

# The MDG for HIV/ AIDS, malaria and other diseases: can rhetoric become reality?

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# Outline

- What are the Millennium Development Goals?
- Why focus on three infectious diseases?
- What progress and challenges?
- How can the Cochrane Collaboration help?

# Millennium Development Goals (MDGs)

The UN Millennium Declaration of 2000 is a resolution, endorsed by 189 countries, to address extreme poverty and improve health and welfare of the world's poorest people.

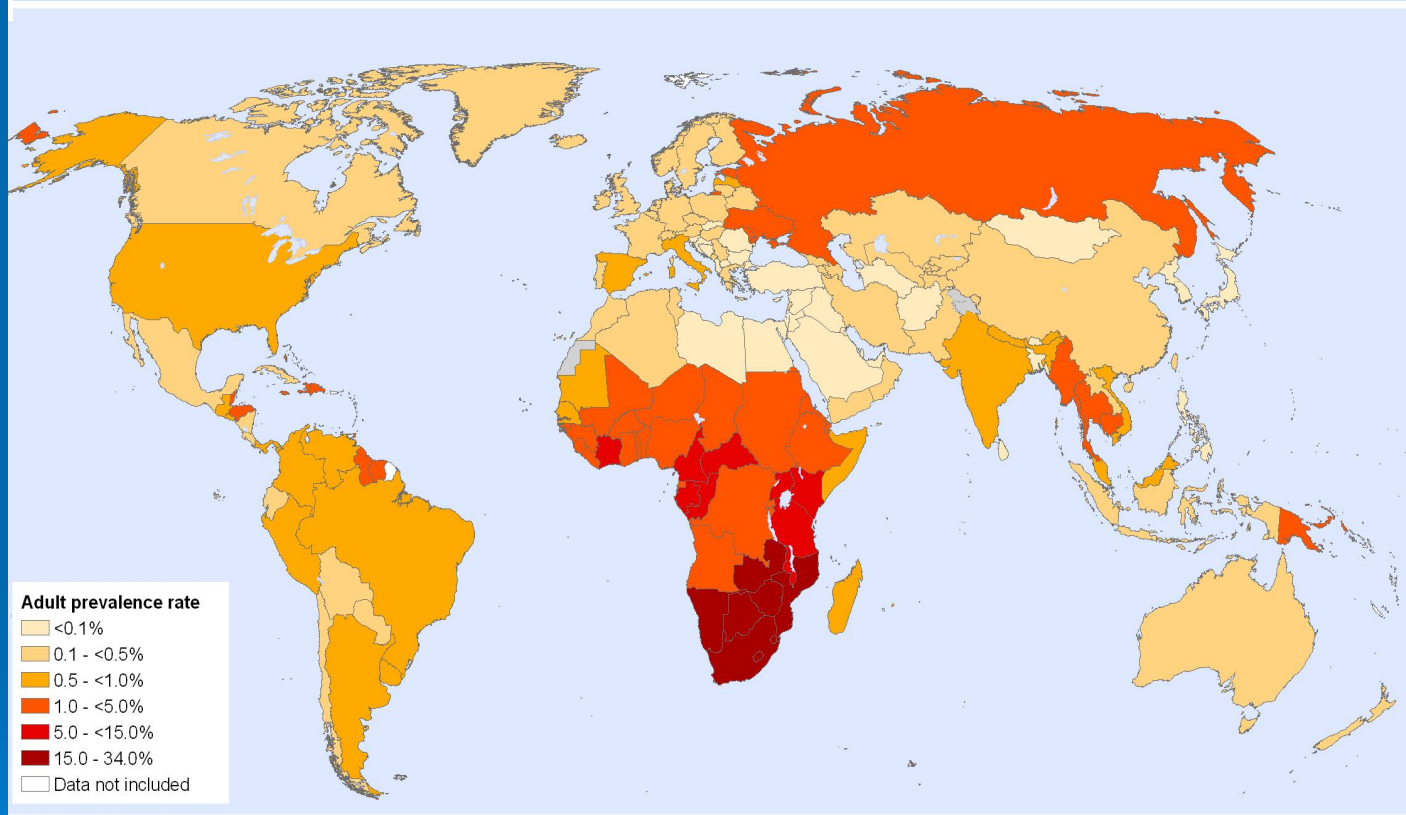
Eight goals have been set for achievement by **2015**

**These goals are:**

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. **Combat HIV/AIDS, malaria and other diseases**
7. Ensure environmental sustainability
8. Develop a global partnership for development

