



The "3 by 5" Target

TREAT THREE MILLION PEOPLE LIVING WITH HIV/AIDS BY 2005 – MAKE IT HAPPEN

The World Health Organization "3 by 5" newsletter attempts to provide a snapshot of information about activities going on around the world to increase access to HIV/AIDS treatment and prevention in line with the target to treat 3 million people living with HIV/AIDS by the end of 2005. Find out more about "3 by 5" and the ultimate goal of ensuring universal access to antiretroviral treatment for all who need it at www.who.int/3by5

NEWS IN BRIEF

Out now-report on "3 by 5" progress

One year on from the launch of the "3 by 5" target, progress on the increase of access to treatment around the world was reported on 26 January 2005, with the launch of the second "3 by 5" progress report. The report is available on the "3 by 5" web site at:

<http://www.who.int/3by5/progressreport05/en/>

Two CIPLA AIDS medicines back on WHO prequalification list

At the end of November, WHO reinstated two antiretroviral (ARV) medicines manufactured by Cipla Ltd., India, in its list of prequalified medicines. The two medicines had been delisted by WHO in May this year because documentation on bioequivalence was insufficient. Tests have now been repeated, and Cipla passed with flying colours, confirming that the two medicines are as effective as their respective brand-name counterparts.

Dr Lee Jong-wook, WHO Director-General, welcomed the development. "This is good news for patients and another important step forward in our progress towards the 3 by 5 target," he said.

The two medicines—Lamivudine 150 mg tablet from Cipla Ltd, Kurkumbh, blister pack of 10; and Lamivudine 150 mg plus Zidovudine 300mg tablet, Cipla Ltd, Vikhroli, blister pack of 10—are widely used by patients in developing countries.

"This shows that generic manufacturers are reacting responsibly to recent de-listings," said Vladimir Lepakhin, Assistant Director-General for Health Technology and Pharmaceuticals. "The prequalification process does work. As well as a list of validated products, it is also a much-needed capacity-building effort to promote quality and safety of medicines in developing countries."

WHO will continue rigorous assessment and monitoring of ARV drugs and their manufacturers to promote the safety, efficacy and quality of these products. At the same time, the agency is counting on companies to ensure compliance with international standards at all levels of the prequalification process and accelerate submission of quality data to allow for quick turnaround on assessments and listings.

A number of new ARVs—including fixed-dose combinations—are currently in the pipeline for WHO assessment.

IN FOCUS

More women infected with HIV than ever – World AIDS Day focus

In the past two years, the world has seen the sharpest increase of HIV infection among women and girls ever recorded. A report issued by UN-AIDS/WHO prior to World AIDS Day, 1 December 2004, shows how the East Asian region has witnessed the biggest increase, with a 56% rise in infection rate.

Eastern Europe and Central Asia follow with a 48% increase among women. Globally, women account for nearly half of the people living with HIV, but in sub-Saharan Africa—the region hardest hit by HIV/AIDS—up to 60% of the people living with HIV in the region are women.

Vulnerabilities faced particularly by women are contributing to what is being called the 'feminization of AIDS'. Women are physically more susceptible to HIV than men. Evidence suggests that violence against women is widespread and that up to one in three women globally has been physically or sexually assaulted by their intimate partners in their lifetime. Violence is a contributing factor to the increase in HIV infection—studies from Rwanda, South Africa and the United Republic of Tanzania show up to 3-fold increases in risk of HIV among women who have experienced violence compared to those who have not.

"Violence against women cannot be tolerated at any level," said Dr Peter Piot, Executive Director of UN-AIDS. "The fear of violence prevents many women from accessing HIV information, from getting testing and seeking treatment. If we want to get ahead of the epidemic we must put women at the heart of the AIDS response."

Globally, women and girls are the main drivers for relieving disease burden in communities. They provide the bulk of the home-based care, take in orphaned children and seek income generation to feed and sustain families. In Viet Nam, women make up 75% of all caregivers for people living with HIV. With the sharp increase in women infected by HIV, support and caregiver systems in many countries are at risk of collapse.

The need to ensure that women obtain access to HIV/AIDS services is paramount and of the highest priority. However, there is no reliable information currently available on how many women and girls need to be on treatment in developing countries. Most countries collect general data on the number of people being treated, but this is generally not broken out by gender or by age. If countries are to ensure and monitor equitable access to treatment, they will need to collect data not only on who is becoming infected but also how many men, women and children are getting access to prevention and treatment.



