WHO uses work on tuberculosis in Lima as model for tackling AIDS

Fiona Fleck *Geneva*

Could the key to reversing the AIDS pandemic lie in the pioneering work on treating multidrug resistant tuberculosis in the slums of Lima and in Siberia's prisons? That was at least part of the calculation made by the head of the World Health Organization, Dr Lee Jong-wook, when he decided in March to hire Dr Jim Yong Kim as director of WHO's department of HIV and AIDS.

Dr Kim, also a Korean, is an expert on tuberculosis who helped develop treatment in poorly resourced settings for the multidrug resistant strain of tuberculosis (MDR TB), which was previously thought to be untreatable.

When Dr Lee took up his post as WHO director general last July he first invited the 44 year old associate professor from Harvard Medical School and health activist to be his adviser.

But after working quietly behind the scenes Dr Kim became better known when Dr Lee appointed him not only director of the HIV and AIDS department but also head of the controversial "3 by 5" project to scale up treatment of AIDS in poor countries. Under the scheme WHO has set a global target of getting three million people with HIV or AIDS in developing and middle income countries treated with antiretrovirals by 2005.

Dr Kim was co-founder of the

Boston based advocacy group Partners for Health, which set up the two pioneering schemes to treat tuberculosis. The group also provides medical help to men, women, and children suffering from treatable diseases in Haiti, Peru, Russia, Mexico, Guatemala, and the United States.

"It's not lifelong like AIDS, but treating someone for MDR TB is clinically much more difficult," Dr Kim said, recalling how he trained community health workers in Peru and Siberia to give patients daily injections for up to 18 months, "supervised by nurses, occasionally overseen by doctors, in a sterile and effective manner."

That "low tech, high quality" solution is the key to bridging the gap in AIDS treatment, he said.

Few WHO projects have drawn as much attention and funding from world leaders or been so vilified by critics as the 3 by 5 plan (17 July, p 129). Dr Kim said that the plan encompassed prevention and the scaling up of treatment and sought to build up primary health systems to deliver both.

Still very much the activist, Dr Kim, who qualified at Harvard Medical School and also has a doctoral degree in anthropology from Harvard University, said he was determined to bring a fresh, dynamic approach to the health

agency, even if it makes him unpopular.

He said that the 3 by 5 plan "is a way of holding the feet of bureaucrats to the hottest possible fire."

"Bureaucrats have a way of finding ways to not take action; we've done it for 20 years," he said.

Much is at stake—and not just for Dr Lee and Dr Kim, who is on leave from his position as associate professor of medicine and medical anthropology and director of the programme in infectious disease and social change at Harvard Medical School. WHO failed once before, in the mid-1990s, under the leadership of Japanese pharmacologist Hiroshi Nakajima, whose mismanagement nearly drove the agency to collapse and prompted the creation of UNAIDS, the joint UN programme on HIV and AIDS, to take the lead in fighting the epidemic.

Dr Lee's predecessor, the former Norwegian premier Gro Harlem Brundtland, restored WHO's reputation and put AIDS at the top of the agenda, and now Dr Lee is staking his reputation on the AIDS programme.

"We wanted to make ourselves better, relevant. We wanted to get back in the game. We knew WHO had a role to play. That is one of the primary reasons for us embracing 3 by 5," said Dr Kim.

Dr Kim, who has published several books, including his latest, *Dying for Growth: Global Inequality and the Health of the Poor*, on scaling up health care for poor people, said 3 by 5 was the first major AIDS initiative to "capture the imagination" of

world leaders such as George Bush, Tony Blair, and Jacques Chirac, because it focused on treatment and saving lives, not distributing condoms: "We have to ride this wave of political will and do it as quickly as we can."

The 3 by 5 plan has also received broad support from the World Bank and other donors. More funds have been pledged—\$20bn (£11bn; €16bn)—to the plan to fight AIDS in the developing world than for any other global health campaign, such as smallpox or polio eradication.

The WHO has about two thirds of the \$280m needed for its part in the two year plan, while \$5bn will be needed to implement national treatment programmes.

The response from countries asking for technical assistance from WHO has been overwhelming. Six months into the project 56 countries have asked for WHO help, and WHO has sent expert teams to many of them, trained 15 000 community health workers, and advised governments on procuring antiretrovirals.

WHO plans to send a high level international AIDS officer and AIDS programme officer to each country, he said. Countries such as Mozambique and Zambia were already scaling up their health systems, while China and India were working hard to integrate AIDS treatment in their systems.

But a 3 by 5 progress report presented at the international AIDS conference in Bangkok earlier this month found that only 40 000 more people in developing countries had been put on antiretroviral treatment, bringing the total to 440 000—short of the 500 000 target for June (17 July, p 129).

That fuelled criticism that WHO had set targets for the plan that were too ambitious. Dr Kim rejected such charges, saying: "If we hadn't set these targets, the WHO would have been much slower."

Since its launch 3 by 5 has faced an "avalanche" of criticism, he said, some of it by writers funded by the drug industry and pharmaceutical industry think tanks and some from donors and governments, who were helpful and constructive. "The criticisms have informed and shaped our response... and made us better," Dr Kim said. □

Pictured left to right: Paulo Teixeira, former director of HIV and AIDS, WHO; Ian Grubb, HIV policy adviser; and Jim Yong Kim, incoming director of HIV and AIDS at WHO