

Introduction

The World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) are involved with many partners in a global effort to rapidly increase access to HIV/AIDS prevention, treatment and care in the parts of the world where they are needed most.

When the “3 by 5” strategy was launched on 1 December 2003, the number of people newly infected with HIV had reached 5 million per year. At the same time, only about 7% of people who immediately needed HIV antiretroviral therapy in low- and middle-income countries had access to it. Increases in treatment access were measured at the pace of dozens, or perhaps hundreds of people per month. “3 by 5” aimed to move that rate of increase from the hundreds to the tens of thousands every month, an enormous undertaking that had never been attempted in any setting.

In 2001, an analysis of resource needs² prepared for the United Nations General Assembly Special Session on HIV/AIDS determined that, with optimal funding and technical capacity, access to lifesaving antiretroviral therapy could be expanded to reach 3 million people globally – half of those estimated to need it – by the end of 2005. In September 2003, WHO and UNAIDS declared the gap between those in need of treatment and those actually receiving it to be a global public health emergency. On 1 December 2003, WHO and UNAIDS launched their “3 by 5” strategy, committing to work with global partners towards achieving the “3 by 5” target. The 3 million target was, and remains, an interim milestone on the road to the ultimate goal of achieving access to antiretroviral therapy for everyone who needs it.

The WHO and UNAIDS strategy to support country implementation of “3 by 5”, *Treating 3 million by 2005: making it happen*,³ set out the five core pillars that provided focus and direction to the organizations’ work. These pillars remain essential to expanding access to antiretroviral therapy and related care and support. They are:

- global leadership, alliances and advocacy;
- providing urgent, sustained country support;
- simplified and standardized tools for delivering antiretroviral therapy;
- creating an effective, reliable supply of medicines and diagnostics; and
- rapidly identifying and reapplying new knowledge and success.

“3 by 5” was not a centrally coordinated initiative. WHO, as the United Nations specialized agency for health with responsibility for HIV treatment and care, assumed primary responsibility for coordinating efforts to reach the target, but efforts to reach the target involved the contributions of a wide variety of stakeholders collaborating to achieve shared objectives while also pursuing independent or agency-specific programmes, goals and milestones. In addition to the more than 200 organizations that have partnered or collaborated with WHO and UNAIDS towards achieving “3 by 5”, global funding partners committed an estimated US\$ 8.3 billion in 2005 to fighting HIV/AIDS, nearly double the 2003 level.

This report describes global progress in scaling up access to antiretroviral therapy and outlines the areas in which important progress has been made and lessons learned. It also outlines the remaining challenges and roadblocks to treatment access. The report will be complemented by the results of an independent evaluation of WHO’s contribution to achieving the “3 by 5” target as well as a WHO report on country action on HIV/AIDS that will describe WHO’s work in more detail and provide updates on progress made in the 49 “3 by 5” focus countries.

² Schwartländer B et al. Resource needs for AIDS. *Science*, 2001, 292:2434–2436.

³ World Health Organization and UNAIDS. *Treating three million by 2005: making it happen*. The WHO strategy. Geneva, World Health Organization, 2003 (<http://www.who.int/3by5/publications/documents/isbn9241591129/en>, accessed 13 February 2006).