

Botswana: Champion of ART scale up in Africa

- Botswana was one of the first countries in Africa to establish a national antiretroviral therapy (ART) programme. ART was first started in 2001, and expanded to four hospitals within the year.
- By end 2003, 12 000 patients were receiving ART through the public sector with an additional 6 000 through the private sector. In 2004, the government set a target of getting 55 000 people on ART by the end of 2005. By October 2005, close to 56 000 people were reported to be receiving ART, fulfilling the achievement of the national "3 by 5" target.
- Although Botswana initially had extremely low human resource capacity, the national AIDS programme was able to mobilize international support to drastically increase the number of health facilities that provide ART. These increased from seven sites in July 2003 to 32 public-sector sites by the fourth quarter of 2005.
- The country's national team to coordinate the provision of ART was established in 2002 and a national emergency plan for ART scale-up in 2004–2005 was developed. Good organization and clear vision enabled Botswana to partner and gain support from multiple donors, such as the African Comprehensive HIV/AIDS Partnership, US President's Emergency Plan for AIDS Relief (PEPFAR), Global Fund that provided funding, and the WHO and other UN agencies providing technical support to the government.

Burkina Faso: All forces input HIV efforts

- ART was first initiated in Burkina Faso in 2001. But only in 2003, was ART introduced in public health services and the country adopted a target to put 20 000 people on ART by the end of 2005. The numbers of people on ART increased from 1500 in December 2003 to 8200 in December 2005. The number of health sites increased from three to 44. Treatment is now being delivered by many partners, through government health facilities, NGOs, faith-based organizations and the private sector.
- The country has been proactive in developing a national scale-up plan as well as treatment and testing and counseling standards that guide health workers in delivering HIV services. However, key challenges still remain in

training and retaining thousands of health workers needed for tackling HIV/AIDS. A comprehensive human resources plan needs to be developed, taking into consideration health worker incentives as well as further training for essential HIV/AIDS services. The government is committed to providing ART free of charge in the public sector, however concerns about the lack of adequate funding to do so need to be addressed.

- Burkina Faso has a strong network of community-based organizations and associations of people living with HIV/AIDS that play an extensive role in the delivery and scale up of ART within the country. These organizations provide ART as well as psychosocial support to those who are affected by HIV/AIDS. An independent, stand-alone non-profit organization (CAMEG) was established to streamline and manage the procurement and supply of affordable, quality HIV drugs and diagnostics.

Burundi: From fee-based to free treatment

- Most countries with a heavy HIV/AIDS burden are in the least developed category. A large majority of HIV patients therefore live in poverty and cannot afford expensive HIV services, including treatment. Data from several African countries show that the cost of treatment is a huge barrier to access. Many countries are therefore investigating alternative solutions to user fees.
- Burundi is an example of a country with a very low average income which is recovering from years of civil war. It has a population of 7 million. The HIV prevalence was estimated to be 6% among adults in 2003. The same year, the government abolished user fees for ART and began to scale up access to treatment swiftly, increasing from 1210 people being treated in 2003 to 6416 in 2005. This policy shift and rapid scale-up was underpinned by Burundi's treatment solidarity funds. Since 2000, 22 solidarity funds have been created by workers in government ministries, public and private enterprises. About 5000 public-sector workers and more than 30 000 police and military personnel contribute to these funds, and the government and employers make annual contributions.
- Burundi government also contributes to a national special fund for HIV/AIDS treatment and is now considering establishing a national solidarity fund, a type of social health insurance fund, to support the long-term provision of ART. Lifting the cost barrier to treatment could enable hundreds of more people access HIV prevention, testing and treatment services, curbing loss and deterioration by the disease in the country.

Cambodia: Achieving "3 by 5" through innovative way: Continuum of Care, Positive Prevention...

