



Country stories

Burundi



- In Burundi, HIV prevalence has been rising steadily over the last ten years. An estimated 38,000 people needed antiretroviral therapy by June 2005.
- In the wake of a 10-year civil war, efforts are now being made by the government and its partners to rehabilitate health sector infrastructure and strengthen Burundi's human resource capacity to mount an effective response to the HIV/AIDS epidemic. The government adopted a policy of universal access to ART in 2004.
- A series of important measures has been taken since to improve access to ART, including the abolition of import duties on pharmaceutical products, lowering of ARV drug prices through industry negotiations, the establishment of a

solidarity fund, the development of simplified treatment protocols, and enhancing capacity for and access to counselling and testing.

- Burundi can claim significant progress in expanding access to treatment, demonstrated by a four-fold increase in the number of people on treatment over the last twelve months. By April 2005, 5,050 patients were on treatment.
- Progress has also been made in strengthening infrastructure, with an increase in the number of counselling and testing centres from 80 in February 2004 to 106 a year later. A total of 24 antiretroviral therapy service delivery sites are now operational, of which half are located in rural areas.
- WHO has supported the government of Burundi in addressing key elements of treatment scale-up by reviewing and validating the National Action Plan for scaling up ART for 2004-2005, reviewing existing treatment regimens and defining simplified treatment protocols, helping to develop a national policy for prevention of mother-to-child transmission, establishing a drug procurement and supply management plan and strengthening the continuum of care through the Ministry of Health's home-based care programme.
- Additionally, as local associations in Burundi constitute valuable assets for ART management in structures outside the public sector, WHO has also assisted the Ministry of Health and the Ministry of HIV/AIDS in quality assurance and monitoring.
- To consolidate these achievements, WHO is providing ongoing technical assistance primarily focused on human resource capacity building to deliver ART, and on monitoring and evaluating the programme, particularly at the decentralized levels. Burundi has received WHO support with IMAI (Integrated Management of Adult Illness) programme adaptation and training of trainers, and will continue to receive support in rolling out the training to ensure a robust health sector response.

Country stories

Cambodia



- Cambodia has a generalized epidemic with one of the highest prevalence rates in Asia. Following a peak of 3% in 1997, prevalence rates among 15-49 olds have declined to 2.1% in 2002 and to 1.9% in 2003 (HIV sentinel surveillance-Ministry of Health/NCHADS).

- Declining trends have been observed among high-risk groups such as brothel-based sex workers (from 42.8% in 1997 to 20.8% in 2003), indirect female sex workers (beer and bar girls) (from 18.4% in 1998 to 11.7% in 2003), and male police (from 4.5% in 1998 to 2.7% in 2003). These results are largely credited to the government programme to promote 100% condom use and availability of STI services in the commercial sex industry.

- Despite rates of condom use reportedly in excess of 90% of commercial sexual encounters, unprotected heterosexual intercourse still represents the main route of HIV transmission. Such transmission occurs primarily among stable couples and relationships and children born to HIV-infected mothers. Other vulnerable groups include mobile populations (cross-border and road construction workers) and men who have sex with men. Injecting drug users are an emerging vulnerable group.

- The Ministry of Health regards voluntary and confidential counselling and testing (VCCT) as an integral part of ongoing prevention and care strategies and an important intervention to reduce HIV risk behaviours. New sites are integrated into public health services within the Operational Framework for the Continuum of Care for People Living with HIV/AIDS. By March 2005, 68 licensed sites were offering VCCT services (there were 56 at the end of 2004), including 52 supported directly by the Government, 5 linked to major hospitals, another 10 operated by NGOs and one private centre established in Phnom Penh. Additionally, 20 VCCT sites are waiting to be officially licensed.
- The expansion of VCCT has been supported by the training of 32 new counsellors, who have received a Ministry of Health Certificate on HIV/AIDS counselling. The government target is to have a VCCT site linked to each of the 67 referral hospitals and some former district hospitals, with up to 117 VCCT sites becoming operational by the end of 2005.
- There is a robust civil society response to the epidemic in Cambodia, with 100 NGOs providing HIV/AIDS services. More than 70% of these focus on treatment and care. PWLHA are the driving force behind networks of home-based care, and as a result of their good cooperation with the public health services, an effective network of psycho-social support for people living and affected by HIV/AIDS has been established in the country.
- Cambodia has approximately 123,000 people living with HIV/AIDS, with women accounting for almost 50%. While the epidemic appears to have stabilized, the number of people with HIV/AIDS needing antiretroviral therapy is increasing.
- The government has been extremely committed to an urgent response to AIDS; the country is likely to achieve its target for delivering access to ART for 10 000 people living with HIV/AIDS by the end of 2005. By March 2005, 7, 217 people, including 621 children, were reported to be receiving ART in Cambodia.