# HIV/AIDS prevalence (%)

A global view of HIV infection  
39.5 million people [34.1-47.1] living with HIV in 2006



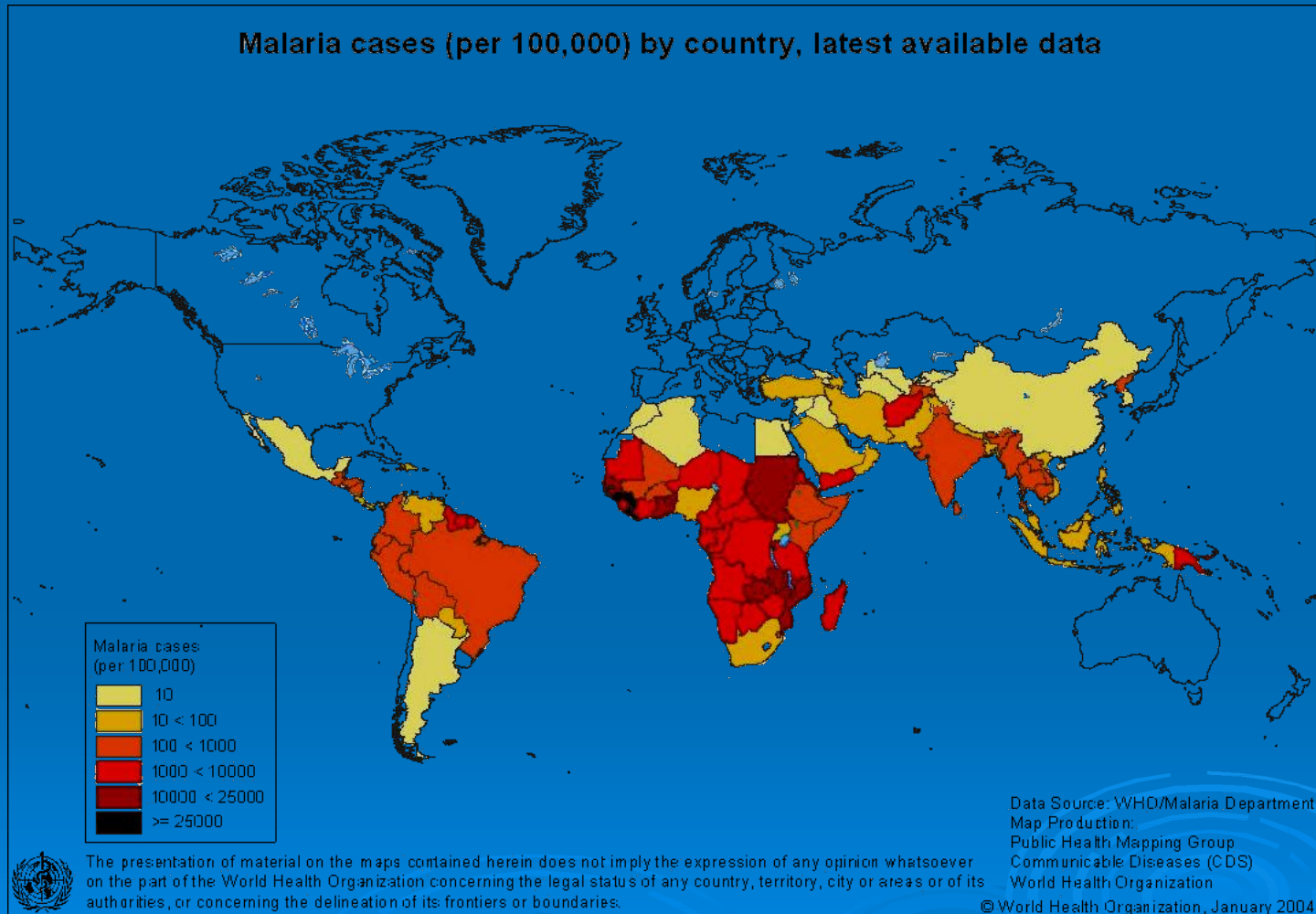
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: WHO / UNAIDS  
Map Production: Public Health Mapping and GIS  
Communicable Diseases (CDS)  
World Health Organization

