

Conclusion

The declaration by WHO and UNAIDS of a global health emergency on treatment access and the launch of the “3 by 5” strategy have helped to mobilize countries, communities and individuals to address the overwhelming and urgent need to provide antiretroviral therapy. Although the target has not been met, lessons learned in scaling up access to treatment have fundamentally altered the public health landscape and will continue to influence the choice of strategic approaches and actions as the world now moves towards the goal of universal access to HIV/AIDS prevention, treatment and care by 2010.

The experiences outlined in this report demonstrate that large-scale HIV treatment access is achievable, effective and increasingly affordable, even in the most resource-constrained and challenging settings. As the increased access to treatment transforms HIV infection into a chronic condition, maintaining people on treatment and supporting efforts to strengthen chronic disease management will be critical.

With the hope and reality of treatment, millions of people now have a growing incentive to be tested, opening new opportunities for effective HIV prevention. At the same time, the effort to rapidly scale up treatment and prevention programmes has highlighted some basic realities. Maintaining advances in the HIV/AIDS response and achieving the Millennium Development Goals in the next decade highlight the pressing need to strengthen health systems and to overcome the serious resource constraints many countries face.

In most high-prevalence countries, the number of people needing treatment still exceeds the capacity to provide it. The following key actions must therefore be urgently undertaken to continue and increase momentum in scaling up treatment.

- **Enhance funding.** Sustainable and predictable funding must be guaranteed to ensure the continuity of services. Current funding options under discussion must be implemented, including securing these funds through increased donor and domestic funding; innovative donor financing mechanisms such as the International Finance Facility; the Airline Solidarity Contribution; the proceeds from international debt relief; and the launch of a sixth round of the Global Fund with sufficient resources.
- **Enhance equity.** Treatment access must be accelerated in both urban and rural settings, with the commensurate need to guarantee the availability and affordability of first- and second-line antiretroviral drugs, including formulations for children. Barriers to access for women must be addressed.
- **Maximize programme links.** Links between HIV treatment programmes, TB, mother-to-child transmission, sexual and reproductive health, malaria and other health care entry points need to be strengthened.
- **Expand testing and counselling.** Testing and counselling must be rapidly expanded to ensure that individuals know their status and can access prevention, treatment, care and support.
- **Maximize prevention.** Prevention must be maximized through several key interventions, many of them in the health sector. These include robust prevention programmes targeting people living with HIV/AIDS, prevention in the health care setting (such as preventing mother-to-child transmission, blood safety and protecting and treating health care workers), controlling sexually transmitted infections and programmes to address the needs of populations at high risk, such as partners of people living with HIV/AIDS, commercial sex workers, injecting drug users and men who have sex with men.

- **Strengthen the health sector.** Enhanced efforts must be made to strengthen the health sector's ability to deliver treatment and prevention. Necessary steps include:
 - renewing efforts to broaden the numbers and skills of health care workers, improve management and planning skills, strengthen supply chain management systems and expand laboratory capacity;
 - increasing national donor and stakeholder coordination consistent with the “three ones” principles;
 - increasing mobilization and management of strong partnerships across the state and non-state sectors; and
 - expanding the involvement of people living with HIV/AIDS in planning and delivering programmes.
- **Improve information systems.** Strategic information systems capable of gathering epidemiological data on the epidemic, monitoring and evaluating the outcomes of prevention and treatment programmes, determining who is accessing treatment and detecting drug resistance and toxicity are urgently needed.
- **Confront budget constraints.** The reality of budget constraints on technical support agencies must also be addressed. Over the past several decades, countries have repeatedly relied on WHO technical guidance and support in launching and managing large-scale public health programmes. WHO, UNAIDS and other United Nations agencies have also increasingly utilized their own core budgets to provide technical support for countries applying for Global Fund grants. The rapid expansion of Global Fund grants and capitalization strains the capacity of WHO and other technical agencies to provide the support that countries need.

The target of placing 3 million people on antiretroviral therapy has tested the capability of the international community and has brought the world face-to-face with the gaps and inequities in global health. The gap between those who need treatment and those who receive it is still large and will grow as more people living with HIV become ill. The number of people vulnerable to HIV infection also continues to grow, and prevention efforts must increase dramatically if the future burden of disease and need for treatment are to be reduced.

This report is both cause for sober reflection and a call for increased action. Although much has been accomplished, much more remains to be done to address the complex behavioural, medical, social, economic and political challenge presented by the global HIV/AIDS epidemic. Achieving the Millennium Development Goals, and with them a large part of the vision for a world that is just, stable, healthy and secure, depends on whether or not we rise to meet this challenge.