



The "3 by 5" Target

TREAT THREE MILLION PEOPLE LIVING WITH HIV/AIDS BY 2005 – MAKE IT HAPPEN

The World Health Organization "3 by 5" newsletter aims to provide a snapshot of information about activities going on around the world to increase access to HIV/AIDS treatment and prevention in line with the target to treat 3 million people living with HIV/AIDS by the 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

NEWS IN BRIEF

WHO launches HIV plan, progress report, country profiles

The WHO HIV/AIDS Plan 'Investing in a comprehensive health sector response to HIV/AIDS', was launched at the International AIDS Conference in Bangkok. The plan describes the strategic and resource framework specifically for WHO in the HIV/AIDS area of work during 2004–2005 and lays out WHO's role in scaling up treatment and care and accelerating prevention. The plan describes the roles of each level of the WHO structure and the financial and human resources allocated to each.

The first "3 by 5" progress report, detailing results of the first six months since the launch of the target in December 2003, was also presented at the conference.

Also released at the conference was the first edition of 26 country profiles – a practical tool developed in collaboration with governments and regional/country representatives. The profiles summarize key information related to HIV treatment and care for each country, and will be an important practical tool for use at the country level as they scale up their response to HIV/AIDS. The profiles will help guide countries on monitoring progress and clarifying roles among partners. They will be updated frequently as the situation develops in each country. Further country profiles will be added to the set.

The HIV Plan, the Progress Report and the 26 country profiles are available on the WHO web site at:

http://www.who.int/entity/3by5/en/HIV_AIDSplan.pdf

<http://www.who.int/3by5/en/Progressreport.pdf>

<http://www.who.int/entity/3by5/countryprofiles/en/>

New guidelines on preventing mother-to-child transmission of HIV

In early July, WHO published new guidelines underlining the effectiveness of antiretroviral drugs to prevent the transmission of HIV from seropositive mothers to their children. These guidelines take into account the most recent information on the safety and effectiveness of different drug regimens, as well as concerns over resistance to some of the drugs used, including nevirapine.

The guidelines are available online at: <http://www.who.int/hiv/pub/mtct/guidelines/en/>

IN FOCUS

XV International AIDS Conference – "3 by 5" in the spotlight

Progress towards "3 by 5", accelerated access to HIV/AIDS treatment and prevention as well as expanding testing and counselling all featured prominently at the XV International AIDS Conference held in Bangkok, Thailand (11 – 16 July 2004).

As part of the conference, the World Health Organization (WHO) and UNAIDS released the first "3 by 5" progress report. The report demonstrates how, in the first six months since the launch of the strategy, the building blocks needed to increase the availability of AIDS

treatment to people have been coming into place. It shows how significant progress has been made in terms of increased political commitment, technical support to countries, initiation of wide-scale training efforts and the general decrease in drug prices.

"This is the result of the efforts of many partners, including governments, donors, multilateral agencies, nongovernmental organizations, faith-based organizations, the private sector, and persons living with HIV/AIDS," said WHO Director-General Dr LEE Jong-wook. "But much more remains to be done."

Current estimates show that 440 000 people in the developing world are receiving antiretroviral treatment (ART) – this is twice the number that were receiving treatment at the time of the Barcelona conference two years ago but it still does not reach the "3 by 5" milestone target of 500 000 by the end of June 2004.

"We are moving in the right direction, but too slowly" said WHO Director of HIV/AIDS, Dr Jim Yong Kim. "Now that the commitment, significant financing and building blocks are in place, we have 18 months to make it happen."

Speaking at the conference, Kim emphasized the excellent work by activists, governments and partners and urged all stakeholders to unite and "work like crazy" to save millions of lives.

"We know how to prevent HIV/AIDS, we know how to treat AIDS and we know how to care for people living with AIDS. The world has an opportunity and a responsibility now. Let's make it happen," he said.

Prevent – Test – Treat

With 5 million new infections every year, one of the key questions at the conference was how best to link prevention to accelerated treatment efforts.

