

The World Health Report 2004

changing history



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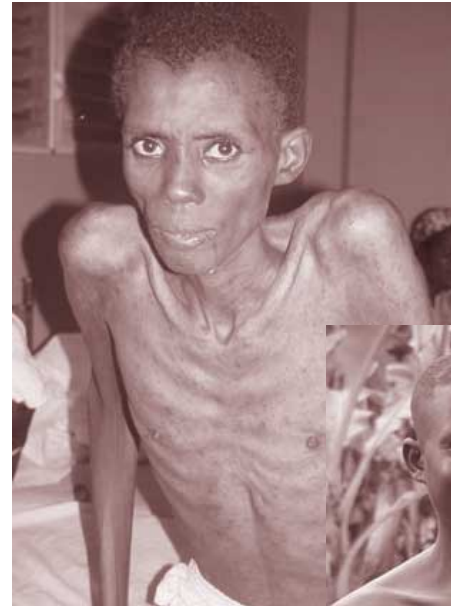
- Global emergency: combined response
- The treatment initiative
- Community participation
- Health systems: finding new strength
- Sharing research & knowledge



A chance to change history:

*Antiretroviral
therapy saved
Joseph Jeune's
life...*

*...it can save
millions more*



*Before
treatment*



*After
treatment*





Key messages

- Urgent need to tackle HIV/AIDS and avoid long-term economic, human and social costs
- Ultimate goal: universal access to treatment and care
- Treatment part of primary health care
- Need to strengthen health systems
- Ensure that new health knowledge quickly reaches all people in need

