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HIV/AIDS

Universal access to prevention, care and treatment

Report by the Secretariat

1. HIV/AIDS remains the world's most serious public health threat. Since the start of the epidemic over 20 years ago, 60 million people have been infected and more than 20 million have died. The toll of the epidemic worsens every year, with almost five million new infections and more than three million deaths in the 12 months to December 2005.
2. In the four years since the United Nations General Assembly adopted the Declaration of Commitment on HIV/AIDS, the global response has steadily gained momentum, and significant resources are now being made available to tackle the epidemic. A global fund has been established to provide developing countries with additional financing to counter HIV/AIDS and other diseases. The World Bank is providing large grants through its Multi-country HIV/AIDS Program, and individual high-income countries have provided significantly increased bilateral support to WHO's Member States and United Nations agencies. Many organizations, whether community- or faith-based, philanthropic, international nongovernmental, academic, professional or private-sector, are working to extend prevention and treatment through advocacy, education, research, policy development and service delivery.
3. In December 2003, WHO and UNAIDS jointly launched the "3 by 5" initiative to support the expansion of access to antiretroviral treatment in low- and middle-income countries to three million people living with HIV/AIDS by the end of 2005. In 2004, the Fifty-seventh World Health Assembly, in resolution WHA57.14, welcomed the "3 by 5" strategy and urged Member States, inter alia, to take a series of measures to assure their capacity to deliver effectively HIV/AIDS prevention, treatment, care and support services within the context of overall national health strategies and to pursue a range of appropriate policies and practices.
4. Many Member States have risen to the challenge set by the "3 by 5" target. The pace of expansion of access has been most encouraging in sub-Saharan Africa (the region most heavily affected by HIV/AIDS) where about 500 000 people were receiving treatment by June 2005, a more than three-fold increase in just 18 months. Progress in Asia, eastern Europe and central Asia has also been significant, with the number of people receiving treatment trebling in Asia and doubling in the other regions in the 12 months to June 2005. In Latin America and the Caribbean, it is estimated that about two out of three people in need of treatment are now receiving it. Overall, more than 50 countries doubled the number of people receiving treatment between June 2004 and June 2005, and the global total of people receiving treatment increased from 440 000 to about one million in the same period.

5. National commitment to expanding access to treatment has increased significantly. When the “3 by 5” initiative was launched, only three of the 49 most heavily burdened and vulnerable countries – the “3 by 5” focus countries – had drawn up comprehensive national plans to expand access to antiretroviral treatment. By June 2005, at least 34 of these countries had national treatment plans, the number of “3 by 5” focus countries that had set a national treatment target increased from four at the end of 2003 to at least 40, and at least 14 countries were treating half or more of those in need, consistent with the “3 by 5” target. Many countries have reported that focusing on the “3 by 5” target has made a significant contribution to mobilizing efforts and accelerating expansion of access to treatment.

6. The target has also been catalytic at global level, and is being acknowledged as an important step in a longer-term global effort to realize the objectives set out in the Millennium Development Goals. In July 2005, leaders of the G8 countries announced their intention to work with WHO, UNAIDS and other international bodies “to develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access” for those who need it by 2010. In September 2005, Heads of State and Government attending the High-level Plenary Meeting of the sixtieth session of the United Nations General Assembly, committed themselves to coming as close as possible to the goal of universal access by 2010.

7. In light of these developments, consultations have begun to ensure that countries receive the necessary guidance and technical support to implement the package of health-sector interventions needed to achieve universal access. The framework that results from these consultations will subsequently be submitted to the governing bodies.

8. This report outlines the process proposed by WHO and UNAIDS to build global commitment to the goal of coming as close as possible to universal access to HIV/AIDS prevention, care and treatment by 2010. It also reviews the lessons learnt in expanding national HIV/AIDS programmes.

PROCESS

9. The concept of universal access provides important guidance for the continued expansion of a comprehensive response to HIV/AIDS – including prevention, treatment, care and support – in the period 2006-2010. In particular, the acceptance of this goal will help to galvanize and focus efforts around the steps that must now be taken to overcome major obstacles, such as insufficient human-resource capacity and other health-systems constraints. Working towards universal access also requires clear strategies for ensuring that HIV/AIDS programmes are sustainable, equitable and of good quality over the long term, and that they contribute to the attainment of broad health and development goals.

10. A Global Task Team on Improving Coordination among Multilateral Institutions and International Donors on HIV/AIDS was created in early March 2005 to consider how countries could be better supported. In its final report in June 2005, the Team recommended measures that should be taken by the United Nations to assist countries in using such funds, including: working more closely with national AIDS coordinating authorities to support high-priority national AIDS action plans; establishing joint United Nations teams on AIDS at country level; creating a problem-solving team with members from bodies in the United Nations system and the Global Fund to Fight AIDS, Tuberculosis and Malaria in order to overcome obstacles to implementation at country level; a clear division of labour among the UNAIDS cosponsors and the Global Fund; and both increasing and

refocusing UNAIDS Programme Acceleration Funds so as to enable greater financing of technical support.¹

11. Since June 2005, WHO has been closely involved in designing the expanded programme acceleration funding mechanism and drawing up a plan for the division of labour and technical support, and has chaired the newly created Global Joint Problem Solving and Implementation Support Team.

