

stop AIDS campaign

The Stop AIDS Campaign is the campaigning arm of the UK Consortium on AIDS and International Development – a coalition of over 80 NGOs and Trade Unions promoting effective responses to the HIV pandemic.

Shaping the UK's HIV and AIDS Strategy: A Briefing

Taking Action on HIV and AIDS 2008-2011

The UK Government are currently formulating a new Strategy to tackle HIV and AIDS in the developing world – a key opportunity for the UK to demonstrate its leadership by delivering the measures needed to achieve the promise of Universal Access to HIV Prevention, Treatment, Care and Support by 2010.

The need for a bold and ambitious strategy is clear. Over 33 million people are living with HIV or AIDS. Despite the target date for Universal Access being just a few years away, over 70% of people cannot access the drugs they need to stay alive, while 80% cannot access basic prevention services. As a result, 5700 people die of AIDS related-illnesses every day.

Bold action: necessary and effective

This AIDS Strategy will set out the shape and scope of the UK's contribution to meeting the promise of Universal Access by 2010. It will demonstrate whether or not the UK is serious about keeping the promise it originally brokered, and could set either a positive or negative example to other major donors across the world. The dangers of complacency are as real as the benefits of ambition. As the world's second biggest provider of funding for HIV and AIDS, the scope of the UK's strategy is central in shaping the global response.

Investing in tackling HIV and AIDS is also effective. UNAIDS highlights studies by John Stover that show that a fully-funded comprehensive response to HIV would prevent 28 million new infections up to 2015 - half of all those projected to occur. Not only would the human and social benefits be immense, the same study makes clear that it would produce significant financial savings too by averting much larger future treatment and care costs.

Investment in HIV prevention, treatment and care services can stimulate benefits in other areas too. Kofi Annan has made it clear that the Millennium Development Goals could not be achieved without success in dealing with HIV and AIDS, and in many countries HIV can be by far the largest single burden on health and educational systems, and a major barrier to economic growth and life expectancy.

The Stop AIDS Campaign are calling for ambitious action in 3 main areas:

Finance Universal Access: Commit at least £2.5bn over three years to ensure that the UK pays its fair share of global resources needed to achieve Universal Access by 2010.

Reduce the prices of essential medicines: Promote generic medicines by tackling trade barriers and developing a patent pool for essential medicines.

Strengthen Health Systems: Address the health worker shortage and provide long-term financing to strengthen services and infrastructure.

For more info on our main policy asks see overleaf

1. Financing Universal Access

In September 2007, UNAIDS released a comprehensive review to calculate how much it would cost to reach Universal Access by 2010, and what Governments would have to do to keep this promise. The results were clear – 2007 sees a funding gap of £4bn, and global resources will need to quadruple by 2010 if existing commitments are to be met¹. It was also made clear that a failure to invest sufficiently in the epidemic in the past has led to higher costs today – and that the same mistake could be repeated without strong investment now.

The UK needs to use the Strategy to show how it will act to close this funding gap and how it will pay for its share of the Universal Access commitment. This is made clear in the interim evaluation of the current AIDS strategy². The Government must also make clear how it will honour the pledge made by Baroness Shriti Vadera at our Labour Party Conference fringe event in September 2007 that the UK would remain the world's second largest AIDS donor.

Providing this funding is essential to meeting the needs of communities affected by HIV and AIDS. It would also provide a clear and measurable test of the UK's commitment to Universal Access. Further still, by demonstrating leadership with a concrete spending commitment, the UK could spur on, or shame, other donors to increase their funding allocations.

1.1 Commit at least £2.5bn over three years to ensure that the UK pays its fair share of global resources needed to achieve Universal Access by 2010.

Using the figures provided by UNAIDS, and projecting what will need to be provided by donor countries, it is possible to calculate what the UK's 'fair share' of resources needed to achieve Universal Access by 2010. The UK's share is calculated in proportion to its GNI, adjusted by population. This calculation provides a total **of £2.5bn over three years**, as shown below.

Year	Global need	Donor share	UK fair share %	UK fair share \$	UK fair share £
2008-9	\$20.2bn	\$16.2bn	6.42%	\$1.04bn	£507.2m
2009-10	\$30.2bn	\$26.0bn	6.42%	\$1.67bn	£813.1m
2010-11	\$42.2bn	\$37.7bn	6.42%	\$2.42bn	£1.181bn
2008-11	\$92.6bn	\$79.9bn	6.42%	\$5.13bn	£2.5014bn

This should be a *minimum* funding commitment – more will undoubtedly be needed if the UK wants to be a leading nation in the fight against AIDS.

1.2 Ensure aid effectiveness by utilising a range of funding instruments to ensure that funding and performance can be transparently tracked and monitored.

Funding for HIV, and other health concerns, should be delivered through a mixture of aid instruments that include both support to health budgets as well as funding that targets specific diseases and populations, as appropriate to national contexts. The International Health Partnership should facilitate and coordinate this process. It should include effective ways of measuring outcomes through performance-based funding models, including civil society in delivery and monitoring, and ensuring the high levels transparency that are essential for full monitoring and evaluation.

¹ Figures from UNAIDS, Sept 2007, *Financial Resources Required to Achieve Universal Access to HIV Prevention, Treatment, Care and Support*.

² DfID Evaluation Report 676, Interim Evaluation of Taking Action, May 2007, p139.