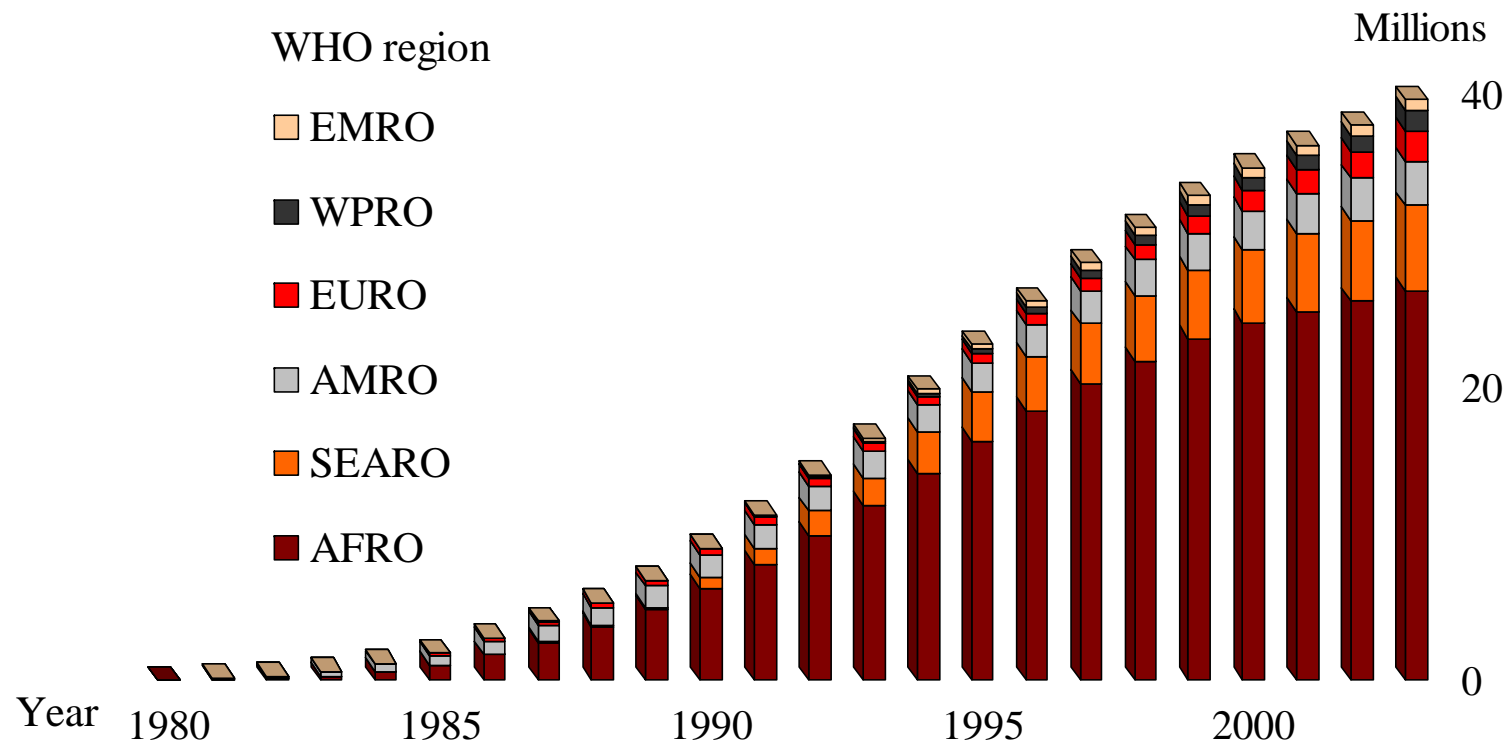


A global emergency

- 40 million people living with HIV/AIDS today
- 20 million deaths since pandemic began
- 3 million deaths and 5 million new infections in 2003