- Care and treatment for people living with HIV/AIDS in Cambodia were limited to the capital city and supported largely by NGOs until 2002. The government made a strong statement in 2003, by launching a groundbreaking concept and plan for the Continuum of Care (COC) for People Living with HIV/AIDS in 2003. The COC is the founding platform of the provision of comprehensive HIV services to scale up combined treatment, care and support services for people living with HIV/AIDS.
- Massive scale-up followed the national campaign and treatment sites increased from four to 32 between August 2003 and December 2005. Cambodia has delivered ART to 12 000 people by the end of 2005, exceeding its national ART target of 10 000, and becoming the first Asian country to achieve "3 by 5".
- Cambodia's strong national commitment and sound planning received generous funding as well as implementation support from international donors (including the Global Fund, the World Bank, the Asian Development Bank, Governments of UK and Japan, UN agencies, US Centers for Disease Control (CDC), the Clinton Foundation and a range of national and international NGOs).
- Another component of Cambodia's response is providing "positive prevention" - accurate reproductive health and prevention information to people living with HIV/AIDS as a key element of the continuum of care. Cambodia has more than 123 000 people living with HIV/AIDS. As part of an initiative known as MMM (Mondul Mith Chuoy Mith – "friends help friends"), hundreds of people living with HIV/AIDS take part in monthly community meetings led by health care workers at referral hospitals. Participants receive education and counselling on adherence to treatment and HIV prevention, among other topics.
- Positive prevention is also part of the work done by many of the 150 NGOs and community based organizations that provide home care, treatment education, counseling and psychosocial support in Cambodia. The Cambodian Network of People Living with HIV/AIDS (CPN+), for example, provides services through more than 415 self-help groups, with nearly 15 000 registered members living with HIV/AIDS. Harnessing these community resources is a critical part of Cambodia's plan for scaling up HIV prevention, treatment and care.

Central African Republic: Focusing on children in the hardest-setting

- By 2003, the health services of the Central African Republic were in a weak state after decades of political instability and civil conflict. Shortage of skilled health workers, especially in rural areas make a huge challenge

for the country facing an exceeding rate of AIDS deaths and orphaning. The urgent need to build up capacity and infrastructure for laboratories and procurement supply and distribution systems was a priority concern.

- The country developed a national policy for ART scale-up, identifying service sites to be expanded and providing health workers with necessary technical guidance for HIV services. In 2004, the government declared a national target of putting 20 000 people on ART by the end of 2005. At that time only 525 were receiving ART, mainly in the capital of Bangui, a number that had more than tripled (to 1647) by the end of 2005.
- Central African Republic has made special efforts to provide treatment to children: the number of children younger than 15 years receiving ART doubled from 60 at the end of 2004 to 128 by September 2005. About 240 000 people live with HIV/AIDS, in a population of 3.8 million, of which children account for over 10 000. In addition to paediatric AIDS cases, which are also increasing, the country has about 140 000 HIV/AIDS orphans. But drug prices are still high making treatment unaffordable for many.

China: Harm reduction and methadone maintenance treatment - a key focus

- The China CARES Project, a comprehensive prevention, treatment and care programme including ART, was started in 51 pilot sites across the country in 2002. In 2003, China committed to a “four frees and one care” policy – free antiretroviral drugs to people living with HIV/AIDS who are rural residents or people with financial difficulties living in urban areas; free voluntary counselling and testing; free drugs to pregnant women living with HIV/AIDS; free schooling for children orphaned by HIV/AIDS; and care and economic assistance to families affected by HIV/AIDS.
- China has a national plan for HIV/AIDS Prevention and Control (action plan 2001-2005 and 1998-2010) with all of its provinces developing their own plans. Guidance for treatment as well as testing and counselling have been developed by China, which contributed to the increase in health clinics offering these services. There are now almost 3000 clinics offering free counselling and testing, and 100% condom use programmes are operating in 10 provinces.
- The government declared a national target of providing treatment to 30 000–50 000 people by the end of 2005. The scale up began with 7400 people receiving ART in June 2004, which increased to 20 500 by the end of "3 by 5". In scaling up, China boosted its financial commitment for HIV services; doubling its budget for HIV to US\$ 100 million in 2005.
- China has estimated that 49% of known HIV infections are among people who have injected drugs and exchanged used needles and syringes. The

country recognized in 2003, that illicit drug use was also a health issue. As part of efforts to tackle HIV at every level of society, harm reduction and methadone maintenance treatment for drug users have become a key part of the national HIV strategy. The country is now scaling up methadone maintenance treatment clinics to serve an estimated 300 000 drug users, and had 128 methadone treatment clinics operational at the end of 2005.

