

State of inequality: HIV, tuberculosis and malaria

WHO Health Equity Monitoring Team



Health Equity Monitoring team



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Scope

- **First monitoring report including a comprehensive data analysis and literature review**
- Present latest status of inequality (2011-2020)
- Track global changes in inequality over time (2001-2010 and 2011-2020)

Methods

	HIV	Tuberculosis	Malaria
Indicators	13	10	9
Burden	2	4	1
Knowledge, attitudes and practices	5	2	
Detection		2	
Prevention		1	5
Testing and treatment	6		3
Social protection		1	
Dimensions of inequality	Up to 5	Up to 6	Up to 5
Countries	Up to 141	Up to 186	Up to 38

Scope

- **First monitoring report including a comprehensive data analysis and literature review**
- Present latest status of inequality (2011-2020)
- Track global changes in inequality over time (2001-2010 and 2011-2020)
- Assess the associations of disease burden with social determinants of health



Evidence about inequalities in HIV, TB and malaria indicators across countries and changes in inequality over time



KEY MESSAGE #1

For certain disease topics and inequality dimensions, there was insufficient disaggregated data for global inequality monitoring in HIV, TB and malaria.

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- Insufficient disaggregated data for TB and, to a lesser extent, malaria.
- HIV and TB incidence and mortality estimates were only available disaggregated by sex and age.
- High quality and comparable data about diverse dimensions of inequality were lacking for key and underserved populations.

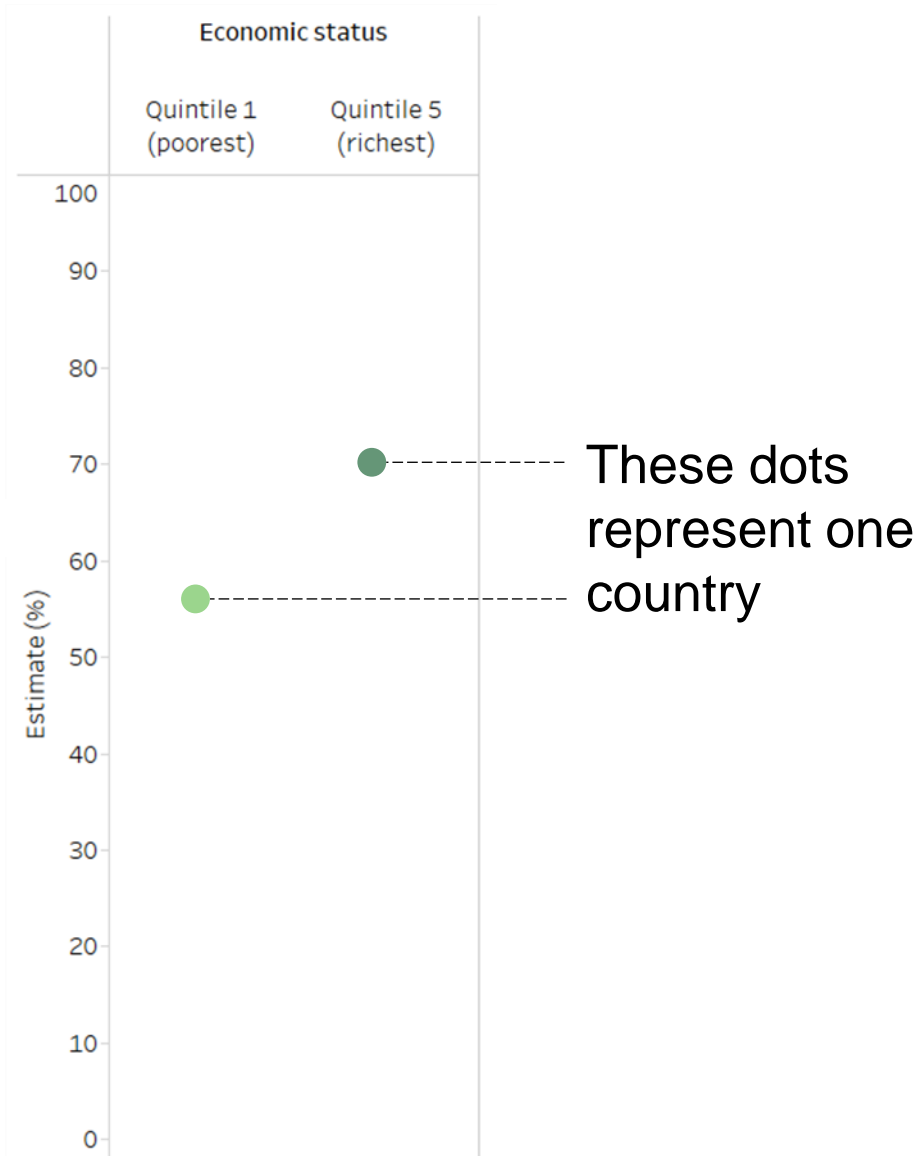


KEY MESSAGE #2

In the majority of countries, inequalities in HIV, TB and malaria exist across population subgroups, and have not narrowed in the past decade.

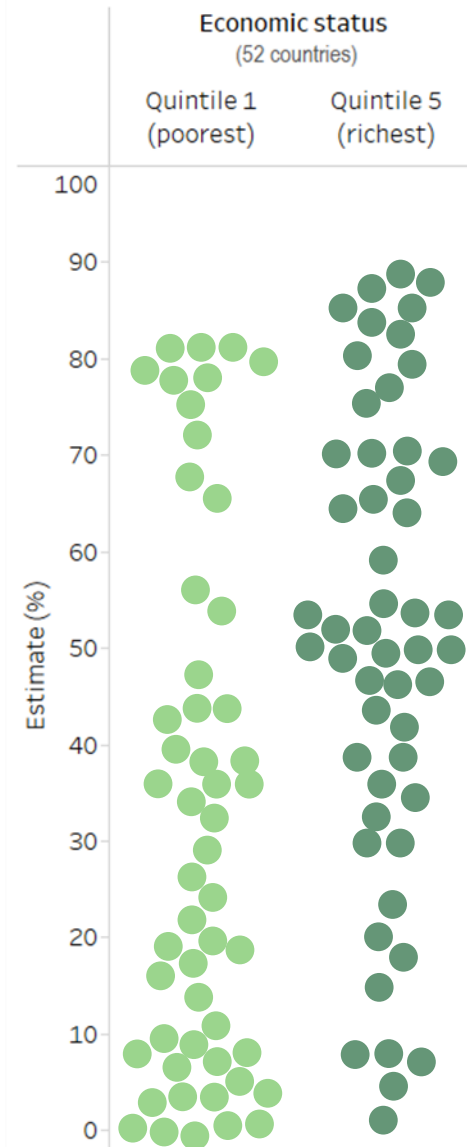
Moving from country data to assessing the overall state of inequality

Testing for HIV and receiving results, disaggregated by economic status: latest situation (2011–2020)