HIV infections by WHO region, 1980–2003

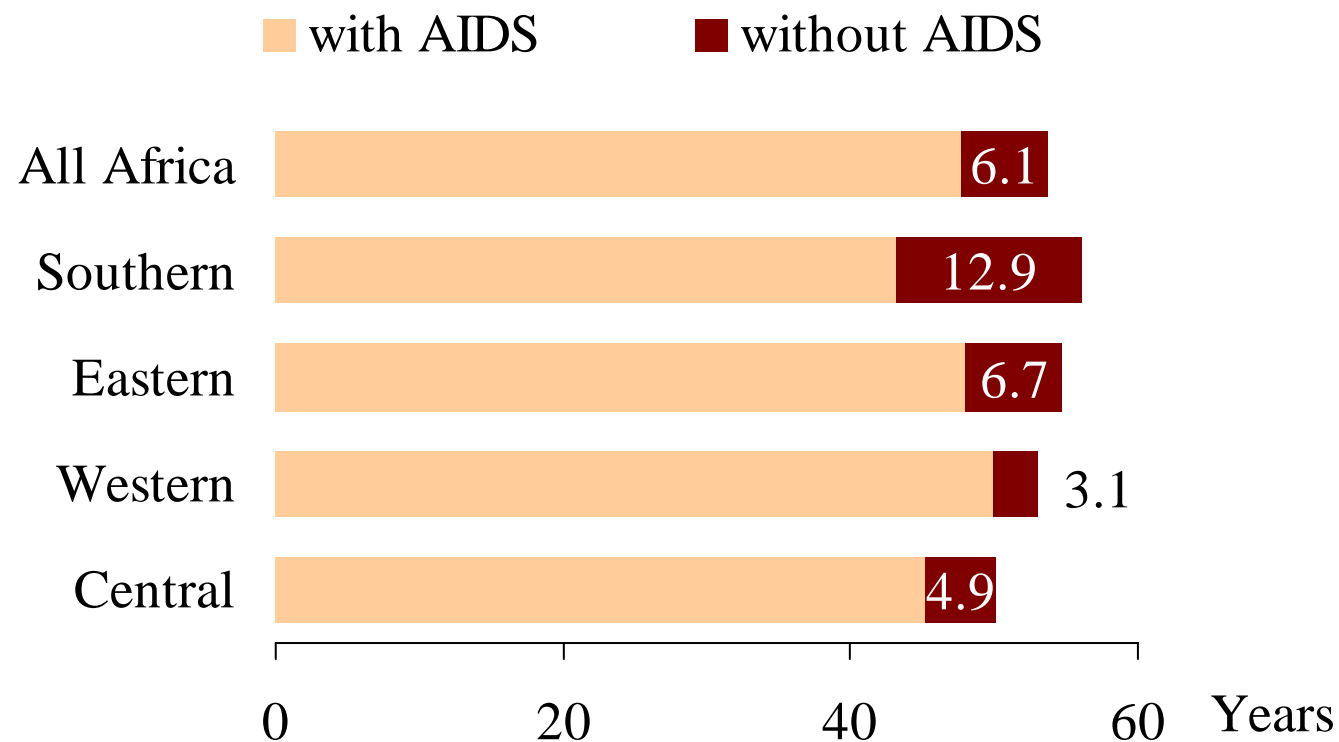


The uneven burden of HIV/AIDS

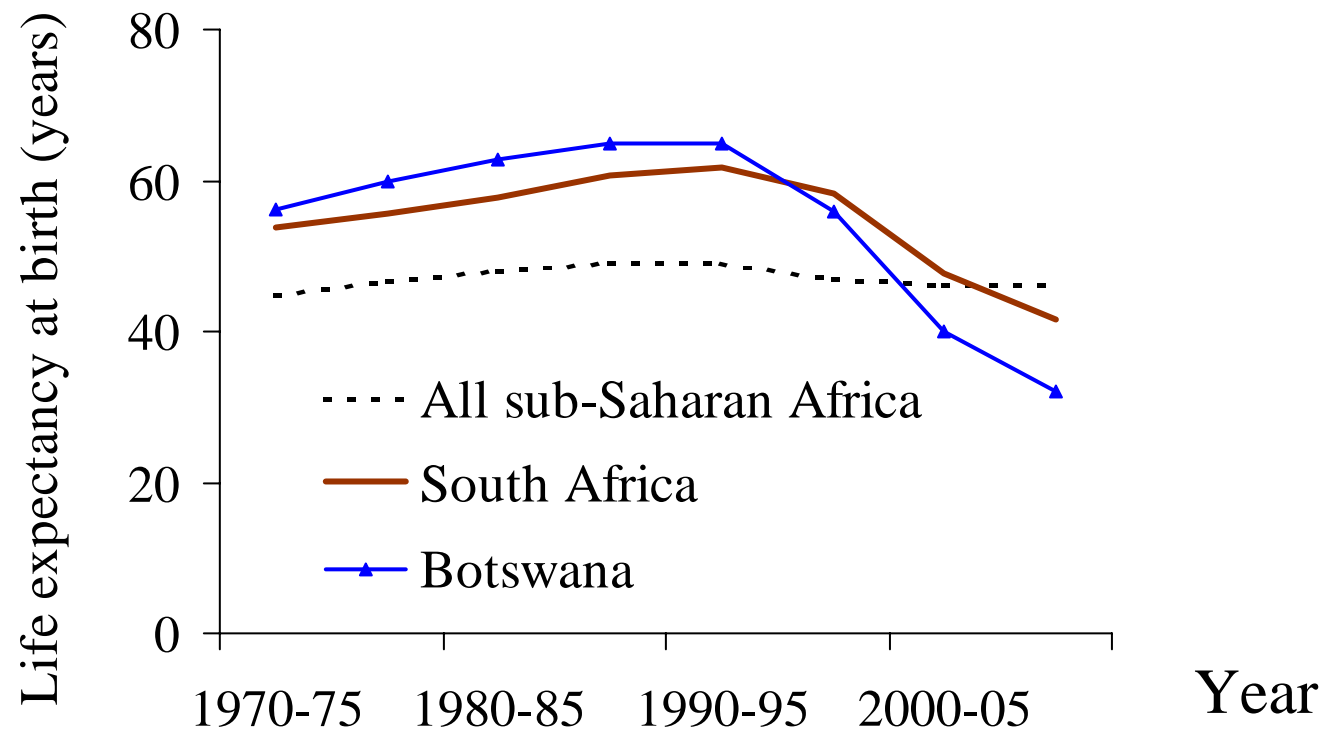
- Sub-Saharan Africa most affected region with two-thirds of world's people living with HIV/AIDS
- 1 in 12 African adults infected.
Poor, young adults and women most at risk



