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NOT AIDS MEDICINES
This report comes at a decisive moment in the international response to the AIDS epidemic. Over the past 30 years, AIDS has united the international community in a way that few other crises have. The disease galvanized grass-roots groups to fight for the human rights of some of the world’s most vulnerable people. AIDS generated new levels of solidarity between the north and south. And it has inspired medical innovation.

Now the world has reached a crossroads. The number of people becoming infected and dying is decreasing, but the international resources needed to sustain this progress have declined for the first time in 10 years, despite tremendous unmet needs. We have a long way to go to prevent new HIV infections, end discrimination and scale up treatment, care and support.

The 2011 General Assembly High Level Meeting on AIDS offers an opportunity to take a hard look at successes and failures over the past three decades, and formulate plans for a future of zero new HIV infections, zero discrimination and zero AIDS-related deaths.

UNAIDS has developed a Strategy for 2011–2015 to support countries in their efforts to combat the disease and help achieve the Millennium Development Goals. The strategy sets out a series of concrete objectives to radically reduce the number of new infections and expand treatment. It also gives priority to human rights and equity.

Governments, civil society, the UN family and other partners must work in a spirit of shared responsibility and mutual accountability to forge strategic partnerships, support national ownership, engage emerging economies, facilitate South-South cooperation, link the AIDS response with broader health and development efforts, and usher in a new approach to financing. This report can help guide us.

At the High Level Meeting and beyond, we must chart a bold path, never forgetting those who died too soon, and always keeping foremost in mind those who will enjoy healthier, longer lives thanks to the commitments we make and the actions we take.

Ban Ki-moon
United Nations Secretary-General
It is a great honour for me to offer a foreword to this important report on the progress of the world's nations against AIDS.

My country has been more affected than any other by this epidemic. AIDS has stolen the lives of millions of our brothers and sisters and has orphaned millions of our children.

This epidemic has also transformed South Africa – in some ways for the better. AIDS proved to be an agent of change that helped us overcome our painful past by uniting all ethnicities, classes and communities against our common enemy. Our losses strengthened us to take charge of our own destiny. From tragedy, we have reclaimed hope and forged progress.

Because of South Africans working together, the AIDS epidemic has stabilized, and prevalence has declined among children and young people. We continue to press forward. One year ago we launched an historic, unprecedented scale-up of our national response. By the end of this year, we aim to cut the rate of new HIV infections in half and provide HIV testing to 15 million people. By May we had tested 8.4 million people. It is also our goal to provide lifesaving drugs to 80% of South Africans who need them this year. South Africa has committed hundreds of millions of dollars towards AIDS – more than ever before – and we are funding the bulk of our AIDS response from our own resources.

Looking back over 30 years, the global AIDS epidemic has mirrored our country's transformation, from fear and fragmentation to unity and commitment. I am gratified to see other countries, especially in Africa, bringing civil society and governments together to own, and be accountable for, the response to AIDS.

I believe that the General Assembly High Level Meeting on AIDS will not only celebrate our collective achievements but also open new paths to progress and lead to a more positive future in halting the AIDS epidemic.

Jacob Zuma
President of South Africa
I am grateful to the leaders who have lent their influential voices to this report. It is evident that even after 30 years, HIV has not faded in global significance, but continues to engage the great minds of science, geopolitics, human rights and social change.

At this critical point in the epidemic we must take stock and make important decisions. It has been 30 years since the first reported cases, 15 years since treatment became a reality, 10 years since the United Nations General Assembly Special Session on HIV/AIDS and five years since our commitment to achieve universal access to HIV prevention, treatment, care and support. This report provides evidence of how much we have achieved and weighs that against our vision for the future: zero new HIV infections, zero discrimination and zero AIDS-related deaths.

In these pages you will find scientific analysis, personal insights and the results of extensive national and regional consultations at the front lines of the AIDS response. While perspectives differ, one simple truth emerges: we cannot break the arc of this epidemic – where five people were newly infected for every three starting treatment in 2010 – if we adopt a ‘business as usual’ approach.

Since the 2006 Political Declaration on HIV/AIDS, the world has changed profoundly in ways that challenge our goal of universal access. But with the right approach, we can make use of these changes to transform and accelerate the AIDS response, and in doing so, move all of the Millennium Development Goals (MDGs) forward.

The economic climate has changed. Persistent financial challenges in many countries are putting unprecedented downward pressure on funding sources, internally and internationally. But with the right approach, this situation can be catalysed to accelerate country ownership of the response and build stronger partnerships between developing countries. It can move us all to do things better, with maximum value for money.

The epidemic has changed. We have made tremendous progress in stabilizing or reducing rates of new infections in nearly 60 countries, but this success only highlights the rampant stigma and discrimination that contributes to rising infection rates among key populations at higher risk and to the vulnerability of women and girls. We can end the discrimination and inequity that blocks access to prevention, treatment, care and support. We can stop the criminalization of people living with, and at risk of, HIV.
Treatment needs have changed. We have put 6.6 million people on treatment, but nine million are still waiting. The cost of treating everyone eligible is growing exponentially. We have an opportunity to provide better, more cost-effective drugs and smarter service-delivery systems. These are basic tenets of our vision for Treatment 2.0. We can also make sure every pregnant woman living with HIV receives treatment so that we might halve AIDS-related maternal deaths and end new child infections within five years.

Treatment for prevention will shape the future of the AIDS epidemic. The latest trial showing conclusive evidence that early antiretroviral treatment effectively blocks HIV transmission can transform the prevention landscape. We must embrace treatment for prevention as a game-changing prevention option for the next decade.

The UNAIDS Strategy 2011–2015 details the approaches and the targets that will guide our transformation: spelling out the elements of a sustainable response that builds on strong national ownership, clear accountability, community mobilization, the participation of people living with HIV and shared investment responsibilities. This report has the evidence to hold countries accountable and the expert viewpoints to remind us what is at stake. Together, and in harmony with the Report of the United Nations Secretary-General, they form a solid base for action that will lead us to achieving the MDGs by 2015, and ultimately, reaching our ambitious vision.

Michel Sidibé
UNAIDS Executive Director
96%

Results of the HPTN052 trial announced on 12 May 2011 show that if an HIV-positive person adheres to an effective antiretroviral therapy regimen, the risk of transmitting the virus to their uninfected sexual partner can be reduced by 96%