PAN-AFRICAN HIV/AIDS TREATMENT ACCESS MOVEMENT: DECLARATION OF ACTION

We are angry. Our people are dying.

Without treatment, the 28 million people living with HIV/AIDS (PLWAs) on our continent today will die predictable and avoidable deaths over the next decade. More than 2 million have died of HIV/AIDS in Africa just this year. This constitutes a crime against humanity. Governments, multilateral institutions, the private sector, and civil society must intervene without delay to prevent a holocaust against the poor. We must ensure access to antiretroviral (ARV) treatment as part of a comprehensive continuum of care for all people with HIV who need it. In this regard, at a minimum, we call for the immediate implementation of the World Health Organisation goal to ensure antiretroviral (ARV) treatment for *at least* three million people in the developing world by 2005. Together with our international allies, we will hold governments, international agencies, donors and the private sector accountable to meet this target.

We represent activists and organisations from 21 African countries that met in Cape Town, South Africa, 22-24 August 2002, and launched a Pan-African HIV/AIDS Treatment Access Movement dedicated to mobilising our communities and our continent to ensure access to HIV/AIDS treatment for all our people who need it.

We have heard reports on the state of HIV/AIDS treatment and prevention interventions throughout the continent. Remarkable achievements have been registered in every region resulting in some countries significantly reducing new infections and improving care for individuals, families and communities affected by HIV and AIDS. However, there was a consensus that current efforts are insufficient. The AIDS epidemic has exposed many of the problems facing Africa, including poverty, socio-economic and gender inequality, inadequate health-care infrastructures and poor governance. We insist that access to ARV therapy is not only an ethical imperative, but will also strengthen prevention efforts, increase uptake of voluntary counselling and testing, reduce the incidence of opportunistic infections, and reduce the burden of HIV/AIDS-including the number of orphans-on families, communities, and economies.

The recognition of the human rights to life, dignity, equality, freedom and equal access to public goods including health-care are the fundamental principles of a successful response to the epidemic. In this regard, we reaffirm the Universal Declaration of Human Rights and the African Charter on Human and Peoples' Rights. Furthermore, we recognise that the rights of women, children and youth are particularly vulnerable in Africa. Treatment and prevention strategies for HIV/AIDS must consider their particular needs. Critically, the rights of people with HIV/AIDS (PLWAs) must be protected, including equal access to social services and to medical insurance plans. