



# **HIV is today's pandemic... and the pandemic of the future**

Inequalities drive the HIV epidemic



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# Foreword

It started some 10 years ago with small hotspots in the world where HIV, the virus that causes AIDS, was not under control. While HIV diagnoses had been gradually declining in the rest of the world, there were a few countries where new HIV infections started to rise again and where noticeably more people were dying of AIDS-related causes. Every year since then we have seen increasing numbers of HIV infections in the so-called hotspots. What's more, those hotspots started to spread rapidly as years went by. And now we are seeing an alarming number of countries – more than 40 worldwide – where the HIV epidemic is on the rise again. That is a disturbing development. For the first time, there are large and densely populated regions worldwide where HIV infections are increasing, because people are not getting the right care and treatment. Exclusion and inequalities in the world are making HIV not just today's pandemic but also the pandemic of the future.



"The global AIDS response is in severe danger. It has been derailed by global crises, from the colliding pandemics of HIV and COVID, to the war in Ukraine and the resulting global economic crisis. Progress has been stalled, inequalities have widened, resources have shrunk and millions of lives are now at risk. If we are not making rapid progress then we are losing ground. Let us remember the millions of preventable deaths we are trying to stop."

**Winnie Byanyima,**  
Executive Director of UNAIDS

**The HIV epidemic has already lasted for 40 years, but we could finally put an end to it.** No one needs to die of AIDS-related causes. We have life-saving treatment to prevent that happening. No one needs to become infected with HIV. We have prevention tools that are very effective. It is these medical advances of recent years that give us hope.

You can now choose between taking a pill as your HIV treatment every day, or having an injection in your buttock with the same drug every two months. In the near future, an implant will also be available – a small capsule in your arm that releases the right amount of the HIV drug each day. For many, many people living too far from a clinic or a doctor, this is a life-saving development. It will also mean that none of them can pass the HIV virus on to other people. A medicine is available that has been specially developed for children with HIV – finally. And, since this year, the HIV prevention pill PrEP is also available as a pill or a two-monthly injection. For women, there is a vaginal ring with the HIV prevention drug. So a woman living anywhere in the world can now make her own decisions about protecting herself against HIV. HIV self-testing kits are becoming available on the market worldwide at the affordable price of \$1 each. These are all huge improvements that can effectively stop the spread of HIV.

**So we have the tools, we know who we need to reach with them, and we know exactly what we need to do.** Logically, this should result in a rapid decline of HIV all over the world and be the beginning of the end of AIDS. After all, ending AIDS by 2030 is also one of the targets set by the UN Sustainable Development Goals. But it isn't going to happen. It will in some countries, but in many others it will not.



**The recent COVID pandemic and the economic crisis that followed are only part of this.**

They are the reasons why the HIV response was put on the backburner. But thanks to the resilience of the people and communities affected, and efforts made by community health workers, a worst-case scenario was prevented. Everything possible was done to continue to get life-saving drugs to the people living with HIV. In the past two years, however, there has been less HIV testing done in too many countries. So a lot of men, women and children are currently unaware that they have HIV. These people are at risk of AIDS and could be passing the virus on to others too.

**At the same time, the war in Ukraine has led to huge increases in the price of energy and food.**

And this has caused acute problems for the most vulnerable people all over the world. People living with HIV who are taking a pill every day need to have food for their medication to be effective. Many of them cannot be sure that they will have food each day, so this forces them to stop their HIV treatment.

**It is clear that profound inequalities in the world, between rich and poor, between the privileged and the neglected, are driving the HIV epidemic.**

That is what we've been seeing for the past 40 years. For example, when HIV drugs first became available in the rich West and only years later in African countries, where meanwhile the HIV epidemic had exploded.

The fact that the fundamental right to good quality healthcare is not recognised in an increasing number of countries in the world is shocking. And it is discrimination and gender inequality, plus laws that ban and punish people because of their sexual identity, that are the main reasons why medical solutions cannot stop the HIV epidemic. Those few infection hotspots from 10 years ago have now spread over the world.

**You need strong political leaders to respond to inequalities.** Not leaders who discriminate, but those who advocate for the rights of all individuals. In the regions and countries where HIV infection is rising, exactly the opposite is happening. Young women are not allowed to make decisions about their own bodies. Gay men and transgender people, sex workers and drug users – they are all being excluded and not getting the care and treatment they need. Conservative leaders, often acting on religious grounds, are making policies that do not recognise the rights of people who are most at risk of HIV. That is ruthless – and disastrous for the global response to AIDS. Growing conservatism worldwide is putting millions of people's lives in danger and, ultimately, sending us all in the wrong direction: not towards the end of AIDS in the world.



"Although most countries that fight HIV, TB and malaria have started to recover from the ravages of COVID-19, we need to accelerate our efforts if we are to fully recover lost ground and get back on track towards ending these diseases by 2030."

**Peter Sands,**  
Executive Director of the  
Global Fund

**In the Netherlands we know that things can be different.**

Here we are bringing the HIV epidemic under control, thanks to the efforts of scientists, doctors and the people affected. But also because care, treatment and policies are based on respect for the rights of all individuals. In the Netherlands, no one is excluded, and what can be done in the Netherlands must be possible elsewhere too. It is up to the Dutch government to continue to be pioneering, continue to uphold the right to health – for women and minorities in particular – and continue with its commitment to contribute to global funding of the AIDS response. That is vital, because some Western donors are not keeping their promises.

**HIV is not yesterday's pandemic – it is today's pandemic and also the pandemic of the future.**

The global ambition to end AIDS must not falter. Because we have come a long way already. Now is the time to accelerate progress in the HIV response. By investing in equal access to HIV prevention and treatment for all who need it. By getting rid of discriminatory laws that exclude people because of their gender identity or sexual orientation. It is essential – and in everyone's interests – that we put medical advances before ideology and prejudices. What we need is political courage and leadership. And that is what Aidsfonds will continue to support, for all that is love.

**Stop inequalities, stop AIDS.**

Mark Vermeulen, Aidsfonds-Soa Aids Nederlands Executive Director  
1 december 2022

Summary:

## Progress in the HIV response worldwide has stalled

**We are sounding the alarm. In more and more countries and regions of the world, the HIV epidemic is growing once again. While progress has stalled in the global response to HIV. So we are far from achieving our ambition to end one of the world's deadliest epidemics – HIV and AIDS.**

The HIV epidemic should be coming to an end after 40 years, but instead it is increasing. In large and densely populated regions of the world, numbers of new HIV infections are rising dramatically. In Eastern Europe, Central Asia, the Middle East and North Africa, the HIV epidemic has grown steadily in the past 10 years. In 45 countries worldwide, more people became infected with HIV each year. And this has brought the global response to the HIV epidemic to a standstill.

In 2021, another **1.5 million** people were newly infected with HIV. Just as many as the year before. There were more than **650,000** AIDS-related deaths, only slightly less than the previous year. With all the drugs and science at our disposal, these deaths are unnecessary –because they could easily have been prevented. Of all the people living with HIV worldwide, now **38.4 million**, approximately **75%** are on treatment. So **10 million** people are still not receiving life-saving drugs.

### Key populations

Numbers of HIV infections among key populations have risen significantly, **from 62% to 70%** in 2021. Gay men, transgender people, sex workers and drug users plus their sexual partners are all facing stigma and discrimination in more and more countries. This makes it almost impossible for them to access prevention and treatment.

In El Salvador, for example, the number of HIV infections among men who have sex with men has **doubled in 1 year**, and among transgender women the number is **8 times** higher than the year before. In Russia, drug users and their sexual partners are at **35 times** higher risk of becoming infected with HIV than other adults.

The worldwide increase in HIV infections is particularly visible among young people **between the ages of 15 and 24**. Girls and young women in sub-Saharan Africa are hit disproportionately hard by the HIV epidemic. They are **3 times more** likely to become infected with HIV than boys and young men of the same age. A lack of education and information, and



being unable to insist on condom use, are the main reasons for this. Since the COVID pandemic began, physical violence against women has increased.

