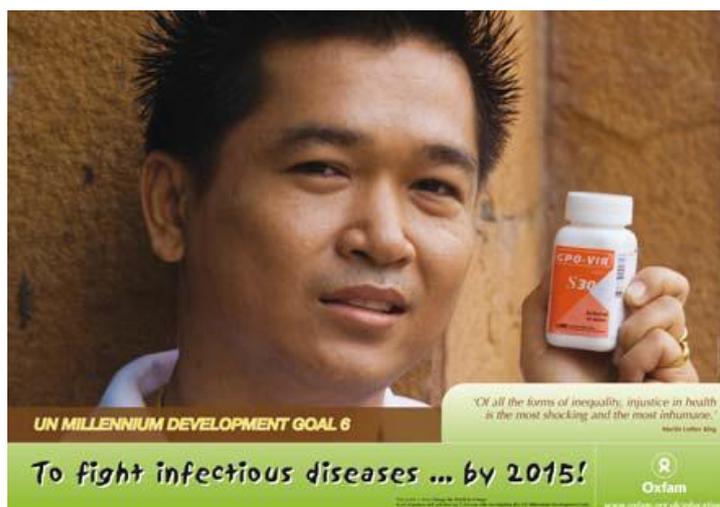


MDG Progress Report 2013: Goal 6 To combat HIV/AIDS, malaria and other diseases



Progress to date	
Target	<p>Have halted by 2015 and begun to reverse the spread of HIV and AIDS.</p> <p>Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.</p>
Summary	<p>There has been an increase in access to treatment for people living with HIV and AIDS in all parts of the world.</p> <p>It appears that the target to halt and begin to reverse the spread of tuberculosis will be achieved.</p> <p>Globally, the numbers dying from malaria has declined.</p>
<p>Access to treatment for people living with HIV has increased. At the end of 2010, 6.5 million people were receiving antiretroviral therapy for HIV or AIDS in LEDCs. This is a rise of more than 1.4 million people from December 2009, and the largest annual increase ever, although a target of universal access to treatment by 2010 was not reached.</p> <p>However, more people than ever are now living with HIV. At the end of 2010, it was an estimated 34 million, an increase of 17 per cent from 2001. This increase reflects the continued large number of new infections, and the increase in access to life-saving antiretroviral therapy which means that more people are living for longer. Women are more likely to be affected in sub-Saharan Africa and the Caribbean.</p> <p>The world is on track to achieve the target of halting and beginning to reverse the spread of tuberculosis. Globally, the incidence of tuberculosis has been falling since 2002, and current projections suggest that the 1990 death rate from the disease will be halved by 2015.</p> <p>Worldwide, there has been a decline in deaths from malaria. Since 2000, the estimated incidence of malaria has decreased globally by 17 per cent. Over the same period, deaths from malaria have been reduced by 25 per cent. Reported cases of malaria fell by more than 50 per cent between 2000 and 2010 in 43 of the 99 countries where malaria is present.</p>	
<p>Source: Millennium Development Goals Report 2012 (http://www.un.org/en/development/desa/publications/mdg-report-2012.html)</p>	

CASE STUDY 1 | Ar-Lang, 24, and her two daughters leaving the health centre, Thailand

This picture shows Ar-Lang, 24, and her two daughters (Sirikorn, one year and nine months old and Monthira, two years and eight months old), who are all HIV positive. Ar-Lang is a member of a local ethnic minority community. Without Thai citizenship, she has not been able to access HIV treatment and early diagnosis, and was unable to prevent her children contracting the virus.



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“I get the drugs from the health centre here, and the nurse visits me every week. Recently, it's

been every day, in the morning and the evening, to make sure the baby takes the drugs. Since then, her health has improved, she doesn't have a fever. I'll try to make sure she takes the drugs from now on, but it's difficult – you need two people. My husband never helps, he doesn't want to even though he knows she needs it.

