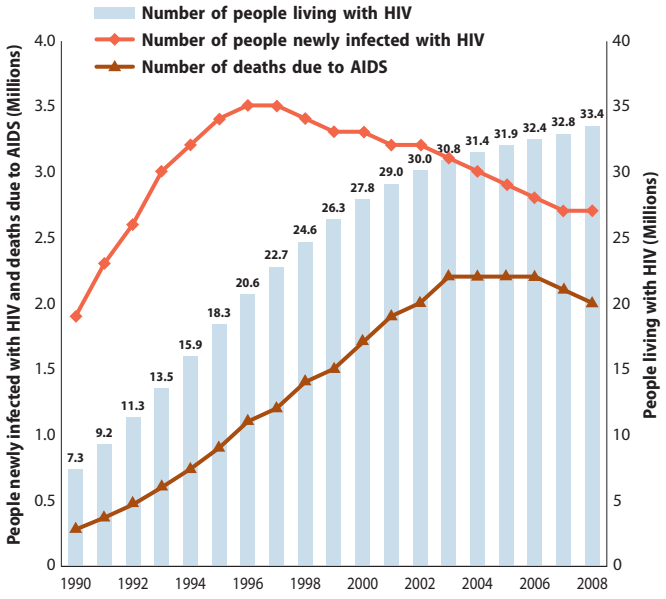
Goal 6

Combat HIV/AIDS, malaria & other diseases

TARGET
Have halted by 2015 and begun to reverse the spread of HIV/AIDS

The spread of HIV appears to have stabilized in most regions, and more people are surviving longer

Number of people living with HIV, number of people newly infected with HIV and number of AIDS deaths worldwide, 1990-2008 (Millions)



The latest epidemiological data indicate that, globally, the spread of HIV appears to have peaked in 1996, when 3.5 million* people were newly infected. By 2008, that number had dropped to an estimated 2.7 million. AIDS-related mortality peaked in 2004, with 2.2 million deaths. By 2008, that toll had dropped to 2 million, although HIV remains the world's leading infectious killer.

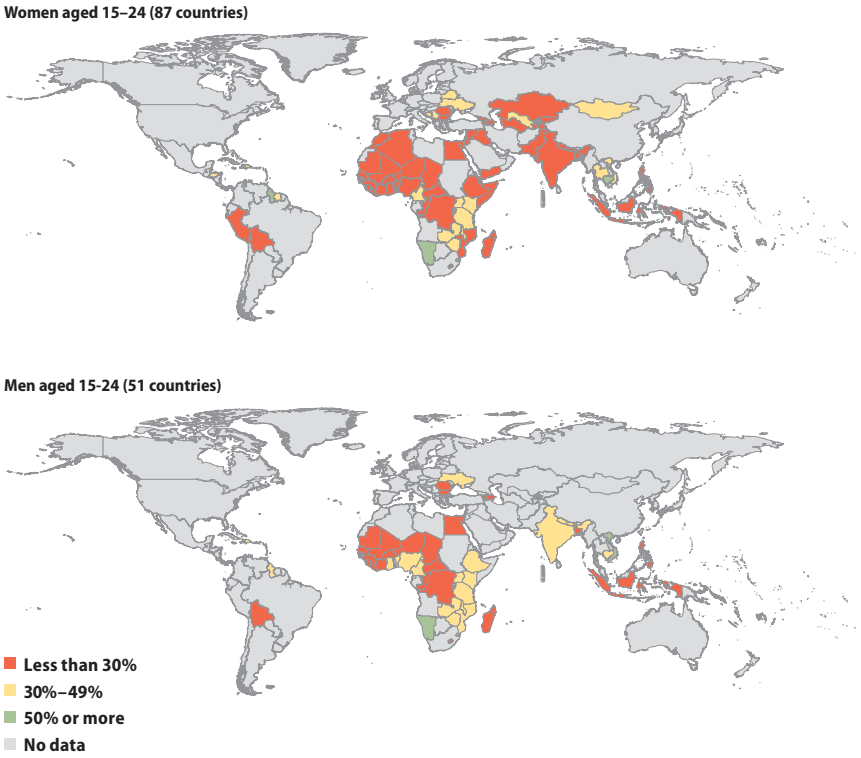
The epidemic appears to have stabilized in most regions, although prevalence continues to rise in Eastern Europe, Central Asia and other parts of Asia due to a high rate of new HIV infections. Sub-Saharan Africa remains the most heavily affected region, accounting for 72 per cent of all new HIV infections in 2008.

* All AIDS-related figures cited are the midpoint in a range. The estimate of 3.5 million new infections, for example, is based on a range of 3.2 million-3.8 million. The complete data series of ranges and corresponding midpoints is available at mdgs.un.org

Though new infections have peaked, the number of people living with the virus is still rising, largely due to the life-sustaining impact of antiretroviral therapy. An estimated 33.4 million people were living with HIV in 2008, of whom 22.4 million are in sub-Saharan Africa.

