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FREQUENTLY ASKED QUESTIONS (FAQ)

TOWARDS UNIVERSAL ACCESS:

Scaling up Priority HIV/AIDS Interventions in the Health Sector Progress Report, June 2008

Q. What is the purpose of this report?

A. *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector* is the second in a series of annual progress reports developed by WHO, UNAIDS and UNICEF to monitor the health sector response to HIV/AIDS. This report builds on the 2007 report on the health sector response towards universal access, as well as on previous '3 by 5' progress reports on the scale-up of antiretroviral therapy.

The report documents health sector progress in scaling up priority HIV prevention, treatment and care interventions towards universal access, including:

- Treatment and care, including antiretroviral therapy (ART), management of HIV/TB co-infection and other co-morbidities;
- HIV testing and counselling;
- Prevention of mother-to-child transmission (PMTCT), in health care settings, and of sexual HIV transmission and transmission through injecting drug use;
- Health systems issues, including drug procurement and supply management, human resources and health information.

This report also includes a special focus on scaling up HIV interventions for women and children.

Q. How has access to HIV prevention, treatment and care improved?

A. The report finds that access to antiretroviral therapy, testing and counselling, and services to prevent mother-to-child transmission of HIV all increased significantly in 2007 in low- and middle-income countries due to increasing national commitment, financial investment, and technical guidance and support through multilateral, bilateral and private sector initiatives. Specifically:

- Approximately 3 million people in low- and middle-income countries were receiving HIV antiretroviral therapy at the end of 2007.
- Progress in providing access to ARVs (antiretrovirals) is accelerating, with nearly one million more people receiving ARVs by the end of 2007, compared to the end of 2006. In previous years the corresponding annual increases were approximately 700,000.
- Sites providing ARVs more than doubled between 2005 and 2007 (4,000 to 10,000).
- Prices for most first-line ARVs dropped from between 10% and 40% between 2006 and 2007.
- The availability of HIV testing and counselling, a critical entry point to both treatment and prevention, increased substantially between 2006 and 2007 in 12 countries reporting comparable data, accompanied by an increased uptake.
- About 33% of pregnant women received ARVs to prevent HIV transmission in childbirth in 2007, up from 10% in 2004. An estimated 18% of pregnant women received an HIV test in 2007—up from 10% in 2004.

All WHO media material and other information on HIV/AIDS can be found at: <http://www.who.int/hiv>

Q. What does the report say about the effectiveness of ARV therapy in low- and middle-income countries?

A. The report finds that improvements in patient health and rates of patient adherence to ARV therapy are comparable between low-, middle- and high-income countries. However, the report also finds that some benefit of ARV therapy is lost in low- and middle-income countries due to late diagnosis of people with HIV and, therefore, late initiation of therapy with consequent high mortality. Improving timely diagnosis of HIV infection and efforts to begin ARV therapy in a timely manner are key. Increased attention is also required to ensure consistent and long term follow-up.

Moreover, many patients living in low- and middle income countries continue to face difficulties adhering to long-term treatment owing to both structural factors (such as user fees, distance to health facilities, stigma) as well as individual factors (treatment side-effects and co-morbidities).

Q. What does “universal access” mean?

A. WHO and UNAIDS estimate that 9.7 million people currently need antiretroviral therapy in low- and middle-income countries.

In June 2006, the United Nations General Assembly adopted a resolution calling for scaling up HIV prevention, treatment, care and support with the aim of achieving Universal Access to treatment by 2010 for all who need it. For most interventions, no global targets have been defined. For ART, the target of 80% is sometimes proposed, but even in wealthy nations this is often not achieved.

Defining universal access is complex as needs are continuously evolving due to trends in the epidemic, new evidence about survival with and without ART, and updated recommendations for initiating treatments. WHO and UNAIDS estimate at 9.7 million (8.7-11.0) the number of people currently needing ART in low and middle income countries.

According to the report, scaling up services must include efforts to ensure the:

- Availability of services, meaning that services are physically accessible, affordable and acceptable to the people who need them.
- Coverage of services, or the proportion of a population needing an intervention who receive it. Coverage is influenced both by the supply of and demand for services.
- Outcome and impact of services, including behavioural change, reduced new infection rates, and improvements in patient survival.

Q. Is the universal access goal achievable?

A. Universal access to HIV prevention, treatment, care and support is not only achievable, it is a public health and human rights imperative, which has been agreed to by the United Nations member states and international donors. Many nations will meet specific universal access targets (such as PMTCT or ART) by 2010, while many others will meet them in 2011, 2012, and/or subsequent years. The focus of WHO, UNAIDS and others is to ensure that all states meet the goal as early as possible.

Q. Is HIV treatment having a demonstrable impact on mortality?

A. The UNAIDS/WHO Epidemiological Update reports decreases in the global number of deaths from 2005 to 2007. Researchers attribute this decline to the increasing availability of ART. Research and several recent special studies have also shown reduced mortality in specific populations or cohorts.

Q. What is being done to reduce the number of people dying in the early months of treatment, or are those who are lost to follow-up?

A. WHO and partners are working on developing and establishing better patient tracking systems. Early diagnosis and referral to treatment is critical to decreasing death rates and maximizing the impact of ARV therapy for people living with HIV/AIDS. Early diagnosis requires continued, ongoing expansion of access to HIV testing and counselling. While the availability and uptake of HIV testing and counselling increased substantially between 2006 and 2007 in 12 countries reporting comparable data, recent population-based surveys indicate that only about 20% of people living with HIV/AIDS knew their HIV status.

Only about 7% of men and women in low- and middle-income countries had an HIV test between 2006 and 2007. Diagnosis of HIV in the late disease stage greatly reduces the effectiveness of ARV therapy.

Health systems must also be strengthened to increase the availability and acceptability of ARV therapy and increase the number of patients who start and remain on therapy. Patient monitoring systems must also improve, in order to improve identification of and outreach to patients who have stopped receiving therapy.

Q. What is meant by a 'public health approach' to scaling up treatment?

A. The public health approach is a WHO strategy that seeks to greatly expand ARV access by emphasizing the principles of simplification, standardization, decentralization, equity, and patient and community participation. The approach utilizes standardized regimens and simplified formularies, along with simplified clinical decision-making and standardized treatment monitoring. This approach seeks to provide the best quality of care for the largest number of people, recognizing the financial and human resource constraints facing many developing world health systems.

Q. Should there be a greater emphasis on achieving universal access to prevention?

A. HIV prevention and treatment must be strengthened in tandem. Just as there is considerable progress to be made in providing access to treatment and care, access to effective HIV prevention services must also greatly increase to meet the universal access goal. The number of new HIV infections (an estimated 2.5 million in 2007) must decrease dramatically before we can begin to effectively reduce the epidemic and treat all those who need it. Without more effective prevention, it will become ever more difficult to assure treatment for all who need it.

Q. What does WHO do to help ensure the quality of ARV regimens in low- and middle-income countries?

A. WHO's Pre-qualification Programme evaluates and inspects priority medicines and helps build and strengthen national capacity for manufacturing and monitoring quality medicines. In 2007 WHO pre-qualified 13 new antiretroviral formulations. WHO also conducts quality assurance surveys of antiretrovirals to ensure that patients in low- and middle-income countries receive quality medicines.