WHO/J.Redfern/AsiaWorksPhotos

Phala, an HIV positive woman from Cambodia, started treatment in September 2004 at the Médecins du Monde clinic in Phnom Penh. Slowly gaining strength, she aims to get back to work as soon as possible to be able to care for her two year old son and elderly mother.



The Pan American Health Organization (PAHO) marked World AIDS Day, calling attention to the effects of the epidemic on women and girls in Latin America and the Caribbean region. To symbolize their commitment, some 200 staff members donned red ponchos and formed a human ribbon on the street outside PAHO headquarters in Washington, DC. A video of the human ribbon can be viewed at http://www.paho.org/English/DD/PIN/street_ribbon.aspx.

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On World AIDS Day 2004, the World Health Organization (WHO) called on countries to set specific national targets for treatment of women and girls and to take measures to ensure equitable access to AIDS prevention and treatment services. "The targets must match the proportion of men, women and children who are living with HIV and in need of treatment," stated WHO Director General Dr LEE Jong-wook.

Today, 17.6 million women and girls are estimated to be living with HIV and AIDS worldwide.

Lack of AIDS drugs for children

Children with AIDS are dying unnecessarily because of a lack of access to ARV drugs. The problems arise mainly from a lack of cheap feasible diagnostic tests for children under 18 months and the lack of suitable affordable child-friendly ARV medicines on the market. Simplified treatment guidelines coupled with a range of fixed-dose combination combinations that require only one or two pills twice a day make it easier to treat HIV/AIDS in adults, but development of simplified drugs for children lags behind.

Only a handful of the ARVs in the current WHO guidelines are available in formulations that are affordable, feasible or acceptable for use in infants and young children. "Of the few children who have access to treatment, almost all must rely on using adult capsules or tablets broken or mixed by parents or carers, which results in dangerous under dosing or overdosing. Most currently available paediatric ARV liquid formulations require children to take large volumes of bad-tasting ARV syrups which often have limited shelf life or must be refrigerated" said Dr Siobhan Crowley, WHO Medical officer for paediatric and family HIV care.

The global market for paediatric AIDS drug formulations is not attractive for originator or generic companies; in industrialized countries very few children are being born with HIV, and in developing countries where most of the infected children are, paediatric formulations are not considered a priority or lucrative market. Drug companies have little interest in developing new or reformulating adult tablets and fixed-dose combinations to breakable or chewable tablets. Medicines for children are beyond the reach of many families, the cost of treating one child is as much as six times more than an adult.

In November 2004, WHO and United Nations Children's Fund (UNICEF) held a technical consultation on: "Improving Access to Appropriate Paediatric ARV Formulations". The meeting included experts from the Elizabeth Glazer Paediatric Foundation, the Clinton Foundation, Columbia University, researchers, pharmaceutical product development experts, the United States Health and Human Services, Médecins Sans Frontières, national programme managers and clinical experts of HIV care in children from around the world.

As part of the consultation, WHO, UNICEF and partners committed to increased advocacy and targets on treatment for children. The meeting identified the simple principles and guidance for best use of the available formulations for the short term, this includes using solid adult formulations. For the longer term WHO, UNICEF and other partners will engage in dialogue with originator and generic pharmaceutical companies to try to stimulate development of more appropriate formulations.

Further details including presentations the agenda and meeting report are available at:
www.who.int/3by5/paediatric/en



WHO/Michael Jensen
Affordable suitable AIDS medicines for children are beyond the reach of many families

NEWS IN BRIEF

Young guns fight HIV/AIDS

Students from a Massachusetts high school in the United States have shown their commitment to fighting HIV/AIDS by donating funds from charity efforts to WHO's programme to help scale up treatment and preparedness.

The students from Concord Carlisle High School (CCHS), who came up with the idea during their international issues social studies class, organized multiple bake sales, a raffle, a basketball tournament and a musical concert, raising nearly US\$ 3000 in total.

"After studying many troubling issues, the students voted to address one in a concrete manner. They chose to raise money for the struggle against HIV/AIDS in the developing world with a focus on Africa," said school adviser Samantha Fox-Morrow.