Many young people still lack the knowledge to protect themselves against HIV

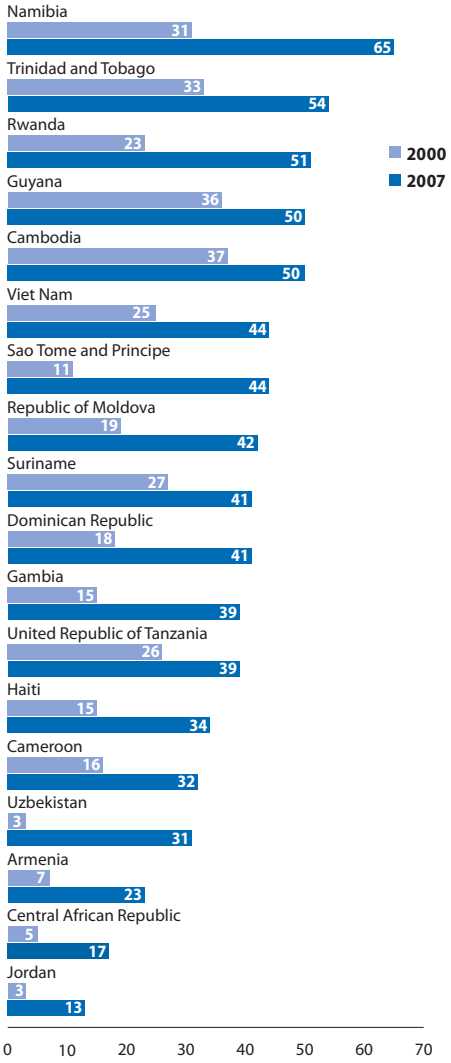
Women and men aged 15–24 with comprehensive correct knowledge of HIV in developing countries, 2003/2008 (Percentage)



Understanding how to prevent transmission of HIV is the first step to avoiding infection. This is especially important for young people (aged 15 to 24), who, in 2008, accounted for 40 per cent of new HIV infections among adults worldwide. Though some progress has been made, comprehensive and correct knowledge of HIV among young people is still unacceptably low in most countries. Less than one third of young men and less than one fifth of young women in developing countries claim such knowledge about HIV. The lowest levels (8 per cent) are found among young women in Northern Africa, according to surveys undertaken between 2003 and 2008. These levels are well below the 2010 target of 95 per cent set at the United Nations General Assembly Special Session on HIV/AIDS in 2001.

Empowering women through AIDS education is indeed possible, as a number of countries have shown

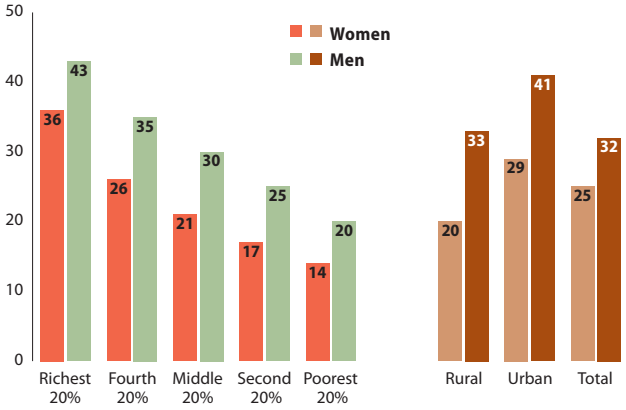
Young women aged 15-24 with comprehensive correct knowledge of HIV in selected countries, 2000 and 2007 (Percentage)



A number of countries have made impressive strides in educating their young people about HIV, despite disappointing global and regional averages. In 18 out of 49 countries with available trend data, comprehensive and correct knowledge of HIV increased by 10 percentage points or more among women aged 15 to 24; the same success was achieved among young men in 8 out of 16 countries. Between 2000 and 2008, Cambodia, Guyana, Namibia, Rwanda, and Trinidad and Tobago reported remarkable increases in knowledge about HIV prevention among young women (reaching levels of 50 per cent or more); similar progress was reported among young men in Namibia and Rwanda.

In sub-Saharan Africa, knowledge of HIV increases with wealth and among those living in urban areas

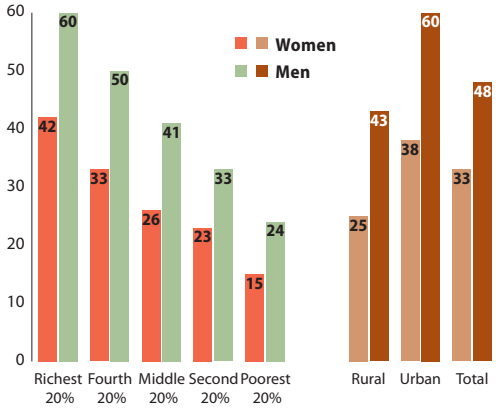
Young women and men aged 15-24 years in selected sub-Saharan African countries with comprehensive correct knowledge of HIV by sex, residence and wealth status, 2003/2008 (Percentage)



In sub-Saharan Africa, disparities in knowledge about HIV prevention among women and men aged 15 to 24 are linked to gender, household wealth and place of residence. For both men and women, the likelihood of being informed about HIV increases with the income level of one's household. Gender disparities in knowledge also diminish slightly among the rich and among those living in urban areas.