2. Reduce the Price of Essential Medicines:

Action to promote generic medicines must be prominent in the new AIDS Strategy. Ensuring medicines are affordable for all is critical to achieving Universal Access to Treatment. Drastic reductions in the price of key drugs are needed to increase access, and also to maximise and sustain the impact of funding for HIV and AIDS. Market competition, through the production and distribution of generic medicines, is the most effective way to achieve price reductions.

Generic competition has reduced the price of 1st line ARVs from \$10,000 per patient per year to the current level of \$130. Yet this will not be the case for newer and future ARVs, which remain under patent protection³. New Intellectual Property (IP) legislation in countries like India⁴ is pricing treatment beyond the reach of poor countries and people. Switching just 10% of patients in Africa to newer second-line treatments would double their national drugs bills⁵.

- **2.1 Provide firm technical, financial and political support for countries wishing to use TRIPS flexibilities to produce, export or import generic medicines.**

'Flexibilities' within the TRIPS Agreement are meant to allow countries to import and export generic medicines to protect public health. Yet their technical complexity, alongside political pressure, has meant that few countries have been able to use them, while others have been actively prevented from doing so.

The agreement to enable compulsory licensing for export, for example, is extremely difficult for generic manufacturers and developing countries to use.⁶ It operates on a drug-by-drug, country-by-country basis, ignoring both the flexibility and rapidity of response needed to manage health programmes, and the economies of scale needed to encourage manufacturers to produce for export.

Of additional concern are regional and bilateral Free Trade Agreements that include even higher levels of IP protection than TRIPS ('TRIPS-Plus'), and undermine both the Doha Declaration on TRIPS and Public Health, and the 2003 August 30th Decision.

The AIDS Strategy must provide firm technical, financial and political support for countries wishing to use TRIPS flexibilities to produce, export or import generic medicines, as well as a commitment to review the TRIPS Agreement and seek to prevent TRIPS-Plus conditions.

2.2 Support the development of a 'patent pool' for essential medicines

The development of 'patent pools', which allow the collective management of intellectual property rights, offers one way of overcoming some of the barriers to generic drug production. In this model, pharmaceutical companies submit patents for their products to a 'pool', in return for an appropriate royalty. The pool then provides licenses to generic manufacturers, based on pre-agreed, objective criteria. This 'one-stop shop' to manage patents and grant licenses would reduce transaction costs, promote transparency and provide technical assistance, while rewarding investment in research and development.

The AIDS Strategy should support the collective management of intellectual property rights through patent pools for essential medicines for developing countries.

³ Newer ARVs may be safer, more effective and/or needed as 2nd line for patients developing side effects or resistance.

⁴ Over 50% of patients on ART in the developing world rely on generic medicines from India.

⁵ MSF, *Untangling the web of price reductions* (2006)

⁶ Medecins Sans Frontier's paper *'Neither Expeditious nor a Solution'* (2006) documents their difficulties in sourcing generic HIV drugs from Canadian companies using these procedures. After 2 years of trying, MSF had to abandon the effort.

3. Strengthen Health Systems

Well functioning public health systems are essential to achieve Universal Access by 2010, ensuring that sustainable services can be delivered to all. Conversely, responses to HIV and AIDS have enormous potential to exert a positive impact on wider health systems strengthening, for example in improving access to, and the quality of, maternal and child health services, increasing access to nutrition programmes, strengthening drug procurement, and integrating sexual and reproductive health services. Reducing the burden of AIDS-related illnesses is also necessary to free up capacity to deal with other health issues.

3.1. Address the health worker shortage by investing in and supporting systems that link public services and the community.

The WHO estimates that there is critical global shortage of over 4 million health workers⁷, something that is severely undermining the possibilities of scaling up comprehensive HIV and AIDS services. An urgent, sustained and coordinated response is needed.

DFID should facilitate longer-term financing of human resources as a health systems investment and ensure that low public expenditure is not the primary constraint to workforce expansion. They should work with governments and civil society organizations to address the fundamental reasons for health worker migration, whilst also investing in short term plans for increased salaries and improved working conditions for health workers.

DFID should also recognise the crucial role played by community health workers (CHWs) in the health care sector and support developing country governments to build on community initiatives in a way which supports rather than burdens them. This should include investment in training, support and remuneration for CHWs, and ensuring that effective support and referral mechanisms are in place to ensure effective links to the formal health system.

3.2. Ensure long-term sustainable financing for scaling-up health systems

Health systems in developing countries have been severely under-funded for decades. The WHO Commission on Macroeconomics and Health estimated that an additional \$27bn p.a. in is needed to strengthen the capacity of health systems in low-income countries, requiring a five-fold increase in donor spending on health.⁸ DFID should lead on delivering support for 10 year national health plans, and should increase bilateral budget support to the health sector, in order to resource health systems strengthening.

Comprehensive planning and a focus on integration can also leverage considerable benefits from initiatives such as the Global Fund to Fight AIDS, TB and Malaria to the wider health system and enhance services beyond their main remit.

The UK is soon to become the second largest investor in the World Bank. This provides an opportunity to ensure that programmes funded by the World Bank avoid the promotion of user fees or private sector provision of health services, allow sufficient 'fiscal space' for Governments to invest in public services, and address the provision of sexual and reproductive health services. The UK should also use its leverage on the World Bank board to encourage greater civil society monitoring of World Bank activities.

⁷ Working Together for Health, The World Health Report, 2006

⁸ Working Together for health, The World Health report, WHO, 2006. Figures do not include HIV treatment for all in clinical need.