

Fact Sheet

Ensuring Access to HIV/AIDS, Tuberculosis and Malaria Treatment

We are about halfway toward delivering on global targets and universal access for treating people for HIV/AIDS, tuberculosis and malaria, based on a variety of important measures of progress. The facts below are not meant to give a comprehensive view of global progress toward controlling or eliminating these three diseases. Rather, they show that increasing coverage is feasible—and relatively quickly—as a result of concerted action. Just as importantly, they show the unfinished agenda for AIDS, TB and malaria. During a time of crisis and uncertainty, we must speed efforts toward ensuring all people have access to the treatment and care they need.

HIV/AIDS¹

- **In low- and middle-income countries:** 42% of people needing antiretroviral therapy (ART) were receiving it by the end of 2008, compared to 33% in 2007. This means 4 million people were receiving ART in low- and middle-income countries at the end of 2008, an increase of more than 1 million compared to the end of 2007 and a ten-fold increase over the previous 5 years.
- **In sub-Saharan Africa:** 44% of people in need of ART were receiving it as of end of 2008, totaling 2.7 million people.
- **In Kenya:** 49% of people in need of ART were receiving it as of the end of 2008, totaling 229,700 people of an estimated 470,000 in need.
- Given this rate of progress, 11 months into 2009 we may be halfway to seeing everyone in need of ART having access to it.

Tuberculosis²

- **Worldwide:** 56% of all new estimated cases of tuberculosis in 2007 were detected through DOTS programs (which provide the international standard of treatment). As

¹ Sources: WHO. 2009. Towards Universal Access: Scaling up priority HIV/AIDS interventions in the health sector: progress report 2009. p 54-56.

<http://www.who.int/hiv/pub/2009progressreport/en/index.html>. PEPFAR. FY2008 Kenya Country Profile. <http://2006-2009.pepfar.gov/press/81596.htm>

² Source: WHO. 2009. Global Tuberculosis Control: Epidemiology, Strategy, Financing. p194-195, 209. http://www.who.int/tb/publications/global_report/2009/en/index.html

of 2006, 52% of people with sputum-smear positive TB were detected and successfully treated through DOTS programs.

- **In sub-Saharan Africa:** 41% of total estimated TB cases and 47% of SS+ TB cases were being detected as of 2007.³
- **In Kenya:** 61% of new SS+ TB cases were detected and successfully treated as of 2006.

Malaria⁴

- **Worldwide:** more than 100 million of the 247 million annual cases of malaria worldwide were receiving treatment as of 2006.
- **In sub-Saharan Africa:** 37% of people across 18 African countries in which household surveys were conducted in 2006 and 2007 were accessing ACT, halfway toward the 2010 target of 80% access. 28 of 43 malaria-endemic countries in Africa were implementing ACT coverage nationwide.
- **In Kenya:** 54% of the country had ACT coverage through the public sector as of 2006.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

- The Global Fund's board, as well as its donors, have formally recognized that donors will need to contribute between US\$6 and US\$8 billion annually to enable the Global Fund to continue funding successful programs and to begin funding new high-quality proposed programs. In FY2010, however, total donor pledges amounted to only US\$3 billion—roughly half the funding need.

³ Sputum smear positive cases refer to those typically thought to be most infectious and are the cases on which global targets are based.

⁴ Sources: Roll Back Malaria. <http://www.rollbackmalaria.org/keyfacts.html>. WHO. 2009. World Malaria Control Report 2008. <http://apps.who.int/malaria/wmr2008/>. WHO. 2009. Accelerated Malaria Control: Toward Elimination in the Africa Region. <http://www.afro.who.int/rc59/documents/AFR-RC59-9.pdf>