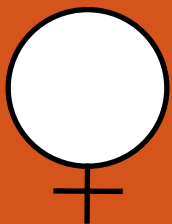
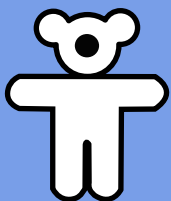


Goal 6

Combat HIV/AIDS, Malaria, and other diseases



Target one: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Indicators:

- HIV prevalence among 15-to-24 year-old pregnant women
- Condom use at last high-risk sex
- Percentage of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS
- Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14
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Target 2: Ensure that all HIV/AIDS patients receive treatment by 2010 (new target)

Indicators:

- Ratio of advanced AIDS patients who have access to medication

Target 3: Have halted by 2015 and begun to reverse the incidence of Malaria and other major diseases

Indicators:

- Prevalence and death rates associated with malaria
- Proportion of population in malaria risk areas using effective malaria prevention and treatment measures
- Prevalence and death rates associated with tuberculosis
- Proportion of tuberculosis cases detected and cured under DOTS (internationally recommended TB control strategy)



Epidemic diseases represent a big challenge for development in developing countries, especially in less developed countries in Africa and sub-Sahara and poor Asian countries, and in the pockets of poverty in other countries. HIV/AIDS is considered to be one of the most prominent social and health international diseases which emerged since the eighties. It left catastrophic impacts on development in many African countries in particular, while Malaria is one of the most fatal diseases in developing countries. The same applies to tuberculosis which is one of the most diseases affiliated to poverty, malnourishment, and degraded houses. It is spread in developing countries and in slums in medium-growth countries and advanced alike.

Despite the logical justifications of this choice, and by virtue of different characteristics of citizens in terms of their health and disease traits, the formulation of Goal six left the road paved for adding other diseases – whether infectious or non-contagious – to the list of health policy priorities, and the millennium goals at the national level. By the new amendment of Goal 7, a third target was added which is providing medication for all patients stricken with advanced AIDS cases.

On the other hand, Goal six differs from most of the other goals as it did not specify any alternatives or more expressive additions to the characteristics of the health situation and the most spread diseases in the kingdom. The current report will be further expanded and will point to some alternatives or targets and complementary indicators which are suitable to measure the health situation in Bahrain, in a prelude to address them more thoroughly in coming reports.

In general, combating AIDS remains a priority for Bahrain, while not any malaria case was registered since 1980 and all the recorded situations are for immigrants. As for tuberculosis, some cases are still registered, but tangible improvement in combating and treating it has also been recorded.



What has been achieved regarding Goal six?

We will first tackle the targets and indicators adopted in the international formulation for the MDG, starting from AIDS and reaching malaria and tuberculosis.

Target 1: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

The first AIDS case was discovered in 1986. Statistics conducted by the National AIDS Committee which was formed upon a cabinet decision No. 8 in February 2005, show that the overall number of people living with HIV is 293 recorded case in 2006, and there are currently 37 AIDS cases receiving adequate treatment.

Table 1: HIV/AIDS cases alive and deceased between 1990 and 2002

	1990		1995		2000		2002	
	Alive	Deceased	Alive	Deceased	Alive	Deceased	Alive	Deceased
Living with AIDS	32	23	45	35	61	43	112	50
AIDS patients	2	51	4	76	13	96	29	105
Score	34	74	49	111	74	139	141	155
Overall score	108		160		213		296	

Indicator: Ratio of AIDS prevalence

The health policy pursued to combat AIDS to pregnant women is based on examining the cases that are at risk with AIDS only. The virus is not tested in a routine manner, as 600 women who are at risk with AIDS were examined in 2007, and not any positive case was recorded. But some data is available from a survey on pregnant women conducted by the National AIDS Committee in cooperation with UNDP in Bahrain. Four Hundred and Fifty pregnant women were included in the study among whom no positive case were recorded. (Source: National AIDS Committee).

Indicator: Percentage of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS

But according to the study conducted by the National AIDS Committee in coordination with UNDP and Family Planning Association in Bahrain, on university students aged 18-25, the vast majority of the participants were aware of HIV/AIDS (99.4%) as an illness. The study also noted that high ratio of the participants realize that individuals are able to protect themselves against AIDS through clean unused injections (88%) and through having sex with an infected partner (77%), while 60% of the participants know that failure to use condom during intercourse increases the likelihood of receiving AIDS.

The Health Ministry is preparing a guide on health services for teenagers, especially contraceptive services that include sexual education to avoid sexually transmitted diseases.

The ability to achieve Target one:

The goal to be achieved is to halt the spread of AIDS and reverse its track by 2015. There is major difficulty in assessing the ability to achieve this goal. The reason lies in the lack of minimal level of information about the status of AIDS in the kingdom, whether in terms of the real number of causalities or the number of new causalities. Hence, it is difficult to draw the graph of improvement. The reason is attributed to the attitude society developed towards AIDS, and the lack of strong measures to deal with the situation, which makes the issue a taboo, in absence of enough measures to activate the monitoring and observation.

The key elements are summed up in a strategy by the Ministry of Health to examine AIDS as follows:

- 1- Makes AIDS part of the medical tests carried by partners who want to marry
- 2- Examine drugs-addicts if they were recognized
- 3- Ask for medical tests before applying to some jobs
- 4- Examine potential casualties.

It is worth to mention that there are many flaws in the ability to identify and follow-up on AIDS in an open country as Bahrain. The most prominent flaws are:

The lack of an overall AIDS test for those coming to Bahrain for holidays or for short visits

Indicator: Prevalence and death rates associated with Malaria

Not any death rate was recorded due to Malaria from 1995 till 2004. In 1991, there were 192 cases, 79 in 2002, who are all coming from outside Bahrain. The adopted policy is represented by deporting the causalities to their countries. There is no risk of malaria transmission, but the Ministry of Health is still working to monitor and treat the potential places for mosquito breeding in a continuous and regular manner since 1980.

Indicator: Prevalence and death rates associated with tuberculosis and proportion of following up the treatment

Death ratios associated with tuberculosis decreased to more than two thirds between 1996 and 2006, from 1.5 for every 1000 citizens in 1996, to 0.3 in 2006, thanks to the measures adopted by the Ministry of Health such as monitoring the reported cases, examining the newcomers, early treating all the discovered cases, following up the recommended treatment by the DOTS, which was put into effect in 1999.

As for treating the causalities, statistics conducted by the National Committee for TV Control, revealed that all the diagnosed cases were remedied since 1999 according to the guidelines.

Table 2: Number of TB cases detected and treated under appropriate medical surveillance system

1990	1995	2000	2006
117*	43*	207	772

*Prior to following the system