"They researched various international agencies and voted to donate the funds they raised to WHO's HIV/AIDS programme."

In addition to raising funds, the students are also continuing their efforts, forming the organization CCHS Students Against AIDS.

New online toolkit on prevention of HIV/AIDS for sex workers

In many countries, sex workers are frequently exposed to HIV and other sexually transmitted infections (STIs). Where sex workers have poor access to HIV prevention services, HIV prevalence among this group can be as high as 60-90%. Targeted prevention interventions in sex work settings can turn the epidemic around, but only 16% of sex workers have access to these services.

In Berlin in November, the German technical cooperation (GTZ) and WHO, working with sex work networks around the world, launched the first ever online tool kit aimed at helping sex workers to protect themselves and their clients from infection with HIV and other STIs. The tool kit is intended for use by people working with female, male and transgender sex workers, including programme managers, field workers and peer educators. This is the first time this expertise has been formally documented and made widely accessible.

"Sex workers know better than anyone else about the problems they face, the kind of language and programmes that work. Only by involving them can both male and female sex workers and clients be motivated to make use of condoms and health clinics," said Friederike Strack from Hydra, one of the sex worker organizations collaborating on the tool kit.

Collecting over a decade's worth of research and practical experience on what does and does not work to change behaviour and protect sex work and clients from HIV, the online tool kit includes practical 'how to do it' documents like 'Hustling for Health,' and 'Making Sex Work Safe'.

"To really have an impact on the epidemic, it's important for services and policies to be made more user-friendly and to be adapted to the reality of the sex work as well as to regional differences. Injecting drug use and sex work are closely linked in eastern Europe and it is essential to integrate the services," said Monica Ciupagea from the Open Society Institute Hungary, which also collaborated on the tool kit development.

Now online at www.who.int/hiv/toolkit/sw, it will also be available as a CD ROM and hard copy in early 2005. The kit is a living document and will continue to be updated as new resources are released.



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NEWS IN BRIEF

Dedication accelerates access to US\$ 280 million for procurement and supply management (PSM)

Six countries in sub-Saharan Africa will have earlier access to a total of US\$ 280 million from the Global Fund to fight AIDS, TB and Malaria (GFATM) to strengthen their national PSM systems and buy and distribute ARV drugs after having completed PSM plans in record time.

In the space of just one week, Ethiopia, Ghana, Uganda, the United Republic of Tanzania, Sierra Leone and Zimbabwe had their PSM plans finalized and approved on site following a week-long training workshop run by WHO's AIDS Medicines and Diagnostics Service (AMDS) Network in collaboration with the GFATM. A further two countries (Angola and Liberia) are expected to have PSM plans developed, completed and approved by February.

The PSM workshop held in Nairobi at the beginning of December aimed to assist 13 countries in the region with development of national PSM plans and technical assistance work plans, and assistance in overcoming implementation challenges, as well as to strengthen collaboration between AMDS partners at country, regional and global levels.

"Country PSM plans take several months to develop and get approved. Here, six were finalized and approved in just one week. Countries came to the workshop with a draft PSM plan and raw data, and the partners helped the countries in finalizing their plans—some of whom were working well past midnight. This is a sign of extraordinary dedication and commitment," said Paul Lalvani, Procurement Manager for the GFATM who participated in the workshop.

AMDS Secretariat and its partners, in particular the GFATM and the World Bank, will organize other PSM workshops in Ethiopia for francophone countries (February 2005), in the United Republic of Tanzania and Nigeria (April 2005) for anglophone countries, and in Barbados for Caribbean countries (April 2005).

Fighting and writing HIV/AIDS: Southern Africa editors unite

"Editors and journalists are part of the solution to HIV/AIDS and can make a real difference," said Malawian Minister of Health Hetherwick Ntuba at the opening of the Southern Africa Editors Forum (SAEF) on HIV/AIDS held in Malawi at the end of November. "Media practitioners need to stand together to make sure the public is properly informed about HIV/AIDS and the progress that is being made," he said.

The forum, organized by UNAIDS with support from a number of partners, including WHO, saw editors and journalists from countries across southern Africa—Botswana, Malawi, Mozambique, Lesotho, Namibia, Swaziland, South Africa, Zambia and Zimbabwe—come together to discuss issues of reporting HIV/AIDS.