More information on “3 by 5” can be found on website — www.who.int/3by5

Country stories

China



- According to Chinese government estimates, 840,000 people were living with HIV/AIDS in China at the end of 2003. Although the national prevalence rate is low, high-level prevalence is imminent among specific populations and in certain regions. The main transmission routes are injecting drug use and through the use of contaminated blood and plasma.

- HIV prevalence is particularly high among certain groups in some areas of Yunnan, Xinjiang, Guangxi and Henan provinces. In certain areas of Yunnan and Xinjiang, the HIV prevalence among IDUs is as high as 80%.

- Since 2001, the number of AIDS cases and AIDS deaths has increased in China. In the 15 years from 1985 to 2000, the accumulative number of AIDS

cases reported was 880, with 466 deaths, while the number AIDS cases and related deaths in 2001 and 2002 were 1,719 and 581 respectively. The reported number of AIDS cases in 2002 increased by 46.4% compared with 2001.

- Although the sharing of injection equipment is the main transmission route (reported to be the cause of 50% of cases in 2002), the proportion of sexually transmitted HIV infections also increased from 5.5% in 1997 to 11.0% at the end of 2002. Data from sentinel surveillance indicate that HIV prevalence rate among commercial sex workers and pregnant women continues to rise.
- Accordingly, the government of China has recently undertaken three significant actions. First, it has launched "China CARES" (China Comprehensive Aids Response), an extensive community-based HIV treatment, care and prevention program. Secondly, as part of China CARES, it has started a pioneering project to provide free antiretroviral (ARV) treatment to some 3,000 former plasma donors in Henan and four other provinces. Thirdly, in order to make ARV drugs more readily available, it has licensed two domestic drug companies to manufacture generic ARVs, and has waived tariffs on imported ARVs.
- China's programme of "Four Frees and One Care" aims to provide free ART to those who are most in need. In early 2005, about 15,000 people were receiving ART. China's "3 by 5" goal is 30,000 people on treatment by the end of 2005.
- Scaling-up of treatment and care in China presents as many formidable challenges as opportunities for addressing systemic issues in the health sector. WHO regional and country offices are assisting China to develop and adapt key tools such as the National Free ART Manual, which provides technical guidance to local authorities as they prepare HIV/AIDS treatment and management plans.
- WHO has worked on defining an essential care package within the national free ART programme and is assisting in implementation of the package through China CARES treatment sites. It has also supported China's establishment of a national HIV drug resistance surveillance network, and will be supporting training activities on drug resistance surveillance.
- Besides working on strengthening the capacity of domestic ARV manufacturers to be able to submit sound pre-qualification applications, WHO, UNICEF and the Clinton Foundation are also supporting government efforts to strengthen procurement and supply management systems. Additionally, WHO and other key partners are supporting the government to develop a roll-out plan for paediatric ARV treatment.

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Country stories

Djibouti



- Djibouti's geographic and demographic situation renders it especially vulnerable to the HIV/AIDS pandemic. At the trading crossroads between the highly HIV-impacted Horn of Africa and the Middle East, it is a transport hub for truck and maritime commerce.

- A relatively peaceful and stable country in a recently conflict-burdened region, Djibouti has also become host to a number of international military bases. Not unexpectedly, an active sex industry has grown up around camps, docks and corridors to Ethiopia.

- Djibouti now faces a generalized HIV epidemic. With a small population of 712,000, the country has an HIV prevalence rate of 2.9%. The prevalence

among sex workers is particularly high (up to 32%). The estimated number of people in need of antiretroviral treatment was 1,350 at the end 2004. Estimates indicate a total of 250 people are currently receiving treatment.