Disparities are found in condom use by women and men and among those from the richest and poorest households

Young women and men aged 15-24 years in selected sub-Saharan African countries who used a condom with the last higher -risk sexual partner by sex, residence and wealth status, 2003/2008 (Percentage)

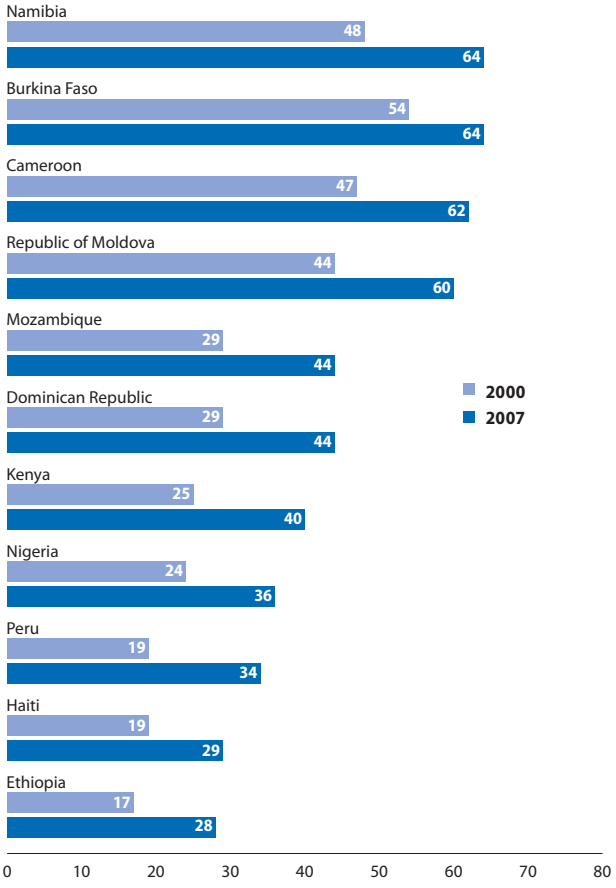


In most developing countries, the majority of young people fail to use condoms during sex, even when there is the risk of contracting HIV. On average, less than 50 per cent of young men and less than a third of young women used condoms during their last higher-risk sexual activity.

In sub-Saharan Africa, men aged 15 to 24 are far more likely to use condoms than women of the same age. For both women and men, condom use increases dramatically with wealth and among those living in urban areas. Similar disparities were observed in all countries with available data.

Condom use during high-risk sex is gaining acceptance in some countries and is one facet of effective HIV prevention

Condom use at last higher-risk sex among young women aged 15-24 in selected countries, 2000 and 2007 (Percentage)



Although the use of condoms during high-risk sex remains low overall, young people in some countries are proving that the right policies and interventions can yield results. Between 2000 and 2008, increases of 10 or more percentage points in condom use during risky sex were reported among women in 11 of the 22 countries where trends can be documented, reaching levels of 60 per cent or more in some of them. A similar increase was found among men in 11 of 17 countries with available trend data. Such progress is ultimately the result of individual action, supported by a combination of behavioural, biomedical and structural interventions and the collective efforts of government, development partners and civil society.

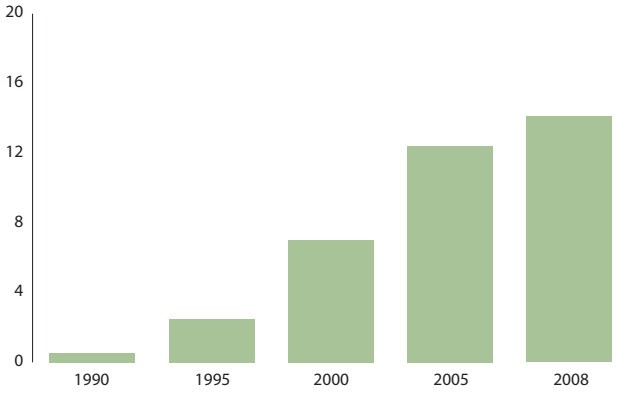
Mounting evidence shows a link between gender-based violence and HIV

A wide gap exists between knowledge of HIV and preventive action, sometimes due to cultural mores. A tradition of child marriage, for example, can put girls at risk. An analysis of survey data from eight countries shows that young women (aged 15 to 24) who had their sexual debut before age 15 are more likely to be HIV-positive. Tacit social acceptance of violence against women and girls compounds the problem. In four countries surveyed, nearly one in four young women reported that their first experience of sexual intercourse was forced, which increases the chances of contracting HIV.

