



FOR IMMEDIATE RELEASE
Monday 22 May 2006

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**Statement of Treatment Action Group (TAG)
on the Life & Legacy of Dr. LEE Jong-Wook, Director,
World Health Organization (WHO)**

New York, 22 May 2006. Mark Harrington, Executive Director of Treatment Action Group, a US-based research and treatment activist organization, issued this statement today.

People living with HIV/AIDS (PLWHA) around the world should take a moment and recognize the pivotal contributions to their lives made by Dr. LEE Jong-Wook, the Director General of the World Health Organization from 2003 until his death this morning. TAG expresses its solidarity with all those who are mourning the loss of this transformative leader in the world's struggle against AIDS.

Unusually among global leaders, Dr. Lee made transforming the world's response to HIV/AIDS one of his leading priorities. Until he took over, WHO's efforts to respond strongly and comprehensively to the HIV/AIDS pandemic had been in abeyance for over a decade, since the years when Jonathan Mann ran the Global Programme on AIDS (GPA) until the mid-90s.

Under his watch, and with his whole support, WHO – for the first time in the pandemic's relentless and devastating twenty-five year eruption and global spread – took a leading role in guiding the response to the pandemic.

The signature initiative of Dr. Lee's brief tenure at WHO was the '3x5' initiative, which sought to provide countries with technical assistance, resources, motivation, and guidance to treat three million of the estimated six million HIV-infected persons in developing countries who needed antiretroviral therapy by the end of 2005.

Time was short when Lee came into office, but he deliberately endorsed this ambitious scale-up target as he believed the pandemic required an emergency response in keeping with its explosive, uncontrolled, and fatal nature.

Under Lee's leadership, the WHO HIV Department was revitalized and enlarged and associated with the tuberculosis (TB) and malaria departments in an HIV, TB, and Malaria (HTM) cluster, which enabled the responses to the three diseases to be better coordinated within WHO and with outside agencies such as the Global Fund to Fight AIDS, TB, and Malaria.

Many donor countries and many developing countries did not appreciate WHO suddenly taking a leading role in demanding that the global response to HIV/AIDS include a strong commitment to scaling up access to antiretroviral treatment (ART). Some countries such as the US opposed the setting of global targets, while other countries such as South Africa claimed the right to set their own targets for scale-up, though when 3x5 was launched in early 2003, not one South African was yet receiving ART through the public sector.

Catalytic activism on the ground led by grassroots advocacy groups such as the Treatment Action Campaign (TAC), substantial donor funds from GFATM and the US-led President's Emergency Program for AIDS Relief, and technical assistance by the WHO 3x5 team led to an astonishing 800% increase in access to ART between early 2003 and December 2005.

While the 3x5 target of 3 million people on ART by December 2005 was not met, the global numbers of individuals on ART went up by 400% between 2003-2005, and twice that rate in sub-Saharan Africa.

Significant problems remain. Access to treatment is not always equitably distributed between men and women, or between urban and rural areas. Children lag behind in access to ART. Comprehensive services providing prevention, care, and treatment, are not yet available in most places. Weak health systems, inadequate human resources for health, and problems with expensive drugs and inadequate procurement and supply chain management systems have impeded the rate and scope of ART scale-up. Much work remains to be done as the emergency 3x5 response is transformed into a sustainable build-up towards the goal of as close as possible to universal access to HIV/AIDS prevention, care, and treatment by the end of 2010. On Wednesday the International Treatment Preparedness Coalition (ITPC) will release its report on *Missing the Target – Off Target for 2010: How to Avoid Breaking the Promise of Universal Access* (<http://www.aidstreatmentaccess.org/>), which will lay out what donors, countries, and technical agencies need to do to more successfully sustain the ART scale-up process.

WHO's HIV work remains desperately underfunded. Less than 25% of the funds it needs to support countries in scaling up HIV prevention, care, and treatment in 2006-2007 are on hand. Donors repeatedly refuse to support WHO's most important efforts, while simultaneously criticizing it for over-ambitious targets. This must change. Without much greater support, WHO cannot help countries build up their health systems to improve treatment and care for HIV, TB, malaria, and other diseases of the poor.

None of these hurdles and obstacles however – which had been used as excuses by global leaders and health bureaucrats for two decades to avoid responding fully to HIV/AIDS in developing countries – takes away the historical accomplishment in ART scale-up and delivery which has occurred in the past three years, with substantial credit due to the World Health Organization (WHO) for its catalytic role in supporting 3x5.

Many share the credit for this work, including Drs. Bernhard Schwartländer, Paulo Teixeira, and Jim Kim, who led the WHO HIV Department in the years from 2002-2005, but it was Dr. Lee's commitment that made the entire organization change its response to HIV/AIDS from an indolent and inadequate one to the truly comprehensive global emergency response the pandemic required.

For this reason, PLWHAs, activists, and people around the world who support universal access to HIV care and treatment – including antiretroviral treatment – should remember Dr. Lee's contribution as they fight for ambitious scale-up targets to be included in next month's United Nations General Assembly meeting to review and update the UNGASS political declaration of 2001.

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The Treatment Action Group (TAG) fights to find a cure for AIDS and to ensure that all people living with HIV receive the necessary treatment, care, and information they need to save their lives. TAG focuses on the AIDS research effort, both public and private, the drug development process, and health care delivery systems. We meet with researchers, pharmaceutical companies, and government officials to encourage exploration of understudied areas in AIDS research and speed up drug development, approval, and access. We work with the World Health Organization and community organizations globally, and strive to develop the scientific and political expertise needed to transform policy. TAG is committed to working for and with all communities affected by HIV.

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