



Part I

Health-related Millennium Development Goals

particularly high in the WHO African Region at 118 births for every 1000 adolescent girls – about ten times the average in the WHO Western Pacific Region. Factors that contribute to continuing unmet need for family planning include a lack of decision-making power among women and a shortage of appropriate health services, especially for adolescent girls.

In 2008, there were an estimated 243 million cases of **malaria** causing 863 000 deaths; mostly of children under 5 years old.⁸ Despite increases in the supply of insecticide-treated nets, their availability in that year was far below the level of need almost everywhere. The procurement of antimalarial medicines through public health services increased, but access to treatment (especially artemisinin-based combination therapy) was inadequate in all countries surveyed in 2007 and 2008. There are, however, indications⁸ that 9 African countries and 29 countries outside Africa are on course to meet the MDG target⁹ for reducing the malaria burden.

Latest estimates indicate that the incidence rate of **tuberculosis** (TB) continued to slowly decline, reaching an estimated 140 per 100 000 population in 2008. The prevalence of all TB cases is falling along with mortality rates among HIV-negative TB cases. Globally, the estimated case-detection rate¹⁰ for new smear-positive TB cases increased from 40% in 2000 to 62% in 2008. While there were some improvements in the WHO African Region, less than 50% of TB cases were reported in this region in 2008.

Data on treatment-success rates for new smear-positive TB cases indicate consistent improvements with the global rate rising from 69% in 2000 to 86% in 2007 (Figure 4). In the WHO South-East Asia Region, the rate increased from 50% in 2000 to 88% in 2007. In the WHO European Region, while case-detection rate for new smear-positive cases increased, treatment success remains low at 67% in 2007, partly attributable to a high burden of multidrug-resistant TB. Multidrug-resistant TB and HIV-associated TB pose considerable challenges. Globally, there were an estimated 0.5 million new cases of multidrug-resistant TB in 2007, with 27 countries accounting for 85% of the total.¹¹

New **HIV** infections have been reduced by 16% globally between 2000 and 2008, due, at least in part, to successful HIV-prevention efforts. In 2008, it was estimated that 2.7 million people were newly infected with HIV (Figure 5) and there were 2 million **HIV/AIDS**-related deaths.¹²

The availability and coverage of priority health-sector interventions for HIV prevention, treatment and care have continued to expand. In 2008, of the 1.4 million HIV-positive pregnant women, more than 628 000 received antiretroviral therapy (ART) to prevent the transmission of HIV to their children. This represents a coverage of 45% – an increase of 10% compared with 2007.¹³ There are, however, striking regional variations. In the WHO African Region (where HIV prevalence among adults was the highest) only 45% of pregnant women in need in low-income and middle-income countries received treatment, while in the WHO European Region (where HIV prevalence among adults was much lower) 94% of pregnant women in need in low-income and middle-income countries had access to treatment.

⁸ *World malaria report 2009*. Geneva, World Health Organization, 2009. www.who.int/malaria/world_malaria_report_2009/en/index.html

⁹ MDG 6; Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

¹⁰ No distinction is made between DOTS and non-DOTS programmes because by 2007 more than 99% of notified cases were reported to WHO as treated in a DOTS programme. *Global tuberculosis control: a short update to the 2009 report*. Geneva, World Health Organization, 2009. www.who.int/tb/publications/global_report

¹¹ *Global tuberculosis control: a short update to the 2009 report*. Geneva, World Health Organization, 2009.

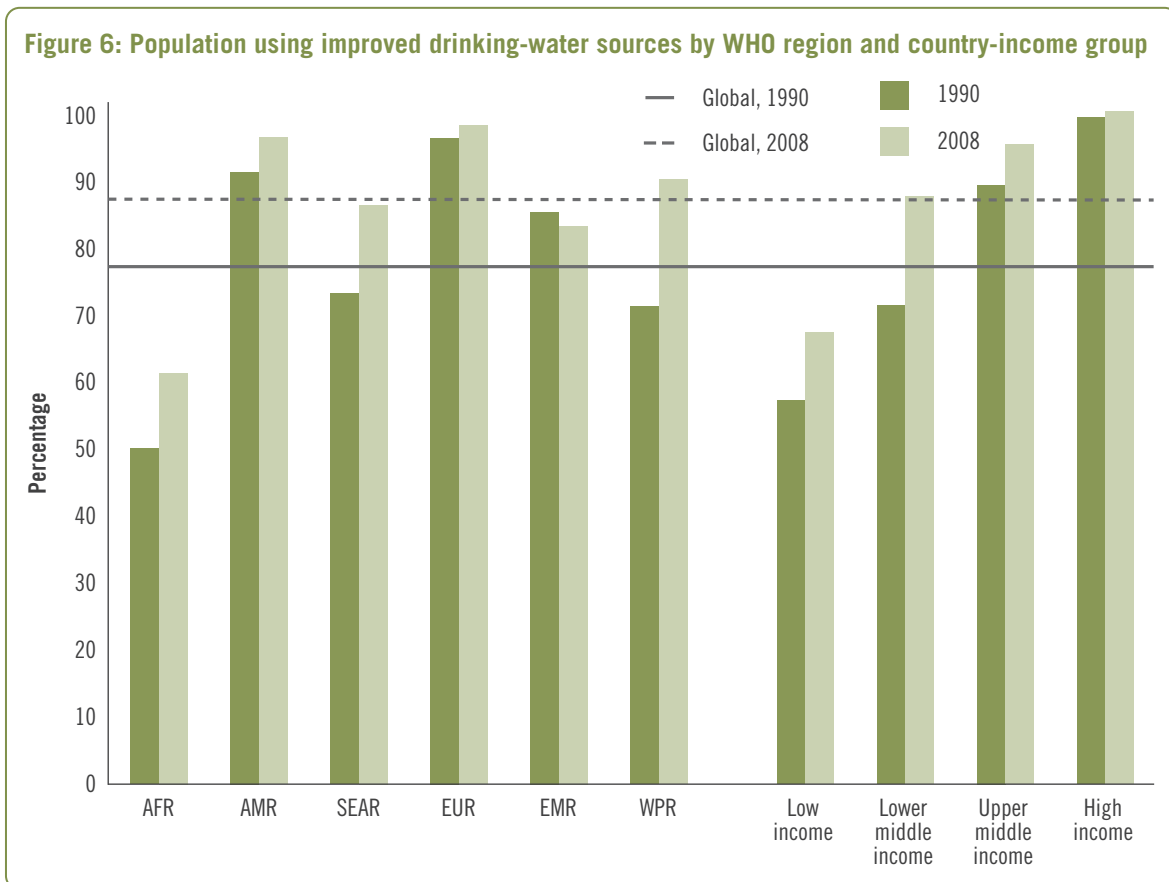
¹² *AIDS epidemic update: December 2009*. Geneva, Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO), 2009. www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2009/default.asp

¹³ *Towards universal access. Scaling up priority HIV/AIDS interventions in the health sector: Progress report 2009*. Geneva, WHO, UNAIDS, UNICEF, 2009. www.who.int/hiv/pub/2009progressreport/en/

It is estimated that by the end of 2008, more than 4 million people in low-income and middle-income countries were receiving ART – an increase of more than 1 million compared with the end of 2007. This represents a 10-fold expansion in five years, with the greatest growth occurring in sub-Saharan Africa. Nonetheless, more than 5 million of the estimated 9.5 million people in low-income and middle-income countries needing ART were still without access to treatment.¹³ Coverage was lowest in the WHO Eastern Mediterranean Region (where only one in every 10 people needing ART received it) and highest in the WHO Region of the Americas (where one out of two who needed therapy received it).

