

Annex 3.

Progress by United Nations agencies, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief

WHO

WHO is structured to translate international knowledge into good health practice at the global, regional and country levels. WHO's role in the HIV/AIDS pandemic involves advocacy leadership, empowering and motivating stakeholders and providing technical support at the country level.

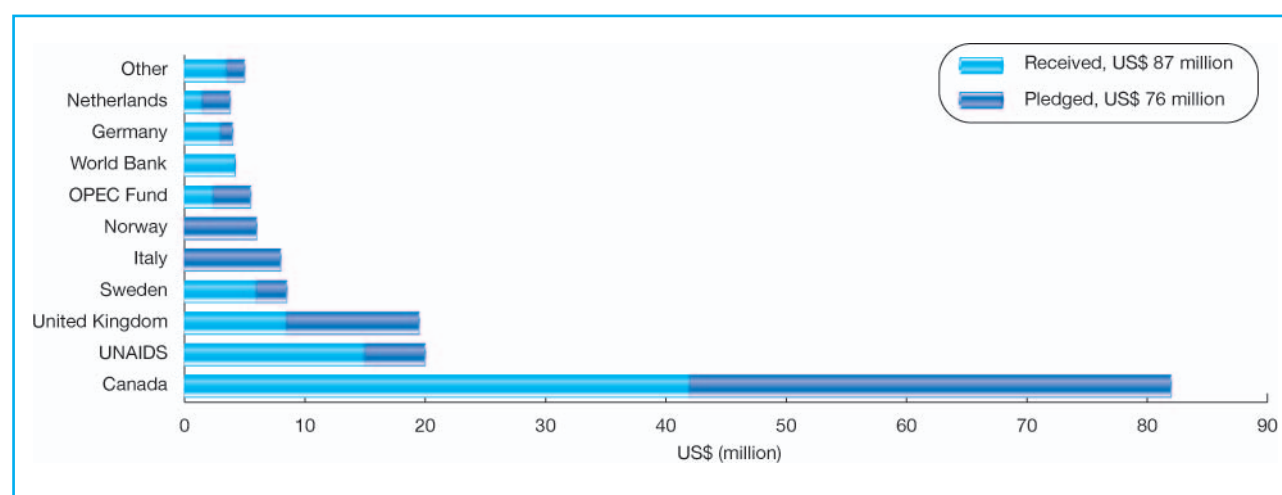
WHO, along with most other key actors, is caught up in a rapidly accelerating environment that has changed "3 by 5" from a simple numerical target to a sustainable global movement.

An indicator of across-the-board support for WHO's contribution to achieving the "3 by 5" target is that, by December 2004, WHO had received nearly US\$ 87 million in funding. An additional US\$ 76 million had been pledged (Fig. A1).

In May 2004, the Government of Canada announced a CAD 100 million contribution to WHO in support of the "3 by 5" Initiative. This shows Canada's ongoing commitment to the global efforts to respond to the HIV/AIDS pandemic and its recognition that WHO has an invaluable role to play in developing and promulgating the normative standards and guidelines required to enable an accelerated response to providing access to HIV/AIDS care, treatment and support in resource-constrained settings.

More than two thirds of the resources will go directly to WHO country offices, which are being strengthened to offer technical support and backstopping to country efforts. From July to December 2004, WHO assigned 75 additional staff members to "3 by 5" activities in the WHO offices of 34 countries across WHO's six geographical regions. Of these, 32 were recruited as new full-time staff and 43 are refocusing their activities.

Fig. A1. Funds received by and pledged to WHO to support "3 by 5" according to donor, December 2004



Assistance to countries is the centrepiece of WHO’s response. Since September 2003, WHO and its “3 by 5” partners have provided support to more than 75 countries in their efforts to scale up HIV/AIDS treatment, care and prevention. This has included support for advocacy, assessment of needs and assistance in planning as well as technical assistance for scaling up ARV therapy in specific areas including monitoring and evaluation, capacity-building, drug procurement and supply management.

With technical assistance from WHO, UNAIDS and their partners, 40 countries have developed or are developing national plans for prevention and accelerated access to ARV therapy.

WHO has stepped up its normative role to respond to the needs and requests for guidance from countries and partners. Recent publications have provided guidance on ethics and equitable access to treatment and care; nutrition counselling, care and support for women living with HIV/AIDS; and ARV therapy for pregnant women and for preventing HIV infection in infants.

Throughout 2004, an average of 5000 documents per month were distributed to 150 countries. Another 50 000 documents in multiple United Nations official languages were distributed at special events, including the XV International AIDS Conference in Bangkok.

