

Goal 6. Combat HIV/AIDS, malaria and other diseases

6.1. Introduction

Goal 6 refers to prevention and treatment of communicable diseases which can be halted or reduced through actions for effective detection and control.

Targets 6.A and 6.B refer to halting spread and treatment of HIV/AIDS while Target 6.C considers reduction of malaria and other major diseases.

All three Targets include 10 indicators to measure progress made by countries by 2015.

Consolidated List of Targets and Indicators Goal 6		
Type of Indicator	N°	Name of the Indicator
Target 6.A. Have halted by 2015 and begun to reverse the spread of HIV/AIDS		
Official	6.1	HIV prevalence among population aged 15-24 years
Official	6.2	Condom use at last high-risk sex
Official	6.3	Proportion of the population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
Official	6.4	Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
Target 6.B. Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it		
Official	6.5	Proportion of the population with advanced HIV infection with access to antiretroviral drugs
Target 6.C. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases		
Official	6.6	Incidence and death rates associated with malaria
Official	6.7	Proportion of children under-five sleeping under insecticide-treated bednets
Official	6.8	Proportion of children under-five with fever who are treated with appropriate anti-malarial drugs
Official	6.9	Incidence, prevalence, and death rates associated with tuberculosis
Official	6.10	Proportion of tuberculosis cases detected and cured under directly observed treatment short course

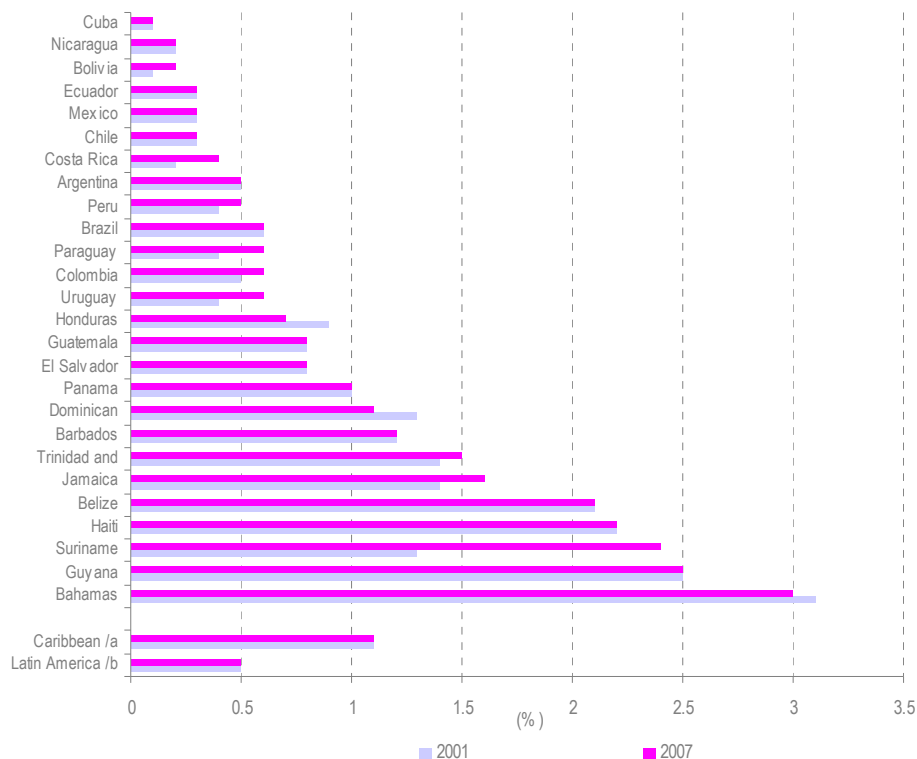
6.2. Regular Progress Report on MDG 6 in Latin America and the Caribbean

Epidemic of AIDS in the countries of the region

HIV pandemic continues to be one of the most important challenges for public health worldwide in terms of communicable diseases. According to the latest "Report on the World Epidemic of AIDS" for 2007, 33 million people live with HIV, where Sub-Saharan Africa is the most severely affected region due to a yet inappropriate access to services for preventing and treating HIV (ONUSIDA, 2008¹).

According to the United Nations Joint Program on HIV/AIDS, the epidemic of HIV in Latin America is in general terms stable, and new 100,000 HIV infections are projected for 2007, raising the total number of people living with HIV to 1.6 million for the same year (ONUSIDA, 2008²).

