



## **World Health Organization and UNAIDS unveil plan to get 3 million aids patients on treatment by 2005**

### **Comprehensive Approach to HIV/AIDS Treatment and Prevention**

### **New AIDS Medicine and Diagnostics Service**

### **Simple Treatment Regimens Published**

### **Training Tens of Thousands of People to Support AIDS Treatment and Prevention**

1 December 2003 | GENEVA -- The World Health Organization (WHO) and UNAIDS today release a detailed and concrete plan to reach the 3 by 5 target of providing antiretroviral treatment to three million people living with AIDS in developing countries and those in transition 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 need it.

The 3 by 5 initiative complements the groundbreaking commitments made by the United States under President Bush's HIV/AIDS Initiatives (\$15 billion dollars for an enhanced AIDS response), the pathfinding work of NGOs (like MSF) and faith-based groups, the efforts of pharmaceutical companies to reduce the prices of AIDS treatment, the contribution of international foundations like the Bill and Melinda Gates Foundation, the initiative and hard work of many national and international agencies, and, critically, the courageous contributions of nations increasing their people's access to AIDS treatment.

"Preventing and treating AIDS may be the toughest health assignment the world has ever faced, but it is also the most urgent," said Dr LEE Jong-wook, Director-General of the World Health Organization. "The lives of millions of people are at stake. This strategy demands massive and unconventional efforts to make sure they stay alive."

UNAIDS announced last week that 40 million people around the world are infected with HIV, and that the global AIDS epidemic shows no signs of abating. Five million people became infected with HIV worldwide and 3 million died this year alone - that's 8,000 people every day. WHO estimates that six million people worldwide are in immediate need of AIDS treatment. This strategy outlines the steps needed to deliver treatment to half of them within two years.

The strategy is a key element in a combined programme of accelerating HIV/AIDS prevention and treatment. Much has already been done by countries, by UNAIDS, the World Bank, foundations, WHO and many other groups. After twenty years of fighting the epidemic, it is now clear that a comprehensive approach to HIV/AIDS must include prevention, treatment and care.

"The 3 by 5 framework is a plan for action by a broad alliance of nations, institutions, and committed people, including those living with HIV/AIDS," said Dr. Jack Chow, Assistant Director-General of WHO for HIV/AIDS, Tuberculosis and Malaria. "We urge all concerned to work to reach the 3 by 5 target as rapidly as possible."

Evidence and experience shows that rapidly increasing the availability of antiretroviral treatment in line with 3 by 5 targets can lead to more people knowing their HIV status and more openness about AIDS. Individuals on effective treatment are also likely to be less infectious and less able to spread the virus. Good treatment programmes will make more people come forward for testing HIV/AIDS status. Treatment can therefore contribute to the rapid acceleration of prevention.

Building on work done by UNAIDS, developing and donor countries, NGOs and other multilateral agencies, WHO and UNAIDS are taking another big step forward in the global movement to increase access to prevention and treatment services.

"The lack of HIV treatment is without a doubt a global emergency," said Dr Peter Piot, UNAIDS Executive Director. "We firmly believe that we stand no chance of halting this epidemic unless we dramatically scale up access to HIV care. Treatment and prevention are the two pillars of a truly effective comprehensive AIDS strategy."

### **3 by 5 Strategy**

To reach the 3 by 5 target, WHO and UNAIDS will focus on five critical areas:

- Simplified, standardised tools to deliver antiretroviral therapy
- A new service to ensure an effective, reliable supply of medicines and diagnostics

- Rapid identification, dissemination and application of new knowledge and successful strategies
- Urgent, sustained support for countries
- Global leadership, strong partnership and advocacy

## **Simplified Treatment Recommended**

The strategy has greatly simplified the recommendations for AIDS treatment regimens. The number of such WHO-recommended regimens has been cut to four from 35. All four are equally effective. The selection of an individual regimen for a patient will be based on a combination of individual needs, together with the availability and suitability of a particular regimen in a country. The strategy also recommends the use of quality-assured "fixed dose combinations" or easy-to-use blister packs of medicine whenever they are available. The aim is to ensure that all people living with AIDS, even in the poorest settings, have access to treatment through this simplified approach.