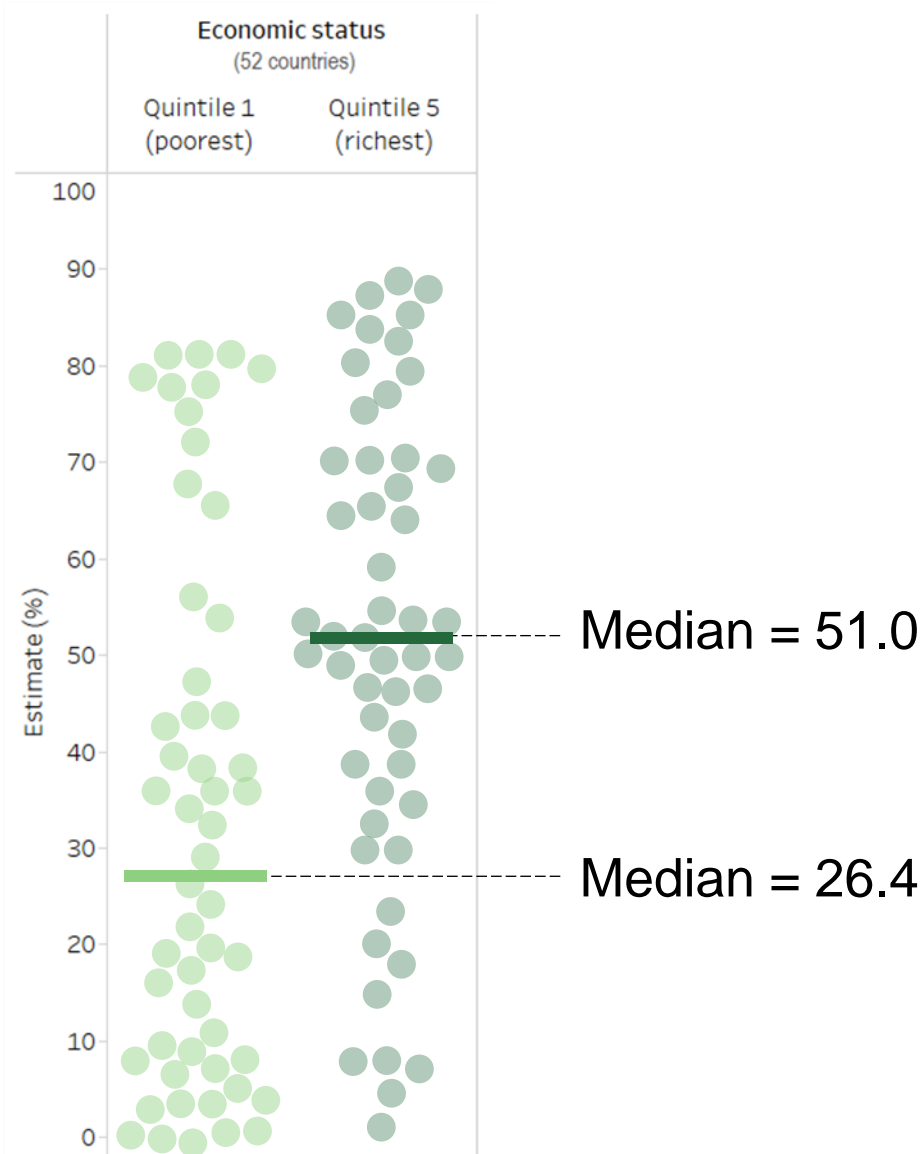
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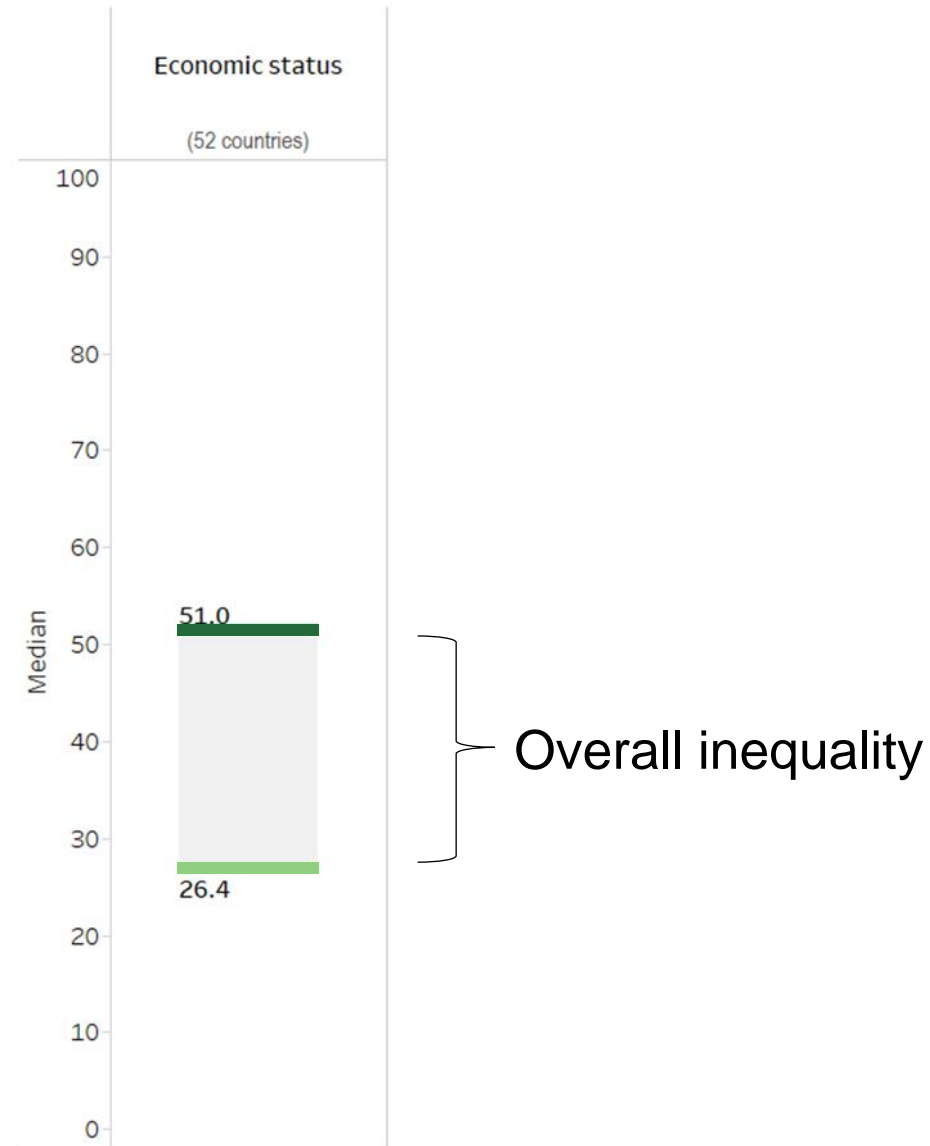
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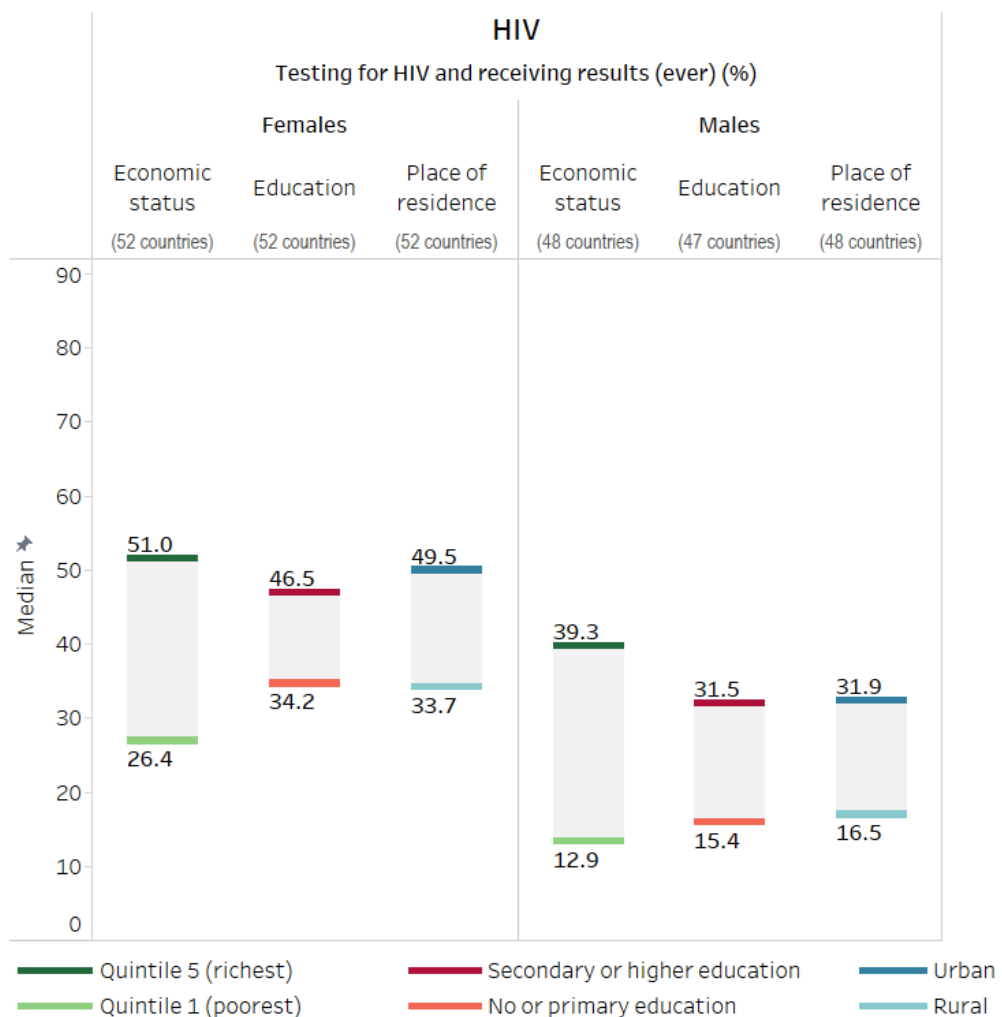
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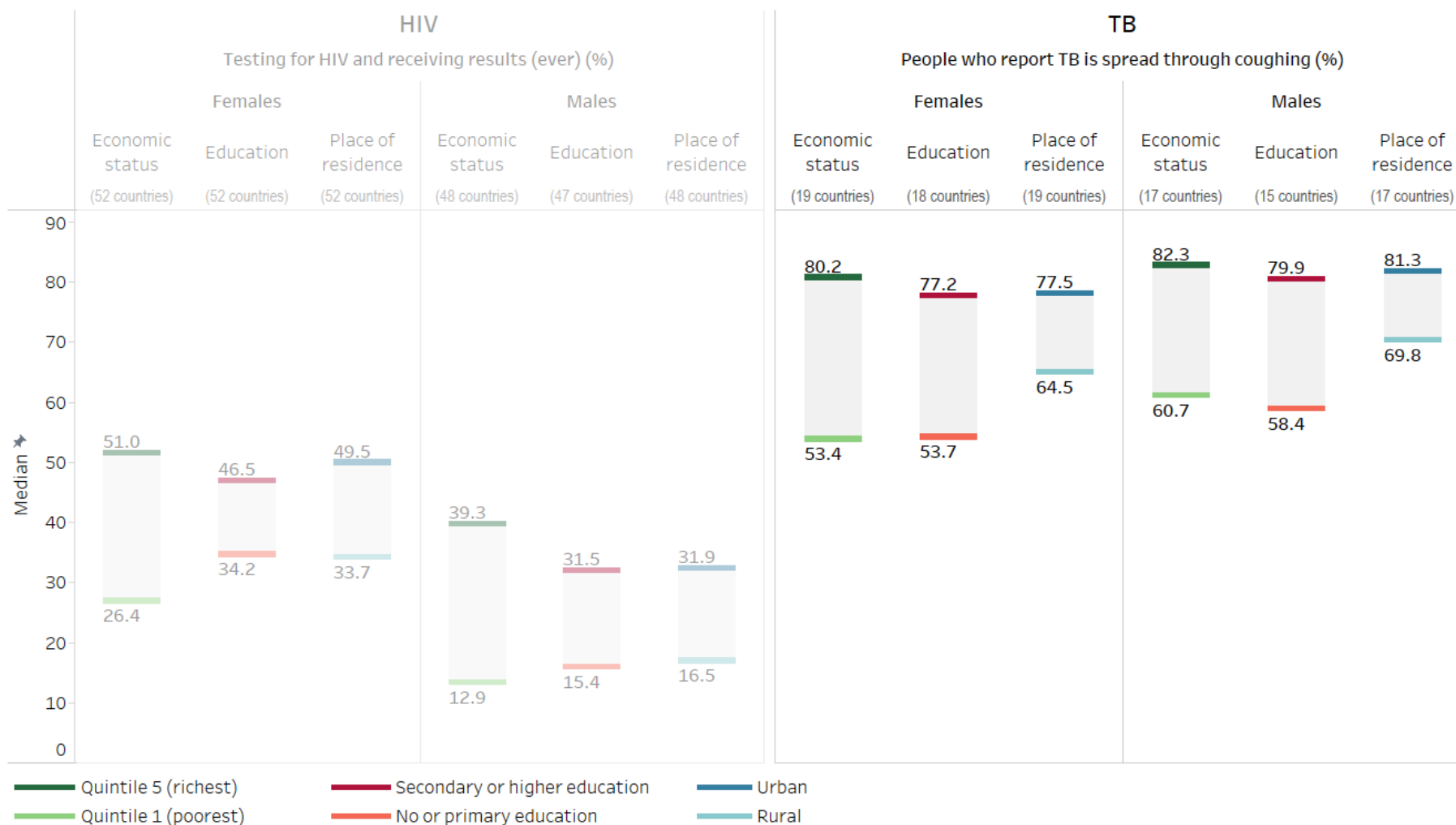
Where are inequalities high?

