



student action on world poverty and the environment

Why the UK must take action to keep the promise of universal access to treatment by 2010

*“Universal access to treatment **has** to be sustainable...40 million infected people will be clamoring to stay alive. It is the responsibility of the world to make that happen.”*

Stephen Lewis, UN Special Envoy on HIV/AIDS, 29 Nov 2006

HIV/AIDS is a huge epidemic that must be addressed.

HIV/AIDS has a huge impact on peoples' lives. 40 million are living with HIV/AIDS, 25 million have already died. Every day another 11,000 people become infected and every day 8,200 die from AIDS. AIDS is the number one cause of death in Africa. HIV/AIDS also has a devastating impact on societies and economic development in some of the poorest parts of the world.

Access to Treatment is a critical issue

We can treat HIV/AIDS, and treatment is an essential part of any response to the crisis. With treatment HIV/AIDS is an illness that can be lived with, rather than a death sentence. The availability of treatment allows people to continue working, caring for their families and contributing to their communities. The provision of treatment also helps reduce stigma and discrimination, increases the effectiveness of prevention efforts, and reduces long-term health costs.

While there are 2.3 million children worldwide living with HIV/AIDS, only 5% of those in need of treatment receive it. If left untreated, 50% of all infected children die before the age of two. 80% die before the age of five.

Access to treatment is a human right. But while there is near universal access to treatment in countries like the UK, in developing countries 75% of adults and 95% of children in urgent need of treatment do not receive it.

The UK led the way in obtaining an international commitment to universal access to treatment by 2010.

The UK's international leadership has played an important role in the fight against AIDS, particularly through its leadership in obtaining an international commitment to universal access to treatment by 2010. Now, the UK must follow through on its commitments, and lead the way in removing the barriers that stand in the way of this promise being kept.

Generic competition is vital if we are to meet and sustain the promise of universal access

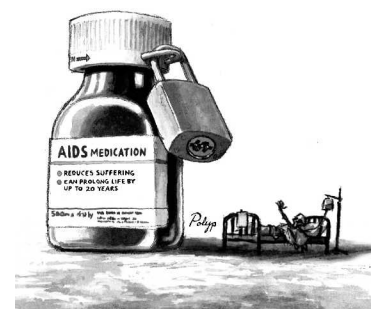
Competition from generic drugs (safe and effective copies of brand drugs) has been vital in bringing down the cost of HIV/AIDS drugs. On average the minimum price paid for HIV/AIDS drugs is 82% less than the the brand price. Some generics are up to 98% cheaper than their brand name alternatives.

In 2010 we expect 10 million people to be in need of treatment. Eventually everyone living with HIV/AIDS will require treatment, and require it for the rest of their lives. A sustainable supply of affordable drugs will be vital if we are to meet and sustain this commitment.

Trade rules threaten the production of cheap versions of new medicines that will be needed to meet and sustain the promise of universal access.

Newer treatments, such as those for patients resistant to older treatments, those designed for children, and those which are better suited for use in resource-poor settings, are desperately needed. The need for these drugs will only increase.

But new drugs are priced out of reach by trade rules on patents. The WTO's TRIPs agreement grants monopolies to a company for a minimum of 20 years,



blocking the generic competition needed to bring prices down. Despite an international declaration that *"governments must put public health before patent rights"* (allowing patents to be set aside in a public health emergency), these rules are still blocking access to affordable AIDS treatment.

Amendments to the agreement designed to allow generic production and export have proven to be over-complex and Médecins Sans Frontières describe them as *'unworkable'*. The current system makes it difficult for countries to access the generic drugs they need, and reduces the incentives for generics firms to invest in AIDS treatment.

If the government is to keep its promise it must take urgent action to promote generic competition, including by ensuring trade rules do not stand in the way.

The world is not finding the money needed to meet its commitments.

Even if drug prices came down to little more than the price it costs to make them, most developing countries still wouldn't be able to afford them. We will need significantly more money than is currently available to ensure that everyone, even the poorest, can enjoy access to treatment. Similarly, without improvements in health systems and money for prevention and education programmes, little progress will be made.

UNAIDS have estimated that US\$20-23 billion will be needed each year to tackle AIDS, and at least US\$50 billion a year in extra aid is needed to meet the Millennium Development Goals of halving the number of people living in poverty by 2015. Rich countries need to move swiftly to deliver the money needed to fight AIDS. Without these resources, millions more will die unnecessarily, and HIV/AIDS will continue to spread.

If the 2010 promise is to be kept, funding must be sustainable and predictable so access to treatment can be expanded and sustained over the long term, and so developing country governments are able to plan and sustain an adequate response to AIDS

"We can find \$10 billion a month for wars in Iraq and Afghanistan. But we can't even find \$10 billion a year to confront an epidemic that has taken 25 million lives."

Stephen Lewis, UN Special Envoy on HIV/AIDS

The UK could find an extra £1 billion a year, every year

\$475 trillion a year is traded on the currency markets - equivalent to a pile of £50 pounds notes stretching from the earth to the moon

A stamp duty on currency transactions is a small charge on currency trading. It could be implemented by any one country for its own currency. A very small stamp duty (of 0.005%) on sterling transactions alone would generate up to US\$2 billion each year.

Recent research shows there are no technical barriers to implementing such a duty. The infrastructure required is already in place. The charge could not be avoided.

Such a tiny duty would not damage trade, interfere with the market or cause a loss of business.

The duty would be easy to implement — Parliament could enact it in a year.

The UK could choose to implement a stamp duty on currency transactions now, and generate more than a billion pounds of additional revenue for development. Such a move is technically feasible, cost-effective, and relatively straightforward. All that is missing is the political will.



The UK must take action now

There are only three years to go until 2010, but still less than a quarter of those in urgent need of treatment are receiving it. The International Treatment Preparedness Coalition has just published figures which show that at the current rate of progress there will still be 5 million people in urgent need of treatment by 2010.

The promise of universal access is one we cannot afford to break. We must take action now.

peopleandplanet.org/treataidsnow