3. Political commitment and partnerships

3.1 Political and financial commitment

Building on years of advocacy by treatment activists and civil society groups, the "3 by 5" target has contributed to the significant increase in commitment to scaling up antiretroviral therapy and other interventions for HIV/AIDS both at the global and national levels since December 2003. When the "3 by 5" strategy was launched, only 3 of the 49 most heavily burdened and vulnerable countries – the "3 by 5" focus countries (Annex 3) – had developed national plans to scale up access to antiretroviral therapy. By December 2005, 46 of these countries had either developed or were in the course of developing national treatment plans. The number of "3 by 5" focus countries that had declared a national treatment target increased from 4 to at least 40 in the same two-year period. Many more countries have reported that the "3 by 5" target has contributed significantly to mobilizing and accelerating treatment scale-up.

In recent months, several countries have demonstrated their commitment to ensuring not only that treatment programmes are scaled up but that they are sustained over the long term (Box 8). The Russian Federation, for example, has recently increased its federal AIDS budget 18-fold, from less than US$ 6 million in 2005 to nearly US$ 107 million in 2006, about half of which will be for treatment. The Russian Federation has also recently doubled its contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

In China, the central government has continued to increase its investment in HIV/AIDS prevention and care, with the total national budget for HIV/AIDS prevention and care (including international sources) rising from about US$ 49 million in 2003 to US$ 100 million in 2005. Domestic spending on HIV/AIDS has risen from less than US$ 12.5 million in 2003 to US$ 26 million in 2005. The Government of China has strengthened cooperation and exchange with UNAIDS, WHO and other United Nations agencies as well as with the United Kingdom, the United States, Australia and other countries. Currently, international cooperation projects are underway in all 31 provinces and autonomous regions of the country.

In sub-Saharan Africa, many countries are showing their commitment to tackling AIDS by increasing domestic budget allocations for the disease. Between 2003 and 2004, Senegal increased its HIV/AIDS budget from US$ 12 million to US$ 19 million and Burkina Faso from US$ 24 million to US$ 35 million. South Africa has committed almost US$ 1 billion of its own resources to HIV/AIDS over a three-year period, much of which is for antiretroviral therapy.

Box 8. Guyana scales up with strong commitment to universal access

With 2.4% of its population of 800 000 infected by HIV, Guyana has the second highest HIV prevalence in Latin America and the Caribbean. The country is facing this challenge, however, with a multifaceted response, backed up by strong political leadership and international support. As a result, 1200 Guyanese were receiving antiretroviral therapy at the end of 2005 – a two-fold increase from the end of 2004. (This represents 50% of those who needed antiretroviral therapy in 2005.)

Leadership, planning and partnerships account for much of this progress. Guyana established a policy of universal access to prevention, treatment and care in 2001; however, real scale-up only became possible in 2004, when the country began to attract major funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, the United States President's Emergency Plan for AIDS Relief and the Canadian International Development Agency. A Presidential Commission on HIV/AIDS oversees programming, and the Minister for Health is personally involved, working closely with fellow ministers and international partners to harmonize their work.

With the support of United Nations technical agencies, the United States Centers for Disease Control and Prevention and nongovernmental organizations, Guyana has provided intensive training to health care workers to expand voluntary counselling and testing, which is now routinely offered free of charge at clinics for TB, malaria and elective surgery. Health care workers have also been trained in preventing mother-to-child transmission, and the country is intensifying efforts to build capacity for HIV treatment and laboratory support (including CD4 testing). Support from the United States President's Emergency Plan for AIDS Relief and the Global Fund has allowed Guyana to provide antiretroviral therapy free of user charges and to improve drug procurement, storage capacity and distribution systems. The country recently developed a National HIV/AIDS Strategic Plan, which aims for universal access to HIV prevention, treatment and care by 2010 and calls for more concerted efforts to expand access to these services among sex workers, prisoners, men who have sex with men and other marginalized groups.

