



UNAIDS / S. Ngorani

"3 BY 5"

CLOSING THE TREATMENT GAP

CHANGING HISTORY



WHO / Sven Torfinn

"3 by 5" is the global TARGET to get three million people living with HIV/AIDS in developing and middle income countries on antiretroviral treatment by 2005. It is a step towards the GOAL of providing universal access to treatment for all who need it as a human right.

Globally, between 35 and 42 million people are estimated to be infected with HIV/AIDS. Every single day AIDS kills 8,000 people and orphans thousands of children. Heavily affected countries face total social and economic collapse within just a few generations if decisive steps are not taken.

Antiretroviral therapy (ART) can keep people alive and transform HIV/AIDS from a death sentence to a manageable chronic disease. However, until now, treatment has been the most neglected area of HIV/AIDS programming.

THE TREATMENT GAP FACTS: -

- Six million people need treatment now.
- Three million people die every year because they cannot get it.
- Worldwide only 440,000 people have access to treatment.
- In Africa, where 70% of people with HIV/AIDS live, ART is available to less than 4% of those in need.

At the United Nations General Assembly Special Session on HIV/AIDS in September 2003, the failure to deliver life prolonging drugs to millions of people in need was declared a global health emergency. On World AIDS Day 2003 (December 1), the World Health Organization (WHO) and UNAIDS launched "3 by 5" - a global target to get three million people living with AIDS on antiretroviral treatment by the end of 2005. This target is a vital step towards the ultimate goal of providing universal access to AIDS treatment for all those who need it.

WHAT WILL WHO DO TO CONTRIBUTE TO "3 BY 5"?

WHO provides support to developing countries in the form of simplified tools and guidelines and other forms of direct technical assistance for scaling up ART. Procurement and management of pharmaceuticals and diagnostics pose a problem for most resource-limited countries. Therefore, WHO has established the AIDS Medicines and Diagnostics Service (AMDS) to assist countries with all aspects of selecting, procuring and delivering AIDS medicines and diagnostic tools to the point of service delivery.

To assist in reaching the "3 by 5" target, WHO and UNAIDS are focusing on key areas including:

- Providing simplified, standardized tools and treatment guidelines for ART in poor countries.
- Creating the new service (AMDS) to help countries to ensure an effective, reliable supply of medicines and diagnostics.
- Rapid identification, dissemination and application of new knowledge and successful strategies.
- Providing urgent, sustained support for countries to help with scale up of treatment.
- Providing assistance to countries and developing guidelines for capacity building and training

WORLD MUST UNITE TO MEET THE TARGET

"3 by 5" is a global target that has been endorsed by 192 countries at the World Health Assembly held in May 2004. Partnerships and collaboration at country and international level between national authorities, UN agencies, multilateral agencies, foundations, non-governmental, faith-based and community organizations, the private sector, labour unions and representatives of the community of people living with HIV/AIDS are absolutely essential if "3 by 5" is to be accomplished. Everybody has to play their part.

WHY ANTIRETROVIRAL THERAPY (ART)?

ART prolongs lives, making HIV/AIDS a chronic disease, not a death sentence. Affluent countries have seen a 50 - 70% decline in HIV/AIDS deaths since the introduction of ART.

ART will help reduce stigma and change attitudes towards HIV/AIDS.

ART can significantly reduce HIV transmission.

ART - once very costly - is now much more affordable in developing countries.

ART can reduce overall health care costs and restore quality of life.



WORLD HEALTH ORGANIZATION

MAKE IT HAPPEN



“Lack of access to antiretroviral therapy (ART) is a global health emergency. To deliver ART to the millions who need it, we must change the way we think and change the way we act.”

Dr. LEE Jong-Wook, Director-General, World Health Organization

TREATMENT AND PREVENTION GO TOGETHER

To ensure a comprehensive response to HIV/AIDS, treatment and prevention programmes must enhance and accelerate each other. When people have hope that they can be treated and lead productive lives, the incentive to know their status and to protect themselves and their partners is much greater. Evidence and experience show that rapidly increasing the availability of ART leads to greater uptake of HIV testing. Availability of treatment, as well as enhanced community outreach, can lead to more openness about AIDS - which helps break down stigma and discrimination. People on effective treatment are also likely to be less infectious and less able to spread the virus.



Odessa AIDS clinic, Ukraine, 2004

CAN IT BE DONE?

A growing number of countries have shown that increasing access to treatment is both possible and effective. Brazil has the most advanced national HIV/AIDS treatment programme in the developing world. It is estimated that between 1994 and 2002, almost 100,000 deaths have been averted in Brazil (a 50% drop in mortality) through the introduction of ART.

The programme in Brazil clearly demonstrates how scaling up can also help to strengthen health systems and dramatically reduce public health costs. As a result of the programme, there has been a significant decline in the number of hospital admissions. Cost savings in reduced hospital admissions and opportunistic infections are estimated at more than US \$ 1 billion. The programme has also been effective in reducing the rates of TB and other opportunistic infections.

MAKING IT EASIER

WHO has published guidelines to increase the availability of treatment in poor countries by recommending standardized treatment regimens and simplified approaches to clinical monitoring. These simplified guidelines also make it easier to train the thousands of health care workers needed to make scale up happen.

FIXED DOSE COMBINATIONS

Fixed dose combinations (FDCs) of antiretroviral drugs are pills containing two or three AIDS drugs in one tablet. FDCs are a major breakthrough for AIDS treatment in poor countries as they offer significant operational advantages, including ease of distribution and storage, the likelihood of greater adherence, reduced incidence of treatment failure and drug resistance. Wherever possible, WHO recommends that FDCs be used in ART.

PREQUALIFICATION

Countries most in need of life-saving antiretroviral and other drugs often do not have the regulatory capacity to ensure the safety and quality of medicines from different suppliers around the world. They often rely on procurement agencies, such as UNICEF and some non-governmental organizations to purchase these medicines in bulk and distribute them. The Prequalification project, set up in 2001, is a service provided by WHO to facilitate the procurement of medicines that meet international standards of quality, safety and efficacy for HIV/AIDS, malaria and tuberculosis.

Prequalification was originally intended to give United Nations procurement agencies such as UNICEF the choice of a range of quality medicines. With time, the growing list of medicines that have been found to meet the set requirements has come to be seen as a useful tool for anyone purchasing medicines in bulk, including national governments and other organizations. For instance, the Global Fund to Fight AIDS, Tuberculosis and Malaria grants money for medicines that have been prequalified by the WHO process.

This is a crucial moment in the history of HIV/AIDS, and an unprecedented opportunity to alter its course. The international community has the chance to change the history of health for generations to come and to open the door to better health for all.

World Health Report 2004