Progress, Achievement on MDG indicators on Tuberculosis and HIV/AIDS in the SAARC Region

SAARC Tuberculosis & HIV/AIDS Centre (STAC)

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CONTENTS

FOREWORD

At the turn of the century, world leaders came together at the United Nations and agreed on a bold vision for the future through the Millennium Declaration. The Millennium Development Goals (MDGs) were a pledge to uphold the principles of human dignity, equality and equity, and free the world from extreme poverty. The MDGs with eight goals and a set of measurable time bound targets, established a blue print for tackling the most pressing development challenges of our time.

This report presents analysis of the status of progress on MDGs until 2013/2014. Remarkable gains have also been made in the fight against Tuberculosis and HIV/AIDS. SAARC region has achieved MDG in all three indicators of Tuberculosis, of which some of the countries were in off track and some of in the line of on track. A remarkable progress has been made for DOTS since its inception in 1993 in the SAARC Region. By 1997 all Member States started DOTS strategy for TB control. DOTS coverage within the SAARC region has steadily increased since 2000. In the SAARC region, the TB incidence rate was relatively stable from 1990 up to around 2001, and then started to fall, achieving the MDG target ahead of the 2015 deadline. For each Member States of SAARC region the progress towards the achievement of Millennium Development Goal (MDG) 6, to combat HIV/AIDS, malaria and other diseases, was analyzed for the extent of tuberculosis control.

The overall HIV prevalence in the SAARC Region still remains below 1%. The MDGs target of the spread of HIV/AIDS in the SAARC region has been halted and begins to reverse except some Member States.

The effort of the SAARC Member States is essential to achieve MDGs target in the region. However more needs to be done to accelerate progress. We need bolder and focused action where significant gaps and disparities exist. Our efforts to achieve the MDGs are a critical building block towards establishing a stable foundation for our development efforts beyond 2015.

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ABBREVIATIONS

AIDS	Acquired Immuno - Deficiency Syndrome
AMICS	Afghanistan Multiple Indicator Cluster Survey
ART	antiretroviral therapy
BDHS	Bangladesh Demographic and Health Survey
BSS	Behavioural Surveillance Survey
CSWs	Clients of Sex Workers
DOTS	Directly Observed Treatment Short Course
FSWs	female sex workers
HBCs.	High-Burden Countries
HIV	Human Immunodeficiency Virus
HSW	Hijra Sex Workers
IDU	Injecting Drug Users
IDUs	Intravenous Drug Users
IV drug users	Intravenous Drug Users
MARPs	Most at Risk Populations
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MoPH	Ministry of Public Health
MSM	Men who have Sex with Men
MSM	Men Who Have Sex with Other Men
NACP	National AIDS Control Programme
NASP	National AIDS/STD Programmes

NCASC	National Centre for AIDS and STD Control
NFHS	National Family Health Survey
NTP	National Tuberculosis Control Programme
PLHIV	People Living with HIV/AIDS
PWIDs	people who inject drugs
SAARC	South Asian Association for Regional Co-operation
SAP	Strategic Action Plan
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TG	Trans –Gender
TS	Trans- Sexual
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

1. SITUATION ANALYSIS OF ACHIEVEMENT ON MILLENNIUM DEVELOPMENT GOALS (MDGs) INDICATORS (IN RELATION WITH TB AND HIV/AIDS)

Overview

At the beginning of the new millennium, world leaders gathered at the United Nations to shape a broad vision to fight poverty in its many dimensions. That vision, which was translated into eight Millennium Development Goals (MDGs), has remained the overarching development framework for the world for the past 15 years. As we reach the end of the MDG period, the world community has reason to celebrate.

The goals that came to existence as MDGs generally aim at eradication of poverty and hunger, achieving universal primary education, promoting gender equality and empowering women, reducing child mortality rate, improving maternal health, combating HIV/AIDS, malaria and other diseases, ensuring environmental sustainability and developing a global partnership for development.

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

The diseases like HIV / AIDS together with Malaria and TB are causing major health challenges to population around the World. In order to face this challenge, the Goal 6 of the Millennium Development Goals, is committed to fight the deadly diseases of HIV/ AIDs, Malaria and TB.

The MDG target for HIV/AIDS control:

- Have halted by 2015 and begun to reverse the spread of HIV/AIDS
- Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

The MDG target for tuberculosis control:

- By 2015 halt and begin to reverse the incidence of tuberculosis.
- To halve TB prevalence rate by 2015, compared with 1990 levels; and
- To halve TB death rate by 2015, compared with 1990 levels.

Global Status of combat HIV/AIDS

New HIV infections fell by approximately 40 per cent between 2000 and 2013, from an estimated 3.5 million cases to 2.1 million. AIDS-related deaths also showed a downward trend in 2013, with an estimated 1.5 million people dying of AIDS related illnesses. This represents a 35 per cent decline since the peak of 2.4 million deaths, recorded in 2005. In just three years, from 2010 to 2013, deaths from AIDS related illnesses fell by 19 per cent. AIDS-related deaths, however, have not decreased among adolescents aged 10 to 19. This could be due to lack of access to testing and treatment for this age group.

Globally, an estimated 35 million people were still living with HIV in 2013. This number is rising as more people live longer due to increased use of antiretroviral therapy (ART) and as the number of new HIV infections remains high. Worldwide, an estimated 0.8 per cent of adults aged 15 to 49 were living with HIV in 2013, although the burden of the epidemic continues to vary considerably across regions and countries. By June 2014, 13.6 million people living with HIV were receiving antiretroviral therapy (ART) globally, an immense increase from just 800,000 in 2003. ART averted 7.6 million deaths from AIDS between 1995 and 2013.

Since 2000, there has been moderate progress in HIV prevention efforts targeting young people aged 15 to 24. However, risky sexual behaviour and insufficient knowledge about HIV remain at high levels among youth in many countries.

Following table shows the achievement of the MDG Targets of HIV/AIDS globally.

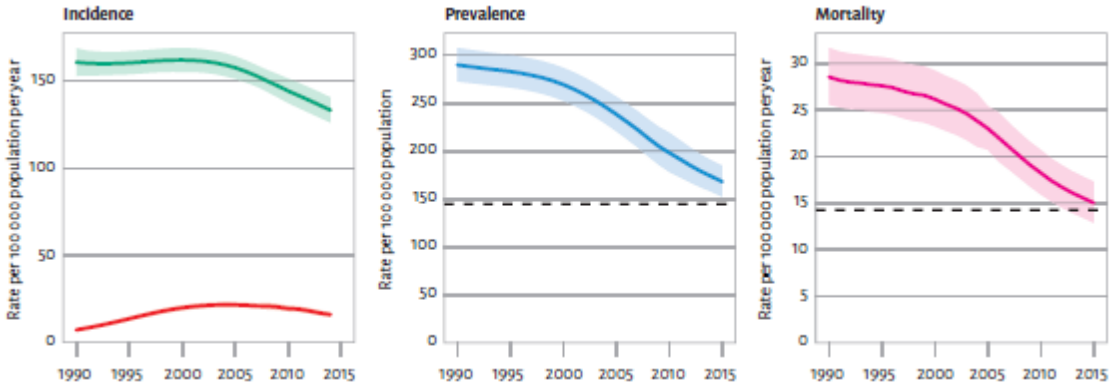
MDG Targets	**Achievements**
Have halted by 2015 and begun to reverse the spread of HIV/AIDS	HIV/AIDS Epidemic has reversed
Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.	By June 2014, 13.6 million people living with HIV were receiving antiretroviral therapy (ART) globally (39%)

Global Incidence, Prevalence and Mortality of TB

In 2014, there were an estimated 9.6 million incident cases of TB (range, 9.1 million–10.0 million) globally, equivalent to 133 cases per 100 000 population. The absolute number of incident cases is falling slowly, at an average rate of 1.5% per year 2000−2014 and 2.1% between 2013 and 2014. The cumulative reduction in the TB incidence rate 2000–2014 was 18%. The incidence rate was relatively stable from 1990 up until around 2000, and then started to fall (Figure 01), achieving the MDG target far ahead of the 2015 deadline. The MDG target has also been met in all six WHO regions and in 16 of the 22 HBCs.