Children are still becoming infected with HIV, mostly by their mothers during pregnancy and breastfeeding. In the past year, another **160,000**. All these infections could have been prevented with better prenatal care. Only **half** of the **1.7 million** children living with HIV are on treatment. Children make up **4%** of the people living with HIV worldwide, and **15%** of the AIDS-related deaths.

### Less funding

In recent years, financial resources for the global response to AIDS have been declining, while more money is needed to repair the damage done by the COVID pandemic.

For the second year running, the countries with most of the people living with HIV have frozen their budgets for the HIV response. The money was needed for the response to COVID and the economic crisis that followed.

Many Western donor countries, with the exception of the US, are once again not keeping their promises. In the past **10 years**, their contribution to the AIDS response in low- and middle-income countries has declined by **57%**. In the past year, international funding available for the AIDS response was yet again **6% less** than the previous year. This means that there is now a shortfall of **8 billion US dollars** in the investments needed to end AIDS by **2030**.

This year, The Global Fund to Fight AIDS, Tuberculosis and Malaria called on international donors, including the Netherlands, to substantially increase their contribution for the coming 3 years – by **30%**. Some countries have done just that. The Dutch government did not, only increasing its contribution by **15%**.



"People are exhausted with epidemics and pandemics. We have to fight twice as hard to get HIV back on the radar screen where it belongs. We must remain fully committed to the kinds of engagement needed to get us on a course to reach our goal of a world where HIV infections are uncommon and HIV deaths rare."

**Dr. Anthony Fauci,**  
Director of the National Institute of  
Infectious Diseases/Chief Medical  
Advisor to the President of the  
United States

# HIV in the world



**38.4 million**

people living with HIV worldwide  
**1.5 million** new HIV infections this year



**28.7 million**

people have access to life-saving treatment, that is **75%** of all people living with HIV



**650,000**

people died of AIDS-related causes in the past year

**1.5 million**

people newly infected with HIV in 2021

**UN target:**  
**fewer than 500,000 new HIV infections**



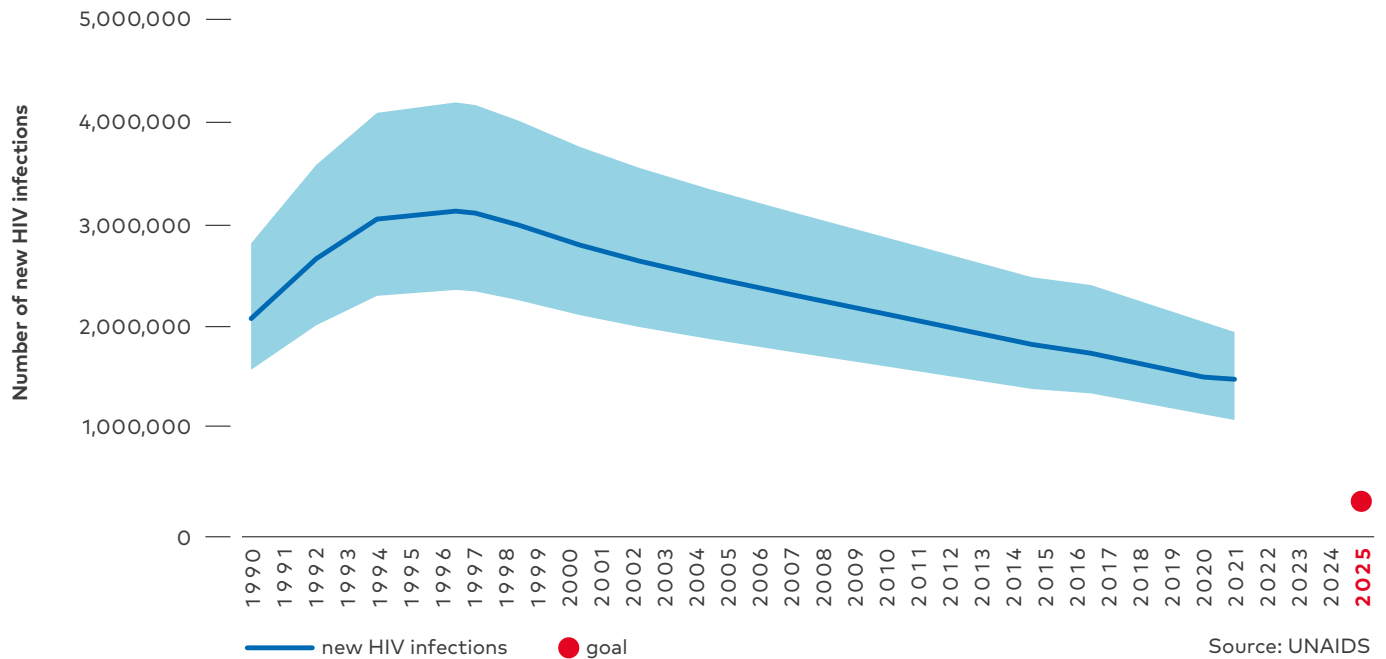
**650,000**

people died of AIDS-related causes in 2021

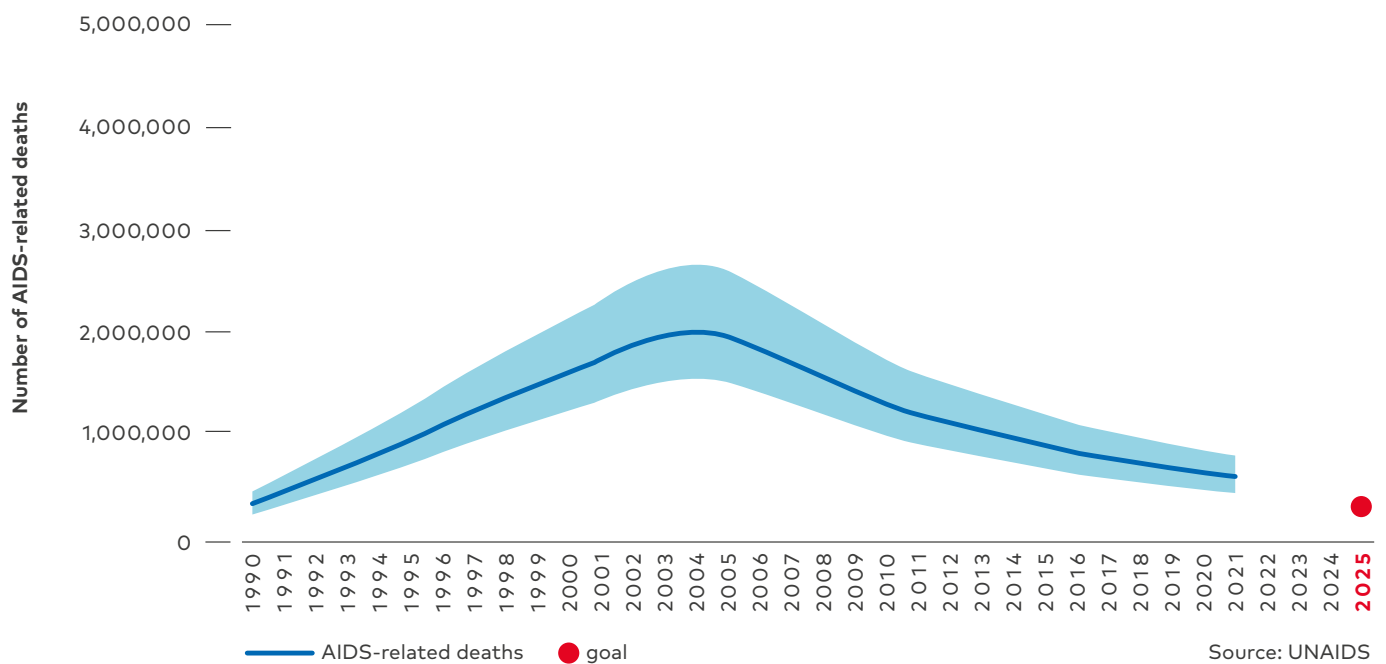
**UN target:**  
**fewer than 500,000 AIDS-related deaths**