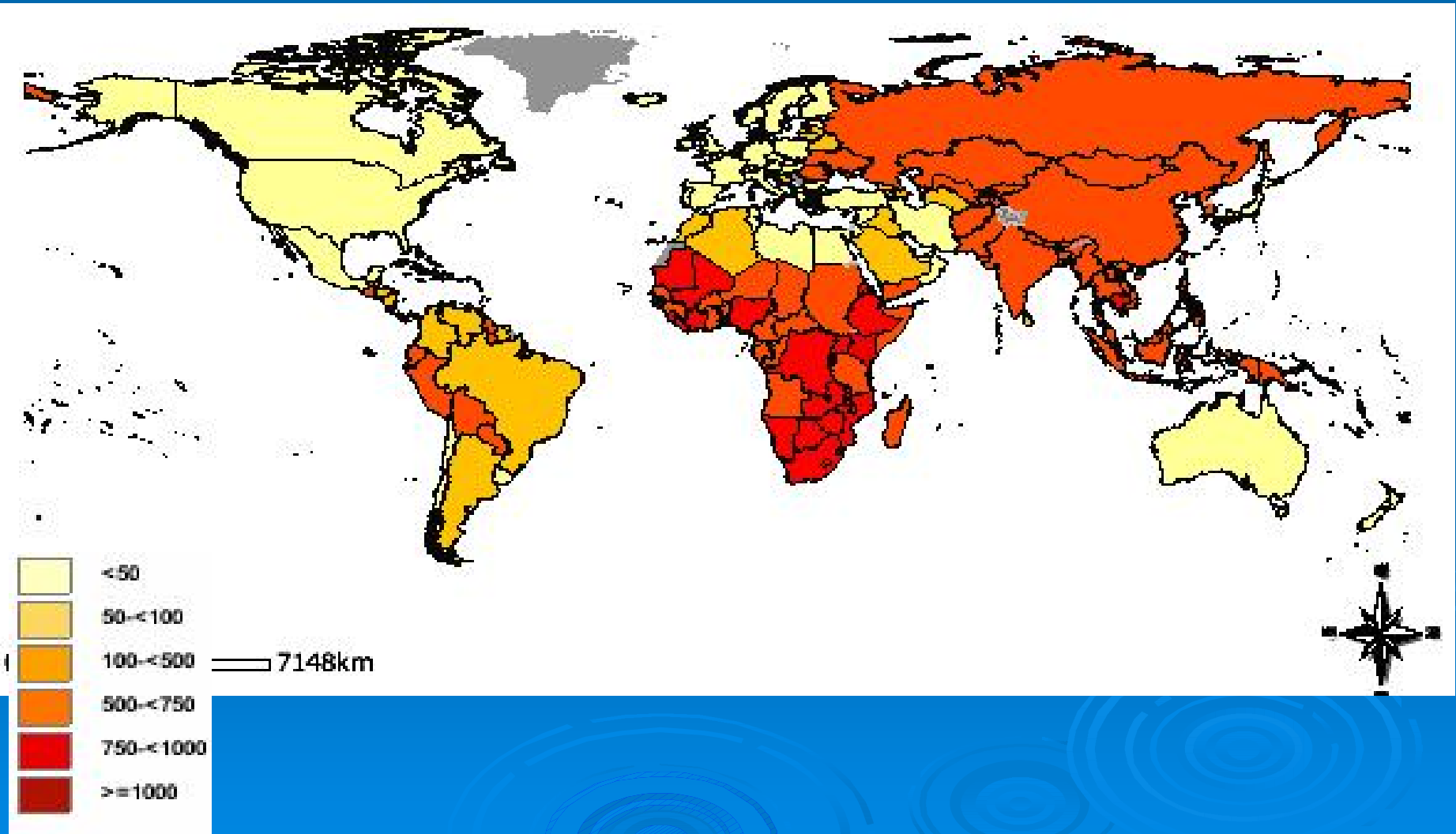


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# Malaria cases per 100,000 population