“I found out I had HIV when I gave birth to my older child. I wasn't given any drugs to take because my **CD4 count** was still high, but I have been given powdered milk for my babies. I never thought about HIV before, I didn't know anything about it. What I know now is that a person with HIV has to take drugs continuously or it damages their health.

“I don't tell other people I have HIV, I don't want to. I think they'll hate me if I do. And my husband is stubborn, too. He won't take the test. I know just one other person with HIV – people don't tell each other. They are going to hold a meeting here of people with HIV and community leaders, to learn more about HIV. That will be good.”

Source: Oxfam

CASE STUDY 2**Programme for HIV Prevention and Treatment lab, Thailand**

This picture was taken in PHPT (Programme for HIV Prevention and Treatment), one of Oxfam's partner organisation based in Chiang Mai, Thailand. The PHPT lab supports the early diagnosis of HIV in infants under 6 months old. This work is important because, in the past, a large proportion of HIV-infected children died during their first year of life.



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A study in South Africa showed that, by starting antiretroviral (drug) treatment before a baby is 3 months' old, you can reduce death by 75 per cent (compared to children who started treatment later). However, it is not possible to identify HIV infection in children before they are 18 months' old using standard diagnosis tools because children still carry the antibodies from their mother.

So, the PHPT lab developed a technique that can be used as early as 4 weeks, to provide evidence of the presence of the HIV virus itself. This technique is known as the DNA-PCR test. The diagnosis can be made from a drop of blood spotted on a filter paper, dried, and mailed to a central lab by post. This makes it quicker and cheaper, and suitable for rural areas with poor roads and transport.

PHPT is now working with Oxfam to allow treatment for marginal populations, particularly ethnic minorities and children of non-Thai-citizens, such as international migrants, who are not entitled to the government's free healthcare system. Free healthcare is only available for Thai citizens.

Source: Oxfam

ACTIVITY

Aim	Exploring the issues around preventing diseases such as HIV.
You will need	The progress update, case study 1 and case study 2. Words that are in bold are defined in the glossary.
Title	Living with HIV
Age	11-14.
Task/s	<ul style="list-style-type: none"> • Have pupils read the update information on MDG6. What questions do they have about the challenge of tackling infectious diseases? • Show them case study 1. What do they think about it? How does it relate to the target of reducing and reversing the spread of HIV? • What do they think it must be like to live with HIV without access to treatment? What are the main risks and problems? What support is required? • If Ar-lang had been from a different community, do they think her experiences would be different? How does that link to efforts to continue reducing HIV incidence? • Now show them case study 2. How does this testing technique link to Ar-lang's experience? Could it have helped her? • Why might Ar-lang not have had access to it? If not, do you think that is right? Why might it be the case? • What do pupils think about how fair the access to testing and support with HIV is in Thailand? What would they do if they were in charge of the Thai health service?

FURTHER WORK

Age	11-14.
Task/s	<p>Encourage further discussion, thinking particularly about inequalities in who is affected</p> <p>Points for discussion:</p> <ul style="list-style-type: none"> • If each of the targets for this MDG are being met, does that mean we don't have to worry about it? • Why is it often poorer or more marginalized people who are affected most? • What impacts do these things have on the life chances of affected people? • What sort of actions are needed to continue progress? Who needs to take them? <p>Prompt pupils to consider issues around drugs access, education and how such things need to be paid for.</p> <ul style="list-style-type: none"> • Do they think the target should be for there to be <i>no</i> deaths from infectious diseases, rather than just reductions in their incidence?

Glossary of terms

Antiretroviral therapy: The standard treatment for HIV. It consists of the combination of at least three antiretroviral (ARV) drugs to maximally suppress the HIV virus and stop the progression of HIV disease.

CD4 count: The number of CD4 cells in a sample of someone's blood. CD4 cells are a type of white blood cell that fights infection. Another name for them is T-helper cells. Along with other tests, the CD4 count helps tell how strong someone's immune system is, indicates the stage of their HIV and guides treatment.