Two decades into the fight against HIV/AIDS the epidemic is still increasing in many countries. There are success stories, such as Cambodia, where HIV transmission is decreasing, the cost of antiretroviral (ARV) drugs has dropped and political commitment has increased. On the other hand, we are still not catching up with the epidemic. Most of the countries in the Region have low HIV prevalence, but the presence of risk factors means that there is potential for HIV to spread. The ideal time for action is now to avoid a major epidemic. There is a need to target evidence-based interventions on areas where transmission is taking place and to increase the coverage of these interventions. Surveillance systems need to be significantly improved. Efforts to prevent and control HIV/AIDS at country level need to be coordinated through implementation of the ‘three ones’ principle (one action framework to coordinate all partners, one national AIDS coordinating authority, one monitoring and evaluation system).

It is feasible to provide ARV therapy in resource-limited settings. The launching of the “3 by 5” Initiative with a target of providing antiretroviral treatment to 3 million people living with HIV/AIDS in developing countries by the end of 2005 will reduce morbidity and mortality and improve the quality of life of many people living with HIV/AIDS.

Effort to prevent the spread of HIV/AIDS must also expand. Unless HIV incidence is sharply reduced, HIV treatment will not be able to keep pace with the number of people needing therapy. It is therefore crucial to invest more in prevention today if countries are not to pay much more for care tomorrow.

This report is presented for information of the Regional Committee and for discussion at its fifty-fifth session.
1. CURRENT SITUATION

A detailed analysis of the sexually transmitted diseases (STI) and HIV/AIDS situation in the Region is contained in The Work of WHO in the Western Pacific Region: 1 July 2003–30 June 2004 (pp. 45-56).

1.1 HIV/AIDS status in the Region

There are about 1.5 million people living with HIV/AIDS in the WHO Western Pacific Region and the regional adult prevalence rate is 0.1%. China accounts for about 840 000 HIV infections – nearly two-thirds of the Region’s total. The highest HIV infection rates are found in Cambodia and Papua New Guinea. Most of the HIV infections in the Region are due to transmission among injecting drug users (IDUs) and transmission related to sex work. For example, in parts of China, rates of HIV prevalence in IDUs range from 20% in Guangdong to 80% in Xinjiang. In Viet Nam, there are HIV prevalence rates of more than 20% among IDUs in most provinces and HIV prevalence rates among sex workers of 8% in Hai Phong and 15% in Hanoi have been recorded. In Papua New Guinea there is HIV prevalence of 17% among sex workers in certain areas.

1.2 HIV/AIDS care and the “3 by 5” Initiative

About 70 000 adults and children died due to HIV/AIDS in the Region in 2003, and this will rise to about 120 000 annually by 2005 if no treatment is in place. Less than 6% of the estimated 170 000 people living with HIV/AIDS in the Region who need treatment receive it. Although treatments are not a cure and present new challenges with respect to side effects and drug resistance, they have dramatically reduced rates of mortality and morbidity and have improved the quality of life of people with HIV/AIDS.

In September 2003, Kofi Annan, Secretary-General of the United Nations, and Dr J. W. Lee, Director-General of WHO, on behalf of WHO and its partners, including UNAIDS, presented the basis of the “3 by 5” Initiative to the United Nations General Assembly. At that time, it was estimated that 30 million people had died since the beginning of the epidemic and that 40 million people across the world were living with HIV/AIDS. Among these, 6 million were in need of treatment by antiretroviral therapy but only 300 000 had access to such treatment. On World AIDS Day 2003, WHO and UNAIDS declared that the lack of access to HIV treatment was a global health emergency and formally launched the “3 by 5” Initiative, with a target of providing antiretroviral treatment to
3 million people living with HIV/AIDS in developing countries by the end of 2005. The “3 by 5” Initiative was discussed at the Fifty-seventh World Health Assembly, which welcomed the Initiative and urged Member States to take action to support its implementation (Annex).

1.3 “Three ones” principle

Since the 26th special session of the United Nations General Assembly on HIV/AIDS, held in New York in June 2001, United Nations agencies, and particularly WHO, have been working closely with their Member States to ensure that the Declaration of Commitment on HIV/AIDS adopted by the special session is reflected in concrete actions and achievements.

This message was reinforced on 25 April 2004 by an agreement among development partners to improve coordination and harmonization in the response to HIV/AIDS at country level, through the “three ones” principle. This principle says that there should be: one agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multisectoral mandate; and one agreed country-level monitoring and evaluation system.