- The government of Djibouti has shown strong commitment to confronting the HIV/AIDS epidemic; however its capacity to respond has been restricted by health infrastructure constraints, notably, shortages of skilled human resources and weakness in management systems, voluntary counselling and testing, drug procurement, logistics and stocking.
- WHO has provided broad-based support to ART scale-up including reviewing and revising national antiretroviral therapy protocols and guidelines; and intensive support for the development of Djibouti's Global Fund Round 4 proposal. The application was successful and the grant agreement was signed in January 2005 with a 2-year approved budget of US\$ 7.2 million.
- Over US\$ 2.1 million has been disbursed to date for a broad range of activities focused on prevention among vulnerable populations and providing antiretroviral treatment to those in need. Through this grant, Djibouti plans to provide treatment to 3,785 people by the end of 2007.
- The Government's commitment and well-designed plans have generated additional important donor support including World Bank funding of US\$ 15 million for health sector reform, a US\$ 12 million commitment from the US Agency for International Development, plus support from the African Development Bank, the Islamic Development Bank and the Governments of Italy and France. Djibouti has since put in place a multisectoral strategic plan for a comprehensive response to the HIV/AIDS epidemic.
- Djibouti still faces substantial challenges in strengthening its health care systems to achieve its treatment goals and to prevent HIV transmission. WHO is increasing its capacity to respond by establishing a "3 by 5" team in its Djibouti Country office.
- WHO will continue to provide support for health systems development in Djibouti including assistance for the development of a national resource plan for scaling up antiretroviral therapy and the development of a national monitoring and evaluation system.

Country stories

Ethiopia



but the government was concerned about ensuring equal access to ART in view of scarce resources and guaranteeing quality and safety of treatment. In particular, the government took a cautious approach to the concept of moving from a system of charging for ARVs to a system which would offer free treatment at the point of service delivery.

- Ethiopia's government had long recognized the challenges posed by HIV/AIDS and started AIDS treatment before the "3 by 5" initiative.
- With a population of 72.4 million, Ethiopia has 1.5 million people living with HIV/AIDS (national prevalence rate was 4.4% at the end of 2003). An estimated 180,000 people needed AIDS treatment in 2005.
- At the outset of the programme, treatment was offered at the main university hospitals and ARV drugs were delivered through state pharmacies at cost.
- Following the launch of the "3 by 5" strategy, WHO advocated strongly for broader access to ART, but the government was concerned about ensuring equal access to ART in view of scarce resources and guaranteeing quality and safety of treatment. In particular, the government took a cautious approach to the concept of moving from a system of charging for ARVs to a system which would offer free treatment at the point of service delivery.
- Subsequently, Ethiopia received a Round 2 grant from the Global Fund of US\$ 55 million over two years for a broad range of HIV/AIDS activities including improving clinical care. However, the grant did not initially provide for the purchase of ARVs. Subsequently, with WHO support to the government that resulted in critical policy changes, it is now anticipated that US\$ 11.3 million may be available to support the treatment of 10,000 patients free of charge.
- WHO also provided technical support for Ethiopia's successful Global Fund Round 4 proposal with a strong focus on scaling-up ART. The proposal was approved for an amount of US\$ 401 million over 5 years and is the single largest grant so far to be approved by the Global Fund. The grant will enable the provision of antiretroviral therapy to 53,000 people in the first year, 75,000 in the second and 150,000 by the fifth year.
- Other major partners have since made available substantial resources for prevention and treatment scale-up in Ethiopia. A World Bank loan of US\$59 million for the Ethiopian Multi-sectoral AIDS Project will support diagnostic capacity-building, and recent funding of US\$ 43 million from the President's Emergency Plan for AIDS Relief is expected to expand the availability of free ART to 210,000 patients at over 100 sites.
- To address issues of quality and safety of treatment, WHO helped to initiate training to build capacity of health workers at all levels of the system, including training of trainers, and is soon moving to train clinical teams.
- The Prime Minister of Ethiopia launched the national ART roll-out plan in January 2005. Most notably, during this widely-publicized launch, the Prime Minister also announced Ethiopia's landmark plan to introduce a phased approach to removing fees for ART at the point of use.

Country stories

Haiti



- ♦ Haiti is the poorest country in the Western Hemisphere and is widely recognized to be facing the worst HIV/AIDS epidemic outside sub-Saharan Africa.
- ♦ In the midst of a generalized epidemic that probably began in the late 1970's, women now make-up half of all people living with HIV/AIDS. AIDS is the leading cause of death among adult women in Haiti, and has orphaned more than 200,000 children to date.
- ♦ Issues complicating both the spread of the epidemic and the Government's response to it include the country's endemic poverty, high illiteracy, weak health and social infrastructure, mobility and internal migration of the population and chronic political violence and instability.