"We need to report more but we also need to get away from the doom and gloom angle that is so often used. We need to show that Southern Africa is taking a stand and that there are positive stories that need to be told," said Rob Jamieson, managing editor of the Malawi Chronicle and newly elected chairman of SAEF.

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WHO awards million-dollar contract for global treatment preparedness activities

With the lifelong commitment that taking antiretroviral treatment (ART) requires, preparation and training before initiating treatment is essential to maintaining treatment adherence.

In November, WHO awarded a global consortium of people living with HIV/AIDS (PLWHA) and treatment activists US\$ 1 million to help prepare PLWHA for ART.

Through WHO's 'Preparing for Treatment Programme', the contract was awarded to the Tides Foundation-managed Collaborative Fund. The fund was created in 2003 to channel funds for community-based education. "Making this happen has been a dream for WHO and underlines the recognition that the future of health belongs as much in the hands of those affected as those who care for them. Treatment preparedness is key to "3 by 5" and a first instalment towards reaching universal access for all who need it," said Dr Jim Yong Kim, Director of WHO's HIV/AIDS department.



David Le Page
Treatment literacy trainers from the Treatment Access campaign (TAC) mobilize communities in Grahamstown in South Africa's Eastern Cape

Using workshops, publications, and other community-education activities, the treatment preparedness activities the Tides Foundation-Collaborative Fund supports help people on ART to understand fundamental issues of HIV and treatment in order to overcome obstacles to obtaining treatment and enable them to them advocate and affect policy in their communities.

In implementing the million-dollar grant, the Tides Foundation-Collaborative Fund is supporting more than 30 networks of PLWHA around the world in treatment preparedness activities, including treatment literacy projects and civil society advocacy initiatives.

"This is perhaps one of the greatest United Nations-led examples of implementation of the GIPA (Greater Involvement of People with AIDS) principle [established in 1994]. The contract award shows a commitment to a community-driven model, relying on the expertise of people living with AIDS and community-based groups to developing projects they need to do. It also acknowledges that treatment preparedness is as important a component of the "3 by 5" success as is receiving the drugs," said David Barr, Senior Philanthropic Adviser for the Tides Foundation.

With US\$ 3.4 million raised to date and fundraising ongoing to finance activities through the end of 2005, the Collaborative Fund also has support from a growing number of global donors, including the Rockefeller Foundation, Open Society Institute, Ford Foundation, the Stephen Lewis Foundation, and the AIDS Funds Netherlands, as well as UNAIDS itself.

WHO's 'Preparing for Treatment Programme' was initiated in July 2004 when WHO called for applicants with global reach and local capacity in the world's most affected countries to submit tenders to design and operate programmes. With over 140 enquiries, some 30 tenders were reviewed by a WHO panel before the award of the contract to the Tides Foundation-Collaborative Fund.

The contract is the first of what WHO hopes will be an ongoing process within the 'Preparing for Treatment Programme' with the aim of supporting additional community-based treatment preparedness activities and encouraging the sharing of best practices.

Going for Goal: WHO teams up with FIFA



Footballer Christian Karembeu and WHO Director of HIV/AIDS Dr Jim Yong Kim at the cartoon launch

To mark World Human Rights Day (December 10), WHO and FIFA (the Fédération Internationale de Football Association) joined forces to address stigma and discrimination in the context of HIV/AIDS. A cartoon booklet called "HIV/AIDS – Stand Up for Human Rights" has been distributed via five of FIFA's national football associations: in Botswana, Ghana, South Africa, Uganda and Zambia. Events are also being organized in these countries to promote education and awareness-raising among young people.

The cartoon booklet has been designed to empower young people to promote human rights in relation to HIV/AIDS and begins with young footballers from Africa, the Americas, Asia and Europe discussing HIV/AIDS and the rights of people living with HIV/AIDS. "Football is a truly universal sport, and thus can be used as a medium and arena for disseminating important

human rights and public health messages," FIFA President Joseph S Blatter said.

In Geneva, former French national football player and captain of Swiss team Servette FC, Christian Karembeu joined Director of HIV/AIDS Dr Jim Yong Kim, WHO Women's Football Team and a local youth team in a friendly training session, followed by a joint WHO/FIFA press briefing.

