

# GOAL 6 Combat HIV/AIDS, Malaria and Other Diseases

**FACT SHEET** 

### **TARGETS**

- 1. Halt and begin to reverse, by 2015, the spread of HIV/AIDS
- 2. Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
- 3. Halt and begin to reverse, by 2015, the incidence of malaria and other major diseases

## **Quick Facts**

- \* Every day over 7,400 people are infected with HIV and 5,500 die from AIDS- related illnesses. HIV remains the leading cause of death among reproductive-age women worldwide.
- \* An estimated 33.4 million people were living with HIV in 2008, two thirds of them in sub-Saharan Africa.
- \* Access to HIV treatment in low- and middle-income countries increased ten-fold over a span of just five years.
- \* Malaria kills a child in the world every 45 seconds. Close to 90 per cent of malaria deaths occur in Africa, where it accounts for a fifth of childhood mortality.
- \* 1.8 million people died from tuberculosis in 2008, about 500,000 of whom were HIV-positive.

## WHERE DO WE STAND?

The global response to AIDS has demonstrated tangible progress toward the achievement of MDG 6. The number of new HIV infections fell steadily from a peak of 3.5 million in 1996 to 2.7 million in 2008. Deaths from AIDS-related illnesses also dropped from 2.2 million in 2004 to two million in 2008.

Although the epidemic appears to have stabilized in most regions, new HIV infections are on the rise in Eastern Europe and Central Asia. Globally, the number of people living with HIV is continuing to increase because of the combined effect of new HIV infections and the beneficial impact of antiretroviral therapy.

There are 17.5 million children who have lost one or both parents to AIDS. More than 80 per cent of them (14.1 million) are in sub-Saharan Africa.

**Knowledge about HIV** is the first step to avoiding its transmission. Yet less than one third of young men and only a fifth of young women in developing countries know basic facts about the virus. Although condom use has gained acceptance in some countries, global use remains low, especially among young adults in developing countries.

Antiretroviral treatment has expanded, but continues to be outpaced by HIV infection rates. When antiretroviral therapy

was launched in 2003, only 400,000 people were receiving it. By the end of 2009, more than five million people were on treatment. But for every two individuals starting HIV treatment each year, five are newly infected.

Access to antiretroviral therapy is particularly important for pregnant women, as most of the 2.1 million children under the age of 15 living with HIV were infected while in the womb, at birth or through breastfeeding. In 2008, 45 per cent of HIV-positive expectant mothers in low- and middle-income countries received treatment, up from 35 per cent in the previous year. In 2008 alone, over 60,000 HIV infections among at-risk babies were prevented because their HIV-positive mothers received treatment.

Half the world's population is at risk of malaria. There were an estimated 243 million cases of malaria in 2008, causing 863,000 deaths, 89 per cent of them in Africa. The disease is also a chief contributor to anemia among children and pregnant mothers.

## Major increases in funding have recently helped control malaria.

Global production of mosquito nets rose from 30 million to 150 million annually between 2004 and 2009. Artemisinin-based antimalarial medication has also become more readily available, though coverage varies sharply by country. External funding for malaria control has risen sharply in recent years, and reached \$1.5 billion in 2009 — still far short of the estimated \$6 billion needed in 2010 alone to meet the MDG target.

**Tuberculosis remains the second leading killer after HIV, but its prevalence is falling in most regions.** An estimated 11 million people suffered from tuberculosis in 2008. But the number of new cases fell from 143 to 139 per 100,000 people between 2004 and 2008. If the current trend continues, the MDG target of halting and beginning to reverse the incidence of tuberculosis will have been achieved since 2004. Rates have been falling in all regions except Asia, which accounts for 55 per cent of all new cases.

#### WHAT HAS WORKED?

- Providing free access to antiretroviral treatment in Botswana: Free universal access to antiretroviral treatment, combined with dietary information and supplements, helped increase life expectancy in Botswana by four years. In 2007, 79 per cent of those with advanced HIV infection received antiretroviral treatment, and the number of new cases of HIV infection in children declined five-fold between 1999 and 2007.
- Slowing new HIV infections among young people: In 15 of the most severely affected countries, including Cote d'Ivoire, Ethiopia, Kenya, Malawi, Namibia, Tanzania, Zambia and Zimbabwe, HIV prevalence among young people has fallen by more than 25 per cent, as young people are choosing to have sex later, have fewer partners and use condoms.
- Distributing insecticide-treated bed nets against malaria:
   Nearly 200 million nets were delivered to African countries by manufacturers during 2007-2009 enough for endemic African countries to cover more than half of their populations at risk of malaria.
- Controlling the incidence of tuberculosis in India: Annually, the disease kills an estimated 330,000 people in India. Since 1997, the Revised National Tuberculosis Control Programme has provided treatment to more than 11 million patients and saved more than two million lives. Tuberculosis mortality rates in the country dropped by 43 per cent between 1990 and 2008, and prevalence diminished by 44 per cent.
- Protecting families from malaria, measles and polio in Togo: In 2004, Togo launched an integrated public health campaign. Immunization against measles and polio was combined with the distribution of free insecticide-treated bed nets, vitamin A supplements and parasite medication. By 2008, 71 per cent of targeted households had a bed net and close to one million children had benefited from treatment for parasites.

#### WHAT IS THE UN DOING?

- The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together the efforts and resources of ten cosponsoring UN System organizations to assist countries with technical support in the implementation of their national AIDS plans.
- The UN Children's Fund (UNICEF), the World Health Organization (WHO), the UN Population Fund (UNFPA) and UNAIDS have helped countries scale up programmes for the prevention of mother-to-child transmission of HIV, including through training, guidance and technical support to access Global Fund resources.
- In Burkina Faso, the UN Development Programme (UNDP) provides regular support to nearly 36,000 people living with HIV. Patients receive home visits, meals and assistance to set up small-scale enterprises. Three million people have been engaged in prevention activities over the last five years.
- In Viet Nam, UNFPA is supporting an initiative by the Ministry of Education and Training to empower secondary-school students to protect themselves against HIV infection through a nationwide integrated reproductive health and HIV prevention curriculum.
- Through the UN Foundation's Nothing but Nets campaign, the U.S. President's Malaria Initiative, the Canadian Red Cross, WHO, UNICEF, and Malaria No More, 2.8 million insecticide-treated bed nets were distributed in Mali, covering 95 per cent of all children under five.
- The Office of the UN High Commissioner for Human Rights (OHCHR), in partnership with UNAIDS and UNDP, has developed a Handbook on HIV/AIDS and Human Rights for national human rights institutions.
- The UN Educational, Scientific and Cultural Organization (UNESCO) leads the Global Initiative on Education and HIV & AIDS (EDUCAIDS), which assists countries in planning and implementing comprehensive responses that address the effects of the pandemic on their education systems.

Sources: The Millennium Development Goals Report 2010, United Nations; UN MDG Database (mdgs.un.org); UNAIDS Outlook Report 2010 (July 2010); World Health Organization (WHO); MDG Monitor Website (www.mdgmonitor.org); What Will It Take to Achieve the Millennium Development Goals? – An International Assessment 2010, UN Development Programme (UNDP); MDG Good Practices 2010, UN Development Group; United Nations Population Fund (UNFPA); Office of the UN High Commissioner for Human Rights (OHCHR); UN Educational, Scientific and Cultural Organization (UNESCO); Office of the UN Secretary-General's Special Envoy for Malaria.

For more information, please contact **mediainfo@un.org** or see www.un.org/millenniumgoals.