- ♦ The Government of Haiti, through the Ministry of Public Health and Population (MOH), has a long history in combating HIV/AIDS. Technical and financial support for building infrastructure and health sector capacity is provided by a wide range of international and local donors and partners.
- ♦ WHO's work in Haiti has focused on supporting the strengthening of national health systems plans and policies, and using a community-based approach that builds capacity among people living with HIV/AIDS. With technical assistance from PAHO/WHO, the Government launched the HIV/AIDS National Strategic Plan for 2002-2006. This plan sought both to strengthen national infrastructure and to build on valuable experiences in the preceding years to mobilize communities and the resources of national and international NGOs to combat the epidemic.
- ♦ PAHO/WHO also provided intensive assistance to the national authorities in the preparation of Haiti's Round 1 Global Fund proposal with a focus on reinforcing national programmes in prevention, treatment and care and support. This proposal was approved by the Global Fund in January 2003 with an initial disbursement of US\$ 17 million. Among other things, the proposal provided for the delivery of antiretroviral therapy to 1,200 people through a pioneering approach using community members to promote adherence to treatment. Some of the funds in this grant were to be channelled through NGOs working closely with community organizations.
- ♦ Treatment scale-up activities in the last year have included Haiti's participation in the WHO-supported health worker training workshop in Senegal.
- ♦ WHO has strengthened its country office in Haiti by hiring an international "3 by 5" Country Officer. WHO works in collaboration with a large number of partners providing active support for accelerating prevention and treatment scale-up in Haiti. The United States Agency for International Development has supported NGO work in communities (e.g. Zanmi Lasanté) and research institutions. The United States President's Emergency Plan for AIDS Relief has provided a grant to Haiti to support treatment for over 2,800 people. Partners in Health, a US NGO, has been working in Haiti for many years in community mobilization and providing treatment linked to TB programs. Many bilateral partners also provide support to the health sector including the governments of Japan, France and Canada, as well as the Clinton Foundation, Concern Worldwide, Population Services International and the US CDC.
- ♦ The Government of Haiti has set an interim national treatment target of providing treatment to 5,000 to 10,000 people by the end of 2004. At the end of 2004, a total of approximately 3,500 people were receiving AR T.

More information on "3 by 5" can be found on website — www.who.int/3by5

Country stories

India



- India accounts for an estimated 13% of HIV infections globally and for 62% of all infections in Asia with an estimated 5.1 million people living with HIV/AIDS.
- Although the overall prevalence of HIV is below 1%, due to the large population size India has a large number of people living with HIV/AIDS, second only to South Africa.
- Of the 35 states of India, 6 states - four in southern India (Andhra Pradesh, Tamil Nadu, Maharashtra, Karnataka) and two in north eastern India (Manipur and Nagaland) - have generalized epidemics with HIV prevalence rate above 1% among pregnant women. These six states account for nearly 80% of all reported AIDS cases in the country.
- In the southern states, heterosexual transmission accounts for a majority of the reported cases. In the north-eastern States of Manipur and Nagaland, injecting drug use is the predominant mode of transmission, and prevalence among injecting drug users in 2003 was 56%. More than 50% of the commercial sex workers in urban southern states are infected.
- India has an estimated 700,000 people urgently in need of antiretroviral therapy but less than 30,000 are currently receiving it. The challenges of scaling up are enormous in a country as huge and diverse as India.
- The Government of India launched the national antiretroviral programme in April 2004. With a high prevalence of TB infection in India, TB related to HIV infection also poses a major public health challenge, particularly in the high HIV burden states.
- There is, however, a favourable policy and programme environment, with a clear national policy and a strong national government organization (NACO) to coordinate HIV/AIDS activities. There is also significant human capacity, not to mention a strong indigenous pharmaceutical industry.
- Moreover, with the increased flow of resources through the Global Fund and, importantly, a number of international partners on board (DfiD, AusAID, and more recently the Clinton Foundation and the US President's Emergency Plan for AIDS Relief), strong leadership and appropriate coordination of the response can ensure that the challenges of scaling-up are met.
- The WHO Country Office has so far helped to shape the scale-up programme by supporting NACO in coordinating a national process to develop national programme guidelines. This included a national workshop as well as subsequent consultations with the State AIDS Control Societies. The guidelines were officially published and released by the Health Minister in October 2004.
- The WHO Country Office assisted with the training of ART teams, initially in eight centres in high impact areas. This has now expanded to 25 centres. The expansion of training is continuing, and WHO will be supporting strengthening of services at decentralized levels through the adaptation and application of WHO's health worker training package.