- The country is also expanding needle and syringe exchange programmes to serve an estimated 100 000 injecting drug users, with a view to making 1400 programmes operational by 2008. WHO has been working with China in assessment missions and discussions for an operational plan to increase harm reduction efforts. As a result, China was granted by the Global Fund, to implement harm reduction programmes, including methadone maintenance treatment and needle and syringe exchange.

Guyana - "3 by 5" success story from the Caribbean

- With 2.4% of its population of 800 000 infected by HIV, Guyana has the second highest HIV prevalence in Latin America and the Caribbean. The country has strong political backing, leadership and financial support that enabled a multifaceted response to HIV.
- Guyana had ensured ART access to 1200 people by the end of 2005, a two-fold increase within a year. This represents 50% of those who needed ART in 2005.
- Guyana established a policy of universal access to prevention, treatment and care in 2001; however, scale-up operations started in 2004, when the country began to attract major funding from the Global Fund, the World Bank, PEPFAR and the Canadian International Development Agency (CIDA).
- The government has demonstrated strong political will; a Presidential Commission on HIV/AIDS oversees programming, and the Minister for Health is personally involved, working closely with fellow ministers and international partners to harmonize their work.
- Guyana has provided intensive training to health care workers to expand voluntary testing and counselling, which is now routinely offered free of charge at clinics for TB, malaria and elective surgery. Health care workers have also been trained in preventing mother-to-child transmission, and the country is intensifying efforts to build capacity for HIV treatment and laboratory support (including CD4 testing). The country recently developed a National HIV/AIDS Strategic Plan, which aims for universal access to HIV prevention, treatment and care by 2010 and calls for more concerted efforts to expand access to these services among sex workers, prisoners, men who have sex with men and other marginalized groups.

Kenya to forge integrated HIV and sexually transmitted infection care

- Kenya recently knitted together its HIV/AIDS and sexual and reproductive health programmes, with a significant positive impact on its efforts to scale up services for HIV treatment, care and prevention. For example, its Family Health Options Kenya programme provides voluntary HIV testing and counselling at 11 sexual and reproductive health sites, a move that has significantly boosted the uptake of testing. From January to November 2005, 16 311 people took advantage of testing and counselling at these clinics.
- Among other benefits, the programme has allowed thousands of pregnant women to know their status and access services for preventing mother-to-child transmission. It has also given many the opportunity to begin ART in a timely manner. The programme also employs people living with HIV/AIDS as staff and managers, helping to reduce the stigma and discrimination associated with HIV disease. By bringing HIV prevention and care into sexual and reproductive health clinics, Kenya is scaling up treatment more swiftly and reducing HIV/AIDS mortality rates.
- In 2003, Kenya declared a national target to put 95 000 people on ART by the end of 2005. During 2003, the government provided an estimated 1000 people with ART; other sectors, including the private-for-profit and non-governmental sectors, covered an additional 10 000 people. By December 2005, around 55 000 people were receiving antiretroviral therapy through the public sector, and at least another 8000 through the private sector.
- Kenya also witnessed a rapid scale-up of services for testing and counseling - the number of sites providing testing and counseling services increased from 367 at the end of 2004 to 630 as of September 2005, covering all districts in the country.