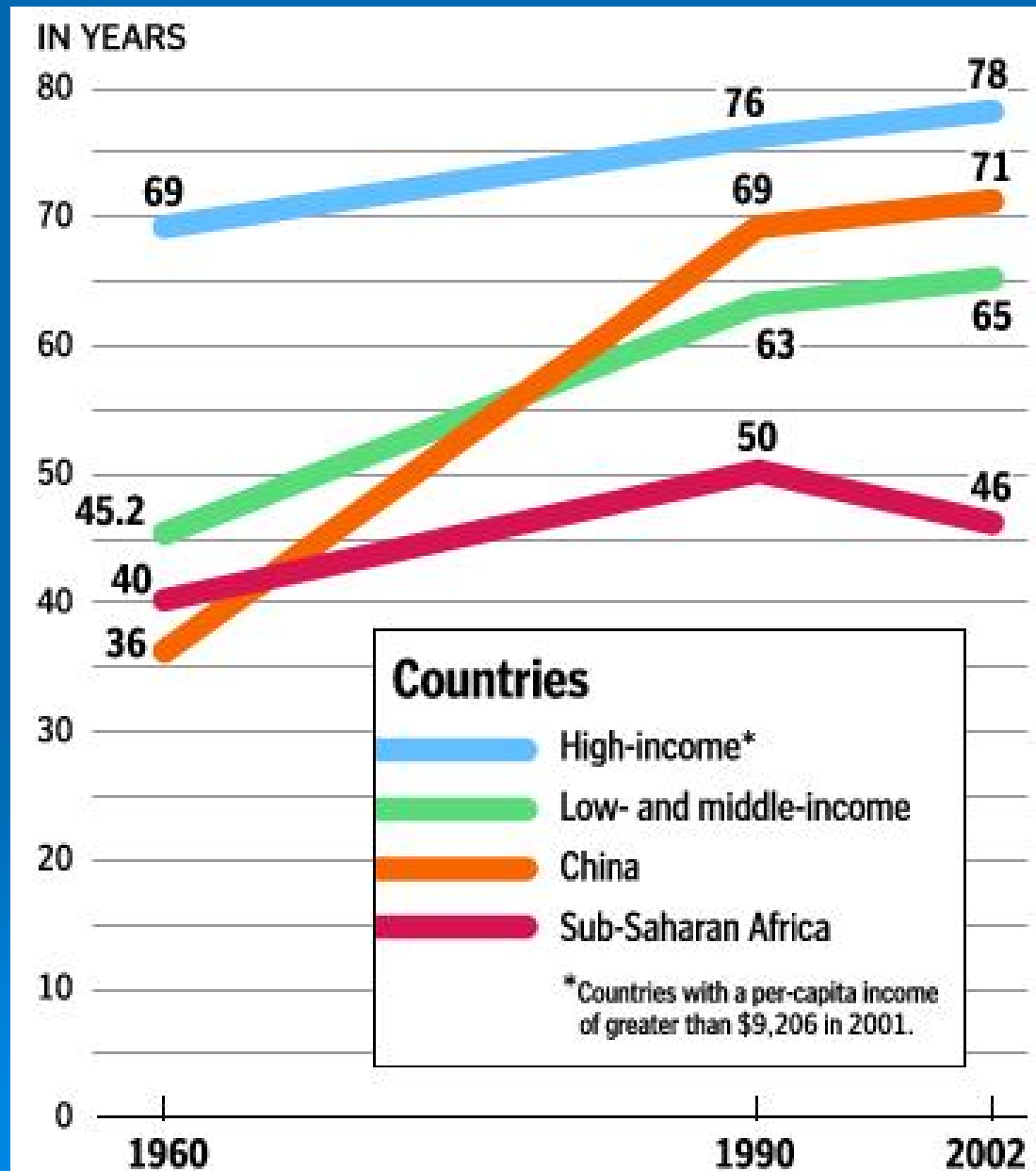


# TB prevalence, all forms per 100 000 population



Source: World Health Organization Stop TB Department 2005

# Life expectancy by country income





## **WHO: Commission on Macroeconomics and Health**

- **Ill health undermines economic development and efforts to reduce poverty**
- **Economic burden on individuals and households, health services and national economy are large**
- **A few health conditions account for most of the avoidable deaths in LMIC**
  - **HIV/AIDS, TB, malaria, maternal & child health, and tobacco-related illness**
- **The HIV/AIDS pandemic is a “distinct and unparalleled catastrophe” not only in its human dimension but in its implications for economic development**



# MDG 6: Combat HIV/AIDS, malaria and other diseases -1

Target 1: To have halted by 2015 and begun to reverse spread of HIV/AIDS

## ➤ Indicators

- HIV prevalence
- Condom use at last high-risk sex
- Population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
- Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

# MDG 6: Combat HIV/AIDS, malaria and other diseases -2

Target 2: To have halted by 2015 and begun to reverse incidence of malaria and other major diseases

