



# The 3 by 5 Initiative

TREAT THREE MILLION PEOPLE LIVING WITH HIV/AIDS BY 2005

The World Health Organization "3 by 5" newsletter attempts to provide a snapshot of information about activities going on around the world to increase access to treatment in line with the target to treat 3 million people living with HIV/AIDS by end of 2005. Find out more about "3 by 5" and the ultimate goal of ensuring universal access to antiretroviral treatment for all who need it at [www.who.int/3by5](http://www.who.int/3by5)

## Latest news

### Canada's landmark contribution to "3 by 5"

The Canadian Prime Minister, Paul Martin, announced a CAD 100-million (US \$ 72 million) contribution to WHO for the "3 by 5" target of treating three million people living with AIDS by the end of 2005 on Wednesday 12 May.

"Canada and Canadians are proud to take these actions against HIV/AIDS. These contributions underline the WHO's leadership as the foremost organization in the world in setting the normative base and technical standards," said Canadian Minister of Health Pierre Pettigrew at the 2004 World Health Assembly (WHA).

WHO welcomed the Canadian funding for use over the next two years. "Canada has demonstrated vision and leadership in supporting a new initiative. This contribution to "3 by 5" will make it possible for WHO to help catalyse efforts at the country level to urgently treat three million people living with AIDS," said Dr LEE Jong-wook, Director-General of WHO.

The funds will be used to provide technical assistance to help countries develop treatment plans and strategies, scale up capacity building and training and to assist with procurement and supply chain management of drugs and diagnostics.

During the WHA 2004, Swedish SIDA contributed USD 5 million to "3 by 5". UK DFID has also contributed generously.

WHO continues to actively seek support for "3 by 5".

## Country assessment missions highlight key needs



Countries need to build up and train the health care workforce to increase access to treatment

Developing countries need urgent assistance with building up and training the health care workforce if they are to be able to effectively increase access to life-prolonging antiretroviral drugs.

This and other key needs including assistance with drug procurement, supply chain management and monitoring and evaluation of activities were highlighted during assessment visits by WHO teams to 25 countries around the world during February and March 2004.

Teams of WHO staff members from headquarters and regional offices visited countries in all regions (the majority in Africa) as part of the "3 by 5" strategy.

Staff assessed the specific needs within countries to enable them to increase access to treatment and assisted with writing national treatment plans and funding proposals for grants from the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM).

Intensive work is now taking place to address issues raised during the country visits. Currently, WHO is recruiting 40 country coordinators to provide full time "3 by 5" assistance to WHO country offices. In the meantime WHO headquarters and regional staff members will return to countries on request to continue providing assistance and developing national plans on how ART can be successfully implemented.

### New "3 by 5" newsletter - we need YOU!

Welcome to the first edition of the WHO "3 by 5" newsletter. The newsletter will be produced once every two months and aims to provide an insight into some of the work going on around the world by WHO and partners to increase access to treatment. For future issues we would very much like to feature a much more varied selection of stories and articles from around the world on prevention and treatment to better capture action in different countries and regions.

To do this - we need YOU! We would like you to play a key part in providing ideas and content for the newsletter. Please send stories, news, pictures, upcoming events, or any other suggestions you may have to Beth Magne-Watts, HIV Communications (email [magnewatts@who.int](mailto:magnewatts@who.int) / tel. +41 22 791 1046) and we will try to reflect this material as best we can in the newsletter and/ or on the web site.



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## Moving forward together: Global "3 by 5" partners meeting

More than 120 delegates from "3 by 5" partner organizations gathered in Geneva, May 11-12, for a Global Partners Meeting to address enhanced coordination for rapid increase of access to ART at country level.

Partners including non-governmental, faith based and community organizations, people living with HIV/AIDS, treatment activists, private sector, pharmaceutical industry, donors and UN agencies discussed challenges and opportunities for greater coordination and identified key roles the various partners need to play to achieve the "3 by 5" target.



Zackie Achmat of the Treatment Action Campaign

"Why support "3 by 5"? This is the first time atheists like me can sit in the same room with Muslims and Christians to discuss AIDS treatment. This is the first time I see brand name pharmaceutical companies sit together with generic drug manufacturers to pursue a common goal. I urge you to give your fullest support to '3 by 5'," said Zackie Achmat of the Treatment Action Campaign, South Africa.

As an integral part of the meeting, the WHO shared a recently developed draft 'Operational Plan' which sets out WHO's role in achieving the '3 by 5' target. The plan was well received by partners who provided recommendations for future actions.

Partners called for greater coordination and wider sharing of existing experiences and success stories. They also recommended the global group reconvene and that specific stakeholder gatherings be held at regional, sub-regional and country levels.

Addressing the participants, Dr. Jim Kim, Director of WHO's HIV/AIDS Department said: "We have solidarity like never before to increase access to HIV/AIDS treatment. Let's move forward together towards "3 by 5"."