Lesotho declares a paramount goal for universal access of HIV Testing and Counselling

- An estimated 1000 people were receiving ART in Lesotho in 2003. In 2004, the government declared a national target of providing treatment to 28 000 people by the end of 2005. By December 2005, 8400 people were receiving antiretroviral therapy in 8 districts in Lesotho. The national target was later extended to 2006, and further expansion of sites is planned.
- With 28.9% of population living with HIV, the country sees a central role in acceleration of HIV testing. In 2004, the government initiated a policy of universal voluntary testing and counselling, and launched a national "Know Your Status" campaign to encourage the people of Lesotho to know their HIV status. The strategy has been supported by WHO for its

focus on testing as the important entry point for HIV services. The approach is community-based, with emphasis on developing the skills of lay and paramedical personnel to provide critical HIV-related services.

- WHO provided technical support to Lesotho to plan for ART scale up and develop technical guidance, as well as its campaign for universal access to testing and counselling. In achieving its paramount goals Lesotho will need a strong health work force of doctors, nurses, and trained community health workers.

Malawi showcases the need for integration of HIV and TB services

- Malawi set a national target of 50 000 people on treatment by the end of 2005. The number of facilities providing ART in the public sector increased from nine at the end of 2003 to 23 at the end of 2004 and 60 by the end of 2005, covering all districts in the country. By the end of December 2005, about 28 000 people were receiving ART.
- The Malawi provided a good example of the integration of treatment with related HIV/AIDS services. Malawi has a strong tuberculosis programme which works jointly with the HIV/AIDS programme for referral and monitoring of patients. A high proportion of people with TB who are found to be HIV-positive will be eligible for ART.
- In Malawi, more than 35 000 people living with HIV have started on treatment since the ART programme began, and in the last quarter of 2005, 1186 (18%) people starting to receive ART were referred from the TB programme. An estimated 51 % of people with TB in Malawi had HIV at the end of 2002.

Namibia count on the thriving support of the private sector

- With an adult HIV/AIDS prevalence averaging 20% and close to 210 000 adults and children living with HIV/AIDS in 2004, Namibia is one of the five most severely affected countries in the world.
- At the end of 2003, there were about 500 people reported to be receiving ART in Namibia. By the end of 2005, around 17 000 people were receiving ART through the public sector, and an estimated 2000 people were receiving ART through the private sector. The number of public sector sites providing ART rose from five at the end of 2003 to 29 by the end of 2005, covering 82% of districts with at least one site. Coverage of services for HIV testing and for the prevention of mother-to-child transmission has also increased.
- The response to the HIV/AIDS epidemic is multisectoral, and includes active participation from the private sector. The Namibia Business Coalition on HIV/AIDS was initiated by the government in 2004, and a national code on HIV/AIDS and employment, which prohibits

discrimination based on an individual's HIV status, has been developed. Workplace programmes for HIV prevention, care and support are being expanded.

- WHO's support to Namibia has focused on helping the country to plan the scale-up of care and treatment services. WHO provided support to adapt the Integrated Management of Adult and Adolescent Illness guidelines for training health workers in service delivery. WHO has also provided support for streamlining the national system for procuring and distributing antiretroviral drugs and related supplies to facilitate rapid scale-up.
- In order to expand access to key HIV/AIDS services across the country, there is need to improve integration of services and improve accessibility to low-income population groups and vulnerable groups. Human resource capacity needs to be strengthened, and health infrastructure needs to be expanded to administer programmes effectively.

Papua New Guinea: The challenge of bringing HIV services to remote areas

- A critical challenge faced by Papua New Guinea remains the lack of trained human resources and health infrastructure, especially in rural and remote areas. Close to 87% of population live in rural areas where health facilities and services are scarce. The building up of health services as well as distribution systems for HIV commodities would require strong commitment and investment from multiple stakeholders.
- Until 2004, access to care and treatment for people living with HIV/AIDS in Papua New Guinea was very limited, and while there were a few examples of effective interventions reaching out to vulnerable communities such as sex workers or mobile populations, their coverage was very low. In early 2004, the National Department of Health developed a pilot care project to expand access to ART in the country with support from the Asian Development Bank and WHO.
- A national target of providing treatment to at least 2500 or 10% of the people in need of treatment by 2005, and to 25% by 2008 was declared. In 2004, less than 100 people were receiving ART in Papua New Guinea. By December 2005, 320 people were reported to be on ART, and 550 were on a waiting list. Treatment is being provided free of charge in four centres, two of which are part of the national pilot care project while the other two are being managed by a faith-based organization.