Globally, the "3 by 5" target has also had an important catalysing effect and is being acknowledged as an important step in a longer-term global effort to realize the Millennium Development Goals. In May 2004, 192 WHO Member States unanimously endorsed the "3 by 5" target at the World Health Assembly. To maintain momentum and build upon the progress made so far, in July 2005 leaders of the G8 countries announced their intention to "work… with WHO, UNAIDS and other international bodies to develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access to treatment for all those who need it by 2010". All United Nations Member States subsequently endorsed this goal at the High-Level Plenary Meeting of the 60th Session of the United Nations General Assembly in September 2005.

The commitment of international donors to an expanded response to HIV/AIDS has grown markedly in recent years, with global expenditure on HIV/AIDS increasing from US$ 4.7 billion in 2003[19] to an estimated US$ 8.3 billion in 2005 (Box 9).[20] A significant proportion of funding is now being provided by the World Bank's Multi-Country HIV/AIDS Program for Africa and Caribbean Multi-Country HIV/AIDS Prevention and Control Adaptable Lending Program, the United States President's Emergency Plan for AIDS Relief and the Global Fund. However, UNAIDS estimates that up to US$ 22 billion per year will be needed to finance a comprehensive response by 2008.

WHO has benefited directly from the growing commitment of international donors. The leadership of the Government of Canada in supporting its HIV/AIDS work, with CDN$100 million over two years, gave a major boost to the "3 by 5" effort. This commitment encouraged a host of new government donors to come forward – such as Iceland, Luxembourg and Spain – while traditional donors maintained or increased their levels of support for WHO. Italy, Norway, Sweden, the United Kingdom and the United States, for instance, each contributed between US$ 5 million and US$ 23.5 million during 2004–2005, and about a dozen other governments and nongovernmental donors contributed a total of US$ 23.9 million to WHO

19 *Report on the global AIDS epidemic*. Geneva, UNAIDS, 2004 (http://www.unaids.org/bangkok2004/report.html, accessed 13 February 2006).

20 *Resource needs for an expanded response to AIDS in low- and middle-income countries*. Geneva, UNAIDS, 2005 (http://www.unaids.org/en/Coordination/FocusAreas/MobilizationResources.asp, accessed 13 February 2006).

HIV/AIDS programming. This increased support allowed WHO to recruit more than 120 professional staff at the regional and country levels, including dedicated officers or teams to assist on the ground with scaling up treatment in 41 of the 49 "3 by 5" focus countries.

Activists and civil society groups played a pivotal role in making the case for funding of the "3 by 5" effort, and their influence will continue to be critical in ensuring that the resources needed to achieve universal access are forthcoming.

Box 9. Leaders in mobilizing resources for HIV treatment

The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund was established in 2002 to rapidly mobilize significant additional international funds to fight the three diseases in low- and middle-income countries. Raising funds through public-private partnerships, the Global Fund disburses grants to governments, communities and nongovernmental organizations.

The Global Fund's approach stresses national ownership and country-driven initiatives, stringent, independent technical reviews of proposals and a quick disbursement process for programmes that are currently inadequately funded.

At present, the Global Fund receives support from more than 45 countries as well as private foundations, corporations and individuals. As of December 2005, the Global Fund had allocated US$ 3.5 billion to 323 initiatives in 130 countries. The future value of all currently awarded Global Fund grants totals an estimated US$ 8.9 billion. Of the money awarded, more than half is for HIV/AIDS and 60% is for programmes in sub-Saharan Africa.

The Global Fund's major contributors (contributing US$ 100 million or more) are Canada, the European Commission, France, Germany, Italy, Japan, the Netherlands, the United Kingdom, the United States and the Bill & Melinda Gates Foundation.

For more information, visit www.theglobalfund.org/en.

The United States President's Emergency Plan for AIDS Relief

The United States President's Emergency Plan for AIDS Relief is a five-year, US$ 15 billion programme to fight HIV/AIDS in 15 focus countries launched by United States President George W. Bush in 2003. It is the largest international health initiative ever undertaken by one country to address a single disease.

The Emergency Plan seeks to encourage bold leadership at every level to battle HIV/AIDS. In the 15 focus countries, the Emergency Plan aims to provide treatment to 2 million people, prevent 7 million HIV infections and provide care to 10 million people infected and affected by HIV/AIDS by 2008. The Emergency Plan also aims to allocate US$ 9 billion to support programmes in the 15 focus countries, US$ 5 billion to support ongoing bilateral relationships in more than 100 other countries and provide US$ 1 billion to the Global Fund.