Selected HIV, TB and malaria indicators with high levels of inequality, disaggregated by economic status, education and place of residence: latest situation (2011–2020)



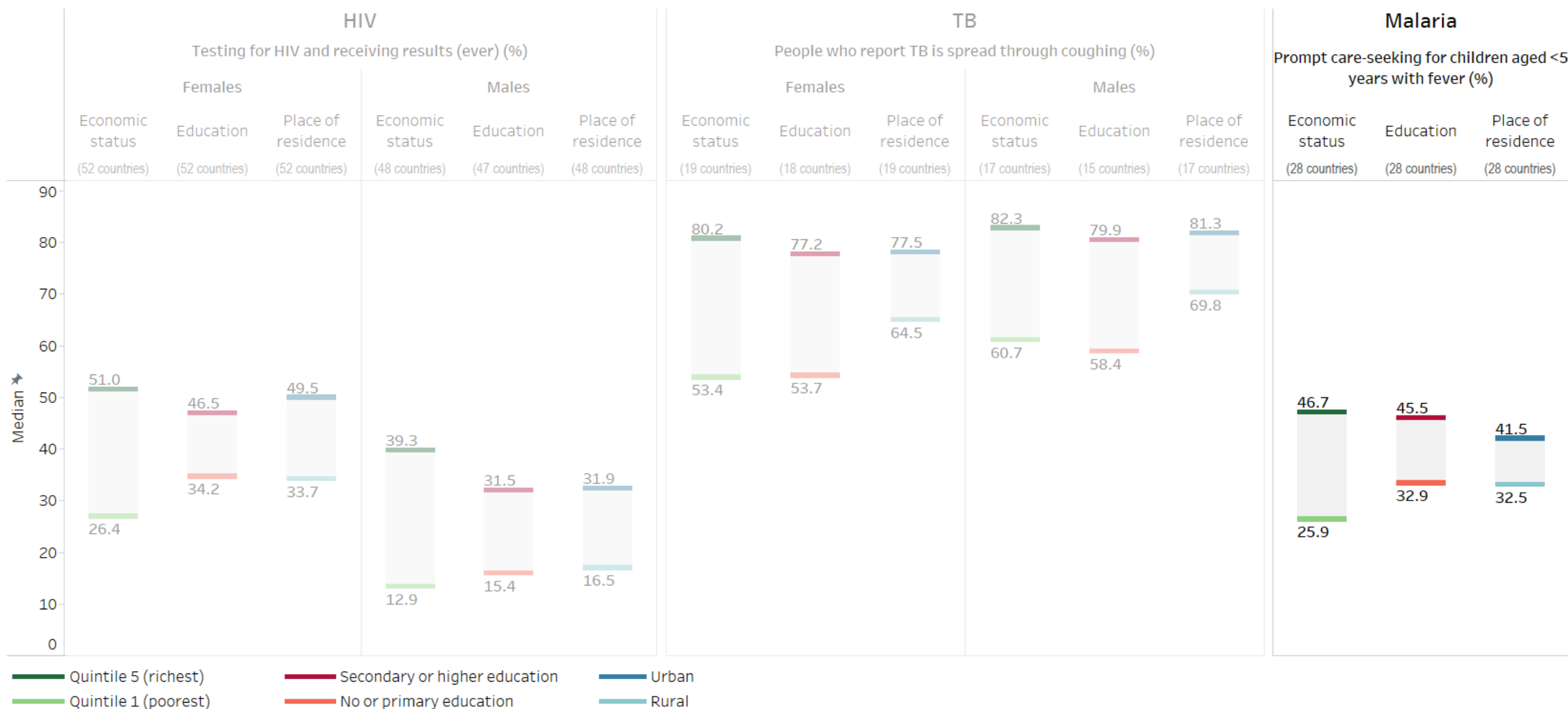
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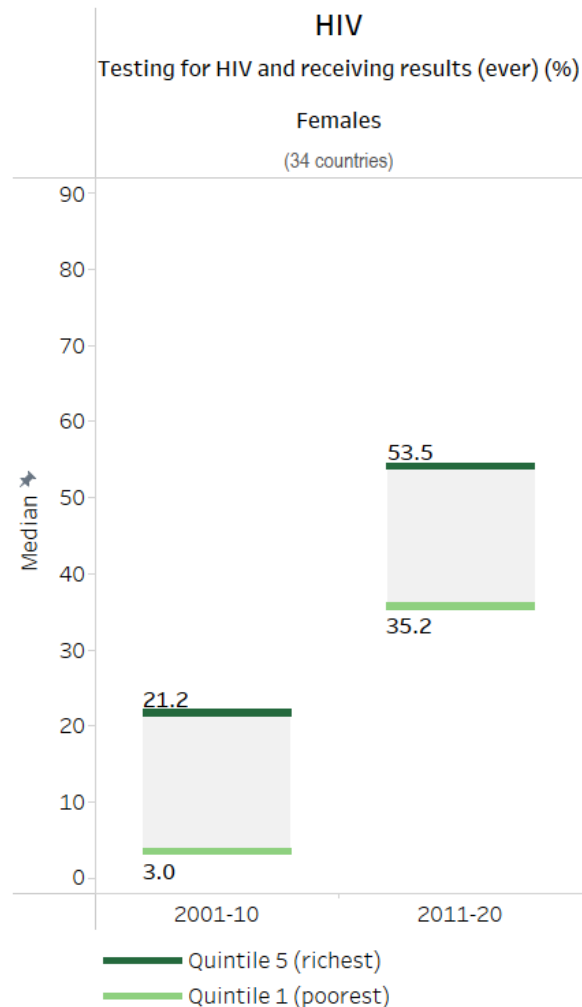
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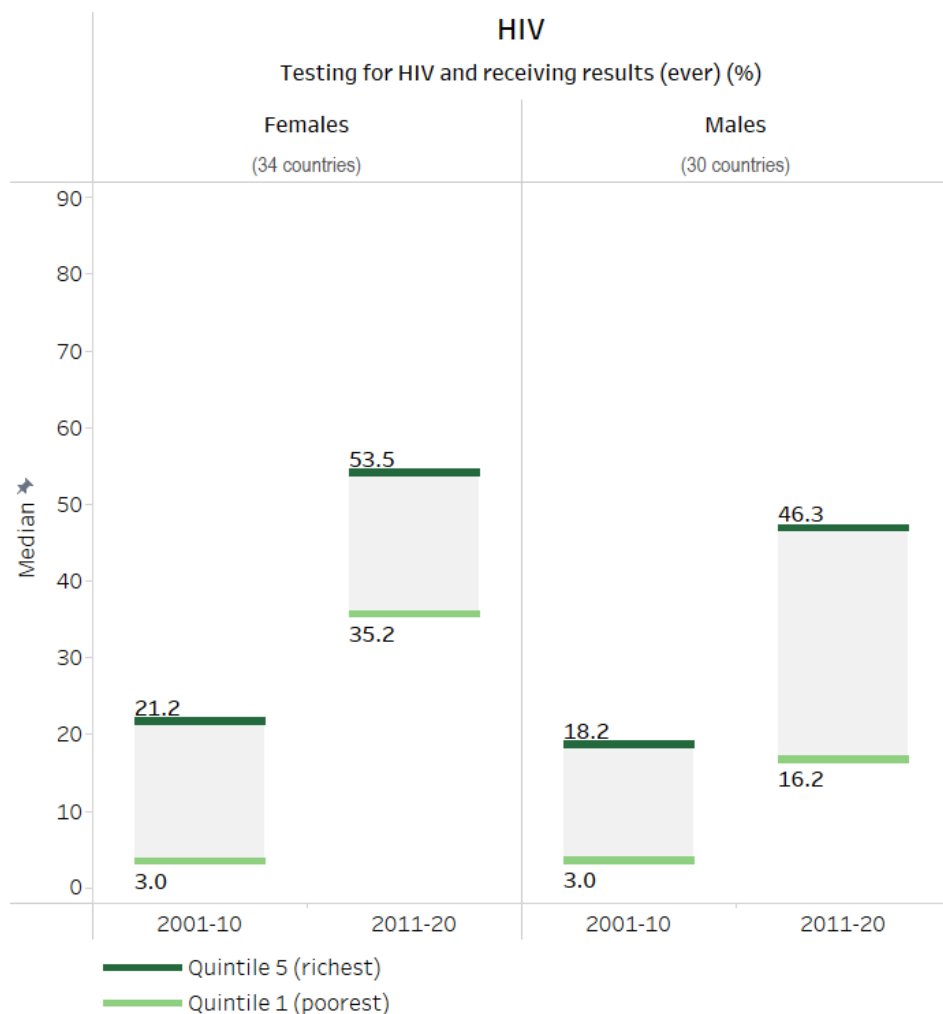
Inequalities remain after a decade