Life expectancy with and without HIV/AIDS in Africa, 2002



Life expectancy trends: sub-Saharan Africa, 1970–2010

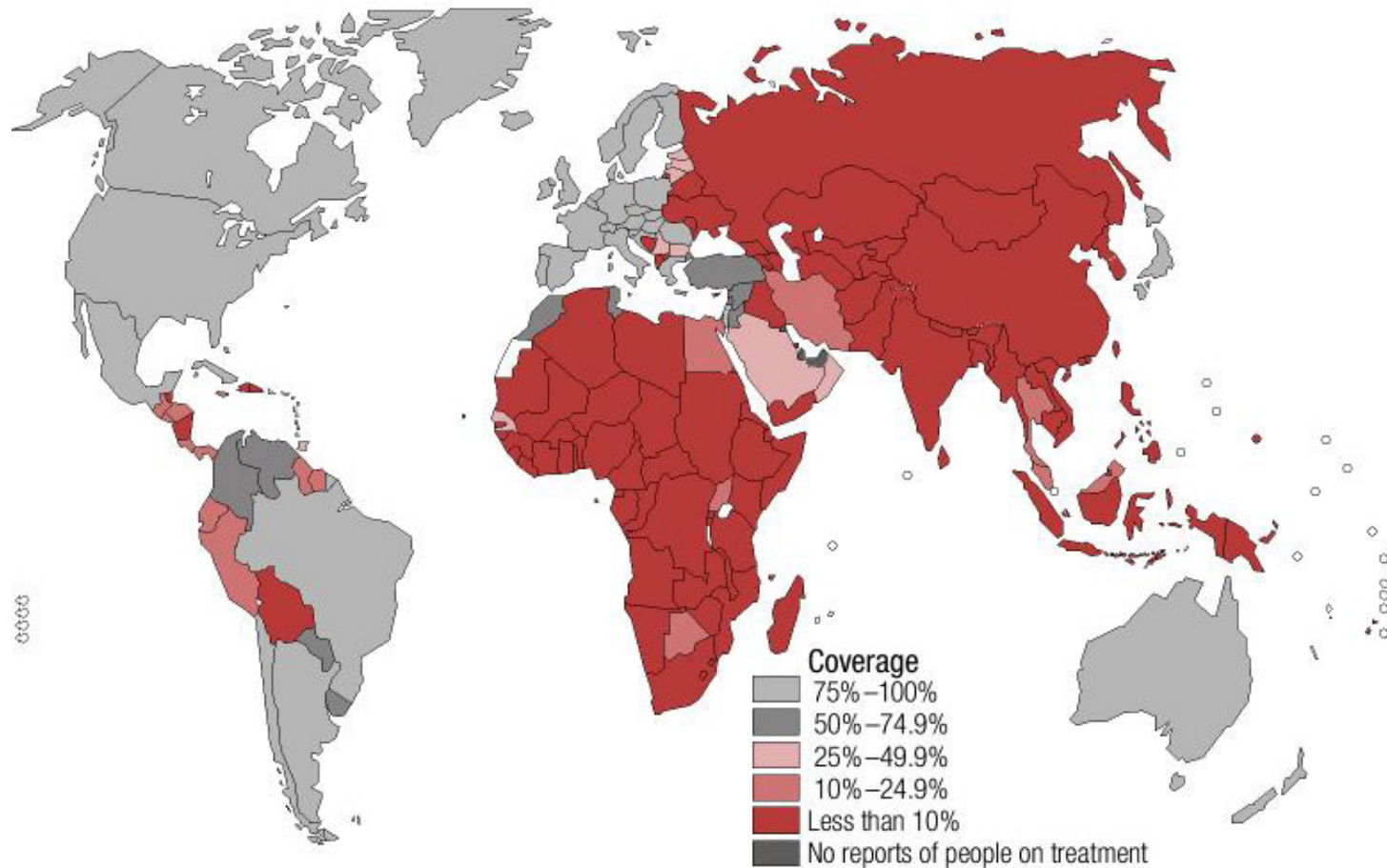


AIDS treatment gap

- **Six million** people **need** treatment
- Only **400 000** **received** it in 2003
- Over 90% of people in need are found in 34 countries (March 2004)
- Antiretroviral therapy decreased death rates by up to 80% (Europe, Americas)
- Drug prices falling



Estimated antiretroviral coverage worldwide, end 2003



*World Health Organization
May 04*



Consequences of unchecked HIV/AIDS

- Communities & families devastated
- Education systems destroyed
- Failure to hand on assets, experience, skills, knowledge (human capital)
- Health services overwhelmed



Economic and political impact

Effects felt by generations

- Long-term decline in savings and investment
- Economic slowdown in all sectors
- Vital institutions destroyed
- Political governance undermined
- Regional security threatened