For more information, visit www.usaid.gov/our_work/global_health/aids/pepfar.html.

The World Bank

The World Bank's HIV/AIDS work focuses on preventing the further spread of HIV; promoting development of countries' health policies and multisectoral approaches (such as by working in education, social safety nets, transport and other vital areas); and expanding care, treatment and support for those affected by HIV/AIDS and their families.

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In the past five years, the World Bank's commitments to HIV/AIDS have exceeded US$ 2.5 billion. Funding for AIDS in Africa has risen from an average of US$ 10 million annually in 1995 to US$ 300 million annually from 2002 to 2005. The World Bank Multi-Country HIV/AIDS Program for Africa has committed US$ 1.12 billion for 29 countries and four regional projects, and the Caribbean Multi-Country HIV/AIDS Prevention and Control Adaptable Lending Program has committed US$ 118 million for nine countries and one regional project.

For more information, visit http://www.worldbank.org.

Canadian International Development Agency (CIDA)

The Canadian International Development Agency, the development agency of the Government of Canada, was the largest donor to WHO's programme in support of "3 by 5". Its CDN$ 100 million grant enabled WHO to undertake the technical guidance and support to countries set out in the "3 by 5" strategy, including the unprecedented strengthening of its capacity at the country level by recruiting dedicated "3 by 5" officers and other staff.

The Canadian International Development Agency also supports a variety of other HIV/AIDS programmes. Canada has contributed more than CDN$ 550 million to the Global Fund, of which more than CDN$ 250 million was pledged for the period 2006–2007. The Agency also provides substantial support to both the International AIDS Vaccine Initiative and the International Partnership for Microbicides. Along with the other members of the G8, Canada has pledged its support for the goal of coming as close as possible universal access to antiretroviral therapy by 2010.

In August 2006, Canada will host the XVI International AIDS Conference in Toronto.

For more information, visit www.acdi-cida.gc.ca/index-e.htm.

3.2 Partnership and coordination

Efforts to achieve the "3 by 5" target have helped to mobilize a broad-based partnership including governments, UNAIDS Cosponsors and Secretariat, bilateral and multilateral donors, community- and faith-based organizations, academic institutions and international nongovernmental and philanthropic organizations working to expand access to HIV/AIDS treatment at the global, regional and country levels. Between 2003 and 2005, more than 200 organizations indicated their intention to work with WHO or otherwise contribute to attaining the "3 by 5" target.

"3 by 5" has helped to foster new cooperation among unions, employers' associations and technical agencies addressing HIV/AIDS. For example, two of the world's largest groupings of trade unions, the Global Unions Federations and the International Confederation of Free Trade Unions (which together represent 332 million workers), joined with WHO, UNAIDS, the International Labour Organization, leaders of major unions in sub-Saharan Africa and the International Organization of Employers to identify ways to mobilize their memberships to advocate for universal access to HIV prevention, care and treatment. Major employers in South Africa have shown leadership in developing HIV prevention and treatment programmes for their employees.

"3 by 5" has also fostered new ties among faith-based organizations, major HIV/AIDS donors and technical agencies (Box 10). It is estimated that faith-based organizations provide up to 40% of the health care infrastructure in sub-Saharan Africa. Catholic Relief Services, the international relief and development agency of the United States Catholic community, for example, is the consortium leader for a US$ 335 million antiretroviral therapy project funded by the United States Centers for Disease Control and Prevention through the United States President's Emergency Plan for AIDS Relief aiming to provide antiretroviral therapy to 138 000 people in Africa, the Caribbean and Latin America by 2008. Catholic organizations are also sub-recipients of Global Fund grants in a number of countries, including Gambia, Kenya, Namibia, South Africa and Thailand.