In fact, growing evidence links gender-based violence with the spread of HIV, underscoring the importance of reaching adolescents through comprehensive prevention programmes that combine a variety of interventions. It also points to the continuing need for social change, so that violence against women and girls in any form is treated with zero tolerance. Enacting and enforcing laws that make such violence punishable as a crime is another part of the solution.

Children orphaned by AIDS suffer more than the loss of parents

Estimated number of children (0-17 years) who have lost one or both parents due to AIDS in sub-Saharan Africa, 2008 (Millions)



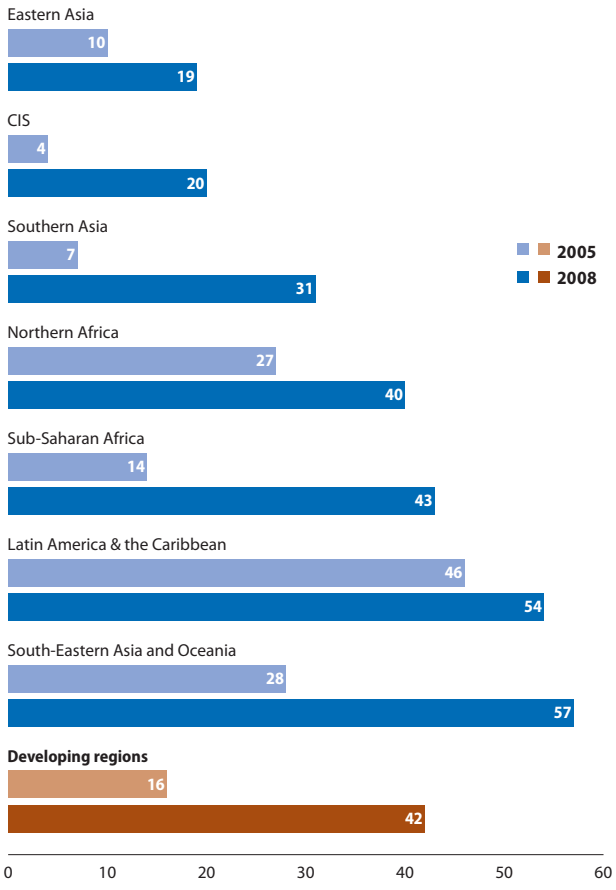
An estimated 17.5 million children (under age 18) lost one or both parents to AIDS in 2008. The vast majority of these children—14.1 million—live in sub-Saharan Africa.

Children orphaned by AIDS are at greater risk of poor health, education and protection than children who have lost parents for other reasons. They are also more likely to be malnourished, sick, or subject to child labour, abuse and neglect, or sexual exploitation—all of which increase their vulnerability to HIV infection. Such children frequently suffer from stigma and discrimination and may be denied access to basic services such as education and shelter as well as opportunities for play.

TARGET
Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

The rate of new HIV infections continues to outstrip the expansion of treatment

Population living with HIV who are receiving antiretroviral therapy, 2005 and 2008 (Percentage)



The 3 by 5 initiative—a global effort to provide 3 million people in low- and middle-income countries with antiretroviral therapy by 2005—was launched in 2003. At the time, an estimated 400,000 people were receiving this life-prolonging treatment. Five years later, by December 2008, that figure had increased 10-fold—to approximately 4 million people—an increase of over 1 million people from the previous year alone. The greatest gains were seen in sub-Saharan Africa, where two thirds of those needing treatment live. By the end of 2008, an estimated 2.9 million people in sub-Saharan Africa were receiving antiretroviral therapy, compared to about 2.1 million in 2007—an increase of 39 per cent.

However, for every two individuals who start treatment each year, five people are newly infected with HIV. The rate of new infections continues to outstrip the expansion of treatment, drawing attention to the urgent need to intensify both prevention and treatment measures.

In 2008, 42 per cent of the 8.8 million people needing treatment for HIV in low- and middle-income countries received it, compared to 33 per cent in 2007. This means that 5.5 million people in need did not have access to the necessary medications. Prompted by new scientific evidence, the World Health Organization revised its treatment guidelines in 2009, which will increase even further the number of people requiring antiretroviral therapy.

Data from 90 low- and middle-income countries show that adult women have a slight advantage over adult men in accessing treatment: about 45 per cent of women and 37 per cent of men in need were receiving antiretroviral drugs by the end of 2008. During that year, about 275,700 children, or 38 per cent of those in need in these countries received treatment. Despite limited availability, approximately 2.9 million deaths have been averted because of antiretroviral drugs.

Expanded treatment for HIV-positive women also safeguards their newborns

More than 90 per cent of the 2.1 million children living with HIV were infected while in the womb, around the time of birth or through breastfeeding. However, this percentage can be substantially reduced by treating an expectant mother with antiretroviral therapy. Over the past decade, the international community has continually committed to scaling up access to health services and reducing the burden of HIV among women and children. These efforts are yielding results. In 2008, 45 per cent of HIV-positive pregnant women, or 628,000 out of 1.4 million, received treatment in 149 low and middle-income countries—an increase of 10 per cent over the previous year.