1.4 Increased resources and stronger partnerships

The environment for HIV/AIDS prevention and care, including antiretroviral (ARV) therapy, has improved very significantly in recent years. More resources have been allocated to HIV/AIDS interventions, policies have been changed, senior political figures have become involved in HIV/AIDS events, and national strategic plans have been amended in line with these developments.

Increased funding for HIV/AIDS activities in the Region is due to commitments by major partners, including the Global Fund to Fight against AIDS, Tuberculosis and Malaria (Global Fund). HIV/AIDS proposals submitted during the third and fourth round of the Global Fund from Cambodia, China, Papua New Guinea, the Lao People’s Democratic Republic and the Philippines were successful. Total support for HIV/AIDS in the Region from the Global Fund has reached almost US$ 297 million for the five-year period covered in the four rounds of proposals. The Global Fund will be a key partner of countries and of WHO in the implementation of the “3 by 5” Initiative.

For many years, WHO has been building institutional, operational and financial relationships with a wide range of partners, including other United Nations organizations, multilateral and bilateral agencies, international and national nongovernmental organizations and groups of people living with HIV/AIDS.
2. ISSUES

2.1 Increasing HIV epidemics

There are increasing HIV epidemics in several countries, particularly China, Malaysia, Papua New Guinea and Viet Nam. In most of these countries, HIV prevalence has risen sharply among people whose behaviour exposes them to a high risk of exposure to HIV – injecting drug users, female sex workers and their clients, and men who have sex with multiple male partners. The danger of HIV “bridging” into the general population from infected high-risk populations continues to be a public health concern. In addition, high prevalence of STI among individuals with high-risk behaviour, and even among individuals who are at low risk, means that there is the potential for an increasing HIV epidemic, as there is strong evidence that STI facilitate HIV transmission.

2.2 Inadequate surveillance systems

Accurate information is essential if governments are to respond effectively to the epidemic and to monitor resistance to STI drugs and antiretroviral drugs, yet surveillance systems in a number of countries are still unable to monitor the HIV/AIDS epidemic adequately. Comprehensive second-generation surveillance systems (including HIV seroprevalence, STI and behavioural surveys) are not systematically or fully implemented in all countries.

2.3 Inadequate coverage of evidence-based strategies

Experience from countries such as Cambodia and Thailand indicates the effectiveness of promoting 100% condom use among sex workers and their clients. In Australia there have been successful harm reduction programmes among IDUs. Although these evidence-based strategies are being introduced in several countries in the Region, they are often implemented only as pilots and their coverage is not wide enough to achieve an impact. The same applies to management of STI services and voluntary counselling and testing.

2.4 High levels of stigma and discrimination

Drug use and sex work are often regarded as social evils, so when a drug user or sex worker is infected with HIV, the community may see it as a fitting punishment for what is perceived to be immoral or perverse behaviour. Such stigmas inhibit effective HIV prevention and care, and, as long as they remain, the epidemic will continue to grow. Stigmatization can also limit the effectiveness of
public health responses, which have been shown to be more effective if vulnerable communities and affected people are involved in their development and delivery.

2.5 Increasing numbers of AIDS cases

As the epidemic grows, the number of AIDS cases in the Region is increasing. Immediate action needs to be taken before the burden of cases pushes health systems to the brink of collapse and undermines the economic, social and political gains of many countries in the Region. Antiretroviral therapy saves lives and can be delivered effectively in resource-poor settings. The target set by the "3 by 5" Initiative of providing antiretroviral treatment to 3 million people living with HIV/AIDS in developing countries by the end of 2005 is a useful interim measure but the long-term goal of WHO and countries must be the provision of appropriate treatment to all people living with HIV/AIDS.

2.6 Imbalance of prevention and care

Access to HIV treatment and care is at last becoming a global priority. A critical concern is the fear that more resources will be allocated to care and treatment where immediate results could be seen from the investment while putting aside prevention interventions where a longer period is needed to see the impact of behavioural change.