Country stories

Malawi



- Malawi is faced with a generalized heterosexual HIV/AIDS epidemic that is expanding relentlessly. With an estimated 170,000 HIV-positive people in need of ART and over 84,000 deaths annually, there continues to be a very large unmet need for treatment in the country.

- In 2004, the newly elected government launched and disseminated a groundbreaking HIV/AIDS policy (which among other things provides for the expansion of HIV testing) and developed a new National AIDS Framework with emphasis on scaling up antiretroviral treatment.

- Since January 2003, ART coverage has increased from 1,200 patients at three facilities to over 17,500 at 34 facilities as of March 2005. In 2004 alone, Malawi

provided antiretroviral therapy in 23 sites (up from four) to approximately 9,500 people (an increase exceeding 100%). To accelerate treatment scale-up, Malawi has set itself the bold target of delivering antiretroviral therapy to 50,000 people by the end of 2005. The country is currently treating 20% of its declared 2005 ART target.

- The government of Malawi provided simplified and standardized ARV regimens by partnering with UNICEF for the distribution of ARV kits. These kits of pre-packaged ARVs, classified as starter and continuation packs, were designed to provide triple fixed-dose combination therapy of d4T, 3TC and nevirapine, including the 15-day lead-in dosing for nevirapine in the starter pack. Continuation packs provide one month's supply of ARVs. Health facilities were classified according to epidemiological data and infrastructure considerations as high-, medium- or low-burden. This determined exactly the number of patients that could be put on treatment per month (high = 150 per month, medium = 50 per month, low = 25 per month).
- Notwithstanding its health care delivery limitations, there has been strong government policy support to scale-up ART as an integrated part of its "Essential Health Package" and since mid-2003 the government has provided free treatment in the public sector.
- Working together with a number of international, bilateral and NGO partners with experience in Malawi, WHO has helped to integrate HIV and TB activities, provided technical assistance to consolidate this linkage in the development of the National Antiretroviral Treatment Scale-up Plan and national treatment guidelines. Expansion of TB/HIV activities and the screening and treatment of TB infected people for HIV are integral components of these plans. WHO technical assistance to Malawi's successful first-round Global Fund application (US\$ 196 million of which about US\$ 40 million will be spent for purchase of antiretroviral drugs during 2004-2005) further reinforced the programmatic links between the TB and HIV/AIDS.
- As of March 2005, 34 ART centres and 128 VCT centres were operational nationwide. Each ART centre is staffed by qualified personnel, who have all undertaken the national ART training module and passed a mandatory examination. Nationwide coverage of HIV testing and provision of cotrimoxazole preventive therapy for TB patients has been achieved and an effective referral system is established. HIV counselling rooms are being introduced within TB wards of district hospitals to promote HIV testing among TB patients and the national TB program is currently responsible for the quality assurance of HIV testing and counselling. As a result, the uptake of HIV testing among TB patients is about 80%.

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Country stories

Nigeria



- Nigeria has one of the largest HIV/AIDS epidemics in the world with an estimated 3.6 million people living with HIV/AIDS in 2004. It is also one of the most geo-politically complex countries, making the challenge of scaling up ART a massive one.

- Poverty, lack of knowledge about prevention, lack of empowerment of women and girls, vulnerability of youth (60% of the population is under 24 years of age), and strong stigma and discrimination against people living with and affected by HIV/AIDS contribute to the challenges of tackling HIV and AIDS in Nigeria. Women are more affected than men, with a female-male ratio of 1.38:1. Other affected groups include sex workers and people with tuberculosis.

- The government is committed to establishing a network of voluntary and confidential counselling and testing services at all antenatal clinics. In 2001, the government announced a programme to provide antiretroviral treatment to 10,000 adults and 5,000 children living with HIV/AIDS at subsidized rates.
- The government programme to provide antiretroviral treatment began in 2002 with the purchase of drugs and test kits for 10,000 people. Treatment was first started in 25 tertiary institutions. Programmes to prevent mother-to-child transmission started in 2001 with six model centres jointly managed by the Federal Ministry of Health and UNICEF. There are now 11 model and 22 satellite centres. An estimated 17,000 people are receiving antiretroviral therapy, of which about 11,435 receive treatment through the government-subsidized programme. Some treatment is also provided by private pharmaceutical companies such as Ranbaxy, which is supplying 3,000 person-years of treatment outside the government programme.
- Nigeria's total treatment need for 2005 is estimated to be 520,000 people, and the "3 by 5" treatment target is 260,000 by the end of 2005 (based on 50% of need). The government has declared a national treatment target of reaching 15,000 people by the end of 2005.
- Impetus has been provided to the Nigerian response to HIV/AIDS by an influx of additional resources from the Global Fund to complement what national government budgets and the World Bank's MAP were already contributing to the response. To these must be added significant resources from other bilateral donors such as DfID and now the US President's Emergency Plan for AIDS Relief.
- There are several crucial challenges for an effective ART scale-up in Nigeria. They include developing an efficient and effective delivery system; increasing the number of entry points for counselling, testing and ART; the costs of treatment, and building monitoring and evaluation systems.
- WHO assisted with the preparation and finalization of a National ART Scale Up Plan in December 2004. Together with DFID, WHO also contributed to the development of a *National Health Sector Strategic Plan for HIV/AIDS 2006-2010* which was finalized and launched in a February 2005 National Consensus meeting.

