Strengthening the response to HIV and AIDS: Helping make the MDGs a reality

In the year 2000, world leaders assembled at the United Nations to identify an action agenda for the new millennium. The agenda agreed to by all the world’s countries and leading development institutions included a set of ambitious development targets – the Millennium Development Goals (MDGs). The eight goals were crafted to significantly reduce all dimensions of extreme poverty by 2015. As HIV had inflicted the single greatest reversal in human development (UNDP, 2005), it was clear that the response to the pandemic would be central to the agenda’s success and, specifically, to the success of MDG 6, which expressly called on the world community to halt and begin to reverse the spread of HIV by 2015.

Halfway to the 2015 deadline, there are encouraging signs of progress on several fronts. Severe poverty and child mortality have declined, more children are in school, and important progress has been made in fighting malaria and tuberculosis (United Nations, 2007).

However, the continued spread of HIV puts the international development agenda as a whole in peril. Indeed, without major progress in meeting MDG 6, many countries are unlikely to achieve the other MDGs.

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**Millennium Development Goals**

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The Millennium Development Goals can be achieved if immediate steps are taken to implement existing commitments. Reaching our goals for development around the world is not only vital to building better, healthier and decent lives for millions of people, it is also essential to building enduring global peace and security.

Ban Ki-moon, secretary general, United Nations

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This brief examines the critical role of the response to HIV in advancing the MDGs. Unless the world makes good on its commitment to move toward universal access to HIV prevention, treatment, care and support (United Nations General Assembly, 2006) it is much less likely to achieve the reductions in poverty, hunger, maternal mortality and morbidity and child mortality that the MDGs envision. It is similarly vital that the world community buttress the HIV response with better tools and technologies to prevent HIV transmission, including a safe, effective, and affordable preventive vaccine.

**HIV deepens poverty and hunger**

The pandemic undermines the push to meet MDG 1, which sets a target to halve the number of people living on less than US$1 per day. Sub-Saharan Africa, the world’s poorest region, accounts for nearly 70% of the world’s people living with HIV (UNAIDS, 2008). In Botswana, a case of HIV infection results in an average 10% decline in household earnings, with average income losses nearly twice as great in the poorest households (Greener, 2004). At the same time that HIV lowers household income, the disease typically increases household expenses for medical care, nutrition, and other items (International Treatment Preparedness Coalition, 2007). With reduced income and increased expenses, poor households have little choice but to forego spending on other critical items, such as food and education. While the pandemic’s impact on poverty is most acute in Africa, studies have projected that the epidemic will significantly slow poverty reduction in Cambodia, India, and Thailand, even though HIV prevalence there is only a fraction of the levels seen in Africa (UNAIDS, 2008).

MDG 1 also aims to halve hunger by 2015, but HIV imperils progress on this front as well. In Rwanda, a death in a rural household is associated with an 18% decline in average household bean production (Donovan et al., 2003).

**Figure 1**

Number of people receiving antiretrovirals in low- and middle-income countries, 2002—2007


**Status of the Global HIV Epidemic**

As of December 2007, an estimated 33 million people were living with HIV. In 2007 alone, 2.7 million people became newly infected, and more than 2 million people died of HIV-related causes (UNAIDS, 2008).

Meaningful progress has been made in recent years in responding to the global HIV epidemic. In 2007, 3 million people in low- and middle-income countries were receiving antiretroviral drugs – a 42% increase in coverage over 2006 (WHO et al., 2008).

However, the pandemic continues to outpace the response. Even with recent increases in treatment coverage, 70% of people needing treatment in 2007 went without. Efforts to increase treatment access continue to be hampered by weaknesses in national health systems, uncertain financing for HIV treatment, and insufficient integration of HIV with other aspects of health care delivery (WHO et al., 2008). For every two people placed on antiretroviral treatment in 2007, five people became newly infected with the virus (UNAIDS, 2008), underscoring the urgent need to strengthen HIV prevention and treatment efforts.
**HIV threatens children’s potential**

The MDGs call for concerted action to promote the health and well-being of children. MDG 2 recognizes that education is vital to the future of children, and MDG 4 aims to reduce under-five mortality by two-thirds by 2015.

Although global rates of primary education have increased (World Bank, 2008), HIV is undermining this progress. More than 12 million children under age 18 in sub-Saharan Africa alone have lost one or both parents to HIV (UNICEF et al., 2008). According to a recent survey of 56 countries, orphans are 12% less likely to attend school than non-orphans (UNICEF, 2008).

Many children never reach school-age because they themselves become infected with HIV. Approximately 400,000 children under age 13 become newly infected each year, the vast majority as a result of mother-to-child transmission (UNAIDS, 2008). Coverage of services to prevent mother-to-child transmission rose from 14% in 2005 to 34% in 2007 – a significant improvement, yet still far shy of the target of 80% (UN Secretary General, 2008).

