stop AIDS campaign

Universal access by 2010 – the UK Government's role in making it happen

May 2006

Overview

At the Gleneagles G8 summit in July 2005, the UK Government led world leaders in committing to the rapid expansion of HIV treatment with a target of achieving universal access by 2010.

At the 2005 World Summit world leaders also committed themselves to this target as part of a massive scaling up of comprehensive HIV prevention, treatment and care.

While access has been rising steadily over the last two years, only 1.3 million people in the developing world are receiving antiretrovirals (ARVs), out of a total of 6.5 million who need them urgently. Less than 5% of the estimated 700,000 HIV positive children in need of paediatric AIDS treatment are receiving it – and most of those are in developed countries.

To make the goal of universal access real, and to bring an end to widespread and unnecessary death and suffering, the Stop AIDS Campaign has identified three key areas for the UK government to continue to push for rapid progress:

- financing universal access
- ensuring affordable medicines
- strengthening health systems

What we are calling for:

Financing universal access

- Ensuring **$20bn a year** for AIDS, including financing for the 2010 target
- Full funding of the **Global Fund for 2006** and ensuring annual funding rounds
- **Coherent macroeconomic policies** to ensure increased investment in health by developing countries through more effective use of foreign aid flows

Ensuring affordable medicines

- Ensuring **generic versions of Kaletra and Tenofovir** are available in developing countries within a year
- Supporting developing countries in getting access to generics though **financial, technical and political assistance**
- Meeting existing commitments through increasing **DfID internal capacity** to work on access to medicines

Strengthening health systems

- Leading international efforts to **finance the massive scaling-up of health systems**, free at the point of use
- Developing a comprehensive strategy to **train, support and retain health workers** in developing countries
- Funding **technical and financial support for civil society** to ensure communities play an expanded and expert role in the delivery of HIV services

1. Financing universal access

In order to achieve the G8 and World Summit goals, an estimated 10 million people will need to be receiving treatment by 2010[1]. Significantly increased resources will be required to reach this target, above the existing funding gap. UNAIDS have estimated that $20 billion will be needed each year until 2010. A substantial amount of this should come from donor governments. Without new commitments to increased resources from the UK and other wealthy governments, we know that universal access will not be possible.

1.2 Ensuring $20bn a year

Donor countries should ensure that funding is available to implement country strategies for moving towards universal access. The UN Secretary-General's Report to the forthcoming General Assembly states that financing to implement developing country national AIDS plans is inadequate, often unpredictable and of too short duration, reducing the ability of governments to build and sustain AIDS programmes.

- *The UK government should commit itself and other donor nations to ensuring that **$20 billion a year is available until 2010** to finance universal access to comprehensive HIV treatment and prevention services.*
- *G7 Finance Ministers should ensure that a **sufficient proportion of the additional overseas development assistance** becoming available as a result of Gleneagles goes to support the 2010 universal access target.*

1.3 Full funding of the Global Fund

Reaching the goal of universal access by 2010 will depend on adequate financing of the Global Fund to fight AIDS, TB and Malaria. The Global Fund has an important and growing role in funding the global fight against HIV/AIDS, providing 20% of all international funding for AIDS in 2005, and currently funding one third of all people on treatment in developing countries.

The Global Fund urgently needs $3 billion in 2006. $1.8 billion has been pledged so far by donor governments. There is a major shortfall of $1.2 billion. New pledges are required both to finance new treatment, care and prevention programmes and to continue successful programmes beyond their initial two-year funding period.

- *The UK government must continue to play a **leadership role in the Replenishment process**, and ensure that an equitable approach is taken to fully finance the Global Fund in 2006. This must allow for **at least one round of funding per annum,** of increasing size, as well as renewal of successful grants.*
- *The UK should take a lead in urging **review of the Comprehensive Funding Policy**, to allow the Fund to 'borrow' from its own holdings.*

1.4 Macroeconomic coherence

In spite of the recent increases in allocations to HIV/AIDS, developing country governments continue to be unable significantly to increase their public health spending. To reach the universal access target by 2010, governments of highly affected countries need to be able to implement expanded treatment and prevention strategies. Health infrastructure must be strengthened and more doctors, nurses, administrators and community health workers need to be trained and hired.

Yet there are worries that this urgent expansion may currently be being hampered by economic and political standards set by the IMF and World Bank. The impact of IMF targets for reducing inflation and paying down the fiscal deficit in the countries with which it works are of great concern. Many economists believe that these targets are set significantly lower than is necessary to achieve long-term economic growth. Thus in order to reach these targets, countries have to put limits on their budgets to keep spending low - too low to allow adequate spending on health care infrastructure, health supplies and other basic needs.

- *The UK government should lead relevant governments in a policy discussion to resolve the current impasse. The revised policy position should ensure that developing country governments **can absorb and effectively utilise new flows of foreign aid** to intensify and accelerate their national AIDS response without compromising economic growth.*
- *The Chancellor, as chair of the IMF's International Monetary and Finance Committee must **prioritise the resolution of this problem** at the Committee's meeting in Singapore later this year.*

[1] Estimation based on UNAIDS August 2005 'Resource Needs for an expanded response to AIDS'. These projections used a baseline of ART coverage at 50% in 2006, which has yet to be achieved, and scale up incrementally to reach 80% or 9.8 million by 2010. The actual number of people in need of treatment by 2010 may be greater.

2. Ensuring affordable medicines

The drive to make medicines more affordable lies at the heart of reaching universal access to treatment. Under the current system, many HIV drugs are priced out of reach of those in low and middle income countries. Drugs needed to treat opportunistic and other infections are also in short supply. As treatment for HIV and AIDS is a life-long intervention, a system must be created that guarantees patients all over the world an equal benefit from advances in medical science.

