

PRESS STATEMENT

UNAIDS welcomes compelling results of progress in AIDS response from surveys supported by the United States of America in three African countries

Investments by the United States of America in the global AIDS response are delivering results

GENEVA, 1 December 2016—Upon the release of compelling new evidence of national AIDS programme successes in Malawi, Zambia and Zimbabwe, UNAIDS congratulates the countries as well as the United States of America for its consistently outstanding support to the global AIDS response.

[New survey data](#) released by the United States President's Emergency Plan for AIDS Relief (PEPFAR) show that Malawi, Zambia and Zimbabwe have all made important progress against the epidemic. The initial results from the three Population-Based HIV Impact Assessment (PHIA) surveys are largely consistent with national data and UNAIDS estimates.

PEPFAR announced that the PHIA surveys, led by Columbia University's ICAP programme, provide additional evidence that the epidemic is becoming controlled among older adults and babies in Malawi, Zambia and Zimbabwe. The surveys also found that the three African countries have achieved viral load suppression among an average of 65% of all adults living with HIV. Estimates of antiretroviral treatment coverage derived from PHIA survey data are also largely consistent with UNAIDS-reported estimates of treatment coverage derived from health facility data and submitted to UNAIDS by national HIV programmes.

"These encouraging results are the fruits of a shared effort—the countries hardest hit by AIDS, working in close collaboration with the international community," said the UNAIDS Executive Director, Michel Sidibé. "The consistent bipartisan leadership of the United States of America is a major contributor to progress in the global AIDS response. The United States President's Emergency Plan for AIDS Relief is a critical ally in the drive to achieve the end of AIDS by 2030."

PEPFAR was established by the United States Leadership against HIV/AIDS, Tuberculosis and Malaria Act of 2003. UNAIDS estimates that the United States now provides more than a quarter of the total funding for AIDS responses in low- and middle-income countries. International funding for AIDS has been largely flat in recent years, while domestic investments in the AIDS responses of low- and middle-income countries have increased by 46% since 2010, reaching US\$ 10.9 billion in 2015. Total annual investment in those countries reached US\$ 19.0 billion, including the contributions of PEPFAR, the Global Fund to Fight AIDS, Tuberculosis and Malaria and other bilateral and multilateral donors.

The UNAIDS report [Get on the Fast-Track: the life-cycle approach to HIV](#), released on 21 November, notes that a sizable investment gap remains. Reaching the Fast-Track Targets in the 2016 Political Declaration on Ending AIDS, agreed by the United Nations General Assembly in June, will require an additional US\$ 7 billion annually by 2020.

Population-Based HIV Impact Assessment surveys provide powerful new measures of new HIV infections and viral suppression

The PEPFAR-supported PHIA surveys include direct measures of new HIV infections and viral suppression among people living with HIV. These measures complement other data that are routinely collected and analysed by countries and compiled by UNAIDS to track global progress against the AIDS epidemic. Countries across the world submit data to UNAIDS on antiretroviral therapy, HIV-related behaviours, policies, expenditure and other indicators through the global AIDS monitoring system. Countries also use UNAIDS-supported modelling software to produce estimates, such as on the prevalence of HIV, the incidence of HIV infections and annual numbers of AIDS-related deaths within the population. UNAIDS publishes the country data and produces regional and global estimates annually.

New surveys largely consistent with UNAIDS estimates

The initial data from the first three PHIA surveys—conducted in Malawi, Zambia and Zimbabwe—are largely consistent with national programme data and UNAIDS estimates. For example, the incidence of HIV in Malawi in 2015, according to estimates produced by the Government of Malawi using UNAIDS-supported modelling software, was 0.38% [0.27–0.52%] of HIV-negative adults (aged 15–49 years) in the population. The PHIA survey's estimate of the incidence of HIV in Malawi in 2015 was 0.32% [0.16–0.48%].