3. ACTIONS PROPOSED

The following actions by Member States are proposed for consideration by the Regional Committee:

(1) strengthen surveillance activities, including data analysis and dissemination of high-quality epidemiological and behavioural data, in order to monitor the HIV/AIDS epidemic and to plan effective interventions;

(2) scale up effective interventions with measurable targets such as needle and syringe exchange programmes and drug treatment for the prevention of HIV in IDUs, and the "100% condom use programme" for the primary prevention of STI, including HIV/AIDS;
(3) strengthen STI services in both private and public sectors, particularly for areas or populations with high STI prevalence;

(4) promote the “3 by 5” Initiative by improving access to HIV/AIDS treatment, including antiretroviral drugs, preventive and curative treatments for opportunistic infections and palliative care;

(5) reduce stigmatization of people with HIV/AIDS;

(6) improve coordination of efforts to prevent and control HIV/AIDS at country level through implementation of the ‘three ones’ principle; and

(7) promote advocacy to develop political support for an effective response to HIV/AIDS.
Scaling up treatment and care within a coordinated and comprehensive response to HIV/AIDS

The Fifty-seventh World Health Assembly,

Having considered the report on HIV/AIDS;¹

Noting with great concern that by the end of 2003 about 40 million people were living with HIV/AIDS, the pandemic had claimed an estimated three million lives in 2003, and that HIV/AIDS affects women and children with particular severity;

Also concerned that, although about six million people in developing countries need antiretroviral treatment, only 440 000 currently receive it;

Noting with concern that other health conditions also cause high morbidity and mortality in developing countries;

Acknowledging that antiretroviral therapy has reduced mortality and prolonged healthy lives and that the feasibility of delivering antiretroviral treatment has been demonstrated in several resource-constrained settings;

Recognizing that treatment and access to medication for those infected and affected by HIV/AIDS, as well as prevention, care and support are inseparable elements of a comprehensive health-sector response at the national level, and require adequate financial support from States and other donors;

Recognizing that social stigma, discrimination, lack of affordability of antiretroviral medicines, economic constraints, limitations in health care capacity and human resources are some of the major impediments to access to treatment and care and social support for people living with HIV/AIDS;

Also recognizing the need to further reduce the costs of antiretroviral medicines;

Recalling the Declaration of Commitment on HIV/AIDS adopted at the United Nations General Assembly special session on HIV/AIDS (27 June 2001), which acknowledges that prevention of HIV infection must be the mainstay of national, regional and international responses to the epidemic and calls for significant progress, by 2005, in implementing comprehensive care strategies, including for access to antiretroviral drugs;

¹ Document A57/4.
Recalling also resolution WHA55.12 on the contribution of WHO to the follow-up of the United Nations General Assembly special session on HIV/AIDS, resolution WHA55.14 on ensuring accessibility of essential medicines, resolution WHA56.27 on intellectual property rights, innovation and public health, and resolution WHA56.30 on the global health-sector strategy for HIV/AIDS;

Recalling and recognizing the Programme of Action adopted at the International Conference on Population and Development (Cairo, 1994), commitments made at the World Summit for Social Development (Copenhagen, 1995) and the World Summit for Children (New York, 1990), the Beijing Declaration and Platform for Action (1995), the Declaration on the Elimination of Violence against Women (1993), and the Millennium Declaration (2000), their recommendations and respective follow-ups and reports;

Noting with satisfaction the agreement of 25 April 2004 among development partners to improve coordination and harmonization in the response to HIV/AIDS at country level, through the “Three Ones” principle, namely, one agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multisectoral mandate; and one agreed country-level monitoring and evaluation system;

Recognizing the central role of the health sector in the response to HIV/AIDS and the need to strengthen health systems and human capacity development so that countries and communities may contribute fully to realization of the global targets set out in the Declaration of Commitment on HIV/AIDS and to develop public health systems with a view to minimizing the emergence of drug resistance;

Underlining the importance of WHO’s work, including through the WHO-initiated procurement, quality and sourcing project, to facilitate access by developing countries to safe, effective and affordable antiretroviral drugs and diagnostics at the best price;

Recalling the Declaration on the TRIPS Agreement and Public Health adopted at the WTO Ministerial Conference (Doha, November 2001), and welcoming the decision taken by the General Council of WTO on 30 August 2003 on the implementation of paragraph 6 in that Declaration;

Acknowledging WHO’s special role within the United Nations system to combat and mitigate the effects of HIV/AIDS, its responsibility in the follow-up of the Declaration of Commitment on HIV/AIDS and, as a cosponsor of UNAIDS, in leading United Nations efforts in relation to treatment and care for HIV/AIDS and playing a strong role in prevention;

Welcoming the progress made by many Member States in beginning to scale up treatment for HIV/AIDS in their countries;