More than 1000 million people are affected by **neglected tropical diseases**. In 2008, 496 million people were treated for lymphatic filariasis out of the 695 million targeted. In 2008, only 4619 cases of dracunculiasis were reported – in the mid-1980s the estimated number of cases was 3.5 million. As many as 190 130 cases of cholera were reported in 2008 – up from 177 963 in 2007. At the beginning of 2009, there were a reported 213 036 cases of leprosy – down from 5.2 million in 1985.

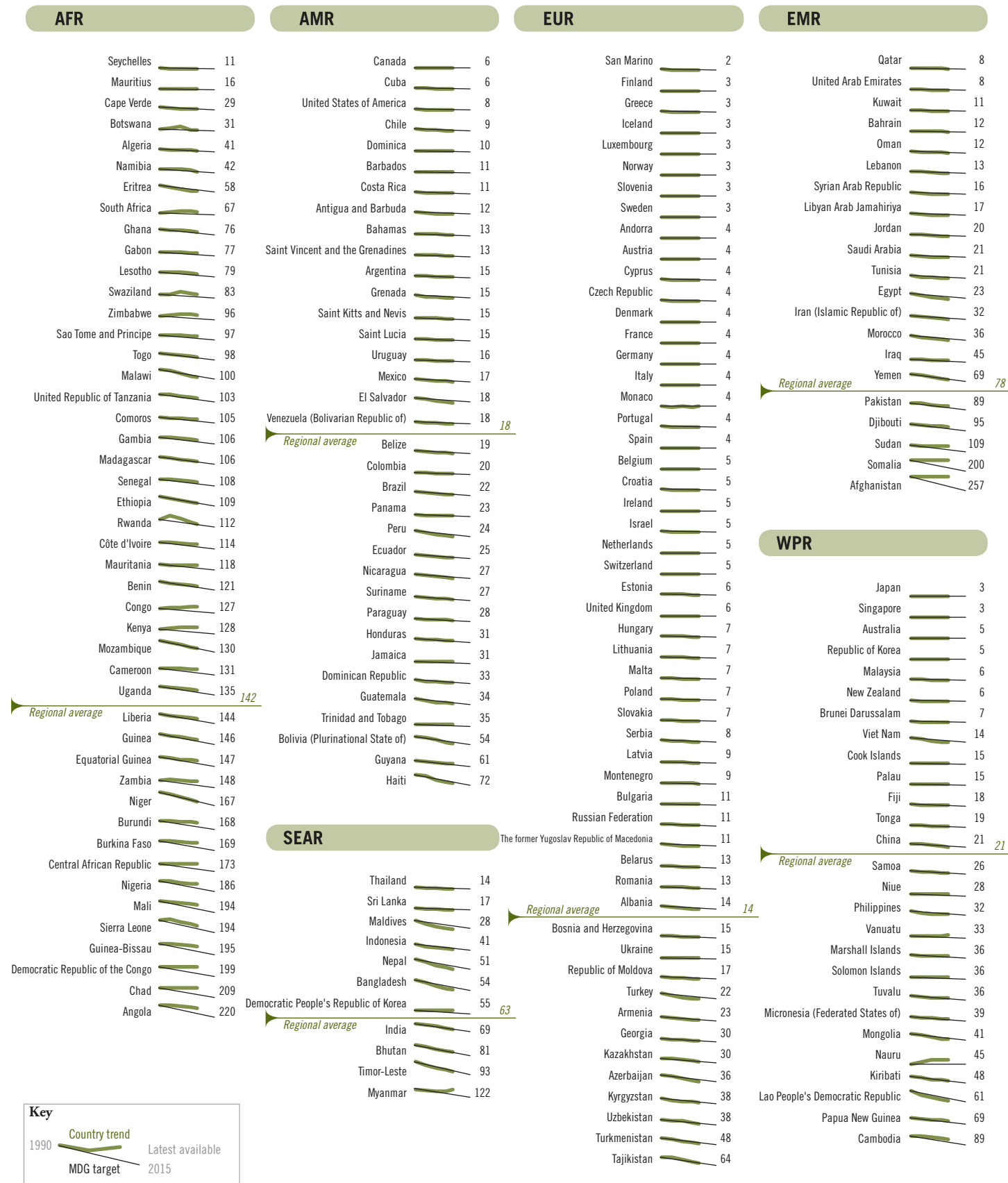
The percentage of the world’s population using “improved” **drinking-water** sources¹⁴ increased from 77% to 87% between 1990 and 2008 (Figure 6). This rate of improvement is sufficient to achieve the relevant MDG target¹⁵ globally. In the WHO African Region, however, while the percentage increased from 50% in 1990 to 61% in 2008, it remained well short of the 68% needed in that year to remain on course for achieving the MDG target. The situation in the WHO Eastern Mediterranean Region appears to have stalled, and an annual rate of increase of 1.6% is needed to



¹⁴ See Part II, Table 5. Risk factors, footnotes 20 and 22 for a full explanation of this term.

¹⁵ MDG 7; Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking-water and basic sanitation.