# Global response to HIV is faltering

Number of new HIV infections, global, 1990-2021, and 2025 target

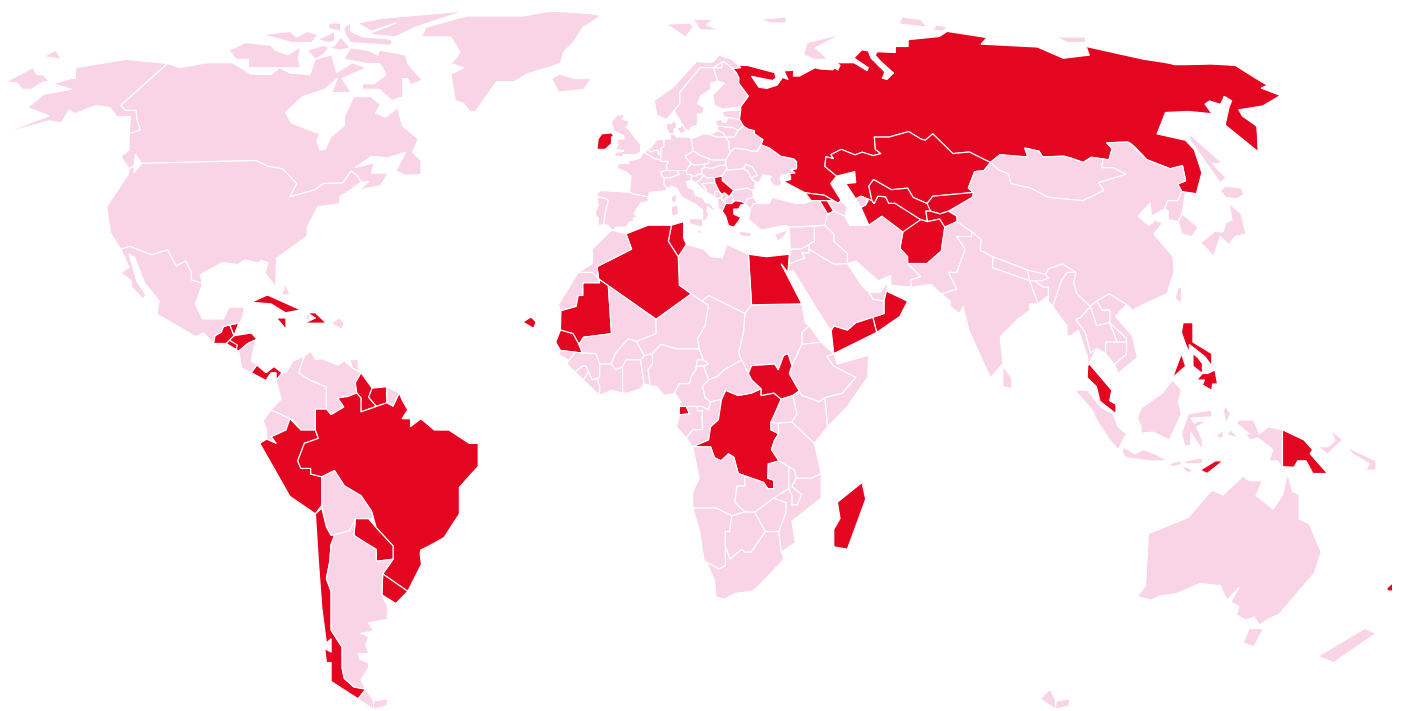


Number of AIDS-related deaths, global, 1990-2021, and 2025 target



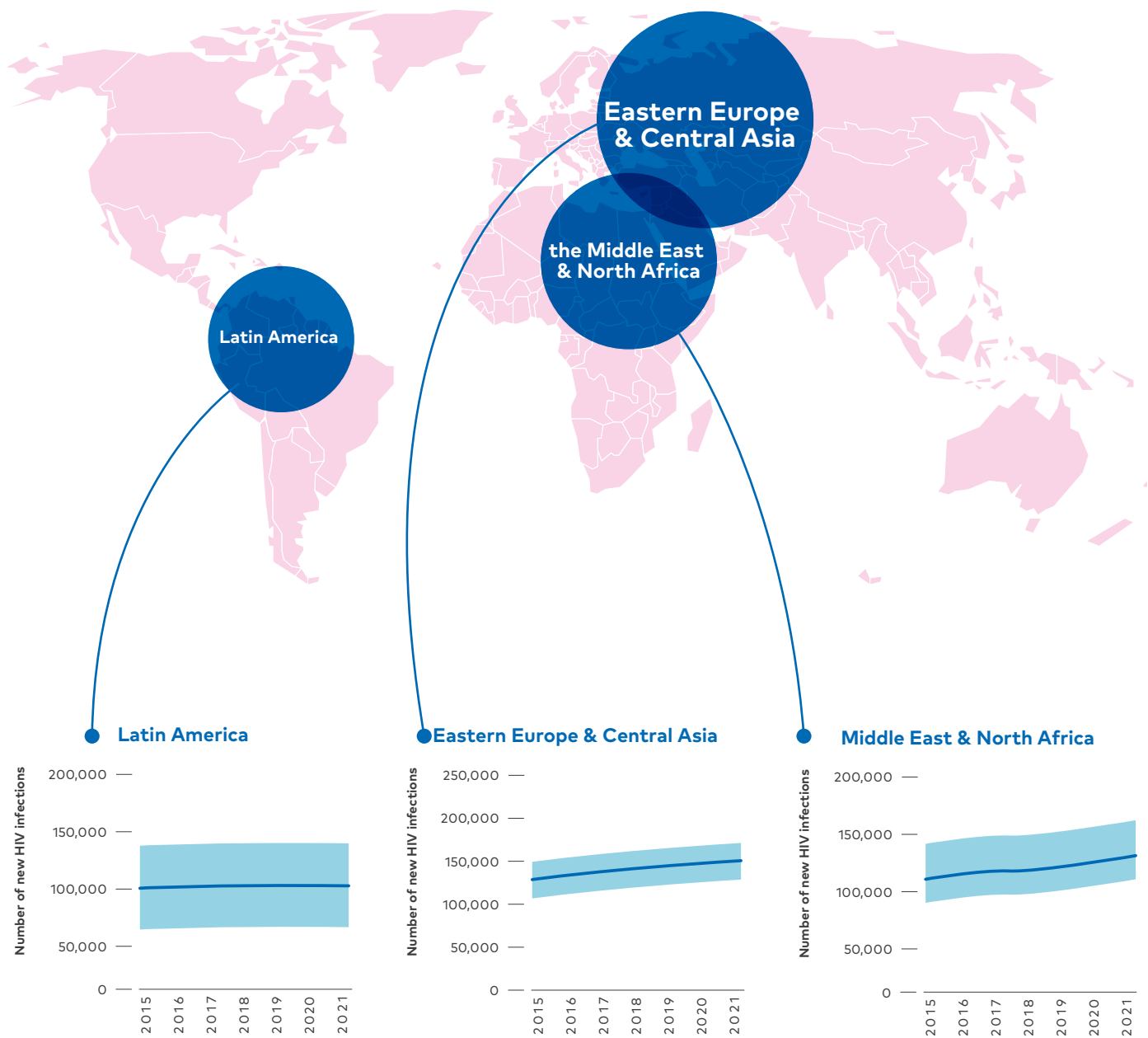
# Inequalities across the globe

This is where HIV infection has increased in the past 10 years

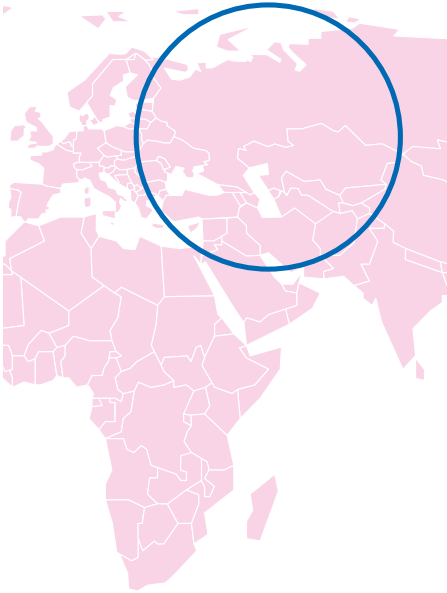


Afghanistan, Algeria, Armenia, Belize, Brazil, Cape Verde, Chili, the Congo, Costa Rica, Cuba, the Dominican Republic, Egypt, El Salvador, Equatorial Guinea, Fiji, Georgia, Greece, Guatemala, Guyana, Honduras, Ireland, Jamaica, Kazakhstan, Kyrgyzstan, Madagascar, Malaysia, Mauritania, Oman, Papua New Guinea, Paraguay, Peru, the Philippines, Russia, Senegal, Serbia, South Sudan, Sudan, Suriname, Tajikistan, Timor-Leste, Tunisia, Turkmenistan, Uruguay, Uzbekistan, Yemen.

**This is where HIV infection has increased since 2010**

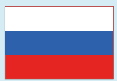


## Eastern Europe and Central Asia

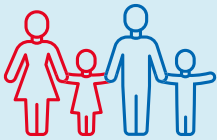


 **48%**

The Eastern Europe and Central Asia region has the fastest growing HIV epidemic in the world: a **48%** increase in HIV infections **since 2010** – a **32%** increase in AIDS-related deaths since 2010. There are **1.8 million** people living with HIV.

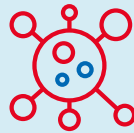