Chart 1 (indicator 6.1)
HIV prevalence among population aged 15-49
 Latin American and Caribbean countries 2001, 2007
 (percentage of prevalence)



Notes:

/a Regional country grouping used by UNAIDS, which comprises in the Caribbean the following countries: Bahamas, Barbados, Cuba, Dominican Republic, Haiti, Jamaica, Trinidad and Tobago.

/b Regional country grouping used by UNAIDS, which comprises in Latin America the following countries: Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay and Venezuela.

Source: ECLAC on the basis of: UNAIDS, UNICEF and WHO. 2008 Report on the global AIDS epidemic.

¹ ONUSIDA, United Nations Joint Program on HIV/AIDS (2008). Report on World Epidemic of AIDS. Geneva, ONUSIDA.

² ONUSIDA, United Nations Joint Program on HIV/AIDS (2008), op. cit.

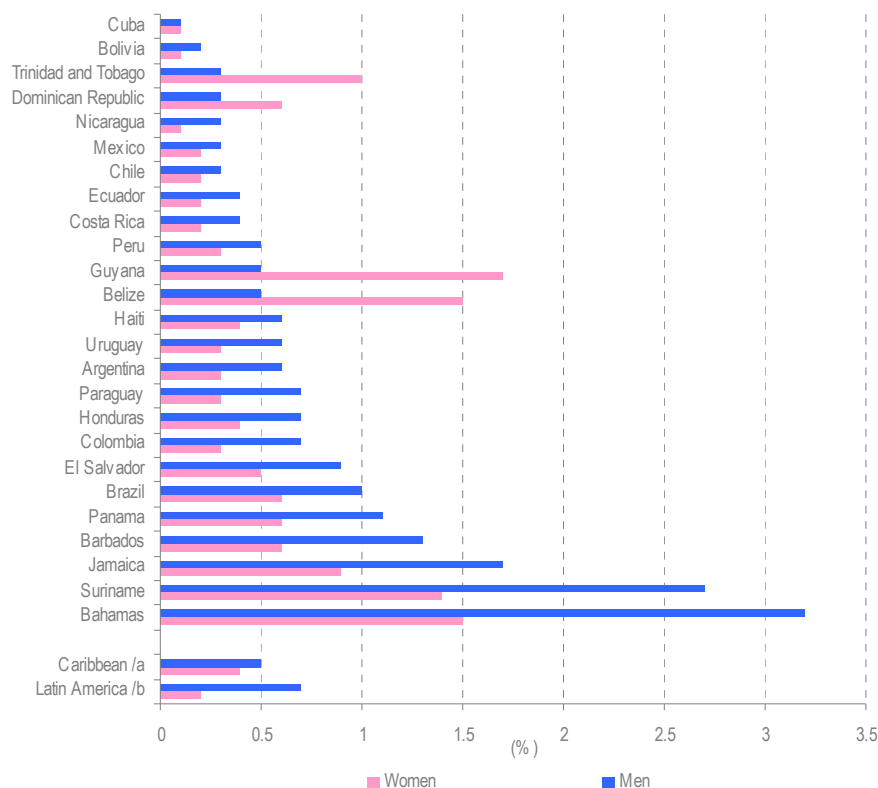
A more worry-some situation is observed in the Caribbean countries where HIV prevalence in adult population is particularly high (Bahamas, Guyana, Haiti, Belize), altogether amounting to a rate of 1.1%

Most countries of the region HIV prevalence has been stable in population aged 15-49 with the exception of Honduras, Bahamas, and Dominican Republic where a decrease is observed in 22.2%, 15.4%, and 3.2%, respectively for the period between 2001 and 2007.

In regard to HIV prevalence data in young population by 2007, HIV prevalence in most countries tends to be higher among men than women of the same age with the exception of Guyana, Belize, Trinidad and Tobago, and Dominican Republic, where HIV prevalence in women almost doubles when compared to men.

In countries showing greater prevalence, the effect of HIV/AIDS in mortality is higher and results in a decrease in life expectation average thus entailing a regress in progress already achieved (United Nations, 2005³).

Chart 2 (indicator 6.1)
HIV prevalence among population aged 15-24
 Latin American and Caribbean countries, 2007 (women and men)
 (percentage of prevalence)



Notes:

/a Regional country grouping used by UNAIDS, which comprises in the Caribbean the following countries: Bahamas, Barbados, Cuba, Dominican Republic, Haiti, Jamaica, Trinidad and Tobago.