"It's not enough to just say treatment and prevention go together; we need to identify and build upon the new opportunities for prevention that arise when treatment is made widely available," said Dr Isabelle de Zoysa, Senior Adviser to the Assistant Director-General of WHO for Family and Community Health.

For WHO, ensuring that people are aware of their HIV status and are counselled on how to protect themselves and their partners is a critical intervention that provides a bridge between prevention and



WHO's Dr Jim Yong Kim joins treatment activists in the launch of the 'Know Your Status' campaign

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treatment interventions. Currently, less than 10% of the 38 million people worldwide carrying the HIV virus are aware of their status.

Addressing the issue, WHO and UNAIDS announced a change in policy for HIV testing, calling for a routine offer of HIV testing. Under this scheme, patients arriving at clinics and surgeries for a variety of medical issues, including TB and antenatal care, are offered an HIV test routinely, although they still have the option to refuse. The policy aims to make it easier for people to learn their status and take appropriate measures to prevent further infections.

The conference provided the ideal setting for the launch of a new campaign designed to scale up testing and counselling. Based on a successful model first launched in Brazil, the 'Know your status' campaign encourages people to get tested, with the slogan 'you gotta know'. This vital campaign links WHO with UNAIDS and the Global Business Coalition to promote uptake of testing and counselling, particularly in countries where ART is being made available on a large scale. The aim is to work with as many partners as possible, including the International Labour Organization (ILO) and the public sector to make people aware of the benefits of early knowledge of serostatus, and to encourage debate and discussion within communities to openly address stigma and discrimination.

US\$ 1 million to support community-based treatment preparedness



With the lifelong commitment that taking antiretroviral treatment (ART) requires, preparation and training before initiating treatment is essential to maintain treatment adherence.

As part of a newly established 'Preparing for Treatment Programme', WHO is dedicating up to US\$ 1 million to support community-based HIV/AIDS treatment preparedness activities to further contribute to reaching the "3 by 5" target.

Through a competitive process, WHO will award a contract to

organizations that will then implement treatment preparedness activities, including treatment literacy projects and civil society advocacy initiatives.

WHO has appealed for applicants with global reach and local capacity in the world's most affected countries. "We hope this programme will see organizations partnering for the activity and creating dynamic and exciting new opportunities in the field," said Ted Karpf, WHO focal point for the programme.

Organizations interested in bidding for the grants have been invited to submit tenders to design and operate the programme. Any organization that is located within a WHO Member State and has the capacity, networks and interest in the work has been invited to submit its proposal.

The deadline for tender proposals was set for 31 August 2004. Following this, an objective review process will be held in Geneva at WHO between 1 September – 1 October 2004. The selected contractor will be notified by 15 October 2004. The process will include an assessment of the tenders based on elements identified in the 'Preparing for Treatment Programme' guidance document. The purpose of the objective review is to determine which tenders are the most appropriate in reflecting the terms and values of the programme.

Public announcement of the selected contractors will take place in late October 2004.

For more information contact Ted Karpf at karpft@who.int or call 41 22 79 11 993.

NEWS IN BRIEF

Regional partnership forum drives "3 by 5"

Following the "3 by 5" Global Partners meeting in May 2004, key regional stakeholders from eastern and southern Africa formed a partnership forum to push "3 by 5" forward in the region. The partnership forum aims to ensure greater coordination of treatment access activities, undertake joint advocacy and joint mobilization of resources and share experiences. The WHO/AFRO Regional partnership on AIDS and the UNAIDS Regional support team will serve as the Secretariat to the partnership forum.

The forum's immediate action will include strengthening engagement with regional inter-governmental organizations to facilitate the scaling-up of national treatment access programmes, convening expert consultations to address gaps in technical and programmatic guidance and strengthening civil society engagement and support. The forum will also attempt to ensure that access to treatment is operationalized within one national strategy, under one national authority with a core set of harmonized indicators for monitoring and evaluation and will undertake studies to analyse resource flows in the region.

For more information please contact ShuShu Tekleheimanot, tekleheimanots@whoafr.org or Mark Stirling, stirlingm@unaids.org.

