

KEY MESSAGES

TOWARDS UNIVERSAL ACCESS

Scaling up priority HIV/AIDS interventions in the health sector

JUNE 2008 PROGRESS REPORT

This document represents material excerpted from *Towards universal access: Scaling up priority HIV/AIDS interventions in the health sector*, a progress report published in June 2008 by the HIV/AIDS Department of the World Health Organization. To read the complete report, please visit: <http://www.who.int/hiv>



- The combined efforts of countries and international partners have resulted in substantial, ongoing progress towards providing HIV interventions in low- and middle-income countries.
- By the end of 2007, nearly 1 million (950,000) more people were receiving antiretroviral therapy (ART)—bringing the total number of recipients to almost 3 million.¹ This represents a more than seven-fold increase over the past four years. The greatest increase in the number of people receiving treatment was in sub-Saharan Africa.
- Despite these unprecedented gains, global coverage of antiretroviral therapy remains low: Only 31% of people in need of ART received it by the end of 2007. That same year, an estimated 2.5 million people were newly infected with HIV and 2.1 million died of AIDS.

A note on estimating need: Although the number of people receiving ART increased in 2007, so too has the estimated need for treatment. Estimates of need in this report cannot be compared with those published in 2006 due to new parameters in the estimation model. These estimates will likely continue to change as more people become eligible for ART each year, and as treatment guidelines evolve.

TREATMENT AND CARE:

- Access to ART for women is greater than, or equal to, access for men. This may be because women are more likely to access health-care services for reproductive needs such as pregnancy and childbirth, offering greater opportunity for them to learn their HIV status. At the end of 2007, 56% of people receiving ART were women, while they represented 52% of people in need.
- The decline in mortality and morbidity rates among people receiving ART in low- and middle-income countries are comparable to those in high-income countries. However, many countries are still facing challenges related to high mortality in the early months of treatment (because patients accessed treatment too late in disease progression) and low rates of patient retention.
- About 97% of adults and children on therapy in low- and middle-income countries are receiving first-line drug regimens. The average price of second-line regimens remains very high in low- and middle-income countries.
- Tuberculosis (TB) continues to be one of the leading causes of death among people living with HIV. Access to interventions for people living with HIV/TB is falling short because many people with TB do not know their HIV status. Slowing the impact of TB among people living with HIV will require greater emphasis on the “Three Is:”
 - Intensified case finding
 - Isoniazid preventive therapy
 - Infection control

1. The ‘3 by 5’ initiative, launched in 2003, sought to have 3 million HIV-positive individuals living in low- and middle-income countries on antiretroviral therapy by 2005. Though the target was not achieved until two years later, it is widely credited with jump-starting the push towards ART scale-up.

- Rates of co-infection with hepatitis B (HBV) and hepatitis C (HCV) viruses are high, especially among injecting drug users. Researchers estimate that hepatitis C prevalence among injecting drug users living with HIV ranges as high as 95% in some populations.

HIV TESTING AND COUNSELLING

- Countries are increasingly relying on diverse client- and provider-initiated strategies to expand knowledge of HIV status. The availability of HIV testing and counselling in health facilities increased substantially between 2006 and 2007 in countries with comparable data. This was accompanied by an increase in the number of people who received HIV testing and counselling.
- However, a large majority of the people living with HIV remain undiagnosed and are lacking opportunities to access adequate prevention, treatment, care and support services. In low- and middle-income countries that conducted population-based surveys between 2005 and 2007:
 - A median of 10.9% of women and 10.3% of men surveyed in 17 countries had ever received an HIV test and known the results; and
 - A median of 20% of people living with HIV/AIDS in 12 countries knew their HIV status.