Box 10. Mapping faith-based HIV/AIDS services

Which churches and religious organizations are providing antiretroviral therapy? How many people are they treating? And what other services, such as support groups, sewing groups, child care and subsidies for basic food and provisions, are these organizations providing? Few low- and middle-income countries have detailed answers to these questions, even though it is estimated that faith-based organizations provide up to 40% of the health care infrastructure in sub-Saharan Africa. A first-ever mapping initiative led by a group of researchers from Africa and the United States, including the Rollins School of Public Health in Atlanta, in collaboration with WHO, is working to fill this knowledge gap. The initiative focused first on Lesotho and Zambia in 2005. Its findings about the level and quality of services provided by faith-based organizations will help decision-makers and major funders to assess coverage and gaps and to accelerate scaling up of prevention, care and treatment. The Governments of Botswana and Kenya are undertaking similar mapping exercises.

"3 by 5" has also encouraged new partnerships among health care providers and people living with HIV/AIDS that have helped create the conditions for more patient-centred care in a growing number of low- and middle-income countries. These approaches are preparing thousands of people to manage their adherence to treatment, which will likely result in better clinical outcomes for people receiving antiretroviral therapy and stronger health care systems as people become increasingly able to oversee their own treatment, freeing up health care workers to help others. People who are well informed about their treatment options are also better equipped to advocate for their rights.

A successful initiative in this area is the Collaborative Fund for HIV Treatment Preparedness, a joint venture of 20 international donors, WHO, the International Treatment Preparedness Coalition and the Tides Foundation. In 2005, the Collaborative Fund provided technical and financial support to more than 200 community groups around the world to undertake treatment literacy activities. These resources are helping to train thousands of people living with HIV/AIDS in managing their care and to equip thousands of others with the knowledge needed to advocate for treatment and prevention services. As a result of early successes, the Collaborative Fund has attracted additional resources to work in partnership with the International Community of Women Living with HIV/AIDS on treatment-preparedness activities specifically targeting women in sub-Saharan Africa.

Community-based organizations are making an important contribution to scaling up antiretroviral therapy in many countries. In Burkina Faso, for example, they have taken the lead in providing HIV testing and counselling, doing an estimated 90% of the 120 000 tests conducted in the country in 2004. Community-based, nongovernmental and faith-based organizations are also delivering up to 50% of HIV treatment.[21]

In early 2004, all UNAIDS Cosponsors agreed to contribute to realizing the "3 by 5" target in their respective areas of expertise,[22] helping to ensure that "3 by 5" became an effort of the entire United Nations System (Box 11). At the same time, as more stakeholders became involved in scaling up treatment and prevention, the need for better coordination between donors and technical agencies both at the global and country levels became evident. A Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors was therefore established in 2005 to consider how countries could be better supported, and its final report[23] recommended measures the United Nations should take to assist countries in optimally utilizing their resources.

21 These organizations include ALAVI, Vie Positive, Responsabilité-Espoir-Vie-Solidarité, REV+, Centre de Traitement Ambulatoire, Association African Solidarity, la Bergerie, Saint Camille and Médecins sans Frontières.

22 Roles and responsibilities of UNAIDS Cosponsors and the UNAIDS Secretariat in the "3 by 5" Initiative. In: *Investing in a comprehensive health sector response to HIV/AIDS: scaling up treatment and accelerating prevention. WHO HIV/AIDS Plan January 2004–December 2005*. Geneva, World Health Organization, 2004 (http://www.who.int/3by5/publications/documents/hivplan/en, accessed 13 February 2006).

23 *Final report of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors*. Geneva, UNAIDS, 2005 (http://www.theglobalfund.org/en/files/about/replenishment/GTT%20final%20report.pdf, accessed 13 February 2006).

These recommendations included working more closely with national AIDS coordinating authorities to support high-priority national AIDS action plans; establishing joint United Nations teams on AIDS at the country level; creating a problem-solving team with members from bodies in the United Nations system and the Global Fund to overcome obstacles to implementation at country level; a clear division of labour among the UNAIDS Cosponsors and the Global Fund; and both increasing and refocusing UNAIDS programme acceleration funds[24] to enable greater financing of technical support.

Many of the Global Task Team recommendations are now being implemented. Since June 2005, work has begun to develop an expanded programme acceleration fund mechanism, a plan for the division of labour among UNAIDS Cosponsors has been agreed and a problem-solving mechanism is now in place (the Global Joint Problem-solving and Implementation Support Team (GIST)) (see Box 18).