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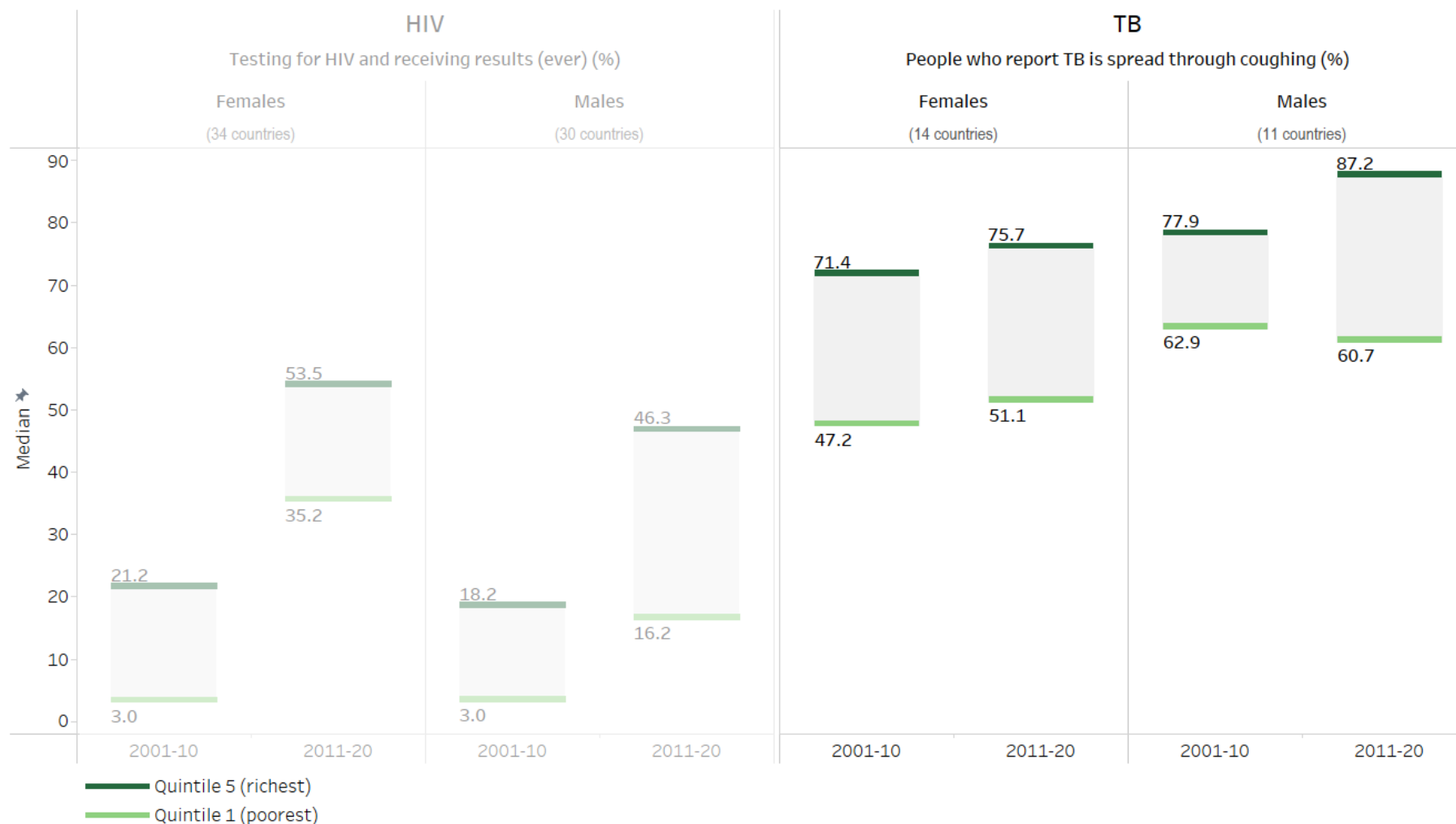
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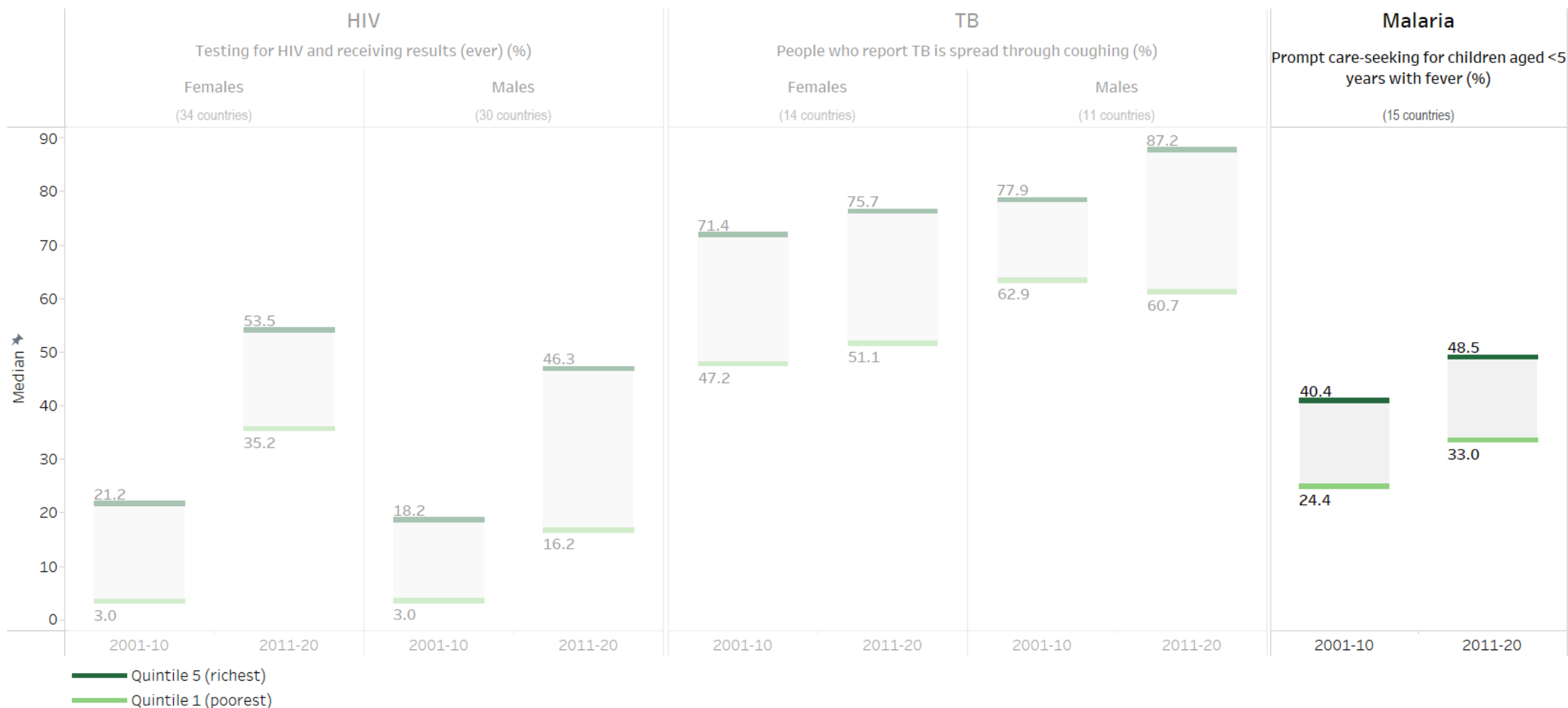
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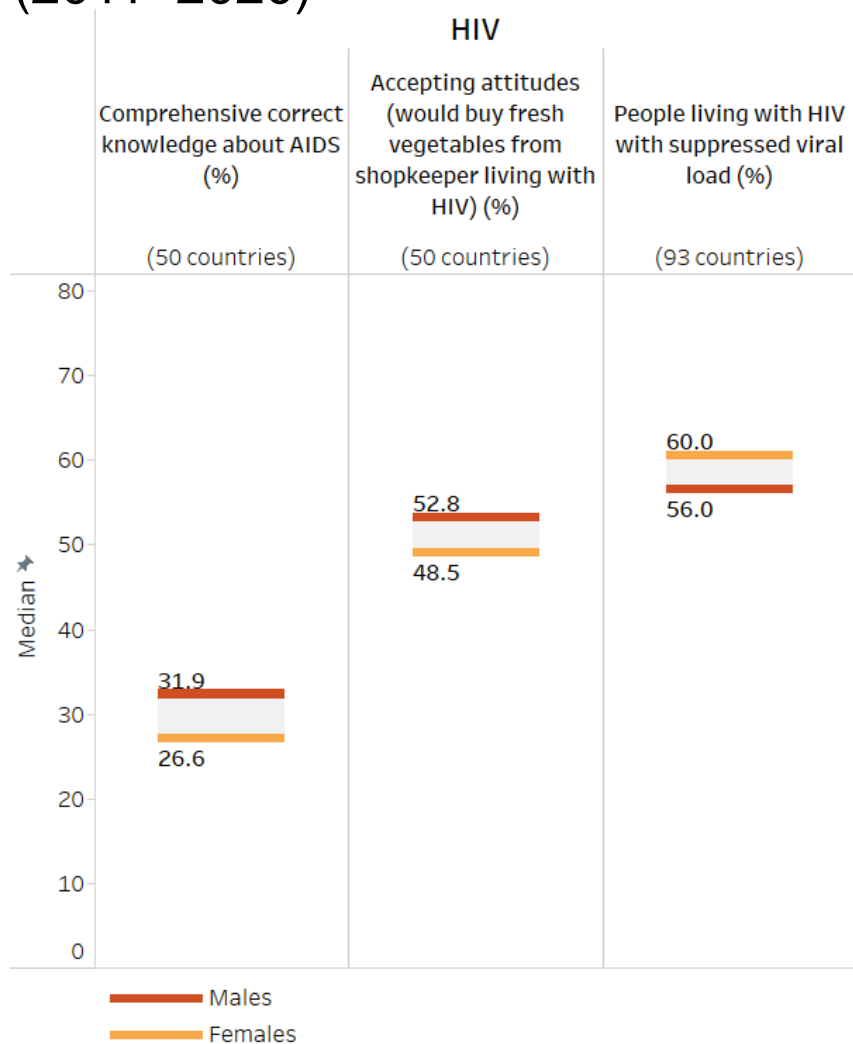


KEY MESSAGE #3

There are indicators and dimensions where inequalities are low, or where the gaps are narrowing through faster improvement of intervention coverage among disadvantaged population subgroups.