2. Under-five mortality rate (probability of dying by age 5 per 1000 live births)

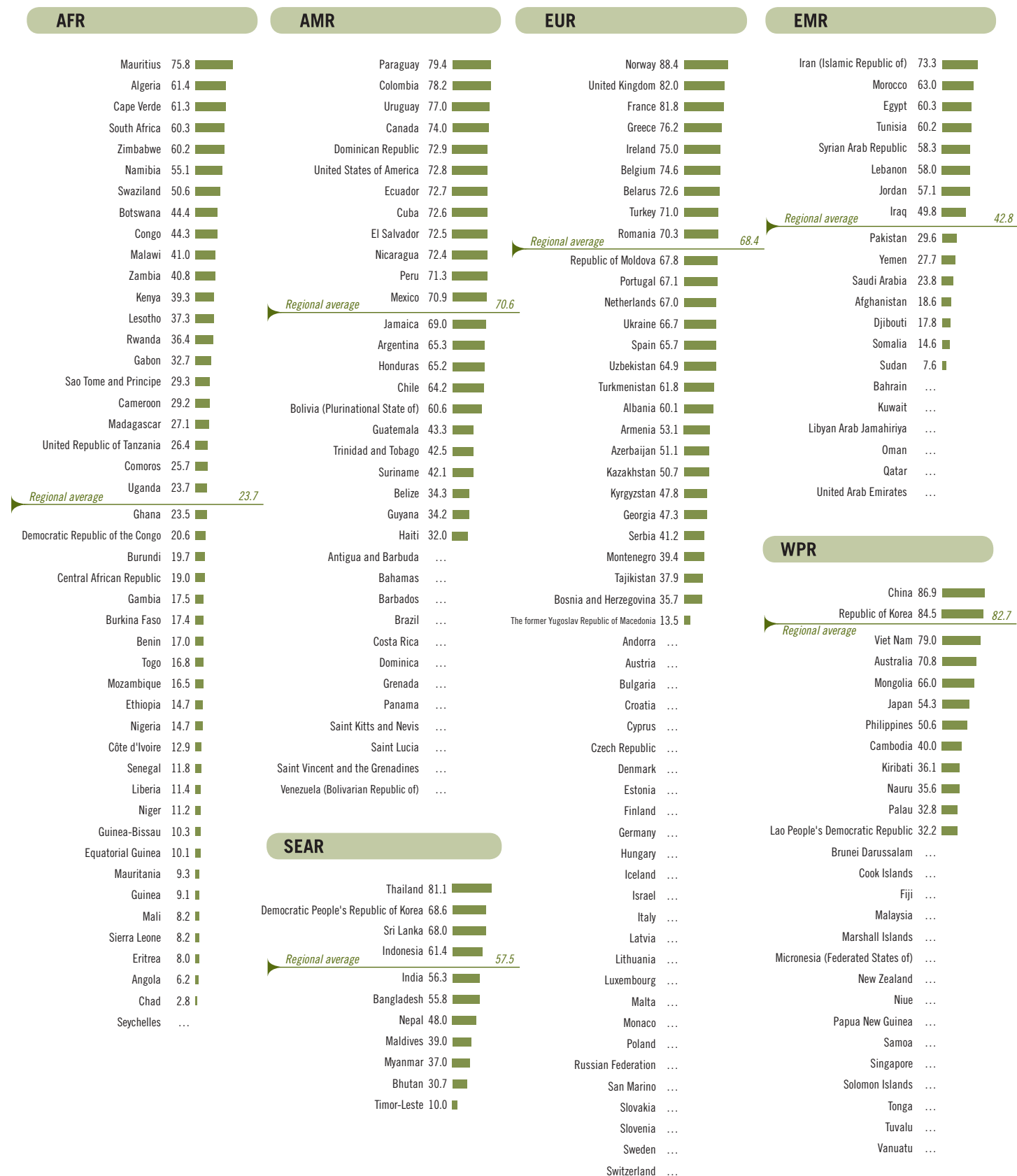


This chart shows estimated under-five mortality for 2008, with countries within each WHO region sorted by level. The bold lines indicate trends since 1990 or since the first year for which data are available.

The thin lines indicate the projected trend needed to reduce by two thirds the under-five mortality rate by 2015.

Further details can be found in **Part II, Table 1**.

6. Contraceptive prevalence (%)

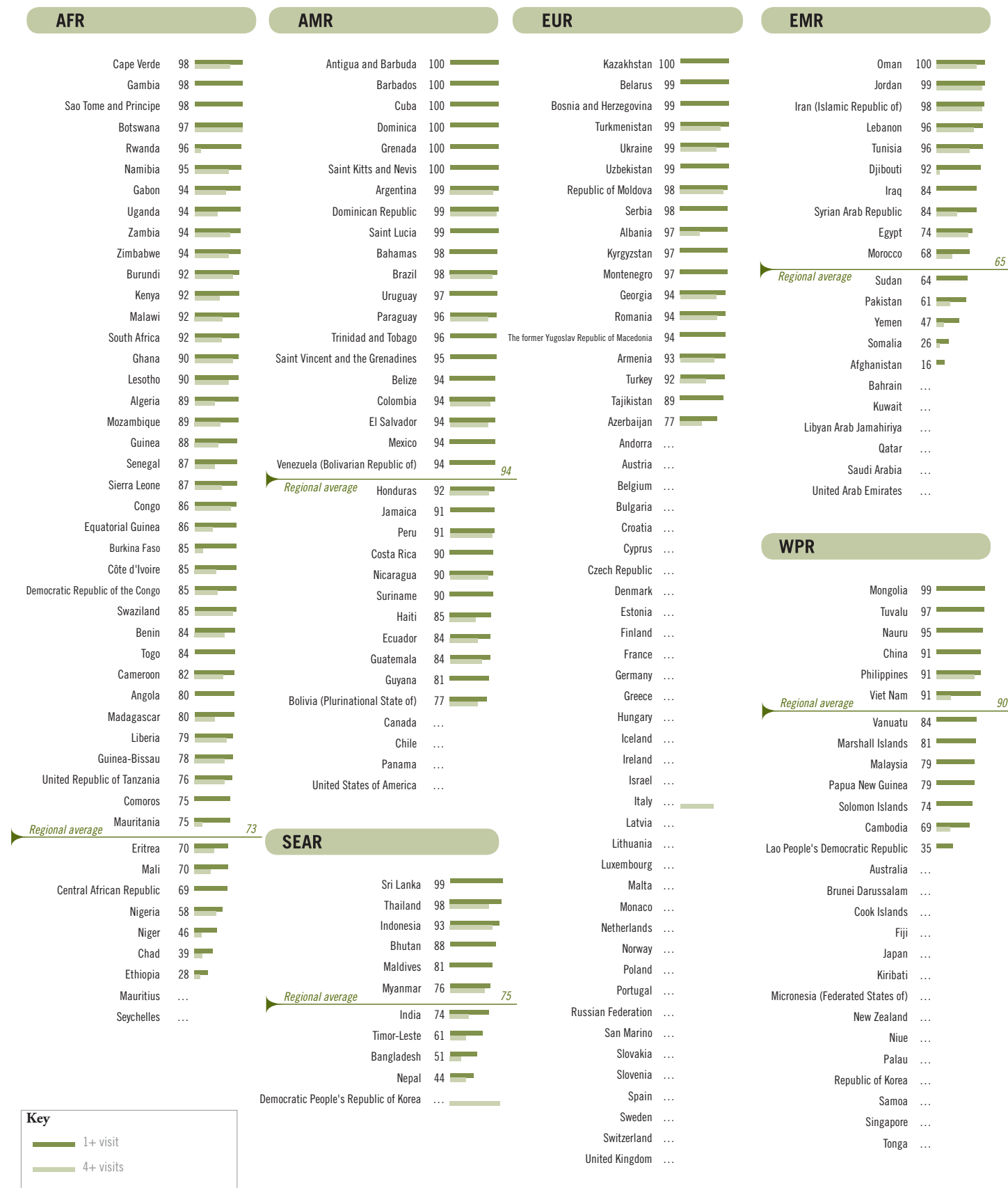


This chart shows the percentage of women married or cohabiting who report current use of at least one method of contraception. Within each WHO region, countries are sorted by the latest available data since 2000.

