

NEARLY THREE MILLION HIV-POSITIVE PEOPLE NOW RECEIVING LIFE-SAVING DRUGS

But access to prevention and treatment still lacking for millions

Geneva and Paris, 2 June 2008 — The close of 2007 marks an important step in the history of the HIV/AIDS epidemic. Nearly 3 million people are now receiving anti-retroviral therapy (ART) in low- and middle-income countries, according to a new report launched today by the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Children's Fund (UNICEF).

Towards Universal Access: Scaling Up Priority HIV/AIDS Interventions in the Health Sector also points to other gains. These include improved access to interventions aimed at preventing mother-to-child transmission of HIV (PMTCT), expanded testing and counselling, and greater country commitment to male circumcision in heavily affected regions of sub-Saharan Africa.

“This represents a remarkable achievement for public health,” says WHO Director-General Dr. Margaret Chan. “This proves that, with commitment and determination, all obstacles can be overcome. People living in resource-constrained settings can indeed be brought back to economically and socially productive lives by these drugs.”

Millions now accessing treatment

According to report authors, the close of 2007 saw nearly one million more people (950 000) receiving antiretroviral therapy—bringing the total number of recipients to almost 3 million. The latter figure was the target of the ‘3 by 5’ initiative that sought to have 3 million HIV-positive individuals living in low- and middle-income countries on treatment by 2005. Although that target was not achieved until two years later, it is widely credited with jump-starting the push towards ART scale-up.

According to the report, the rapid scale-up of ART can be attributed to a number of factors, including the:

- Increased availability of drugs, in large part because of price reductions;
- Improved ART delivery systems that are now better adapted to country contexts. The WHO public health approach to scale-up emphasizes simplified and standardized drug regimens, decentralized services and judicious use of personnel and laboratory infrastructure;
- Increased demand for ART as the number of people who are tested and diagnosed with HIV climbs.

Greater access: greater need

Report authors state that, overall, some 31% of the estimated 9.7 million people in need of ART received it by the end of 2007. That means that an estimated 6.7 million in need are still unable to access life-saving medicines.

“This report highlights what can be achieved despite the many constraints that countries face and is a real step forwards towards universal access to HIV prevention, treatment care and support,” says Dr. Peter Piot, Executive Director of UNAIDS. “Building on this, countries and the international community must now also work together to strengthen both prevention and treatment efforts.”

Preventing HIV in children

At the end of 2007, nearly 500 000 women were able to access antiretrovirals to prevent transmission to their unborn children—up from 350 000 in 2006. During that same time period, 200 000 children were receiving ART, compared to 127 000 at the end of 2006. The difficulty of diagnosing HIV in infants, however, remains a major impediment to progress.

“We are seeing encouraging progress in the prevention of HIV transmission from mother to newborn,” says UNICEF Executive Director Ann M. Veneman. “The report should motivate us to focus and redouble our efforts on behalf of children and families affected by HIV/AIDS.”

Tuberculosis, weak healthcare systems, hamper progress

Other obstacles to treatment scale-up include poor patient retention rates in many treatment programmes and the considerable numbers of individuals who remain unaware of their HIV status, or are diagnosed too late and die in the first six months of treatment.

Tuberculosis is a leading cause of death among HIV infected people worldwide, and the number one cause of death among those living in Africa. To date, HIV and TB service delivery is insufficiently integrated and too many people are losing their lives because they are unable to either prevent TB or access life-saving medications for both diseases.

Report authors warn that future expansion of access to ART is likely to be slowed owing to weak health systems in the worst-affected countries, in particular, the difficulty of training and retaining health-care workers. Health-care systems in regions hardest-hit continue to erode because of ‘brain drain’—the migration of skilled health-care personnel to other occupations and to other countries—and to high mortality rates from HIV itself.

Report authors also emphasize the ongoing need to improve the collection, analysis and publication of critical public health information. Countries, international partners and other sources supply the numbers featured in this report. Despite certain limitations, they constitute the best and most up-to-date estimates of the different elements of the health sector response to HIV/AIDS.

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