**Russia**



**1,560,000**

people with HIV officially registered



**71,019**

new HIV infections in 2021

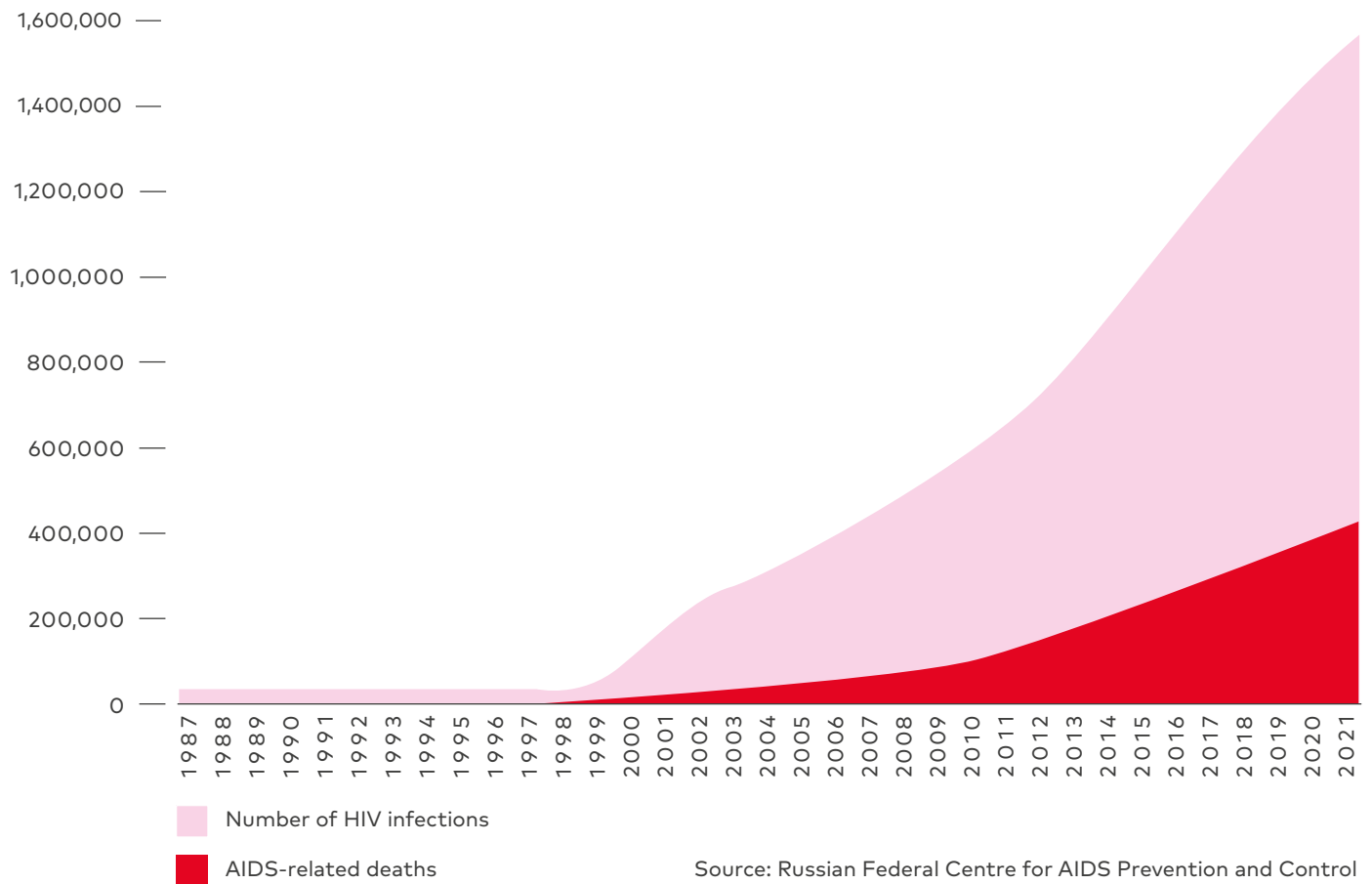


**34,093**

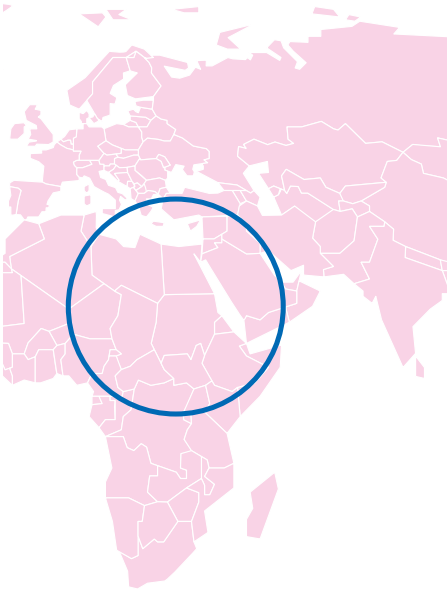
AIDS-related deaths in 2021, increased by **5.9%**

Russia is the country where HIV infections are rising the most rapidly, by **61.5%** since 2010. The epidemic started among people who use drugs and their partners, but HIV has now spread to the entire population. **Two-thirds** of new HIV infections in the past year were transmitted through heterosexual contact. More than **85%** of the people newly infected with HIV are between the ages of 35 and 45. Half of them are men, but the number of women with HIV increases every year. In 2021, 1.56 million people with HIV were officially registered. There were **6%** more AIDS-related deaths than the year before.

## Number of HIV infections and AIDS-related deaths in Russia, 1987-2021



## Middle East and North Africa

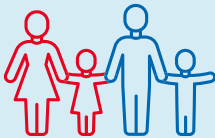


**↑ 33%**

In the Middle East and North Africa, HIV has risen by **33% since 2010**. **85%** of new HIV infections are among people from key populations and their partners. In this region, there are laws that discriminate against men who have sex with men, so they have no access to prevention, care and treatment.

