



WORLD HEALTH ORGANIZATION

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HIV/AIDS

Report by the Secretariat

1. Tackling the HIV/AIDS epidemic, which continues to place unprecedented burdens on Member States, remains a top priority for WHO. The international community recently began to mobilize a more robust political and financial response to the epidemic at global, regional and national levels, and the Declaration of Commitment on HIV/AIDS of the United Nations General Assembly special session on HIV/AIDS in June 2001 represents political commitment at the highest level from Member States of the United Nations.

2. Nevertheless, during the Fifty-eighth United Nations General Assembly in September 2003, the Secretary-General reported that, despite pledges of significant new resources to fight the epidemic and although most Member States had multisectoral national HIV/AIDS strategies, the international community had failed to reach several of the Declaration's objectives set for 2003. One third of all countries have no policies to ensure access for women to prevention and care; more than one third of badly affected countries have no strategies in place to care for AIDS orphans; two thirds of all countries fail to provide legal protection for vulnerable groups against discrimination; and only one in nine people in sub-Saharan Africa wanting to know their HIV status have access to testing.

3. About 8000 people still die of AIDS-related conditions daily – nearly three million deaths each year – despite the ability of antiretroviral therapy to reduce HIV viral load significantly, delay progression of HIV infection to AIDS and improve overall quality of life of people with HIV disease. As of December 2002, only about 300 000 of the five to six million people in the advanced stages of the disease had access to antiretroviral therapy in developing countries. With currently allocated resources and efforts, probably fewer than one million people in the developing world will have access to such therapy by the end of 2005 – only about a sixth of those in need.

4. The global health-sector strategy on HIV/AIDS,¹ noted by the Health Assembly in resolution WHA56.30, includes access to antiretroviral therapy as one of the core components of an effective health-sector response to HIV/AIDS. The Health Assembly requested the Director-General *inter alia* to support, mobilize and facilitate efforts by Member States to achieve the goal of providing effective antiretroviral treatment in a poverty-focused manner, equitably and to those most vulnerable, bearing in mind WHO's target of reaching at least three million people in developing countries by 2005. Faced with a global health emergency presented by the gap between those who need such treatment and those who have access to it, WHO, UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria announced in September 2003 the development of a strategy for attaining

¹ Document WHO/HIV/2002.25.

that “3 by 5” target. WHO intends to take extraordinary measures and to use the knowledge gained from developing the strategy of directly observed treatment, short course (DOTS), for tuberculosis control and from managing the outbreak of severe acute respiratory syndrome and other emergencies in order to reach the target.

5. The strategic framework for reaching the “3 by 5” target was launched on World AIDS Day, 1 December 2003. This included revised, simplified and standardized guidelines on application of antiretroviral therapy in resource-constrained settings and an operational manual for delivering such treatment at facility level; creating an AIDS medicines and diagnostics service to support countries and implementers in purchasing, financing and supplying HIV drugs and diagnostics; introducing standardized monitoring and evaluation tools, for instance, a network for surveillance of drug resistance through cooperation with partners; drawing up an operational research agenda; designing a comprehensive training package on antiretroviral therapy for professional and lay health workers, including a trainer-accreditation system for Member States; and taking initiatives to build the capacity of communities and community-based organizations – including people living with HIV/AIDS – to participate fully in preparations for and delivery of antiretroviral treatment services.

6. WHO recognizes the need to provide increased technical support to countries in implementing these and other initiatives in line with an emergency response in order to reach the “3 by 5” target, and will work at all levels to make emergency country-response teams available to Member States. These teams respond swiftly to requests for technical support, particularly from countries that have a heavy HIV/AIDS burden. So far in 2003, six emergency response missions have been conducted and up to 30 more are planned for the next six months. The teams will help to secure high-level national commitment to the “3 by 5” initiative, facilitate the setting of national targets and the expansion of plans in line with the global objectives, and support countries in creating the necessary management mechanisms for implementation.

7. WHO is fully aware of the critical roles of its partners within the United Nations system. The “3 by 5” initiative has been fully embraced by all the cosponsors of UNAIDS, which has been closely involved in all stages of developing the “3 by 5” strategy. That plan will be implemented in close consultation with other organizations in the United Nations system and other partners, including donors, governments, leading foundations, researchers, nongovernmental organizations and people living with HIV/AIDS. WHO also continues to work closely with the Global Fund to Fight AIDS, Tuberculosis and Malaria, providing technical support to Member States in preparing their applications to the Fund and managing resources from that and other sources.

8. A key objective of the “3 by 5” initiative is to ensure that delivery of antiretroviral therapy serves as a vehicle for the overall strengthening of health systems, for example, by making optimal use of existing infrastructure and entry points for HIV care and treatment, including services to prevent mother-to-child transmission of HIV and those to treat sexually transmitted infections and tuberculosis. Improved collaboration among different health services, referral of patients and policy development relating to prevention, control and treatment across the major infectious disease programme areas will also facilitate more effective system-wide approaches.

9. Collaboration with tuberculosis-control services, in particular, is crucial to the success of the “3 by 5” initiative. The WHO DOTS strategy for tuberculosis control provides a useful model for the long-term delivery of care, especially in resource-poor settings. WHO’s policy for joint activities on

tuberculosis and HIV/AIDS¹ will guide control programmes for those diseases in delivering coordinated services, thereby ensuring that HIV-infected patients with tuberculosis, who are the single largest group of people eligible for antiretroviral treatment within the health system, obtain access to that therapy and other services.

10. As part of WHO's expanded programme on HIV/AIDS, the results of the "3 by 5" initiative will ultimately be assessed in regions and countries. Although the initiative necessarily involves increasing capacity in WHO offices at all levels, at least 80% of its overall budget has been allocated to support activities at regional and country levels.

11. Although antiretroviral treatment is an essential component of a comprehensive response to the HIV/AIDS epidemic, it must be accompanied by renewed and vigorous efforts to promote and accelerate effective prevention interventions. The "3 by 5" initiative, therefore, constitutes one part of the broad HIV/AIDS programme set out in the global health-sector strategy on HIV/AIDS. The core components of such a response include: promoting safer and responsible sexual behaviour and practices, including, as appropriate, delaying sexual activity, practising abstinence, reducing the number of sexual partners and using condoms; increasing access to testing and counselling services; preventing HIV infection among injecting drug users; preventing and treating sexually transmitted infections and preventing mother-to-child transmission of HIV. Greatly increased attention is now being given to exploiting opportunities in health-care settings where synergies between preventive and therapeutic interventions exist, for example, through provision of condoms as well as treatment to people living with HIV/AIDS, and using prevention outreach programmes to bring marginalized people into care.

12. Prevention, treatment, care and support services will not be effective if they are not accessible to those who need them most. Furthermore, in many countries, stigmatization and discrimination remain significant barriers to the uptake of health-care services by people living with HIV/AIDS and members of marginalized communities. For these reasons, strengthening the Organization's capacity in the areas of human rights, advocacy and community mobilization will be a high priority in 2004, as will the framing of policy to ensure equitable access to HIV services, especially for the poor.

ACTION BY THE EXECUTIVE BOARD

13. The Executive Board is invited to note the report.

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¹ Interim policy on collaborative TB/HIV activities. Documents WHO/HTM/HIV/2004.1 and WHO/HTM/TB/2004.330, in press.