Action urged: make TB a priority

Former South African President Nelson Mandela has warned the global AIDS community to seriously address TB/HIV co-infection or risk losing the battle against AIDS. "We cannot win the battle against AIDS if we do not fight TB. TB is too often a death sentence for people living with AIDS. It does not have to be this way," he said at the International AIDS conference. Highlighting the importance of addressing co-infection, he said resources for detecting and treating TB are woefully short despite the world having [had] a cure for more than 50 years.

Research into dual TB/HIV co-infection got a boost at the Conference with a US\$ 45 million funding grant from the Bill & Melinda Gates Foundation. The organization said the money would fund studies into strategies to control TB in areas with high HIV infection rates.

Collaborative HIV and TB activities can make a major contribution toward achieving "3 by 5". The provision of high-quality accessible VCT through DOTS programmes using rapid HIV tests and linked to a comprehensive package of prevention, care and support, should greatly increase the number of people who know their HIV status, which the WHO Stop TB Department estimates could deliver up to 500 000 candidates each year for ARV treatment.

NEWS IN BRIEF

Training and certification of healthcare and community workers

The serious shortage of health workers in many of the countries worst hit by AIDS is a major challenge for countries trying to expand access to treatment. To realistically turn the tide on such shortages, around 100 000 community health workers need to be trained to assist in accelerating treatment and prevention services.

In June 2004, "3 by 5" partners from nearly 50 organizations gathered for an international consensus meeting on training and certification for health-care and community workers, emphasizing the importance of driving the scale-up efforts for ART provision and the training of health-care and community workers away from central hospitals toward health facilities in more rural areas.

A key focus area was the identification of core competencies required to deliver ART. Participants welcomed the concept of simplifying training to allow health-care and community workers in rural areas to perform a vital role in treatment scale-up and underlined that appropriate professional and monetary recognition must follow.

Participants also discussed certification, which should include knowledge and performance assessments, as well as requirements for supervised patient contact but agreed that, although important, certification should not impede the introduction of ART. It was proposed that certification may need to be introduced in a staged approach, introducing more complicated assessments and components at a later phase. Further discussion is required with regulators, governments and professional associations regarding the shifting of tasks to less qualified health workers and for the certification of workers of all cadres.

The consultation will be followed at the end of August by the publication of core competencies for health-care and community workers involved in providing ART and recommendations for initiating certification programmes for these workers.

Global Fund grants to put 932,000 on ART

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) approved funding at the end of June to start nearly one million more people on ART over the next five years.

In its latest - the fourth - round of approvals, the board of the GFATM committed a total of US\$ 968 million over two years to new grants for programmes covering the three disease areas. This brings the total GFATM commitments for all rounds over the first two-year phase of the programmes to US\$ 3 billion and a projected total of people on ART for all programmes to date to 1.6 million.

More than 85% of the money approved will go to low-income countries with nearly 70% for African countries. Almost half of the grants

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Faith-based groups: vital partners in the battle against AIDS

Faith-based organizations (FBOs) have a crucial role to play in the "3 by 5" goal of accelerating HIV/AIDS treatment and prevention because of their influence within communities and their reach in rural and remote areas. For centuries, faith-based groups have been predominant caregivers in communities: in Africa, for example, up to 40% of medical care is delivered by FBO and faith-based communities.

At the International AIDS Conference in Bangkok, faith-based groups were fully welcomed to the international discussion of HIV and AIDS.



The Reverend Canon Gideon Byamugisha addressed the conference plenary session

"Since Barcelona, a lot of work has been done to make sure the voices and reflections of faith-based groups could be heard [in Bangkok] and those voices represent a wide spectrum of perspectives," said Ann Smith, HIV programme official, Catholic Agency for Overseas Development (CAFOD).

For the first time, a religious leader addressed a conference plenary session. The Reverend Canon Gideon Byamugisha, an HIV-positive Anglican priest from Uganda, thanked delegates for recognizing "the unique strengths and bridges that we can bring to the table of the international partnership against HIV- and AIDS-related stigma, shame, denial, discrimination, inaction, and misaction."