Figure 01: Global trends in estimated rates of TB incidence (1990-2014), and prevalence and mortality rates (1990–2015).

*Left: Estimated incidence rate including HIV-positive TB (**upper line**) and estimated incidence rate of HIV-positive TB (**below line**). Centre and right: The horizontal dashed lines represent the Stop TB Partnership targets of a 50% reduction in prevalence and mortality rates by 2015 compared with 1990. Shaded areas represent uncertainty bands. Mortality excludes TB deaths among HIV-positive people.*



Source: Global Tuberculosis Report, WHO-2015

There were an estimated 13 million prevalent cases (range, 11 million–14 million) of TB in 2014, equivalent to 174 cases per 100 000 population. By the end of 2015, it is estimated that the prevalence rate will have fallen 42% globally since 1990 (Figure 01). Among the 22 HBCs, nine are assessed to have met the target of a 50% reduction from 1990 levels.

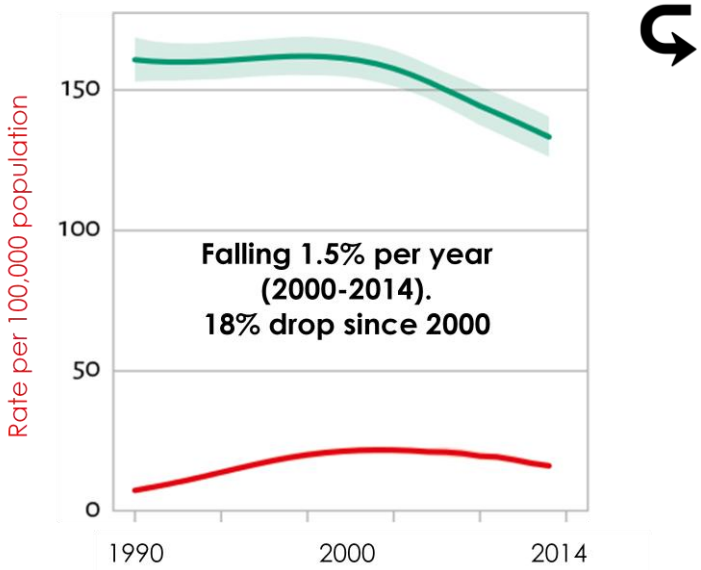
Globally, the mortality rate (excluding deaths among HIV positive people) fell 47% between 1990 and 2015, narrowly missing the target of a 50% reduction (Figure 01). Between 2000 and 2014, TB treatment alone saved an estimated 35 million lives among HIV-negative people. Among HIV-positive people, TB treatment supported by ART saved an additional 8.4 million lives.

In summary, MDG targets of TB has achieved globally (except prevalence rate only 42%).

MDG Target	**Achievement**
By 2015 halt and begin to reverse the incidence of tuberculosis	TB epidemic reversed. (Figure 02)
To halve TB prevalence rate by 2015, compared with 1990 levels	End of 2015, it is estimated that the prevalence rate will have fallen 42% globally since 1990 (Table:01)
To halve TB death rate by 2015, compared with 1990 levels	The mortality rate (excluding deaths among HIV positive people) fell 47% between 1990 and 2015, narrowly missing the target of a 50% reduction (Figure 03)

MDG 6 TB target achieved

Figure 02: TB EPIDEMIC REVERSED



World Health Organization

Table 01: 2015 targets assessment global and regional summary

Target met | Almost met | Not met

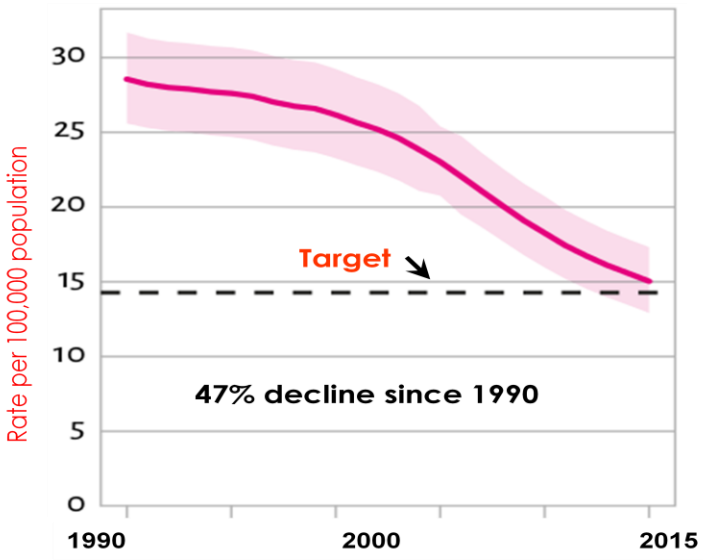
	Incidence	Prevalence	Mortality
Worldwide		↓42%	↓47%
WHO regions			
Americas			
South-East Asia			
Western Pacific			
Eastern Mediterranean			
Europe			
Africa			

All 3 targets met in 9 high TB burden countries:

Brazil, Cambodia, China, Ethiopia, India, Myanmar, Philippines, Uganda, Viet Nam

World Health Organization

Figure 03: 47% drop in TB mortality



SINCE 1990

Most of the improvement is since 2000

World Health Organization

Combat HIV/AIDS in SAARC Region

HIV epidemic in SAARC region is also a collection of diverse epidemics in countries, provinces & districts. HIV/AIDS continues to be a major public health problem in the SAARC Region. All eight Member States of the SAARC region are designated as low prevalence countries. On the basis of latest available information this region is home for an estimated number of 2.24 million HIV infected people and 0.15 million AIDS deaths in 2014.

The overall adult HIV prevalence in SAARC region remains below 1%. However, there are important variations existing between countries. Bangladesh, India, Nepal and Pakistan have reported concentrated epidemics among the key affected populations. Of the estimated number of 2.24 million PLHIV in SAARC region, 2.09 million were living in India in 2014.

On the basis of latest available information (UNAIDS report "How AIDS Changed everything"-2015), this region has 2.04 million estimated numbers of adults needing ART while in the region 0.78 million reported number of adults and 46570 numbers of children on ART in 2014.

Following table summarize the MDG target achievement for HIV/AIDS in the SAARC Region.