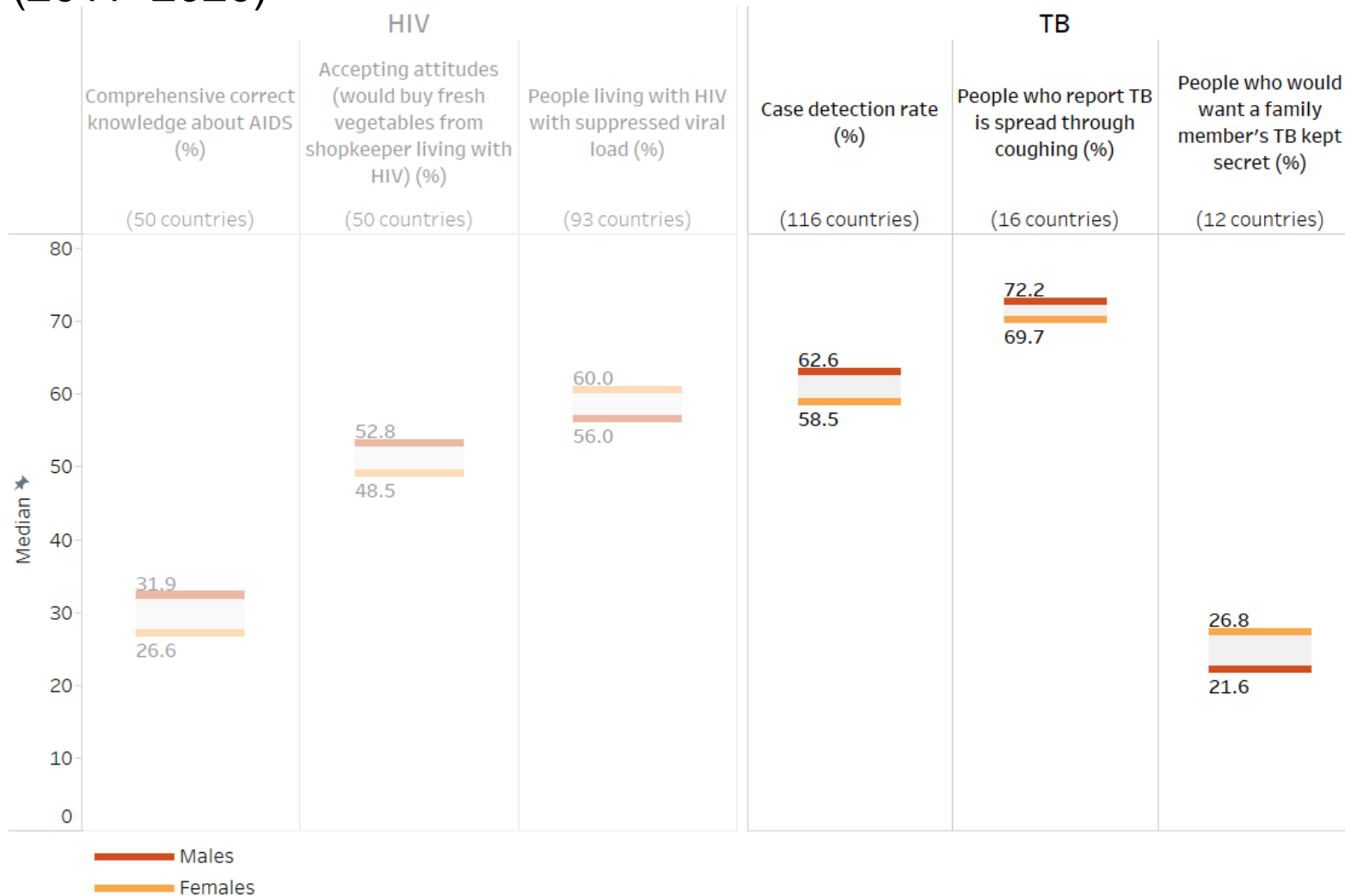
Where are inequalities low?

Selected HIV, TB and malaria indicators with low levels of sex-related inequality: latest situation (2011–2020)



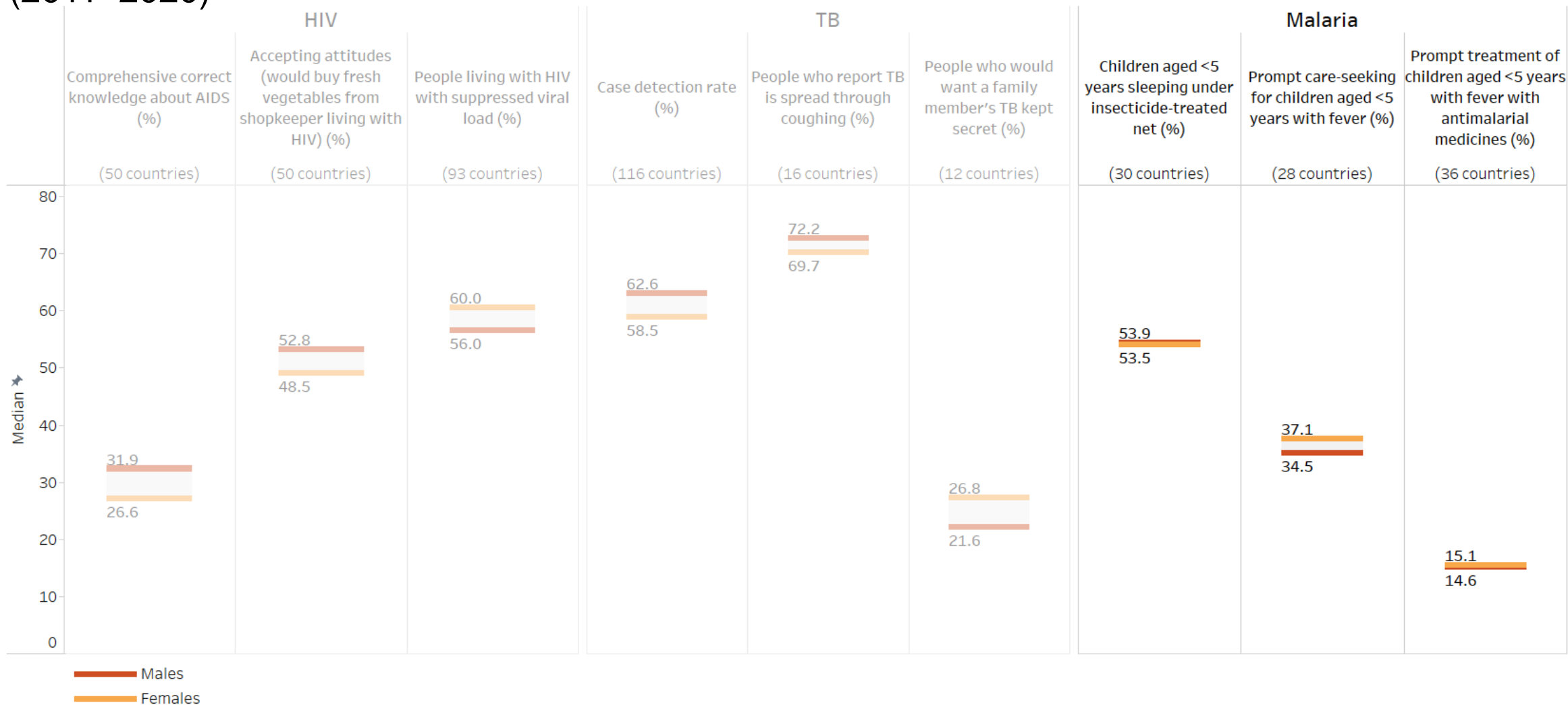
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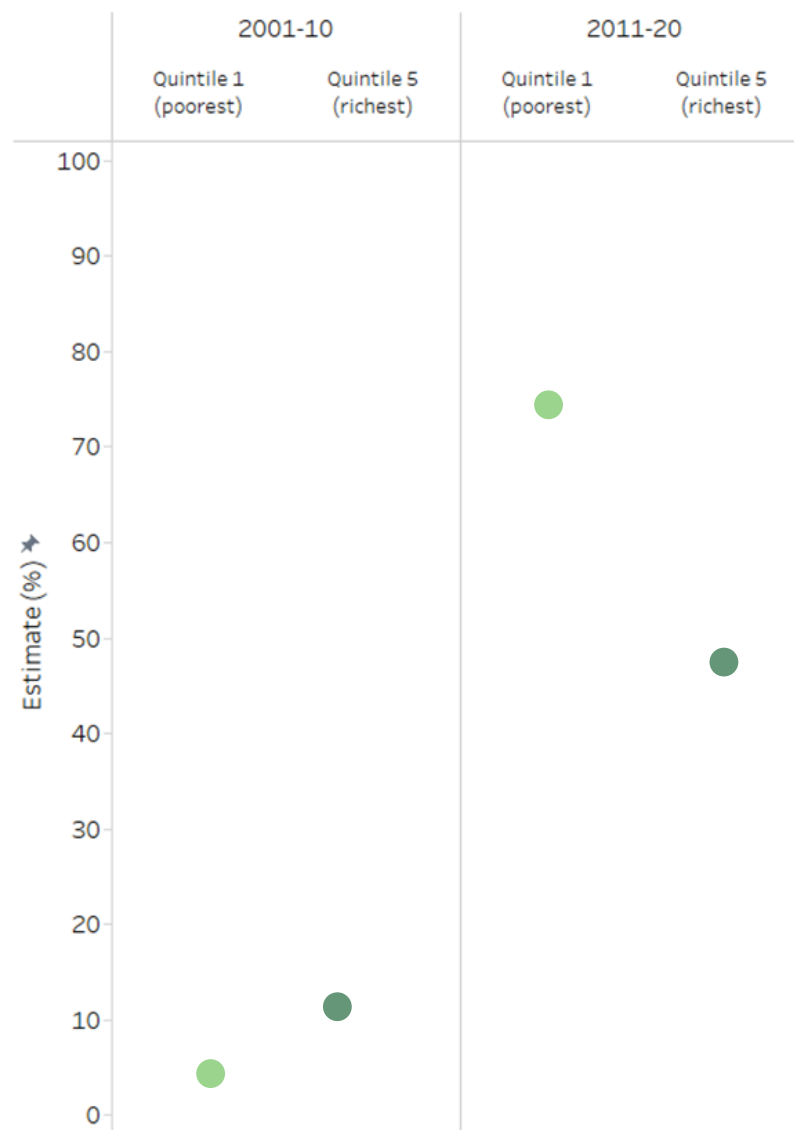
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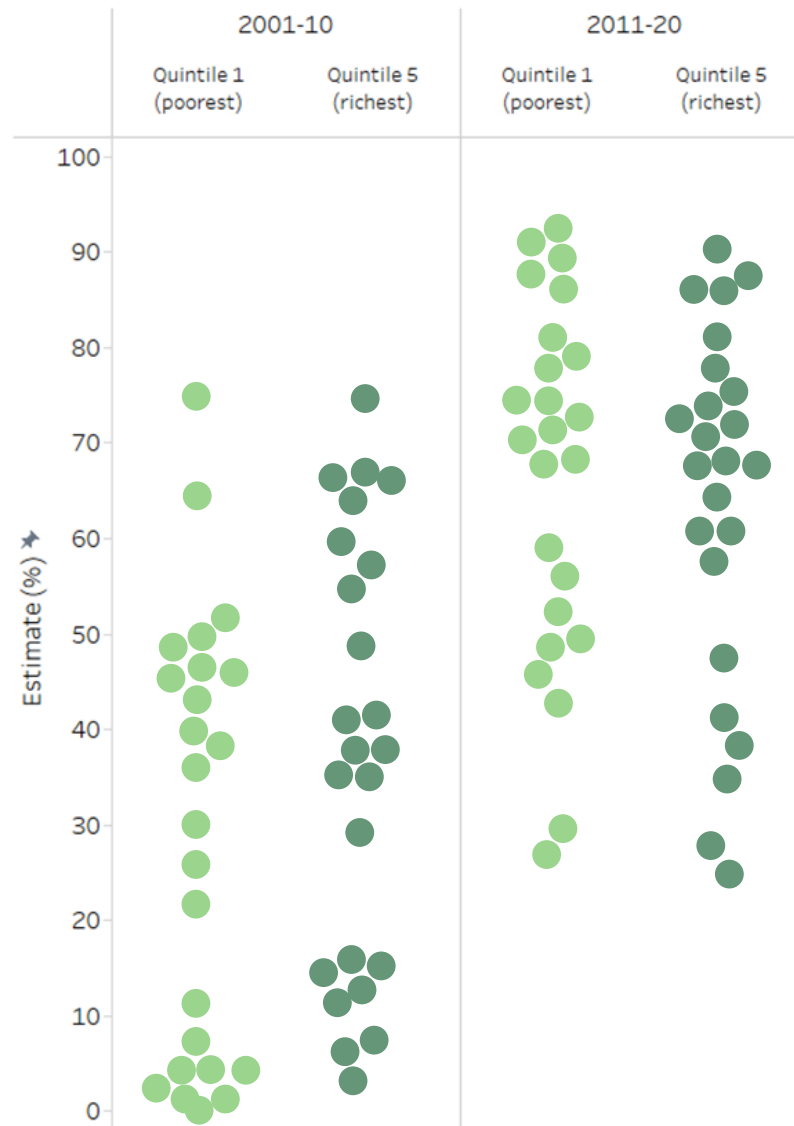
Certain interventions are helping to close the gap

