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Ethical Issues in Public Health
Session 2: The “3 by 5” Problem

In poor countries, 6 million people with HIV/AIDS need immediate anti-retroviral therapy (ART). At present, less than 8% of these individuals have access to treatment. The goal of the WHO 3 by 5 Initiative is to treat 3 million people (50%) living with HIV/AIDS by the year 2005. This program is a transitional program for the eventual hope that all people in the world with HIV/AIDS will have access to treatment. The goals of the 3 by 5 program are to simplify and standardize the delivery of ART, to guarantee an effective and reliable supply of medications and tests, to identify, disseminate, and apply new knowledge about HIV/AIDS rapidly, to provide support to countries, and to demonstrate global leadership, partnership and advocacy.

Fifty developing countries will receive treatment for their populations; and each country will be responsible for implementing the program within their nation. However, the WHO is aware that by its very structure—in which 3 million people will be treated who otherwise would not be, but another 3 million will not-- this is an international program that poses enormous ethical as well as logistic challenges. The WHO is concerned that the program will lack legitimacy among the wider public without an ethical, rational, and clear process for the difficult decisions that have to be made.

As a means to establishing legitimacy, the 3 by 5 program leaders are considering alternative ethical frameworks for thinking through the ethics of alternative policies in four areas: individual medical eligibility, site allocation, priority to groups, and cost. First, the leaders of the WHO program must decide what criteria they will use for determining who will receive ART. For example, there exists debate over whether those with the best chances to benefit from the treatment or those with the most need (sickest) should first have access to ART. Second, the 3 by 5 program must state how, overall, the doses will be distributed to particular countries as well as sites within countries. Next, questions exist about whether particular groups such as healthcare workers or national leaders should have first priority to receiving ART. Lastly, some feel that the ability of a country to handle the cost of implementing this program is a relevant factor. Many argue that issues of infrastructure, sustainability, and financing are essential to fairly determining which sites receive ART treatment.

Your group is acting as the 3 by 5 program committee responsible for selecting which frameworks to use in setting policy for the program in these four areas. You are considering two frameworks in particular—proposed by Kass and by Daniels and Sabin. The question you are debating is whether you need to employ both frameworks or whether one will be sufficient. Compare and contrast the two approaches to see if each are of independent value or are redundant in helping to illuminate and guide the complex ethical challenges raised by this daunting international effort.