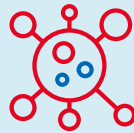


### South Sudan



**170,000**

people with HIV, **27%** on life-saving HIV treatment



**17,000**

new HIV infections in 2021



**8,000**

AIDS-related deaths in 2021

South Sudan has seen the most rapid rise in new HIV infections in the region. The country has **170,000** people living with HIV, with only **27%** on life-saving treatment. There are **twice** as many women as men newly infected with HIV.



## Latin America

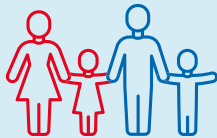


# ↑ 5%

The HIV approach in Latin America was an early success story, but there has been a **5%** increase in infections **since 2010**. **2.2 million** people are living with HIV in the region – and the epidemic is now growing there once again. This is the result of dictatorial regimes and conservative policies that deliberately exclude people from HIV care and treatment.

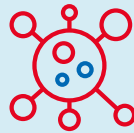


### El Salvador



## 25,000

people with HIV, **59%** on life-saving HIV treatment



## 1,100

new HIV infections in 2021

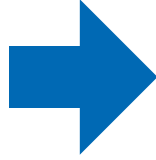
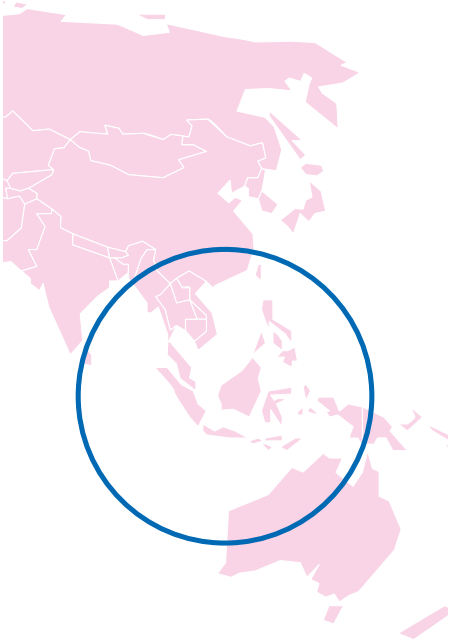


## 1,000

AIDS-related deaths in 2021

In El Salvador, the number of HIV infections among men who have sex with men has **doubled** in 1 year, and among trans women the number is **8 times** higher than the year before. 27% of the women with HIV have experienced sexual violence. There are **25,000** people living with HIV, with only **59%** on treatment.

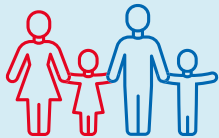
## Asia and the Pacific



In Asia and the Pacific, there are **6 million** people living with HIV, with **86%** on treatment. In the world's most densely populated region, the number of HIV infections is now rising after years of decline. The successful efforts of some countries to reduce the rates of infection, by **45%** in Vietnam for example, are undone by countries and regimes that do not respect people's rights to health and health services.

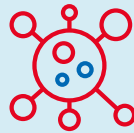


### Philippines



**140,000**

people with HIV, **41%** on life-saving HIV treatment



**21,000**

new HIV infections in 2021

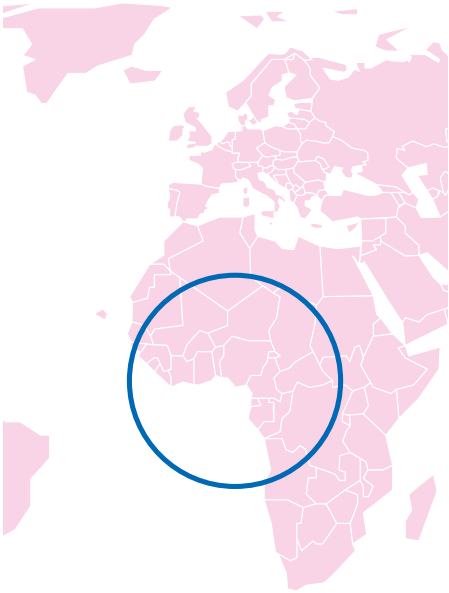


**1,200**

AIDS-related deaths in 2021

There has been a dramatic increase in HIV infections in the Philippines among men who have sex with men – HIV in this group has **increased fivefold since 2010**. Discriminatory laws mean that gay men, sex workers and drug users and their partners have little to no access to prevention, care and treatment. The country has **140,000** people living with HIV, almost all men. Less than half of them, **41%**, are on life-saving treatment.

## Western and Central Africa

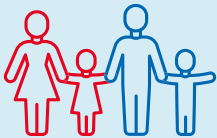


↓ **43%**

In Western and Central Africa, there are **5 million** people living with HIV. In this region, the epidemic is slowing: HIV infections have decreased by **43% since 2010**. **74%** of the new infections are still found among people in key populations and their partners.

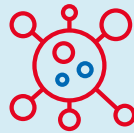


### Nigeria



**1,900,000**

people with HIV, **90%** on life-saving HIV treatment



**74,000**

new HIV infections in 2021

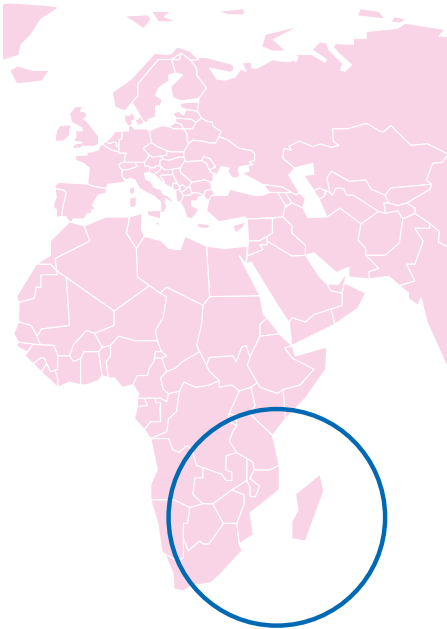


**51,000**

AIDS-related deaths in 2021

In Nigeria, **1.9 million** people are living with HIV and over **60%** of them are women. **90%** of the people with HIV have access to life-saving treatment. The number of HIV infections has dropped by **39% since 2010**.

## Eastern and Southern Africa

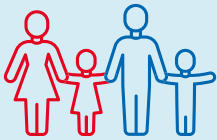


↓ **44%**

Most of the people living with HIV worldwide are in the Eastern and Southern Africa region: 54%. That is **20.6 million** people. There has been great progress in this region in recent years, but rather than accelerating, it is now noticeably slowing. Numbers of HIV infections have dropped here by **44% since 2010**, with South Africa and Tanzania at the forefront of this. Yet girls and young women under the age of 24 are being hit disproportionately hard, with **67%** of all new HIV infections.

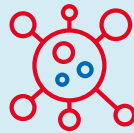


### Botswana



**360,000**

people with HIV, **92%** on life-saving HIV treatment



**7,200**

new HIV infections in 2021

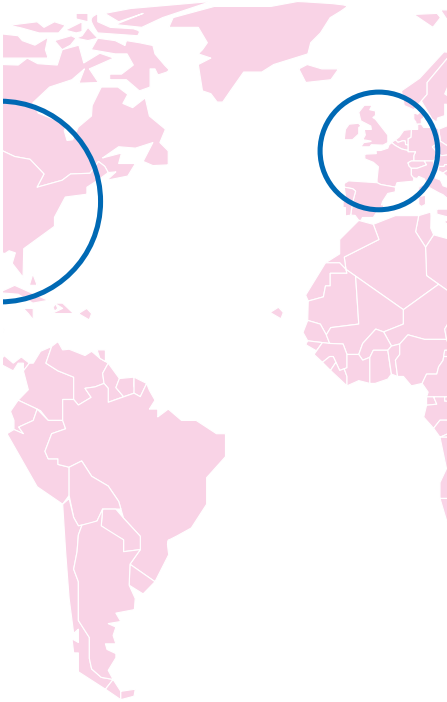


**4,600**

AIDS-related deaths in 2021

Botswana is set to beat HIV. Thanks to two decades of targeted policies, Botswana is the second country in the world to meet the UN targets. That means that **95%** of the people living with HIV know their status. More than **95%** of them are on treatment, and in another **95%** that treatment is so successful that the virus cannot be transmitted. That marks the beginning of the end of the HIV epidemic. There are now **360,000** people living with HIV in Botswana. In 2020, Eswatini was the first country to meet the 95-95-95 targets.

