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Speech of the Deputy Executive Director

Satellite Meeting on the 3 by 5 Initiative

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by

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It's a privilege for me to be here on behalf of Dr. Peter Piot.

It was people living with HIV who first ignited the movement for treatment access years ago. And it is governments and their civil society partners who are leading treatment scale up in countries.

But the 3 by 5 target has transformed the global discussion on AIDS. At last we are debating when and how we are going to get treatment to millions – not "if" we can do it.

In other words, the expectation from governments in heavily affected countries and people living with HIV is different today than it was before 3 by 5. If that raises controversy and makes people impatient, then I say that's good.

The goal of 3 by 5 is achievable, and we are making progress towards it. But this satellite and this movement are not about fixating on a number and a date. We are here to discuss how we get treatment and prevention to millions as soon as possible.

The evidence is in – programs in Africa, Asia and Latin America have established that antiretroviral therapy can be delivered in resource-poor settings. More funds are becoming available through the Global Fund, the World Bank, the President's Emergency Plan for AIDS Relief, and other major donors.

We have a long way to go. There are now 440,000 people on antiretroviral treatment. That is a pitifully low number, but it represents a doubling of where we were two years ago – and it proves it can be done.

3 by 5 has set an ambitious goal, and it's important we understand 3 by 5 for what it is – not a program, but a grand coalition, and a commitment to help advance the treatment access movement in which so many are already involved.

Capacity

Perhaps the most acute challenge is that of institutional and human capacity. Greatly increased resources and political commitment are clearly not yet matched by an increase of institutional and human resources. In the countries most affected by the AIDS epidemic, AIDS itself is greatly worsening the human capacity crisis.

At least 100,000 more health workers and community workers must be trained in order to achieve the goals of 3 by 5. But that is just a beginning.

We need to tackle the tough issues like limits imposed by international financial institutions on the number of health and social service workers in the public sector; the emigration of skilled health workers from south to north; and the need for fair salaries and conditions of service in countries.

Drug Availability

Another challenge, still, is bringing prices down. We have been saying from the beginning that we need lower prices for middle income countries and some countries in transition. It's unacceptable that in 2004 some middle income developing countries are paying as much as $10,000 per person per year for AIDS treatments.

We need innovation but we can't live without access to generics.

Intellectual Property

One of the key priorities for us is to help countries take full advantage of flexibility in global trade agreements to help expand access to AIDS treatments.

Greater efforts are needed to ensure countries are aware of their rights, and we need to guard against inclusion of stricter-than-necessary patent provisions in regional trade agreements that could undermine much of the important flexibility extended to low and middle income countries.

Prevention Remains a Priority

Greatly expanded access to HIV testing is, of course, a crucial factor in treatment expansion. So too is prevention. Between today and the target for 3 by 5, eight million people will become infected with HIV at the current pace. Yet only one in five people at high risk of infection have access to prevention.

Without a greatly expanded prevention effort, treatment is simply not sustainable. So prevention needs to be part of the package as treatment is scaled up.

Stigma and Discrimination

One final challenge is stigma and discrimination. AIDS is not a chronic disease like any other. I haven't heard yet of someone with diabetes who was beaten to death or thrown out of the house because of her illness.

Treatment access programs cannot succeed unless we make concerted efforts to address the social barriers that make people vulnerable and drive people away from care -- treatment programs must be designed with the needs of women and other vulnerable groups in mind.

UN System-wide Commitment

3 by 5 is a system-wide commitment of the UN, and each agency has a role to play. WHO is providing the much-needed technical support to an initial 56 countries working to increase access to treatment. The World Bank is assisting in funding the initiative - we estimate the cost of providing treatment to 3 million people by the end of 2005 as at least $5.5 billion. UNAIDS, including its ten UN Cosponsoring agencies, is driving global advocacy behind 3 by 5, and helping coordinate accelerated access to treatment at the country level.

Each country ought to have one AIDS action framework, one national AIDS coordinating authority, and one agreed country-level monitoring system. These principles – called the Three Ones – are what are needed to put countries in the driver's seat.

Of course, the UN does not own 3 by 5. Its success depends on many sectors: donor nations and institutions, governments in affected countries, industry, community, and advocates.

Close

Some people will remain skeptical about whether this target can be reached. Some people think it's ill advised to set a target that will require enormous effort to reach, and even some luck.

The real risk to millions of people in thousands of communities around the world is to be overly cautious, and not press ourselves to make treatment widely available.