Box 11. UNAIDS Cosponsors: a multisectoral effort on "3 by 5"

In addition to WHO's focus on scaling up treatment and prevention in the health sector, the UNAIDS Secretariat and Cosponsors all worked to ensure that "3 by 5" was a multisectoral effort. The Secretariat has played a leading role in all aspects of "3 by 5" policy development and implementation globally and at the country level. Core funds were advanced in early 2004 to support the initiation of activities, and field staff were instructed to actively support "3 by 5" by establishing joint United Nations activities and by collecting strategic information. UNAIDS also played a key role in developing a policy position paper on accelerating global prevention efforts and is currently coordinating a series of country and regional consultations on planning for universal access.

The Office of the United Nations High Commissioner for Refugees (UNHCR) has been working with governments, United Nations agencies and nongovernmental organizations to advocate for and provide refugees with antiretroviral therapy when it is available to the surrounding host communities. By the end of 2005, a limited number of refugees in 26 countries were receiving antiretroviral therapy through a variety of informal and formal mechanisms.

The United Nations Children's Fund (UNICEF) has been working to address barriers to children's access to antiretroviral therapy by quantifying the burden of disease among children, simplifying dosing schedules, documenting child care experiences, strengthening links between preventing mother-to-child transmission and care and treatment programmes, integrating child care issues in home-based care programmes and developing monitoring and evaluation systems. UNICEF collaborates with the AIDS Medicines and Diagnostic Service (AMDS) and is currently procuring antiretroviral drugs and related supplies for over 40 countries.

The World Food Programme (WFP) is working with WHO to design nutritional guidelines for care and treatment of people living with HIV/AIDS to optimize the benefits of antiretroviral drugs and has worked with governments, nongovernmental organizations and other United Nations agencies to expand access to food and nutritional support for people living with HIV/AIDS and their families by supporting antiretroviral therapy and programmes for preventing mother-to-child transmission in several countries.

The United Nations Development Programme (UNDP) supported the "3 by 5" effort through a community capacity enhancement programme involving training of trainers in eight African countries. At the policy level, UNDP worked to develop the capacity of governments and civil society in Africa, Asia and Arab countries to adapt TRIPS flexibilities and safeguards to ensure access to affordable medicines. In several regions, special focus was placed on the impact of free trade agreements on the production and importation of medicines. For example, at the request of the Partner States of the East African Community, UNDP and the Third World Network supported national experts in assessing and analysing national patent laws for their impact on access to medicines.

24 Programme acceleration funds are made available from the UNAIDS core budget to United Nations theme groups in countries for joint programming on HIV/AIDS by United Nations System organizations. The purpose of programme acceleration funds is to enable United Nations theme groups to make a strategic contribution to an effective and efficient scaled-up national response.

The United Nations Population Fund (UNFPA) has focused on building knowledge and capacity for integrating prevention and treatment services. UNFPA promotes the utilization of reproductive health services (such as maternal and child health, prevention of mother-to-child transmission, adolescent friendly services, sexually transmitted infections and family planning sites) as entry points for voluntary counselling and testing and antiretroviral therapy delivery or as conduits for referral to treatment; the procurement and inclusion of preventive commodities, especially male and female condoms; equitable access to treatment with emphasis on young people and women; priority access for pregnant women living with HIV/AIDS; and meeting the sexual and reproductive health needs of women living with HIV/AIDS.

The United Nations Office on Drugs and Crime (UNODC) has been advocating for and recommending a full and comprehensive range of treatment and care services for injecting drug users, increasing access to voluntary counselling and testing in drug dependence treatment programmes and establishing drug dependence treatment in antiretroviral therapy clinics. WHO has been collaborating with UNODC on developing appropriate indicators for monitoring the coverage of HIV/AIDS prevention, treatment and care services for drug users.

The International Labour Organization (ILO) contributed to the attainment of "3 by 5" by ensuring effective implementation of the ILO Code of Practice on HIV/AIDS and the world of work,[25] including providing technical assistance and advisory services to governments, workers' and employers' organizations and the private sector in relation to workplace policies, building workplace capacity and promoting public-private partnerships.

