



Joint United Nations Programme on HIV/AIDS

UNAIDS

UNICEF-WFP-UNDP-UNFPA-UNODC
ILO-UNESCO-WHO-WORLD BANK

Fact sheet

Access to HIV Treatment and Care

The global community is at a crossroads in expanding access to HIV treatment and care. Never before have the opportunities been so great: unprecedented political will in countries; unprecedented financial resources to fund treatment, care and support; and unprecedented affordability of medicines and diagnostics. Despite these extraordinarily positive conditions, access to antiretroviral treatment and other HIV-related disease care remains abysmally low. As part of addressing this emergency, UNAIDS, WHO and their partners are fully committed to getting 3 million people on antiretrovirals by the end of 2005.

A top priority

- AIDS-related care, including antiretroviral treatment, is a vital and powerful investment that directly benefits people living with HIV, reduces the social and economic impact of the epidemic, and boosts prevention efforts.
- In most parts of the world, the social and economic power imbalances between men and women raise fears that women are being denied equitable and timely access to treatment options. To reflect the global distribution of HIV by sex, which is nearly 50–50, women should constitute at least half of the millions of people in low- and middle-income countries expected to gain access to antiretrovirals in coming years.
- The Declaration of Commitment, adopted at the United Nations General Assembly Special Session on HIV/AIDS in June 2001, highlights treatment and care, including access to antiretroviral medicines, as an essential element in the response to the epidemic.

Falling prices of AIDS drugs

- In early 2000, the price of Highly Active Antiretroviral Therapy (HAART, also referred to as triple therapy) for one patient for a year was US\$10,000–US\$12,000. By early 2002, generic competition and the practice of differential pricing by pharmaceutical companies had contributed to dramatic price reductions for low-income countries. The price for certain generic combinations dropped to US\$ 300 per person per year.
- The Clinton Foundation has played a critical catalytic role in planning in individual countries and in engaging generic drug manufacturers from India and South Africa in moves to lower prices. By the end of 2003, it announced that it had negotiated antiretroviral prices as low as US\$ 140 per person per year (less than US\$ 0.50 per day) under certain conditions.
- An estimated five to six million people in low- and middle-income countries will die in the next two years if they do not receive antiretroviral treatment. As of December 2003, only an estimated 400,000, or 7%, of people had access to HIV treatment – 200,000 in the Caribbean and Latin America.

Treatment scale up

- Since the XIV International AIDS Conference in 2001, treatment scale up efforts have increased dramatically:
 - Global Fund to Fight AIDS, TB and Malaria has disbursed US\$232 million dollars, 60% of it for AIDS programmes.
 - World Bank's MAP (Multi-country AIDS Programme) has provided US\$1 billion for Africa

and US\$155 million for the Caribbean in the form of grants and loans to scale up both HIV treatment and prevention, and strengthen health infrastructure.

- The US President's Emergency Plan for AIDS Relief (PEPFAR), aims to put 2 million people on ARVs by 2008. To date, US\$2.4 billion of the US\$15 billion emergency package have been allocated to 14 target countries.
- Several countries in the Caribbean and Latin America now offer universal coverage for antiretroviral treatment, including Argentina, Barbados, Brazil, Chile, Cuba, Mexico and Uruguay. Other countries that have made substantial progress in closing the treatment gap are Botswana, Senegal and Thailand.
- Many African countries intend to set up their own production facilities to manufacture AIDS drugs sometime during 2004 and 2005, including Ethiopia, Kenya, Mozambique, Nigeria, Tanzania, Uganda, Zambia and South Africa.

3 by 5 Initiative

- The failure to deliver antiretrovirals to the millions of people who need them is a global health emergency. To address this emergency, UNAIDS, WHO and their partners are fully committed to achieving the '3 by 5' target – providing antiretrovirals to three million people by the end of 2005.
- The 3 by 5 Initiative is part of a global movement to expand access to HIV treatment – the ultimate goal being universal access. To date, 56 countries are formally participating in the 3 by 5 Initiative.
- A fundamental principle of '3 by 5' is that people living with HIV need to play a central role in designing, implementing and monitoring antiretroviral treatment programmes. Involving infected people in treatment-related activities contributes to reducing stigma and to making programmes more effective.

Challenges

- The lack of trained health workers is a key impediment to delivering HIV treatment. The number of health workers available, including health administrators and training staff, is critical to country capacity to deliver services. Migration and the deadly impact of AIDS are key reasons that health workers are shrinking in low-income countries. Also, better salaries, career opportunities and active recruitment attract health workers with internationally-accepted degrees to industrialized countries, provoking a "brain drain".
- Antiretroviral treatment for children still presents special challenges. Few HIV medicines are produced in pediatric formulations, and those available as syrups have limitations. Across the board, greater investment is required to address the special needs of children, including the technical challenges of developing fixed-dose combination antiretroviral formulations for them.
- Food is an essential part of the response to AIDS. One of the key elements of comprehensive care is having enough to eat. This is the single most pressing preoccupation for many people with AIDS. Therefore, relieving hunger is a high priority to help people cope with illness.
- The pharmaceutical industry is contributing to simplifying treatment regimens through developing and manufacturing fixed-dose combination formulations. Fixed-dose combinations permit all three individual molecules to be taken in one tablet, capsule or, in the future, a liquid dosage form, which is of special importance to children. Fixed-dose combination antiretrovirals offer a number of advantages such as increased patient adherence to treatment, delaying the development of resistance and lower total costs.

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