

International Treatment Preparedness Coalition

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Overhaul Necessary to Reach New G8 AIDS Treatment Goals, AIDS Advocacy Group Warns

Analysis from 17 countries argues treatment scale up is the best hope to build comprehensive health systems

Cape Town and New York, 18 July 2007. Global AIDS treatment efforts will fall far short of the G8 goal to reach five million Africans and provide global universal access to AIDS drugs in the next few years unless the pace of treatment scale up accelerates and the effort expands to address key barriers, according to a new report released today. The report was issued by The International Treatment Preparedness Coalition (ITPC) a group of more than 1,000 treatment activists from over 125 countries.

The new *Missing the Target* report, the fourth in a series, provides a 17-country overview of AIDS treatment successes and setbacks and offers an in-depth review of treatment delivery in six countries not covered in the group's previous reports – Cambodia, China, Malawi, Uganda, Zambia and Zimbabwe. The report is available online at www.aidstreatmentaccess.org.

"Treatment delivery is working and there can be no more excuses for losing this momentum or letting millions die of AIDS," said Zackie Achmat of South Africa's Treatment Action Campaign. "Governments and global agencies must accelerate the effort, reach those who are being left out, and establish sustainable prevention and treatment services."

Missing the Target research teams found that while increasing numbers of people are receiving treatment, the future of scale up is threatened by serious challenges: marginalized people, rural populations and children often do not have equitable access to care; support services that make treatment possible, such as nutrition and transportation, are commonly not available; HIV prevention, 2nd line AIDS drugs, and TB services are generally not integrated into treatment; stigma remains a powerful barrier in all countries; and, often, what is called "free" treatment is actually unaffordable for many people living with HIV/AIDS.

"Free treatment is not truly free in most of the countries we surveyed," said Gregg Gonsalves of the AIDS and Rights Alliance for Southern Africa (ARASA) and an ITPC member. "Charges for diagnostic tests, medical care and other services are putting lifesaving care out of reach of many thousands of people."

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Several country chapters in the report call for United Nations agencies and bilateral organizations to be more visible in support of treatment delivery. "It is part of the UN's moral responsibility to speak out when countries fail to protect the health of their people," said an anonymous co-author of the report's China chapter.

"Treatment access has improved, but political and economic challenges threaten to reverse the gains of treatment delivery," said Matilda Moyo, a co-author of the report's Zimbabwe chapter. "In some areas the health care system faces imminent collapse. This calls for urgent action in the form of more concerted efforts by government and greater support from the global community."

"The last three years have proven that concerted global efforts can save lives and build improved and lasting systems of care," said Chris Collins, ITPC member and a coordinator of the report project. "For governments to back away from their commitment to the universal access goal now would be a catastrophic mistake and monumental betrayal."

"This is the 'no spin' report on treatment delivery," said Gonsalves. "*Missing the Target 4* doesn't gloss over the tremendous challenges that demand the attention of governments, global agencies and donors."

Civil society research teams in each of the report's six focus countries used a globally standardized survey instrument to gather data on treatment access, and to develop recommendations to make global treatment goals more achievable. Key findings include:

- **Cambodia:** Treatment access has increased steadily, but is hindered by an acute shortage of health care personnel, problems with the drug supply system, limited access to second-line treatment and TB services, and other systemic problems.
- **China:** Rapid expansion of treatment delivery is still not meeting increasing needs. Widespread stigma, as well as extra charges for diagnostic tests, impede treatment access; drugs for TB/HIV co-infection and second-line AIDS therapy remain scarce.
- **Malawi:** Significant progress in treatment access is being hampered by a critical health care worker shortage, particularly in rural areas. There is little access to prevention of mother to child transmission (PMTCT) services, HIV testing, or treatment for opportunistic infections (OI).
- **Uganda:** The ARV access program has shown impressive results, yet demand for treatment outstrips supply, uptake of PMTCT+ is low; fees for some medical services impede access, and corruption and under-financing plague the response.

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- **Zambia:** Treatment has markedly reduced mortality rates, but serious inequities in access remain. Availability of diagnostic tools, second-line and OI drugs, and paediatric formulations is severely limited, and stock outs are frequent.
- **Zimbabwe:** While treatment access has improved, political turmoil, a deteriorating economy and widespread stigma against PLWHA threaten gains. In some areas the health care system is collapsing, with hospitals and clinics closing, frequent drug stock outs, and long lines for the public ARV program.

The report also calls for key reforms in the way global agencies do their work:

- **PEPFAR** must do better at reaching populations outside of urban centres, integrating treatment services into existing health care, building public sector capacity, and increasing its support for health care worker education. The program's misguided policies on abstinence-only programming, sex work and harm reduction present considerable obstacles to HIV prevention and treatment scale up and must end.
- Donors must support the **Global Fund's** plan to triple in size. Civil society must be more fully included on Global Fund Country Coordinating Mechanisms (CCMs) and the Fund -- and its partner organizations -- must be prepared to intervene earlier and more effectively when country implementers encounter challenges.
- **UNAIDS and WHO** must fulfil their ethical obligations by being more outspoken when national programs are mismanaged, targets are not met, or vulnerable populations are neglected. These agencies must develop workable plans to deliver second line drugs, eliminate drug stock outs, provide CD4 and other testing technologies and integrate HIV prevention and TB services.

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About the International Treatment Preparedness Coalition

The International Treatment Preparedness Coalition (ITPC) was born at the International Treatment Preparedness Summit that took place in Cape Town, South Africa in March 2003. That meeting brought together for the first time community-based HIV treatment activists and educators from over 60 countries.

Since the Summit, ITPC has grown to include more than 1000 activists from over 125 countries and has emerged as a leading civil society coalition on treatment preparedness and access issues.

More information, including ITPC's reports on treatment access, is available at www.aidstreatmentaccess.org .