Conclusions and Recommendations

Solid progress has been made in expanding access to treatment over the last 18 months, and the first half of 2005 has seen an acceleration in the growth in numbers of people on treatment in the Africa and Asia regions, where almost nine out of 10 people who do not yet receive treatment live. Despite these efforts, it is unlikely that the target of 3 million people on treatment in low-and middle-income countries can be reached by the end of 2005.

This report has highlighted a number of the major obstacles to scaling up antiretroviral treatment and accelerating HIV/AIDS prevention efforts. Based on their assessment of progress and obstacles to date, WHO and UNAIDS make the following recommendations:

Political Commitment

- Countries must continue to increase their high-level political commitment for a comprehensive response to HIV/AIDS, including ART scale-up. In particular, "3 by 5" focus countries that do not have national treatment targets and ART scale-up plans should put these in place as quickly as possible.

Financial Sustainability

- UNAIDS estimates that at least an additional US$18 billion above what is currently pledged is needed for global HIV/AIDS efforts over the next three years, including treatment, care and prevention. Donors should continue to increase their financial commitments, and work with countries to develop long-term funding arrangements that assure sustained and predictable support.

- Countries should continue to increase their own financial commitments to HIV efforts. The 10 "3 by 5" focus countries that are immediately eligible for debt relief under the new G8 debt relief proposal should quickly reallocate resources from debt payment to HIV/AIDS efforts.

- Countries and donors should finance ART programmes at a level that does not require poor patients to pay any service fees at the point of service delivery.

Human Resources and Supply Management

- Countries and partners should implement simplified and standardized ART regimens and clinical monitoring procedures that maximize the number of people who can receive quality HIV treatment.

- In many countries, a lack of doctors and nurses to deliver ART is a major bottleneck to scaling up treatment access. Countries and partners should shift from a physician-centred model of delivering ART and increase the number of non-physician health workers who are trained in simplified and standardized approaches for safely and effectively administering ART.

- Countries and partners should invest in improved medicines supply management, including systems to reliably forecast the need for supplies at each treatment site, and systems to store adequate quantities of supplies at central locations from which they can be efficiently transported.

Integrating Treatment and Prevention

- Whenever possible, HIV treatment should be scaled up alongside prevention, so that health workers and service sites are equipped to deliver an essential package of HIV treatment and prevention interventions. These include offering HIV treatment, testing, and counselling at the same sites, and training health workers to deliver both ART and prevention messages and interventions.

Equitable Access

- To ensure that ART access is equitable by sex, age, location and other factors, countries and partners should improve their systems for monitoring ART coverage.

- To increase the number of children receiving ART, new medicine formulations for children are urgently needed, and current costs must be reduced. In many countries, greater on-the-ground expertise in managing ART in children needs to be built up.

- Countries and partners should work to develop and implement innovative programmes for delivering ART to hard-to-reach populations, including injecting drug users and sex workers, and people living in areas where there is major conflict or social instability.

Coordinating Support and Evaluation

- Donors and partners should better coordinate their financial and technical support to countries, by establishing a rational process for determining support needs on a country-by-country basis and then establishing mechanisms to facilitate rapidly-delivered support. Donors and partners should also better coordinate their monitoring and evaluation of the programmes that they support. One forum for promoting better coordination is the UNAIDS Global Task Team, which has made bold and innovative recommendations to address these needs.

WHO, UNAIDS, and other UN agencies are in the process of assigning additional financial resources and staff to provide countries and other partners with increased technical assistance in each of the above priority areas. WHO is focusing in particular on helping implement simplified and standardized treatment and prevention approaches, training health workers, ensuring equitable treatment access, expanding testing and counselling, improving procurement and supply management at the global and country levels, and improving monitoring of access to ART and other essential health services.

“3 by 5” began as an urgent call for immediate action. Although progress has been slower than expected, many countries now stand at a historic turning point. The target should therefore be seen, not as an end in itself, but as an important milestone in the long-term global effort to achieve the collective goal of universal access to a package of essential HIV/AIDS prevention and treatment interventions. Ultimately, the response to HIV/AIDS must also continue to drive a global agenda that sustains and increases momentum towards attaining the broader health and development objectives set out in the Millennium Development Goals.