## ➤ Indicators

- Incidence and death rates associated with malaria
- Children <5 sleeping under ITN and with fever who are treated with appropriate anti-malarial drugs
- Incidence, prevalence and death rates associated with TB
- TB cases detected and cured under DOTS

**Taking 1990 as the  
baseline are we on track to  
meet the 2015 targets?**

# HIV/AIDS



# Tuberculosis

# Malaria

# Challenges in achieving the health MDGs

# Social and economic

- Poverty
- Lack of knowledge at grassroots level
- Stigma and discrimination
- Power imbalance between men and women



# Health Systems

- Weak, overwhelmed, under-resourced and unresponsive
- Lack of coordination - often driven by varying donor demands
- Disparities between income groups in access to health services
- Lack of human resources



# Treatment and delivery

- Evidence on what works and what doesn't
- Cost of drugs
- Implementation challenges
- Drug resistance
- No pipeline of new effective and affordable drugs

# Financial support

- Inability of countries to pursue investments that may be beneficial to their progress
- Global Fund to combat AIDS, TB and Malaria (GFATM) has helped but level of external funding still falls far short of estimated amount needed to achieve the MDGs
- Donors are not honouring their commitments

# Political leadership

- Poorly functioning and chaotic governments
- Wars and conflict
- Little or no attention to policies favouring MDGs

# How can the Cochrane Collaboration help?

Four recommendations

**1. Increase the number of high quality systematic reviews of the effects of interventions and policies that address the health MDGs**

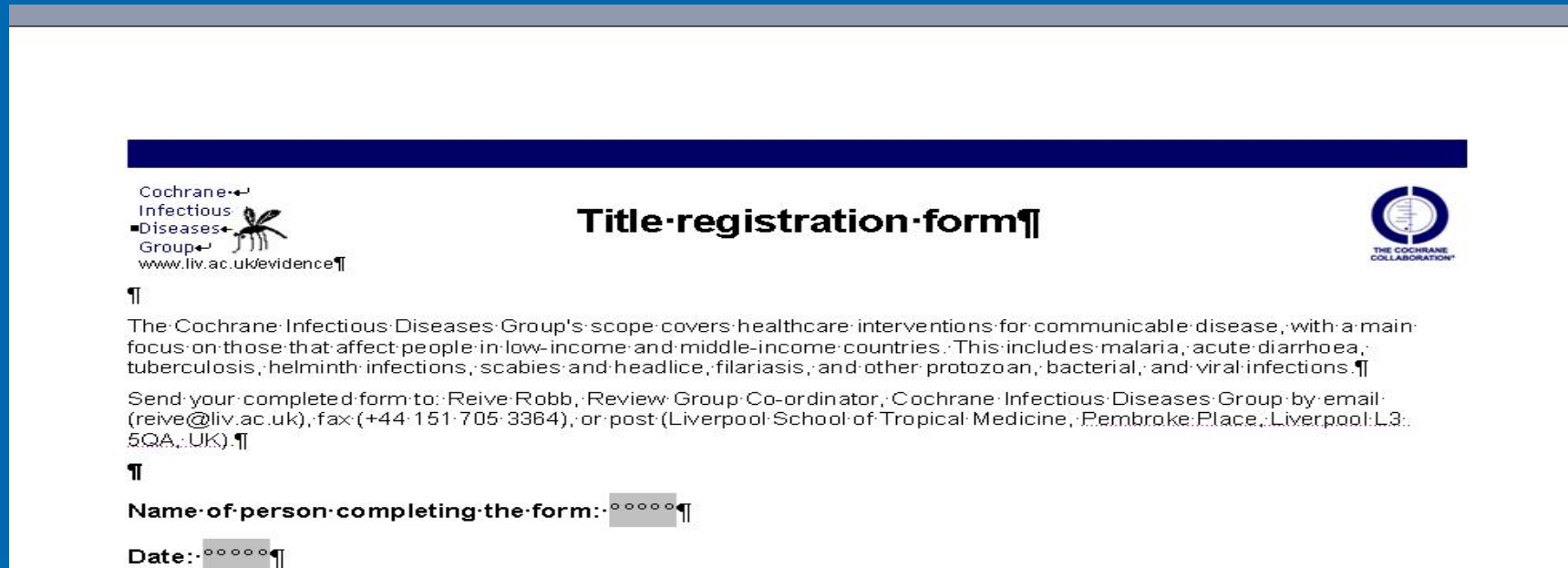
# Number of Cochrane reviews

*The Cochrane Library, issue 2, 2007*

- HIV – 37
- Malaria - 33
- TB - 11
- Asthma - 100
- Cystic Fibrosis – 36
- Incontinence – 30
- Missing teeth - 14



# Prioritise reviews relevant to the MDGs



The screenshot shows a form titled "Title registration form" from the Cochrane Infectious Diseases Group. The form includes the group's logo and website, a description of its scope, contact information for Reive Robb, and fields for the name and date of the person completing the form.