Country stories

Russian Federation



- With an estimated 1.5 to 3.5 million injecting drug IDUs accounting for around 85% of people living with HIV/AIDS, the Russian Federation has more injecting drug users (IDUs) living with HIV/AIDS than any other country in the world. Prevalence rates among injecting drug users (IDUs) in some cities approach 65 per cent. The epidemic in Russia is relatively young, with most individuals infected between 1999 and 2002. The relative number of people living with HIV/AIDS needing treatment is therefore still low but will increase dramatically over the next five years.

- Russia also has one of the fastest spreading HIV epidemics. Although the epidemic has been driven by male injecting drug users, increasing heterosexual transmission is being reported, with heterosexual transmission accounting for 4.7% of new cases in

2001 and increasing to 17.0% of new cases in 2003. Accordingly, increasing numbers of women are being infected. It is apparent that the HIV epidemic in Russia will only be controlled if effective and large scale harm reduction programmes are implemented, and universal access to HIV/AIDS treatment can only occur if treatment programmes are oriented to the needs of drug users.

- The 1995 Russian Federal Law on HIV/AIDS includes a wide range of legal guarantees and social protection related to people living with HIV/AIDS. Russia also has well-established public health services with skilled doctors and nurses. The public health network to respond to HIV/AIDS comprises the Federal AIDS Center (responsible for federal HIV/AIDS guidelines, normative direction and epidemiology), 7 okrug (interregional) AIDS centres, 89 regional AIDS centres and 20 municipal AIDS centres.
- Each AIDS centre provides HIV/AIDS prevention, testing and counselling, treatment, surveillance and laboratory monitoring and has at least 50 staff representing a broad mix of professions, skills and experience. In addition to the estimated 7,000 dedicated government HIV/AIDS staff at these centres (of which about 300 are HIV/AIDS specialist physicians), about 1,000 laboratories conduct routine serological surveillance for HIV, and about 100 infectious disease hospitals and infectious diseases units in about 300 hospitals can provide inpatient care for people living with HIV/AIDS. A range of international and local NGOs provides a robust community support network. NGOs are providing HIV/AIDS services in over 40 regions.
- Despite the government's policy framework and the range of available HIV/AIDS services, Russia's declaration of universal access to antiretroviral therapy remains to be achieved; national ART coverage is estimated at less than 5% (2004). At the time of rapid HIV explosion in Russia in 1996-1997, WHO partnered with Médecins Sans Frontiers and the Open Society Institute to train 200 health workers from 61 cities and undertake 63 situation assessments, resulting in the establishment of 34 harm reduction programmes.
- WHO also piloted a number of harm reduction programmes, including three projects in Karelia funded by the Finnish Government (2001-2003) and projects in Altai Krai and Volgograd. With funding from GTZ, WHO has also established a regional Knowledge Hub on Harm Reduction, based in Lithuania and Russia, to assist in harm reduction capacity building, particularly training and development of tools and guidelines. WHO is working with government counterparts, NGOs and UNAIDS to prepare a Global Fund proposal that includes expansion of harm reduction programmes to cover 59 of the 89 regions and putting 74,000 people (mainly IDUs) onto antiretroviral therapy. This US\$120 million grant was approved and WHO is now assisting with the implementation plan.

Country stories

Rwanda



- In March 2001, Rwanda created the National HIV/AIDS Commission (CNLS) under the Presidency of the Republic and the Ministry of State in Charge of HIV/AIDS, Tuberculosis and Malaria. This has in turn been matched by a wave of external support from a range of partners, resulting in a significant flow of resources for HIV/AIDS programmes in general and for enhancing access to ART.

