WORLD HEALTH ORGANIZATION

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# Round tables: HIV/AIDS

1. The global response to the HIV/AIDS epidemic and the HIV treatment emergency is a major priority for WHO. The four round-table sessions at the current Health Assembly will focus on the following subjects: (i) the leadership role of the public health sector in expanding access to HIV care and treatment in countries; (ii) strengthening the capacity of health services to expand delivery of HIV treatment in countries; (iii) mobilizing partners and resources to expand access to HIV treatment in countries; and (iv) integrating prevention and treatment programmes in countries. This document outlines the crisis due to AIDS and the unprecedented response, and provides an overview of the challenges to expanding access to HIV treatment in developing countries in terms of the specific topics that might be considered in round tables.

## BACKGROUND

### HIV/AIDS: a public health and development crisis

2. AIDS is the most compelling public health crisis of modern times. Today 40 million people in the world are living with HIV; without access to effective treatment, the vast majority will not survive the next decade. Already the epidemic has claimed the lives of more than 20 million people, with 3 million deaths in 2003 alone, and the long-term evolution of the epidemic is uncertain. Unless effective prevention and care programmes are immediately expanded, AIDS will inflict enormous human and socioeconomic damage, at individual, community and country levels, for generations to come.

3. The average life expectancy in some countries of sub-Saharan Africa has fallen by 15 years as a result of AIDS. School systems are deteriorating as teachers fall ill. Social and economic activity is set back as young workers in their most productive years fall sick and die, and the health sector is under enormous strain as hospitals are overwhelmed with AIDS patients and as doctors, nurses and other health workers fall ill themselves. Women, especially young and poor, are particularly vulnerable. Their infection at an earlier age than boys is not only due to their greater biological vulnerability, but increasingly the consequence of social, cultural, and economic transitions in many countries.

### An unprecedented response

4. The increasing awareness of AIDS has mobilized communities around the world into an unprecedented movement for social change and improving health. Political will in countries is growing, new financial resources support the global response, and knowledge of effective health and social interventions to combat the epidemic has increased. Yet the threat to human security in the hardest hit countries and the emergence of new epidemics demand a historic global response to AIDS.

5. At the fifty-fifth session of the United Nations General Assembly, Heads of State and Government, in adopting the United Nations Millennium Declaration committed themselves to the target of halting and beginning to reverse the spread of HIV by 2015 and to promoting affordable access to essential medicines for all. In the area of HIV care and treatment, all Member States signed the Declaration of Commitment on HIV/AIDS at the United Nations General Assembly special session on HIV/AIDS in June 2001, pledging to expand access to the highest attainable standard of treatment for HIV/AIDS, including the prevention and treatment of opportunistic infections and effective use of quality-controlled antiretroviral therapy.

6. More national and international financing than ever is available to expand access to treatment in the developing world. Mechanisms include allocation by countries of national budgetary resources, allocation of debt relief savings, the World Bank Multicountry HIV/AIDS Program, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and major bilateral funding, most notably through the Emergency Plan for AIDS Relief of the President of the United States of America.

7. Furthermore, the pharmaceutical industry has dramatically lowered the price of antiretroviral drugs for low-income countries. In addition, many countries have gained considerable technical and management expertise in HIV treatment services through successful pilot projects.

### The treatment gap – an unacceptable global inequity

8. Despite these important advances, shameful inequalities persist globally in access to HIV medicines. Since its advent in 1996, highly active antiretroviral therapy has significantly reduced AIDS morbidity and mortality in industrialized countries, thereby allowing many people with HIV/AIDS to live healthier lives and to continue to contribute to the social and economic well-being of their families and societies. But 95% of people living with HIV/AIDS are in developing countries, where for the most part they are deprived of not only antiretroviral therapy but even relatively simple medications to treat opportunistic infections and alleviate pain. The inaccessibility of available treatments represents a failure to respect and protect basic human rights, including the right to health and the right to the enjoyment of the benefits of scientific progress.

## THE "3 BY 5" INITIATIVE – A WINDOW OF OPPORTUNITY

### A response to countries' demand

9. Many Member States of the United Nations, in particular those with high HIV prevalence rates and those with emerging epidemics, are mobilizing in order to bridge the HIV treatment gap. In launching a major campaign to overcome the lack of access to antiretroviral therapy, WHO and UNAIDS have committed themselves to support developing countries' efforts to provide HIV treatment to three million people by the end of 2005 – the "3 by 5" initiative. The target is an interim step toward the long-term goal of universal access to antiretroviral treatment.

10. With the launch of the campaign, successive countries have committed themselves to delivering HIV treatment. Many countries have requested direct technical support from WHO; to date, 50 countries have formally expressed their wish to work with WHO, UNAIDS and their partners in expanding access to HIV treatment.

## The key challenges ahead

11. The world is not powerless against AIDS. There is growing understanding of what interventions turn back the epidemic and mitigate its impact. The small number of societies in different parts of the world that have tackled the HIV treatment crisis is increasing. Brazil remains the only developing country that provides near-universal access, but Botswana, Gabon, Senegal, South Africa, Thailand and Uganda may soon offer broad coverage with HIV treatment.

12. Important lessons have been learnt from small-scale pilot projects, beginning with the UNAIDS Drug Access Initiative in 1998. But the time for pilot or demonstration projects is over. The challenge now is to move from small individual treatment projects to nationwide programmes on a scale commensurate with the epidemic, and to make HIV treatment a centrepiece of national primary health care systems, including those decentralized in districts and local communities.