In general, through headquarters and regional offices, WHO tries to ensure prompt and timely response to country requests for technical assistance. It maintains a “3 by 5” Help Desk in Geneva, which receives 80–100 requests for information or technical assistance from WHO regional and country offices each month and up to 60 information requests from the general public. The Help Desk also processes incoming information on the situation in countries and ongoing operations, which is used to update databases and archives, comprising about 450 e-mail messages per month.

UNAIDS

UNAIDS is the leading advocate for worldwide action against AIDS, bringing together 10 Cosponsors from the United Nations System. It recognized the critical need for HIV treatment early in the epidemic, and each cosponsor has pledged to support the rapid scaling up of treatment, care and support by focusing on their comparative advantages and working in a coordinated way to maximize efficiency.

The UNAIDS Secretariat operates out of Geneva and has offices in more than 60 countries. As it seeks to improve access to ARV therapy, its activities can be divided into three broad areas: leadership and advocacy; harmonizing policies and guidelines; and providing direct support to countries and regional structures to build critical capacity.

The Global Coalition on Women and AIDS, launched by UNAIDS in 2004, promotes gender equity and enhances women’s access to prevention and treatment. UNAIDS has also worked with communities to address and overcome the barriers to women being tested for HIV, including the risk of violence and discrimination they may face if they are prove HIV-positive.

UNAIDS has also helped to facilitate relations between generic manufacturers of ARV drugs and civil society organizations, including those representing people living with HIV/AIDS. An example is the significant support for the Second World Community Advisory Board meeting between HIV treatment activists and generic manufacturers in India planned for Mumbai, India in early 2005.

This is in accordance with the emphasis of UNAIDS on helping to strengthen associations of people living with HIV/AIDS in educating and preparing their own communities with respect to HIV treatment and care – a process treatment activists have termed treatment preparedness.

Research has confirmed that community-based organizations are an important component of the scaling-up process, and UNAIDS has supported the first attempt to map the contributions of these organizations, including people living with HIV/AIDS. In Africa, many community organizations are already actively working to scale up treatment, and their public profile is growing rapidly.

Through collaboration with WHO and the World Bank, UNAIDS has laid the groundwork for developing policy guidance on whether out-of-pocket user fees are advisable or whether medicines and services should be free of user charges, in the context of achieving universal access to ARV therapy in developing and transitional countries.

UNAIDS mobilizes support within the United Nations System for “3 by 5” at the country level, through United Nations theme groups and its own country coordinators. By the end of 2004, the theme groups had developed joint United Nations System action plans for scaling up treatment in 33 high-burden countries where country offices have been strengthened. Since August 2004, UNAIDS has recruited 10 new United Nations country coordinator positions and nearly 30 technical specialists in monitoring and evaluation. They are expected to foster countries’ ability to monitor the progress and effectiveness in preventing new infections and in providing HIV treatment, support and care services.

At the regional level, the UNAIDS Secretariat promotes the awareness and involvement of regional intergovernmental organizations in “3 by 5”. It encourages the inclusion of “3 by 5” plans and programmes in agendas and promotes a unified approach to issues such as negotiating good prices and bulk purchasing of HIV medicines.

World Bank

Since 1995, the World Bank has committed more than US\$ 1.7 billion through grants, loans and credits to support programmes to combat AIDS. More than US\$ 1 billion has gone to support the Multi-Country HIV/AIDS Program for Africa for 28 high-burden countries in Africa and another US\$ 155 million has gone to the Caribbean Multi-Country HIV/AIDS Prevention and Control Adaptable Program Lending. The overall goal of the World Bank multi-country HIV/AIDS programmes is to intensify action against AIDS in as many countries as possible and on all fronts, including prevention, testing, counselling, treatment, care and support.

Over the past six months, the Bank has supported accelerated access to treatment by providing ongoing financial and technical support for improving national health systems in 100 countries. It has also provided direct support to ARV therapy programmes in the Caribbean, 13 African countries, three Asian countries, and one country in eastern Europe.

In mid-2004, the World Bank announced the Treatment Acceleration Project with a US\$ 60 million International Development Association grant to support scaling up access to HIV treatment in three African countries: Burkina Faso, Ghana and Mozambique. Another US\$ 15 million grant has been given to Mali. Grassroots organizations, private companies such as the Private Enterprise Foundation/Pharma Access International in Ghana, faith-based groups such as the Community of Sant’Egidio in Mozambique, and a network of people living with HIV/AIDS in Burkina Faso, are directly involved in implementing the Treatment Acceleration Project, building on progress already achieved on a smaller scale in partnership with ministries of health.