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**Figure 2**

Estimated number of children under 18 orphaned by AIDS in sub-Saharan Africa (1990-2007)


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There is an urgent need to help children affected by HIV by preventing mother-to-child transmission, providing access to HIV treatment, preventing new HIV infections and supporting children orphaned or made vulnerable by HIV/AIDS.
Without antiretroviral treatment, half of HIV-infected infants will die before the age of two (Newell et al., 2004; Marston et al., 2005). Although pediatric antiretroviral access rose by 70% from 2005 to 2006 (UNICEF et al., 2008), children living with HIV remain only about one-third as likely to receive antiretrovirals as HIV-infected adults (Prendergast et al., 2007). Scaling up children’s access to treatment is hampered by difficulties in diagnosing HIV infection in newborns, suboptimal utilization of postnatal services, and inadequate access to antiretroviral drugs (and drug combinations) that are appropriate for children (UNAIDS, 2008).

**HIV slows progress for women**

The MDGs recognize that gains in international development require sustained progress in reducing gender inequality, empowering women, and improving women’s health and well-being. MDG 3 explicitly aims to promote women’s equality and empowerment. However, HIV is placing extraordinary burdens on women and girls. Women represent half of all people living with HIV, including more than 60% in sub-Saharan Africa, and HIV prevalence is significantly higher among adolescent African girls than boys.

Attaining the MDGs will require sustained progress in reducing gender inequality, empowering women, and improving women’s health and well-being.
(UNAIDS, 2008). Women bear the lion’s share of HIV-related care-taking in low-income countries, and women who are widowed as a result of HIV risk, ostracism, loss of marital property, and destitution in many countries (UNAIDS, 2008). Gender inequality is a primary factor in women’s vulnerability to HIV in many regions. For example, the risk of contracting HIV is up to three times greater among women who have experienced gender-based violence (UNAIDS, 2008).

The HIV response is accelerating efforts to promote gender equality and women’s empowerment, including by motivating increased investment in community-based programs to generate norms of gender equality among men and boys (WHO, 2007). The emphasis on gender equality in the global HIV response aims to mitigate gender disparities in health care access and health outcomes. Globally, antiretroviral coverage is comparable for men and women, although coverage for men is higher in some countries with concentrated epidemics (UNAIDS, 2008).

HIV worsens other leading infectious diseases

In addition to focusing on the HIV pandemic, MDG 6 calls for progress in curbing the spread and mitigating the impact of malaria and other diseases. Yet HIV worsens malaria as well as tuberculosis, underscoring the role of the HIV response in achieving broad-based global health progress.

Tuberculosis is the leading cause of death for people living with HIV. HIV increases by several orders of magnitude the likelihood that an individual with latent TB infection will develop active disease (WHO, 2008). In some African countries, up to 70% of all TB cases are among people living with HIV (WHO, 2008). As a result of the dangerous synergy between HIV and TB, substantial efforts are focusing on integrating HIV and TB service delivery and on scaling up coordinated care for both diseases. However, only 31% of people living with HIV and TB in 2007 received treatment for both conditions (UN Secretary General, 2008).

Co-infection with HIV and malaria facilitates the spread of both diseases. According to mathematical modeling, interaction of the two diseases has been responsible for an estimated 980,000 malaria episodes in Africa since the HIV epidemic was first recognized in the early 1980s (Abu Raddad et al, 2006).

The global response on HIV and AIDS has resulted in significant new resources for malaria and tuberculosis as well. The Global Fund to Fight AIDS, Tuberculosis and

![Figure 4](image-url)

**Figure 4** Percentage of incident tuberculosis cases in people living with HIV receiving both antiretroviral and anti-tuberculosis medications, 2007

Note: No data from North America
Source: UN General Assembly Special Session 2008; data supplied by countries
Malaria – which resulted from former UN Secretary General Kofi Annan’s call for a “global AIDS war chest” – had approved US$ 2.7 billion in grants for malaria control and US$ 1.5 billion in tuberculosis funding as of April 2008 (Global Fund, 2008).

The HIV response is contributing to partnerships for development

As envisioned in MDG 8, the HIV response is encouraging greater energy, commitment and innovation on global development issues. Dramatic reductions in the prices of antiretrovirals have helped pioneer new mechanisms to make medications more widely available in low- and middle-income countries. Growing global commitment on HIV has helped usher in new and potentially revolutionary financing mechanisms for global health and development, such as the Global Fund and UNITAID, which are funding mechanisms designed to accelerate access to high-quality drugs and diagnostics for HIV and AIDS, malaria and tuberculosis in countries with high burdens of these diseases (UNAIDS, 2008).

The HIV response has underscored the role of nongovernmental partners in addressing development challenges. In a growing number of countries, civil society groups are working as full partners in the national HIV response. Faith-based groups, private industry, labor unions, and other stakeholders are playing vital roles in strengthening the fight against HIV and AIDS.

Moving forward—accelerating progress toward the MDGs by strengthening the global HIV response

Halfway to the 2015 deadline we see that:

- While significant progress has been achieved on some MDGs, advances are less apparent on others. Moreover, progress on the MDGs is not uniform but varies within and between regions. In particular, many countries most heavily affected by HIV and AIDS do not appear on track to achieve most MDGs by 2015.

- The global HIV response must be significantly broadened and intensified. This scaled-up response must be comprehensive, simultaneously expanding access to essential HIV prevention, treatment, care,
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UN Secretary General. 2008. Declaration of commitment on HIV/AIDS and political declaration on HIV/AIDS: midway to the Millennium Development Goals, Report of the Secretary General, UN General Assembly, 62nd session, 1 April.