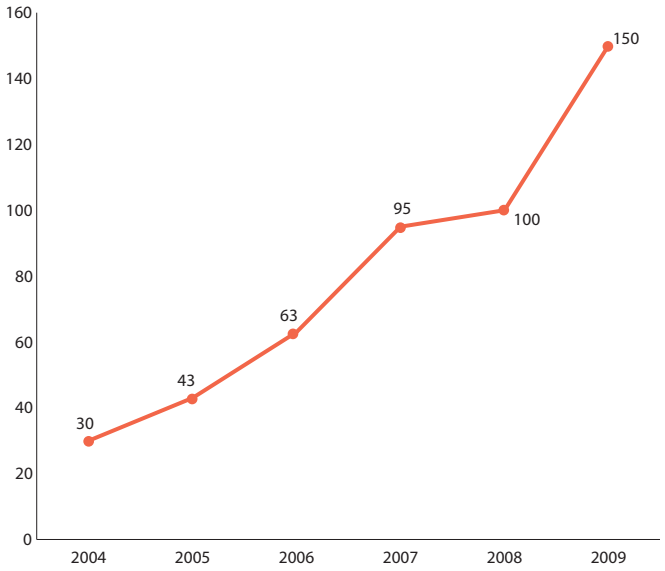
TARGET
Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Half the world's population is at risk of malaria, and an estimated 243 million cases led to nearly 863,000 deaths in 2008. Of these, 767,000 (89 per cent) occurred in Africa.

Sustained malaria control is central to achieving many of the MDGs, and available data show significant progress in scaling up prevention and treatment efforts. Major increases in funding and attention to malaria have accelerated the delivery of critical interventions by reducing bottlenecks in the production, procurement and delivery of key commodities. Countries have also been quicker to adopt more effective strategies, such as the use of artemisinin-based combination therapies and diagnostics to better target treatment.

Production of insecticide-treated mosquito nets soars

Global production of long-lasting insecticidal bed nets, 2004-2009 (Millions)

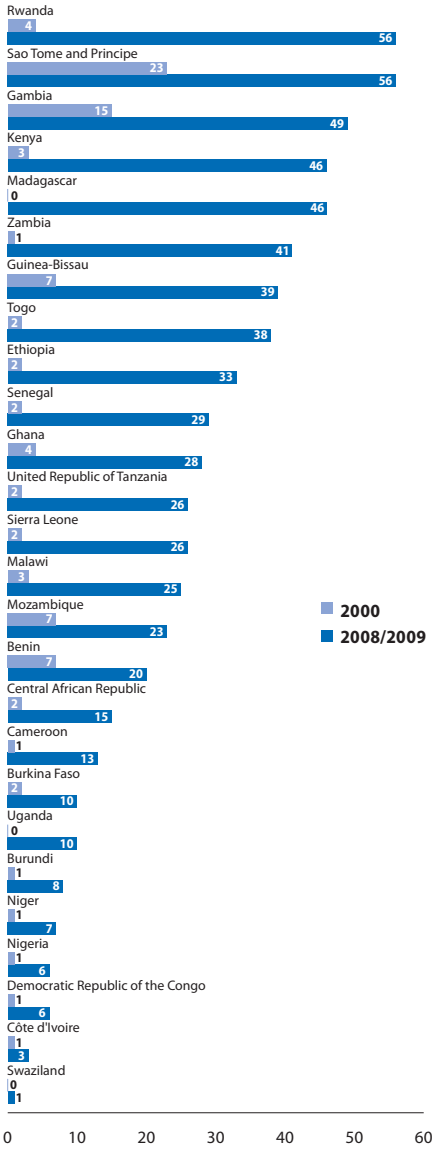


Note: Data for 2007-2009 are based on estimated production capacity.

Global production of mosquito nets has increased fivefold since 2004—rising from 30 million to 150 million in 2009. Nearly 200 million nets were delivered to African countries by manufacturers during 2007-2009 and are available for use; nearly 350 million are needed to achieve universal coverage there. Based on these estimates, endemic African countries have received enough nets to cover more than half of their populations at risk of malaria.

