



FACT SHEET

GOAL 6: Combat HIV/AIDS, malaria and other diseases

QUICK FACTS

- » Every day, nearly 7,500 people are infected with HIV and 5,500 die from AIDS. Globally, an estimated 33 million people were living with HIV/AIDS in 2007.
- » The number of people living with HIV rose from an estimated 29.5 million in 2001 to 33 million in 2007. The vast majority of those living with HIV are in sub-Saharan Africa, where about 60 per cent of adults living with HIV in 2007 were women.
- » Malaria kills over 1 million people annually, 80 per cent of whom are children under five in sub-Saharan Africa. There continue to be between 350 million and 500 million cases of malaria worldwide each year.
- » An estimated 250 million anti-malaria insecticide-treated bed nets are required to reach 80 per cent coverage in sub-Saharan Africa. To date, the funds committed will provide only 100 million nets – less than one half of the requirement.

WHERE DO WE STAND?

Most countries are struggling to meet the Goal 6 targets of achieving universal access to treatment for **HIV/AIDS** by 2010 and of halting and reversing the spread of HIV/AIDS by 2015. Estimates of the number of people newly infected with HIV declined from 3 million in 2001 to 2.7 million in 2007. The number of infected individuals is expected to continue growing slowly in sub-Saharan Africa and to remain near current levels worldwide because of the life-prolonging effect of antiretroviral treatment and sustained population growth.

Access to antiretroviral therapy rose by 42 per cent in 2007 – an unprecedented scaling up – largely financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). By the end of 2007, the number of people receiving AIDS treatment in developing countries reached 3 million; however, that is only a fraction of the estimated 9.7 million people in need of treatment.

Prevention is 28 times more cost-effective than treatment. A comprehensive HIV prevention package could avert 29 million (or 63 per cent)

of the 45 million new infections expected to occur between 2002 and 2010, at an initial total cost of some \$4.2 billion annually. HIV prevention is critical to control the epidemic. In countries for which information is available, no more than 40 per cent of men and 36 per cent of women aged 15 to 24 understand how HIV is transmitted and how to prevent infection, well below the 95 per cent MDG target.

Between 75 and 85 of every 100 HIV-positive adults have been infected through unprotected sexual intercourse, with heterosexual intercourse accounting for over 70 out of every 100 cases globally. Recent evidence shows that sustained, intensive behaviour change programmes promoting increased use of condoms, delayed sexual initiation and fewer sexual partners are reducing HIV incidence.

International funding for anti-HIV/AIDS programmes in low and middle-income countries reached \$10 billion in 2007 – a tenfold increase in less than a decade. Yet, this sum falls short of the \$18 billion in assistance required annually to combat AIDS.

Progress has been made in **malaria** control interventions, particularly through the use of insecticide-treated mosquito bed nets, whose production worldwide jumped from 30 million in 2004 to 95 million in 2007. Coupled with increased resources, this has led to a rapid rise in the number of mosquito nets procured and distributed within countries. For example, UNICEF increased its procurement from 7 million in 2004 to nearly 20 million in 2007, and the Global Fund increased its distribution from 1.35 million in 2004 to 18 million in 2006. Earlier this year, the UN Secretary-General sounded a call to action to reach full coverage in Africa by 2010 to end malaria deaths.

Large increases in funding and attention to malaria have accelerated malaria control activities in many countries, thanks to international funding from key philanthropic, bilateral and multilateral sources, including the Bill and Melinda Gates Foundation, the United States President's malaria initiative, the Global Fund, the World Bank Global Strategy and Booster Program to Fight Malaria, and other partnerships.

In 2006, there were an estimated 1.7 million deaths due to **tuberculosis** and 14.4 million people infected with the disease, including approximately 9.2 million new cases. Success in eradicating

tuberculosis rests on early detection of new cases and effective treatment. The incidence of TB is expected to be halted and begin to decline before the target date of 2015.

Ensuring adequate access to essential drugs is a critical component of the prevention and treatment of infectious diseases, especially for **neglected tropical diseases**, which continue to affect 1 billion people among the world's poorest and whose crippling effects make these diseases perpetrators of poverty. To the extent that those drugs remain largely unaffordable for most residents of developing countries, the health MDGs will not be achieved.