12. It is proposed to establish a rapid and participatory process at country level for setting country-specific targets on prevention, treatment, care and support services to be reached by 2010, and drawing a road map for reaching those targets, with obstacles and opportunities identified. The process will be grounded on the principle of country ownership of planning and priority-setting, with external support aligned with countries' priorities (as recommended by the Global Task Team).

13. A country-driven process is expected to build on current efforts to accelerate the national AIDS response and national development within the context of harmonization and alignment as spelt out in the Three Ones principle, the Monterrey Consensus (the outcome of the International Conference on Financing for Development, Monterrey, Mexico, 2002) and the Paris Declaration on Aid Effectiveness. Thus the setting of ambitious yet realistic targets for the expansion of access by 2010 and frameworks for attaining those targets should be based on existing national plans, both for development (e.g. poverty-reduction strategies) and to counter HIV/AIDS, together with their review and updating processes. Crucial to the work at country level will be the inputs of a broad range of stakeholders, including ministries, the private sector, faith-based organizations, civil society, networks of people living with HIV/AIDS, and bilateral and multilateral partners. Ideally, existing national partnerships will be mobilized, with joint reviews of national AIDS plans. Countries' continuing collection and analysis of data for national progress reports on implementation of the United Nations Declaration of Commitment on HIV/AIDS will also provide valuable information for target-setting and planning for the realization of universal access.

14. The process will rely heavily on facilitation by subregional groupings and their identification of common obstacles to universal access faced by their member countries. To the extent possible, these groups will bring together existing leaders in the AIDS response.

15. A multi-partner global steering committee, coordinated by UNAIDS, will be established to initiate this process. The Committee will explore global-level solutions, review country work and formulate a global action plan for consideration by the United Nations General Assembly at its special session on HIV/AIDS in September 2006. This plan will reflect the shared responsibility for expanding prevention, treatment, care and support services in WHO's Member States and coming, as close as possible, to universal access by 2010.

LESSONS LEARNT

16. The effort to reach the "3 by 5" target has provided valuable lessons for the continuing expansion of HIV/AIDS programmes. Antiretroviral treatment can be delivered efficiently and effectively in diverse settings, including countries with different epidemiological patterns, severely

¹ *Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors: final report*. Geneva, UNAIDS, 2005.

resource-constrained communities, rural areas and in widely varied health-care systems. In all cases, sustained, high-level political commitment, including the allocation of domestic resources, has been a prerequisite for success. A public health approach with simplified and standardized treatment regimens and clinical monitoring is enabling the optimal use of available resources and capacity. Successful programmes have also been marked by concerted efforts to integrate treatment into existing health services – including those for tuberculosis, reproductive health and substance dependence – so that maximum use is made of available infrastructure and capacity.

17. Reviews of national health legislation and policy in several strategic areas have helped countries to facilitate the rapid expansion of programmes and to increase their effectiveness. The model of health-care provider training developed by WHO and its partners – now being applied in at least 30 countries – strongly encourages decentralization of treatment sites as close as possible to the community and the delegation of routine aspects of care to nurses and trained community health workers; these key policy shifts have been shown to enhance equity and make the most of available human resources. In a growing number of countries, it is evident that health-financing policy can be successfully adjusted in order to eliminate user fees for HIV treatment at the point of service delivery. This move contributes significantly to higher uptake of treatment and improved adherence rates.

18. In most countries in which programmes are being expanded, critical – and usually chronic – weaknesses in health-care systems are being identified. These include gaps in current systems to manage and supply drugs and diagnostics, poor laboratory infrastructure and limited human resource capacity. Both experience and operational research are helping to inform the development and implementation of new policies, strategies, programmes and approaches that will help to overcome these difficulties and ensure that expanding HIV/AIDS prevention, treatment and care contributes to overall strengthening of health systems.

19. WHO has provided human-resources support at country level in order to help to coordinate efforts with local partners and tackle technical issues relating to HIV/AIDS treatment, care and prevention.

20. Major challenges still exist for many countries. Despite the dramatically increased global resources available for HIV/AIDS, an estimated funding gap of US\$ 18 000 million exists for the period 2005-2007. The price of first-line medicines remains high in some countries that have not been able to negotiate price reductions, while the cost of second-line treatments is prohibitive for many countries. Particular attention must be paid to the treatment needs of children, including new paediatric antiretroviral formulations. The limited capacity to produce medicines and the scarcity of certain active pharmaceutical ingredients are of growing concern. Equitable access to treatment, prevention, care and support must be ensured for vulnerable groups such as young people, sex workers, injecting drug users, men who have sex with men, and prisoners. More effort is also needed to expand the reach of programmes to prevent transmission of HIV from mothers to children. Across the health sector as a whole, greater investment in human resource development is essential, while the closer engagement of communities and private-sector health services will help to mobilize untapped resources in the fight against AIDS and other diseases. Finally, continued investment in research for new medicines and technologies, such as new antiretroviral agents, simplified drug formulations, improved diagnostics, and effective vaccines and microbicides, is vital.

ACTION BY THE EXECUTIVE BOARD

21. The Executive Board is invited to take note of the report.