

Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases

The large majority of **HIV sufferers** live in just six countries. Adult HIV victims in the region are mainly men. In Lao People's Democratic Republic (Lao PDR), over 90% of those living with HIV **have access to antiretroviral drugs**. In most other countries, less than 30% of those who need them currently have access to antiretroviral drugs. Most economies have been very successful in reducing the prevalence of **tuberculosis**, but prevalence rates are rising in seven Central and West Asian economies although the rates are still quite low.

Introduction

Goal 6 has three targets:

- 6.A: *Have halted by 2015 and begun to reverse the spread of HIV/AIDS.* This is targeted at the age 15–24 group but for most economies, comparable data on HIV prevalence are available only for those aged 15–49 years. Time series are currently too short to assess if this target will be met.
- 6.B: *Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.* This is a new target introduced in the revised MDG framework.
- 6.C: *Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.*

Key Trends

HIV is mainly a man's disease in Asia. Figure 6.1 shows the total number of persons over 15 years living with HIV and the breakdown by gender. Most of the HIV victims in the region are living in just six countries—the People's Republic of China (PRC), India, Indonesia, Myanmar, Thailand, and Viet Nam. Adult HIV victims in Asia are primarily men. The averages for all countries are 65% for men and 35% for women, but percentages about 40% for women are reported by India, Thailand, Myanmar, Papua New Guinea, and Sri Lanka.

Antiretroviral drugs need to be more accessible. Figure 6.2 shows the percentage of those living with advanced HIV infection that have access to antiretroviral drugs. MDG target 6.B is for all those who need it to have access to these drugs. Only Lao People's Democratic Republic (Lao PDR) is near to meeting this target, although as Figure 6.1 shows, Lao PDR has a relatively small HIV population—about 5,000. Among the six economies where most of Asia's HIV sufferers live, Thailand does best by providing treatment to about 60% but in PRC, Indonesia, Myanmar, and Viet Nam, less than 30% of HIV sufferers are receiving antiretroviral drugs. For almost all countries, the 2007 percentages are higher than for 2006 and Cambodia, Malaysia, and Thailand reported particularly large gains in 2007.

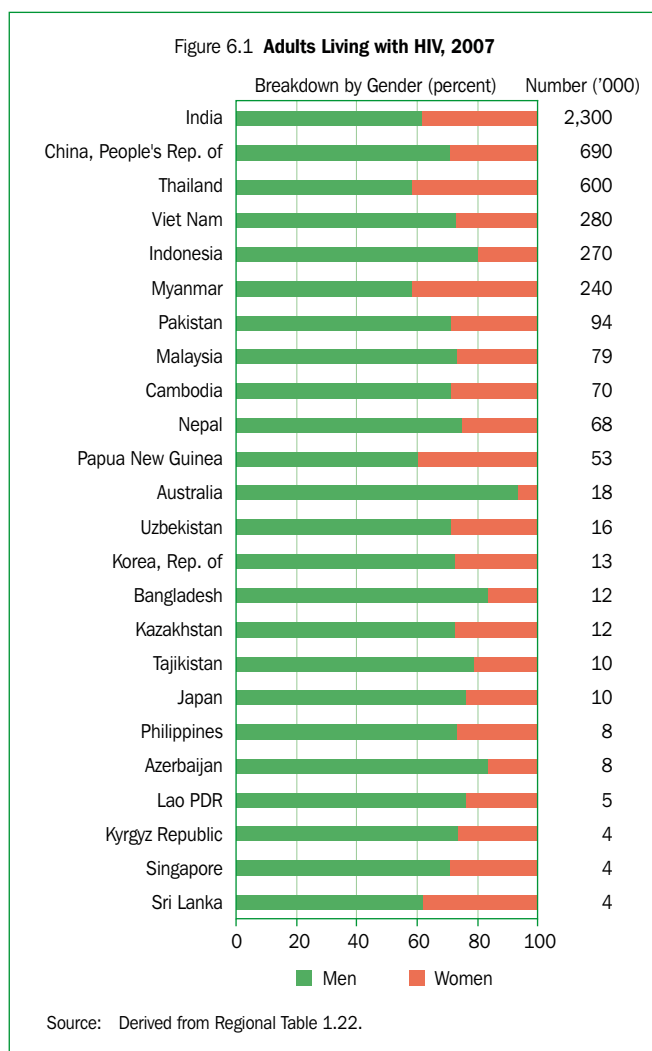
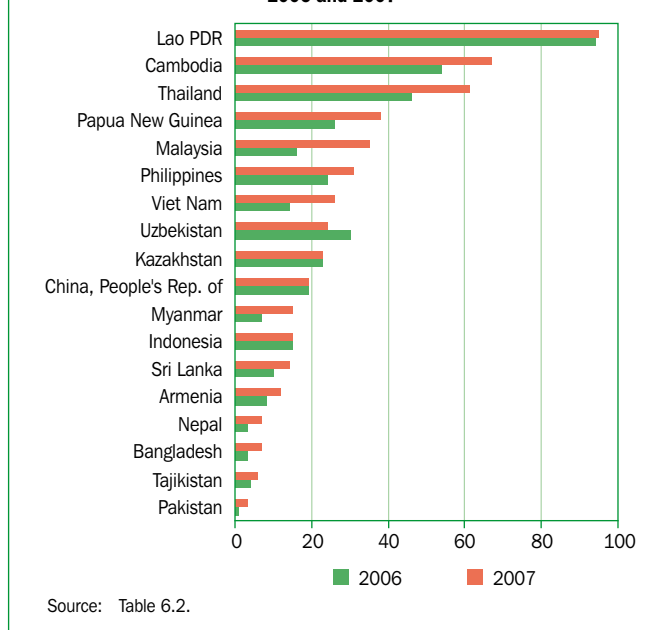