Household ownership of at least one insecticide-treated net (ITN), disaggregated by economic status: change over time (2001–2010 and 2011–2020)



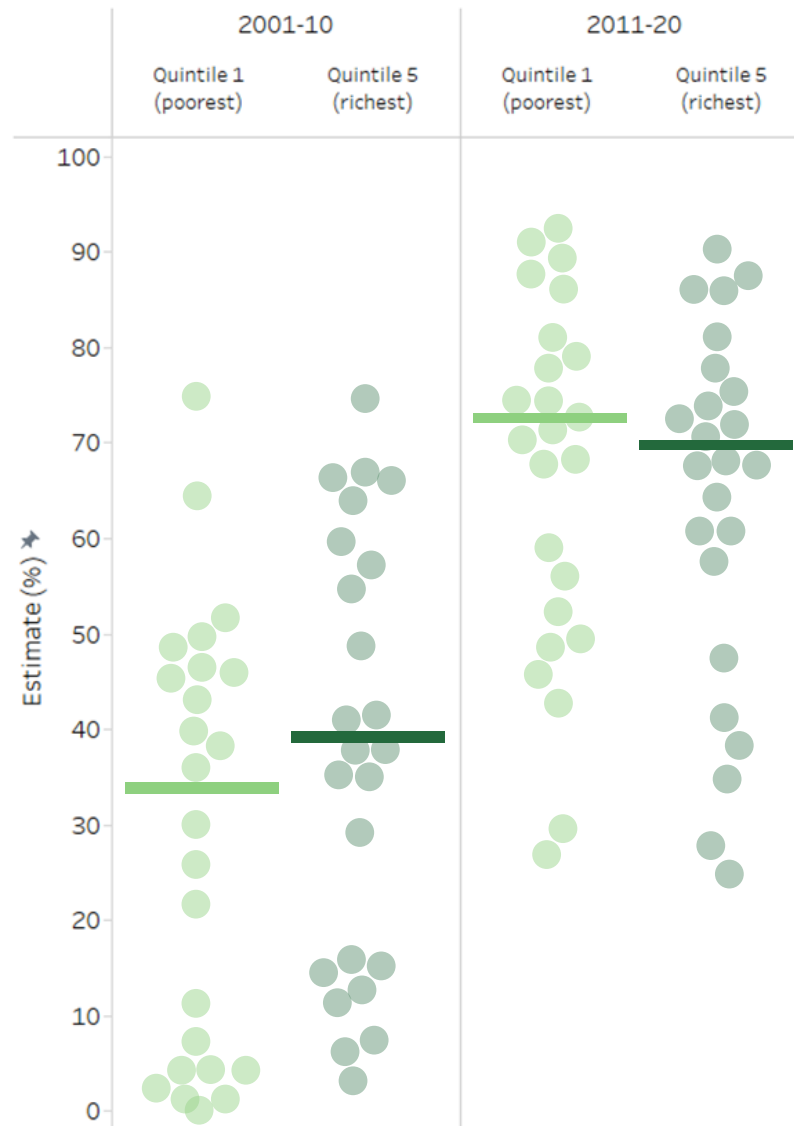
Interventions are helping to close the gap

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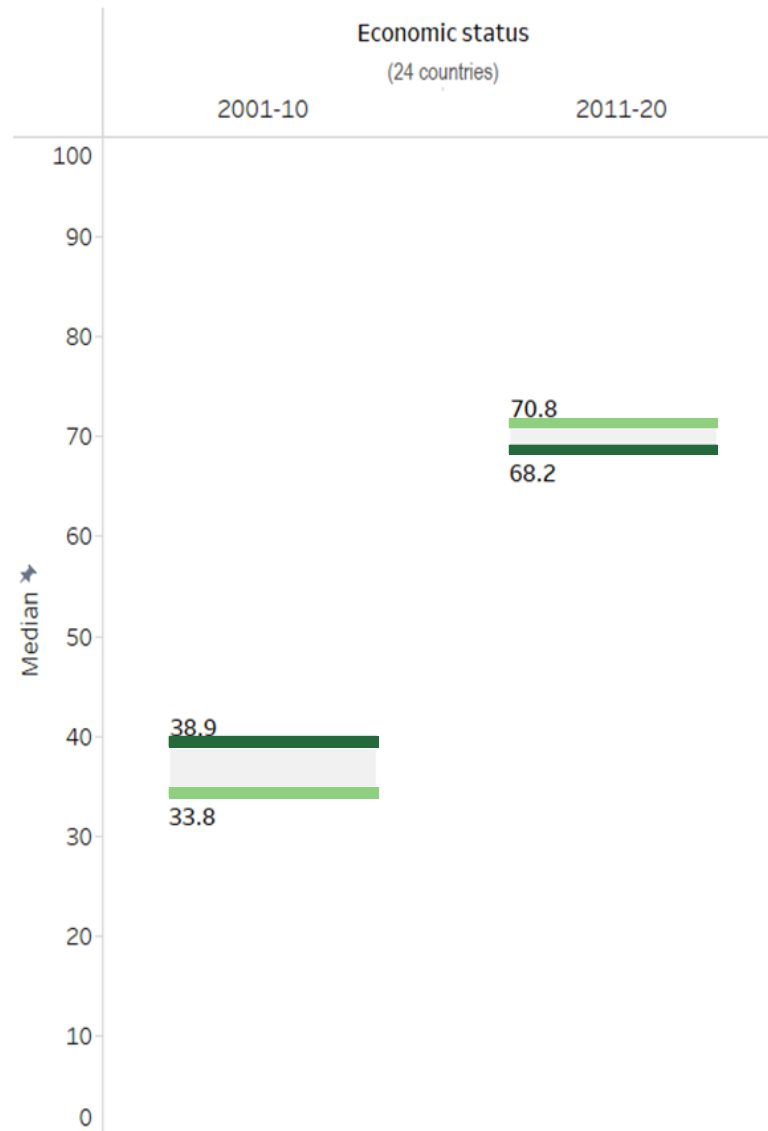
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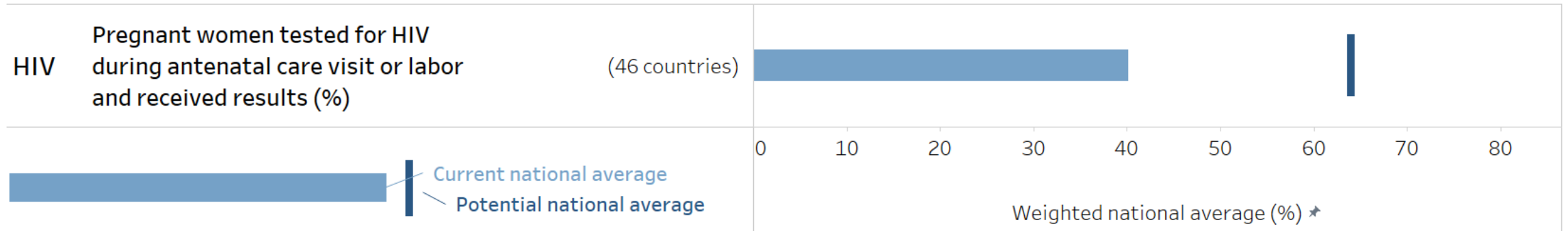


KEY MESSAGE #4

Tackling inequities will accelerate improvement in national averages and support progress towards the Sustainable Development Goal target for HIV, TB and malaria.