13. Timidity and inaction are morally unacceptable given the numbers of people dying as a result of the lack of treatment in developing countries. Yet moving from rhetoric to reality in bridging that gap requires overcoming formidable challenges. The elements of the task ahead are the subject of the four round tables.

## ROUND TABLES

### 1. The leadership role of the public health sector in expanding access to HIV care and treatment in countries

14. Public health systems in countries hardest hit by AIDS are collapsing as increasingly large numbers of people infected with HIV become ill. Even though international support and funding for expanding access to HIV treatment have reached unprecedented levels, substantial resources must be allocated for strengthening public health systems in order to ensure equitable, nationwide, sustainable coverage.

15. Topics for consideration include:

- public advocacy and political commitment, including through political bodies at the highest level and legislative reform, to expanding access to care and treatment;
- promoting use of public health sector services, for example, HIV counselling and testing, prevention and treatment programmes, including by marginalized groups;
- formulating and promoting harmonized national standards and methods, including treatment regimens and protocols, for expanding access to HIV treatment in public, nongovernmental and private sectors;
- undertaking campaigns and measures to combat the stigmatization and discrimination against people living with HIV that deter people from presenting for diagnosis, counselling and health and social services;
- identifying and tackling gender-specific constraints to women’s access to information, treatment and support;

- mobilizing and coordinating international financial and technical support for expanding access to treatment, taking measures to avoid fragmented approaches, unnecessary duplication and inequitable delivery of treatment;

- ensuring ethical and equitable distribution of treatment in resource-limited settings where universal access cannot be provided immediately;

- monitoring and evaluating expansion of access to treatment, and communicating lessons learnt in order to ensure programme efficiency, effectiveness and accountability.

## 2. Strengthening the capacity of health services to expand delivery of HIV treatment in countries

16. Providers of health and social services hold the key to access to treatment. When the existing health and social service infrastructure is not fully used, it is critical that providers of mainstream health and social services promote voluntary HIV counselling and testing, contribute to awareness of treatment options, and promote access to treatment through greater use of referral opportunities. Health and social services must become more user-friendly for young people, women and other vulnerable groups, and providers must engage in greater outreach to maximize access.

17. Building human resources capacity is crucial in efforts to expand access to HIV treatment. Even though specialized knowledge is needed for determining policies and practices related to antiretroviral regimens and other aspects of treatment, it will not be possible to rely solely on physicians and nurses in order to expand access to HIV treatment on a mass scale in Africa. Community health workers will become a central cadre for HIV/AIDS diagnosis and treatment, supervised by medical personnel.

18. Topics for consideration include:

- ensuring full use of existing health infrastructures to expand access rapidly to treatment;

- planning and mobilizing resources to overcome shortages of clinical facilities and laboratories adequately equipped to initiate and supervise treatments;

- ensuring rational use of overstretched health-sector human resources for maximum impact in expanding access to treatment, for example, through the simplification of treatment regimens and protocols;

- planning and implementing policies and programmes for recruitment, training, and deployment of appropriate mixture of staff (e.g., physicians, nurses, counsellors, laboratory technicians and community health workers) to provide gender-sensitive diagnostic, treatment and support services;

- ensuring continuing education and training for all health and community workers in a rapidly evolving field of health care;

- achieving efficiencies and economies of scale through regional or subregional collaboration for technology sharing, registration of medicines and diagnostics, and training;

- establishing mechanisms for community health workers and other personnel to refer clinically complex cases to centres of excellence or other service providers;

- strengthening systems for managing the supply of pharmaceuticals and other commodities;

- instituting monitoring and evaluation of the expanded delivery of treatment, and ensuring compliance with treatment regimens in order to minimize the incidence of drug resistance.

## 3. Mobilizing partners and financial resources to expand access to HIV treatment in countries

19. The enormous scale of the response needed and the multiplicity of actors involved, demand mobilization of partners and financial resources as a crucial measure of support to national health sector leadership for expanding access to treatment.

20. Topics for consideration include:

- facilitating at country level a broad, multisectoral coalition of government, civil society, bodies of the United Nations system, multilateral organizations, and the private sector in spearheading a broad-based national health sector response within countries;

- mobilizing adequate financial resources from a broad mixture of international and national sources, including bilateral donors, the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, debt relief savings and debt swaps, and the public and private sectors within countries;

- identifying, establishing or strengthening a mechanism to unite all interested parties, under the leadership of government, in support of effective national strategic plans;

- ensuring the formulation and use of a shared action plan, jointly negotiated and agreed by all partners at country level.

## 4. Integrating prevention and treatment programmes in countries

21. Prevention and care are both necessary elements of a comprehensive response to HIV/AIDS. Integrated delivery of prevention and care programmes can reinforce the impact and success of both; conversely, the absence of either component can undermine the efficacy of the other. HIV counselling and testing and the prevention of mother-to-child transmission of HIV exemplify the convergence of prevention and care within health sector services. Other opportunities exist for integrated approaches to care and prevention.

22. Topics for consideration include:

- ensuring that prevention, even within initiatives to expand access to treatment, remains high on the agenda;

- integrating information on and programmes for prevention into the design and implementation of treatment services;

- incorporating gender-sensitive treatment programmes or referral services into entry points for HIV prevention, such as counselling and testing sites, tuberculosis services, programmes for prevention of mother-to-child transmission of HIV, and outreach;

- targeting vulnerable groups to promote use of both prevention and treatment services.



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