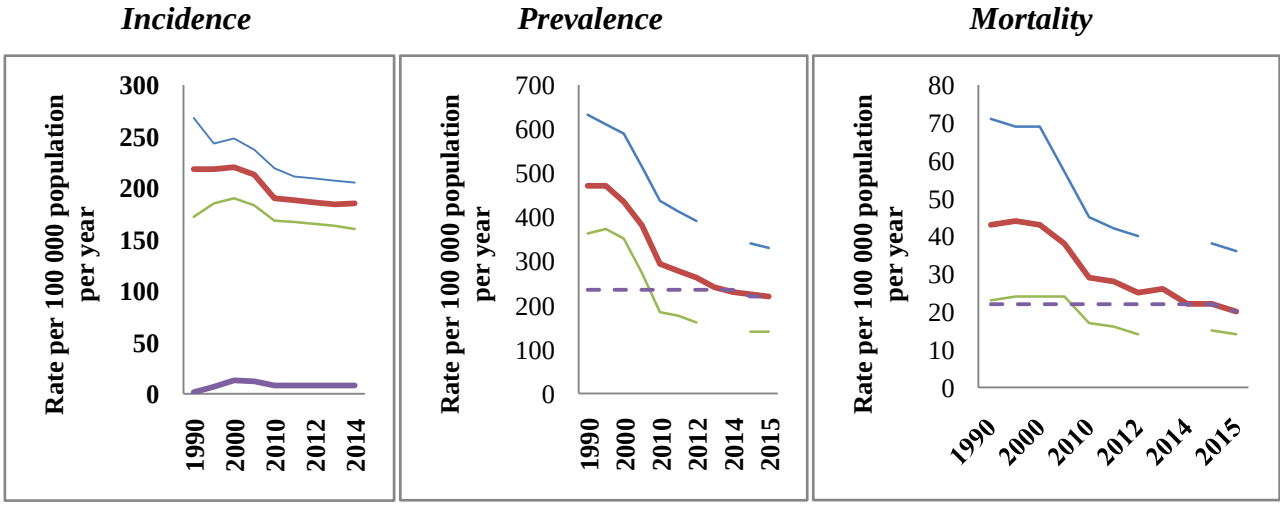
MDG Targets	**Achievements**
Have halted by 2015 and begun to reverse the spread of HIV/AIDS	HIV/AIDS Epidemic has reversed
Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.	Number needed ART= 2.04 Million Number receiving ART in 2014 = 0.83 Million (40.7%)

TB MDG target & achievement in SAARC Region

The SAARC region, with an estimated annual incidence of 3.1 million TB cases, carries 32% of the global burden of TB incidence. Four of the eight Member Countries in the Region are among the 22 high burden countries, with India accounting for 23 % of the world's TB cases. Among 3.1 million incident TB cases, 2.1 million are notified new and relapse cases.

For each Member States of SAARC region the progress towards the achievement of Millennium Development Goal (MDG) 6, to combat HIV/AIDS, malaria and other diseases, was analyzed for the extent of tuberculosis control.

Figure 04: SAARC trends in estimated rates of TB incidence, prevalence and mortality.
*Left: SAARC trends in estimated incidence rate including HIV-positive TB (**upper**) and estimated incidence rate of HIV-positive TB (**below**). Centre and right: Trends in estimated TB prevalence and mortality rates 1990-2014 and forecast TB prevalence and mortality rates 2014-2015. The horizontal dashed lines represent the stop TB Partnership targets of a 50% reduction in the prevalence and mortality rates by 2015 compared with 1990. The shaded area represents uncertainty bands. Mortality excludes TB deaths among HIV-positive people.*



Source: Data and report sent by Member States, NTP and Global Tuberculosis Report 2015

In 2014, there were an estimated 3.1 million incident cases of TB, equivalent to 185 cases per 100 000 population. This carries 31% of the global burden of TB incidence. The absolute number of incident cases is falling slowly, from 2000 to 2014. The incidence rate was relatively stable from 1990 up until around 2000, and then started to fall (Figure 04), achieving the MDG target far ahead of the 2015 deadline.

There were an estimated 3.9 million prevalent cases of TB in 2014, equivalent to 230 cases per 100 000 population. At the end of 2014, the prevalence rate had met the target of a 50% reduction from 1990 levels (Figure 04).

There were an estimated 0.37 million TB deaths in 2014. TB ranks alongside HIV as a leading cause of death from an infectious disease. India accounted for about one third of global TB deaths (both including and excluding those among HIV-positive people.

In the SAARC region, the mortality rate (excluding deaths among HIV positive people) had achieved the target of 50% reduction from 1990 levels (Figure 04).

In summary, MDG targets of TB has achieved in the SAARC region..

MDG Target	**Achievement**
By 2015 halt and begin to reverse the incidence of tuberculosis	TB epidemic reversed.
To halve TB prevalence rate by 2015, compared with 1990 levels	50% reduction achieved in the region
To halve TB death rate by 2015, compared with 1990 levels	50% reduction achieved in the region

Table 02: Summary table on situation towards achieving MDG targets for all SAARC Member States in 2014

Category	Indicator	Target	Afghanistan	Bangladesh	Bhutan	India	Maldives	Nepal	Pakistan	Sri lanka	Regional
TB burden	Incidence rate	1990 level falling	T: 189 R: 189 On track	T: 225 R: 227 On track	T: 784 R: 164 Achieved	T: 216 R: 167 Achieved	T: 150 R: 41 Achieved	T:163 R: 158 Achieved	T: 231 R: 275 On track	T: 66 R: 66 On track	T:218 R: 185 Achieved
	Prevalence rate	50% of 1990 level	T: 164 R:340 Off track	T: 263 R: 404 Off track	T: 930 R: 190 Achieved	T: 233 R:195 Achieved	T: 156 R: 56 Achieved	T: 182 R: 215 On track	T: 295 R: 342 On track	T: 59 R: 103 Off track	T: 236 R: 230 Achieved
	Mortality rate	50% of 1990 level	T: 16 R: 44 Off track	T: 31 R: 51 Off track	T: 97 R: 12 Achieved	T: 19 R: 17 Achieved	T: 14 R: 2 Achieved	T: 21 R: 17 Achieved	T: 36 R: 27 Achieved	T: 4 R: 6 On track	T: 22 R: 22 Achieved

Note: T=MDG Target in 2015, R=Result in 2014 (Target & Result are in per 100 000 population)

Source: *Source: [a] data and report sent by Member States, NTP Global Tuberculosis Report 2015 and Global Tuberculosis Report 2013*

Table 02 shows the overall status of MDG in SAARC member states as well as SAARC Region. Table also reflects that SAARC region has achieved MDG in all three indicators. However some of the countries were in off track and some of in the line of on track.

2: CURRENT STATUS OF MDG SIX COMBAT HIV/AIDS AND TUBERCULOSIS IN THE SAARC MEMBER COUNTRIES

Afghanistan

Bangladesh

Bhutan

India

Maldives

Nepal

Pakistan

Sri Lanka

AFGHANISTAN

Introduction

Afghanistan officially adopted the MDGs during the post-Taliban era, almost five years after the Millennium Declaration. As a result, Afghanistan's timeline to reach official targets was extended from 2015 to 2020. Emerging from decades of conflict, Afghanistan adopted MDGs in 2004, five years later than the Millennium Declaration, by joining the league of countries committed to pursuing policies and strategies to ensure every individual's right to dignity, freedom, equality, a basic standard of living including freedom from hunger and violence, and to encourage tolerance and solidarity. Realizing the extent to which security overshadows socio-economic progress it was adopted as the 9th goal, while also certain targets and indicators had to be tailored to the realities in Afghanistan.

