
WHO WELCOMES RESEARCH SHOWING EFFECTIVENESS OF AIDS TREATMENT

Health workers' experience shows that HAART can be delivered and is effective in poor settings

The World Health Organization (WHO) welcomes the research published in the issue of *The Lancet* highlighting the substantial increased survival for people with HIV/AIDS who have access to highly active antiretroviral therapy (HAART). The new report focuses on findings in rich countries, but the experience of WHO and public health workers in clinics around the world shows that antiretroviral therapy (ART) can be delivered effectively and with equally dramatic results in poor countries.

This research and the new evidence that antiretroviral therapy is extremely effective gives added backing to WHO in its push to deliver antiretrovirals to three million people in developing countries by the end of 2005 (the "3 by 5" target).

WHO expects survival gains to be as good or even better in resource-poor settings over a similar period of time. "Treatment with antiretrovirals works for everyone - rich and poor. Now the poor urgently need access to these drugs," said Dr Charlie Gilks, head of WHO's "3 by 5" team. "We are determined to simplify treatments and to ensure that affordable, quality drugs reach those in need as quickly as possible."

At the UN General Assembly session on HIV/AIDS on 22 September 2003, WHO declared the lack of access to antiretroviral therapy a global health emergency and set up a "3 by 5" emergency response. To reach the "3 by 5" target, WHO and its emergency response teams are working with a wide range of partners including UNAIDS, governments, civil society and business

to identify and remove obstacles to increasing the availability of ART in developing countries. Currently, only one of every one hundred people in Africa who need ART has access.

Day to day experience of treatment programs in Malawi, Haiti, Brazil and South Africa clearly demonstrates that antiretroviral therapy works in resource-poor settings. Although the price of treatment has fallen from around US\$ 10,000 per patient per year to under US\$ 300 per patient per year, there is not enough funding and for too many countries the cost remains too high, and the numbers of trained staff able to deliver ART is too low. The consequence of this is that few can start on treatment nor can they begin to enjoy the benefits seen in wealthy countries.

By World AIDS Day on 1 December 2003, WHO will produce a comprehensive strategy to reach the "3 by 5" target, including: developing simplified treatment guidelines and establishing an AIDS Drugs and Diagnostics Facility to assist countries and partners to purchase and distribute affordable quality medicines.

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