The strategy also includes the global AIDS Medicines and Diagnostics Service (AMDS), which will ensure that poor countries have access to quality medicines and diagnostic tools at the best prices. The service, which will be operated by WHO, UNICEF and other partners, will help countries to forecast and manage supply and delivery of necessary products for the treatment and monitoring of AIDS. Through the WHO Prequalification Project, AMDS will also include a medicines and diagnostics evaluation component which will ensure that manufacturers, products, procurement agencies and laboratories meet international quality, safety and efficacy standards.

Another key element is the simplification of monitoring, so that easy-to-use tests such as body weight and colour-scale blood tests are used where more complicated and expensive tests for viral load and white cell (CD4) count are not yet available. The simpler tests, combined with clinical evaluations by adequately trained health workers, can be effective in monitoring the progress of AIDS, the effectiveness of treatment and its side effects.

## **Treatment Action in Countries Already Under Way**

Antiretroviral therapy programmes can only be expanded if there is coordinated, scaled-up action in countries, particularly those hardest-hit by AIDS. Countries are at the heart of the 3 by 5 strategy and will be the focus of all efforts to meet the 3 by 5 target. Many countries have already demonstrated their commitment to this target. Immediately following the declaration of a global AIDS treatment emergency, more than 20 countries requested collaboration and input from WHO, UNAIDS and other partners.

Teams have already travelled to Kenya, Burkina Faso, Malawi and Zambia. Other teams have done preparatory work in Ukraine, India and Sudan. In each case, the teams will be working with governments to identify and help remove obstacles, so that antiretroviral medicines can be provided quickly to the people who need them most. Many other countries, including Russia and Djibouti, have also requested assistance.

Training of health workers is an urgent need in all countries involved. Many of the countries with the highest numbers of people living with HIV/AIDS have very few doctors or other trained health staff. Many of these health workers have died as a result of untreated AIDS; others have moved to seek better pay and job security in wealthier countries.

**Thousands of community workers to be trained** One of the most innovative aspects of the 3 by 5 strategy is a method for urgently training tens of thousands of community health workers to support the delivery and monitoring of HIV/AIDS treatment. An intensive training programme would enable these health workers to evaluate and monitor patients, and make sure they receive and are taking their medicines.

The strategy acknowledges that the involvement of communities and community workers is essential to the success of this initiative. Significant evidence and experience shows that without strong community support, people may have a more difficult time adhering to their medical regimens. Also, community involvement is a critical element of any successful HIV prevention strategy.

There is also good evidence that treatment can have an accelerating effect on prevention efforts. "We know from experience that the availability of treatment encourages people to learn their HIV status and receive counselling," said Dr Paulo Teixeira, Director of the HIV/AIDS Department at WHO. "We also know that the availability of treatment reduces stigma for people living with AIDS. People living with AIDS have a right to treatment and we must find a way to deliver."

One of the key elements of the strategy is "learning by doing". The strategy unveiled today by WHO and UNAIDS addresses many of the obstacles that have up to now prevented millions of people in poor countries from accessing AIDS medicines. The strategy will evolve as lessons learnt from implementing the strategy are identified and rapidly applied.

## **Funding**

Reaching the 3 by 5 target will require substantial new funding for AIDS treatment from all sources - countries, donor governments and multilateral funding agencies. WHO has estimated that the extra funding required amounts to approximately \$5.5 billion over the next two years.

"We know what to do but what we urgently need now are the resources to do it," said Dr Lee. We must waste no time in building strong alliances immediately to implement this strategy. Three million people are counting on it."

**For more information contact:**

Iain Simpson

Telephone: +41 22 791 3215

Email: [simpsoni@who.int](mailto:simpsoni@who.int)

Melanie Zipperer

Telephone: +41 (22) 791 1344

Email: [zippererm@who.int](mailto:zippererm@who.int)

[About WHO](#) | [Employment](#) | [Other UN Sites](#) | [Search](#) | [Site Map](#) | [Suggestions](#)

© [Copyright 2003 World Health Organization](#)