- Technical and financial partners in Rwanda include the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the US President's Emergency Plan for AIDS Relief, the OPEC multi-country initiative on HIV/AIDS, the Clinton Foundation, several bilateral donors including Belgium, Luxembourg, Italy and France/ESTHER, as

well as international nongovernmental organizations such as Family Health International and Medicines sans Frontières.

- With 9,300 patients on treatment as of March 2005, Rwanda has made good progress in scaling up antiretroviral therapy. The programme is poised to expand, but Rwanda is still facing many challenges in rolling-out ART. In particular, with such a range of international and local partners active in the country, there is a clear need for a strong collaboration and coordination..
- Building institutional capacity also remains an important challenge for the country. So far, within the array of actors and international partners, WHO has provided technical assistance to support expansion of voluntary testing and counselling and PMTCT sites (145 sites now operational); supported the adaptation of the WHO modules for training of health care workers; and helped national authorities to strengthen the management of procurement and supply of medicines and diagnostics.
- The Government of Rwanda has recently requested assistance from WHO to help specifically with improving donor and partner coordination. The recruitment of a WHO "3 by 5" Country Officer is currently under way and will bolster the WHO country office's capacity to respond.

Country stories

South Africa



- South Africa has a population of 44.8 million people and the largest economy in the Southern African Development Community. The national HIV infection rate among pregnant women attending antenatal services in 2003 was 27.9%, with a range among the country's nine provinces as high as 37.5% in Kwazulu-Natal to as low as 13.1% in the Province of Western Cape.

- The country has 5.3 million people living with HIV/AIDS and an adult prevalence rate of 21.5%. With the largest number of people living with HIV/AIDS in any one country, the challenges facing South Africa are enormous.

- South Africa has a national HIV/AIDS strategic framework for 2000–2005. In 2003, the government

approved a Comprehensive National Plan on HIV and AIDS Care, Management and Treatment, which aims to provide access to ART to more than 1.4 million South Africans by 2008.

- To accelerate treatment scale-up, the national government has earmarked a substantial portion of its HIV/AIDS budget of almost US\$ 1 billion for treatment, and launched the national ART roll-out plan in April 2004. Despite these commitments, the country's progress in scaling up antiretroviral therapy has been slow overall, lagging behind performance commensurate with stated policy and available resources. Because of its highly decentralized structure, progress proceeded relatively rapidly in some provinces, such as Western Cape and Kwazulu Natal, and much more slowly in others.
- WHO's assistance to date has included helping to develop the Comprehensive Treatment and Care Plan (published in 2003), National Antiretroviral Treatment Guidelines (published in 2004) and improved systems for monitoring ARV drug resistance (Sept. 2004).
- Another focus for WHO's response is to ensure the effective integration of HIV/AIDS care and treatment into the primary health care system. A key ingredient for successful integration is the availability of skilled human resources. An illustration of this kind of focused approach in technical assistance is the work done by WHO with authorities in the Eastern Cape, a province where 60,000 persons are estimated to be in need of ART.
- Following a mission by WHO staff in August 2004, financed by the CDC, materials and a roll-out plan was prepared for the Eastern Cape. The ART training package developed by WHO and partners was used in a training of trainers workshop in early November 2004 to help expand national training capacity. This was followed by South Africa's hosting of the first International Clinical Training Course in December 2004 that included more than 100 health care providers from the Eastern and Western Cape provinces, as well as participants from Botswana, Lesotho, Namibia and Zambia.

Country stories

Sudan



- Sudan poses many challenges. Geographically it is the largest country on the African continent; it is characterized by many ethnic, religious and cultural groups; it has one of the longest running civil conflicts in the world; its health infrastructure is almost non-existent outside of the major urban centres; and few international agencies and donors are investing in the HIV/AIDS response.

- Despite the lack of reliable data, it is believed that the country is in the early stages of a generalized HIV/AIDS epidemic and accounts for around 70% of all those individuals living with HIV/AIDS in the WHO Eastern Mediterranean Region. Highest HIV prevalence is in the south, in areas bordering the heavily burdened countries Kenya and Uganda. In addition to these challenges, the north-south

political and administrative divisions in the country provide a highly complex programme environment in which WHO and other partners must work.