## Western and Central Europe and North America

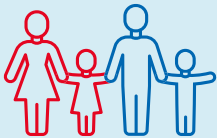


↓ 16%

In Western and Central Europe and North America there are **2.3 million** people living with HIV. **Since 2010**, new HIV infections have declined by **16%**, but almost exclusively among the white population. Racial inequality in the UK and the US are leading to an increase in numbers of HIV diagnoses among Black gay men. In Western Europe, a few countries are well on their way to ending their HIV epidemics. This includes Sweden and the Netherlands.



### HIV in the Netherlands



**24,000**

people with HIV, **94%** on life-saving HIV treatment



**427**

new HIV diagnoses in 2021



**13**

AIDS-related deaths in 2021

In the Netherlands, the end of the HIV epidemic is in sight. There were only **427** new HIV diagnoses in the past year. So the downward trend is continuing. The most noticeable drop in HIV infections is among men who have sex with men, partly as a result of them using the PrEP prevention pill.

Although **94%** of the people living with HIV in the Netherlands are on treatment, there are still an estimated 1,700 people who are unaware that they have HIV. Late HIV diagnoses unfortunately still happen, particularly among the **over-50s** and among more straight men and women than gay men. Some of them have already developed AIDS. In the past year there were **13** AIDS-related deaths.

## What does Aidsfonds do for LGBTI people?

In Zimbabwe, we work in partnership with people from the LGBTI community GALZ. With support from the Dutch government, we are training community health workers at various clinics, in an effort to reduce stigma and discrimination. LGBTI people talk to them about their personal experiences with the care workers. That creates insight and understanding. Since the training started, the attitudes of doctors and nurses working at these four clinics have changed, and LGBTI people are being treated better. But there is still too much stigma and discrimination of people living with HIV. The Zimbabwe Ministry of Public Health is considering the use of this kind of training in private healthcare services too.



**Shanikwa (23)** from Kenya is a transgender woman. Her father turned her out of their home, and it is a daily struggle for her to get money and food. Finding work isn't easy because of stigma. That's why she earns money by doing sex work.

"Trans people don't know where to go. A couple of years ago, nurses at the clinic threatened to call leaders of the tribe to take me to the police. Doctors sometimes hurl accusations and abuse at you: you are turning our children gay! You are spreading diseases in our country! Some in our community have committed suicide, because we don't know where to go with our medical problems."

**Samuel (20)** from Kenya has HIV. His family disowned him, and his only option was to do sex work. He is attracted to men, but sex between men is punishable in Kenya – you could get 14 years in prison for it. That's why Samuel cannot just go to a clinic for medical help.

"If the staff would suspect that I'm gay, they would read me verses from the Bible, chase me off or call the police. If other people at the clinic would hear about my sexual identity, there is a chance I would be beaten up. Being arrested is not the worst thing that could happen to you. That's why so many gay people don't even go to a clinic to get tested for HIV."



### **What does Aidsfonds do for sex workers?**

In South Africa, we are building a better relationship between sex workers and the police. Our objective is to stop police violence. 39% of the sex workers say they are confronted with this, and 24% of them have spoken of sexual violence. If a sex worker reports the violence, they are rarely taken seriously, with only 21% of cases being dealt with. Since 2018, training as part of the HandsOff programme has increased mutual understanding and respect. A pioneering alliance of the South African Police Services and sex workers has even led to a substantial decrease in violence as well as the prevention of new HIV infections among sex workers in South Africa. This training has now become part of standard police training in most South African districts.

# Inequalities in treatment



## Key populations even more vulnerable

The increase in the number of HIV infections among key populations, from a **62%** rise in 2020 to a **70%** rise in 2021, is a cause for concern. Gay men, transgender people, sex workers and drug users plus their sexual partners are all facing stigma and discrimination in more and more countries. This makes it difficult for them to access prevention and life-saving treatment.

## Risk of HIV acquisition, global, in 2021

**35**  
times

People who inject drugs have 35 times greater risk of acquiring HIV than adults who do not inject drugs

**30**  
times

Female sex workers have 30 times greater risk of acquiring HIV than adult women (15-49) in the general population

**28**  
times

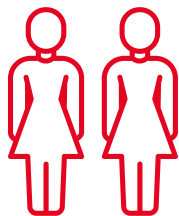
Gay men and other men who have sex with men have 28 times greater risk of acquiring HIV than adult men (15-49) in the general population

**14**  
times

Transgender woman have 14 times greater risk of acquiring HIV than adult women (15-49) in the general population

## Young women at increased risk of HIV

Girls and young women in sub-Saharan Africa are hit disproportionately hard by the HIV epidemic. They are **3 times more** likely to become infected with HIV than boys and young men of the same age. A lack of education and information, and being unable to insist on condom use, are the main reasons for this. Since the COVID pandemic began, physical violence against women has increased.

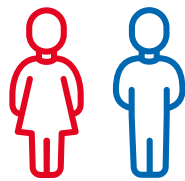


- Every **3** minutes, a new HIV infection among girls and young women (aged 15-24)
- **25%** of the new HIV infections in countries in sub-Saharan Africa are among girls and young women (aged 15-24), while they make up just 10% of the population
- AIDS is the major cause of death worldwide among young women under the age of 49



### Children are being left behind

Children are still becoming infected with HIV, mostly by their mothers during pregnancy and breastfeeding. Some **160,000 children** in the past year. All these infections could have been prevented with better prenatal care. Only **half** of the **1.7 million** children living with HIV are on treatment. Children make up **4%** of the people living with HIV worldwide, and **15%** of the AIDS-related deaths.



- **1.7 million** children (aged 0-14) living with HIV
- **52%** are on treatment, that is 23% less than adults
- **98,000** AIDS-related deaths among children in 2021, more than the previous year



**“No child should be born with or grow up with HIV, and no child with HIV should go without treatment.”**

**Dr Tedros Adhanom Ghebreyesus,**  
Director-General of the WHO

### What does Aidsfonds do for children with HIV?

Our objective is to find 40,000 children with HIV in Zimbabwe, Mozambique, Nigeria, Kenya, Uganda and South Africa. We are training many people in communities to become health workers. They learn all about testing mothers and children for HIV, and also about special HIV care and treatment for children. They go to remote villages and test people, and go looking for women who are pregnant or breastfeeding. These local community health workers make sure that the children and women they find are given HIV medication at a clinic, and also ensure that they continue with this life-saving treatment. Aidsfonds is gradually involving national governments in the programme, so that the approach can eventually become part of national policy.

**Mária (25)** from Mozambique didn't know she had HIV and lived in such a remote spot that she had no healthcare during pregnancy or the birth. Her daughter was born with HIV.

"I feel fine now that I'm on treatment. Before that started, I always had a fever. I also hadn't had my period for a long time, but since I've been taking HIV medication I am much better and am menstruating normally again. My daughter has no problem taking her medicine and it doesn't make her vomit either. It's a long way to the hospital, an hour's walk. But I'm determined to keep on going there every month."