### Harm Reduction Networks - key partners for "3 by 5"

WHO is working with the world's leading harm reduction networks from East and Central Europe, Asia and Latin America to develop concrete strategies for delivering antiretroviral therapy (ART) to injecting drug users (IDU) living with HIV/AIDS.

Following a meeting at the 15th International Conference on the Reduction of Drug Related Harm held in Melbourne in April 2004, the networks and WHO are developing joint work plans to support increased ART access to IDU. "There is no excuse for excluding drug users from receiving life-saving drugs," said Dr Andrew Ball, a WHO expert on HIV and injecting drug use. "WHO will ensure that harm reduction networks are key members of the "3 by 5" partners group."

"Scaling up treatment among injecting drug users is essential to fight HIV and to help stop discrimination among this vulnerable group. To really be effective ARV treatment must be coupled with effective substitution programs like methadone and needle exchange," said Anya Sarang, Co-ordinator of the Central and Eastern European Harm Reduction Network.

Although WHO and the harm reduction networks have been working together for over ten years on improving HIV prevention programmes, this is the first time they will focus on how to scale up comprehensive HIV services – including needle-syringe exchange, drug substitution therapy (e.g. methadone) and ART. The initiative will involve using peer support as part of the programme to not only deliver HIV prevention but also to deliver HIV treatment and care.

### News in Brief:

#### Changing history - World Health Report

The world has an unprecedented opportunity to reverse the course of the AIDS epidemic and change history, says the World Health Report launched by WHO on Tuesday 11 May.

The report says delivery of AIDS treatment and prevention offers the chance to build up health systems in the poorest countries. "This is an historic opportunity we cannot afford to miss," said Dr LEE Jong-wook, Director-General of WHO. "We can help build health systems that can meet the needs of today and tomorrow."

The report is available on the WHO web site, at [www.who.int/whr](http://www.who.int/whr).

#### Aids Medicines and Diagnostics Services (AMDS) consultation

In May, WHO brought together in-country procurement and supply organizations, manufacturers, international supplies agencies, International NGOs, Government and UN agencies to finalize the business plan for AMDS - the service set up to assist countries to secure uninterrupted access to appropriately priced, quality, antiretrovirals and diagnostics.

The participating organizations agreed during the meeting to collaborate closely, in an AMDS coordinated process, to assist countries strengthen their AIDS medicines and diagnostics supply management systems.



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## Communication key for understanding HIV/AIDS

With 95% of the world's infected population unaware they carry the HIV virus it is vital to mobilise communities to know their status. But stigma- even in those communities where treatment is already available- is still hampering efforts to get people to come forward for testing and treatment.

On April 28 - 29, WHO and UNAIDS co-hosted the first Global Working Group meeting for Integrated AIDS Communication in Geneva to drive collective action to develop a comprehensive approach to treatment and prevention communication.

The meeting brought together 60 communication specialists from key stakeholder groups including NGOs and People Living with HIV/AIDS groups. Participants shared information from their field experiences and recommended the development of a coordination mechanism to share learning and provide technical support to countries.

To make this happen, three working groups were established: mapping and documentation (lessons learned), resource mobilization, and evidence gathering/monitoring and evaluation. In addition, WHO will spearhead a global effort to increase treatment literacy and ensure harmonization between prevention and treatment communication, with a particular emphasis on promoting testing.

## Leading by example: Lesotho Prime Minister's public HIV test

One of the key challenges for scaling up access to treatment is getting people to know their HIV/AIDS status.

The Prime Minister of Lesotho, Pakalitha Mosisili, has taken the lead to promote voluntary HIV testing by publicly taking an HIV test in his home community of Basotho.

Launching the government initiated 'Know Your Status' campaign - one of the strategies for increasing the HIV/AIDS response in Lesotho - the prime minister stepped up for testing with the catholic Archbishop of Lesotho, Reverend Bernard Mohalalisi.



The Prime Minister testing for HIV/AIDS in his home community of Basotho. - Photos by JGI Clarke, WHO RIACSO

Amid loud applause, the Prime Minister announced that he and his wife had agreed to take the nation into their confidence once the result of the test was known.

"As more and more people know their status, they will be more able to care for and support one another, as well as protect themselves and their partners and thereby break down the walls of secrecy and denial which feed the social stigma and discrimination," he said.

The Prime Minister challenged all heads of Government and national leaders to take the test to set an example to inspire their people to know their status and break down stigma and fear.

Dr Mioguet Kiasekoka, then WHO Representative in Lesotho remarked that the Prime Minister's actions would go down in history as something unique. "This is not only a great day for Lesotho, but for the world," he said



Basotho villagers listen to the Prime Minister - Photos by JGI Clarke, WHO RIACSO

"With universal voluntary testing we will be able to know how to better manage the pandemic and make best use of the medical and technical interventions now available to treat people with HIV/AIDS."