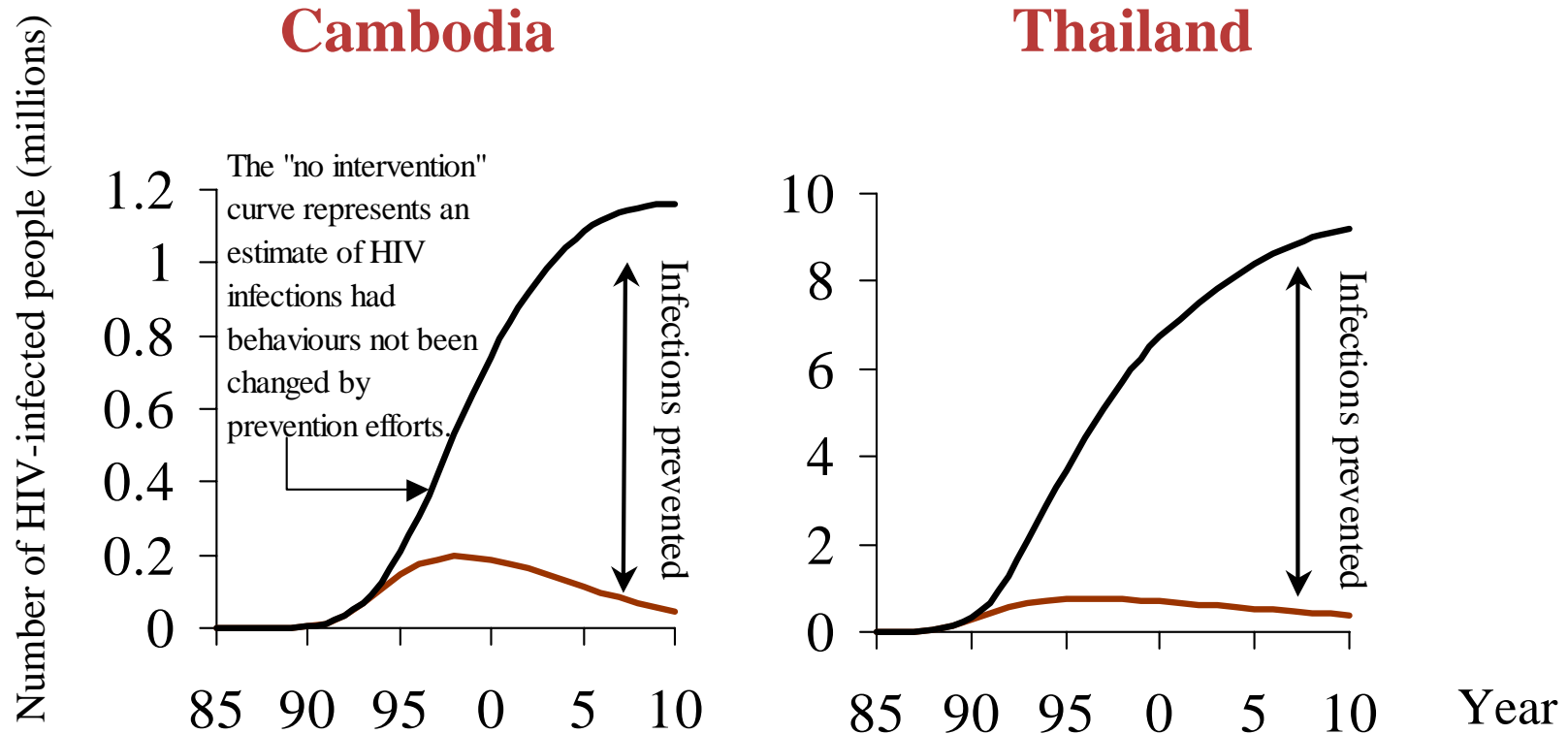


Prevention, care and support: strategies for change

- Up to 70% of new infections in 2004–2010 could be prevented
- Integration of prevention and treatment: scaling up treatment supports and strengthens prevention programmes



Prevention: current and projected impact



Preventing mother-to-child transmission

- 700 000 children infected each year
- Transmission rates as high as 45% with no treatment
- In Africa $\leq 5\%$ HIV-positive women & neonates receive interventions
- Antiretroviral drugs reduce transmission dramatically