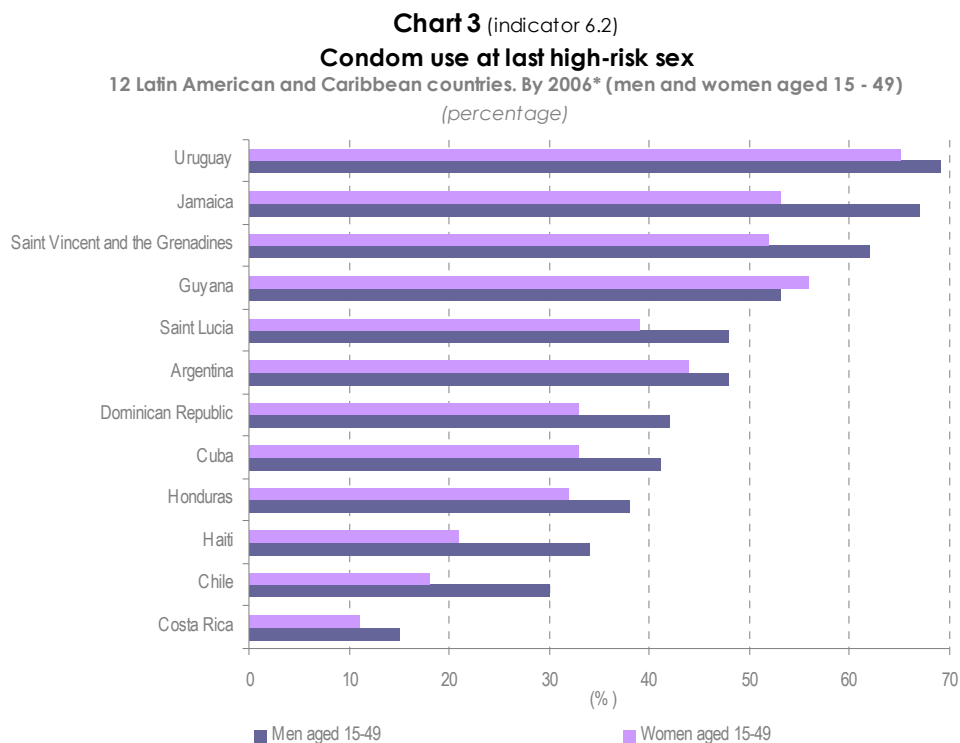
/b Regional country grouping used by UNAIDS, which comprises in Latin America the following countries: Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay and Venezuela.

Source: ECLAC on the basis of: UNAIDS, UNICEF and WHO. 2008 Report on the global AIDS epidemic.

³ United Nations (2005). The Millennium Development Goals: A Latin America and the Caribbean perspective. Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC).

Unprotected sex is the main factor of risk in most countries of the region, and according to different reports it has become the primary channel of transmission of the disease particularly in the homosexual population (especially in Central American countries) as well as in the heterosexual population.

Other factors of risk are early age when having sex, multiple sexual partners, adolescent pregnancy, addiction to drugs, and other sexually transmitted diseases which significantly increase the likelihood of infection during intercourse.



Notes:

*Data is reported by the countries and comes from Household surveys conducted in the following years: Jamaica 2004; Argentina, Guyana 2005; Costa Rica, Cuba, Chile, Haiti, Honduras, San Vincent and the Grenadines 2006; Dominican Republic, Saint Lucia, Uruguay 2007.

Source: ECLAC on the basis of: UNAIDS, UNICEF and WHO. 2008 Report on the global AIDS epidemic.

There is consensus that systematic use of condoms when practicing sex with non-customary partners reduces the risk of being infected with HIV by sexual transmission. This is one among different mechanisms to reduce the risk of contracting HIV. It is in particular important for young people who frequently have the highest rates of HIV infection as they have a lower previous exposure to the infection and (in general) have a rather higher number of casual sexual partners (UN, Handbook⁴)

While information in the countries of the region in this regard is scarce, data show different realities for the countries. The percentage of use of preservative is higher in men, e.g. in Chile and Honduras the rate does not reach 30%.

⁴ United Nations (Indicators for Monitoring the Millennium Development Goals: Definitions, Rationale, Concepts and Sources. UNDP, NY.