PREVENTING HIV AMONG AT-RISK POPULATIONS

- An estimated 80% of all HIV infections are sexually transmitted. Ten percent of all new infections worldwide (and as many as 30% outside sub-Saharan Africa) are among injecting drug users. Successful examples of HIV prevention among high-risk populations have been implemented in multiple settings. However, the health sector must play a much stronger role in the promotion and delivery of HIV prevention services.
- A number of Asian countries—notably Cambodia, Myanmar, Thailand and four states in India—have demonstrated that political commitment and appropriate policies, such as the large-scale implementation of prevention strategies targeting sex workers, can result in fewer sexually-transmitted infections (STIs) and declining HIV prevalence among this population.
- Worldwide, an estimated 3-4 million of the 13 million people who inject drugs are living with HIV. Injecting drug use accounts for over 80% of all HIV infections in Eastern Europe and Central Asia—yet, throughout the entire region, needle and syringe programmes regularly reach only 10% of those in need.
- Men who have sex with men (MSM) continue to represent the largest population living with HIV in most high-income countries. Furthermore, increasing evidence points to a resurgent epidemic in North America and Europe among this population.
- While most prisoners living with HIV contract the virus outside of prison, transmission during incarceration is high given shared contaminated injecting equipment and the prevalence of coerced or unprotected sex. Prisons should be an important focus of health sector HIV interventions.

MALE CIRCUMCISION

- Male circumcision is an important additional health sector intervention that reduces the risk of heterosexually acquired HIV infection among men by up to 60%. Many countries in sub-Saharan Africa with high rates of HIV transmission and low rates of male circumcision are exploring whether, and how, to scale up male circumcision programmes.

HIV TRANSMISSION IN HEALTH-CARE SETTINGS:

- Patients continue to be at risk of HIV infection in health care settings due to the lack of universal quality-assured screening of blood supplies and unsafe injection equipment. Post-exposure prophylaxis (PEP) is available in only 35% of the health facilities in 50 reporting countries.

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT):

- There has been substantial progress in scaling up access to services for the prevention of mother-to-child transmission (PMTCT). In 2007, an estimated 33% of HIV-positive pregnant women received antiretrovirals to prevent transmission to their children, versus 10% in 2004. That same year, the number of pregnant women tested for HIV rose to 18% globally from 10% in 2005. The most significant expansion was in sub-Saharan Africa.
- An increasing number of countries are providing combination antiretroviral prophylactic drug regimens to pregnant women living with HIV, which are more effective in reducing the mother-to-child transmission of HIV than one drug alone.
- Despite these gains, only 12% of pregnant women living with HIV identified during antenatal care were assessed for their eligibility to receive antiretroviral therapy for their own health.

TREATING CHILDREN

- Today, more children are accessing care and treatment services than in previous years. In 2007, nearly 200 000 children with HIV in low- and middle-income countries received antiretroviral therapy versus 75 000 in 2005.
- However, the difficulty of diagnosing HIV early among infants remains an obstacle to further gains. Only 8% of infants born to pregnant women with HIV in 2007 were tested for HIV within the first two months of birth.

STRENGTHENING HEALTH SYSTEMS

- Investing in the HIV response can strengthen health systems as a whole and catalyse more effective and responsive health care delivery systems. Many countries are adopting strategies such as task-shifting to address health worker shortages, which involves moving specific tasks from highly specialized health workers to less specialized workers.
- Many health systems are undermined by weak procurement and supply management systems. In 2007, 18% of all reporting treatment sites in 66 low- and middle-income countries surveyed experienced at least one stock-out of antiretroviral drugs, with stock-outs highest in Africa and Latin America.

THE WAY FORWARD

- Despite substantial progress in 2007, most low- and middle-income countries are still far from achieving the universal access targets of the 2015 Millennium Development Goals. To achieve these goals, countries and partners must focus on:
 - Strengthening the role of the health sector in HIV prevention
 - Increasing awareness of HIV status
 - Strengthening and sustaining efforts to scale up HIV treatment and care
 - Accelerating access to HIV prevention and care for women and children
 - Overcoming health system weaknesses
 - Improving strategic information to guide the health sector response