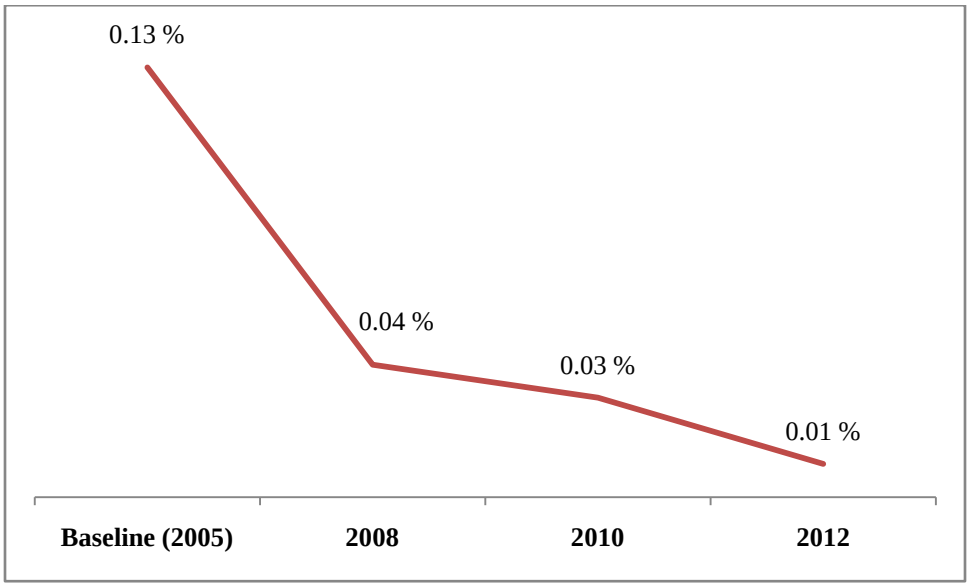
As it is further explained and illustrated in the content, achievements and progress in some of the indicators are commendable. The targets of 2015 for some indicators are met as early as 2010 and certain other indicators are well on track towards their targets. Unfortunately, progress and achievement for some goals are very marginal.

Have halted by 2020 and begun to reverse the spread of HIV/AIDS

a) HIV prevalence among blood donors

HIV prevalence among blood donors has decreased over the past few years. It was 0.13% in 2005 and the value decreased to 0.01% in 2012. MoPH is expecting this value to decrease to <0.01 in 2015 and 2020. This trend is shown in Figure 05

Figure 05: HIV prevalence among blood donors (%)



HIV/AIDS prevalence among adults (aged between 15 and 49 years) generally in Afghanistan is relatively low. A total 6700 estimated Number of People Living with HIV/AIDS (PLHIV) in the country. However a cumulative number of 1694 HIV infections were reported to the National AIDS Control Program at the end of year 2014. The first confirmed case of HIV/Aids appeared in Afghanistan in 1989. The number of people on ART has reached 281 and its estimated ART coverage was 4% in 2014. Instances of the disease remained negligible for the next 15 years, before a combination of circumstances - including a rise in poppy cultivation, drug trafficking and drug use; unscreened blood used in transfusions and return of infected refugees from around the region and the world began to push infection rate up. However, the number of people with HIV/ADIS positive cases is probably higher than the official figures. Reporting the disease is still considered as a blow to social reputation and hence many avoid visiting clinics and hospitals for diagnosis.

b) Condom use rate of the contraceptive prevalence rate

No national survey has been carried out to find out what percent of those who are taking contraceptive measure are doing so by using condoms.

c) Proportion of population aged 15-49 with comprehensive and correct knowledge of HIV/AIDS

According to MoPH no general (countrywide) survey has been conducted to determine the proportion of people who have comprehensive and correct knowledge of HIV/AIDS. While MoPH does acknowledge its importance and the ministry plans to conduct such survey, however due to financial limitation the ministry so far has not been able to carry out such a survey countrywide. However, MoPH reported that within AMICS, a survey was carried out only among women aged from 15 to 24 years old in 2012 and it was found out that only 17.7% of them had correct and comprehensive knowledge of HIV/AIDS.

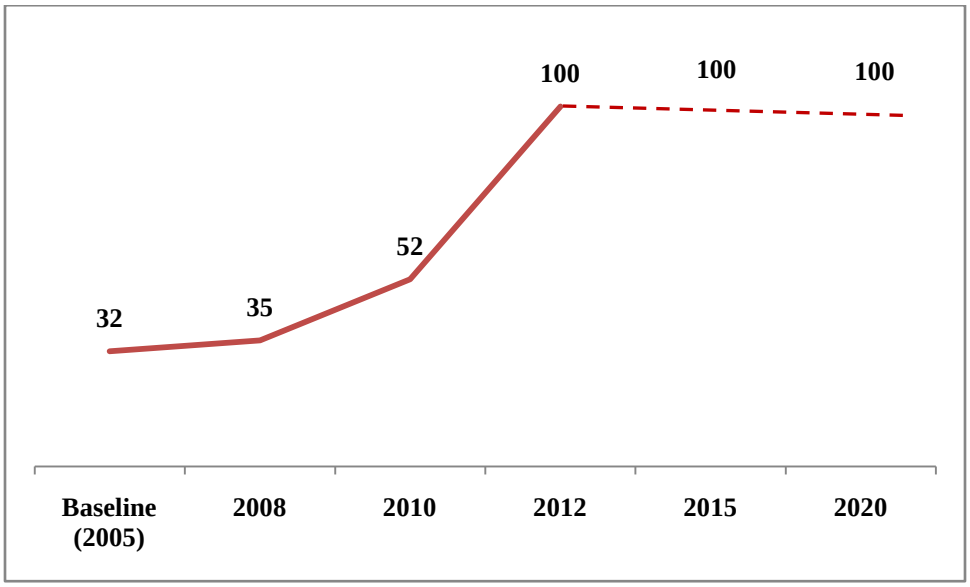
d) Contraceptive prevalence rate (National)

The baseline for this indicator was set 10% by MoPH. Prevalence rate has improved by 5% in 2008 and a further 5% in 2010, and there was 1% improvement in 2012. The target for 2015 is to improve the prevalence rate to 50% by 2015 and 60% by 2020. However, based on the so far trend and progress, the indicator is behind schedule and off-track.

e) Proportion of blood samples screened for HIV/AIDS and STDs

As of 2005, only 32% of blood samples taken for testing were screened for HIV/AIDS. Subsequently, MoPH started screening a bigger portion of blood samples for this purpose. As such, in 2010, 52% of blood samples that were taken for testing were also screened for HIV/AIDS. Currently, MoPH is screening all of their blood samples for HIV/AIDS and as shown in Figure 06. It is targeting to maintain this practice until 2015 and beyond to 2020.

Figure 06: Proportion of blood samples screened for HIV/AIDS and STDs (%)



f) Proportion of IV drug users are in treatment by 2015

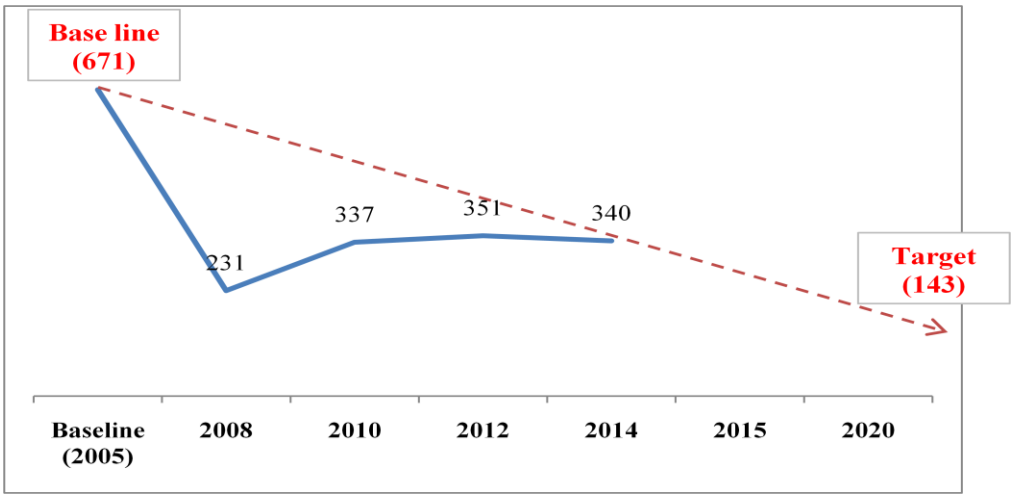
It is targeted that 60% of IV drug users by 2015 and 80% by 2020 will receive treatment by 2020. Ministry of Public Health reports that as of 2012 36% of IV drug users are under treatment, which shows a slight increase from its 2008 value of 32.2%. Accordingly, progress on this indicator is behind schedule.