Underlining his personal experiences, Karembeu affirmed his commitment to fighting for human rights in the context of HIV/AIDS. "I myself know many people affected by this epidemic. FIFA and football can make a real difference by raising awareness among young people," Karembeu said.

Know your status? Urgent action needed

The gap in access to HIV treatment and prevention services worldwide requires urgent action on many fronts, including a rapid scale-up of testing and counselling. Of the estimated 40 million individuals infected with the HIV virus, only 10% know their HIV status. The implications are obvious and dire: AIDS patients present too late to receive life-saving treatment; opportunities to affect an HIV-infected individual's health through nutritional and psychosocial support are lost; and the virus is often unknowingly passed on to partners and children, resulting in further spread of the epidemic.

WHO and UNAIDS are now promoting a new policy in testing and counselling with the aim of making the offer of an HIV test and follow-up counselling and referral the standard of care in health-care settings, especially in high-burden countries. A patient has the option to "opt-out" of the test, but the aim is to ensure as many people as possible are able to learn their HIV status and access necessary prevention and treatment services to safeguard their health.

A recent consultation in Johannesburg, South Africa with 18 African countries indicates that many countries are ready to shift to a routine offer, provided they receive support to tackle structural and policy barriers. Human resources are lacking. Health care workers must be trained to perform rapid tests and to offer solid post-test prevention and treatment counselling and referral. Supply management of rapid test kits is needed and more effort is required to successfully integrate complementary programmes such as TB and HIV/AIDS.

Stigma has long been a barrier to individuals seeking testing and counselling. Experience from Botswana and other countries demonstrate, however, that wide-scale treatment availability coupled with a routine offer of testing and counselling is able to shift perceptions and break down the deeply imbedded fears that have long characterized the HIV/AIDS epidemic.



In Uganda, testing and counselling services have been scaled up

Indonesia: moving forward in harm reduction

In Indonesia, HIV hits Injecting Drug Users (IDU) hard. Prevalence rates among IDUs have increased eightfold since 1988 and have reached as high as 53% in Denpasar and 48% in Jakarta. Sex workers, transsexuals and prisoners are also highly affected.

In a move to address specific issues related to high prevalence among particular groups and to increase harm reduction activities, Indonesia is initiating pilot projects in prisons to introduce drug substitution therapy (methadone) for IDUs. Two prisons in Denpasar and in Jakarta have been chosen as pilot sites.

"There is clear evidence that methadone maintenance treatment works and does reduce HIV risk behaviours, particularly drug injecting," said Palani Narayanan, Indonesia HIV/AIDS Prevention and Care Project, Jakarta.

"Following a year of advocacy these pilot projects are now getting started. This is a great step forward."

The project was officially launched on 10 December in Bali. Prior to this, prison officials and staff were trained in methadone-related issues, resulting in the development of standard operating procedures which will soon be published.

"Harm reduction has proved to be one of the most effective interventions in AIDS," said Dr Andrew Ball, WHO HIV/AIDS Regional and Country Coordination. "Projects like this are vital to change the way countries think and act, to increase harm reduction and to help bring down HIV prevalence rates."

NEWS IN BRIEF

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Participants pledged to give maximum publicity and raise the profile of people living with AIDS, especially women and children who are most vulnerable to the pandemic. They also discussed ways PLWHA could play a more active role in journalistic coverage, such as being given a larger voice in publications and programmes as presenters or columnists.

"Including more PLWHA within the media can only have a positive effect of raising awareness and breaking down stigma and discrimination. This in turn will encourage people to get tested and get more people on treatment," said Dr Owen Kaluwa from the WHO Regional Office for Africa, who presented "3 by 5" at the forum.

During the meeting, SAEF members also agreed to champion the introduction of HIV/AIDS programmes in their workplaces. Currently, only 20% of media houses in the SAEF grouping in the region have a work plan for HIV/AIDS.

"We want to see 80% of media houses implementing HIV/AIDS work plans and will work hard to make this happen. We are committed to combating HIV/AIDS—telling the truth and fighting with our particular weapons—words and images," Jamieson said.

The next meeting of SAEF will take place in Mozambique in 2006.