Somalia, a country facing the next war - HIV/AIDS

- The prolonged civil strife in Somalia since 1991 leading to the complete collapse of government institutions and the lack of a recognized, centralized government has prevented the implementation of a coordinated HIV/AIDS response.

- There is little reliable data on HIV prevalence. Services for HIV prevention, including preventing mother-to-child transmission have been scarce.
- The first site for provision of ART in Somalia was opened in Hargeiza in June 2005 with support from UN agencies and NGOs, demonstrating that the coordination of efforts among a large number of partners, national and international, can make access to ART possible even in emergency situations and in the absence of a strong national programme. This pilot scheme has proved successful in providing sustainable care and treatment for up to 100 people living with HIV/AIDS, including refugees. A total of 35 people were receiving ART at this site as of December 2005. Nine more ART sites are planned for the end of June 2006.
- Somalia faces an acute shortage of human resources and health infrastructure to provide adequate and effective services for HIV prevention, care and treatment for people in need. WHO's support to Somalia in the coming years will focus on conducting strategic planning for an effective health sector response to HIV/AIDS, including training and health infrastructure development.

Sudan builds up core capacity in ART scale up

- The Sudan is experiencing the early stages of a generalized HIV epidemic, with adult prevalence of 0.7–7.2% of its 34.3 million people. Health systems are weak, in part owing to 21 years of civil strife. The Sudan's health system suffers from a lack of human resources, infrastructure and funds, resulting in very limited access to HIV care and treatment services. The government endorsed a decree in 2004 that declared HIV/AIDS a priority disease and recommended that, under approved HIV/AIDS grants from the Global Fund, services for voluntary testing and counseling and ART be provided free of charge in the public sector.
- The government committed to providing treatment to 20 000 people by the end of 2005. About 600 people were receiving ART at the end of 2003. Progress has been slow; around 400 people received treatment in 2004, mostly through the non public sector in Khartoum. By December 2005, about 13 000 people were receiving ART. Efforts are underway to rehabilitate treatment and testing and counseling services in three cities - Juba, Wau, Malakal. The establishment of four additional sites is planned. Access to ART services in Southern Sudan is very limited.
- The Sudan has the largest HIV/AIDS burden among countries in the Eastern Mediterranean Region (EMRO) of WHO, being host to 73% of the patients who require ART in the region. In order to scale up ART for the population the country needed to have a core human resources with comprehensive and practical training in ART, counselling, and related prevention activities.

- In collaboration with German Gesellschaft für Technische Zusammenarbeit (GTZ), WHO supported the establishment of a Knowledge Hub for the Care and Treatment of HIV/AIDS in Sudan to support capacity building activities in the Eastern Mediterranean region. WHO provided assistance to develop a plan for building capacity at the state-level, and to train programme managers via the Knowledge Hub. By the end of 2005, these core trainers had facilitated the training of 48 counsellors and 200 lay counsellors, and in the first months of 2006, the physicians among them will have trained another 30 physicians. These newly trained staff will allow for the establishment of 12 new ART centres, many of them outside Khartoum.
- By 2008, The Sudan aims to have trained enough health care workers to support 27 ART centres throughout this large country. Sudan hopes to become a resource centre for all Eastern Mediterranean and North African countries that are seeking to scale up.