Other UNAIDS Cosponsors

The core strategies and initiatives of UNDP on HIV/AIDS – community capacity enhancement and leadership development – now include “3 by 5” components. The primary focus is on countries in southern Africa, where the leadership development programmes have identified parliamentarians, programme planners and implementers, trade union workers, community treatment supporters and chiefs for training. UNDP also co-hosted a workshop in Ghana at which officials from the health and trade ministries of several countries examined ways of developing legislation to maximize access to treatment.

UNICEF aims to raise the profile of children in the “3 by 5” Initiative, both in preventing mother-to-child HIV transmission and in treating children living with HIV/AIDS. Although successfully treating the parents will benefit their children, community-based government and nongovernmental organizations also urgently need to provide better pre-emptive support for children who are soon to become orphaned. In November 2004, UNICEF and WHO convened a first-ever consultation to review strategies for integrating child care into home-based care programmes.

Since becoming a cosponsor of UNAIDS in 2001, the International Labour Organization (ILO) has promoted the workplace as an ideal setting for delivering prevention, counselling, testing, treatment, care and support.

The ILO recently worked closely with WHO on mapping workplace capacity to provide HIV treatment in Guyana, Uganda, Zambia and Zimbabwe.

The World Food Programme (WFP) has a strong presence in most countries severely affected by the AIDS epidemic and is committed to providing nutritional support to people living with HIV/AIDS. WFP has been working with WHO and the UNAIDS Secretariat to develop a mechanism for exchanging the health and food security information needed to support the roll-out of “3 by 5”. One of WFP’s major strengths is its ability to target vulnerable groups through its Vulnerability Analysis & Mapping and WHO’s HealthMapper. The information will be used to enhance the targeting and delivery of HIV support services.

The United Nations Office on Drugs and Crime (UNODC) focuses on the needs of people who are trafficked or live in situations of forced labour, especially in the sex industry, and injecting drug users, both within and outside prisons. ARV therapy is rarely available to injecting drug users, and UNODC advocates for its availability. All the drug dependence treatment projects UNODC supports now have a component of accelerated access to treatment.

The United Nations Educational, Scientific and Cultural Organization (UNESCO) works in close collaboration with UNAIDS, its Cosponsors and civil society partners on developing practical educational and communication strategies on all matters related to HIV/AIDS, including “3 by 5”. Ongoing activities include training workshops for mass-media professionals on the science of HIV/AIDS, promoting a global network of young television producers focusing on HIV and AIDS and developing multimedia training kits.

The United Nations Population Fund (UNFPA) has galvanized support for “3 by 5” by spearheading, in 2004, the New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health and the Glion Call to Action on Family Planning and HIV/AIDS in Women and Children. These calls for action underscore how sexual and reproductive health services can be used to deliver ARV drugs and to enhance efforts to prevent HIV transmission. In collaboration with nongovernmental organizations, including groups of people living with HIV/AIDS, UNFPA began to develop a framework for meeting the special sexual and reproductive health needs of women living with HIV/AIDS in 2004. In addition, their 2004 report – *Women and AIDS: confronting the crisis*²⁹ – draws attention to the need for ensuring equitable access to ARV therapy, especially for young people, women and pregnant women living with HIV/AIDS.

Global Fund to Fight AIDS, Tuberculosis and Malaria

Reaching the Millennium Development Goal of reversing the HIV/AIDS epidemic by 2015 will require an estimated annual expenditure of US\$ 12 billion in developing and transitional countries by 2005.³⁰ Existing commitments and trends indicate that only US\$ 6 billion will actually be spent in 2005.³¹ The Global Fund to Fight AIDS, Tuberculosis and Malaria is one of the mechanisms helping to close the gap between needs and real commitments. Established in January 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria now has about 750 partners (including donor countries, charitable foundations and industry) and aims to dramatically increase resources to fight three of the world’s most devastating diseases and to direct resources to the areas of greatest need.

By December 2004, the Fund had received pledges for US\$ 5.9 billion and payments of US\$ 3.3 billion against those pledges. In four rounds of disbursements, it had approved proposals with a two-year value of US\$3.1 billion and had already disbursed US\$ 860 million. Of the US\$3.1 billion approved, US\$ 1.7 billion (55%) has been allocated to AIDS, 70% to low-income countries and 30% to middle-income countries and 58% to sub-Saharan Africa. In total, 127 countries are benefiting.

So far, more than half the grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria are going to national governments, 25% to nongovernmental and community-based organizations, 4% to associations of people living with HIV/AIDS and 5% each to academic institutions, the private sector, faith-based organizations and others.