To better assist journalists with their reporting on HIV/AIDS, the World Bank launched a 'virtual information service'—the AIDS Media Center—at the end of November. The online platform hosts and disseminates information on emerging HIV/AIDS issues and events through the web site: www.aidsmedia.org. There are 11 partner organizations, including WHO, that make up the AIDS Media Center, which also aims to advocate for advanced training activities for journalists to boost accurate and effective reporting on HIV/AIDS.

Lessons from TB control - the key to ART scale up in Malawi

In Malawi, the TB programme model and experience are being used to scale up ART to help achieve the country's ambitious two-year plan to provide free ART to 80,000 people living with HIV and AIDS by the end of 2005 --a figure which exceeds the expected "3 by 5" target of 68 000.

The WHO DOTS strategy has been used successfully in Malawi to provide effective TB control services for many years. This simple and standardized approach to TB is being applied to ART delivery, including standard definitions for those eligible for ART; standardized, simple treatment regimens backed up by a reliable drug supply; the use of treatment supporters or guardians to improve adherence to ART; and simple standardized recording and reporting. TB programme staff will be responsible for supervising ART delivery at district level including drug supplies and recording and reporting.

By September 2004 over 9,000 people in Malawi had been started on ART in 21 treatment centres. Malawi is expanding implementation of collaborative TB/HIV activities nationally and this close collaboration between the TB and HIV programmes is producing real benefits for both TB and HIV prevention, treatment and support.



NEWS IN BRIEF

Ethics and equity in access to HIV treatment and care

Even with increased efforts to scale up the care and treatment of people living with HIV, not everyone in need can gain access to services immediately. This situation poses serious ethical dilemmas and requires difficult choices in priority-setting.

"There is a moral imperative to treat people with AIDS that must be addressed. The impetus around expanding HIV care and treatment can be used to reduce inequities, reach poor communities and systematically uplift the health-care infra-structure of the most under-resourced areas," said Rene Loewenson from EQUINET.

"Beyond rhetoric we will be measured by the extent of our efforts to make clear, in word and deed, how this is to be done, to provide meaningful support to states, organizations, health workers and communities to achieve these goals, and to mobilize the global conscience, resources and social action to do so in a way that is sustainable, equitable and just."

In the recently published 'Guidance document on ethics and equitable access to HIV treatment and care', WHO and UNAIDS address the ethical dilemmas that countries face in the scale-up of services. The recommendations of the guidance document provide a framework within which equitable access can be achieved. Recommendations include creating opportunities public dialogue to allow a wide range of stakeholders to provide their views and expertise and to be involved in making plans and setting priorities; developing special policies and outreach programmes to prioritize vulnerable groups in order to overcome barriers to their access to care; and adopting a set of measurable indicators to monitor the fairness of increased access to treatment.

More information can be found at:
http://www.who.int/ethics/resource_allocation/en/

"3 by 5" Web News

- WHO/"3 by 5" has become a partner of the Global AIDS Media Center - a web service for media and journalists working in HIV/AIDS. For more information visit www.aidsmedia.org.
- On the "3 by 5" web site, a section for the AIDS medicines and diagnostics service (AMDS) has been launched. AMDS and its partners make a technical network for improving and increasing availability and quality of AIDS medicines and HIV diagnostics in developing countries. Find out more at www.who.int/3by5/amds.
- "Have you heard us today?" (<http://www.who.int/features/2004/aids/en/>) - is a web special for World AIDS Day 2004. The feature focuses on three women telling stories of surviving violence and HIV/AIDS in South Africa, Cambodia and Rwanda. The web feature is the subject of a news release that can also be found on the "3 by 5" website - www.who.int/3by5/mediacentre/news36
- In December, WHO and UNICEF held consultations on paediatric HIV care - access to ART for children. Background documents on paediatric ARV formulations and presentations made at the meeting can be found at www.who.int/3by5/paediatric.

(For all the latest updates on "3 by 5" and HIV/AIDS at WHO visit www.who.int/3by5)

FEATURE

Beacon of hope: Lighthouse Clinic information sessions tell the HIV tale

In December 2004, WHO HIV/AIDS Communications Officer Beth Magne-Watts met with Dales Chiunguzeni, a community nurse at the Lighthouse Clinic in Lilongwe, Malawi, who outlined how Information Education Communications (IEC) is helping people living with HIV and AIDS to understand and take their medicines better, and helping to break down stigma and discrimination.