Dr Jim Kim, former WHO director of HIV/AIDS, warns that, in scaling up towards 2010, *"a crisis in terms of supply"* will be reached *"very, very soon"* because of the rapid expansion of HIV treatment programmes[2]. The UK government has a key political and technical role to play in helping to bring down the cost of essential AIDS medicines for the people who most need them.

2.1 Ensuring generics are available

At the heart of a comprehensive, sustainable approach must be generic competition. Approximately half of the people in the developing world who are already on antiretroviral therapy rely on generic versions of more expensive patented drugs. Differential pricing is part of the solution, but can only be truly effective as part of a functioning market that includes generic competition.

Generics are the only hope for introducing key 'second-line' treatments, needed for patients when they develop resistance to their first combination of medicines. This is a particularly pressing issue, as essential second-line treatments are currently under patent and priced out of reach – as will be any new, more effective drugs that come onto the market in the future.

- *The UK must work to ensure new generic versions of key drugs become rapidly available. We would like to see a focus on two essential drugs that are currently under patent and particularly appropriate for use in developing countries: heat-stable lopinavir/ritonavir (marketed as **Kaletra**) and **tenofovir** (marketed as Viread.) If **available generically in the developing world within a year** they could have a critical impact on making universal access a reality.*

2.2 Assisting developing countries in getting access to generics

The World Trade Organisation Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS), recently amended, has been hailed by Northern governments as a huge step forward for access to essential medicines. Yet the new flexibilities are unnecessarily complex and no developing country has yet used them[3].

Of additional concern is the proliferation of US-led regional and bilateral Free Trade Agreements which undermine TRIPS flexibilities by providing for higher levels of patent protection than TRIPS requires.

- *The UK government should provide **substantial financial and technical assistance** in order to support developing countries to achieve increased access to generics despite the legal, procedural and political barriers that stand in their way.*

2.3 Meeting existing UK Government commitments

The UK Government has committed to a range of initiatives that are intended to bring about greater access to essential medicines, including tax credits on research and development; EC regulations allowing differential pricing; and commitments to ensure that trade agreements do not go beyond TRIPS. Yet the Department for International Development (DfID)'s access to medicines team is currently unstaffed.

- *A DfID "access to medicines" team with appropriate expertise must be put in place to follow through on **existing commitments** and deliver the necessary international **leadership in** this area.*

[2] http://www.aidsmap.com/en/news/B2F31072-8CBF-4538-B4D6-A4F0E2D33B7A.asp

[3] There are no notifications of intent to use the system on the dedicated WTO website: http://wto.org/english/tratop_e/trips_e/public_health_e.htm

3. Strengthening health systems

Universal access can only be achieved with strong and well-resourced health systems. Without the infrastructure to deliver HIV treatment, testing, care and prevention services, access will continue to be ad hoc and will fail to bring treatment and care to those most in need – the marginalised, the poor and those in the most weakened states.

3.1 Financing for health system strengthening

The UK Government's aid investments must therefore be targeted to build the capacity of health systems. Sub-Saharan African countries spent, on average, $6.17 per head of population on health services in 2002, well below the WHO minimum recommendation of $34. User fees have been shown to exclude the poor from access to services. It is estimated that 1 million additional healthcare workers are required in Africa if the MDGs are to be achieved.

- *The UK Government should lead international efforts to ensure a **massive scaling-up of health systems, free at the point of use**, in affected countries. Financing should be targeted explicitly to strengthen health systems, particularly through sector budget support.*

3.2 Investing in healthcare workers

The 'brain drain' of healthcare workers from under-resourced countries and districts to places with better pay and conditions and better medical facilities is best addressed by increasing the incentives for staff to work where the need is greatest. DfID's pilot work in Malawi to increase the salaries of healthcare workers is a critically important intervention that requires scaling up to other districts and countries, to increase the impact of this type of progressive programming. This is good work that must be expanded, recognising that the UK continues to benefit financially from healthcare personnel trained in developing countries.

- *The UK Government should develop a **comprehensive strategy to train, support and retain health workers** in developing countries, investing in increased salaries as well as improved working conditions, building on the results of the DfID Malawi pilot, and with the full involvement of civil society.*

3.3 Investing in communities and ensuring equity

Beyond the formal healthcare system, the UK Government's aid budget must address the stark reality that there are simply not enough doctors and nurses to deliver universal access. New cadres of healthcare workers, drawn from affected communities, need support and financial compensation. Support is required for an expanded role for community-based organisations in delivering treatment and care services. Many community-based organisations, particularly women, have been doing this work on the frontlines of HIV treatment and care for many years. But their work remains under-funded, under-recognised, under-developed and under-supported.

Community-based organisations have a particular role to play in advocating for equity in prevention, care and treatment delivery. They are best equipped to ensure that access to HIV services for marginalised people is prioritised. Civil society, particularly people living with HIV/AIDS, must be meaningfully involved in the structures of the health system, in decision-making and in programme design.

- *The UK government should be funding **technical and financial support for civil society** to play an expanded and expert role in the delivery of HIV services at a country level, through direct funding and through budget support to governments. This should include HIV treatment services, advocacy to promote access for marginalised people, and support for community and home-based carers, ensuring that this is an integral part of an overall strengthening of public health systems.*

For more information:

www.stopaidscampaign.org.uk

The Stop AIDS Campaign is a campaigning initiative of the UK Consortium on AIDS and International Development - a group of more than 80 UK based organisations which work together to understand and develop effective approaches to the problems created by the HIV epidemic in developing countries. Reg charity 1113204.

UK Consortium on AIDS and International Development