The United Nations Educational, Scientific and Cultural Organization (UNESCO) has contributed to the development of treatment education materials and is supporting its Member States in addressing stigma and discrimination, promoting knowing one's HIV status, integrating HIV and AIDS in curricula and supporting educators through strengthened teacher training and all education-sector employees through the implementation of workplace policies, in collaboration with the ILO.

The World Bank contribution comes in many different forms depending on a country's needs, which may include technical assistance, analytical work, capacity-building, community links, research, public-private partnerships for service delivery, monitoring and evaluation, the promotion of adherence and strengthening health systems. The Bank continues to provide major resources to support the scale-up of national HIV/AIDS programmes through its Multi-Country HIV/AIDS Program for Africa and Caribbean Multi-Country HIV/AIDS Prevention and Control Adaptable Lending Program.

The need for mechanisms to coordinate the activities of local stakeholders at the country level has long been evident. A 2005 survey by the UNAIDS Secretariat among 66 countries with a UNAIDS presence revealed that 63 had established national HIV/AIDS coordinating authorities consistent with the "three ones" principles.[26] Several of these, including countries such as Kenya and Uganda, have recently established subcommittees or special task forces specifically to coordinate the scale-up of antiretroviral therapy.

25 *ILO Code of Practice on HIV/AIDS and the world of work*. Geneva, International Labour Organization, 2001 (http://www.ilo.org/public/english/protection/trav/aids/code/languages/index.htm, accessed 13 February 2006).

26 One national strategic framework for HIV/AIDS; one national AIDS coordinating authority; and one national monitoring and evaluation mechanism.

Box 12. Horizontal cooperation fosters scale-up among low- and middle-income countries

Scaling up national HIV/AIDS responses has provided low- and middle-income countries with new opportunities to collaborate and learn from one another's experiences. Brazil, China, Nigeria, the Russian Federation and Ukraine, for example, are cooperating in research, development and production of HIV medicines, diagnostics and other commodities through their Technological Network on HIV/AIDS. The UNAIDS Secretariat, meanwhile, is leading a drive to establish regional technical support facilities that will contribute to strengthening and better coordinating the provision of technical support by building on regional synergy.

Knowledge hubs, supported by WHO and the German Gesellschaft für Technische Zusammenarbeit (GTZ), serve a similar role. Rather than relying on expensive and sometimes inappropriate technical assistance from institutions and consultants from high-income countries, WHO has been investing in existing local training institutions in low- and middle-income countries to act as regional centres for capacity building and development of technical networks. Various hubs have been established in Europe and Africa, including a Knowledge Hub on Second Generation HIV/AIDS Surveillance (Zagreb, Croatia), the Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia (Kiev, Ukraine), the Harm Reduction Knowledge Hub for Europe and Central Asia (Vilnius, Lithuania), the Knowledge Hub for the Care and Treatment of HIV/AIDS in West Africa (CIFRA, in Ouagadougou, Burkina Faso) and the Knowledge Hub for the Care and Treatment of HIV/AIDS in Eastern and Southern Africa (JCRC, in Kampala, Uganda).

The Sudan provides an example of the establishment of a new knowledge hub: the Knowledge Hub for the Care and Treatment of HIV/AIDS in the Eastern Mediterranean. The Sudan is experiencing the early stages of a generalized HIV epidemic, with adult prevalence of 0.7–7.2% of its 34.3 million people. Health systems are weak, in part owing to 21 years of civil strife. As of December 2005, 400 Sudanese were receiving antiretroviral therapy, while an estimated 50 000 needed it. To address this public health emergency, in September 2005, the Sudan sent teams of physicians, nurses, laboratory technicians and programme managers from six locations in the country for four weeks of intensive training to the Knowledge Hub for the Care and Treatment of HIV/AIDS in Eastern and Southern Africa in Kampala, Uganda.

By the end of 2005, these core trainers had facilitated the training of 48 counsellors and 200 lay counsellors, and in the first months of 2006, the physicians among them will have trained another 30 physicians. These newly trained staff will allow for the establishment of 12 new antiretroviral therapy centres, many of them outside Khartoum, the capital. By 2008, the Sudan aims to have trained enough health care workers to support 27 antiretroviral therapy centres throughout this large country. The Sudan hopes to become a resource centre for all Eastern Mediterranean and North African countries that are seeking to scale up.