A healthy looking man holding a large shield in front of him smiles out from the front page of an illustrated flip chart. His smile fades as the page turns and 'enemy' attackers fire arrows at him that start to destroy his shield, making him vulnerable and weak.

"We use these simple images of the shield being broken down to explain how HIV affects the body," says Darles Chiunguzeni, a community nurse at Malawi's celebrated Lighthouse clinic that has been offering HIV/AIDS services since 1997. "HIV is a complicated virus and this way we can really get the message across in an effective way to people who are starting to take ART."

Information Education Communications (IEC) is an integral part of the Lighthouse clinic's ART programme, with group sessions held almost every day. 'Initiation to ART' makes a twice-weekly appearance on Tuesdays and Thursdays when up to 30 patients crowd into a small conference room for the 1 ½ hour sessions.

In addition to the lessons about how and when the HIV virus attacks, the flip-chart also includes drawings explaining the specific challenges of antiretroviral treatment. It also deals with 'living positively'—encouraging people on ART to eat healthily, share worries and practice safe sex.

"The sessions are entirely participatory: we ask the patients to identify what they see in the illustrations and to explain for themselves what this might mean in terms of their treatment. If someone has a question, we put that question back to the group and see what they think," Darles explains.

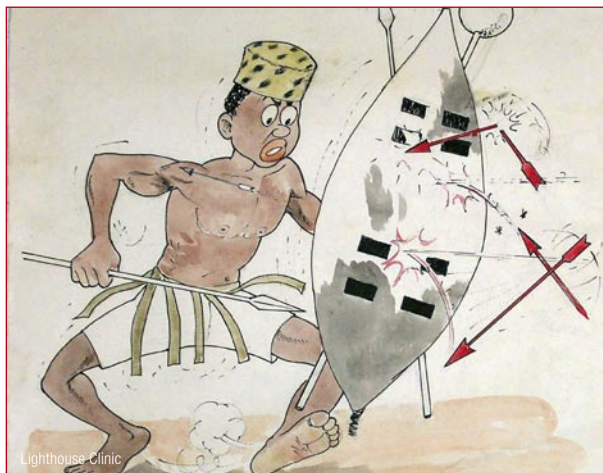
"People starting on ART are often worried—especially about how their families might react; some people fear they will be told to pack their bags and be cut off from their families. By raising the question in the group we see how people react and what solutions there might be—from the patients themselves."

ART initiation is just one of the clinic's IEC focus sessions. Testing and counselling, paediatric issues, nutrition and opportunistic infections are also covered in daily morning sessions, run by the clinics nurses, counsellors and clinicians and attracting from 30 to 60 participants every time.

"I see the IEC work is making a difference. Often when someone comes here for the first time they may be reserved and not say anything, but then once they have been to a few sessions and see how everyone talks, they say, 'why didn't I come earlier?'—they accept that they have a problem and realize they can be helped."

"These sessions create a mutually reinforcing relationship between us and the clients; we are very open to them, they feel free to discuss and their fear goes away," Dales says.

IEC methods are also driving operational changes within the clinic. A client suggestion box has influenced the way the clinic operates. In one example, patients needing repeat prescriptions for their ARVs asked the clinic to help ease the process. In response, a 'fast track' system was introduced in order to minimize the time clients have to wait to be seen by clinicians and at the pharmacy.



The Lighthouse Clinic's IEC flipchart helps get the HIV message across



Darles Chiunguzeni, a community nurse at Malawi's celebrated Lighthouse clinic

"The suggestion box helps us to communicate with our clients as well as to respond to their needs if it is appropriate," says Darles.

"Patients know they are helping to make a difference and often they will speak out in sessions about their experiences. People often stand up and say 'I was on my death bed but now I am back to work.' They feel they have benefited and want to share this with others. There are so many testimonies. You know, people come here in wheelchairs and after three weeks on ART they come back alone, unaided and say "I'm back"! When you see this, you feel so good."

FROM THE FIELD

Putting life back into schools in sub-Saharan Africa



The joint 'School Health/HIV Prevention Project' involves training as many teachers as possible, in as many schools as possible to help prevent HIV infection.