Have halted by 2020 and begun to reverse the incidence of Tuberculosis

a) Prevalence rates associated with tuberculosis

According to TB Care Afghanistan, tuberculosis continues to be a major public health issue in Afghanistan despite the diagnostic procedure and drugs made available to the country. The prevalence rate of TB in Afghanistan is 340 in every 100,000 individuals in year 2014 (Figure 07). In spite of all rest of health related challenges Afghanistan continues to grapple in the fight with TB. The National TB Control Program continues to work toward reducing the toll of suffering induced by spread of TB. The recent trend is one of fluctuation, and it is difficult to project future progress which is beyond the scope of analysis here.

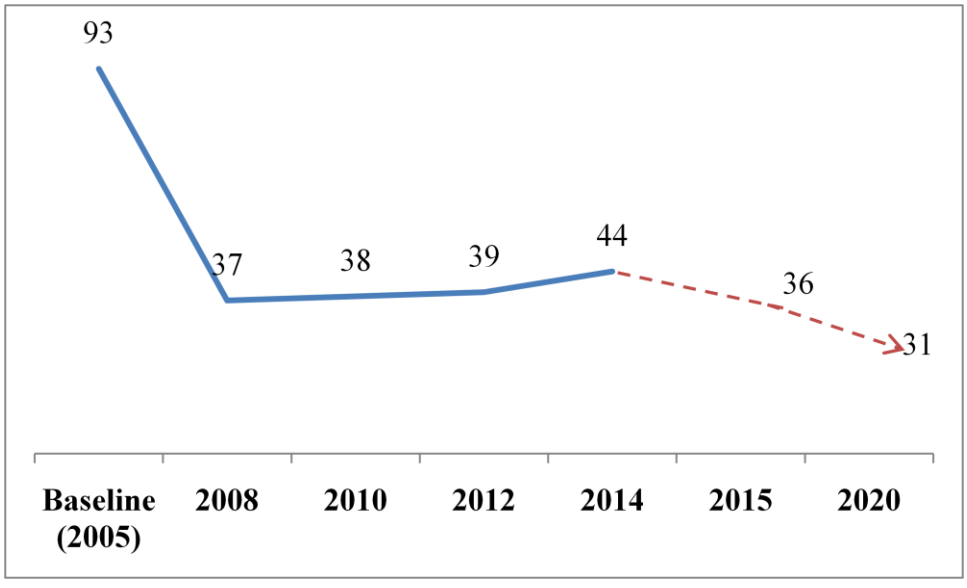
Figure 07: Prevalence rates associated with tuberculosis (per 100000 populations)



b) Death rates associated with tuberculosis

According to the World Health Organization as well as Ministry of Public Health, as of 2014 an estimated number of 60,000 TB cases occur in Afghanistan. As illustrated in Figure 08 this figure is equivalent of 44 deaths in every 100,000 thousand people (population is taken as around 32 million). MoPH is striving to reduce this data further to 36 cases (per 100,000 people) in 2015 and eventually to 31 cases in 2020. Baseline data for this indicator was set to be 93 cases in every 100,000 people in 2005. Comparing this value with 2008, death cases associated with tuberculosis has sharply decreased from 93 to 37. Though, an increase is noticeable between 2008 and 2012. With sustained MoPH efforts targets for 2015 and 2020 are achievable.

Figure 08: Death rates associated with tuberculosis (per 100000 people)



BANGLADESH

Introduction

Bangladesh has performed quite well in halting communicable diseases under MDG 6. The available data show that the prevalence of HIV/AIDS in Bangladesh currently is less than 0.1 percent and thus is still below the epidemic level. There has been significant improvement in the reduction of malarial deaths in the country over the years. Moreover, a couple of indicators related to TB have already met the MDG targets. It may also be mentioned that some of the indicators are non-measurable in quantitative terms while, for several others, the benchmarks are not available. In addition, several targets are defined in percentage terms while others refer to absolute numbers.

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

a) HIV prevalence among population aged 15-24 years

The data of the 9th round National HIV Serological Surveillance (SS) conducted in June 2011 show that the prevalence of HIV/AIDS in Bangladesh is currently less than 0.1 percent and thus still below an epidemic level. However, in Bangladesh, behavioural factors among most at risk populations (MARPs), explored in several rounds of Behavioural Surveillance Survey (BSS) show a trend that could fuel the spread of HIV from MARPs to the general population. The findings of the 9th round National HIV SS are very encouraging as these show that the overall prevalence of HIV in populations most at risk remains below 1 percent and most importantly, HIV prevalence has declined among people who inject drugs in Dhaka from 7 percent to 5.3 percent. Moreover, hepatitis C has also declined which is a marker for unsafe injecting practices. The first case of HIV/AIDS in Bangladesh was detected in 1989. Since then 3,674 HIV positive cases have been identified; among them 1,417 developed AIDS. Out of the total AIDS cases, 653 deaths have been recorded (as of December 2014, NASP).

a) Condom use at last high-risk sex

According to BDHS 2014, the rate of condom use among married couples is low. It was 3 percent in 1993-94 which has increased to 6.4 percent in 2014 and is unlikely to scale up significantly by 2015. The data provided in 20 Years of HIV in Bangladesh: Experience and

Way Forward 2009 (World Bank and UNAIDS) show that though the rates of condom use among different most at risk population (MARP) sub-groups have increased, a significant proportion of this population is not using condom at every high-risk sexual encounter as is required for preventing an escalation of HIV infection among them and its transmission to the general population. However, according to National AIDS/STD Programmes (NASP), condom use rate at last high risk sex was 43 percent in 2013.

b) Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS

The percentage of the population aged 15-24 years with comprehensive knowledge of HIV/AIDS (i.e., can correctly identify the two major ways of preventing sexual transmission of HIV and are able to reject the three misconceptions about HIV transmission) remains low. A national youth HIV/AIDS campaign end line survey among youth in Bangladesh conducted in 2009 showed that only 17.7 percent of people aged 15-24 years had comprehensive correct knowledge of HIV. The data from Multiple Indicator Cluster Survey (MICS) 2006 (BBS/UNICEF 2007) indicate that only 16 percent of 15-24 year old women had comprehensive correct knowledge of HIV/AIDS in Bangladesh, which came down to 9 percent according to MICS 2012-2013. However, according to National AIDS/STD Programmes (NASP), proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS is 18 percent in 2013.

c) Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

The data from Multiple Indicator Cluster Survey (MICS) 2012-2013 (BBS/UNICEF 2014) indicate that ratio of school attendance of orphans to school attendance of non-orphans as 0.88. It was found by the proportion attending school among children age 10-14 years who have lost both parents divided by proportion attending school among children age 10-14 years whose parents are alive and who are living with one or both parents.

