Antiretroviral treatment for 3 million people in developing countries by the end of 2005:
Changing minds and changing history

Jim Yong Kim
World Health Organization

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- 20% – 39%
- 10% – 20%
- 5% – 10%
- 1% – 5%
- 0% – 1%
- trend data unavailable
- outside region
Estimated number of people who died of AIDS globally, 1999 - 2003

This bar indicates the range around the estimate.

This bar indicates the range around the estimate.
Changes in life expectancy in selected African countries with high HIV prevalence, 1950 to 2000

“Most studies underestimate the long-term economic impact of AIDS”

“HIV/AIDS causes far greater long-term damage to national economies than previously assumed”

World Bank, July 2003
Projected population structure with and without the AIDS epidemic, Botswana, 2020

Source: US Census Bureau, World Population Profile 2000
Reduction in production in a household with an AIDS death, Zimbabwe

<table>
<thead>
<tr>
<th>Crops</th>
<th>Reduction in output</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maize</td>
<td>61%</td>
</tr>
<tr>
<td>Cotton</td>
<td>47%</td>
</tr>
<tr>
<td>Vegetables</td>
<td>49%</td>
</tr>
<tr>
<td>Groundnuts</td>
<td>37%</td>
</tr>
<tr>
<td>Cattle owned</td>
<td>29%</td>
</tr>
</tbody>
</table>

Source: Stover & Bollinger, 1999
## AIDS and the Millennium Development Goals

<table>
<thead>
<tr>
<th>Mill. Development Goal</th>
<th>Africa progress</th>
<th>AIDS effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce poverty/hunger</td>
<td>Stagnant at best</td>
<td>Large</td>
</tr>
<tr>
<td>Universal <strong>1</strong>ary education</td>
<td>Lagging</td>
<td>Moderate</td>
</tr>
<tr>
<td>Gender equality</td>
<td>Lagging</td>
<td>Large</td>
</tr>
<tr>
<td>Child &amp; infant mortality</td>
<td>Worsening</td>
<td>Large</td>
</tr>
<tr>
<td>Maternal health</td>
<td>Worsening</td>
<td>Large</td>
</tr>
<tr>
<td>Combat AIDS &amp; diseases</td>
<td>Worsening</td>
<td>Large</td>
</tr>
<tr>
<td>Environmental sustainability</td>
<td>On track</td>
<td>Minimal</td>
</tr>
<tr>
<td>Improve global partnerships</td>
<td>On track</td>
<td>Favorable</td>
</tr>
</tbody>
</table>
How AIDS leads to social collapse - “Human Capital” Model

In South Africa, “in the absence of AIDS, the counterfactual benchmark, there is modest growth, with universal and complete education attained within three generations. If nothing is done to combat the epidemic, however, a complete economic collapse will occur within three generations.”

Human Capital - Generation 1

- AIDS kills/destroys human capital, especially young adults in their prime
- AIDS wrecks the mechanisms that generate human capital formation: decreases quality of child-rearing due to illness; death of parents weakens the transmission of knowledge; children drop out of school due to loss of parents’ income
- Children of AIDS victims are in turn less able to raise their own children and to invest in their education

Human Capital - Generation 2

Human Capital - Generation 3

Economic growth

COLLAPSE
A century from now, when historians write about our era, one question will dwarf all others, and it won't be about finance or politics or even terrorism. The question will be, simply, how could our rich and civilized society allow a known and beatable enemy to kill millions of people?

The enemy, of course, is...HIV ....

What is “3 by 5”?  

A shared global target to provide antiretroviral therapy to 3 million people with HIV/AIDS by the end of 2005, with the goal of achieving universal access.
Why 3 by 5 and Why Now?