²⁹ *Women and AIDS: confronting the crisis*. New York, United Nations Population Fund, 2004 (<http://www.unfpa.org/hiv/women>, accessed 31 December 2004).

³⁰ *2004 report on the global AIDS epidemic*. Geneva, UNAIDS, 2004 (http://www.unaids.org/bangkok2004/GAR2004_html/GAR2004_00_en.htm, accessed 31 December 2004).

³¹ *Report on the state of HIV/AIDS financing*. Geneva, UNAIDS, 2003 (<http://www.data.org/pdf/attachment9.pdf>, accessed 31 December 2004).

Expenditure targets are 49% for drugs and related supplies, 20% for human resources training, 13% for physical infrastructure, 6% for monitoring and evaluation, 7% for administration and 5% for other purposes.

With the money pledged so far, the Global Fund to Fight AIDS, Tuberculosis and Malaria is projected to reach 52 million people with voluntary counselling and testing for HIV and 1.6 million people with ARV therapy over the five-year lifetime of the individual grants (Table A1).

Table A1. Global Fund to Fight AIDS, Tuberculosis and Malaria spending (in millions of US dollars) on “3 by 5” by round of funding

Round	1	2	3	4	Total ^a
Amount approved for HIV/AIDS grants ^b	358	491	382	468	1 699
Amount for grants with ARV therapy component	309	429	361	443	1 542
Number of new countries with ARV therapy component ^c	21	32	25	9	87
Number of grants with ARV therapy components	21	34	30	23	108
Target number of people to receive ARV therapy – two years	86 400	100 800	82 700	485 400	755 300
Target number of people to receive ARV therapy – maximum ^d	231 100	284 800	184 400	932 200	1 632 500

^a The numbers are based on four rounds of approved proposals and/or grant agreement targets.

^b The amount approved for HIV/AIDS grants is the two-year total for HIV/AIDS plus 50% of the two-year total for HIV/TB grants.

^c Does not count countries receiving three multi-country Americas (MESO, CRN+ and OECS) grants.

^d Maximum number of people receiving treatment over the lifetime of proposals (up to five years).

No assumptions are made concerning eventual prolongation, extension or renewal of grants.

U.S. President’s Emergency Plan for AIDS Relief

Under President George W. Bush’s \$15 billion Emergency Plan for AIDS Relief, the United States is preventing new infections, supporting lifesaving treatment to people with AIDS, and caring for those infected and affected by the disease, including orphaned and vulnerable children. The U.S. approach is characterized by swift action and an extraordinary financial commitment of US\$15 billion over 5 years. In Fiscal Year 2004, the U.S. committed a total of \$2.4 billion to the fight against HIV/AIDS, and this figure will increase to \$2.8 billion in Fiscal Year 2005.

The President’s Emergency Plan directly provides HIV/AIDS treatment, prevention and care in more than 100 nations. This includes an intense focus on 15 of the world’s hardest hit countries, which are collectively burdened with half of the world’s infections: Botswana, Côte d’Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Viet Nam and Zambia.

In each of these countries, the Emergency Plan is working to support national response strategies. U.S. personnel have collaborated with host governments, local community-based and faith-based organizations, people living with HIV/AIDS, other donors, and other stakeholders to design a Country Operational Plan that responds to the nation’s particular needs. They have also worked with these nations to determine annual and five-year target numbers of persons to be reached by U.S.-funded prevention, care and treatment programs.

In these countries over these five years, this Emergency Plan for AIDS Relief is aiming to support the provision of lifesaving drug treatment to 2 million HIV-infected people; the prevention of 7 million new HIV infections; and the care for 10 million people infected and/or affected by HIV/AIDS.

The single greatest obstacle is a desperate lack of infrastructure and health care workers in the hardest hit nations. It is essential to build the health care capacity of the highest-risk regions. For this reason, a substantial portion of the U.S. funds is being invested in training health care workers, and in upgrading national and local public-health infrastructure under national strategies.

Cooperation with other international donors in pursuing these objectives is a key element of the President's Emergency Plan. The U.S. co-sponsored the UNAIDS-led "Three Ones" agreement for cooperation among donors in support of one national strategy, one national coordinating mechanism, and one monitoring and evaluation system in each host country. Implementation of this agreement is ensuring that donors work together with the clear recognition that the host nations must own the fight against AIDS in their countries. U.S. support of international efforts to fight HIV/AIDS, such as UNAIDS, WHO, and the Global Fund, is another key element of the Emergency Plan.