Table 1 (indicator 6.3)
Proportion of population aged 15 - 24 years with comprehensive correct knowledge of HIV/AIDS
10 Latin American and Caribbean countries
(percentage)

	2000 - 2006 Men	2000 - 2006 Women	Year reported
Brazil	66.8	67.4	2004
Jamaica	-	59.8	2005
Trinidad and Tobago	-	54	2006
Guyana	47.3	52.6	2005
Cuba	-	52	2000
Suriname	-	41	2006
Dominican Republic	-	36.1	2006
Haiti	40.4	31.9	2005
Honduras	-	29.9	2005
Bolivia	18	15	2003

Source: ECLAC on the basis of UNICEF, United Nations Children's Fund, The State of the World's Children 2008. Child Survival.

Risky behavior in population is mostly due to lack of accurate and complete information about how to prevent exposure to the virus. This indicator reflects the success national information, education, and communication programs have, as well as other initiatives aiming to promote awareness of methods that are valid in the prevention of HIV and in reducing misconceptions about the disease.

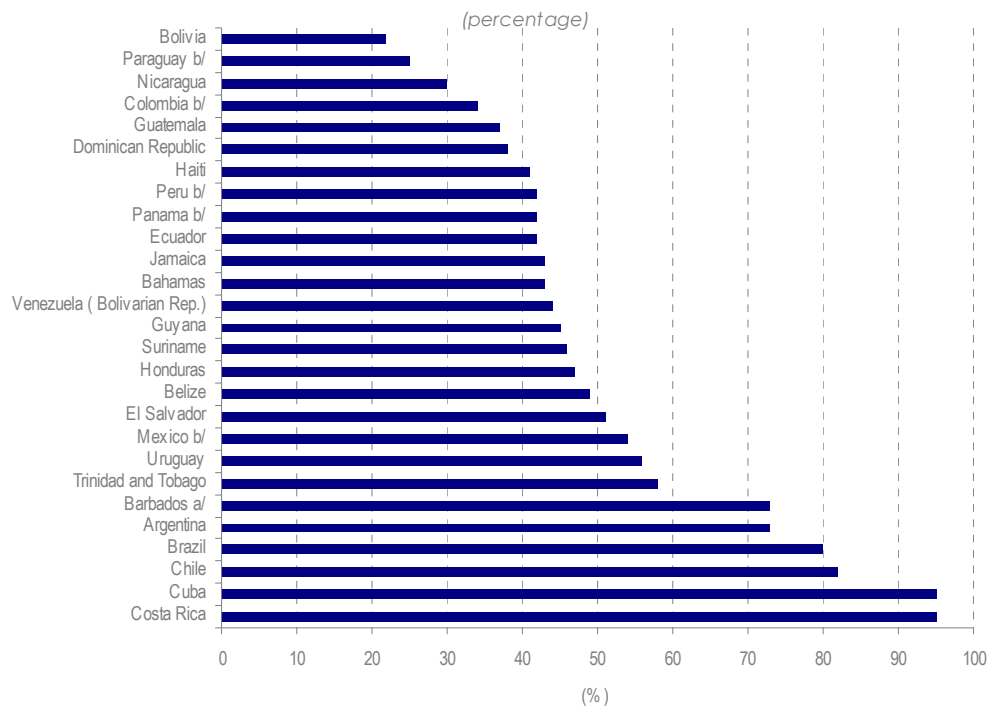
While young people aged 15-24 represents 45% of all new HIV infections in adults, many of these young people still lack proper knowledge. For instance, data show that in Bolivia barely 18% of men and 5% of women aged 15-24 have an accurate and comprehensive knowledge of HIV and about ways to prevent transmission (ONUSIDA, 2008⁵).

Prevention of new HIV infections seems to be essential in reversing the course of the epidemic. While access to treatment has gradually growth in recent years, efforts to ensure sound activities in HIV prevention are still lagging behind. Nevertheless, 87% of the countries that have the Goal of universal access have set objectives for HIV treatment, and only barely over half have existing objectives set for fundamental strategies for HIV prevention (ONUSIDA 2008⁶).

⁵ ONUSIDA, United Nations Joint Program on HIV/AIDS (2008), op. cit.

⁶ ONUSIDA, United Nations Joint Program on HIV/AIDS (2008), op. cit.

Chart 4 (indicator 6.5)
Proportion of the population with advanced HIV infection with access to antiretroviral drugs*
 Latin American and Caribbean countries, 2007



Notes:

a/ Different source (reported value to UNAIDS)

b/ Values conciled among UNAIDS, WHO and UNICEF through consultation with countries.2006 data

Source: ECLAC on the basis of: UNAIDS, UNICEF and WHO. 2008 Report on the global AIDS epidemic.