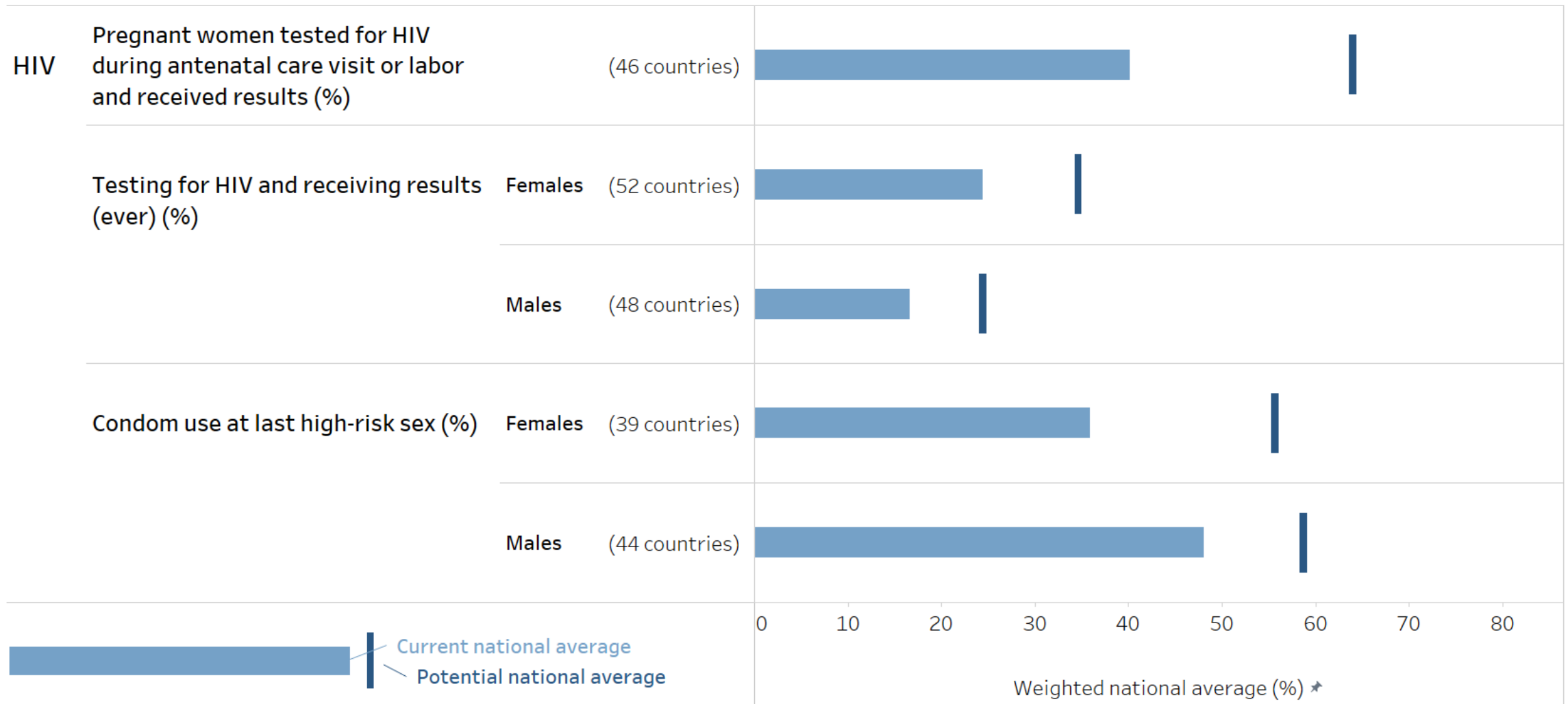
What is the impact of addressing inequality?

Potential for improvement in national average by eliminating economic-related inequality