Byamugisha acknowledged that some religious groups have not done enough to earn their place at the table. "Many of us still have inadequate and inaccurate knowledge. We have inappropriate attitudes on HIV/AIDS and the people living with it. Some of us are still preaching condemnatory and stigmatizing sermons and approaches to HIV/AIDS," he said.

Underlining the vital role that faith-based organizations can play in scaling up treatment and prevention, Byamugisha said: "We have a unique presence and reach within communities. We have unique structures and programmes that are already in place. We are available. We are reliable. And we are sustainable. We were there long before AIDS came and we will still be there when AIDS goes away."

As part of the many events involving faith-based groups during the conference, attending religious leaders approved a "statement of commitment" promising increased work on HIV and AIDS in coming months.

Africa heads of churches summit commits to "3 by 5"



AACC Secretary General, the Reverend Dr H. Mvume Dandala (left) and AACC President, the Right Reverend Nyansanko Ni-Nku (right).

In the weeks leading up to the International AIDS conference, African church leaders stated their commitment to the "3 by 5" target and said that they would make treatment available in church-supported health facilities.

"We will make treatment available at mission hospitals, clinics, dispensaries and health posts," the Right Reverend Nyansanko Ni-Nku, the president of the All Africa Conference of Churches (AACC), told a news conference following an AACC Leadership Summit on HIV/AIDS held in Nairobi in June. The summit brought together 200 Protestant church leaders from 39 African countries.

Calling on political decision-makers, Ni-Nku urged governments to "make ART and other treatments available as a right of all citizens to health" and pharmaceutical companies to "put people before profits."

He added, "Given that congregational members of the AACC member churches amount to a conservative estimate of 140 million Christians in Africa, we resolve that every congregation should be a centre for health, healing and treatment. We will make our congregations and health facilities havens of compassion."

"As church leaders and policy-makers, we will ensure that church support systems and church resources are effectively used to redress the continent's desperate plight," he said.

Women living with denial, discrimination and HIV/AIDS in Ukraine

"One third of countries still have no policies to ensure that women have access to HIV/AIDS prevention and care," United Nations Secretary-General Kofi Anan told the International AIDS Conference 2004.

According to the UNAIDS 2004 global epidemiological report, women and young people are the most vulnerable groups to HIV infection.

In the eastern European Republic of Ukraine, the county hardest hit by HIV/AIDS in the region, almost 30% of those infected are women. Here, three Ukrainian women living with HIV speak out about their personal struggles, about how living with denial and discrimination have been part of everyday life and about how ART now offers hope.



Valeria, HIV+ mother and activist

Valeria contracted HIV when she was 18, injecting drugs with friends. Like many others she did not know that she might become infected with HIV by sharing needles.

Since then she has had to live with the devastating consequences. One of the first people in the country to be diagnosed with HIV/AIDS, Valeria says she has faced extreme discrimination. She was rejected by those around her, she lost her sports career as a member of the national women's volleyball team and was forced to give up her university studies. Faced with such rejection and discrimination, Valeria says she lost her self confidence and plunged deeper into drug addiction.

Ten years on and Valeria has turned her life around. She works as a treatment counsellor for Life+, a nongovernmental organization (NGO) providing self-help and counselling services to people living with HIV/AIDS.

She is also in charge of a day-care centre for HIV-positive children and is fighting against stigma and discrimination towards children living with AIDS. She has faced this first hand, because her daughter was born with HIV. "Many nurses and doctors are scared of providing services to people and even children living with HIV," she said, describing how a nurse refused to take a blood sample from her daughter for her first HIV test.

"I had to take the blood myself," confirms Valeria. "Safety conditions are not always perfect in our clinics but they should not take actions to violate our human rights."

Further discrimination followed Valeria's daughter. With 'HIV' featured in her health records, no kindergarten or school would admit her. "Children are at no fault; they have a right to schooling and treatment, just like other children," said Valeria.

Olga is an HIV+ mother of five children. Currently she is healthy and able to support her family, but there was a time when doctors told her that she might have only days to live.

She started ART a year and a half ago. "The hope ART gave me to live again and see my children grow up made me stronger with every passing day," says Olga.