Across Africa, expanded use of insecticide-treated bed nets is protecting communities from malaria

Proportion of children under five sleeping under insecticide-treated bed nets, selected countries, 2000 and 2008/2009 (Percentage)

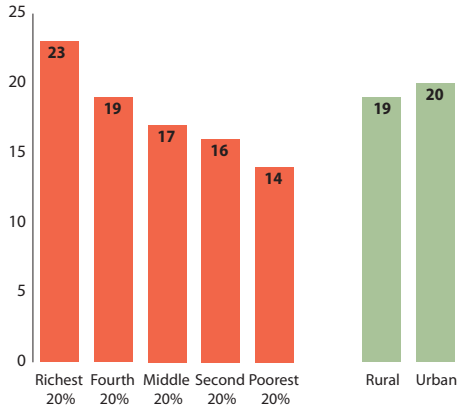


African children, who are among the most vulnerable to malaria, are now sleeping under mosquito nets in far greater proportions than in 2000. All countries with trend data have shown major increases in insecticide-treated bed net use in the last decade, although

scaling up in most countries only began in 2005. Across Africa, use of such nets by children rose from just 2 per cent in 2000 to 22 per cent in 2008, in 26 African countries with trend data (covering 71 per cent of the under-five population in Africa). Twenty of these countries documented at least a five-fold increase in coverage during this time, with 11 achieving a 10-fold gain or more.

Poverty continues to limit use of mosquito nets

Children under five sleeping under an insecticide-treated bed net by residence and wealth quintile, sub-Saharan Africa, 2006/2009 (Percentage)

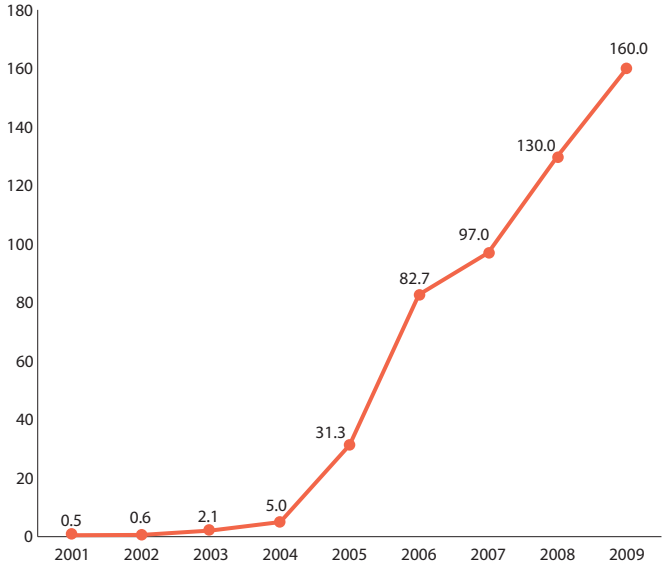


Note: Disaggregation by residence is based on estimates from 32 countries in sub-Saharan Africa with residence information, covering 86 per cent of children under five in the region. Disaggregation by household wealth is based on estimates from 30 countries in sub-Saharan Africa with household wealth information, covering 83 per cent of children under five.

Through campaigns to distribute free insecticide-treated mosquito nets in areas of intense malaria transmission, some countries have been able to achieve more equitable use of bed nets by poor, rural households. But not all countries have managed to do so. On average, girls and boys in the poorest households are still less likely to use mosquito nets, though the data indicate no significant gender differences in use.

Global procurement of more effective antimalarial drugs continues to rise rapidly

Number of doses of artemisinin-based combination therapies procured worldwide, 2001-2009 (Millions)



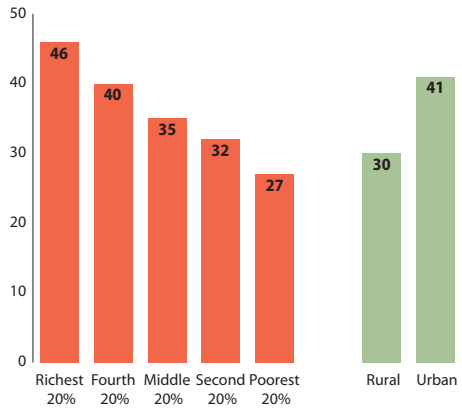
Prompt and effective treatment is critical for preventing life-threatening complications from malaria, particularly in children. In recent years, many African countries have reinvigorated their treatment programmes by increasing access to new combinations of antimalarial medications that have been shown to outperform earlier drugs.

Since 2003, countries have shifted their national drug policies to promote artemisinin-based combination therapies, a more effective—but also more expensive—treatment course. Global procurement of these medicines has risen sharply since 2005.

Antimalarial treatment coverage, however, remains substantially different across African countries—ranging from 67 per cent to only 1 per cent of children under five with fevers receiving any type of antimalarial drug. In fact, the proportion of febrile children under five receiving any antimalarial medication was above 50 per cent in only eight of the 37 African countries with recent data (2005-2009). And in nine of these countries, only 10 per cent or fewer febrile children were receiving treatment. However, lower levels of antimalarial treatment may reflect expanded use of diagnostic tools to only target those children who actually have the disease.

