

## Statement

### **UNAIDS and WHO underline importance of evidence based approaches to treatment in response to AIDS**

**Geneva, 16 March 2007** – The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) reiterate the importance of evidence based approaches to AIDS treatment as part of a comprehensive response to the epidemic.

Following the recent claim of a new treatment which can cure AIDS in the Gambia, UNAIDS and WHO strongly encourage the Gambia to collaborate with international experts on efforts to assess the safety, efficacy and quality of the therapeutic intervention, according to standard practices in any product development.

Sub-Saharan Africa carries the highest burden of HIV infections and AIDS-related mortality in the world. No cure for AIDS exists. Once a person has been infected with HIV, he or she remains infected for life. Countries and partners are therefore working together to accelerate access to HIV prevention, treatment and care to mitigate the impact of the epidemic in the African region.

Herbal remedies cannot take the place of comprehensive treatment and care for people living with HIV (including prophylaxis and treatment for opportunistic infections, and highly active antiretroviral therapy where indicated). These treatments should not be stopped in favour of any such remedy. Discontinuation of antiretroviral therapy, once people have commenced their treatment programmes, will lead to very serious adverse effects, and even death. HIV drug resistance is also more likely to occur.

UNAIDS and WHO are promoting and supporting the use of combination antiretroviral therapy. Antiretroviral treatment is an important component in the response to AIDS—for people living with HIV and who are in need of antiretroviral treatment—it can both prolong life and improve quality of life. In low- and middle-income countries over 1.6 million people are receiving antiretroviral treatment. With increased resources and global commitment to scale up access to antiretroviral treatment, coverage increased in sub-Saharan Africa from less than 2% in 2003 to 23% in June 2006. These gains must be sustained.

UNAIDS and WHO recommend that on no account should patients on antiretroviral therapy interrupt their treatment unless advised to do so on medical grounds by their treating physicians or health care workers.

#### **Contact**

Sophie Barton-Knott | UNAIDS Geneva | +41 22 791 1697 | [bartonknotts@unaids.org](mailto:bartonknotts@unaids.org)

Iqbal Nandra | WHO Geneva | +41 22 791 5589 | mobile +41 79 509 0622 | [nandrai@who.int](mailto:nandrai@who.int)

UNAIDS, the Joint United Nations Programme on HIV/AIDS, brings together the efforts and resources of ten UN system organizations to the global AIDS response. Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World

Bank. Based in Geneva, the UNAIDS Secretariat works on the ground in more than 80 countries world wide. Visit the UNAIDS Web site at [www.unaids.org](http://www.unaids.org)

As the directing and coordinating authority on international health work, the World Health Organization (WHO) takes the lead within the UN system in the global health sector response to HIV/AIDS. WHO provides technical, evidence-based support to Member States to help strengthen health systems to provide a comprehensive and sustainable response to HIV/AIDS including treatment, care, support and prevention services through the health sector.