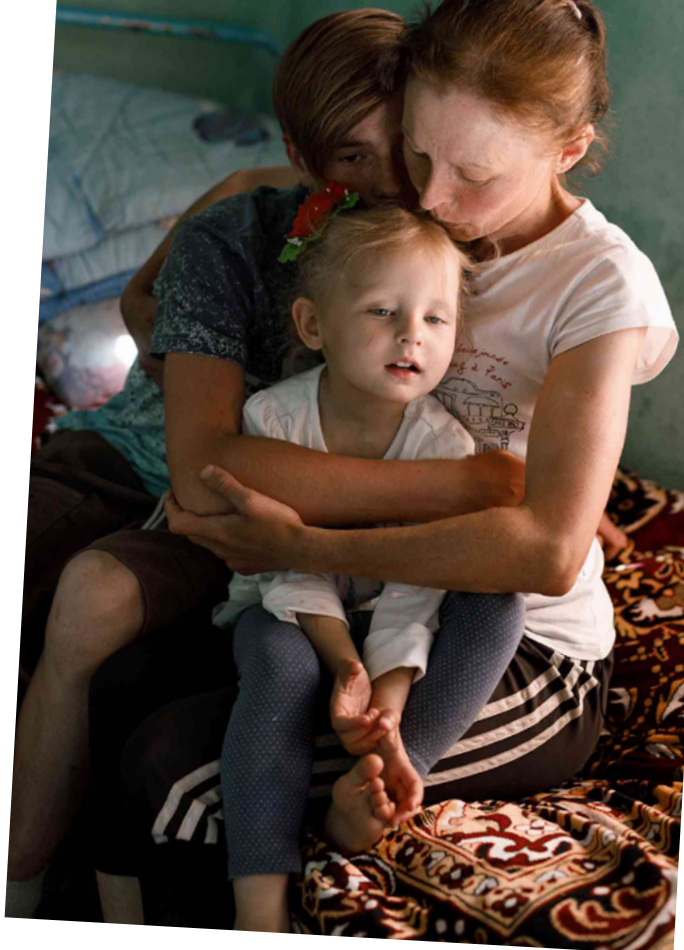
**Otilia (29)** from Zimbabwe has only known her HIV status for a few years. She tested positive after having a miscarriage. Her husband wanted to keep it a secret for religious reasons, and didn't allow her to take any HIV medication. When she got pregnant again, she went to get help from care workers supported by Aidsfonds. She took her HIV medication secretly, which prevented her daughter Anisha from becoming infected with HIV.

"I was so relieved that my husband didn't find out about my HIV medication. The woman who kept the pills for me became my best friend. I always made sure I took them. I was so scared of dying and of something happening to my child again. So I was incredibly happy when Anisha was born without HIV."



**Olena (38)** and her daughter Karina (4) from Ukraine both have HIV. Because of the war, and the distance to the clinic, it is difficult for them to get their HIV medication.

“Those medicines save our lives. My daughter’s life has only just begun. I’d do anything to make sure this virus doesn’t take that away from her. If necessary, I’ll walk for many kilometres to get those medicines. I do all I can for my daughter. And also for my son, who doesn’t have HIV. He accepts me as I am. I want them to be healthy, and all the help I can get for them is like a ray of sunshine in a dark sky.”



## What does Aidsfonds do for the 260,000 people with HIV in Ukraine?

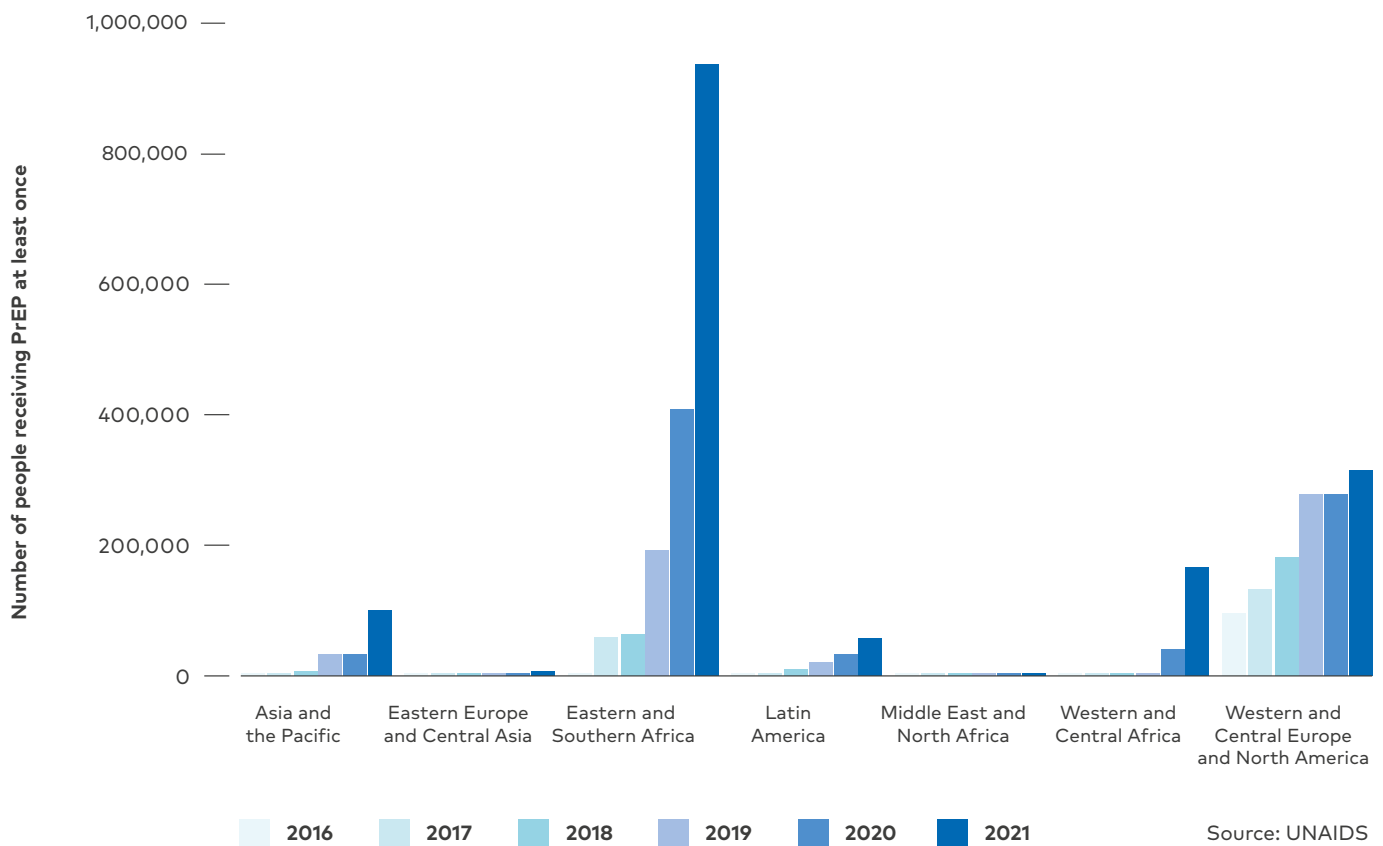
Because of the war, access to HIV services has been severely restricted and the supply of drugs has been disrupted. Of the 250 medical facilities in Ukraine that provide care and treatment for people living with HIV, 31 have been destroyed completely or are now in Russian-occupied territory. Almost all HIV services are currently being provided by volunteers and NGOs. Aidsfonds has set up an emergency fund to help people living with HIV in Ukraine, and also Ukrainian refugees in neighbouring countries. We work in partnership with Medecins du Monde in the Netherlands, as well as other civil society organisations, to make sure that treatment for people living with HIV can be continued and HIV medication remains available. We have helped women and children living with HIV to flee the war zone, providing them with a safe roof over their heads and food. Our partners there have also helped many LGBTI refugees to find safe places to stay. Tens of thousands of people are now getting medical and psychosocial support.

# Inequalities in access to prevention

There may not yet be an HIV vaccine, but PrEP is a highly effective HIV prevention tool. One of the UN targets is to make PrEP available for **10 million** people worldwide in 2025.

In 2021, only **1.6 million** people worldwide had access to the HIV prevention pill PrEP. This had doubled since the previous year, with just **820,000** people having access in 2020. And PrEP use had increased despite the COVID pandemic. This time it is – surprisingly – not rich European countries who are the first to make PrEP accessible, but countries in Eastern and Southern Africa.