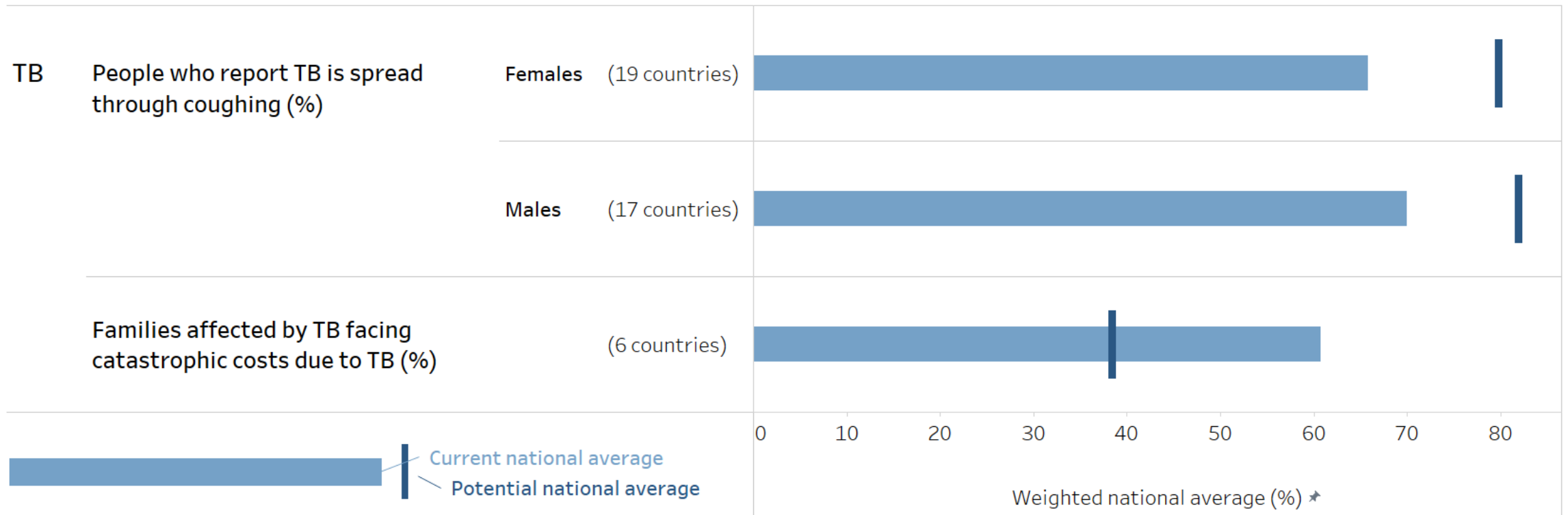
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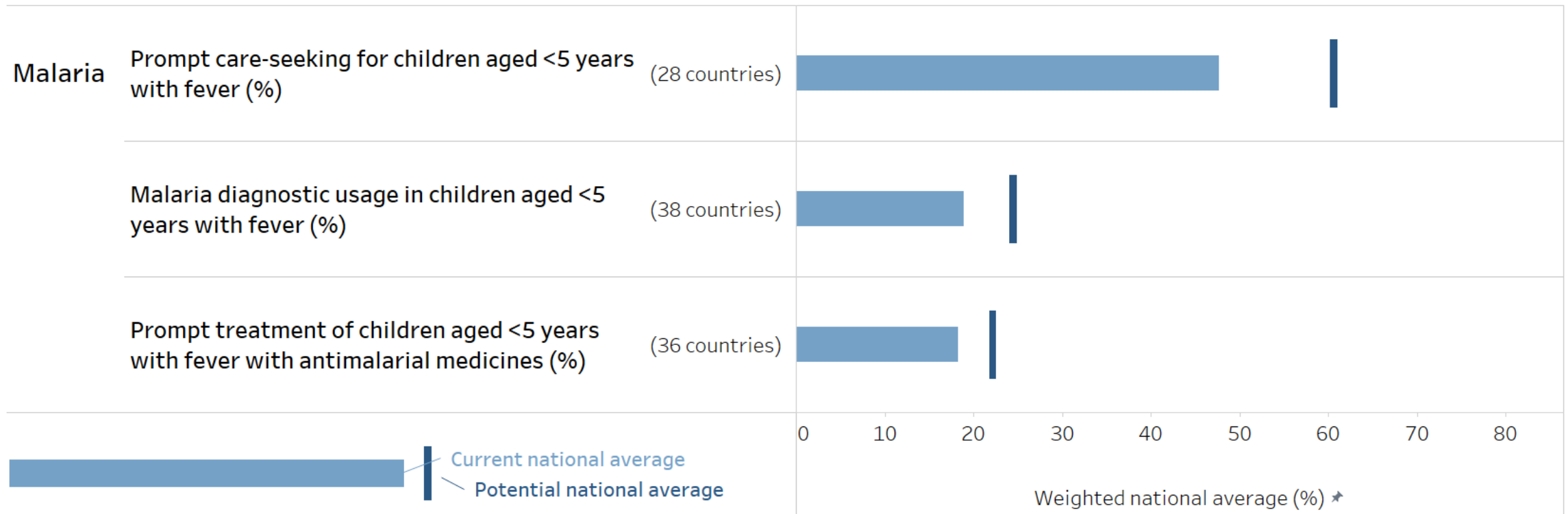
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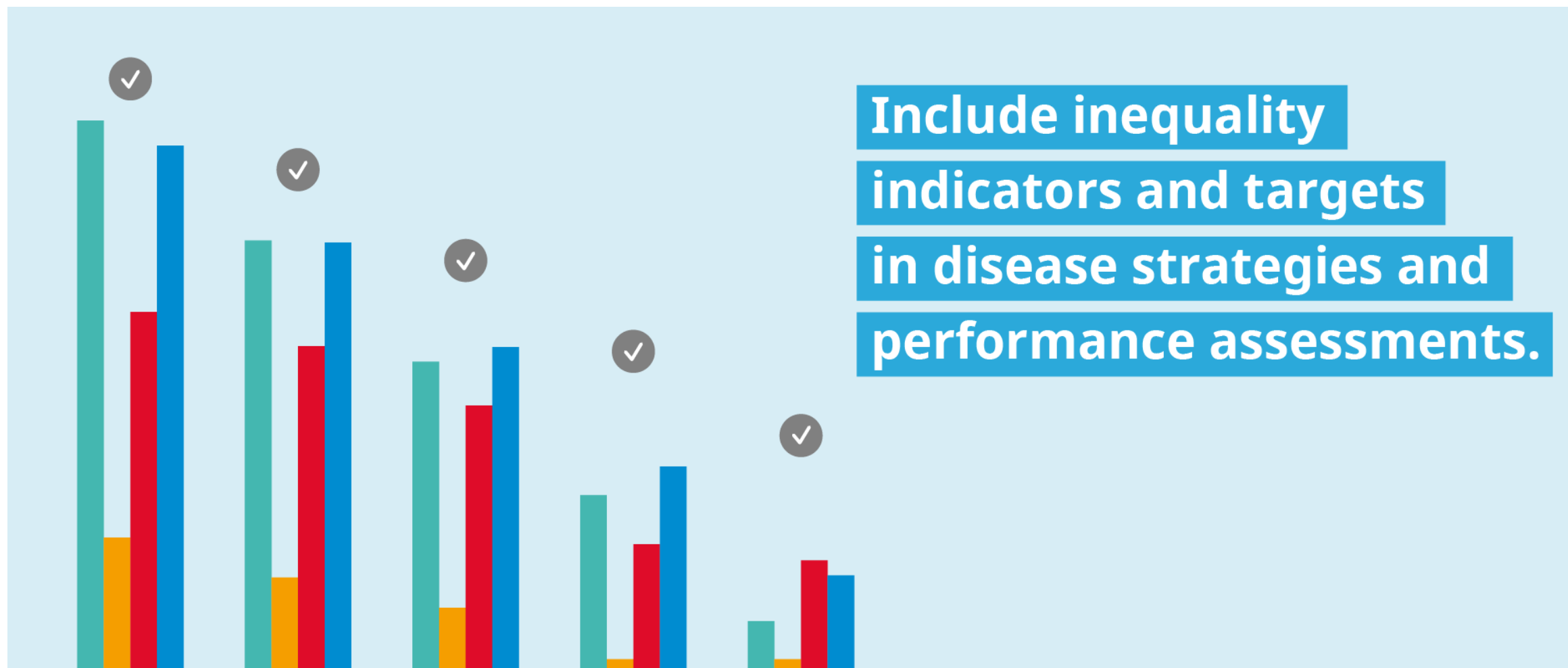
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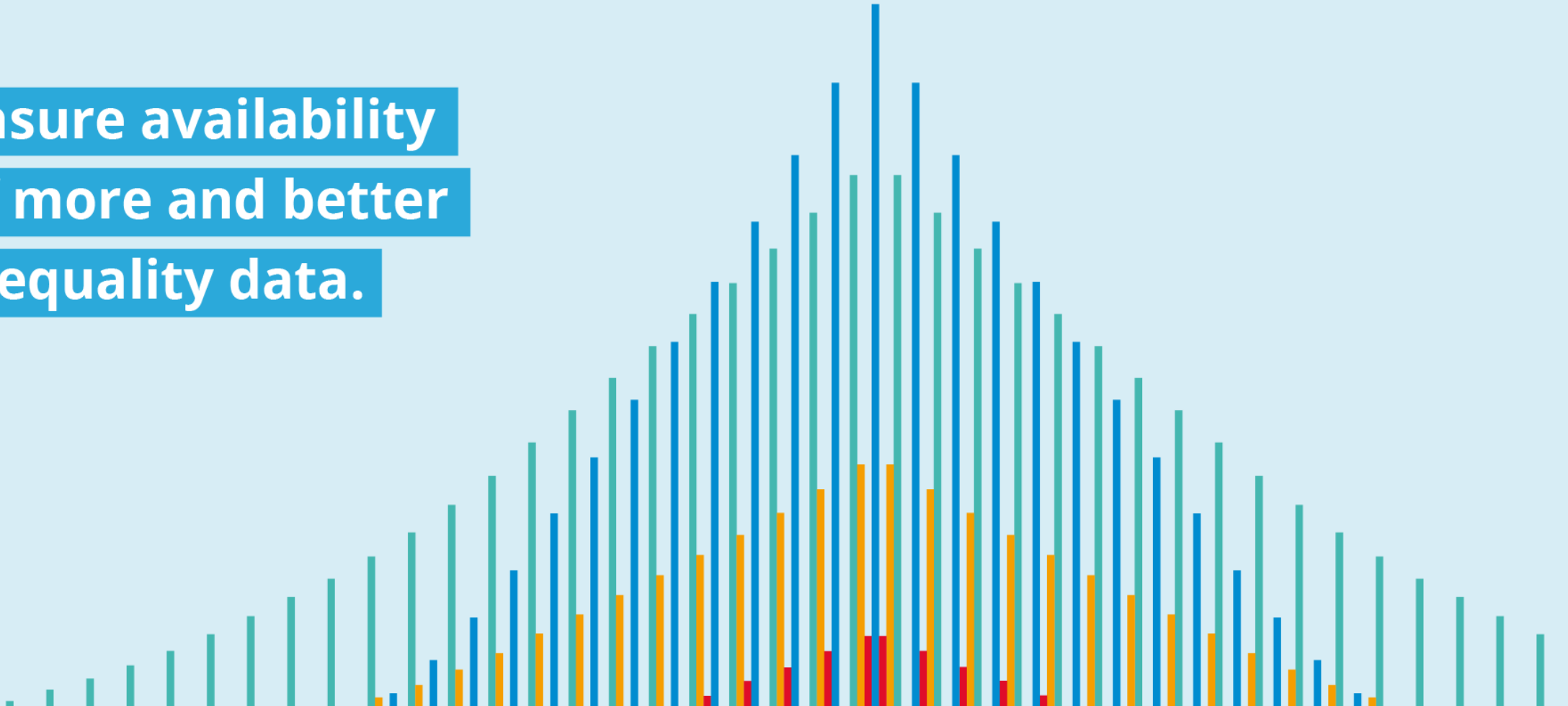
Recommendations for strengthening inequality monitoring in HIV, TB and malaria

Key recommendations



Key recommendations

**Ensure availability
of more and better
inequality data.**



Key recommendations



**Conduct regular
inequality analysis
and reporting.**

Key recommendations

Use multiple forms of evidence to contextualize inequalities.



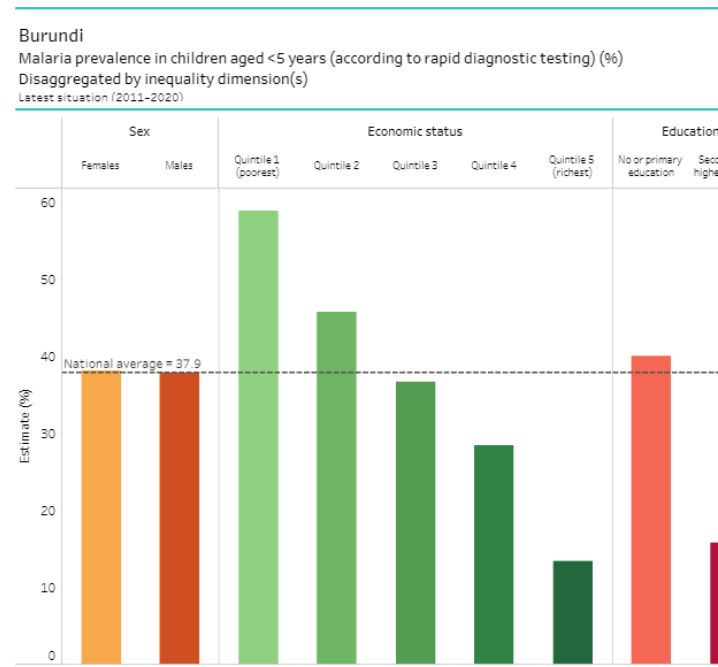
Interactive visuals and datasets

Available alongside the report:

Interactive data visualizations



Country equity profiles



Datasets, formatted for use with HEAT Plus software

setting	year	source	indicator_	indicator_	dimension	subgroup	estimate
Afghanist	2010	UNAIDS/U	aids_mort	AIDS-relat	Sex	Females	0
Afghanist	2010	UNAIDS/U	aids_mort	AIDS-relat	Sex	Males	0
Afghanist	2010	UNAIDS/U	hiv_incide	HIV incide	Sex	Females	0
Afghanist	2010	UNAIDS/U	hiv_incide	HIV incide	Sex	Males	0
Afghanist	2015	DHS	attitude_s	Accepting	Sex	Females	31
Afghanist	2015	DHS	attitude_s	Accepting	Sex	Males	27
Afghanist	2015	DHS	attitude_s	Accepting	Age	15-19 year	32
Afghanist	2015	DHS	attitude_s	Accepting	Age	20-29 year	31
Afghanist	2015	DHS	attitude_s	Accepting	Age	30-39 year	32
Afghanist	2015	DHS	attitude_s	Accepting	Age	40-49 year	28



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Report available at: <https://www.who.int/data/health-equity/report-2021-hiv-tb-malaria>

#HealthInequalityData

Panelists

Panel 1



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Nobuyuki Nishikiori
Medical Officer, Global
Tuberculosis Programme,
WHO



Shona Dalal
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HIV, Hepatitis and Sexually
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Programmes, WHO



Michael Byrne
Head, Department of
Technical Advice and
Partnerships, The Global
Fund

Panel 2



Mary Mahy
Epidemiology Team Lead,
Joint United Nations
Programme on HIV/AIDS
(UNAIDS)



Sahu Suvanand
Deputy Executive Director,
STOP TB Partnership



Melanie Renshaw
Co-Chair, Country/Regional
Support Partner Committee,
Roll Back Malaria
Partnership to End Malaria



Kumanan Rasanathan
Unit Head, Equity and
Health, Department of Social
Determinants of Health,
WHO



Kate Thomson
Head, Department of
Community Rights and
Gender, The Global Fund