Data from countries of the region show that in only 6 out of the 27 countries for which information is available more than 70% of the population severely infected has access to treatment using antiretroviral drugs. In Bolivia, Paraguay, and Nicaragua the population who have access to treatment do not reach 30%.

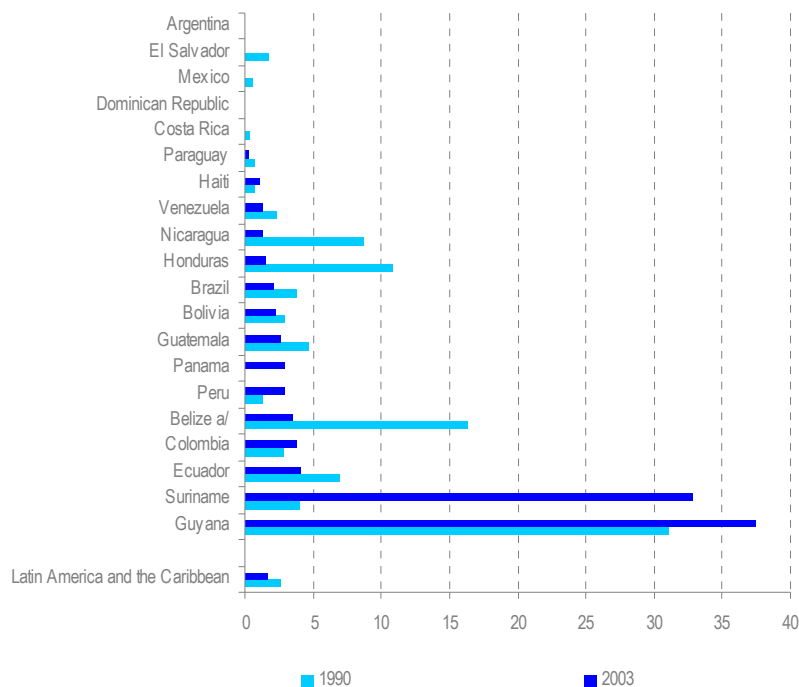
Incidence of Malaria in the countries of Latin America and the Caribbean

Malaria and tuberculosis are also treatable and preventable diseases which affect the health and economic wellbeing of the poorest communities in the world.

Chart 5 (indicator 6.6)
Incidence and death rates associated with malaria

Latin American and Caribbean countries 1990, 2003

(cases reported by every 1,000 inhabitants)



Notes:

/a 2003 data pertains to year 2002.

Source:ECLAC on the basis of UNICEF, WHO World Malaria Report, 2005. <http://www.rbm.who.int>.

Population data: CELADE: Centro Latinoamericano y Caribeño de Demografía, Population Division ECLAC: 2006 Revision. Population database

Incidence of malaria in Latin America and the Caribbean is much lower than in most affected regions in the world. Communication of malaria is present in 9 countries of the region. These countries share the Amazon forest. In addition to this, 8 countries in Central America and the Caribbean have the disease, totaling 21 countries where the disease is endemic (United Nations, 2008⁷). The Report of Malaria in the world states that much progress has been made with the introduction of prevention and treatment programs for most affected people by this devastating disease in the last four or five years (UNICEF – OMS, 2005⁸).

According to 2003 data, most countries of the region have reduced the rate of incidence associated to malaria since 1990, and Nicaragua, Honduras, and Belize achieved a remarkable decrease in the rate of incidence. On the other hand, the situation of Guyana and Surinam is of high concerns with an incidence rate exceeding 30%. This is a situation that has grown steadily in recent years.