But she regrets 15 years of her life and a career as a school teacher lost to drug addiction and the devastation it brought to her life. "I am hopeful that my children won't repeat this life," she sighs, explaining that drug use is as common a problem today as it was when she was addicted. "In my district it's easier to count who doesn't use drugs than to count who does. Most of the people I know do," Olga explained.



Tatyana is one of the lucky ones who has access to ART

In suburban Odessa, 27-year-old Tatyana, a former medical lab worker, is one of some 30 patients in the AIDS Clinic. "I didn't inject drugs, never smoked 'grass' in my life but still I couldn't avoid AIDS," said Tatyana, who also has a four-year-old daughter living with HIV.

ART is scarcely available in Ukraine, only 197 out of 4 000 people who need it get it. Tatyana is one of the lucky ones. She looks pale, but feels strong. She says she is full of hope now that she is receiving effective treatment.

"I have meningitis and if I didn't have ART I would have been dead already. I saw seven people die in this clinic in the space of one month," she said.

A programme to increase access to ART, spearheaded by NGOs and the public health sector, is currently being set up and a specialist training centre, supported by WHO and the German Development Agency (GTZ), is updating doctors and nurses on simplified treatment protocols.



Olga: "The hope with ART made me stronger with every passing day."

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are for HIV/AIDS-related programmes across 25 countries and two regions". As well as supporting HIV/AIDS treatment programmes, the GFATM is investing in ongoing prevention efforts as well as programmes to increase HIV/AIDS counselling and testing.

"Round Four gives the struggle to get AIDS treatment to all those who need it a big push forward," said Professor Richard Feachem, Executive Director of the Global Fund. "This was a result of WHO's extensive efforts to promote "3 by 5" and assist countries in setting up ambitious and viable treatment plans."

* The Round 4 Multi-country Americas (CRN+ - Caribbean Network for People Living With HIV/AIDS) HIV/AIDS programme covers Antigua & Barbuda, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, St Kitts & Nevis, St Lucia, St Vincent & the Grenadines, Suriname, and Trinidad & Tobago. The Round 4 Multi-country Americas (Mesoamerican Project in Integral Care for Mobile Populations) programme covers Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama.

Latest developments in prequalification

Six new medicines were added to the World Health Organization (WHO) prequalification list of drugs to treat HIV/AIDS in July and August, thus further increasing access to a choice of 96 quality products (antiretrovirals together with products for HIV/AIDS care like antifungals and antibiotics) including 9 antiretroviral Fixed Dose Combinations (FDCs). At the same time, product assessment reports on quality specifications and bioequivalence of a generic triple FDC antiretroviral already prequalified has been made public. Manufacturing site inspection findings are also being published, which will make the WHO prequalification one of the most transparent of all similar regulatory assessment processes to date.

The six new products are: lamivudine (150 mg tablet) from a newly prequalified generic manufacturer Strides Arcolab, the antifungal fluconazole in three different strengths (50 mg, 150 mg and 200 mg capsules), lamivudine 100 mg tablet and the triple combination Lamivudine 150mg plus Stavudine 30mg plus Nevirapine 200mg tablet from Cipla.

To ensure that the good quality of prequalified generic medicines is accompanied by certainty of bioequivalence with originator products, WHO has begun systematic inspections of independent laboratories contracted by companies to run bioequivalence studies on generic medicines. Recent findings of two laboratories not meeting good clinical and laboratory practices proved that the move was necessary.

These recent findings have led to the removal of five AIDS medicines from the prequalification list (see below for full list of those removed). The removal does not mean that the products are not safe or bioequivalent (that is, they may or may

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not have the same therapeutic effects as the originals on which they are based), but that WHO cannot now rely on the data presented by the laboratories on the bioequivalence and so therefore must withdraw the products from the list.

The manufacturers in question, Indian-based companies CIPLA and Ranbaxy, have committed to contract different laboratories to rerun the new bioequivalence studies. In subsequent assessments and inspections to follow, if bioequivalence is proven, and the laboratories are found to meet requirements, those medicines will be re-listed.