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Proportion of population with advanced HIV infection with access to antiretroviral drugs

The United Nations General Assembly Special Session (UNGASS) Report 2009 shows the proportion of population with advanced HIV infection with access to antiretroviral drugs coverage is 47.7 percent (353/740) in Bangladesh based on a study. However, it was reported to be 45 in 2012.

Incidence, prevalence and death rates associated with tuberculosis

a) Prevalence of tuberculosis Per 100,000 populations

The prevalence rate associated with TB in Bangladesh was 263 in 1990 and 404 in every 100,000 individuals in year 2014 which shows that the country needs more attention to achieve the target. The National Tuberculosis Control Programme (NTP) is working with the mission of eliminating TB from Bangladesh. While the initial short term objectives of the programme were to achieve and sustain the global targets of achieving at least 70 percent case detection and 85 percent treatment success among new smear-positive TB cases under DOTS, the present objective is to achieve universal access to high quality care for all people with TB. The medium term objectives include reaching the TB related Millennium Development Goals. The NTP adopted the DOTS strategy and started its field implementation in November 1993. High treatment success rates were achieved from the beginning and the target of 85 percent treatment success rate of the new smear-positive cases has been met since 2003. The programme has been maintaining over 90 percent treatment success rate since 2006, and has successfully treated 93 percent of the 191166 new smear-positive cases registered in 2014.

b) Death rate associated with tuberculosis per 100,000 populations

The death rate associated with TB was 61 per 100,000 populations in 1990. The country seeks to achieve the target of 31 by 2015. The current status is 51 in 2014 which shows that the country needs more attention to achieve the target.

BHUTAN

Introduction

Bhutan along with 189 other member states adopted the United Nations Millennium Declaration in 2000, committing to a new global partnership to reduce extreme poverty and setting out a series of time-bound targets with a deadline of 2015 that are known as the Millennium Development Goals (MDGs).Bhutan continues to make significant and sustained progress in achieving the Millennium Development Goals (MDGs).

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Given the low population base, the rising trend of HIV infection is an alarming development. Bhutan bears a low burden of HIV; the estimated adult HIV prevalence was 0.1% (range 0.1%-0.4%) in 2013, or less than 1,000 people living with HIV. However, due to data limitations, particularly related to the HIV prevalence and size of the traditionally vulnerable populations, it remains difficult to fully understand and explain the dynamics of the overall HIV epidemic in the country. By 2014, a total of 403 reported HIV cases have been detected with a total increase of 50 new cases as compared to the previous report updates of December, 2015

There has been an alarming rise with the heterosexual transmission (94%). Mother to child transmissions has also witnessed a significant rise in recent years. The people detected with HIV/AIDS are representative of a wide cross section of Bhutanese society and come from fifteen of the country's twenty districts. About 88% of all HIV/AIDS cases detected so far fall into the age group between the ages of 20 to 49. The scaling up of number of people on ART from 681 in 2011to 1287 in 2014. The percentage ART coverage also increased from 8% in 2011 to 14% in 2014

Incidence, prevalence and death rates associated with tuberculosis

The prevalence and death rates associated with TB per 100,000 people declined markedly between 1990 and 2014, from 1860 to 190 and 194 to 12 respectively, and the proportion of TB cases detected 85% in 2014. Overall, Bhutan has achieved the MDG6 for Tuberculosis.

INDIA

Introduction

The MDGs have helped in bringing out a much needed focus and pressure on basic development issues, which in turn led the governments at national and sub national levels to do better planning and implement more intensive policies and programmes.

Fourteen years have passed since the UN Millennium Declaration enunciated a bold vision and established concrete targets by placing before the World the Millennium Development Goals, which are aimed at saving and improving the lives of many around the globe. In India, there has been considerable emphasis on all the MDGs and the nation has witnessed significant progress towards the MDGs, with some targets already having been met well ahead of the 2015 deadline.

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Combating HIV/ AIDS

In India, over the years the prevalence rate of HIV / AIDs among various population groups has declined. The adult HIV prevalence at national level has steadily declined from estimated level of 0.41% in 2001 to 0.27% in 2011. Adult HIV prevalence among males and females is estimated at 0.34% and 0.23% in 2010 and 0.32% and 0.22% in 2011 respectively. The prevalence of HIV among Pregnant women aged 15-24 years is showing a declining trend from 0.89 % in 2005 to 0.32% in 2012-13. The HIV prevalence among the young population (15–24 years) at national level has declined from 0.15% in 2007 to 0.11% in 2011. The disease burden has declined over the years, from an estimated 24 lakhs people living with HIV /AIDs in 2009 to nearly 20.9 lakh in 2011.

India has demonstrated an overall reduction of 57% in estimated annual new HIV infections (among adult population) during the last decade from 2.74 lakhs in 2000 to 1.16 lakhs in 2011. it is estimated that about 1.48 lakh (1.14 lakhs-1.78 lakhs) people died of AIDS related causes in 2011 in India. Deaths among HIV infected children account for 7% of all AIDS-related deaths.

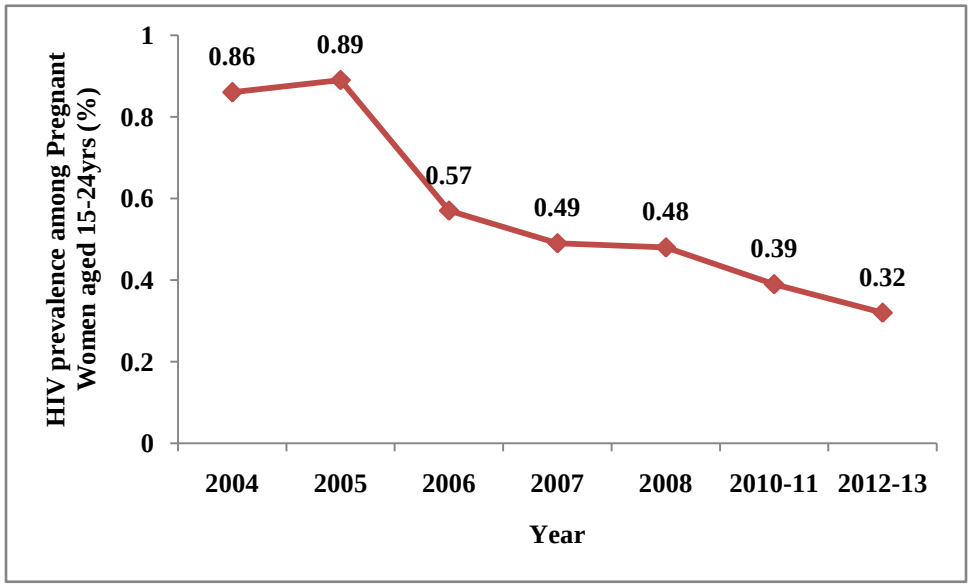
Wider access to ART (Antiretroviral Therapy) has led to 29% reduction in estimated annual AIDS-related deaths in the country during National AIDS Control Programme (NACP)-III period (2007–2011). It is estimated that the scale up of free ART since 2004 has saved cumulatively over 1.5 lakh lives in the country till 2011 by averting deaths due to AIDS-related causes. As on 30 September, 2014, nearly 8.1 lakh People Living with HIV/ AIDS (PLHA) alive are on ART, among them nearly 4.05 lakh are adult males and 3.58 lakh are adult females, the rest 0.44 lakh are children and 0.02 lakhs are TS/ TG (Trans- Sexual/ Trans –Gender).