Figure 6.2 Percentage of the Population with Advanced HIV Infection with Access to Antiretroviral Drugs, 2006 and 2007

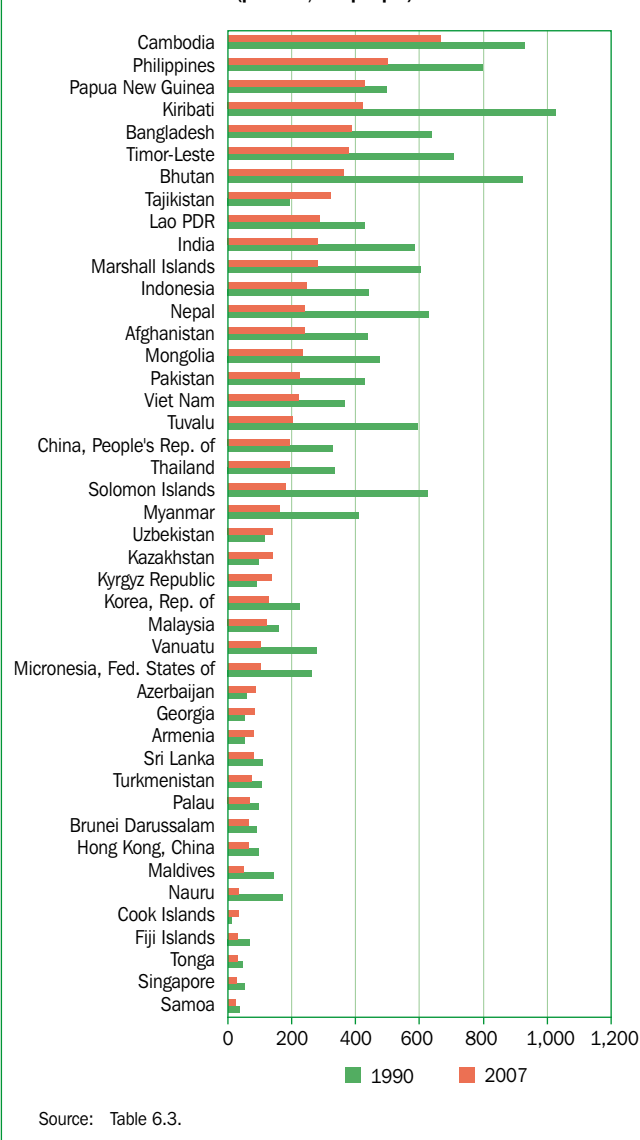


The prevalence of tuberculosis has been greatly reduced. Figure 6.3 shows the prevalence of tuberculosis per 100,000 inhabitants for 44 economies. “Prevalence” refers to the total number of persons with the disease, many of whom may have been suffering from tuberculosis for several years. Tuberculosis is one of the major diseases targeted by MDG target 6.C. In 36 economies, tuberculosis prevalence rates were lower in 2007 compared with those in 1990. Particularly large reductions were achieved by five Pacific economies (Kiribati, Marshall Islands, Solomon Islands, Timor-Leste, and Tuvalu) and by Bhutan, India, Nepal, and Philippines.

However, seven economies in Central and West Asia namely, Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyz Republic, Tajikistan, and Uzbekistan reported increased prevalence, although the increases were

generally small. The rise in prevalence of tuberculosis may reflect some deterioration in health services following the collapse of the former Soviet Union.

Figure 6.3 Prevalence of Tuberculosis, 1990 and 2007 (per 100,000 people)



Data Issues and Comparability

Data on prevalence of HIV/AIDS generally come from various sources covering particular subgroups of the population. Infection rates may be under-reported in several countries because of the stigma attached to the disease. Also, persons with HIV/AIDS are particularly susceptible to various opportunistic diseases, and they may instead be reported as infected by only the opportunistic disease.

Data to compute the proportion of population with advanced HIV infection with access to antiretroviral drugs are derived from various sources such as ministries of health, bilateral partners, foundations, and nongovernment organizations, and statistical modeling methods. However, the indicator does not distinguish between the different types of treatments available.

Data on the prevalence of tuberculosis are typically derived from demographic and health surveys as administrative records may be incomplete. These are not generally repeated annually and may only cover particular target groups. They often have to be extrapolated to adjoining years and to the whole population.