Further details can be found in **Part II, Table 4**.

8. Antenatal care coverage (%): at least 1 visit and at least 4 visits

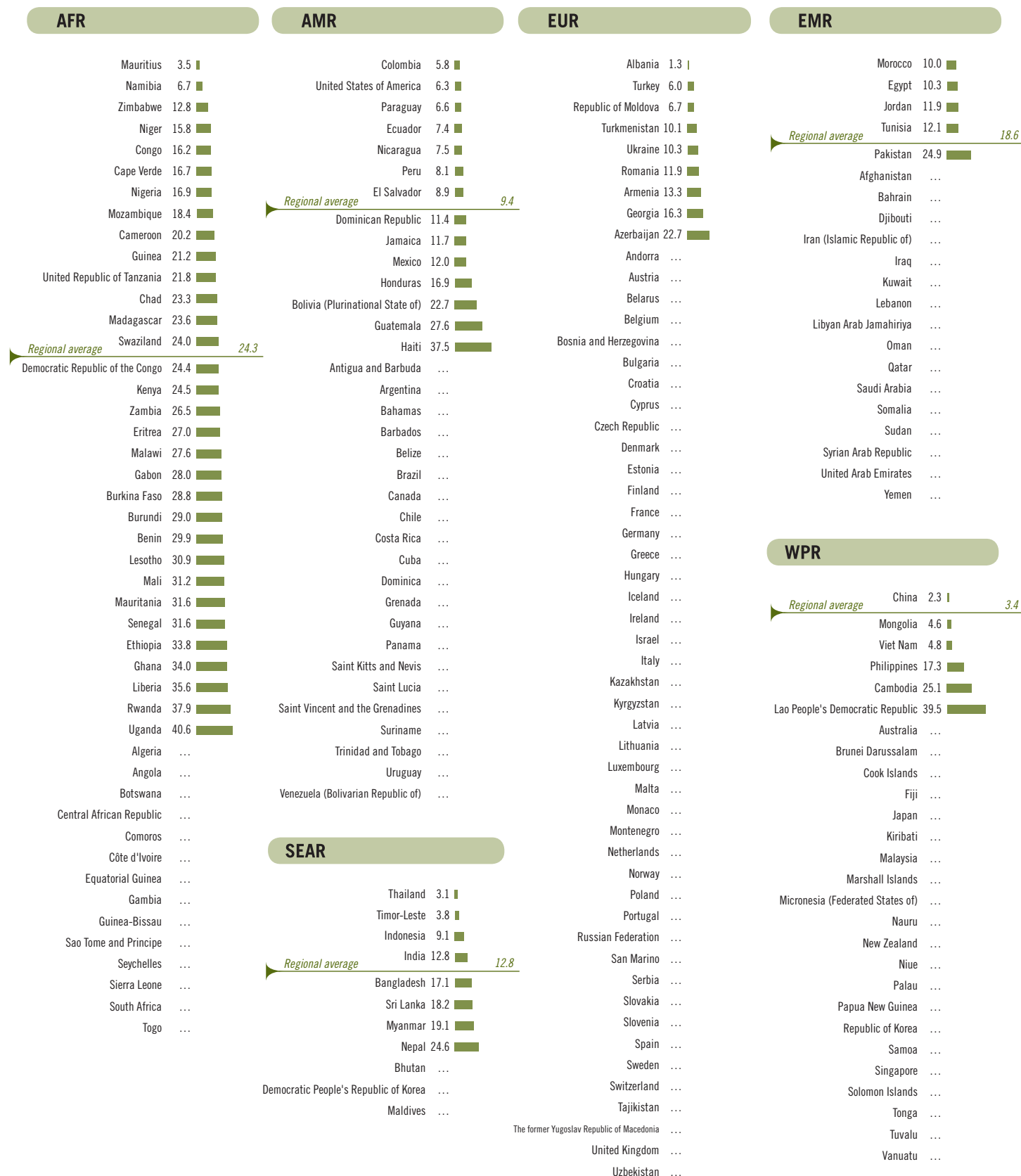
2014-2018
 2018-2019
 2019-2020
 2020-2021
 2021-2022
 2022-2023
 2023-2024
 2024-2025



This chart shows the percentage of women who received antenatal care from skilled health personnel at least once and at least four times during pregnancy. Within each WHO region, countries are sorted by the latest available data since 2000 for coverage of at least one visit.

Further details can be found in **Part II, Table 4**.

9. Unmet need for family planning (%)



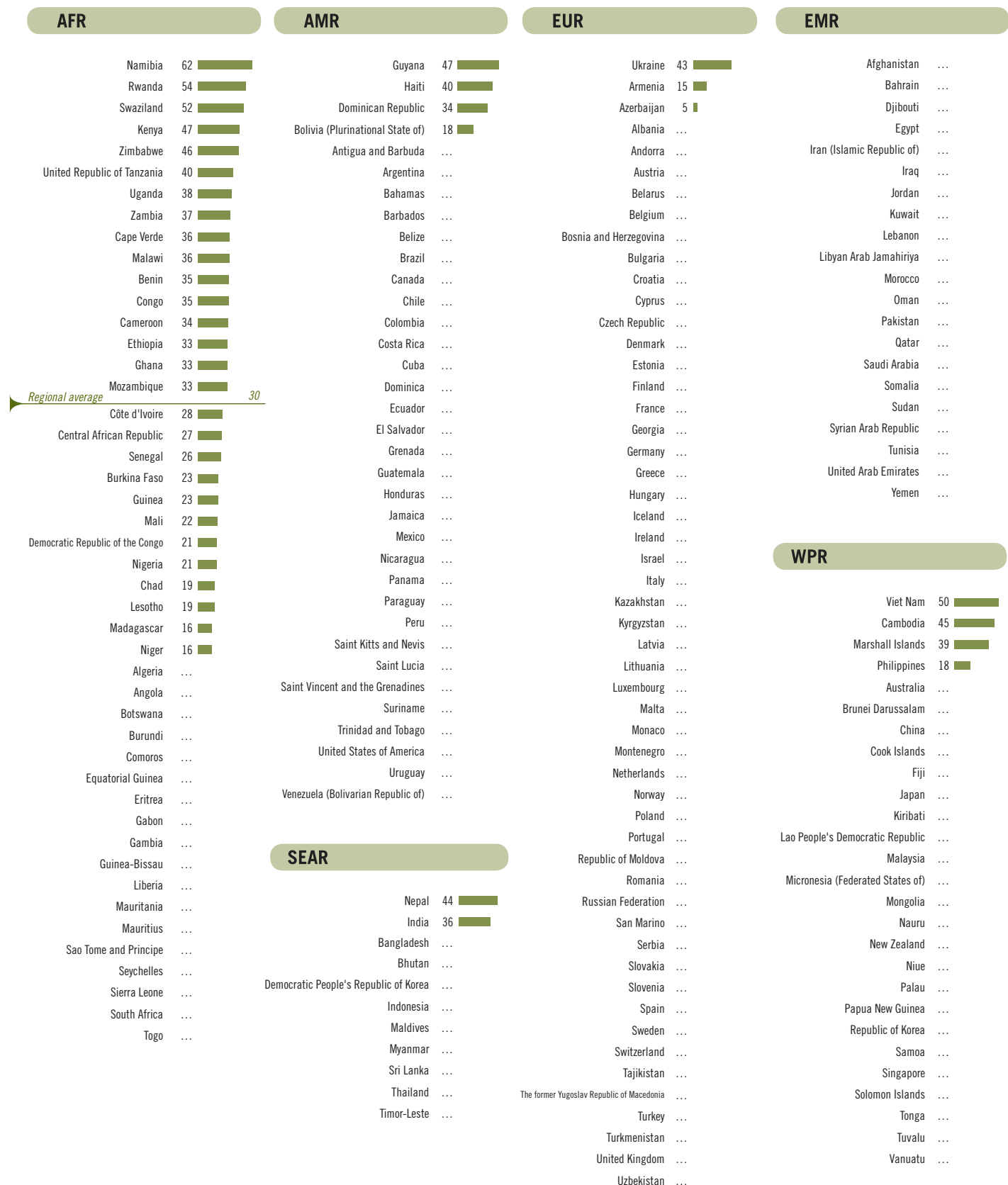
This chart shows the percentage of women who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child.

