Executive Summary

Since late 2003, when WHO and UNAIDS launched a strategy for ensuring treatment for 3 million people living with HIV/AIDS in low- and middle-income countries by the end of 2005 (the "3 by 5" target), coverage of antiretroviral therapy (ART) in these countries has more than doubled – increasing from 400 000 to approximately 1 million people receiving treatment at the end of June 2005. To date, 14 of these countries are providing ART to at least 50 per cent of those who need it, consistent with the "3 by 5" target.

The current momentum in expanding treatment access in sub-Saharan Africa, where the burden of disease is greatest, is especially encouraging. Approximately 500 000 people in the region are receiving treatment, a three-fold increase in the last 12 months. Overall, scale-up appears to be accelerating, with about 150 000 and then about 200 000 more people on treatment in successive six-month periods. Most African countries report that demand for treatment is outstripping their capacity to supply it, and stress their urgent need for increased resources and technical support in order to maintain their momentum in scaling up.

Progress in Asia, the region with the second highest need for treatment, has also been significant, with the number of people receiving treatment increasing nearly three-fold – from 55 000 to 155 000 – in the last 12 months.

In eastern Europe and central Asia, the number of people on treatment has almost doubled in the last 12 months, from 11 000 to 20 000 people. The majority of countries in this region aim to be providing universal access by the end of 2005, but this does not include the two countries with the largest unmet treatment need, the Russian Federation and Ukraine.

In Latin America and the Caribbean, WHO estimates that the total number of people on treatment grew from 275 000 to 290 000 in low- and middle-income countries during the first half of 2005, which indicates that about two out of three people who need treatment in this region are receiving it. The most populous countries in the region - including Argentina, Brazil and Mexico - already have relatively high coverage, but several other countries are lagging behind. In north Africa and the Middle East, coverage remains low at about 5 per cent with little change in the number of people on treatment, currently estimated at about 4 000.

The momentum achieved to date in scaling up HIV treatment access has been the result of a broad range of local, national, regional and international efforts, including, first and foremost, those of many of the most highly affected countries. These efforts have been supported by resources from the Global Fund to Fight AIDS, TB and Malaria (the Global Fund), the United States President's Emergency Plan for AIDS Relief and other bilateral donors, the World Bank, international non-governmental organizations (NGOs) and the private sector, with technical support from United Nations agencies and many other organizations.

The estimate of approximately 1 million people now on treatment falls short of the milestone of 1.6 million set in the WHO/UNAIDS "3 by 5" strategy for June 2005. Current data and trends indicate that providing ART to 3 million people by the end of 2005 will be unlikely. However, there is reason to be hopeful that growth rates will continue to increase in the remainder of 2005 and beyond. Although less than what is needed, an estimated US$27 billion are available or have been pledged for HIV/AIDS globally from all sources for the three-year period 2005-2007. At the same time, substantial political commitment to moving forward is evident in the many countries that have translated the global "3 by 5" target into ambitious but feasible national treatment targets.

This interim report on global efforts to increase access to ART focuses primarily on understanding the reasons for the successes and failures of scaling up HIV/AIDS interventions in different settings. The report also makes recommendations concerning the approaches needed to overcome major bottlenecks, as well as the need for sustainable financing mechanisms and greater harmonization of effort by technical and financing partners at country level. A comprehensive report and country-specific analysis of access efforts and obstacles that remain will be released at the end of 2005.

Progress and challenges in countries

The “3 by 5” target has been an important element in the overall international effort to build momentum for expanded access to ART. Progress at the country level is encouraging. Invaluable experience has been gained, and the need for both increased financial and technical assistance has become evident in order to keep moving forward.

The governments of many of the most highly affected countries have risen to the challenge of “3 by 5”. Of a total of 49 focus countries, 40 have set national treatment targets, up from only four in December 2003. Thirty-four of these countries are developing, or have completed, national treatment scale-up plans, up from only three countries 18 months ago. Many have committed their own resources to scale-up and are rapidly expanding the number of HIV testing, treatment and care sites.

The experience of these countries provides further evidence that large-scale HIV treatment access is achievable, effective and increasingly affordable, even in the poorest and most challenging settings. At the same time, the challenges of expanding coverage beyond current levels and building sustainable systems to support it remain significant. In particular, the need to build consistent high-level political commitment and the necessary sense of urgency remains in several countries where these prerequisites of a successful response are needed most.

Even where strong commitment exists and treatment programmes are now in place, obstacles to scaling up persist. These include concerns about financial sustainability and the need for more and better coordinated technical support; insufficient availability of simple dosing formulations and a lack of easy-to-administer, palatable drugs for children; weak procurement and supply management systems for medicines and diagnostics; and the need to implement service models that standardize and streamline health care delivery, build sustainable human resources capacity, and integrate HIV treatment and prevention with reproductive health and other disease control programmes at the different levels of the health system. Accelerating prevention efforts remains an important challenge for all countries, including in low-prevalence settings.

Experience to date provides models for improving the response in each of these critical areas, much of which is detailed in this report.

Data collected to date suggest that access to ART is relatively equitable for men and women. However, monitoring systems need to be strengthened in all regions to ensure that treatment is being provided in an equitable manner. Despite some progress, significant barriers persist in ensuring access to treatment and care for marginalized groups, such as injecting drug users and sex workers.

Presenting data for the first time on the number of children in need of ART, this report highlights the urgency of scaling up access to HIV care and ART for HIV-infected children – half of whom will die before their second birthday in the absence of treatment. An estimated 660 000 children – mainly in sub-Saharan Africa - are currently in need of ART and an estimated 4 million in need of cotrimoxazole prophylaxis.

Despite initial concerns that HIV treatment could divert both resources and attention away from prevention, it is now clear that treatment scale-up actually increases opportunities to undertake effective prevention. Evidence is emerging that the availability of ART leads to an upsurge in demand for HIV counselling and testing services. New approaches to testing and counselling, including family and couples testing and counselling, the more routine offer of testing in health settings - as recommended by WHO and UNAIDS since 2004 - and home-visit testing and counselling, are gaining increasing acceptance. As more people become aware of their HIV status and access treatment and care, new opportunities are also arising to provide prevention counselling and commodities, including for people living with HIV/AIDS, as an essential part of the continuum of care. Regardless of the setting, protecting the human rights of those taking the HIV test remains crucial as access to testing expands.

"3 by 5" and beyond

The "3 by 5" target emerged along with the upsurge in commitment and new resources that accompanied the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in July 2001. An analysis of resource needs completed at that time indicated that a coverage target of 3 million on ART in low- and middle-income countries would be feasible by 2005 if global treatment access efforts were supported by full political commitment and increased resources, and if countries successfully undertook a range of activities to rapidly expand services and build health systems capacity. The "3 by 5" strategy was published in December 2003 and thereafter was endorsed by all 192 Member States of WHO.

While the ideal envisaged in 2001 has not yet been achieved, momentum and commitment in many countries are yielding solid results which provide the basis for continued expansion of access to treatment, care and prevention. Several obstacles must still be overcome. Increased attention is now being given to improving coordination among the technical and financial partners working at country level, notably through the Global Task Team process being convened by UNAIDS, which is working to improve coordination among multilateral institutions and international donors, and to help secure sustainable global financing for HIV/AIDS. Innovative mechanisms for meeting technical support needs have been established and rapid harmonization of financing, monitoring and evaluation mechanisms has become a top priority.

This report highlights 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 currrently 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 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.

The fight against AIDS is not an isolated struggle, but sits at the core of the development agenda. “3 by 5” needs to 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 comprehensive 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.