Uganda reaffirms comprehensive response to HIV

- Uganda has started ART earlier than other countries, launching the HIV Drug Access Initiative in 1997 with the support of partners to expand access to care and treatment for people living with HIV/AIDS. Treatment began at five pilot sites around the capital city and by 2000, around 1000 people were receiving ART. NGOs, private providers and research projects were giving treatment to a number of patients.
- In 2004, Uganda committed to providing free access to ART in the public sector, and declared a national target of 60 000 people to be put on treatment by the end of 2005. In June 2004, an estimated 20 000 people had access to ART. By the latest update of September 2005, over 67 000 people were receiving ART in 175 accredited health facilities in the country. Uganda is one of the few countries in Africa that has achieved the "3 by 5" target.
- Uganda's response to HIV has been multisectoral, and the country had established strong partnerships with various stakeholders including international partners and the private sector. The Global Fund, the World Bank and PEPFAR provide substantial financial support to Uganda's national HIV response. Technical support for programme implementation is provided by UN agencies, US CDC, GTZ and a number of international and national NGOs.
- WHO provided support to Uganda in planning the health sector response to HIV, including development of the National Health Sector HIV/AIDS Strategic Plan 2006-2010 and a national plan for scaling up ART provision. WHO will continue to provide support to Uganda to train health workers; strengthen health infrastructure; develop programme monitoring and evaluation systems, including monitoring the emergence of drug

resistance; and expand home-based care programmes.

Yemen - HIV response in the most constrained setting

- Care and treatment for HIV/AIDS has not yet been established in the public sector in Yemen, and there is no evidence of ART being available in either the public or private sectors. Services for testing and counselling and management of opportunistic infections are also limited. Infection control and blood safety measures are weak. Condoms are available at family planning centers, however these are not easily accessible by vulnerable groups, and those available in the private pharmacies are costly for many users.
- The national HIV response in Yemen has been restricted by the lack of infrastructure and resources in the public health system. HIV surveillance systems are weak, and the policy and programmatic framework to address HIV/AIDS has been limited. The control of HIV and sexually transmitted infections has been partially addressed by the Second Five-Year Development Plan (2001–2005) and the National Population Policy and Population Action Programme (2001–2005).
- Yemen faces the challenge of building national health sector capacity to expand the delivery of HIV/AIDS prevention, care and treatment services in the country. HIV awareness is low, and stigma and discrimination remain widespread. Key areas for WHO support in the future include supporting national counterparts to finalize the national treatment plan and treatment guidelines; strengthen drug procurement and supply management; conduct training for health workers in service delivery; strengthen blood safety; expand joint TB and HIV interventions; and raise awareness on HIV/AIDS.

Ukraine using substitution therapy to boost HIV treatment scale-up

- In the last two years Ukraine has begun to scale up HIV treatment. The number of people on ART had increased from less than 200 in July 2004 to more than 3000 in December 2005. As in many other countries, however, scaling up requires measures to ensure that people who inject drugs benefit from ART.
- Ukraine has an estimated 340 000–425 000 injecting drug users (1.2% of the population aged 15–64 years), and sentinel surveillance in 2005 estimates that between 10% and 66% of them are living with HIV/AIDS. To help this marginalized population, Ukraine has used part of a Global Fund grant to begin scaling up an ambitious opioid-substitution therapy programme. Starting in seven regions, this will provide substitution therapy to 6000 injecting drug users by September 2008. Among other benefits, the programme helps people who inject drugs to stabilize their lives and adhere to antiretroviral drug regimens. The programme also provides

substitution therapy to injecting drug users who are HIV-negative or of unknown status, as this therapy has shown to be an effective way to prevent HIV among drug users.

- In Ukrainian prisons, meanwhile, authorities have announced the implementation of a large-scale HIV prevention programme for injecting drug users, including needle and syringe exchange projects in several of them.
- Established in the Ukrainian capital, Kiev, with the support of WHO and GTZ, the Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia is also playing an important role in expanding treatment and care capacity in the region. More than 500 Ukrainian caregivers and 350 health and social workers from Kazakhstan, Republic of Moldova, Russian Federation and Tajikistan have been trained at the Knowledge Hub since late 2004.