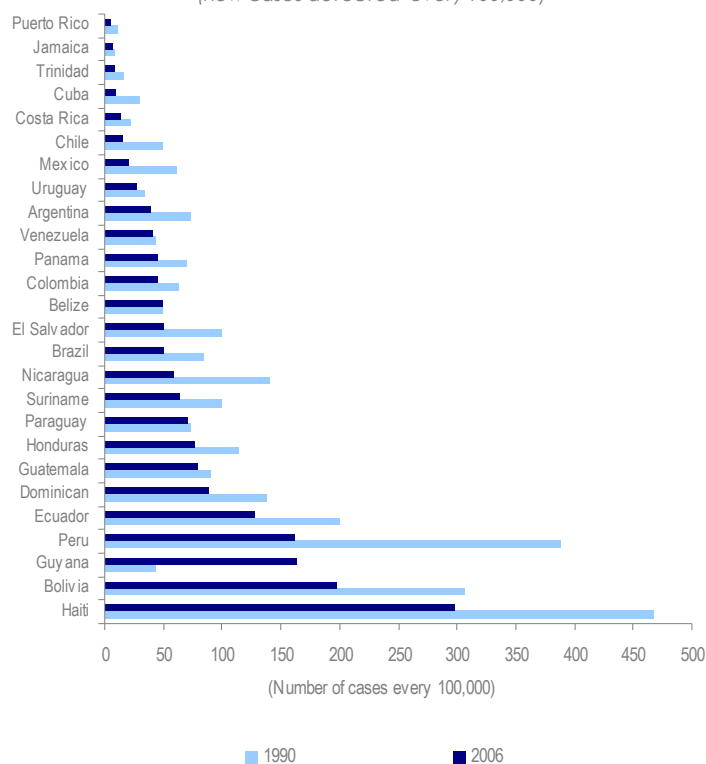
⁷ United Nations (2008). Millennium Development Goals. Progression towards the right of health in Latin America and the Caribbean. Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC).

⁸ UNICEF, WHO (2005). Report of Malaria in the world 2005.

Incidence, prevalence, and mortality by Tuberculosis in Latin America and the Caribbean

The incidence of tuberculosis, like malaria, has been reduced since 1980 and this trend is expected to continue until 2015. In 2006, the Latin American and the Caribbean countries reported 209,000 new cases of people in productive age affected, in particular men. The situation entailed a severe economic impact on the families and the society as a whole (United Nations, 2008⁹).

Chart 6 (indicator 6.9a)
Incidence rate associated with tuberculosis
 Latin American and Caribbean countries, 1990, 2006
 (new cases detected every 100,000)



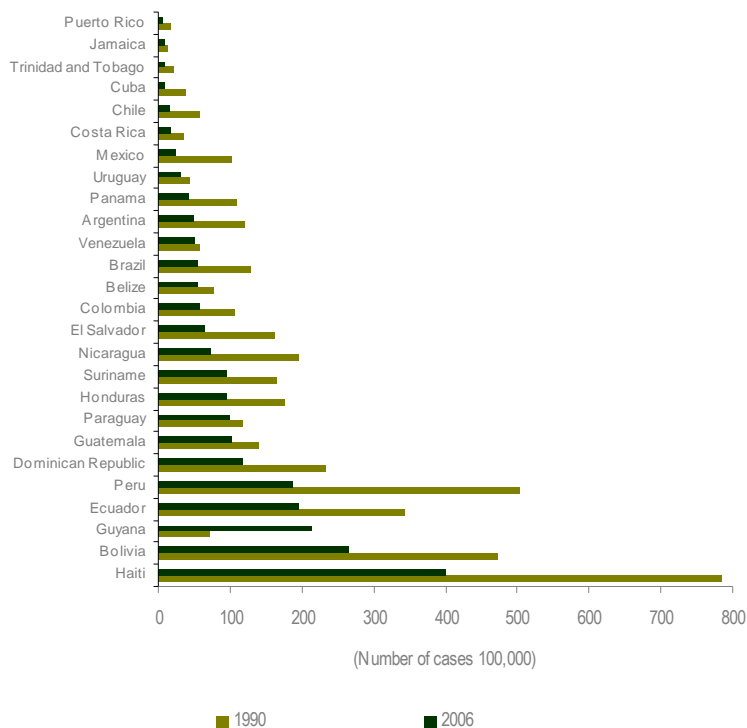
Source: ECLAC on the basis of WHO, World Health Organization. Global Tuberculosis on-line database. Information download: August, 2008.

The decrease of tuberculosis in the countries of the region is due to effective actions to control the disease in countries having successful national programs that have a long history of controlling the disease. From 1996 to 2005 the decrease was favored by the application -and successful extension- of the strategy of abbreviated treatment and strict supervision, also known as TAES, or through the directly observed treatment short course (DOTS) which improved control, especially in countries where resources are scarce and there is high prevalence. Consequently by 2006 a number of countries reached the international goals of 70% detection of existing cases of contagious tuberculosis as well as to successfully treat 85% of such cases (United Nations, 2008¹⁰)

⁹ United Nations (2008). Op. cit.

¹⁰ United Nations (2008). Op. cit.