- In the North, the Sudanese National AIDS Program (SNAP) was established in 1987. HIV/AIDS activities, however, remained relatively neglected until 2002 when a broadly-focused National Strategic Plan 2003-2007, was launched with the active participation of the President and supported by WHO.
- In the south, the Health Secretariat of the Sudan People's Liberation Movement (SPLM) created the National Council for HIV/AIDS control to oversee all HIV/AIDS activities, and drafted an HIV/AIDS policy in 2001 that was endorsed by the Movement's leadership.
- During a visit to Sudan by the WHO Director General in July 2004, the Government committed itself to a national policy to integrate ART within primary health services. For the country as a whole, WHO established a "3 by 5" target of 40,000 people to be treated by the end of 2005. Of this target, the Government of Sudan endorsed 20,000 for the end of 2005, and set a further target of 40,000 people on ART by the end of 2009 for the northern part of the country. Of the WHO 2005 ART target, 20,000 was to be met in the SPLM-controlled southern part of the country.
- Funding for ART scale-up in Sudan has been divided between north and south. Northern Sudan had a successful Round 3 Global Fund proposal, signed in January 2005, that provided for ART for 1,300 people. Attempting to move forward in the south, WHO supported the preparation of the round 4 Global Fund application for southern Sudan that aims to provide ART for up to 6,800 people.
- To manage WHO assistance in Sudan, WHO maintains a country office in Khartoum for the northern areas and a sub-office in Nairobi for the south. Over the past year, in the north, WHO has provided a broad range of assistance to national and state level authorities to expand HIV/AIDS programmes in the context of strengthening health services in general. Special efforts have been directed at the development of an HIV/AIDS programme management course and materials, and with assistance from GTZ, the establishment of a "Knowledge Hub" in Khartoum to support national capacity-building. WHO's presence has been strengthened with a "3 by 5" Country Officer who is located in SNAP to ensure that capacity building of the national programme is maximized.
- WHO is advocating for greater involvement in HIV/AIDS activities by the various bilateral agencies and NGOs working in the country, and with the support of the UK and Italian governments, is helping to strengthen HIV testing and counselling services in government-controlled areas.

More information on "3 by 5" can be found on website — www.who.int/3by5

Country stories

Zambia



- Zambia has a generalized heterosexual epidemic with approximately 16% of the population living with HIV/AIDS. Women constitute 54% of people with HIV, and the government estimates that there are now some 600,000 children orphaned by premature adult deaths.

- Zambia was one of the first countries to request WHO support under the “3 by 5” initiative. The Government of Zambia originally moved to make ART available through public health services to 10,000 people in need in 2002. Funded initially with US\$3 million from the national budget and beginning at two pilot sites, Zambia's treatment programme has since expanded to 33 districts. WHO provided intensive support to Zambia to put key elements of the scale-up programme in place.

- Zambia set a national “3 by 5” target of providing treatment to 100,000 people by 2005. The country has successfully developed a Global Fund Round 4 grant proposal and the grant was approved for a 2-year budget of US\$ 26.7 million. Fifty percent of the proposed budget is dedicated to purchase of ARVs and the implementation plan aims to deliver antiretroviral therapy to 25,000 people by 2005.
- With the help of additional financial support from The World Bank (PMTCT-plus) and The United States President’s Emergency Fund for AIDS Relief, 13,636 people were receiving ART by September 2004. Consistent with the “3 by 5” principles, the President of Zambia announced in October that it was Zambia’s policy to provide ARVs free of charge at the point of delivery in public institutions. This policy has contributed substantially to both access to and retention of people on ART. As of December 2004, government reports indicate that 15,328 people were receiving ART. WHO advocated very strongly for free treatment access at the point of service delivery to help accelerate roll-out. This facilitated the government's move to offering free ART.
- WHO has supported the Government of Zambia in realizing this commitment through technical assistance in mobilizing necessary resources and assuring a sound programme policy basis for activities.
- WHO has also provided assistance for the drafting of its National ART Scale-up Plan, updating national treatment guidelines and finalizing the draft National AIDS Policy. A technical mission from WHO Headquarters in June-July 2004 assisted with the assessment and finalization of national operational plans. These policy documents have since been finalized and now serve as framework for coordinated input from all partners and for clinical staff.
- In October 2004, WHO and other partners assisted with a workshop to adapt its health worker training materials for use in Zambia. The final review of these materials was undertaken in a January 2005 and the instruction manual for training is being prepared. Training of trainers has been initiated.
- Building on the government's firm commitment to scale up ART, technical assistance to mobilize resources, establish sound program policies and support infrastructure development are the key elements of WHO’s strategy to support ART scale-up in Zambia.