The following products have been removed from the list of prequalified products to date:

Lamivudine 150mg plus Zidovudine 300mg tablet by Ranbaxy Laboratories Ltd Dewas, India. 60's and 100's

Lamivudine 150mg plus Stavudine 30mg plus Nevirapine 200mg tablet by Ranbaxy Laboratories Ltd Dewas India. Al strip of 10, 60 per box,

Lamivudine 150mg plus Stavudine 40mg plus Nevirapine 200mg tablet by Ranbaxy Laboratories Ltd Dewas, India. Al strip of 10, 60 per box

Lamivudine 150mg tablet by Cipla Ltd, Kurkumbh, India. Blister 10.

Lamivudine 150mg plus Zidovudine 300mg tablet by Cipla Ltd, Vikhroli, India. Blister 10.

For more information on Prequalification, visit www.who.int/medicines

For more information on the current list of prequalified products, go to the web page at <http://mednet3.who.int/prequal/>

FROM THE FIELD

Reaching patients in rural areas: Kenya clinic shows the way

In parts of the world where large percentages of the population live in rural and remote areas, rolling out HIV/AIDS treatment and prevention programmes can appear to be an insurmountable challenge.

But a number of clinics in Kenya are proving that prevention and treatment can be initiated and carried out effectively, and that these programmes benefit not only those in need of treatment, but entire communities as well.

Set 125 miles southeast of Nairobi, half-a-day's walk from the nearest health dispensary and several days walk from the nearest hospital, the 'AID Village Clinics' site in the remote Mbirikani Group Ranch is one such example of an innovative programme able to successfully deliver ART under the extreme resource constraints of rural Africa.

"The Maasai ranch lacks the most basic infrastructure – no running water, roads, electricity or sanitary waste disposal," said AID Village Clinics' founder, Ann Lurie. "Lack of prevention and education is a significant area of concern for the spread of disease and the closed nature and cultural practices of the Maasai place them at high risk of HIV/AIDS infection and spread."

The programme's origins lie in a mobile clinic created in 2002 to provide public health care to the 12 000 inhabitants of the Mbirikani ranch. Growing demand necessitated locating the clinic at a permanent site in March 2004. As increasing evidence of AIDS-related illnesses started pouring in, HIV testing and counselling and ARV treatment began.

By the end of 2004, nearly 900 patients were tested for HIV. Over 240 were found to be HIV-positive and nearly 200 were immediately started on ART, using generic fixed-dose combination drugs. Patients are then monitored closely for treatment adherence – the mobile clinic is still in service, travelling over 60 km every Thursday to provide health care to patients in their homes and follow up on ART patients. During visits, outreach workers also promote HIV-prevention methods.

"The marked improvement of seriously ill patients is highly visible and has been widely discussed among the Maasai community. At the same time, familiarity and trust has developed between the community and medical staff. As a consequence, interest has increased among the Maasai to come forward to be tested, treated and learn about prevention," said Lurie.



The 'AID Village Clinics' site in the remote Mbirikani Maasai Group ranch is an example of an innovative programme able to successfully deliver ART under the extreme resource constraints of rural Africa.



The clinic has brought hope to the remote Maasai community

At the official 'launch' of the clinic in June 2004, the Kenyan Assistant Minister of Health, Honourable Gideon S. Konchella said he would like to see similar projects replicated across rural Kenya. "The Maasai in Mbirikani are very lucky to have good health services close by. It would be great to see such a project set up in Narok and other rural areas."

As well as increasing access to ART and prevention education, the clinic is also helping to strengthen the entire community. "The clinic is dedicated to building capacity within the Maasai community while adhering to the principle of respect for its

culture, people, land and, in general, their way of life," said Lurie. There are 42 local staff employed through the clinic, which runs a health-care outreach worker training programme to prepare workers for monitoring compliance, advocating prevention and care methods and ensuring outreach consistently reaches patients.

Visiting the project as part of a WHO mission to learn from those already doing the work, HIV/AIDS Technical Officer for Gender issues Nais Mason said, "The clinic shows how, even in the most remote areas with nomadic and traditional communities, treatment is possible."