Chart 7 (indicator 6.9b)
Prevalence rate associated with tuberculosis
 Latin American and Caribbean countries, 1990, 2006
 (existing cases every 100,000)

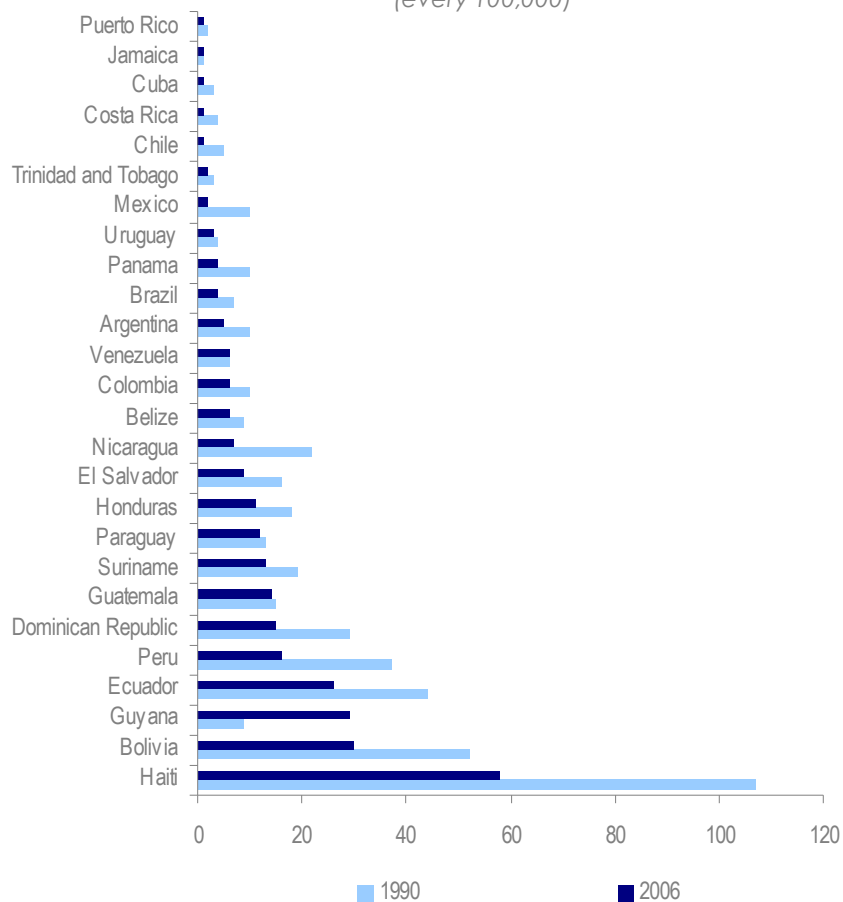


Source: ECLAC on the basis of WHO, World Health Organization. Global Tuberculosis on-line database. Information download: August, 2008.

Along with progress made in tuberculosis detection and treatment, prevalence and associated mortality have also decreased. According to estimates from WHO's Global Program on monitoring and control of Tuberculosis, in 2006 the Americas reduced in half the prevalence when compared to 1990, from 96 to 44 for every 100,000 inhabitants, and mortality in 44%, from 9 to 5 for every 100,000 inhabitants, which is closer to the Goal of MDGs consisting of reducing prevalence and mortality rate of tuberculosis in 50% when compared to 1990 (United Nations, 2008¹¹)