Scaling up treatment in developing countries

Aims:

- To reduce morbidity and mortality
- To enhance prevention (e.g. increased demand for VCT, lower risk of transmission)
- To prevent social and economic disasters



Delivering treatment to 3 million people by 2005

5 pillars of WHO strategy:

- Global partnership
- Sustained country support
- Simplified, standardized treatment and care delivery tools
- Reliable medicine supply, diagnostics
- Rapid identification and application of knowledge and successes



(1) Global leadership, strong partnerships and advocacy

- WHO, UNAIDS, World Bank, GFATM and other multilateral and international partners working together
- Partners include governments, civil society, private sector, NGOs, communities, PLWHA

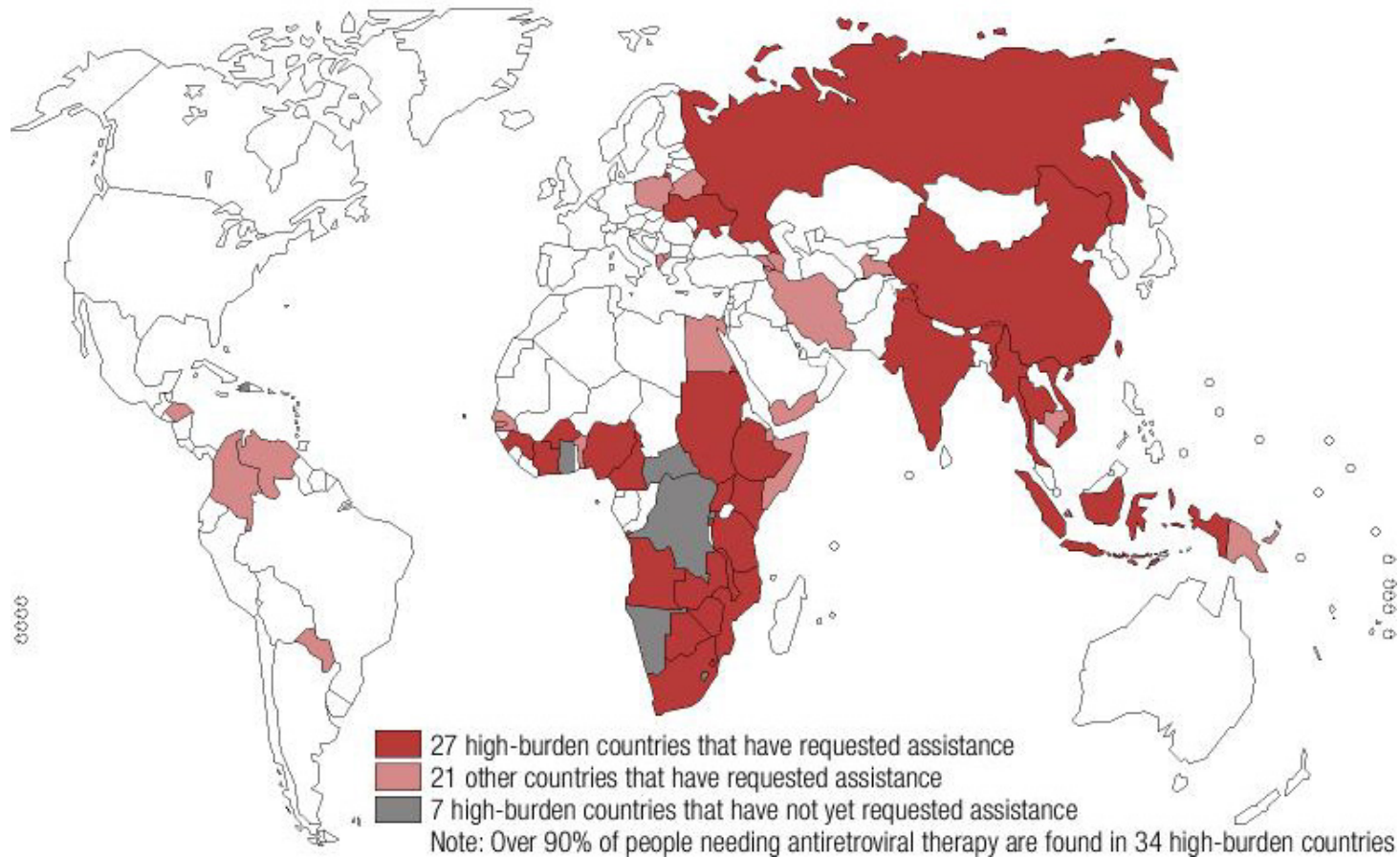


(2) Urgent, sustained country support

- WHO provides policy advice & tools
- Cooperation with countries in designing and implementing national plans