Overall, since the adoption of the Millennium Declaration, official development assistance for health has more than doubled, from \$6.8 billion in 2000 to \$16.7 billion in 2006.

WHAT HAS WORKED

1. As a result of the expansion of antiretroviral treatment services, made possible by increased international funding, the number of people who die from AIDS has started to decline, from 2.2 million in 2005 to 2 million in 2007.
2. From 2005 to 2007, the percentage of HIV-positive pregnant women receiving antiretroviral drugs to prevent mother-to-child transmission (PMTCT) rose from 14 to 33 per cent. In this same period, the number of new infections among children fell from 410,000 to 370,000. Several countries such as **Argentina, the Bahamas, Barbados, Belarus, Botswana, Cuba, Georgia, Moldova, the Russian Federation and Thailand** have achieved close to universal access with more than 75 per cent coverage of PMTCT.
3. According to new data in the UNAIDS 2008 report on the global AIDS epidemic, there have been significant gains in preventing new HIV infections in a number of heavily affected countries. In **Rwanda and Zimbabwe**, changes in sexual behaviour have been followed by declines in the number of new HIV infections. Condom use is increasing among young people. Another encouraging sign is that young people are waiting longer to have sexual intercourse. This has been seen in seven of the most affected countries: **Burkina Faso, Cameroon, Ethiopia, Ghana, Malawi, Uganda and Zambia**. In **Cameroon** the percentage of young people having sex before the age of 15 has decreased from 35 to 14 per cent.
4. The Global Polio Eradication Initiative is the largest international public health effort in history. WHO, UNICEF, the United States Centers for Disease Control and Prevention, Rotary International, the Gates Foundation, the Global Alliance for Vaccines and Immunization and donor governments jointly collaborate on this initiative, which has led to a rapid decline in transmission of the wild polio virus. As a result, the number of countries where polio is still endemic has decreased to four as of 2007.

WHAT NEEDS TO BE DONE?

- » Implement a long-term multi-stakeholder, multi-sectoral and gender-sensitive approach, based on national AIDS plans.
- » Create closer linkages between HIV/AIDS interventions and sexual and reproductive health care to reduce unsafe sexual risk-taking behaviours, and reduce sexually transmitted infections, including HIV.
- » Increase access to both male and female condoms, which are the only currently available and effective ways to prevent HIV and other sexually transmitted infections among sexually active people.
- » Make sure all young people, who are at the centre of the epidemic, have the knowledge and means to prevent infection.
- » Ensure predictable and sustained funding to address the HIV/AIDS pandemic.
- » Scale up programmes for HIV prevention and ensure universal access to treatment for HIV/AIDS for women and men.
- » Develop sustainable national health systems, delivering quality services and retaining professional staff.
- » Develop primary healthcare systems to ensure universal coverage for essential health services, including for poor and underserved populations in rural areas and urban slums.
- » Promote mechanisms to substantially increase funding for research and development of essential drugs to treat tuberculosis, malaria, HIV/AIDS and other infectious diseases.
- » Fill critical funding gaps for the WHO strategy to combat tuberculosis (DOTS) programmes, and new research and development activities, including work on a vaccine.
- » Ensure adequate financing for key interventions under the Roll Back Malaria Partnership to end malaria deaths in Africa by 2010.
- » Take decisive action to control and treat neglected tropical diseases.
- » Commit additional funding for the global partnership for affordable essential drugs.

Sources: *Committing to action: Achieving the MDGs*, Background note by the Secretary-General for the High-level Event on the Millennium Development Goals, United Nations, New York, 25 September 2008; *The Millennium Development Goals Report 2008*, United Nations; United Nations MDG Database <http://mdgs.un.org>; *Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to the Millennium Development Goals*, Report of the Secretary-General, A/62/780; WHO website <http://www.polioeradication.org>. Commission on the Status of Women Report on the fifty-second session, United Nations, 2008, E/2008/27, E/CN.6/2008/11.

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