FROM THE FIELD

Swaziland: using Rural Health Motivators to build health worker capacity

Swaziland has one of the highest HIV/AIDS prevalence rates in the world. One of the key challenges for the country – as for many – is the growing problem of human resources shortage in the health-care system – which could seriously limit the drive to increase access to ART.

“The human resource shortage is clearly one of the key structural obstacles not only to increasing AIDS treatment and prevention methods but also to the health system as a whole. This has truly become a vicious cycle.

The demand for health services in the country is increasing due to AIDS. At the same time, the current supply of health workers is declining due to AIDS,” said WHO representative in Swaziland, Dr David Okello.

In looking for solutions, the country has initiated a number of concrete actions to address ways of turning the tide on the health-care human resources shortage. A stakeholder workshop to discuss the issues was convened in June this year by Swaziland Ministry of Health & Social Welfare and WHO and involved partners including, the Minister of Economic Planning & Development as Guest Speaker, the Minister of Health and Social Welfare and several principal secretaries, representing different government ministries. In addition, there were representatives of diplomatic missions, United Nations and donor agencies in the country. The workshop followed up on an initial “3 by 5” human resources assessment. It proposed a range of actions to stabilize and make the most effective use of the existing health workforce to enable the effective roll out of ART programmes. They encompassed better management practices, addressing recruitment, retention and motivation, ensuring the best use of existing skills, including private nurse practitioners and retired nurses, and using other cadres (social workers, psychologists, and lay counsellors) to take the pressure off nurses.

“Tackling the health workforce issues in Swaziland has started as it must continue: with a team effort. The WHO country office, with the Ministry of Health, have taken great pains to ensure that there is wide consultation at every step and consensus whenever possible. The health workforce really is everybody’s business,” said Barbara Stillwell WHO Coordinator, Human Resources for Health department, who attended the workshop.

Drawing on the workshop analysis, the country’s health officials have conducted a series of discussions on how to move forward. As part of the discussion, the Minister of Health and Social Welfare, the Honourable Chief Siphon Shongwe, highlighted the importance of building on the Rural Health Motivators system—a cadre of about 4000 community workers (most of whom are women) who are selected by their Chiefdoms and support their communities by promoting health and managing common health problems. “As families are increasingly decimated by HIV/AIDS, rural health motivators are having to deal with this,” he said.

“Rural health motivators are a good potential source of support for individuals, families and communities with the roll out of ART. Their training is flexible and responsive, and there is potential to increase the number trained each year. Our major challenge at the moment relates to the sustainability of this training and the rural health motivators system,” he added.

WHO Representative in Swaziland, Dr Okello, echoed the Minister’s support for the system. “We absolutely must build on the rural outreach system, and build fast. It is essential to take urgent measures, not only for ART but also to ensure continuous and effective care in the health system.”



Swaziland has one of the highest HIV/AIDS prevalence rates in the world.

VOICES

Views on HIV/AIDS, ART and “3 by 5” from people around the world



Dr Alex Coutinho
Executive Director of TASO,
(The AIDS Support Organization)
Uganda

“Treating people living with HIV/AIDS is a complex task. Providing ARV drugs is in fact just one component. ART programmes need to consider the fact that costs for drugs cover only 30-40% of overall [treatment] and the rest is for maintaining facilities and human resources.”



Linda Hartke
Coordinator,
Ecumenical Advocacy Alliance

“We are all living with HIV and AIDS. Churches, their hospitals and schools, and related organizations are on the front lines in every community affected by the virus. There is an important role for every individual, every church and health-care worker, every teacher and community group, in making “3 by 5” a reality. Communities of faith must do their part.”



Rolake Nwagwu
Treatment Action
Movement in Nigeria

““3 by 5” must work – it’s not something we can debate. It is something we must all work together toward achieving. We don’t have an option because it is about saving lives. If it hadn’t been for the campaign, this 90kg woman would have been a bag of bones waiting to die.”

Contributors: Daniela Bagozzi, John Clarke, Loretta Hieber-Girardet, Ted Karpf, Ann Lurie, Beth Magne-Watts, Nais Mason, Kevin Moody, Tunga Namjilsuren.