- The most difficult, concrete and transforming target for WHO and the UN
- A fundamental shift in global HIV advocacy was desperately needed
- Unprecedented global political commitment – HIV treatment advocacy can be sustained
- New sources of financing – $20 billion on the table
- AIDS treatment and scale-up in resource-poor settings is feasible, effective, and increasingly affordable
- Why WHO? Because Prevention and Health Systems development that benefit the poorest are our core business
WHO/UNAIDS have developed a strategy to contribute to achieving “3 by 5”, focusing on:

- Country Support Teams
- "Public health approach" to treatment
- AIDS Medicines and Diagnostics Services (AMDS)
- Uniform standards and simplified tools to track progress and impact of ARV treatment programmes
- Expanded training and capacity development
- Monitoring/evaluation/surveillance that leads to better program performance
- "Real time" operational research/targeted evaluation that redefines the paradigm
- Truly linking treatment and prevention
- Strengthening health systems, human resources
- Advocate for urgent action and funding
"3 by 5" Focus countries
situation as of June 2004

SUMMARY BY WHO REGION

Africa: 24
Americas: 9
Eastern Mediterranean: 4
Europe: 6
South East Asia: 3
Western Pacific: 3

TOTAL: 49 countries
Nature and focus of the 136 partners of the "3 by 5" Initiative

<table>
<thead>
<tr>
<th>Nature of partnership</th>
<th>Focus of partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical</td>
<td>ARV therapy</td>
</tr>
<tr>
<td>Collaborative</td>
<td>Advocacy</td>
</tr>
<tr>
<td>Networking</td>
<td>Prevention</td>
</tr>
<tr>
<td>Financial</td>
<td>Donors</td>
</tr>
<tr>
<td>Political</td>
<td>Voluntary counselling and testing</td>
</tr>
<tr>
<td></td>
<td>Preventing mother-to-child transmission</td>
</tr>
<tr>
<td></td>
<td>Procurement</td>
</tr>
</tbody>
</table>

Each partner could choose multiple foci.
Progress towards "3 by 5" targets

20 countries with the highest ARV need, December 2004

- People receiving ARV therapy up to June 2004
- Increase between June and December 2004
- People still needing treatment to reach "3 by 5" target

TARGET MET
Number of people receiving ARV therapy in developing and transitional countries by region, 2002-2004
Gender and ART access

Percentage of adults on treatment who are women, compared to expected percentage, country or site reports, 2004

- Botswana (n=33,000)
- Cameroon (n=13,000)
- Côte d’Ivoire (n=4,536)
- Kenya (n=7,864)
- Namibia (n=3,879)
- Rwanda (n=4,238)
- Uganda (n=26,421)
- Zambia (n=1,250)
- India (n=2,730)
- Brazil (n=146,000)
- El Salvador (n=1,600)
- Haiti (n=1,600)
- Honduras (n=2,300)
# Overview

## Positive Developments
- Real progress in countries
- Partnerships maturing
- WHO HIV work transformed
- Solid advocacy platform established with a new message
- Interim target met
- UN more action oriented
- Problem solving now is focused on very practical issues

## Challenges
- Testing and counseling uptake
- Human resources/health systems
- Procurement and supply infrastructure
- Drug supply/price
- Country level coordination
- Treating children
- Equity in treatment roll-out
- Linking prevention and treatment

![Image of positive developments](image1.png)
![Image of challenges](image2.png)
“All Christians know that the colored people will receive equal rights eventually—eventually—but it is possible that you are in too great a religious hurry. It has taken Christianity almost 2000 years to accomplish what it has. The teachings of Christ take time to come to Earth.”
Martin Luther King responds:

...such an attitude stems from a tragic misconception of time and a strangely irrational notion that there is something in the flow of time that will inevitably cure all ills. Actually, time itself is neutral. It can be used destructively or constructively. More and more I feel that the people of ill will have used time much more effectively than the people of good will. We will have to repent in this generation not merely for the hateful words and actions of the bad people, but for the appalling silence of the good people.
TREAT 3 million by 2005

WE WANT THE TREATMENT