Children from the poorest households are least likely to receive treatment for malaria

Proportion of children aged 0-59 months with fever receiving antimalarial medicines by residence and wealth quintile, sub-Saharan Africa, 2006/2009 (Percentage)



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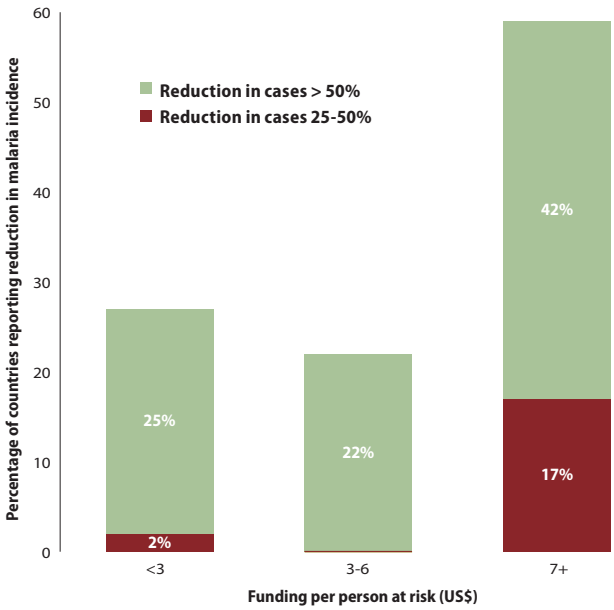
Children living in rural areas are less likely to receive antimalarial medicines than those living in urban areas. Similarly, children in the richest households are almost twice as likely to receive treatment as those in the poorest households. Data indicate no difference in treatment of girls and boys.

External funding is helping to reduce malaria incidence and deaths, but additional support is needed

Percentage of countries reporting reduction in malaria incidence by funding per person at risk, 108 endemic countries, 2000/2008, (Percentage)



External funding for malaria control has increased significantly in recent years. Funds disbursed to malaria-endemic countries rose from less than $0.1 billion in 2003 to $1.5 billion in 2009. This support came largely from the Global Fund to Fight AIDS, Tuberculosis and Malaria, in addition to more recent commitments from other sources. Domestic contributions are more difficult to quantify, but financing by national governments appears to have at least been maintained at 2004 levels.

Despite these positive trends, total funding for malaria still falls far short of the estimated $6 billion needed in 2010 alone for global implementation of malaria-control interventions. So far, about 80 per cent of external funds have been targeted to the Africa region, which accounts for nearly 90 per cent of global cases and deaths.

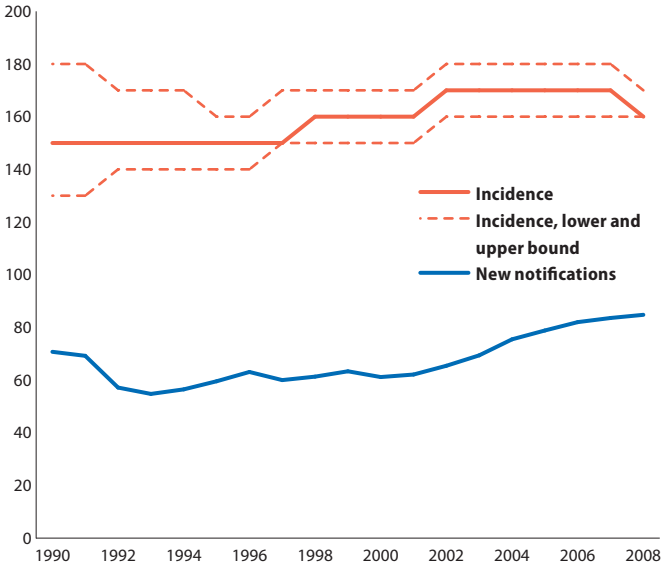
Additional funding has resulted in increased procurement of commodities and a larger number of households owning at least one insecticide-treated mosquito net. African countries that have achieved high coverage of their populations in terms of bed nets and treatment programmes have recorded decreases in malaria cases. More than a third of the 108 countries at risk of malaria (nine of them African and 29 non-African) documented reductions in malaria cases of over 50 per cent in 2008, compared to 2000. Although existing

data may not be representative of the entire population, decreases in malaria incidence appear to be associated with higher levels of external assistance. This suggests that the MDG target can be reached if adequate funding is secured and key interventions are carried out. Evidence from several African countries also suggests that large reductions in malaria cases and deaths have been mirrored by steep declines in deaths due to all causes among children less than five years of age. Intensive efforts to control malaria could help many African countries reach a two-thirds reduction in child mortality by 2015, as targeted in MDG 4.

One constraint is that the limited funds for malaria control appear to be focused disproportionately on smaller countries, and decreases in incidence are seen primarily in countries with low disease burdens, where gains are more easily achieved. More attention needs to be given to ensuring success in large countries that account for most malaria cases and deaths if the MDG target is to be reached.