Within each WHO region, countries are sorted by the latest available data since 2000.

Further details can be found in **Part II, Table 4**.

11. Males aged 15–24 years with comprehensive correct knowledge of HIV/AIDS (%)

02+2024
YVA19014
81-A-C1-3



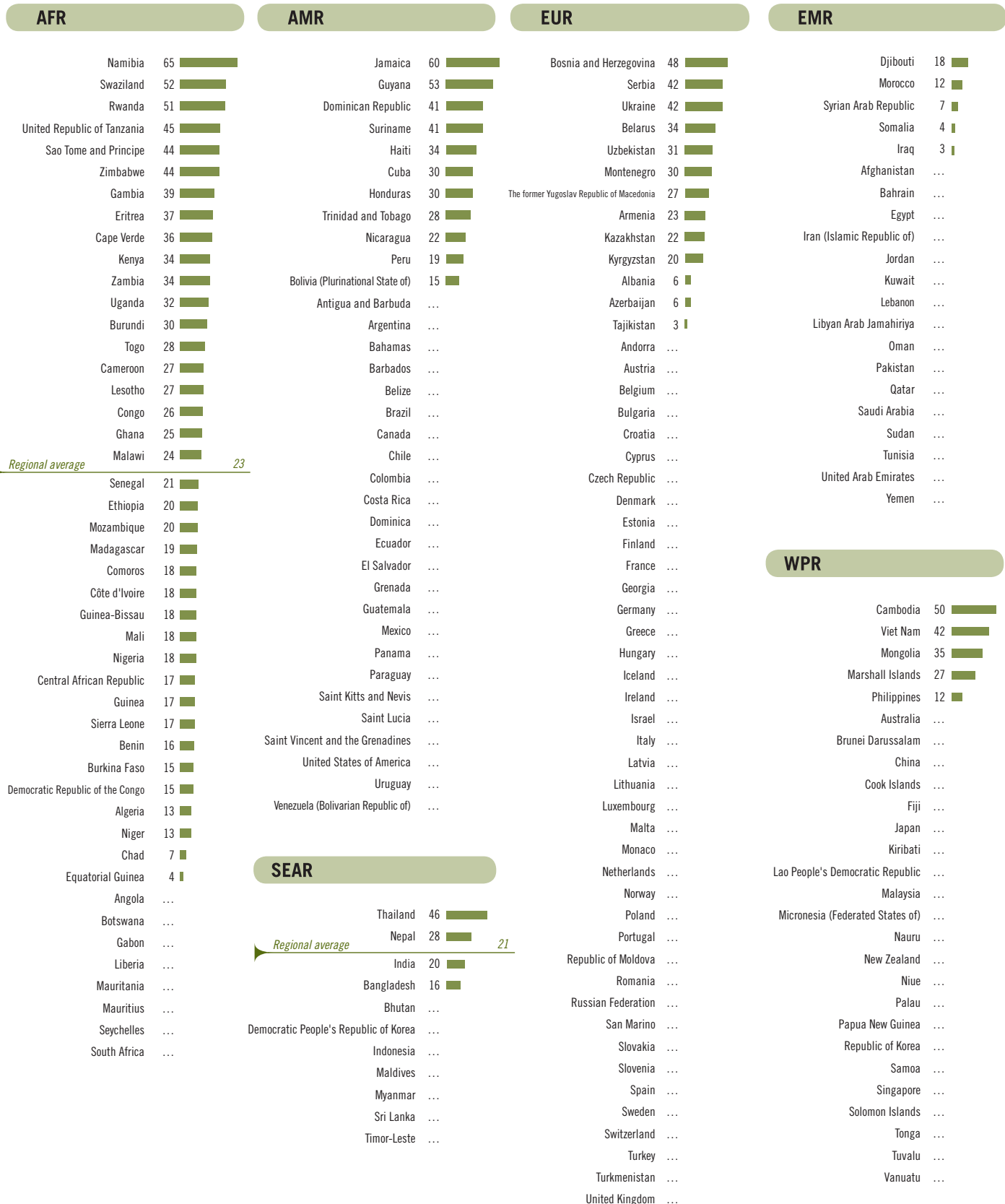
This chart shows the percentage of males who correctly identify the two major ways of preventing the sexual transmission of HIV, who reject the two most-common local misconceptions about HIV transmission and who know that a healthy-looking person can transmit HIV.

Within each WHO region, countries are sorted by the latest available data since 2000.

Further details can be found in **Part II, Table 5**.