Adult HIV prevalence estimates (aged 15–49) for 2015 generated by the PHIA surveys were 10.0% [9.4–10.7%] for Malawi, 11.6% [10.9–12.3%] for Zambia and 14.0% [13.3–14.7%] for Zimbabwe. These values are comparable to UNAIDS estimates for 2015 of 9.1% [8.4–9.9%] for Malawi, 12.9% [12.3–13.4%] for Zambia and 14.7% [13.3–16.0%] for Zimbabwe.

Estimates of treatment coverage derived from PHIA survey data are also largely consistent with UNAIDS-reported estimates of treatment coverage derived from health facility data and estimated numbers of people living with HIV for people aged 15 and over:

	Population-Based HIV Impact Assessment			UNAIDS	
Country (age range)	Percentage of people living with HIV who reported knowing their HIV status	Among people living with HIV who reported knowing their HIV status, the percentage who reported they were accessing treatment	Percentage of people living with HIV accessing treatment ¹	Country (age range)	Percentage of people living with HIV accessing treatment
Malawi (aged 15–64 years)	73%	89%	65%	Malawi (aged 15 and older)	61% [56–66%]
Zambia (aged 15–59 years)	67%	85%	57%	Zambia (aged 15 and older)	63% [59–66%]
Zimbabwe (aged 15–64 years)	74%	87%	64%	Zimbabwe (aged 15 and older)	61% [55–66%]

Further evidence that a Fast-Track response can end AIDS

In addition to data on HIV prevalence, incidence and treatment, the PHIA surveys also report high levels of viral load suppression among people living with HIV who reported they were on treatment: 91% in Malawi, 89% in Zambia and 86% in Zimbabwe. These high levels of viral load suppression demonstrate the quality of antiretroviral therapy provision. The treatment data suggest that those countries are moving towards achievement of the 90–90–90 targets.²

The 90–90–90 targets are among the Fast-Track commitments made by the United Nations General Assembly at the 2016 High-Level Meeting on Ending AIDS. UNAIDS estimates and projections suggest that a Fast-Track response to HIV—a rapid increase in programme coverage between 2016 and 2020—would put the world on course to end AIDS as a public health threat by 2030, as called for in the 2030 Agenda for Sustainable Development.

¹ Calculation made by UNAIDS, multiplying PHIA data in the previous two columns, to achieve a percentage that is most closely comparable to the UNAIDS estimate of percentage of people living with HIV accessing treatment. PHIA estimates of treatment coverage are derived from data self-reported by people living with HIV. UNAIDS estimates of treatment coverage are derived from health facility data submitted to UNAIDS by national HIV programmes.

² By 2020, 90% of people (children, adolescents and adults) living with HIV know their status, 90% of people living with HIV who know their status are receiving treatment and 90% of people on treatment have suppressed viral loads.

The PHIA surveys provide further evidence that shared investment and high levels of investment in a mix of evidence-informed programmes—including condom distribution, voluntary medical male circumcision, pre-exposure prophylaxis, HIV testing and antiretroviral treatment—delivers game-changing results.

Major challenges remain, however. Of particular concern, PHIA data show low levels of awareness of HIV status among young people. Just 42% of young people (aged 15–24 years) living with HIV in Zambia were aware of their HIV status, according to the PHIA results. In Malawi and Zimbabwe, awareness of status among young people (aged 15–24 years) living with HIV was 53% and 52%, respectively. Knowledge of status was higher among all adults living with HIV—73% for Malawi (adults aged 15–64 years), 67% for Zambia (adults aged 15–59 years) and 74% for Zimbabwe (adults aged 15–64 years)—but well below the 90% that countries have committed to reach by 2020.

“All in all, these surveys show that the large investments in Africa’s AIDS responses are starting to pay off,” said Mr Sidibé. “A Fast-Track response works. Now it is critical to stay the course and achieve the targets in the 2016 Political Declaration on Ending AIDS. To do otherwise would risk throwing away decades of global activism and investment.”

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UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals. Learn more at unaids.org and connect with us on Facebook, Twitter, Instagram and YouTube.