WHO admits its target on AIDS drugs may be unrealistic

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More donor funds than ever before—at least \$20.5bn (£11.5bn; €17.3bn)—are available for AIDS relief in the world's poorest countries, but a huge concerted effort will be needed to get antiretroviral drugs to millions of people who need them before it is too late, the World Health Organization said on Tuesday in its annual report.

In its *World Health Report 2004*, WHO said that AIDS was the leading single cause of death among adults aged 15 to 59 around the world and that in 2003, three million people died of AIDS related diseases and five million became infected with HIV.

WHO said funds were sufficient to cover the \$5.5bn needed to achieve its stated goal of getting antiretroviral drugs to three million people with HIV in poor countries by the end of 2005 (the "3 by 5" target) but admitted it still had a long way to go.

Many more people—some six million (over 90% of them in 34 mainly sub-Saharan countries)—need antiretroviral treatment. Only 400 000 of them were

receiving it at the end of 2003.

By the end of 2004, WHO will have achieved only 25% of the "3 by 5" target. "The stakes are high: rapid expansion of antiretroviral treatment is a large, complex and difficult undertaking," said WHO's director general, Dr Lee Jong-wook, in an introduction to the report, which calls for an unprecedented level of international coordination.

"It certainly cannot be done by one agency working on its own. Partnerships are indispensable for a task of this magnitude," said Dr Lee, who is staking his reputation on achieving what he admitted may be an unrealistic goal.

The report said that AIDS had killed more than 20 million people since the early 1980s and that an estimated 34 million to 46 million people are currently infected with the virus.

Since antiretroviral treatment was introduced in Europe and North America in the 1990s, death rates from AIDS related diseases dropped by 80%, the report said. In contrast, AIDS

death rates elsewhere and particularly in southern Africa have shot up.

In 2002, life expectancy in Japan (75 years) remained the highest in the world, followed by that in Switzerland and Sweden (both 73 years), the report said.

But in sub-Saharan countries such as South Africa and Botswana, the AIDS epidemic has nearly halved life expectancy over the past decade, from about 60 years to 35 years.

No continent is affected by AIDS more than Africa. One in 12 Africans have HIV infection; as many as nine out of 10 people do not know they are infected; and the continent is home to two thirds of the world's HIV/AIDS cases, the report said.

That will change once people living with the incurable disease—for which there is still no vaccine—gain access to increasingly affordable, life prolonging antiretroviral drugs, it said.

The *World Health Report 2004*, which reads like a treatise on tackling the HIV/AIDS treatment gap in the developing

world, said international donors needed to help poor countries to strengthen their primary care systems to facilitate the distribution of antiretroviral drugs.

It said expanding antiretroviral treatment would cost \$35 to \$40 per capita. Once that was done, more people would volunteer to test for HIV.

The trends in HIV prevalence among pregnant women attending the same antenatal clinics since 1997 show that the epidemics in the countries of southern Africa are much larger than elsewhere in sub-Saharan Africa and that the gaps seem to be widening. In eastern Africa there is evidence of a modest decline.

"In western Africa prevalence is now roughly one-fifth of that in southern African and no rapid growth is occurring. These striking differences are supported by data from population based surveys and research studies," the report says. □

The report can be accessed at www.who.int/whr2004