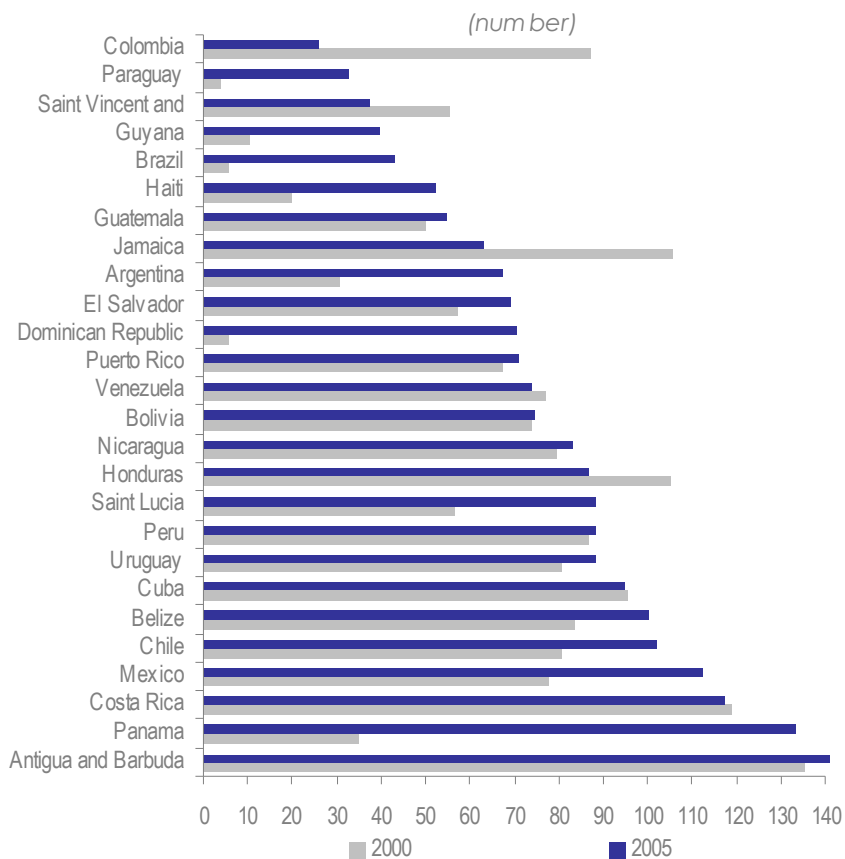
11 United Nations (2008). Op. cit.

Chart 8 (indicator 6.9c)
Death rate associated with tuberculosis
Latin American and Caribbean countries, 1990, 2006
(every 100,000)



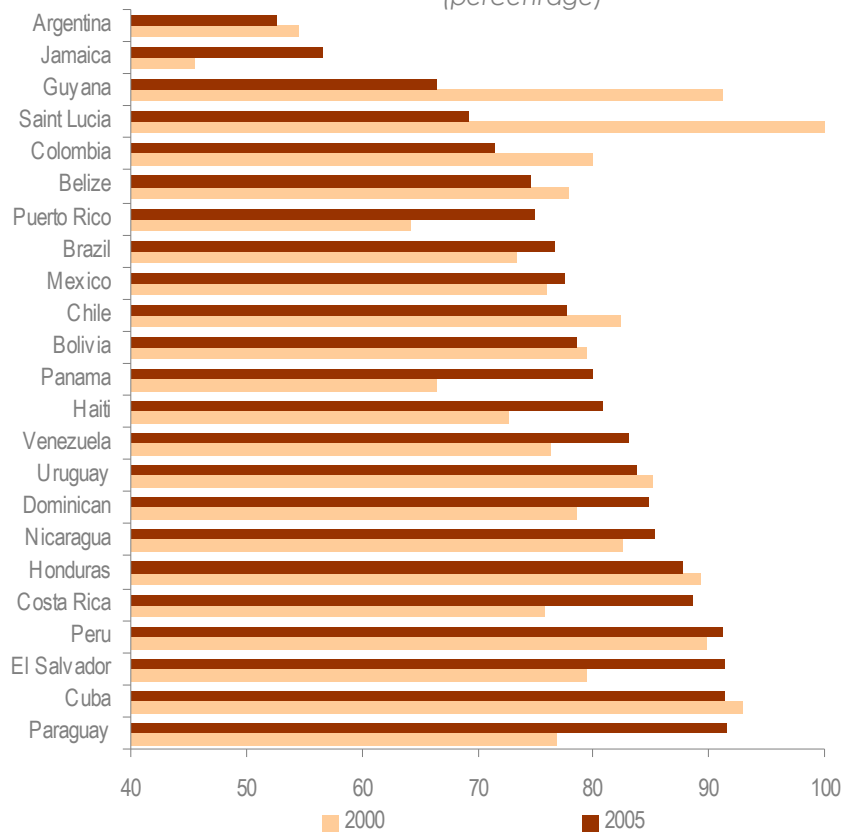
Source: ECLAC on the basis of WHO, World Health Organization. Global Tuberculosis on-line database. Information download: August, 2008.

Chart 9. (indicator 6.10)
Cases of tuberculosis detected using DOTS
Latin American and Caribbean countries, 2000, 2006



Source: ECLAC on the basis of United Nations Statistics Division. Millennium Development Goals Indicators. Information download: August, 2008.

Chart 10. (indicator 6.10)
Proportion of tuberculosis cases cured with DOTS
Latin American and Caribbean countries, 2000, 2006
(percentage)



Source: ECLAC on the basis of United Nations Statistics Division. Millennium Development Goals Indicators. Information download: August, 2008.