

30 May 2006 Contact: Aditi Sharma, Head of HIV & AIDS Campaign

What will it take?

What will it take to stop

- . 8,500 people dying every day
- . 13,500 new infections every day
- . 700,000 children infected a year?

Summary

While ActionAid International and other civil society organisations call for meaningful action, specific targets and timelines from the UN High-Level Meeting on HIV and AIDS, governments reveal that their geo-political and ideological agendas are more important to them than dealing with the HIV crisis. ActionAid sets out what must be done, and done now, to achieve the goal of universal access by 2010.

At the 2001 UNGASS, the Declaration of Commitment acknowledged that AIDS was a global emergency which needed an unprecedented response. Governments made historic commitments on leadership, prevention and funding.

5 years later: what has happened?

- There has been an increase in funding but it is far short of the \$20-23 billion needed each year. Nearly \$3bn is coming from the pockets of the poor, people living with HIV and domestically-raised resources.
- The Global Fund was launched in 2001 but has been denied predictable, sustainable and increasing contributions.
- The US promised \$15 billion to its own AIDS programme in 15 countries but loaded with conditions that contradict good practice and evidence of what works.
- Only two African governments have met their Abuja commitment of 2001 to spend 15% of national budgets on health.
- The 2001 WTO Doha Declaration claimed to putting people before patents but countries are still unable to use TRIPS flexibilities to produce or import drugs.
- AIDS is stretching health systems to breaking point, but rich countries are poaching health workers from the poor.
- WHO says the world needs 4m extra health workers but IMF conditions restrict spending on health and cut wages.
- Women bear the brunt but little investment in microbicides or female condoms.
- Children are forced to become carers – but no paediatric formulations of ARVs have been developed.

At the 2005 G8 meeting and UN World Summit, leaders committed to a comprehensive package of prevention, treatment and care with the aim of universal access to treatment by 2010.

1 year later: what has happened?

- There is no plan for where the funding for universal access will come from.
- Although Global Fund Round 6 (“the treatment round”) has been called, there is inadequate funding for it. The 2005 Replenishment Conference needed \$7.1bn but only \$3.7bn was pledged.
- The Global Steering Committee on universal access is not proposing any international or interim progress targets.
- The follow-up “UNGASS +5” has been downgraded as not enough leaders will attend the meeting.
- Despite no evidence of its effectiveness, the August 2003 agreement on importing generic medicines has been cemented into TRIPS international agreements.

Universal Access

ActionAid International supports the right to universal access by 2010 as a crucial element in the fight to end poverty. This must mean:

- 10 million people have access to high quality, sustainable treatment, with poor and excluded communities prioritised.
- At least 80% of pregnant women living with HIV have access to prevention, treatment and care.
- At least 95% of young women and men (aged 15-24) with the right to information and action to reduce their vulnerability.

AAI demands a concerted approach to tackle the structural barriers in order to make universal access in 2010 a reality.

Fund the response

- Urgently fill the funding gap of at least \$10 billion a year. This must come from donors – there are no other realistic sources - and as a fair share of global wealth. They must be tied to national and international targets and medium-term milestones.
- Commit to increasing, sustained, predictable and full funding to allow annual funding rounds of the Global Fund.
- Ensure in-depth, transparent and gender-disaggregated financial reporting of commitments and expenditure on HIV & AIDS.
- Cancel the debts of the world's poorest countries in full, by fair and transparent means, allowing countries to divert resources to agreed national priorities that guarantee predictable resources for HIV.
- Oppose conditional bilateral and multilateral aid programmes for HIV and AIDS that deny people their right to comprehensive information on prevention (opposing abstinence-only policies) or discriminate against marginalised groups such as sex workers, drug users and men who have sex with men.

Build capacity

- Invest in building health and education infrastructure and capacity including reaching agreed targets such as the Abuja Declaration of 15% of national budgets for health.

- End IMF monetary conditions and fiscal ceilings that force countries to restrict spending on public health, education and public sector wage bills.
- Abolish user-fees in public health systems and support essential healthcare free to all at the point of use.
- Abolish user-fees for primary education and fully fund the Fast track Initiative.
- Encourage teacher training and curriculum materials that provide accurate sex and reproductive health education, challenge gender inequality and promote greater HIV/AIDS awareness.
- Stop the poaching of health workers through ethical guidelines, provide compensation for training and ensure adequate investment in wages and retention of health workers.
- Address the burden of care on girls and women by strengthening health infrastructure, compensation for home based care and provision of social grants.
- Provide adequate and sustainable nutritional support for people living with HIV and invest in improving food security as part of a comprehensive response.

Ensure access

- Support the use of existing flexibilities within TRIPS to promote greater generic manufacturing and import – especially for second line drugs.
- Ensure public health takes precedence over pharmaceutical patents through review and reform of TRIPS.
- Support the growth of regional and national generics' industries in worst-affected

- countries as a long-term solution to lack of affordable medicines.
- Stop bullying developing countries to introduce TRIPS plus legislation.
 - Invest in the development of female controlled prevention methods such as microbicides, female condoms and post exposure prophylaxis for survivors of rape.
 - Invest in development and provision of paediatric formulations for children.
 - Improve access to safe and affordable diagnostic and testing centres.
 - Promote and support public investment in R&D and access to vaccines.

Guarantee rights

- Introduce and implement legislation to protect the rights of people living with HIV & AIDS at national, workplace, school and all levels and during VCT/PMTCT interventions.
- Prioritise, through action and resource commitment, protection of women and girls' human right to live free of violence and sexual coercion, and reduction of women and girls' risk of HIV & AIDS.
- Promote the rights of women and girls – to education, sexual and reproductive health, land ownership and access to natural resources and livelihoods.
- Ensure the social and legal rights of vulnerable and marginalised groups and fund focused interventions that empower them to provide leadership in the response to HIV & AIDS.
- Provide data disaggregated by sex, ethnicity and geographical area for meaningful evaluation of interventions with a special focus on marginalised groups.

- Commit to and implement the principle of Greater involvement of people living with HIV & AIDS (GIPA) in all policy-making.
- Mitigate against the greater risk of the spread of HIV & AIDS in conflicts and emergencies especially amongst women as a result of targeted sexual assault and torture.
- Develop and implement ethical guidelines for drug and vaccine trials.

What will it take? We do not have a cure but the world has the means to prevent:

- **8,500 people dying every day**
- **13,500 new infections every day**
- **700,000 children infected every year.**

What will it take for world leaders to act? ActionAid International is calling on this UN High-Level Meeting will show that these is the will to take action and achieve universal access by 2010, not to allow five more years of missed opportunities.

For more information:
visit www.actionaid.org
email aditi.sharma@actionaid.org
call (until 2 June) +1 347 431 5350.