Treatment scale-up: countries that have requested assistance, March 2004



(3) Simplified, standardized tools for delivering treatment

- Model for treatment delivery in poor settings
- Guidelines for health workers continuously updated
- Clinical protocols for treatment delivery
- Guidelines for standardized monitoring and evaluation tools at patient and programme level



Simplified, appropriate, effective drug regimens

4 first-line regimens recommended:

- Widely used, highly effective
- Simplified, fixed-dose combination, low cost
- Combinations cover tuberculosis coinfection and potential pregnancy



Decentralizing treatment delivery

- Innovative system designs, treatment protocols for resource-limited settings
- Delegation of tasks: nurses or clinical officers work in physician-supervised teams
- Community health workers monitor progress, side-effects, adherence, give follow-up support



(4) Effective, reliable medicine supply and diagnostics

Medicines & Diagnostics Service

- Network hub, helping coordinate efforts to improve access to medicines
- Support services tailored to country needs
- Information for manufacturers



(5) Rapid identification & application of new knowledge, successes

WHO is:

- Documenting lessons from national treatment programmes and pilot projects in resource-limited settings
- Coordinating an agenda for operations research



Cost of achieving treatment scale-up

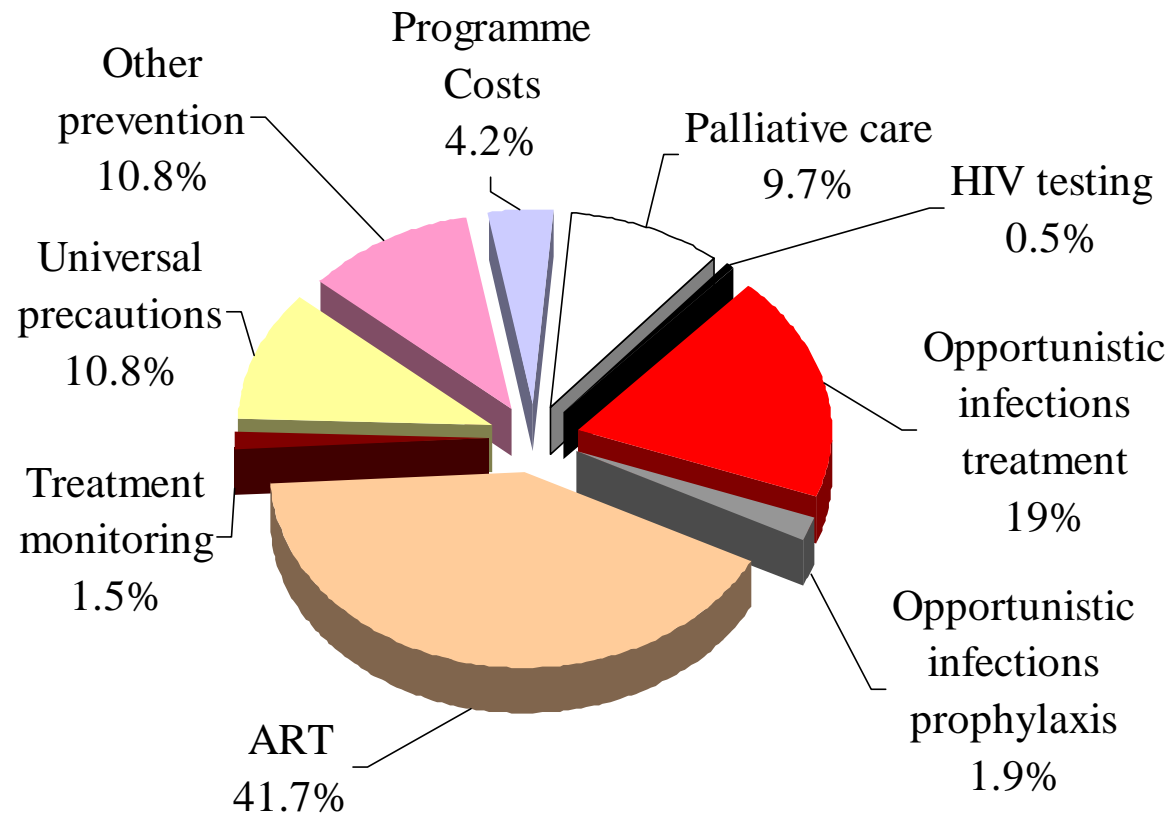
Estimated cost of treating 3 million people by end of 2005: US\$ 5.5 billion