12. Females aged 15–24 years with comprehensive correct knowledge of HIV/AIDS (%)

2010-2014
18-50-75
YVA1Y014
81-AQ1-3

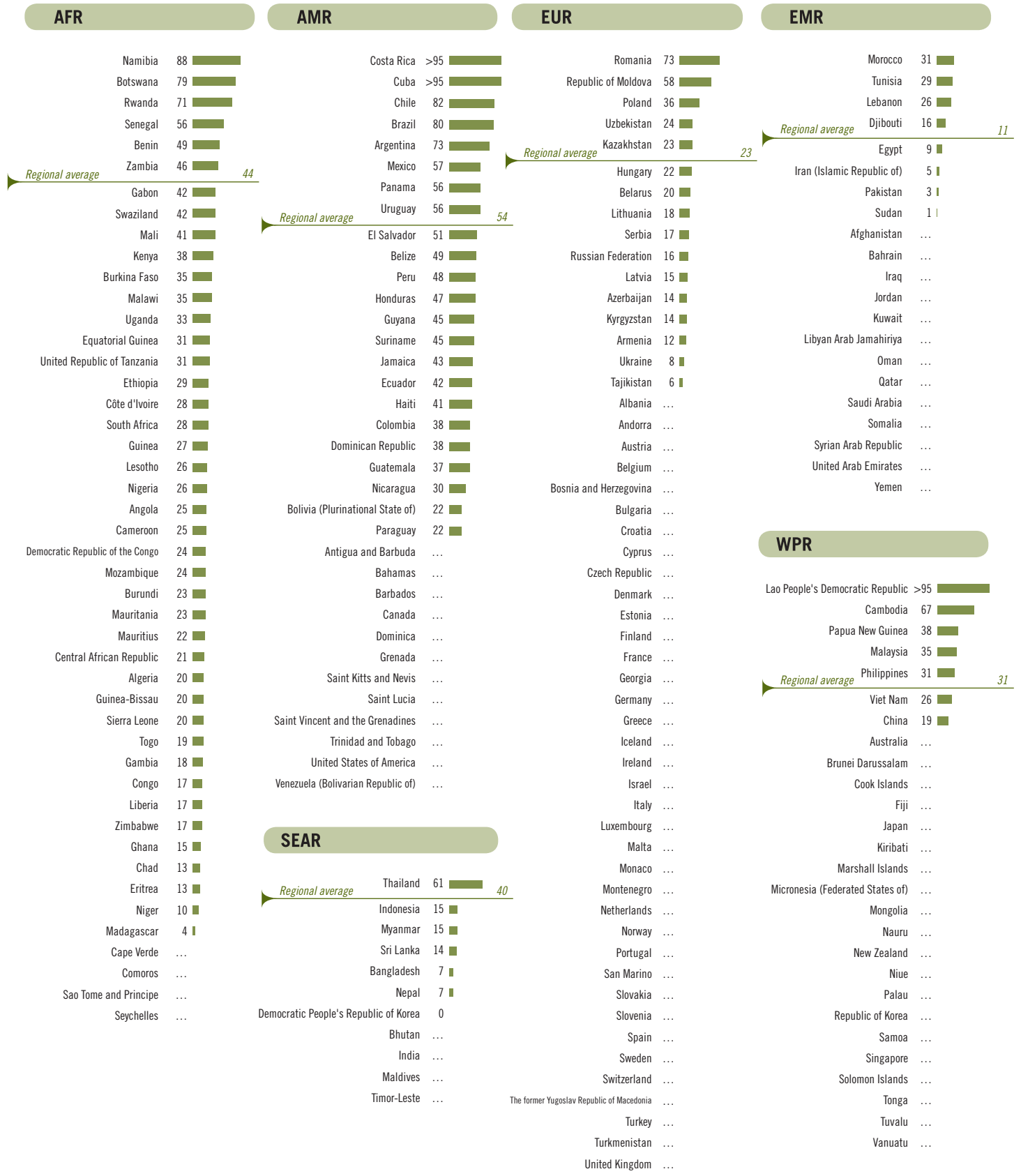


This chart shows the percentage of females who correctly identify the two major ways of preventing the sexual transmission of HIV, who reject the two most-common local misconceptions about HIV transmission and who know that a healthy-looking person can transmit HIV. Within each WHO region, countries are sorted by the latest available data since 2000.

Further details can be found in **Part II, Table 5**.

13. Antiretroviral therapy coverage among people with advanced HIV infection (%)

2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025

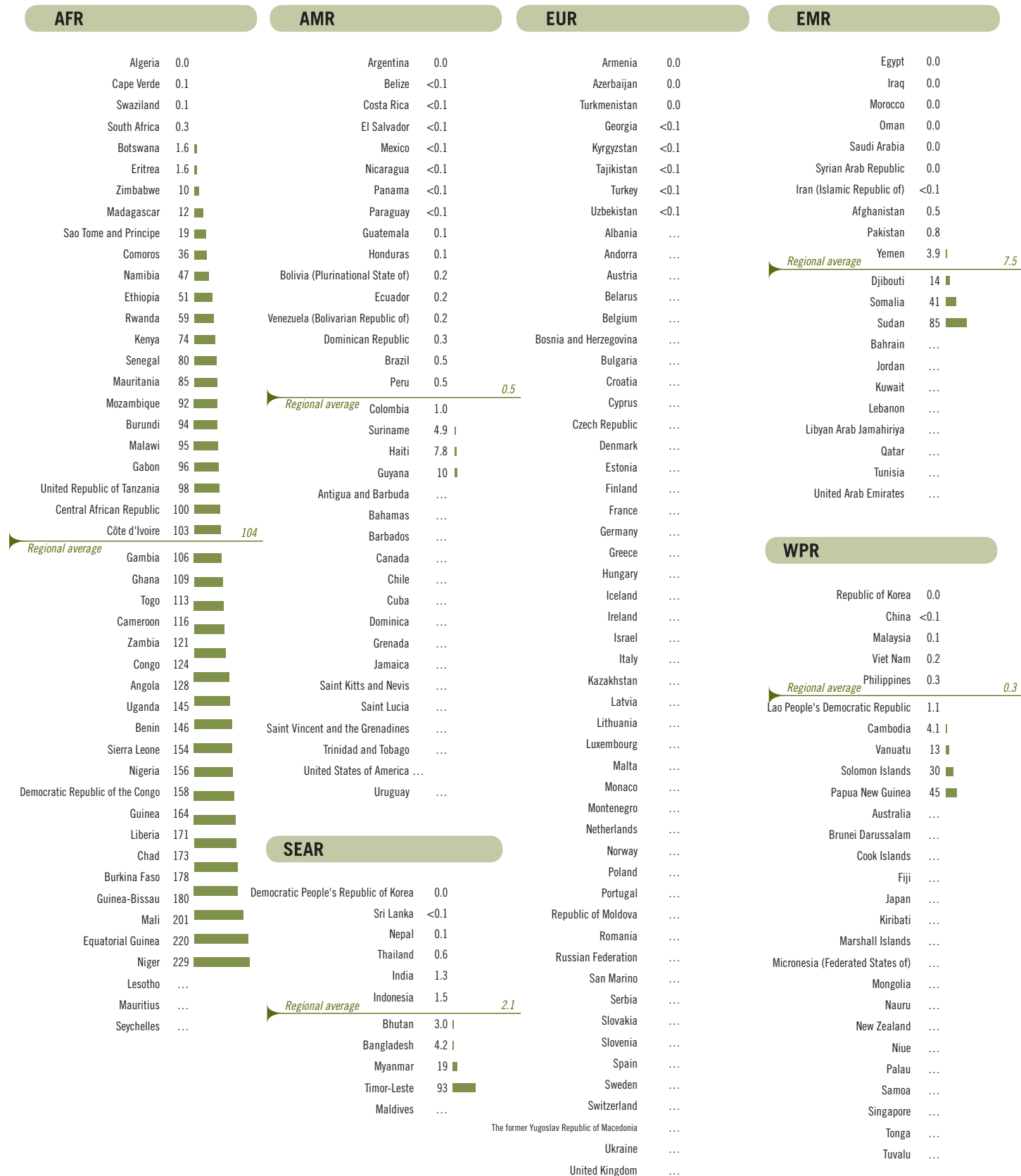


This chart shows the percentage of people with advanced HIV infection currently receiving antiretroviral therapy according to standards of the Joint United Nations Programme on HIV/AIDS for each country for 2007, with countries within each WHO region sorted by level. The regional averages shown are based on 2008 updated data.

