

## Beyond '3 by 5'

Some 1.3 million people in low- and middle-income countries worldwide were on HIV antiretroviral treatment (ART) by the end of 2005, up from 400 000 in December 2003, according to the latest progress report on the '3 by 5' initiative ('Progress on global access to HIV antiretroviral therapy') released in March 2006.

The report says that scale-up has been most dramatic in sub-Saharan Africa, with an eight-fold increase from 100 000 at the end of 2003 to 310 000 at the end of 2004 and 810 000 by the end of 2005. More than half of all people receiving treatment in the low- and middle-income countries are now in this region, compared with one-quarter 2 years ago, and about 1 in 6 of the 4.7 million people in need of ART in the region now receive it. However, progress has been uneven, with only Botswana, Namibia and Uganda achieving coverage of 50% or higher – a '3 by 5' target – while in 16 countries the coverage remains below 10%. South Africa, with over 200 000 people now receiving treatment, accounts for one-quarter of those receiving ART in the region.

'3 by 5' is an initiative of the World Health Organization (WHO) and UNAIDS that was launched to provide ART for 3 million people living with HIV/AIDS in low- and middle-income countries worldwide by the end of 2005.

The report notes that while the '3 by 5' target has not been achieved, the initiative has helped to mobilise countries, communities and individuals to address the need to provide ART. However, some persistent challenges continue to thwart the scaling up of ART and HIV prevention. These include poorly harmonised partnerships, constraints such as pricing in the procurement and supply of drugs, diagnostics and other commodities, strained human resource capacity and other weaknesses in health systems, difficulty in ensuring equitable access, and lack of standardised systems for the management of programmes and for monitoring progress.

Funding is also an issue and despite the substantial increase in international support between 2003 and 2005, the funding gap for 2005 - 2007 is expected to widen to US\$18 billion, with at least US\$22 billion required each year by 2008 to fully fund the global response.

The report says that the lessons learned will influence approaches and actions in the move towards the goal of universal access by 2010.

On 11 April, under the auspices of the African Union and with the aim of stepping up the pace of HIV prevention in the continent, the year 2006 was launched as the 'Year for accelerating HIV prevention in the African region', with a call for innovative approaches, creative thinking and more holistic actions across Africa in order for HIV prevention to succeed.

Source: [www.unaids.org](http://www.unaids.org)

## MRC hosts sexual violence research initiative

The Medical Research Council has announced that its Gender & Health Research Unit is the new host of the Sexual Violence Research Initiative (SVRI) of the Global Forum for Health Research.

The secretariat of the SVRI was previously based within the World Health Organization's department of gender, women and health for an initial period of 2 years, and moved to the MRC's Pretoria office in January 2006.

The SVRI was established to promote research on sexual violence against women and comprises a network of more than 600 researchers and activists from some 50 countries worldwide. Its key activities include providing information and updates on sexual violence research and research methods via its website and an e-mail discussion group, identifying gaps in the knowledge base, and promoting research on sexual violence.

Research priorities that have been identified for immediate attention include:

- nature and magnitude of sexual violence, e.g. research on masculinity and risk factors
- health consequences of sexual violence
- women's responses to sexual violence services
- medico-legal responses to sexual violence, and
- alternative forms of justice in cases of sexual violence.

Research will be promoted by providing information on funders and help to link researchers, as well as support for requests for proposals. A request for seed funds to support proposal development is to be launched shortly.

Source: [www.svri.org](http://www.svri.org)

## Council of the COG

The new council of the College of Obstetricians and Gynaecologists (COG(CMSA)) is:

Zephne van der Spuy (Groote Schuur) – President

Wilhelm Steyn (Stellenbosch) – Secretary

Councillors – John Anthony (Cape Town), Jay Baghratee (Durban), Eckhart Buchmann (Johannesburg), Aimes Dhai (Johannesburg), Greta Dreyer (Pretoria), Franco Guidozi (Johannesburg), M Kabaale (East London), Gerhard Lindeque (Pretoria), Eddie Mhlanga (Pretoria), Sam Monokoane (Medunsa), Oscar Shimange (Pretoria), Chantelle Stewart (Cape Town), Gerhard Theron (Tygerberg).

The representatives on the CMSA senate are Zephne van der Spuy, M Kabaale and Gerhard Lindeque.

Source: [www.collegemedsa.ac.za](http://www.collegemedsa.ac.za)

## Events

Multidisciplinary Approach to Gynaecological Cancers – 17 - 18 November 2006, Sandton Convention Centre, Johannesburg, South Africa. Congress chairman: Dr Daniel Vorobiof, SA Society of Medical Oncology, tel. 011 883 0900, fax 011 883 0905, e-mail: [voro@global.co.za](mailto:voro@global.co.za)