



A UNAIDS Initiative

**The Global Coalition
on Women and AIDS**

Media backgrounder

AIDS TREATMENT - A FOCUS ON '3 by 5'

On World AIDS Day 2003, WHO and UNAIDS released a detailed and concrete plan to provide antiretroviral treatment to three million people living with AIDS in developing countries by the end of 2005. This is a vital step towards the ultimate goal of providing universal access to AIDS treatment to all those who require it.

The problem is urgent: 30 million people have died of AIDS in two decades and 40 million more people are currently infected. In poor countries, six million people with HIV/AIDS need antiretroviral treatment immediately. Today only about 400,000 people receive antiretroviral treatment – less than 8% of those in need. Without accelerated prevention and treatment the AIDS epidemic will continue destroying communities, health care systems and economies, placing a shadow upon the future of entire countries.

The “3 by 5” initiative, as it is known, aims to support countries to rapidly achieve the target of three million people on treatment. Key efforts within “3 by 5” include revised, simplified and standardized guidelines on the application of antiretroviral therapy in resource-constrained settings; support for the purchasing, financing and supplying of HIV drugs and diagnostics through an AIDS medicines and diagnostics service; and, standardized monitoring and evaluation tools as well as training packages for professional and lay health workers on antiretroviral treatment. It also boosts initiatives to build the capacity of communities and community-based organizations, including people living with HIV/AIDS, to participate fully in the delivery of antiretroviral treatment services.

Women and children make up a large proportion of people living with HIV/AIDS in need of care, treatment and support. Worldwide, almost half of adults living with HIV are women. However, in the heaviest stricken region, Africa, women are at least 1.2 times more likely to be infected with HIV than men. Young women and girls are even more susceptible to HIV than men and boys, with studies showing they can be 2.5 times more likely to be HIV-infected as their male counterparts.

High numbers of pregnant women visiting antenatal care clinics are HIV-positive. In many southern African countries, more than one in five pregnant women is infected with HIV. The overwhelming majority of children contract the infection from their mothers, during pregnancy, delivery, or through breastfeeding. The 700,000 new infections among children in 2003 (14% of all new infections) represent an unacceptable and almost entirely preventable component of the epidemic. In too many places, voluntary counselling and testing services are still absent, and a mere 1% of pregnant women in heavily-affected countries have access to services aimed at preventing mother-to-child HIV transmission.

The ‘3 by 5’ initiative, WHO and its partners will develop principles and mechanisms to promote and provide equitable access of antiretroviral treatment and care services to women, girls and children including marginalized groups of people living with HIV and AIDS.

In response to the overwhelming situation of HIV infection among women and children, WHO is taking a comprehensive approach to build HIV care, treatment and support into existing prevention programmes, using services for the prevention of mother-to-child transmission as the entry point to deliver antiretroviral treatment, other care, and support to HIV-infected women, their children and families.

At this stage, it is difficult to predict what proportion of those receiving treatment under the "3 by 5" initiative will be women. However, it is likely that women will be at least half of those on treatment by 2005 and may in fact substantially outnumber men. The reasoning behind this is that first, in African countries most affected by AIDS, the burden of disease falls fairly equally but usually with a bias towards women. Second, some of the key entry points anticipated for treatment are relevant for women only. While tuberculosis, sexual transmitted infections, primary health care clinics and voluntary counselling and testing centres are all likely to be used by men and women, antenatal care and services to prevent mother-to-child transmission, will only be used by women and may in fact be the source of many candidates eligible for treatment.

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