**Cochrane Infectious Diseases Group**  
www.liv.ac.uk/evidence

**Title registration form**

The Cochrane Infectious Diseases Group's scope covers healthcare interventions for communicable disease, with a main focus on those that affect people in low-income and middle-income countries. This includes malaria, acute diarrhoea, tuberculosis, helminth infections, scabies and headlice, filariasis, and other protozoan, bacterial, and viral infections.

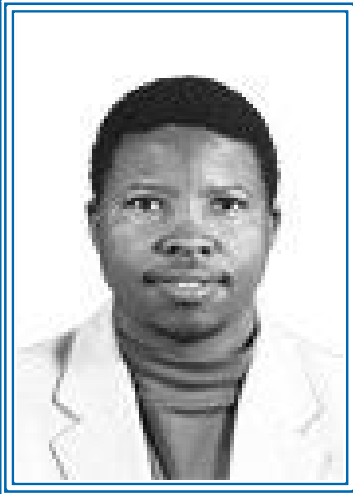
Send your completed form to: Reive Robb, Review Group Co-ordinator, Cochrane Infectious Diseases Group by email (reive@liv.ac.uk), fax (+44 151 705 3364), or post (Liverpool School of Tropical Medicine, Pembroke Place, Liverpool L3 5QA, UK).

**Name of person completing the form:** [redacted]

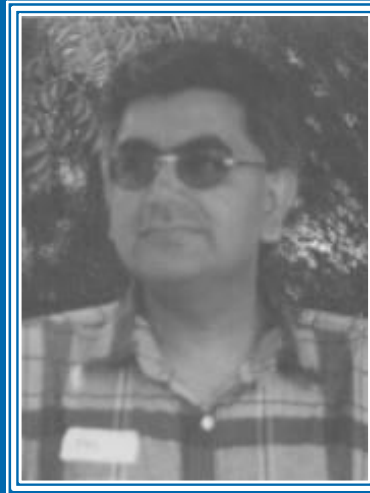
**Date:** [redacted]

“How might this Cochrane Review contribute to achieving the United Nations Millennium Goals in infectious diseases, maternal mortality or child health?”

# The HIV/AIDS Mentoring Programme



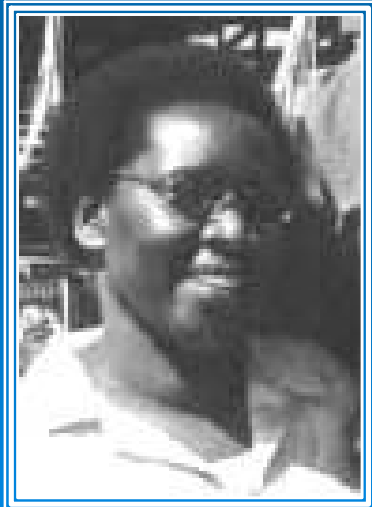
Geoffrey Setswe



Fazleh Mahomed



Marianne Visser



Sarah Mahlangu



James Irlam



Haly Holmes

# Reviews for Africa Programme



# Improve access to trials

## ATM CLINICAL TRIALS REGISTRY

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### Home

#### Welcome to the ATM Clinical Trials Registry

The South African Cochrane Centre (SACC), in partnership with The European and Developing Countries Clinical Trials Partnership (EDCTP) and the Cochrane Infectious Disease Group, has established an international registry for HIV/AIDS, Tuberculosis (TB) and Malaria clinical trials (ATM Registry) conducted in sub-Saharan Africa. Information on all prospectively registered trials contained in the ATM Registry will be made widely available in an open-access repository. The ATM Registry will be an important global resource for researchers, clinicians, policy makers and the lay public by:

- Providing a source of reliable information on the efficacy and safety of prevention and treatment measures
- Identifying research gaps that should be addressed in future trials
- Providing a 'laboratory' for studying the scope, quality and funding patterns of trials and
- Keeping track of on-going trials.

