



Independent observer
of the Global Fund

GLOBAL FUND TO PLAY A KEY ROLE IN MEETING "3 BY 5"

The World Health Organization believes that the Global Fund has a key role to play in financing WHO's recently announced "3 million by 2005" (3 by 5) initiative. In this initiative, announced on 22 September, WHO seeks to get three million people onto antiretroviral treatment by the end of 2005.

The Global Fund has responded with enthusiasm to the call from WHO. In particular, the Fund hopes to receive large HIV-treatment-oriented proposals in Round 4, which will be launched on 10 January.

"The world is now poised for a massive scale-up in antiretroviral therapy," said the Fund's Executive Director Dr. Richard Feachem in a recent interview that Global Fund Observer conducted jointly with him and Dr. Jim Kim, Advisor to the WHO Director General.

"In every country, that scale-up is urgent, timely, and possible," said Dr. Feachem. "The Global Fund exists to help finance that scale-up. And so we very much hope to see large and ambitious applications for antiretroviral therapy scale-up in Rounds 4 and 5."

Feachem added that he was "surprised" to note the limited number of treatment-oriented applications in previous rounds, and was also surprised at the "cautiousness" of some of those applications.

Dr. Feachem stated that it is quite clear that in many countries the problem with launching treatment programs is not a lack of infrastructure. If more drugs could be made available tomorrow, they could be used the next day.

WHO has declared that the lack of access to antiretroviral drugs is a global health emergency. It estimates that there are six million people worldwide who are in "immediate need" of AIDS treatment. Dr. Kim explained that this number is based on the assumption that fifteen percent of the over 40 million people

with HIV worldwide are currently in need of treatment. WHO's goal is that as an absolute minimum, half of these – i.e. three million people – should be reached by the end of 2005. Dr. Kim's strong preference would be to reach more, he said.

Without the "3 by 5" initiative, it is likely that only about 850,000 of these people would be reached by 2005. Most of these, said Dr. Kim, will be reached as a result of Global Fund financing of Rounds 1, 2 and 3. For "3 by 5" to succeed, it will be essential for multiple heavily-impacted countries to rapidly develop plans for implementing treatment programs, and then to obtain financing for these programs. The primary potential source for this financing is the Global Fund, both Dr. Kim and Dr. Feachem said.

Dr. Kim urged countries that do not yet have a plan for addressing their "treatment gap" to approach WHO for help in designing such a plan.

In the interview, Dr. Feachem strongly encouraged all CCMs to seriously consider the possibility of doing any or all of the following in order to help reach the "3 by 5" goal:

- With regard to Round 1 or 2 HIV grants: Modestly re-assign the way in which existing approved budgets are assigned.
- With regard to Round 3 HIV grants: Given that Round 3 grant agreements have not yet been signed, more substantially re-assign the ways in which the approved total HIV grant is assigned, so long as the spirit of the original grant application is respected and the budget total is not increased.
- For countries that have *not* yet had an HIV grant approved by the Fund: Consider submitting a Round 4 and/or 5 proposal that forcefully tackles treatment.
- For countries that *have* had an HIV grant approved in Round 1, 2 and/or 3: Consider applying for an additional HIV grant in Round 4 and/or 5 that focuses on treatment in a way that the previous grant did not, or that regards the treatment component of the prior grant as being a pilot project which will be extended or scaled up in a Round 4 or 5 grant.

The WHO's best estimate of the cost that countries will incur in meeting the "3 by 5" goal is about \$5.5 billion. Dr. Kim explained that a portion of that sum is money that various countries and donor agencies have already agreed to spend. WHO is currently computing how much of the \$5.5 b. represents new or additional needs.

Dr. Kim said that if the Global Fund succeeds in raising the \$3 billion that the it has said it needs for 2004 (\$1 billion from Europe, \$1 billion from the USA, and \$1 billion from all others), and if it raises a corresponding amount for 2005, all of the needed additional cost of achieving "3 by 5" could be met through the Fund.

Furthermore, Dr. Kim said he believes it need not be too long before the required drugs could be available in a one-pill-per-day combination pill that will cost no more than \$50 per patient per year. At that level, the cost of drugs – but not human resources – for treating all 40 million people with HIV would be a not-unthinkable \$2 billion per annum.

[Read More](#)