The statistics as presented above, reveals the epidemic HIV/AIDs in India is under control, however, the disease burden continues to be substantial.

HIV prevalence among pregnant women aged 15-24 years (%)

The prevalence of HIV among Pregnant women aged 15-24 years is showing a declining trend from 0.89 % in 2005 to 0.32% in 2012-13 (Figure 5).

Figure 5: Trend in HIV prevalence among Pregnant Women aged 15-24yrs (%)



Source: HIV Sentinel Surveillance, D/o AIDS Control

Condom use rate of the contraceptive prevalence rate (Condom use to overall contraceptive use among currently married women, 15-49 years, %)

According to NFHS –III, in 2005-06, condom use rate of the contraceptive prevalence rate (Condom use to overall contraceptive use among currently married women, 15-49 years,%) was only 5.2 % at all India level.

Condom use at last high-risk sex

The Behavioural Surveillance Survey (BSS) conducted to monitor the changes in knowledge and behaviour indicators in different risk groups with respect to HIV/AIDS, indicates that Condom use among non-regular sex partners is quite prevalent. According to BSS conducted in 2001 & 2006, the national estimates for Condom use at last high-risk sex (%) (Proportion of population aged 15-24 years who used condom during last sex with non-regular partner) registered a 19% increase from 51.9% in 2001 to 61.7% in 2006. As per the 'Condom Promotion Impact Survey 2010', the national estimate for Condom use at last high-risk sex is 74%, thus recording an improvement of 20% during 2006 to 2010.

Proportion of population aged 15-24 years with comprehensive correct Knowledge of HIV/AIDS (%)

According to Behavioural Surveillance Survey (BSS), the national estimate for proportion of population aged 15-24 years with comprehensive correct Knowledge of HIV/AIDS2 (%) in 2006 was 32.9% reporting betterment from 2001 (22.2%).

Have halted by 2015 and begun to reverse the incidence of Tuberculosis

Incidence, prevalence and death rates associated with tuberculosis

In India, Tuberculosis prevalence per lakh population has reduced from 465 in year 1990 to 195 in 2014. TB Incidence per lakh population has reduced from 216 in year 1990 to 167 in 2014. Tuberculosis mortality per lakh population has reduced from 38 in year 1990 to 17 in 2014. Hence, this MDG6 target for Tuberculosis has already been achieved.

Maldives

MALDIVES

Introduction

The progress of MDGs in Maldives has been substantially in combating HIV/AIDS and Tuberculosis. This notable achievement demonstrates robust development with a strong commitment to the social sectors, particularly health and education. Maldives has achieved on MDG6. The Government has shown commitment and progress toward the targets of this Goal. In particular, it will be crucial to maintain Maldives' low-prevalence status with regard to HIV.

Have halted, by 2015, and begun to reverse the spread of HIV/AIDS

Maldives has long remained a low-prevalence country for HIV/AIDS. The first HIV reported HIV case in 1991, and 23 HIV cases among Maldivians have been reported through the end of 2015, all these cases have been identified through case reporting, one case was identified through 1st BBS, and majority of infections were reportedly acquired through Heterosexual transmission. Until recently, Maldives, HIV infections were imported, however most recent infections were local. HIV among Key Populations was reported in 2011 and 2012; they are from MSM and IDU communities. As end of 2015, Maldives has nine people on ART. Government provide lifelong care and treatment (ARV) to all those who required, free of charge. Maldives has a test and treat policy on treatment initiations.

The challenge, however, is to ensure that Maldives remains a low-prevalence country because of increasing high-risk behaviours and at-risk populations. All this could contribute to a potential HIV epidemic in Maldives, calling for prioritization of a proactive national response based on new evidence.

The 2008 Biological and Behavioural Survey on HIV/AIDS (BBS) among most-at-risk populations indicated that the risk of HIV and other Sexually Transmitted Infections (STIs) is now significant because of unsafe practices such as unprotected sex among all high-risk groups and young people, as well as needle sharing among intravenous drug users. The study also showed low condom use during sex with multiple partners and high overlap among members of different at-risk populations, as well as multiple risk behaviours in these same populations.

The main strategies related to this MDG are focused on maintenance of the low prevalence rate of HIV/ AIDS, as well as simultaneous reduction of the high risk of transmission. In the Strategic Action Plan (SAP), under the policy of strengthening health promotion, protection and advocacy for healthy public policies, a strategy has been specified to strengthen programmes for prevention and control of HIV, TB and other communicable diseases. In addition, the Government's commitment to prevent narcotics abuse and trafficking; and policies and strategies in line with harm reduction principles will aid in the reduction of HIV transmission through injecting drug use.

Have halted by 2015 and begun to reverse the incidence of Tuberculosis

Incidence, prevalence and death rates associated with tuberculosis

In Maldives, Tuberculosis prevalence per 100 000 population has reduced from 315 in year 1990 to 56 in 2014. TB Incidence per 100 000 population has reduced from 300 in year 1990 to 41 in 2014. Tuberculosis mortality per 100 000 population has reduced from 28 in year 1990 to 2 in 2014. Hence, this MDG6 target has already been achieved.

TB epidemiology in Maldives seems to be shifting from an epidemic phase to low endemic phase. However, efforts towards TB control should continue to be strengthened as estimated incidence is still 41 per 100 000 population and the shift of infection to older age groups expected in a country transitioning to low endemic phase is still not clearly observed. In fact the notification rate decreased in all age groups but more sharply in the 15–34 age groups. However, due to small numbers, notification rates have large annual fluctuations hampering proper interpretation. Relatively high rates in males aged 15–34 years may be also explained by TB occurring in foreign born migrants that represent 8% of all TB cases notified.

NEPAL

Introduction

Nepal is one of 189 countries committed to the MDGs, a pledge it has renewed in its national development plans. Nepal's nearly one and half decades of experience with MDGs. The countdown to 2015 presents an opportunity for the Government, the UN system and development partners to celebrate success as well as find ways to accelerate progress where Nepal is likely to fall behind. Nepal is on track and is likely to achieve most of its MDG targets, despite the prolonged political instability.

Nepal has made significant progress in achieving its MDGs and has received international praise for doing so. Considering the difficult context—the decade-long armed conflict, political instability, and preoccupation with major national political agenda, including peace-building, constitution-writing, and state-restructuring—these achievements should be considered remarkable. The majority of health-related MDGs have already been achieved, or are on track to being achieved, except one in MDG 6, the proportion of the population with advanced HIV receiving antiretroviral combination therapy (ART).

Have halted, by 2015, and begun to reverse the spread of HIV/AIDS

Status and trends

HIV infection continues to be confined within certain population groups. It is a 'concentrated epidemic' with people who inject drugs (PWIDs), men who have sex with other men (MSM), and female sex workers (FSWs) at its centre. It is these groups that have the highest rates of infection. In 80 percent of cases, the infection is transmitted sexually. Males who migrate to India for work and visit FSWs while they are there and clients of sex workers (CSWs) in Nepal are the bridging populations that transmit HIV to low-risk populations, primarily rural women (NCASC, 2012).

In 2014, there were aproximately 39,249 adults and children living with HIV in Nepal; the overall national HIV prevalence among adults aged 15-49 years was 0.2 percent. The MDG for HIV prevalence among adults aged 15-49 years was achieved in 2011, when a decline was first

noted. For the first time, the NCASC rigorously calculated the current national HIV prevalence among men and women aged 15-24 years and then retrospectively calculated the rate in 2006 to serve as a baseline; the drop from 0.15 to 0.12 percent signaled achievement of the goal. To achieve the new target set by NCASC for 2016, prevalence rate (0.06) among 15-24-year-olds the rate of decline will need to be accelerated.

