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United Nations panel warns of slow progress against HIV/AIDS

Current levels of funding and programme implementation insufficient to meet "greatest challenge of our time"

A high-level panel attended by heads of state, ministers, and civil society members at United Nations (UN) headquarters in New York on Sept 22 called HIV/AIDS "the greatest leadership challenge of our time", and one that requires "drastic action". Progress reports from the UN Secretary-General and the Joint United Nations Programme on HIV/AIDS (UNAIDS) stated that global and national efforts are falling far short of meeting basic goals for prevention and care.

2 years ago, at a landmark UN General Assembly meeting, member states adopted a "declaration of commitment" to turn the AIDS epidemic around. The current progress reports measured indicators essential to the declaration's success, which is itself regarded as crucial to meeting the UN Millennium Development

Goal of stopping and reversing HIV/AIDS by 2015.

Kofi Annan, UN Secretary-General, said it was "crystal clear" that at current levels of action none of the declaration's 2005 targets would be reached.

Most countries have stepped up funding for HIV/AIDS, but financial backing is less than half the US\$10 billion needed by 2005, and less than a third the amount needed for 2007. Doubling resources by 2005 is necessary to avert disaster in countries like India, where the disease is spreading.

More than a third of countries in the Asia-Pacific region, home to 7 million people with HIV/AIDS, have yet to adopt policies that would ensure antiretrovirals for those who are sick. And most sub-Saharan African countries lack access to drugs critical to preventing mother-to-child HIV transmission.

More money and integrated efforts needed in Africa

About US\$950 million went to prevention and treatment services in Africa in 2002, according to the 13th International Conference on AIDS and Sexually Transmitted Infections in Africa (Nairobi, Kenya, Sept 21–26). But twice that amount was required to meet the year's basic programme needs.

Only 1% of HIV-positive people in sub-Saharan African countries have access to antiretroviral medication today. Commenting on this statistic, Peter Piot, UNAIDS Director, said, "That is not only morally unacceptable, it puts whole economies and societies at risk of collapsing."

Increased funding, a dramatic ramping-up of treatment, and a broad societal perspective on the influence of AIDS are all necessary ingredients to mitigate the scale and impact of the disease. Integrating AIDS programmes into humanitarian and development efforts could help break the deadly triple threat of poverty, famine, and HIV/AIDS.

Another dissonant note was sounded over anti-discrimination measures. Few countries have established legal or medical protections for people living with or at high risk of contracting HIV/AIDS, creating stumbling blocks to programme implementation.

To meet the "three-by-five" goal of providing anti-retrovirals to 3 million people with HIV/AIDS in the developing world by 2005, "we must change the way we think and change the way we act", said Lee Jong-wook, Director-General of WHO. Currently, about 1 million infected people receive treatment. WHO teams will use lessons learned during the severe acute respiratory syndrome (SARS) outbreak and conflict emergencies to deliver better diagnostic testing. They are also aiming for simpler treatment guidelines by World AIDS Day, Dec 1.

Financing for antiretroviral programmes will come from three main sources: the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank's Multi-Country HIV/AIDS Programme; and President Bush's funding for 14 countries hardest hit by AIDS.

A large-scale counterattack beyond the public sector is necessary, said Richard Feachem, executive director of the Global Fund. The public sector now lags behind in research investment for

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UN Secretary-General Kofi Annan

HIV vaccines and microbicides. Action by non-governmental organisations, private corporations, and faith-based groups is necessary to fight the pandemic, Feachem said. "The Global Fund is investing in everyone's capacity."

Leaders from private industry, government, and civil society groups were intended to be active in the declaration goals, but to date, participants have rarely come from outside health care. The scale of the response is insufficient, and many political leaders have yet to recognise the epidemic's socioeconomic effect.

Meeting the 2005 goals is still a possibility, according to the progress report, but only if "extraordinary effort and extraordinary commitment" are undertaken now to move promises beyond words to deeds.

Kathleen Nelson