Assumptions:

- 25% of target reached in 2004 and remaining 75% in 2005
- Medicine prices stable (significant savings if drug prices fall further)



Projected costs of scale-up 2004–2005: US\$ 5.5 billion



Community participation in public health

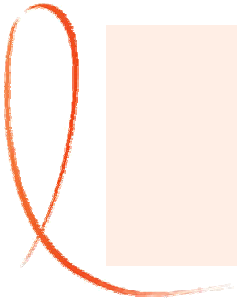
- “**Health for All**” vision: people’s right to health
- Civil society helped propel HIV/AIDS onto the international agenda
- Involvement of PLWHA at each step of the process



Community health workers: strengthening health systems

- Treatment programmes rely on community
- Mixture of incentives can be used to compensate health workers
- Programmes need budget, supervision, reliable drug supply, feedback from lessons learnt





Treatment scale-up can strengthen health systems

- Attracting resources beyond HIV/AIDS
- Spurring investment in physical infrastructure
- Helping develop procurement and distribution systems of products and commodities
- Fostering interaction with communities



NGO & private-sector providers

NGOs

- Pioneers in treatment delivery, innovative approaches

Private sector

- Firms provide treatment to employees, community
- Only a fraction of those in need get treatment in this way



Government leadership is vital

Strong central leadership, encouraging local innovation and participation

- Defining national **strategic framework**
- Building **coalitions** and maintaining stakeholders' commitment
- **Formulating/enforcing rules and incentives** for all providers
- **Strategic overview**



Health information systems and monitoring

Policy-making requires:

- Collection, analysis, and dissemination of knowledge

Importance of monitoring:

- Patient numbers
- Adherence, quality of care, drug availability
- Health systems strengthening



Service delivery and entry points for scale-up

- Most patients recruited from settings where opportunistic infections already apparent
- Patients will also be identified in other settings
- Use of primary care facilities



Health services workforce crisis

- Increase in deaths from HIV/AIDS
- Absenteeism: health workers take care of sick relatives, attend funerals
- Need to increase: payment benefits, training, protection of staff against HIV exposure at work



Financing treatment expansion in developing countries

- Around US\$ 35–40 per capita per year needed to finance a minimum service package, but expenditure often far less
- Domestic resources cannot fill gap
- Regular, flexible international aid required, which avoids adverse economic effects previously experienced



Sharing research & knowledge

New research requires innovative approaches to gathering, managing and sharing of information

International collaboration

- Quicker generation of research findings
- Consensus on standards for research
- Research capacity strengthening



20 years of research – no vaccine yet

- Extensive genetic diversity of HIV
- Vaccine development faces hurdles of manufacturing, clinical trials, regulation and delivery
- Need to increase **resources and collaboration** (global enterprise)



New antiretroviral drugs

Entry inhibitors: prevent virus entry into cells (*launched in 2003*)

- Most important new wave of drugs
- Target human rather than viral cells

Integration inhibitors:
prevent entry of virus into host genome
(*future*)



Operational research: making care and treatment available to all

- Helping to coordinate the roles of care providers
- Optimizing therapeutic regimens for scaling up therapy
- Monitoring, evaluating treatment scale-up impact in resource-limited settings
- Creating learning systems at all levels to disseminate, apply findings quickly



Equity issues

Avoiding wider inequalities by

- Setting up resource allocation systems
- Ensuring HIV/AIDS efforts do not weaken other health programmes

Reviewing patient information to ensure equal medication access

Recognizing patients' rights; gender, stigma





Conclusion

“This is a crucial moment in the history of HIV/AIDS, and an unprecedented opportunity to alter its course.”

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