## Global funding of the AIDS response is inadequate



In the past two years, it was Kenya, South Africa and Zambia who were the driving forces behind an accelerated introduction of PrEP. But the prevention tool has also been rolled out on a large scale in Cambodia.

Unfortunately, there's been very little progress in other regions with low- and middle- income countries. And Europe is lagging behind in PrEP access and use. In the past year, only Ukraine has managed to double PrEP use, despite being at war.

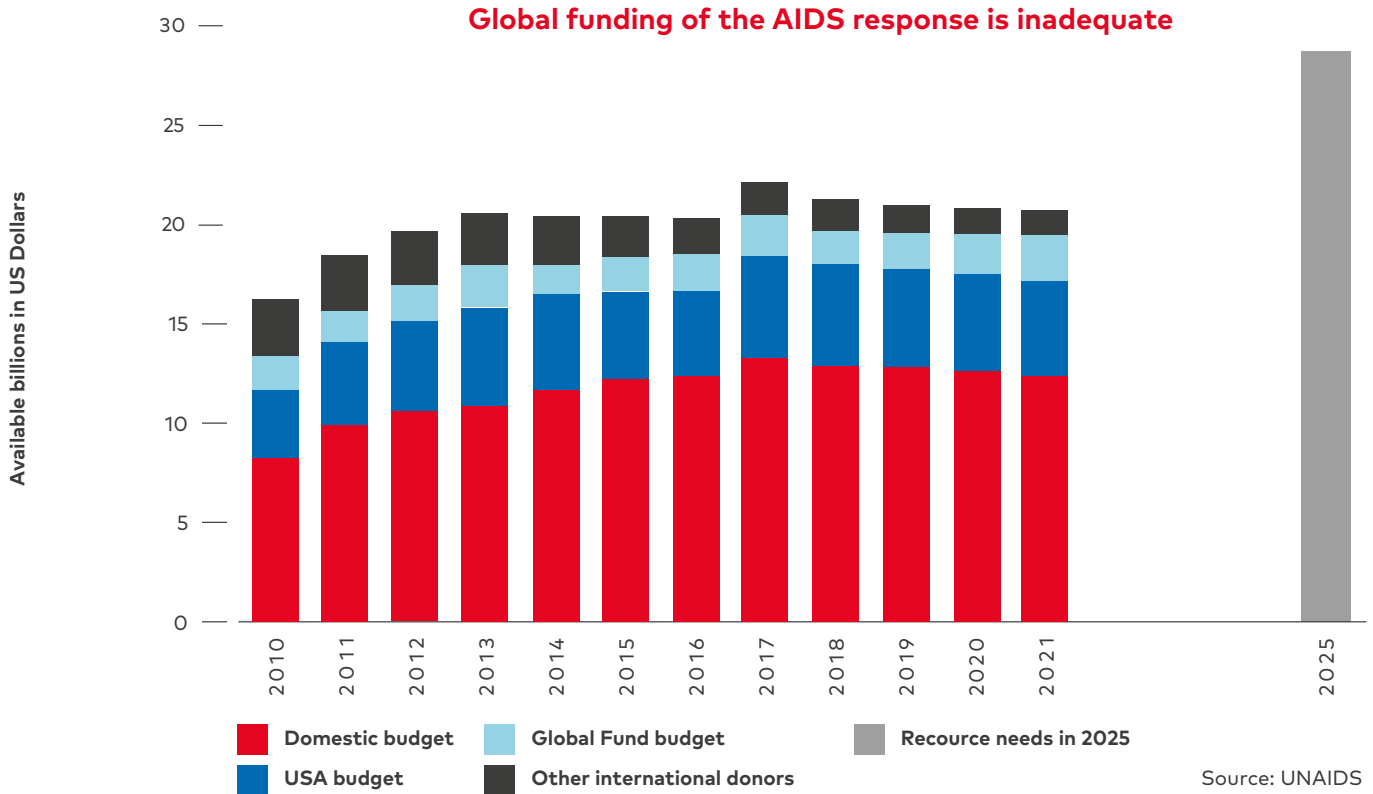
### **The Netherlands is lagging behind within Europe when it comes to PrEP**

An estimated **10,000** people are currently using PrEP in the Netherlands. It is available at GGD health centres for the people most at risk of HIV infection. But the GGDs only have enough PrEP for **8,500** people. The maximum number of people who could access PrEP via the GGD had already been reached by the beginning of 2022. So there are now almost 3,000 people on PrEP waiting lists at the GGDs.

In theory, PrEP is also available via GPs, but that doesn't work in practice. The national society of GPs in the Netherlands, LHV, advises its members to not prescribe PrEP, as it is not basic healthcare provision. This means that PrEP can only be accessed through a limited number of GPs. And the cost of getting PrEP from a GP is also an obstacle for many people, because PrEP care is not covered by regular health insurance so you may have to pay all or some of the costs yourself. With this inadequate access to PrEP, the Netherlands is surprisingly lagging behind in Europe. In neighbouring countries (Germany, Belgium, the UK, France, Spain, Portugal, Norway, Sweden), PrEP is covered by basic health insurance.

We now know that the inadequate access to PrEP in the Netherlands has led to a substantial number of HIV infections each year that could have been prevented. These are infections in people who wanted to use PrEP, but were unable to access it. The Dutch HIV monitoring organisation SHM has determined that at least 48 people who wanted to use PrEP were given an HIV diagnosis between 2019 and 2021. The actual number is probably considerably higher, as information about the intention to use PrEP is only available for less than half of the people who received an HIV diagnosis.

# Inequalities in funding



**"Ending AIDS would cost much less money than not ending AIDS. The actions needed to end AIDS are also key for overcoming other pandemics."**

**Winnie Byanyima,**  
Executive Director of UNAIDS

Just when support from the whole global community is essential, there is less and less solidarity in the world. And financial resources for the global response to AIDS are declining. For the second year running, the countries with most of the people living with HIV have reduced – or even frozen – their budgets for responding to HIV. Many Western donor countries, with the exception of the US, are not keeping their promises. In the past **10 years**, their contribution to the AIDS response in low- and middle-income countries has declined by **57%**.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has called on international donors, including the Netherlands, to substantially increase their contribution for the coming 3 years. The response has been less than desired. Only **\$14.25 billion** was contributed, while the Global Fund had calculated that **\$18 billion** was necessary.

In the past year, the total amount of international financing available for the AIDS response was **6% less** than the previous year. This means that there is now a shortfall of **\$8 billion** in the global investments needed by 2025 to end AIDS.

# Nothing for us without us

## Aidsfonds and its partners

When responding to HIV and AIDS, Aidsfonds believes that not a single decision should be made until people living with HIV themselves have had the opportunity to influence policymaking. We can only successfully tackle inequalities if we enable the people living with HIV to make their voices heard.



**"Responding to HIV means also advocating for human rights and gender equality. It is impossible to support people living with HIV if they are being criminalised and put in prison, instead of being given treatment. It is impossible to support women living with HIV if they cannot make their own decisions about their bodies. So ending AIDS is not only finding sufficient funding but also making essential policy changes. The Netherlands must continue to call other countries to account."**

**Mark Vermeulen**  
Executive Director of  
Aidsfonds-Soa Aids Nederland

In 2021, we worked in partnership with more than 230 local, national, regional and global networks and consortia of civil society organisations and communities worldwide. We are active in Botswana, Burkina Faso, Burundi, Kenya, Mozambique, Nigeria, South Africa, Uganda, Zambia and Zimbabwe. Also in the MENA region (with a specific focus on Egypt and Morocco) and in EECCA countries (with a specific focus on Russia and Ukraine).

We support populations with an increased risk of HIV, such as sex workers, LGBTI people, people who use drugs, young women and their male partners, young people, people in prisons and migrants. And we help them to exercise their rights.

As a sponsor and fundraiser, Aidsfonds is committed to involving the people living with HIV. The communities themselves make decisions about where investments should be made, and they play a key role in determining the best approach. After all, they know exactly what is needed and what works best.



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