

WHO insists it can meet its target for antiretrovirals by 2005

Fiona Fleck *Geneva*

A huge international effort is under way to get lifesaving antiretroviral treatment to three million people with AIDS in poor countries by the end of 2005, said the World Health Organization, but added that its six month campaign had fallen short of interim targets.

In all, 400 000 AIDS patients in developing countries were receiving antiretrovirals when WHO launched its "3 by 5 strategy." That figure has edged up to 440 000, said WHO's progress report, presented at the international AIDS conference this week.

"Although this was disappointing, the absolute increase of 40,000 people in a few months does indicate that country and international efforts to scale up HIV-AIDS treatment are resulting in progress," WHO said in its progress report.

The progress report is likely to fuel critics of WHO's 3 by 5 campaign, who contend that it is overambitious, poorly managed, and too focused on lowering drug prices.

WHO's director general, Dr Lee Jong-wook, who has staked

his reputation on the 3 by 5 campaign since he took office a year ago, dismissed critics and said much had been done to lay the foundations of a system for distributing medicines and providing treatment.

Dr Lee insisted it was still possible to get antiretroviral treatment to the remaining 2 560 000 people by the end of 2005 and noted that the number of people in developing countries taking antiretroviral drugs had already doubled in the past two years.

The response to the campaign had been enthusiastic. The report said that 56 countries, mainly in sub-Saharan Africa, have requested technical help from WHO and help with recruitment and training of health workers to give treatment.

WHO has created an AIDS medicines and diagnostics service, which has started to help countries purchase antiretroviral medicines at affordable prices, in particular fixed dose combination pills or blister packs containing three generic antiretroviral drugs, which are seen as key to simplifying treatment and its delivery to millions of people.



An AIDS patient receives antiretroviral drugs in a Kenyan hospital. The number of people in developing countries taking such drugs has doubled in two years

Since the start of the 3 by 5 campaign, an initial funding gap has been filled by donor pledges—particularly from Canada, Sweden, and the United Kingdom, the report said.

But more needs to be done to ensure that people can be tested for HIV; about 100 000 paramedics need to be trained to give antiretroviral treatment; and prices need to be dragged down further, the report said.

Although WHO's current benchmark price of antiretroviral

drugs of \$150 (£80; €120) per person a year is now half what it was a year ago, not all countries had been able to achieve that. The current average price is now \$484, which is still prohibitively high, the report said. It also said that generic antiretrovirals had not yet been registered in many countries which contributed to the high cost. □

The report is accessible at <http://www.who.int/3by5/en/progressreport.pdf>

Developing economies shrink as AIDS reduces workforce

Fiona Fleck *Geneva*

The economies of poor countries hit by the AIDS epidemic are shrinking each year as millions of people are lost to the workforce through death or disability, the International Labour Organization said in a report this week.

The report, which was presented at the international AIDS conference this week, found that 36.5 million people of working age have HIV or AIDS and that by 2005 the global workforce will have lost 28 million workers to AIDS since the epidemic started.

Without access to life length-

ening antiretroviral drugs two million workers with AIDS around the world will be too ill to work by 2005, up from 500 000 in 1995, it said.

More than 70% of HIV positive workers live in Africa. Kenya, Mozambique, Ethiopia, Tanzania, and Zimbabwe each have more than a million HIV positive workers, Nigeria has 2.4 million, and South Africa has 3.7 million, it said.

The report found that the rate of economic growth in the 50 countries surveyed—35 in sub-Saharan Africa, eight in Latin America, five in Asia, and the United States and Russia—slowed by 0.2% a year from 1992 to 2000 as a result of death or disability related to AIDS. It said this decrease was equivalent to about £14bn (\$25bn; €21bn) a year.

"By causing illness and death of workers, the HIV/AIDS epidemic reduces the stock of skills and experience of the labour

force and this loss in human capital is a direct threat to goals for poverty eradication and sustainable development," the report says.

Absenteeism and loss of experience and technical skills resulting from illness and death of key workers, as well as depleted savings and excess spending on health care, were also a drain on resources.

The report said that some governments had drafted "enlightened legislation" to counteract the impact of AIDS on the workforce and production, and it urged more governments to take similar steps. A Cambodian law on prevention and control, for example, obliges enterprises and public bodies to provide education programmes in the workplace on the prevention of AIDS. Romania has passed legislation banning discrimination against employees and job seekers with HIV or AIDS.

The workplace has proved the ideal place for education and dissemination of information.

"Many firms have concluded that the direct and indirect costs of inaction are far greater than the costs of treatment," the report said.

Thailand runs programmes in the workplace to encourage condom use among migrant women working in factories, as many of the women believed that only sex workers were infected by HIV.

The report said the private sector was also active in HIV and AIDS programmes and gave as an example the Dutch beer company Heineken, which for 10 years has provided HIV prevention programmes for workers in central Africa and since 2001 has also provided antiretrovirals for workers. □

More news stories from the AIDS conference are in News Extra at www.bmj.com