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## Foreword

Over the past two decades, the HIV/AIDS epidemic has continued to illuminate obstacles to progress in the global development agenda. Of eight key areas covered by the Millennium Development Goals, six – reduced poverty and child mortality, increased access to education, gender equality, improved maternal health and efforts to combat major infectious diseases – are being undermined by high rates of HIV in many low- and middle-income countries.

Since the cause of AIDS was identified in the early 1980s, standards of treatment and care have evolved considerably, primarily in high-income countries. Yet, the human immunodeficiency virus (HIV) has spread across political, economic and social boundaries much more quickly than have clinical and public health responses. Until recently, antiretroviral therapy (ART) was accessible only to the fortunate few, while millions were denied their fundamental right to benefit from the advances of science.

In recent years an international consensus has emerged on the need to fight HIV/AIDS with a comprehensive response, including treatment, care, prevention and impact mitigation. There has been a sharp increase in available funding for HIV/AIDS in low- and middle-income countries, which has marked a new era in international public health, focused on providing access to treatment, care and prevention for the people most in need, despite poverty and other daunting obstacles. In response to the opportunity presented by these new resources, WHO and the UNAIDS Secretariat set an urgent challenge for the UN system and the global community as a whole: the "3 by 5" target of providing ART to 3 million people living with HIV/AIDS in low- and middle-income countries by the end of 2005. This corresponds to treating just half of those in need.

The collective efforts of many countries and their international partners have generated real momentum in scaling up HIV treatment and prevention. "3 by 5" has helped to show how targets can shift debates, helping us to move from "if" ART can be provided in resource-limited countries, to "when", and now, to "how" it can be done most effectively. As documented in this report, many countries are showing the world how. From crowded metropolis to isolated village, structures are being put into place that allow hundreds of thousands of people to access a level of medical care that, just a short time ago, was unimaginable.

Understanding current bottlenecks to rapid scale up of HIV treatment and prevention is of critical importance, not only in efforts to meet interim national targets but also in ensuring universal access in the long term. This interim progress report therefore highlights not only the progress to date, but also the major obstacles that remain. A detailed report to be published at the end of 2005 will provide in-depth data and analysis on progress made at country level.

The lessons learnt so far confirm that success in the global fight against HIV/AIDS does not come without great effort. Nor does it depend on any single country, organization or individual.

We must continue working towards it together.



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