[View more information on how to register your trial.](#)



Last updated:  
15 August, 2007

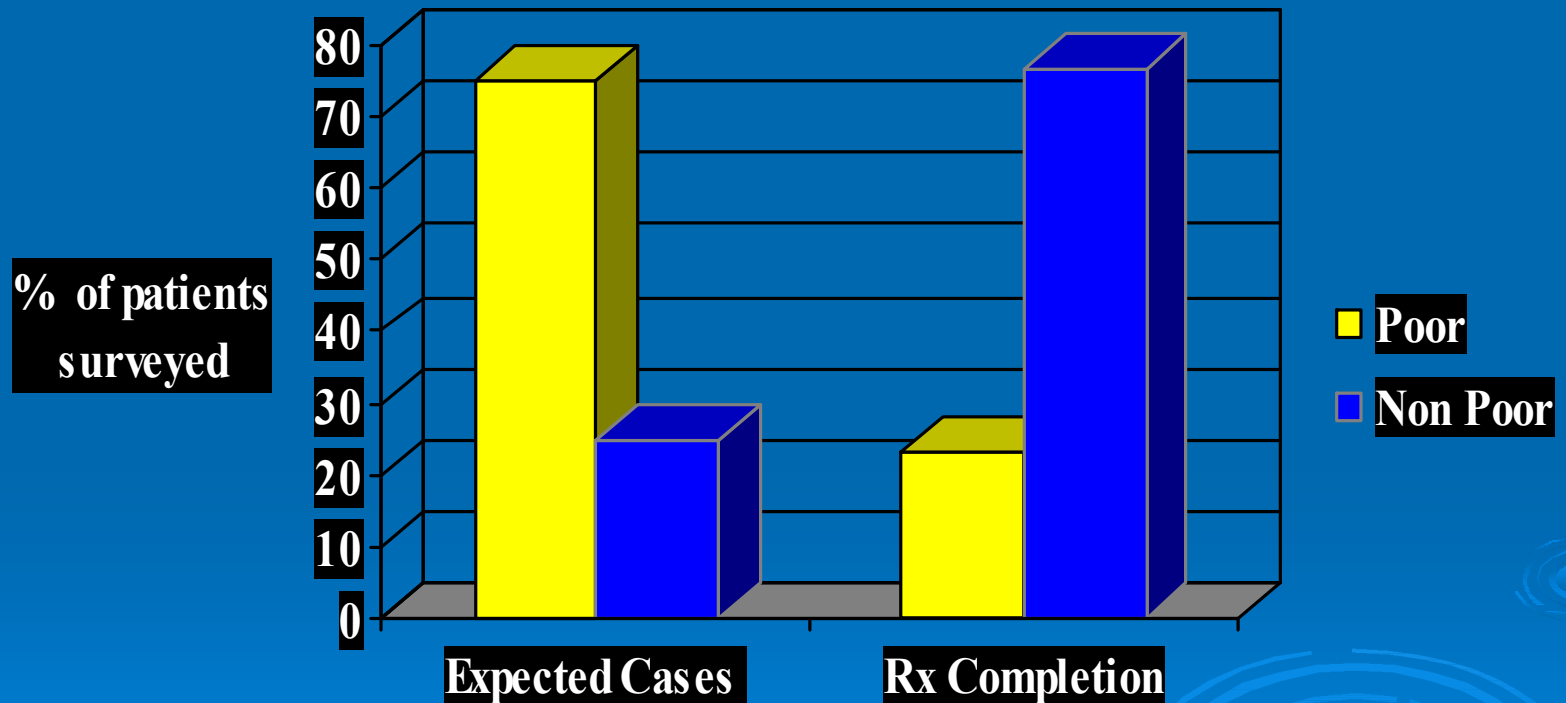
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## **2. Prioritise policy relevant reviews and promote uptake of evidence**

Health service delivery issues e.g. health care financing and human resources may of higher priority than biomedical interventions

Creating and sustaining pro-poor health systems capable of implementing existing and new knowledge may be most urgent

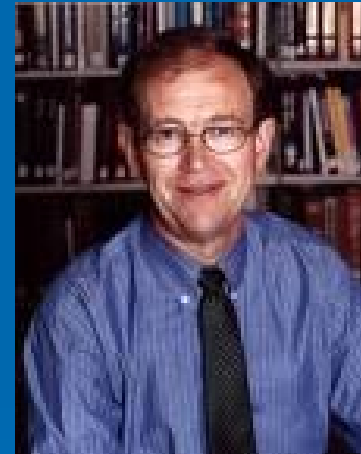
# Risk and Treatment Disparities in Tuberculosis, Kenya 2003



