

Scaling up treatment and care within a coordinated and comprehensive response to HIV/AIDS

The Fifty-seventh World Health Assembly,

Having considered the report on HIV/AIDS;¹

Noting with great concern that by the end of 2003 about 40 million people were living with HIV/AIDS, the pandemic had claimed an estimated three million lives in 2003, and that HIV/AIDS affects women and children with particular severity;

Also concerned that, although about six million people in developing countries need antiretroviral treatment, only 440 000 currently receive it;

Noting with concern that other health conditions also cause high morbidity and mortality in developing countries;

Acknowledging that antiretroviral therapy has reduced mortality and prolonged healthy lives and that the feasibility of delivering antiretroviral treatment has been demonstrated in several resource-constrained settings;

Recognizing that treatment and access to medication for those infected and affected by HIV/AIDS, as well as prevention, care and support are inseparable elements of a comprehensive health-sector response at the national level, and require adequate financial support from States and other donors;

Recognizing that social stigma, discrimination, lack of affordability of antiretroviral medicines, economic constraints, limitations in health care capacity and human resources are some of the major impediments to access to treatment and care and social support for people living with HIV/AIDS;

Also recognizing the need to further reduce the costs of antiretroviral medicines;

Recalling the Declaration of Commitment on HIV/AIDS adopted at the United Nations General Assembly special session on HIV/AIDS (27 June 2001), which acknowledges that prevention of HIV infection must be the mainstay of national, regional and international responses to the epidemic and calls for significant progress, by 2005, in implementing comprehensive care strategies, including for access to antiretroviral drugs;

¹ Document A57/4.

Recalling also resolution WHA55.12 on the contribution of WHO to the follow-up of the United Nations General Assembly special session on HIV/AIDS, resolution WHA55.14 on ensuring accessibility of essential medicines, resolution WHA56.27 on intellectual property rights, innovation and public health, and resolution WHA56.30 on the global health-sector strategy for HIV/AIDS;

Recalling and recognizing the Programme of Action adopted at the International Conference on Population and Development (Cairo, 1994), commitments made at the World Summit for Social Development (Copenhagen, 1995) and the World Summit for Children (New York, 1990), the Beijing Declaration and Platform for Action (1995), the Declaration on the Elimination of Violence against Women (1993), and the Millennium Declaration (2000), their recommendations and respective follow-ups and reports;

Noting with satisfaction the agreement of 25 April 2004 among development partners to improve coordination and harmonization in the response to HIV/AIDS at country level, through the “Three Ones” principle, namely, one agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multisectoral mandate; and one agreed country-level monitoring and evaluation system;

Recognizing the central role of the health sector in the response to HIV/AIDS and the need to strengthen health systems and human capacity development so that countries and communities may contribute fully to realization of the global targets set out in the Declaration of Commitment on HIV/AIDS and to develop public health systems with a view to minimizing the emergence of drug resistance;

Underlining the importance of WHO’s work, including through the WHO-initiated procurement, quality and sourcing project, to facilitate access by developing countries to safe, effective and affordable antiretroviral drugs and diagnostics at the best price;

Recalling the Declaration on the TRIPS Agreement and Public Health adopted at the WTO Ministerial Conference (Doha, November 2001), and welcoming the decision taken by the General Council of WTO on 30 August 2003 on the implementation of paragraph 6 in that Declaration;¹

Acknowledging WHO’s special role within the United Nations system to combat and mitigate the effects of HIV/AIDS, its responsibility in the follow-up of the Declaration of Commitment on HIV/AIDS and, as a cosponsor of UNAIDS, in leading United Nations efforts in relation to treatment and care for HIV/AIDS and playing a strong role in prevention;

Welcoming the progress made by many Member States in beginning to scale up treatment for HIV/AIDS in their countries;

Welcoming also the increased support of Member States for programmes to combat HIV/AIDS,

1. WELCOMES the Director-General’s “3 by 5” strategy to support developing countries, as part of WHO’s follow-up to the comprehensive global health-sector strategy for HIV/AIDS, in securing access to antiretroviral treatment for three million people living with HIV/AIDS by the end of 2005, and notes the importance of mobilizing financial resources from States and other donors including for WHO to achieve this target;

¹ Document WT/L/540, available at <http://docsonline.wto.org>.

