

## Global Progress in Scaling Up Treatment

### The evolution of "3 by 5"

The movement to expand access to antiretroviral therapy (ART) in low- and middle-income countries did not begin, and will not end, with "3 by 5". Brazil has been providing triple combination ART in the public health sector since 1996, and Thailand since 2000. The UNAIDS Drug Access Initiative piloted the concept of providing ART in the public sector in four low- and middle-income countries in the late 1990s. Partners in Health began delivering community-based HIV treatment in 1998 and Médecins Sans Frontières established its first treatment programme in Cameroon in 2001. These and other pioneers have shown that treating people with HIV/AIDS is possible in these environments. However, until recently, limited resources and political commitment have impeded the replication and expansion of such programmes globally.

At the International AIDS Conference in Durban in 2000, activists demanded that more serious attention be paid to the HIV treatment needs of low- and middle-income countries. Attention, political commitment and new resources began to materialize at the time of the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in July 2001. An analysis of resource needs for reaching the UNGASS goals estimated that a major injection of new resources could finance an expanded global response to the HIV/AIDS epidemic - including key prevention, care and support interventions - and enable scale-up of ART coverage to approximately 3 million people globally by 2005<sup>1</sup>. This optimal scenario was based on the assumption that, in addition to resources, other prerequisites for implementing such an expanded response - including political will, treatment protocols, trained health personnel and mobilized communities - would by then need to be in place.

"3 by 5" - the target of providing ART to 3 million people in low- and middle-income countries by 2005 - has subsequently evolved as a driver of international treatment access efforts due to the combined resolve of many partners working at international, regional and local levels to put these necessary elements in place. In December 2003, WHO and UNAIDS published the "3 by 5" strategy to clearly define their own contributions to reaching the target, focusing on: 1) leadership, partnership and advocacy; 2) urgent, sustained country support; 3) simplified, standardized tools for delivering ART; 4) effective, reliable supplies of medicines and diagnostics; and 5) mechanisms to rapidly identify and re-apply new knowledge and successes. The strategy was subsequently endorsed by all 192 Member States of WHO.

Over the last 18 months, some 180 partner organizations have worked with WHO and UNAIDS in these five areas. Important new tools and guidelines developed during this period include simplified and standardized treatment guidelines, patient tracking systems and training modules for health workers. Common indicators for monitoring and evaluating national ART programmes have been agreed between major partners<sup>2</sup>. Procurement and supply management systems are being strengthened in countries with the assistance of partners in the AIDS Medicines and Diagnostics Service (AMDS)<sup>3</sup>, and a global surveillance network is being established to monitor antiretroviral drug resistance. Significantly, WHO's capacity to provide guidance and rapid technical support at country level has been greatly enhanced with the recruitment of prevention and treatment scale-up officers or teams in 34 countries, with a corresponding realignment of resources to strengthen regional and country offices.

<sup>1</sup> Resource Needs for AIDS, Schwärlander B. et al, Science, Vol 292, Issue 5526, 2434-2436, 29 June 2001.

<sup>2</sup> WHO, UNAIDS, the Global Fund, the US Agency for International Development, Family Health International and Measure Evaluation.

<sup>3</sup> AMDS partners include The Clinton Foundation, Commonwealth Pharmaceutical Association, Crown Agents, Ecumenical Pharmaceutical Network, the Global Fund to Fight AIDS, TB and Malaria, ESTHER, International Pharmaceutical Federation, International Dispensary Association, John Snow Incorporated, Management Sciences for Health, UNAIDS, UNDP, UNICEF, UNFPA and WHO. Refer to <http://www.who.int/3by5/amds/en/> for more information on the AMDS.

## The global effort to expand treatment access

The “3 by 5” target has been widely embraced by the international community, and many governments, agencies, organizations and individuals are contributing to the global effort to expand access to ART and to scale up HIV/AIDS prevention.

Major new resources for bilateral and multilateral HIV/AIDS initiatives are being provided by Canada, the European Union, France, Germany, Ireland, Italy, Japan, the Netherlands, Norway, Spain, Sweden, the United Kingdom and the United States. Low- and middle-income countries are also increasing their own domestic spending on HIV/AIDS, as well as making financial contributions to multilateral initiatives such as the Global Fund. The Global Fund has now committed more than US\$3 billion to the fight against the three major infectious diseases in 128 countries, while the World Bank’s Multi-Country AIDS Program (MAP) and Treatment Acceleration Program (TAP) have allocated more than US\$1 billion to HIV/AIDS projects in 28 countries, with projects now being planned for a further 10 countries. The United States is the single largest contributor to the global AIDS effort, having pledged more than US\$15 billion over five years to 15 countries in Africa, Asia and the Caribbean, as well as other programming, through the President’s Emergency Plan for AIDS Relief. UNICEF has made a critical contribution to the procurement of antiretroviral medicines (ARVs) at country level.

A large number of technical agencies are working to support the implementation of these new resources, including all 10 UNAIDS cosponsoring agencies, which are currently working with major donors to more effectively coordinate the technical support they provide for “3 by 5” activities at country level. Numerous community-based, faith-based, international non-governmental and philanthropic organizations are involved in efforts to scale up treatment and prevention through advocacy, education, community mobilization and direct service provision.

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. As more data are collected and trends in scale-up become clearer, it is evident that the task of providing ART to 3 million people by the end of 2005 will be difficult. However, there is reason to be hopeful that growth rates will continue to increase in the remainder of 2005 and beyond. Resources are flowing from major donors and political commitment is evident in the many countries that have established ambitious but feasible national treatment targets.

## Progress in numbers

From a baseline of approximately 400 000 people on ART in low- and middle-income countries at the launch of the “3 by 5” strategy in December 2003, WHO estimates that approximately 1 million people were on ART in low- and middle-income countries at the end of June 2005 (range 840 000 – 1 100 000)<sup>4</sup>. To date, 14 of these countries are providing treatment to half or more of people living with HIV/AIDS that need it, consistent with the “3 by 5” target<sup>5</sup>.

<sup>4</sup> The data collection methods are described in detail in Annex 1.

<sup>5</sup> Argentina, Barbados, Botswana, Brazil, Chile, Costa Rica, Cuba, El Salvador, Mexico, Panama, Poland, Thailand, Uruguay, Venezuela.