Further details can be found in **Part II, Table 4**.

14. Malaria mortality rate (per 100 000 population)

02+9+6+9+8
176+118+50+7+7
YVA1Y014
81-4CL-3

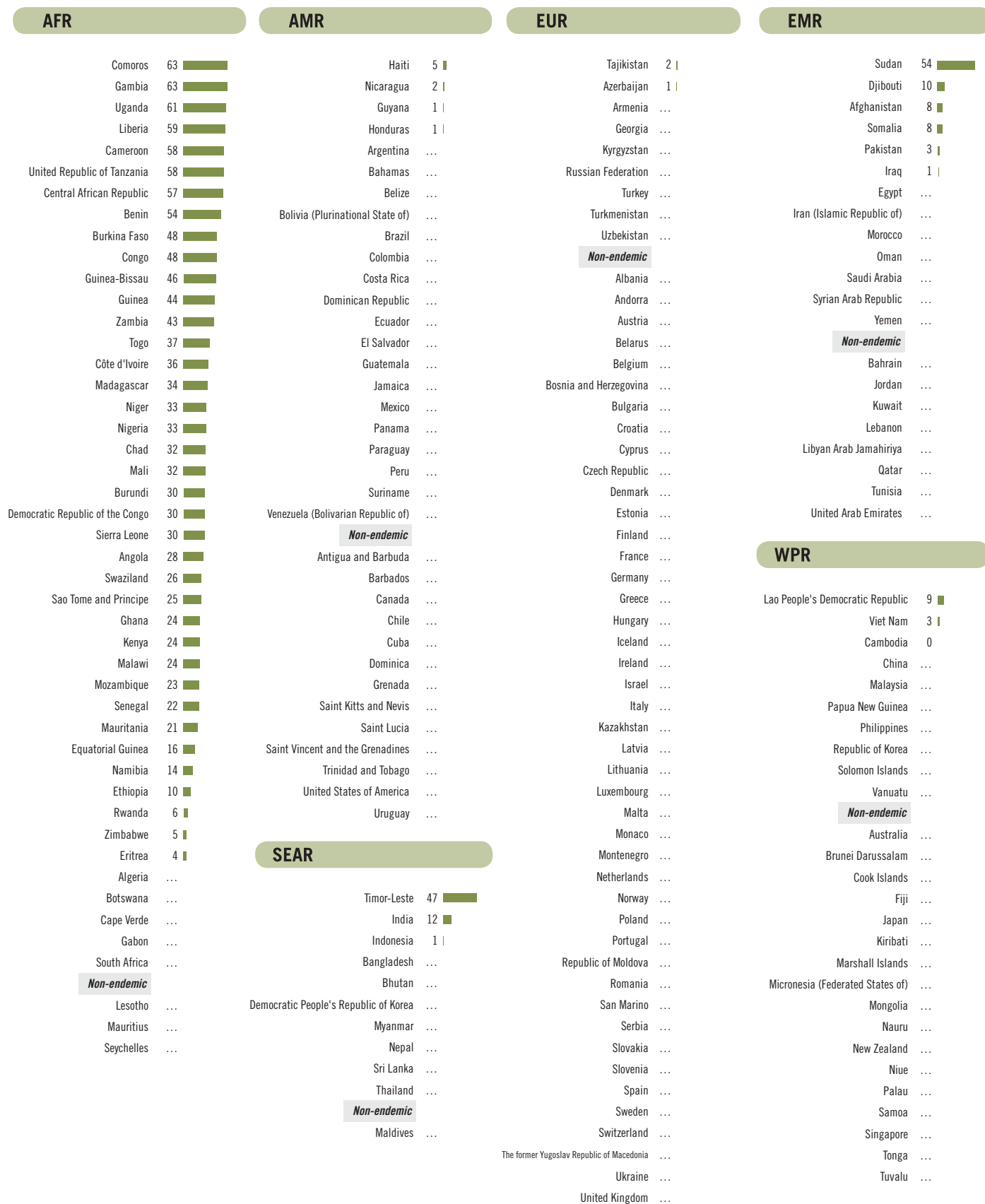


This chart shows the estimated number of deaths from malaria for 2006, with countries within each WHO region sorted by level.

Further details can be found in **Part II, Table 2**.

16. Children aged <5 years with fever who received treatment with any antimalarial (%)

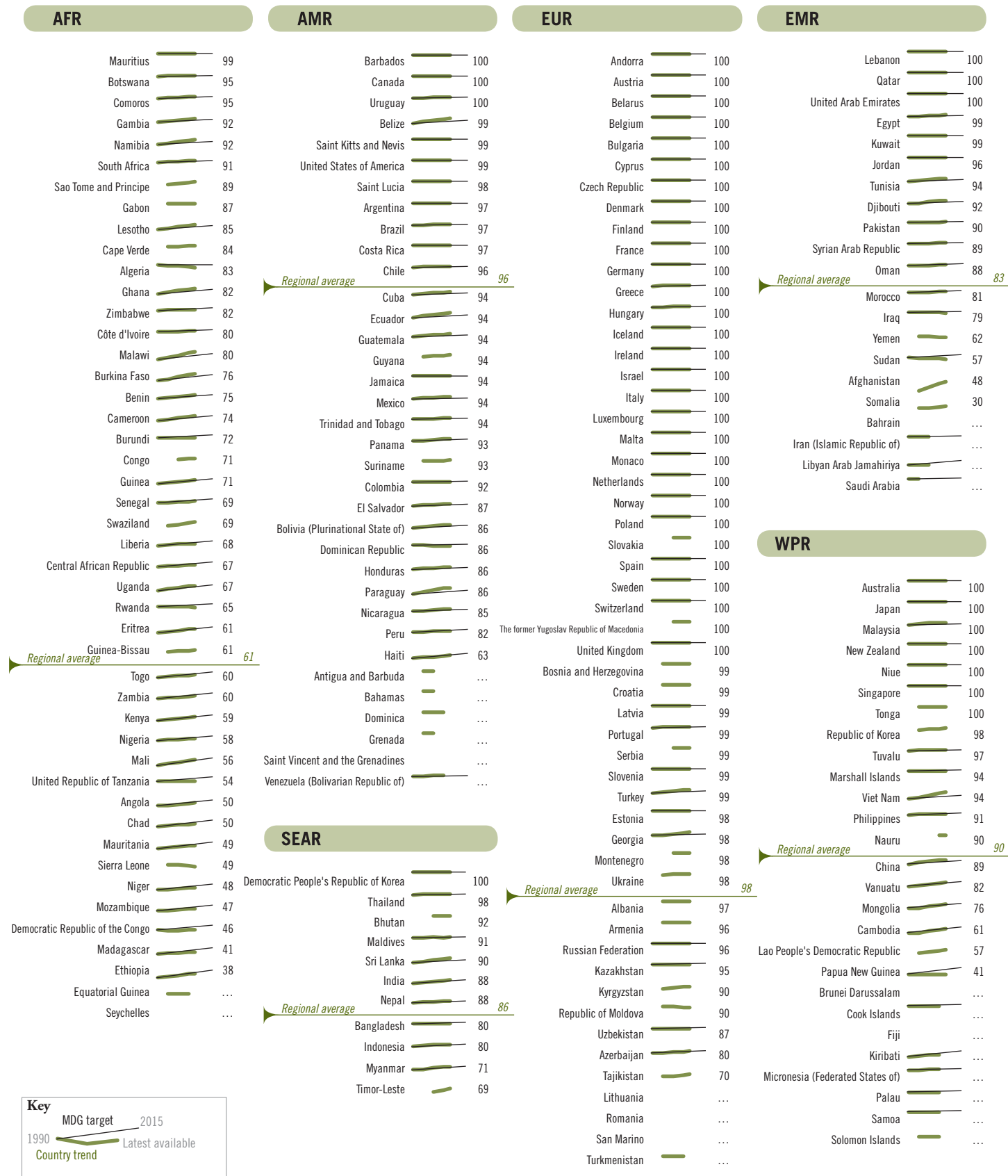
2014-2018
81-A-C1-3



This chart shows the percentage of children under 5 years of age with fever in the two weeks prior to the survey who received any antimalarial medicine. Within each WHO region, countries are sorted by the latest available data since 2000.

Further details can be found in **Part II, Table 4**.

18. Population using improved drinking-water sources (%)



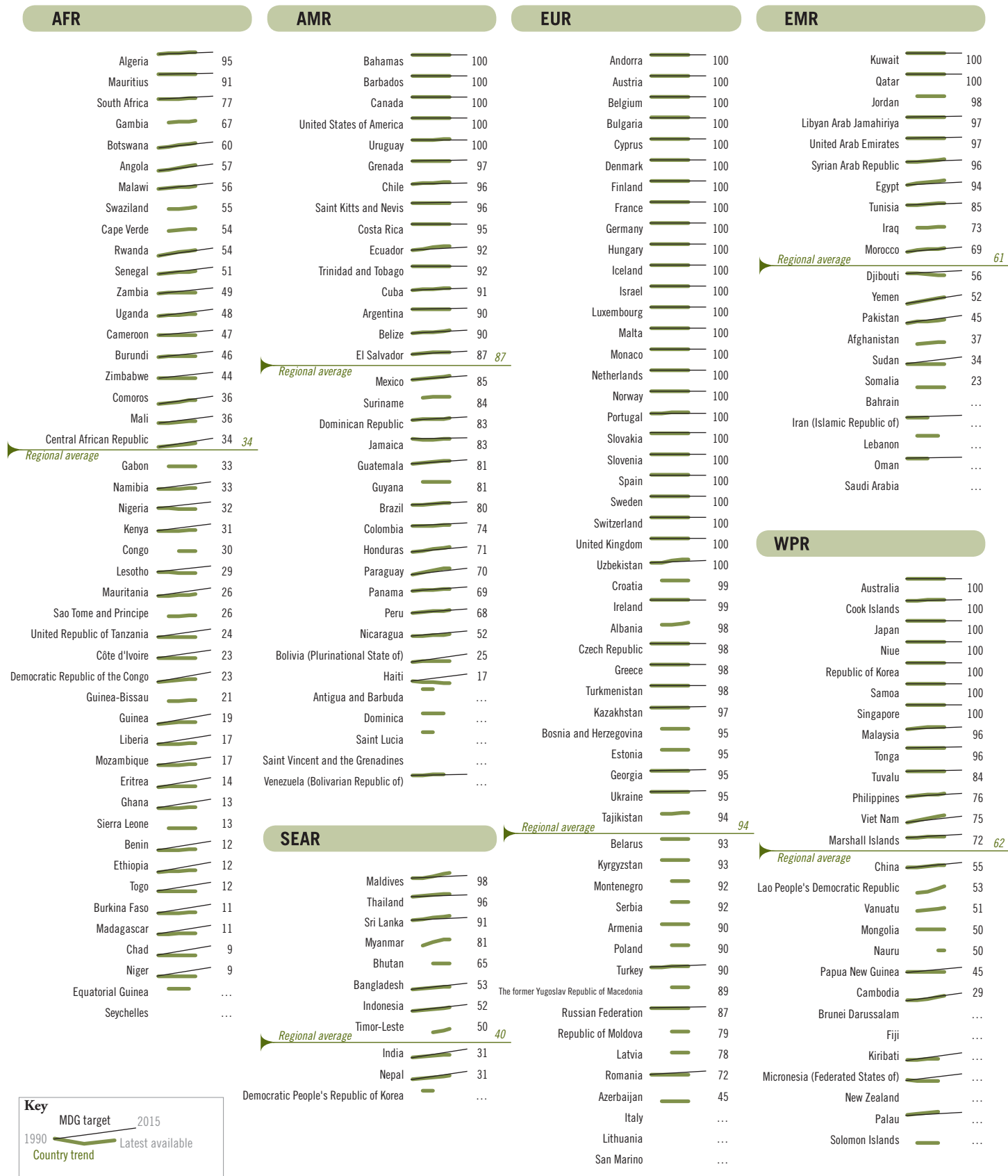
This chart shows the percentage of the population using an improved drinking-water source, with countries within each WHO region sorted by 2008 level. The bold lines indicate trends since 1990 or since the first year for which data are available.

The thin lines indicate the projected trend needed to double the proportion of people with sustainable access to safe drinking-water by 2015.

The MDG target is worded in terms of halving the proportion of people without sustainable access to safe drinking-water by 2015.

Further details can be found in **Part II, Table 5**.

19. Population using improved sanitation (%)



This chart shows the percentage of the population using an improved sanitation facility, with countries within each WHO region sorted by 2008 level. The bold lines indicate trends since 1990 or since the first year for which data are available. The thin lines indicate the projected trend needed to double the proportion of people with sustainable access to basic sanitation by 2015. The MDG target is worded in terms of halving the proportion of people without sustainable access to basic sanitation by 2015.

Further details can be found in **Part II, Table 5**.