2. URGES Member States, as a matter of priority:

- (1) to establish or strengthen national health and social infrastructure and health systems, with the assistance of the international community as necessary, in order to assure their capacity to deliver effectively HIV/AIDS prevention, treatment, care and support services;
- (2) to strengthen national planning, monitoring and evaluation systems in order to deliver HIV/AIDS prevention, treatment, care and support services within the context of the overall national health strategy, ensuring an appropriate balance between services for HIV/AIDS and all other essential health services;
- (3) to pursue policies and practices that promote:
 - (a) sufficient and adequately trained human resources with the appropriate skillmix to invoke a scaled-up response;
 - (b) human rights, equity, and gender equality in access to treatment and care;
 - (c) affordability and availability, in sufficient quantities, of pharmaceutical products of good quality, including antiretroviral medicines and medical technologies used to treat, diagnose and manage HIV/AIDS;
 - (d) accessible and affordable treatment, testing and counselling with informed consent, prevention and care services for all, without discrimination, including the most vulnerable or socially disadvantaged groups of the population;
 - (e) good quality and scientific and medical appropriateness of pharmaceutical products or medical technologies for treatment and management of HIV/AIDS, irrespective of their sources and countries of origin, inter alia by making the best use of WHO's list of prequalified drugs that meet international quality standards;
 - (f) further investments in medicines, including microbicides, diagnostics and vaccine research, in social science and health systems research, and in traditional medicines and possible interactions with other medicines, in order to improve effective interventions;
 - (g) development of health systems designed to promote access to antiretroviral medicines and to facilitate adherence to treatment regimens with a view to minimizing drug resistance as well as protection of patients against counterfeit medicines;
 - (h) integration of nutrition into a comprehensive response to HIV/AIDS;
 - (i) promotion of breastfeeding in the light of the United Nations Framework for Priority Action on HIV and Infant Feeding and the new WHO/UNICEF Guidelines for Policy-Makers and Health-Care Managers;
- (4) to consider, whenever necessary, adapting national legislation in order to use to the full the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights;

(5) to apply the “Three Ones” principle with a view to improving coordination and harmonization in the response to HIV/AIDS;

(6) to encourage that bilateral trade agreements take into account the flexibilities contained in the WTO TRIPS Agreement and recognized by the Doha Ministerial Declaration on the TRIPS Agreement and Public Health;

3. REQUESTS the Director-General:

(1) to strengthen the key role of WHO in providing technical leadership, direction and support to health systems’ response to HIV/AIDS, within the United Nations system-wide response, as a cosponsor of UNAIDS;

(2) to take action within the framework of the “Three Ones” principle:

(a) to provide support to countries in order to maximize opportunities for the delivery of all relevant interventions for prevention, care, support and treatment of HIV/AIDS and related conditions, including tuberculosis;

(b) to support, mobilize and facilitate efforts of developing countries to scale up antiretroviral treatment in a manner that focuses on poverty, gender equality, and the most vulnerable groups, within the context of strengthening national health systems while maintaining a proper balance of investment between prevention, care and treatment;

(c) to provide guidance on accelerating prevention in the context of scaled-up treatment, in line with the global health-sector strategy for HIV/AIDS;

(3) to take measures to improve access of developing countries to pharmaceutical and diagnostic products to diagnose, treat and manage HIV/AIDS, including by strengthening WHO’s prequalification project;

(4) to ensure that the prequalification review process and the results of inspection and assessment reports of the listed products, aside from proprietary and confidential information, are made publicly available;

(5) to support developing countries in improving management of the supply chain and procurement of good-quality AIDS medicines and diagnostics;

(6) to provide support to countries to embed the scale-up of the response to HIV/AIDS into a broad effort to strengthen national health systems, with special reference to human resources development and health infrastructure, health system financing and health information;

(7) to provide a progress report on implementation of this resolution to the Fifty-eighth World Health Assembly, through the Executive Board.

Eighth plenary meeting, 22 May 2004
A57/VR/8

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