Progress on tuberculosis inches forward

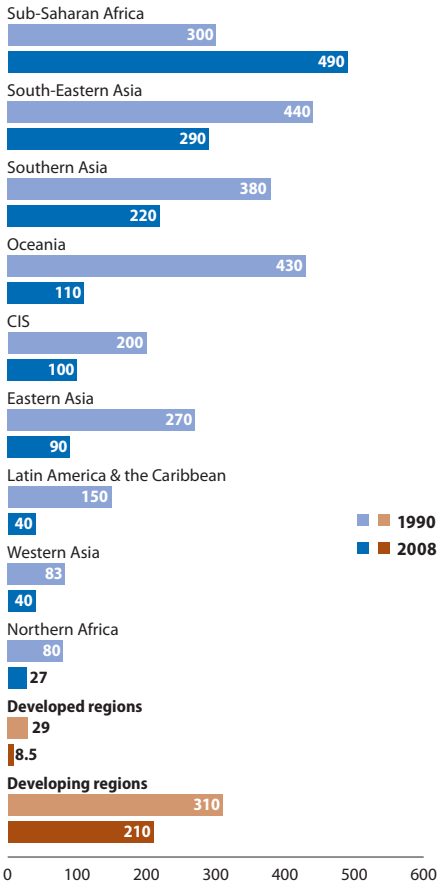
Number of new tuberculosis cases per 100,000 population (incidence) and number of tuberculosis case notifications per 100,000 population in the developing regions (including people who are HIV-positive), 1990-2008 (Percentage)



The global burden of tuberculosis is falling slowly. Incidence fell to 139 cases per 100,000 people in 2008, after peaking in 2004 at 143 cases per 100,000. In 2008, an estimated 9.4 million people were newly diagnosed with tuberculosis worldwide. This represents an increase from the 9.3 million cases reported in 2007, since slow reductions in incidence rates per capita continue to be outweighed by increases in population. Of the total number of cases, an estimated 15 per cent are among those who are HIV-positive. If current trends are sustained, the world as a whole will have already achieved the MDG target of halting and reversing the incidence of tuberculosis in 2004.

Tuberculosis prevalence is falling in most regions

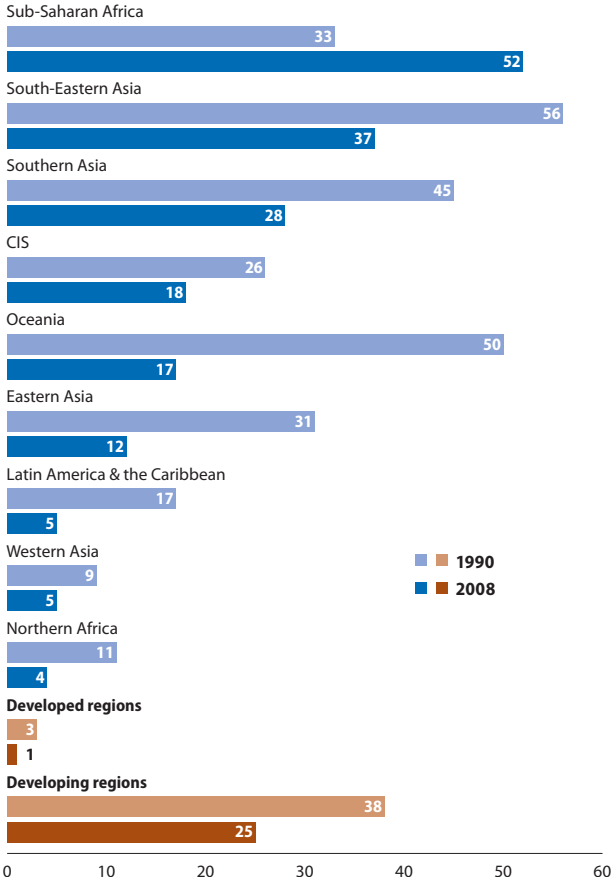
Number of tuberculosis cases per 100,000 population (prevalence) (including people who are HIV-positive), 1990 and 2008 (Percentage)



In 2008, tuberculosis prevalence was estimated at 11 million—equivalent to 164 cases per 100,000 people. This is a considerable drop from 2007, which largely reflects a shift in the methodology used in making estimates. Prevalence rates have been falling in all regions except CIS countries in Asia (where, after an initial decrease in the early 1990s, progress has stalled) and in sub-Saharan Africa.

Tuberculosis remains the second leading killer after HIV

Number of tuberculosis deaths per 100,000 population (excluding people who are HIV-positive), 1990 and 2008



Although more and more tuberculosis patients are being cured, millions will remain ill because they lack access to high-quality care. Tuberculosis remains second only to HIV in the number of people it kills. In 2008, 1.8 million people died from the disease, half of whom were living with HIV. Many of these deaths resulted from the lack of antiretroviral therapy.

Mortality rates from tuberculosis are falling in most regions except CIS countries in Asia, where they appear to be levelling off. In sub-Saharan Africa, mortality rates increased until 2003 and have since fallen, though they have yet to return to the lower levels of the 1990s. Halving mortality by 2015 in that region is highly unlikely due to the negative impact of the HIV epidemic. For the world as whole, reaching the targets established by the Stop TB Partnership—halving the 1990 prevalence and mortality rates by 2015—will be possible only if tuberculosis control efforts and funding for such efforts are sustained.