Adapted from Hanson et al 2003

# Cochrane and Campbell Collaboration Equity Field

- To identify interventions that improve the health status of the poor and reduce health inequities



# Engagement with policy makers





# International Artemisinin Study Group

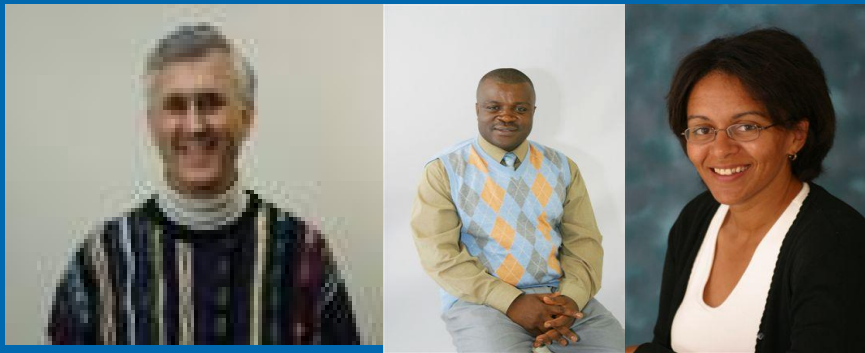
M Adjuik [S], A Babiker [S], Luis Camargo, Joao Baptista, Phillipe Brasseur, Henry Carnevale, Umberto D'Alessandro, Nick Day [AC], Rory Collins [AC chair], JF Faucher, Paul Garner [S], Jean-Paul Guthmann, Brian Greenwood, Luis Carmego Marie-Claire Henry, Pr. Hildebrando, Peter Kremsner, S Krishna, Lansina Lamizana, David Lalloo [AC], Mores Loolpapit, Grace Malenga, Kevin Marsh, Paul Milligan, Malcolm Molyneux, Charles Obonyo, Aggrey Oloo, Lyda Osorio, Piero Olliaro [S], François Nosten, Lorextu Pinoges, Gerardo Priotto, Trenton Ruebush, Lorenz von Seidlein, Julie Simpson [AC], Bienvenue Sirima, Eilab Some, Bob Taylor [S], Bill Watkins, Nick White (chair).

S=Secretariat; AC=Advisory Committee.

Secretariat Administration

P Waugh, Liverpool School of Tropical Medicine; & T Admirol, TDR, World Health Organization.





## **EVIPNet - EVIDENCE- INFORMED POLICY NETWORK**

**EVIPnet is a partnership between policy- and decision-makers and researchers to facilitate decision-making and policy implementation**

**“...builds upon one of the key recommendations from the WHO’s Ministerial Summit on Health Research (November, 2004) to translate knowledge into action to improve health.**

**The SUPPORT Collaboration aims to improve use of reliable research evidence in policy & management decisions on maternal and child health & to fill in gaps where there is lack of reliable evidence**

# **3. Advocate for more and better evidence**

# HIV/AIDS, TB AND NUTRITION



Scientific inquiry into the nutritional influences  
on human immunity with special reference  
to HIV infection and active TB in South Africa

ACADEMY OF SCIENCES OF SOUTH AFRICA  
**ASSAf**

*Knowing & Helping*

“The existing literature is woefully inadequate to answer many of the pressing questions facing policymakers in South Africa. Accordingly, the following **research priorities** have been identified...”

# A Cochrane review of the effectiveness of strategies to address the urban:rural maldistribution of health professionals

- “A large number of educational, financial, regulatory interventions have been implemented in an attempt to address the inequitable distribution of health professionals. ....this review finds that there is currently **no rigorous evidence** to confirm or refute claims regarding the value of any of the existing interventions”

# **4. Hold our governments accountable for honouring their commitments**

UN Millennium Declaration

# So can rhetoric become reality?

- “If we do not act now, the world will live without millennium development goals, and it will be a very long way to the next Millennium Summit in the year 3000”

Sachs & McArthur, Lancet, 2005

- “Diseases must be attacked in the poorest or the richest in the same way as the fire brigade will give full assistance to the humble cottage as readily as to the most important mansion”

Winston Churchill, 1946

# Acknowledgements





# Acknowledgements

- Nandi Siegfried
- Joy Oliver
- Lee Louw
- Paul Garner
- Harriet MacLehose