Lesotho is only the second country in the world after Brazil to initiate universal voluntary counseling and testing. With prevalence rates estimated at 30 per cent in the country, urgent and bold action such as this is vital to ensure more people can be tested and receive treatment.

Among other forms of technical assistance, WHO is supporting the Ministry of Health and Social welfare to acquire and position another four laboratory units at various health facilities so that at least 28,000 people in Lesotho receive ART by 2005, as part of the global initiative to ensure 3 million people receive ART by 2005.

"WHO is determined that ART must reach those most in need of it, not just those who can afford it," said Dr Kiasekoka. "The Prime Minister has ensured the 'Know Your Status' campaign commences where it should - with the people in situations of greatest vulnerability and the least resources."



## Building the workforce through training

AIDS kills 8,000 people every single day. Many die at the height of their working and productive lives. No area of work is spared, least of all the health care sector which has seen huge losses in workers - many have died as a result of AIDS; others have moved to seek better pay and job security in wealthier countries.

The serious shortage of health workers is a major challenge for countries trying to expand access to treatment. To realistically turn the tide on such shortages, tens of thousands of health care workers need to be trained.



A Training session in Uganda

"All countries realise now that training is critical and they are working hard on gearing up training efforts," said Dr. Gundo Weiler, Capacity Building Coordinator of the WHO HIV/AIDS Department. "A lot of support is needed to design the appropriate training programmes and materials."

In January 2004, WHO published a "Human Capacity Building Plan" outlining how WHO and its partners can help countries to develop and sustain the workforce necessary to provide patients with ARV and related services.

WHO is working with countries to make sure they have all the elements in place to build a large enough HIV/AIDS workforce - including human resource and training plans, training materials, skilled trainers and quality control mechanisms. These in-country efforts are backed up by a series of meetings to agree on international best practice - one of them being a big global consultation on development of training materials and certification standards in June 2004.

Among a number of training programmes underway within countries, Burkina Faso, Ukraine and Uganda are all running sessions in May.

At the University of Ouagadougou in Burkina Faso, the first ever 'Training of Trainers' course on care and treatment for HIV/AIDS for Francophone African countries takes place from 10 May - 4 June. Over a hundred participants from 12 African countries are attending and will receive a University accredited diploma on course completion. The course, organized by a variety of partners including WHO, trains physicians, nurses, pharmacists and lab technicians in provision of ARV treatment. Once trained, participants will take knowledge and skills back to their countries and share the training to increase the amount of people able to administer and monitor treatment. WHO is sponsoring 30 of the participants through the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) funds.

The regional knowledge Hub for HIV/AIDS treatment and care (a capacity building and training centre) in Ukraine is running ART training courses for Russian speakers in six high-burden 'Oblast' (regions). In two courses, treatment teams (made up of physicians, nurses, social workers, HIV/AIDS policy representatives and counselors) will take an initiation course at the knowledge hub in Kiev where they will 'learn by doing', providing treatment to 10 AIDS patients. Trainees then go out to their particular community where, supervised by mentors, they will provide and monitor treatment for 50 patients. This process will then be repeated with the goal of training 18 care teams and a network of 90 counselors to provide treatment for approximately 2,000 patients over a six month period.

In Uganda, health care facilitators are being trained in providing ARV treatment at a national workshop in Kampala. The course, which is based on WHO IMAI (Integrated Management of Adolescent and Adult Illness) guidelines to support the delivery of ART within the context of primary health care, supports the rapid expansion of access to ARV therapy by shifting key tasks to multi-purpose health workers at first level facilities located in the community (health centres and clinics). Following the national workshop, trained facilitators will go out into four districts to pass on the acquired knowledge and skills to local teams.

## VOICES

*Views on HIV/AIDS and ART from people around the world*



**Joshua Formentera**  
Positive Action  
Foundation

"PLWHAs around the world are working harder than anyone, to make treatment possible. It is scary to live alone with the virus. But peer-support systems that we use in treatment delivery lets people share experiences and learn from each other. It gives the energy to stay alive and make that possible for many more."



**Stephen Lewis**  
UN Special Envoy  
on HIV/AIDS

"'3 by 5' has unleashed huge expectations, great hope, and it's based on the recognition that prevention is profoundly strengthened when treatment takes hold. It cannot be allowed to fail."



**Artur Ovsepyan**  
All-Ukrainian  
Network of PLWHA

"In Ukraine, antiretroviral treatment for AIDS is a new issue and many people don't even know it exists. AIDS is still seen as a problem for the minority even though infection rates are growing fast. For those living with the virus, treatment is the only hope we have. Making antiretroviral treatment available will encourage people to come forward for testing."



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