



**PROGRESS YES, BUT A LOT MORE NEEDS TO BE DONE!**

**LATEST GLOBAL ESTIMATES**

At the end of 2007 UNAIDS released its latest estimates of the global AIDS pandemic. The new figures significantly revise downwards the AIDS statistics for 2007 compared to 2006 as shown in the table below:

<b>Parameter</b>	<b>2006 (Millions)</b>	<b>2007 (Millions)</b>
Number of people living with HIV	39.5	33.2
People newly infected	4.3	2.5
AIDS deaths	2.9	2.1

While these new figures definitely show progress in the fight to end HIV/AIDS, we must be careful not to relax our vigilance. UNAIDS says the latest figures reflect improved epidemiological data and analysis. 70% of the reduction in prevalence is due to a revision of estimates in India and five sub-Saharan countries (Angola, Kenya, Mozambique, Nigeria and Zimbabwe). The good news is that in some countries, such as Zimbabwe, Kenya, and Botswana, the downward reduction is not a statistical error but actual significant reductions in the infection rates. This good news should be tempered by the fact that these same countries are still heavily impacted by HIV/AIDS. Botswana, for example, still has a 15% prevalence rate even with the slow down in infection rates.

While the latest UNAIDS numbers show a glimmer of hope, HIV/AIDS remains the biggest global threat today with more than 6,800 new infections and 5,700 deaths a day globally. Hence the need for the U.S. and other rich nations to commit more resources to build on the registered successes and wage a decisive battle to completely end AIDS. The call for intensified efforts is highlighted by the fact that in Africa less than 30% of those in need of anti-retroviral drugs have access, and globally only 11% of HIV positive pregnant women have access to Prevention of Mother to Child Transmission Services (PMCT). Further, only 25% of those at risk of infection have access to prevention services globally.

**SUB-SAHARAN AFRICA**

The region remains the epicenter of the pandemic, accounting for 68% of people living with HIV globally. More than three quarters (76%) of AIDS related deaths in 2007 were in sub-Saharan Africa. For more details on the impact in sub-Saharan Africa, see our [“The Local Is Global”](#) factsheet.

## **PEPFAR**

The U.S. government launched the President's Plan for Emergency AIDS Relief (PEPFAR) in 2003 as the main vehicle for U.S. contribution to the global fights against AIDS. From the very beginning Africa Action raised concerns with the decision to launch a unilateral initiative instead of fully supporting existing multilateral initiatives such as the Global Fund to Fight AIDS Tuberculosis and Malaria. We continue to advocate for the transformation of PEPFAR so that it becomes more effective. We see problems in how the plan targets only twelve African countries in the face of a continent wide crisis. Further, U.S. funding committed through PEPFAR falls far short of the at least 50 billion dollars over five years recommended by independent experts. Another big problem with PEPFAR is the ideologically inspired 33% prevention-funding earmark for abstinence-only-until-marriage programs. We continue to campaign for a scientific evidence based approach that emphasizes all three elements of A (abstinence), B (be faithful), and C (use condoms).

There is evidence that we are making progress in our calls to reform PEPFAR. Recently Ambassador Mark Dubyl, the head of PEPFAR, hinted at the removal of the abstinence only funding earmark for the next version of PEPFAR currently being discussed in congress. Also a number of 08 presidential candidates have adopted evidence-based approaches in their plans. PEPFAR has also expanded its use of generic drugs, another Africa Action advocacy point, though there is still room for improvement in this area too. More details on this subject can be found in, "[Big Pharma and Big Profits: Denying Access to AIDS Medication](#)".

## **2008 PRIORITIES**

In 2008, Africa Action's call is for all of us to live everyday as if it were World AIDS Day. That means always taking the opportunity to learn, educate and organize on AIDS in our communities. Our main campaign in 2008 is going to be on treatment access. More than 70% of those in need of drugs in Africa have no access. Our campaign will target unjust international trade rules that favor big pharmaceutical companies and hinder African countries from accessing low cost drugs. We are campaigning to repeal these unjust rules and institute policies that put people before profit. We also want the PEPFAR reform to include an end to the plan's dominant reliance, as a result of dominant 'big pharma' profit interests, on brand name drugs that sometimes cost as much as 3 times the cost of generic drugs of the same quality. The stranglehold of big pharmaceutical companies on U.S. AIDS policy must be broken to ensure access to treatment for more people and save lives.

## **DON'T MISS THESE NEW RESOURCES**

1. [VOTE 08 AIDS Poster](#) that summarizes and score candidates' positions on AIDS and has already been used by thousands of activists in the primaries.
2. [The color of AIDS is Black](#), an op-ed by Africa Action's Executive Director, Gerald LeMelle.
3. [Big Pharma and Big Profits: Denying Access to AIDS Medication](#)
4. [The Local Is Global](#), HIV Factsheet.

For more information on Africa Action's campaign to end HIV/AIDS in Africa please visit [www.africaaction.org](http://www.africaaction.org)