Welcoming also the increased support of Member States for programmes to combat HIV/AIDS,

1. WELCOMES the Director-General’s “3 by 5” strategy to support developing countries, as part of WHO’s follow-up to the comprehensive global health-sector strategy for HIV/AIDS, in securing access to antiretroviral treatment for three million people living with HIV/AIDS by the end of 2005, and notes the importance of mobilizing financial resources from States and other donors including for WHO to achieve this target;

2. URGES Member States, as a matter of priority:

(1) to establish or strengthen national health and social infrastructure and health systems, with the assistance of the international community as necessary, in order to assure their capacity to deliver effectively HIV/AIDS prevention, treatment, care and support services;

(2) to strengthen national planning, monitoring and evaluation systems in order to deliver HIV/AIDS prevention, treatment, care and support services within the context of the overall national health strategy, ensuring an appropriate balance between services for HIV/AIDS and all other essential health services;

(3) to pursue policies and practices that promote:

   (a) sufficient and adequately trained human resources with the appropriate skillmix to invoke a scaled-up response;

   (b) human rights, equity, and gender equality in access to treatment and care;

   (c) affordability and availability, in sufficient quantities, of pharmaceutical products of good quality, including antiretroviral medicines and medical technologies used to treat, diagnose and manage HIV/AIDS;

   (d) accessible and affordable treatment, testing and counselling with informed consent, prevention and care services for all, without discrimination, including the most vulnerable or socially disadvantaged groups of the population;

   (e) good quality and scientific and medical appropriateness of pharmaceutical products or medical technologies for treatment and management of HIV/AIDS, irrespective of their sources and countries of origin, inter alia by making the best use of WHO’s list of prequalified drugs that meet international quality standards;

   (f) further investments in medicines, including microbicides, diagnostics and vaccine research, in social science and health systems research, and in traditional medicines and possible interactions with other medicines, in order to improve effective interventions;

   (g) development of health systems designed to promote access to antiretroviral medicines and to facilitate adherence to treatment regimens with a view to minimizing drug resistance as well as protection of patients against counterfeit medicines;

   (h) integration of nutrition into a comprehensive response to HIV/AIDS;

   (i) promotion of breastfeeding in the light of the United Nations Framework for Priority Action on HIV and Infant Feeding and the new WHO/UNICEF Guidelines for Policy-Makers and Health-Care Managers;

(4) to consider, whenever necessary, adapting national legislation in order to use to the full the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights;
(5) to apply the “Three Ones” principle with a view to improving coordination and harmonization in the response to HIV/AIDS;

(6) to encourage that bilateral trade agreements take into account the flexibilities contained in the WTO TRIPS Agreement and recognized by the Doha Ministerial Declaration on the TRIPS Agreement and Public Health;

3. REQUESTS the Director-General:

(1) to strengthen the key role of WHO in providing technical leadership, direction and support to health systems’ response to HIV/AIDS, within the United Nations system-wide response, as a cosponsor of UNAIDS;

(2) to take action within the framework of the “Three Ones” principle:

   (a) to provide support to countries in order to maximize opportunities for the delivery of all relevant interventions for prevention, care, support and treatment of HIV/AIDS and related conditions, including tuberculosis;

   (b) to support, mobilize and facilitate efforts of developing countries to scale up antiretroviral treatment in a manner that focuses on poverty, gender equality, and the most vulnerable groups, within the context of strengthening national health systems while maintaining a proper balance of investment between prevention, care and treatment;

   (c) to provide guidance on accelerating prevention in the context of scaled-up treatment, in line with the global health-sector strategy for HIV/AIDS;

(3) to take measures to improve access of developing countries to pharmaceutical and diagnostic products to diagnose, treat and manage HIV/AIDS, including by strengthening WHO’s prequalification project;

(4) to ensure that the prequalification review process and the results of inspection and assessment reports of the listed products, aside from proprietary and confidential information, are made publicly available;

(5) to support developing countries in improving management of the supply chain and procurement of good-quality AIDS medicines and diagnostics;

(6) to provide support to countries to embed the scale-up of the response to HIV/AIDS into a broad effort to strengthen national health systems, with special reference to human resources development and health infrastructure, health system financing and health information;

(7) to provide a progress report on implementation of this resolution to the Fifty-eighth World Health Assembly, through the Executive Board.

Eighth plenary meeting, 22 May 2004
A57/VR/8