

Foreword

The World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) jointly launched the "3 by 5" strategy in December 2003, with the objective of helping low- and middle-income countries provide treatment to 3 million people living with HIV/AIDS by the end of 2005. The "3 by 5" target challenged governments, foundations, corporations and the United Nations system to scale up access to antiretroviral therapy as quickly and effectively as possible. The objective was both to deliver drugs and to build health care capacity by mobilizing donor country and national resources, training health care workers, educating communities, expanding testing and counselling and scaling up HIV prevention.

The "3 by 5" target has not been met on time. However, the ongoing effort to expand access to antiretroviral therapy has brought about positive change and has paved the way for far greater advances towards the ultimate goal of universal access to HIV treatment and care. In two years, the number of people receiving antiretroviral therapy in low- and middle-income countries has more than tripled, and access to antiretroviral therapy in the world's hardest-hit region, sub-Saharan Africa, has increased by more than 800%. Today, more than 1.3 million people in low- and middle-income countries are receiving treatment. In 2005, between 250 000 and 350 000 deaths were averted because treatment is available. Every year of life gained provides greater economic stability, food security and educational opportunities for the families of those living with HIV/AIDS and strengthens their wider communities.

What we have learned since the initiation of this effort is both sobering and encouraging. First, the global public health paradigm does not change easily. Social and economic conditions that have caused the collapse of public health systems cannot be corrected overnight. Inadequate health care infrastructure and shortages of trained workers, affordable drugs and diagnostics will still hamper public health efforts for years to come. Stigma and discrimination remain two of our most stubborn obstacles. The response of international donors and national funders, while ever more robust, has not been sufficient to meet this enormous challenge.

At the same time, "3 by 5" has confirmed that HIV treatment can be provided even in the most challenging settings. Public health systems can be rebuilt, piece by piece. The global dialogue on access to treatment has changed for good and, with this, our hope of tackling not just HIV but other diseases of poverty as well. This change in our expectations has been one of the fundamental achievements of "3 by 5".

The challenge now is to build on the successes and overcome the obstacles outlined in this report. The goal is to come as close as possible to universal access to treatment by 2010, as recently endorsed by G8 (Group of Eight countries) leaders and United Nations Member States at the High-Level Plenary Meeting of the United Nations General Assembly in September 2005.

We will continue to learn from the experiences outlined in this report as we move forward towards our ultimate goal of providing universal access to HIV prevention, treatment, care and support for the millions of people who still need it.

LEE Jong-wook
Director-General
World Health Organization

Peter Piot
Executive Director
Joint United Nations Programme
on HIV/AIDS (UNAIDS)