HIV/AIDS is literally taking the life out of schools. In sub-Saharan Africa, classrooms are left bare as large numbers of teachers are dying from AIDS-related illness. Children, too, are disappearing from the classrooms—some taken themselves by HIV/AIDS—many, forced to stop going to school to take care of their siblings because their parents have died.

WHO's School Health and Youth Health Promotion unit in the Department of Chronic Diseases and Health Promotion has joined with the world's largest federation of teacher's unions, Education International (EI), and the Educational Development Center (EDC) to help protect life through schools in Africa.

The joint 'School Health/HIV Prevention Project' involves training as many teachers as possible, in as many schools as possible to help prevent HIV infection. The training has three broad aims: to enable teachers and other adults to avoid HIV infection; to enable adults and students to advocate for efforts to prevent HIV infection through schools; and to help students

acquire skills that can help them prevent HIV infection and related discrimination.

In contrast to earlier initiatives focusing primarily on dissemination of prevention messages, the project—now operating in 20 countries across sub-Saharan Africa—promotes a new take on prevention, putting training of teachers at the core.

"Before teachers can expect to help other adults and students avoid HIV infection, they will need to examine their own vulnerability to infection, their own knowledge of the disease and its spread, and their own attitudes towards helping others, especially students, avoid infection. They will also need new teaching skills and thus professional development is critical," said Cheryl Vince Whitman, Senior Vice President, EDC.

Once trained, the teachers pass on their newly acquired life-skills building competencies to other teachers who implement them in their schools and communities. The trained teachers use exercises based on participatory learning methods. Such methods have been proved to be most effective in helping adults and young people acquire the skills they need to prevent infection and related discrimination.

"Teachers need to justify their intent and convince administrators, teachers, parents and members of their community that HIV prevention through schools is appropriate and essential to the welfare of their children, their families and their nations. This project also helps teachers to build strong arguments for preventive education and for nationwide support of counselling and testing and ART," said Jack Jones, WHO School Health/Youth Health Promotion Team Leader.

The programme will have trained over 72,000 teachers in over 19,000 schools by April 2005. The project has been specifically designed by African teachers and technical experts from WHO, EI, and EDC; in collaboration with their colleagues at UNESCO, UNICEF and the World Bank.

"A major achievement as a result of this programme is that teachers and their organizations have taken a leading role in the fight against AIDS. The results are extremely encouraging - in Guinea and Rwanda for example, more than half of all schools now have teacher trained by the programme," said Wouter van der Schaaf, Education International coordinator.

The Project's 'Teachers' Exercise Book for HIV Prevention' is offered free of charge on the web to all teachers and persons who are helping to prevent HIV infection and related discrimination through schools. The book contains participatory learning activities for use with young children, pre-adolescents, adolescents and adults.

"The training has changed my thoughts about AIDS as a monster. It really answered some of the questions that were in my mind and has equipped me with the skills and knowledge to talk about it to other people," said a high school teacher from South Africa trained through the project. "I feel confident and ready to share the lessons I have learnt. The workshop made me realize all I need is commitment and the will to make a difference."

The Teachers' Exercise Book for HIV Prevention can be found on the web at: <http://www.ei-ie.org/aids/> and http://www.who.int/school_youth_health/resources/en/

VOICES

Views on HIV/AIDS, ART and "3 by 5" from people around the world



Stephen Lewis
United Nations envoy for HIV/AIDS in Africa

"The entire atmosphere has changed in the most astonishing way in the last year. There is a sense of urgency and emergency that is unmistakable. "3 by 5" has given momentum and incredible hope. We have to give it time to work. With a Herculean effort this world can beat the pandemic but it's going to take a lot of work."



Olga
ART patient, Ukraine

"A few years ago, being diagnosed with HIV meant death. But now, I have hope that my life can be prolonged with AIDS treatment. I want to be on treatment because I hope it'll give me more years to live and I will see my children grow up."



Dr. Peter Mugenyi
Director of the Joint Clinical Research Center (JCRC), Uganda

"Barriers at customs, lack of legislative framework and elevated drug prices were just a few of the obstacles to making ART a reality in Africa. In Uganda, political will and leadership has been the key to make it possible. The JCRC has now more than 12 000 AIDS patients on its rosters. In the past ten years we have had to fight hard but we are getting there."

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