



Working with countries to achieve the 3 by 5 target



World Health Organization

Introduction

Country support is central to global efforts to reach the 3 by 5 target of providing antiretroviral therapy (ART) to 3 million people in resource-limited countries by the end of 2005. Achieving the 3 by 5 target will require the concerted efforts of all concerned parties in countries and at the global level. However, countries must take the lead. International partners will need to assist in meeting the resource gap and also in helping to build the necessary capacity to deliver ART. The World Health Organization (WHO), as the UNAIDS Cosponsor responsible for care and treatment, together with UNAIDS and the other Cosponsors and partners, is taking the lead in catalyzing action to reach 3 by 5 by building on existing national and global efforts.

Key elements of country action to scale up ART

The following represent key elements of action in countries to scale up ART:

- political commitment and leadership by national authorities; and financial commitment and support of national and international partners in closing the ART gap;
- high-level robust mechanisms for leading, planning and coordinating ART efforts;
- continuous availability of quality and affordable ARV medicines and diagnostics at all times to treat people in need at prices affordable to individuals and governments (see AMF briefing);
- capacity-building of health systems and communities to scale up ART to ensure that facilities have the basic requirements for treatment (see Capacity-building and Community briefings); and
- appropriate M&E and operational research systems that reliably track the progress of scaling up ART (see Strategic Information briefing).

Country support processes for scaling up ART

WHO will provide support for the scaling up of ART towards the 3 by 5 target to all countries that make an appeal for assistance to the Director-General, through the respective WHO Country Representative (WR). Particular emphasis will be given to the 34 high-burden HIV/AIDS countries (based on the estimated number of people living with HIV/AIDS in need of treatment), which account for 90% of the global ART need. Support to all other countries will be based on the specific needs.

The three major components of the country support are: country planning missions in response to requests, ongoing implementation and response to emergency requests and monitoring progress.

- **Country missions** will be conducted by teams organized and led by WHO, which will include other partners. They will help rapidly to identify the barriers that countries currently face in scaling up ART. Expected outputs of the missions will include:
 - adoption of the 3 by 5 Initiative by government and major national stakeholders;
 - status of current ART implementation in the country determined;
 - a clear indication of the needs for action to rapidly scale up ART;
 - mapping of available and potential resource to support the emergency response;
 - recommendations for action by national partners, WHO and other international partners to address identified needs for rapid scaling-up.



Planning and conduct of missions will be driven by national authorities and WHO Country Offices, and will also involve all key United Nations and other partners. Regional Offices and Headquarters will provide necessary support for the successful conduct of the missions, including providing high-level participation, relevant technical input, depending on country needs and funding. Mission teams will ensure a skills mix that is appropriate to the country context, drawn from WHO, national and relevant partners, the latter identified in full consultation with the national authorities. Before or at the beginning of missions or both, relevant documents such as the National Health Strategy, the National HIV/AIDS strategy, ARV treatment plan and ARV treatment guidelines, will be reviewed, and briefings on the mission will be held with key officials. During the missions, discussions will be held with senior government officials from the Ministry of Health and other relevant government ministries and institutions. Technical consultations will also be held with the following: the Ministry of Health; National AIDS Control Programme; ART task forces; nongovernmental organizations (NGOs) involved in ART; multilateral and bilateral agencies; medical supplies agencies; professional associations; PLHA and community groups; and other key stakeholders.

- The teams will also visit current and proposed ART delivery sites, including district hospitals, provincial hospitals, referral hospitals, NGO sites, private sector sites and others depending on the country setting. All missions will conclude with debriefing of key government officials and relevant key stakeholders. Mission reports will be produced by country teams within a fortnight of the conclusion of the missions to ensure timely follow-up action. Debriefings will also be held at all levels of WHO (CO, RO and HQ) for all interested parties and partners.
- **Ongoing country support:** Immediate response to mission recommendations is crucial. This may consist of assigning WHO staff or consultants to work with the country to develop a national emergency scale-up plan for reaching 3 by 5 or to address specific areas of attention identified by missions. This might include the development of funding proposals (e.g. for the Global Fund), treatment guidelines, monitoring and evaluation systems and procurement systems. Immediate action will also aim at initiating specific scale-up actions such as training programmes. Making seed funds available for such start-up activities might be essential to generating momentum to scaling up and building confidence in the effort by national counterparts. At that point, 3 by 5 teams composed of motivated, competent and well-informed individuals to lead and coordinate the ART scale-up process will then be deployed. Their size, composition and location will depend on country context and will be negotiated with the national authorities. They will then join existing national HIV/AIDS management teams or form new units set up for the purpose. However, they need to have their time fully dedicated to ARV treatment scale-up. National partners will be able to second staff to the team to strengthen it.
- **Monitoring progress:** Tracking progress in implementation of country programmes is an important element in planning country support efforts and allocating resources efficiently. The Country Support Working Group will work closely with the Monitoring and Evaluation Working Group to identify and track indicators that are of relevance for monitoring progress with effective country support.

Milestones for the country support process

- Additional WHO financial resources obligated to countries by June 2004 (US\$ 54 million) and by December 2005 (US\$ 214 million).
- Additional staff (new or re-realigned from the central level) deployed to WHO country offices for 3 by 5 by mid-2004 (200) and the end of 2005 (450).
- Number of countries appealing to WHO for support for 3 by 5 by mid-2004 (40) and end of 2004 (50).
- Number of countries establishing ART targets in line with 3 by 5 by mid-2004 (35) and end of 2005 (60).
- Number of men, women, and children with advanced HIV infection receiving ARV therapy in resource-limited settings increased from the current 400 000 to 3 million by the end of 2005.