Although nearly 66 percent of youths aged 15-24 used a condom during their last high-risk sexual encounter, only 30 percent of this population has comprehensive knowledge of HIV/AIDS. As of 2012, the estimated number of adult and children with advanced HIV infections was 26,876, of whom only 7,719 (28.7 percent) were receiving ART. It will be very difficult to achieve the MDG goal for ART, 80 percent, by 2015.

Effective interventions to stop the spread of HIV through preventive measures have been implemented, particularly among key high-risk population groups such as PWID, MSM, FSWs, and CSWs. Since the HIV epidemic in Nepal is largely driven by unsafe sexual behavior, increasing condom usage should be a mainstay in preventing HIV infection. While it is good that condoms are being used despite the ignorance of their users, there is a clear need to boost awareness, especially given that it decreased 16.3 percent over five years period, from 35.6 percent in 2006 to 29.8 percent in 2011. The effectiveness of prevention programmes which focused on knowledge enhancement needs to be reviewed.

The percent of the population with advanced HIV infection that was receiving ART increased by 37 percent to 29 percent over three years, but, at this rate is not enough time for Nepal to reach MDG target.

Have halted by 2015 and begun to reverse the incidence of Tuberculosis

Status and trends (Tuberculosis)

The prevalence and death rates associated with TB per 100,000 people declined markedly between 1990 and 2014, from 365 to 215 and 43 to 17 respectively, and the proportion of TB cases detected increased slightly, from 70 in 2001 to 79 in 2014. The proportion of TB cases

cured under short course direct observation treatment (DOTS) was more than 90 percent in 2014, a level that, commendably, it has maintained for the last decade. Given that even the number of multi-drug resistant cases, which are more difficult to eradicate, is constant, Nepal is on track to achieve the MDG.

PAKISTAN

Introduction

MDG 6 pertains to the control and eventual elimination of three debilitating, communicable and life-threatening diseases, HIV/AIDS, tuberculosis and malaria. For Pakistan, HIV prevalence is largely in control, in so far as its spread is limited to specific vulnerable groups of society like sex workers, drug users etc.

Pakistan remains particularly vulnerable to viral, in particular water borne infections such as dengue, and in relation to this MDG, malaria. Similarly, Hepatitis B & C are endemic, as is tuberculosis, a disease which has almost been eradicated in the developed world. However, TB continues to affect a significant proportion of the population, and its communicability gives it more scope to affect large numbers of people unless it is completely eliminated.

Progress on MDG 6 is measured against: HIV prevalence among pregnant women aged 15-29 years, and among vulnerable groups; proportion of population in malaria risk areas using effective prevention and treatment measures; incidence of TB; and TB cases detected and cured under DOTS.

Have halted by 2015, and begun to reverse, the spread of HIV/AIDS

Status and Trends

HIV prevalence among 15-49 year old Pregnant Women

The limited data that is available on the indicator suggests that a very small percentage of the general population is currently affected by HIV/AIDS. A larger study is, however, required to holistically assess the spread of HIV in the country. This has been impeded by the fact that national surveys are very expensive, and a proxy of the general population i.e. [sero-surveillance of] antenatal women (sexually active part of the population) have been surveyed and an estimate drawn regarding the status of the virus in the general population. The overall objective is to provide the correct direction to policy making.

As the data stands, <0.1 percent of the 15-49 age bracket pregnant women are affected by HIV, which has more than halved to 0.041 percent by 2010/11. In the absence of a baseline, it can be safely assumed that this target will be met by 2015.

HIV Prevalence among vulnerable groups e.g. active sex workers (percent)

There is an alarming increase in HIV prevalence amongst vulnerable groups, especially Intravenous Drug Users (IDUs). HIV prevalence has consistently increased from 10.8 percent in 2005, to 37.4 in 2010/11, registering an annual growth rate of 23 percent over 6 years. Moreover, it is highest among all vulnerable groups including FSWs (Female Sex Workers), MSWs (Male Sex Workers) and HSW (Hijra Sex Workers). HIV prevalence among HSW of 7.3 in 2010/11 is the second highest after IDU, but its absolute levels are much smaller – though it shows a higher rate of increase (45 percent). HIV prevalence has also increased both for FSW and MSW between 2005-10, from 0.4 to 3.1 and from 0.05 to 0.8 respectively. These figures indicate a dangerous trend because as the percentage rises in the vulnerable population, it can spill over to the general population and can be the precursor to a widespread HIV/AIDs epidemic. The target for this indicator – to halve baseline values by 2015 - is likely to be missed.

Have halted by 2015, and begun to reverse, the incidence of Tuberculosis

Tuberculosis (TB) is one of the major endemics in Pakistan. Pakistan is termed as a high-burden TB country. A large number of reported TB cases come from the 15-49 years age group. Estimates show that there are around 500,000 new TB cases reported every year and half of them are verified positive.

The incidence of TB has gradually increased in Pakistan. The number of cases per 100,000 populations was 460 in 1990 and 275 in 2014. Data shows the incidence rate is on track for Pakistan for achieving MDG target.

The prevalence and death rates associated with TB per 100,000 people declined markedly between 1990 and 2014, from 590 to 342 and 72 to 27 respectively, and the proportion of TB cases detected was 62 in 2014. The MDGs target for prevalence is achievable and death rate associated with TB has already achieved.

SRI-LANKA

Introduction

In many of the areas under the MDGs, Sri Lanka stands far ahead of its peers in the South Asia Region. This is especially true in the health sector. Overall Sri Lanka is in a strong position. Since the end of the war in 2009, Sri Lanka has graduated from lower to middle income status. The good performance noted in the 2008/9 MDG Country Report has been sustained and Sri Lanka has already achieved many of the goals and is mostly on track to achieve the others.

Have halted by 2015, and begun to reverse, the spread of HIV/AIDS

The HIV prevalence among population aged 15 to 24 years is on track; however Sri Lanka remains a low prevalence country for HIV/AIDS, with a rate below 0.01 percent. The number of recently reported cases has gradually increased, however. By the end of 2014, 3300 estimated number of People living with HIV/AIDS and 432 AIDS cases, with 32.6 percent among females. Through 2012, there were 283 AIDS-related deaths. While it is unlikely that Sri Lanka will develop a generalized HIV epidemic, certain groups face high risks, such as female sex workers, men who have sex with men and injecting drug users. As such, the Government has prioritized developing and implementing policies to prevent greater transmission of HIV/AIDS, provide quality care, and support persons and families affected by HIV/AIDS. The Knowledge among persons with high risk sexual behavior needs to be increased and Knowledge among youth needs to be improved. In year 2013, estimated number of people needing ART was 2700. There were 605 and 34 children were reported on ART. Proportions of population with advanced HIV infection with access to antiretroviral drugs are off track, which needs to increased access to antiretroviral drugs.

Have halted by 2015 and begun to reverse the incidence of Tuberculosis

Status and trends (Tuberculosis)

The prevalence and death rates associated with TB per 100,000 people declined markedly between 1990 and 2014, from 118 to 103 and 8 to 6 respectively, and the proportion of TB cases detected 66% in 2014. The proportion of TB cases cured under short course direct observation treatment (DOTS) was 85 % in 2013. Sri Lanka is on track to achieve the MDG6 target.

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