

Millennium Development Goals

The eight Millennium Development Goals (MDGs) were formulated during the Millennium Summit held in New York, USA in 2000 and refined through the "Roadmap towards the implementation of the United Nations Millennium Declaration: Report of the Secretary General to the General Assembly" in 2001. To measure progress towards the goals, a framework of 18 targets and 48 indicators was set up. The international community agrees that the Millennium Development Goals will not be achieved without ensuring access to SRH services and an effective global response to HIV.¹ MDGs 3-6 (inclusive) are of particular relevance.

AIDS response supports other Millennium Development Goals²

Millennium Development Goal 6 is to halt and begin to reverse the HIV epidemic by 2015. But unless the international community dramatically accelerates its efforts, we will not meet that target. Nor will other Millennium Development Goal targets be readily achieved in the absence of an effective AIDS response. Slowing the rate of new infections and HIV-related morbidity and mortality is vital to advancing almost every global development goal. Reducing HIV infections and providing treatment to those infected so they can live healthy, productive lives is tied into reducing poverty and hunger — Millennium Development Goal 1. Ensuring that the next generation of children is born HIV-free supports Millennium Development Goal 4, on the reduction of child mortality. HIV programmes help strengthen national health systems, attracting vital new financial resources for health, building systemic capacity and introducing chronic disease management approaches for the first time in many resource-limited settings. Better health-care systems support maternal health — Millennium Development Goal 5 — and reduce leading infectious diseases — Millennium Development Goal 6.

Other Millennium Development Goals support the AIDS response³

Conversely, the broad-based gains in health and development sought in the context of the Millennium Development Goals strengthen the impact and sustainability of HIV programmes and policies. In sub-Saharan Africa, women account for more than 60 per cent of people living with HIV. Global efforts to promote gender equality — the focus of Millennium Development Goal 3 — play an essential role in reducing women's and girls' vulnerability to infection. Universal education initiatives, as set out in Millennium Development Goal 2, are associated with delayed initial sexual activity and reduced HIV risk behaviours among young women and girls. Strategies to promote food security — Millennium Development Goal 1 — mitigate the epidemic's impact and contribute to the success of antiretroviral therapy. In addition, expanded sexual and reproductive health services as a result of the campaign for Millennium Development Goal 5 are accelerating the scaling up of primary HIV prevention services for women as well as interventions to prevent mother-to-child transmission. Despite the natural synergies between the AIDS response and the efforts made in connection with other Millennium Development Goals, there has not been sufficient focus on capturing and maximizing these mutually supportive dynamics. With only five years until the Millennium Development Goal deadline, now is the time to take urgent, strategic steps so as to unleash the power, capacity and innovative potential of the AIDS movement, working with all partners and stakeholders to generate synergies that will yield concrete results across the comprehensive development agenda. To help achieve universal access and the Millennium Development Goal targets, the Joint United Nations Programme on HIV/AIDS (UNAIDS) is implementing the "Joint Action for Results: UNAIDS

¹ Report of the Secretary-General, Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, Progress made in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, 1 April 2010

² Ibid

³ Ibid

Millennium Development Goals 3-6

Goal 3: Promote gender equality and empower women

- **Target 3a: Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015**
 - *Indicator 3.1:* Ratios of girls to boys in primary, secondary and tertiary education
 - *Indicator 3.2:* Share of women in wage employment in the non-agricultural sector
 - *Indicator 3.3:* Proportion of seats held by women in national parliament

Goal 4: Reduce child mortality

- **Target 4a: Reduce by two thirds the mortality rate among children under five**
 - *Indicator 4.1:* Under-five mortality rate
 - *Indicator 4.2:* Infant mortality rate
 - *Indicator 4.3:* Proportion of 1 year-old children immunised against measles

Goal 5: Improve maternal health

- **Target 5a: Reduce by three quarters the maternal mortality ratio**
 - *Indicator 5.1:* Maternal mortality ratio
 - *Indicator 5.2:* Proportion of births attended by skilled health personnel
- **Target 5b: Achieve, by 2015, universal access to reproductive health**
 - *Indicator 5.3:* Contraceptive prevalence rate
 - *Indicator 5.4:* Adolescent birth rate
 - *Indicator 5.5:* Antenatal care coverage (at least one visit and at least four visits)
 - *Indicator 5.6:* Unmet need for family planning

Goal 6: Combat HIV, malaria and other diseases

- **Target 6a: Halt and begin to reverse the spread of HIV**
 - *Indicator 6.1:* HIV prevalence among population aged 15-24 years
 - *Indicator 6.2:* Condom use at last high-risk sex
 - *Indicator 6.3:* Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV
 - *Indicator 6.4:* Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
- **Target 6b: Achieve, by 2010, universal access to treatment for HIV for all those who need it**
 - *Indicator 6.5:* Proportion of population with advanced HIV infection with access to antiretroviral drugs
- **Target 6c: Halt and begin to reverse the incidence of malaria and other major diseases**
 - *Indicator 6.6:* Incidence and death rates associated with malaria
 - *Indicator 6.7:* Proportion of children under 5 sleeping under insecticide-treated bednets
 - *Indicator 6.8:* Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs
 - *Indicator 6.9:* Incidence, prevalence and death rates associated with tuberculosis
 - *Indicator 6.10:* Proportion of tuberculosis cases detected and cured under directly observed treatment short course