years of age were receiving antiretroviral treatment. HIV treatment coverage for children remained half of coverage for adults in 2012.

### **Increases in new infections among men who have sex with men**

Although the incidence of HIV infection is declining in most regions of the world, the incidence among men who have sex with men appears to be rising in several places—including in Asia, where this mode of transmission is a major contributor to the HIV epidemics of several countries.

Globally, men who have sex with men are estimated to be 22 times more likely to be living with HIV than the general population.

### **Low political commitment to reducing new infections among people who inject drugs**

People who inject drugs are estimated to make up approximately 5-10% of all people living with HIV. HIV prevalence among people who inject drugs ranges from an estimated 5% in Eastern Europe to 28% in Asia.

Where people who inject drugs represent sizable components of national epidemics—accounting for more than 40% of new HIV infections in some countries—countries are lacking strong political and programmatic commitment to reduce HIV transmission.

## Gender-based violence

Gender-based violence is a worldwide phenomenon and a serious violation of human rights. Of the almost 50 countries reporting data on the prevalence of intimate partner violence, between 9% and 60% of women aged 15 to 49 years reported having experienced violence at the hands of an intimate partner in the last 12 months.

Gender-based violence increases the risk of HIV infection. Two recent studies of women in Uganda (15–49 years) and South Africa (15–26 years) found that women who had experienced intimate partner violence were 50% more likely to have acquired HIV than women who had not experienced violence.

Women from key populations, such as female drug users, female sex workers and transgender women are particularly likely to experience violence. Studies in different countries have detected the high prevalence of rape, physical violence and other forms of abuse among sex workers. Women in conflict-affected situations face increased vulnerability to sexual violence. Transgender women are also often targets of violence and abuse.

## Punitive laws

Punitive laws focused on key populations at higher risk of HIV remain common throughout the world. In 2012, 60% of national governments reported the existence of laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support services for key populations and vulnerable groups.

One study estimates that 76 countries currently criminalize same-sex relations, with some jurisdictions permitting imposition of the death penalty for convictions under such laws.

Forty-one countries, territories, and areas impose some form of restriction on the entry, stay and residence based on HIV status.

## Ending the AIDS epidemic

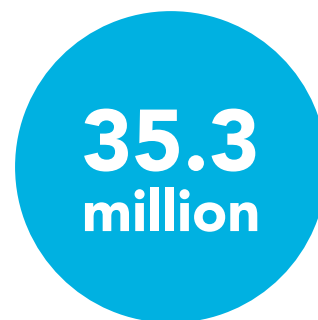
The world continues to close in on the goal of ending the AIDS epidemic by stopping HIV transmission and halting AIDS-related deaths.

Nevertheless, endemic stigma and discrimination, violence against women and girls and unjust laws continue to hamper efforts to achieve global AIDS targets.

However, if the challenges are overcome, the number of people on treatment keeps rising quickly enough and if the effectiveness of HIV prevention efforts keeps improving, the world can reach the goal of ending the AIDS epidemic.



Every hour  
50 young  
women are  
newly infected  
with HIV



Total number  
of people  
living with  
HIV in 2012

# SNAPSHOT OF THE REGIONS

## New HIV infections

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### Sub-Saharan Africa

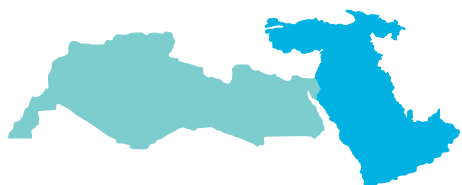


In sub-Saharan Africa, 1 million fewer people acquired HIV in 2012. A **drop of almost 40%**.

**2001** 2.6 million [2.4 million–2.8 million]  
**2012** 1.6 million [1.4 million–1.8 million]

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### Middle East and North Africa



In the Middle East and North Africa, the estimated number of people **acquiring HIV rose by more than 50%**.

**2001** 21 000, [16 000–30 000]  
**2012** 32 000 [22 000–47 000]

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### Caribbean



In the Caribbean the number of new **HIV infections fell by more than half.**

**2001** 25 000 [22 000–28 000]  
**2012** 12 000 [9 400–14 000]



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## Latin America



In Latin America, the number of **new HIV infections in 2012 was 11% lower** than in 2001.

**2001** 97 000 [78 000–120 000]

**2012** 86 000 [57 000–150 000]

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## East Asia



**HIV infections increased** in East Asia.

**2001** 68 000 [50 000–96 000]

**2012** 81 000 [34 000–160 000]

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## South and South-East Asia



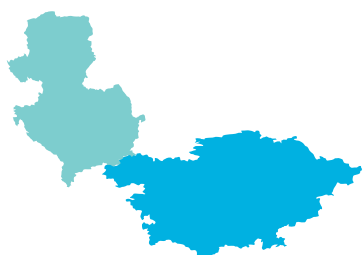
In South and South-East Asia, **new HIV infections decreased** by one-third.

**2001** 400 000 [310 000–520 000]

**2012** 270 000 [160 000–440 000]

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## Eastern Europe and Central Asia



In Eastern Europe and Central Asia, new **HIV infections increased since 2006 by 13%**.

**2001** 140 000 [110 000–180 000]

**2006** 120 000 [83 000–160 000]

**2012** 130 000 [89 000–190 000]

# SNAPSHOT OF THE REGIONS

## AIDS-related deaths

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### Sub-Saharan Africa



There were an estimated **22% fewer** AIDS-related deaths in sub-Saharan Africa between 2001 and 2012.

**2001** 1.5 million [1.4–1.7 million]  
**2012** 1.2 million [1.1–1.3 million]

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### Middle East and North Africa



In the Middle East and North Africa, the estimated number of people dying from AIDS-related illness **more than doubled** between 2001 and 2012.

**2001** 8300 [4600–14 00]  
**2012** 17 000 [1200–26 000]

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### Caribbean



In the Caribbean there was a **52% drop** in AIDS-related deaths.

**2001** 24 000 [21 000–27 000]  
**2012** 11 000 [9400–14 000]

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## Latin America



There was **37% decrease** in AIDS deaths in Latin America.

**2001** 82 000 [63 000–100 000]

**2012** 52 000 [35 000–75 000]

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## East Asia



**AIDS deaths increased** in East Asia.

**2001** 18 000 [12 000–35 000]

**2012** 41 000 [25 000–64 000]

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## South and South-East Asia



In South and South–East Asia a **slight recent decrease** in AIDS-related deaths is underway.

**2001** 220 000 [160 000–320 000]

**2012** 220 000 [150 000–310 000]

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## Eastern Europe and Central Asia



Annual AIDS-related **deaths increased** in Eastern Europe and Central Asia.

**2001** 36 000 [26 000–47 000]

**2012** 91 000 [66 000–120 000]



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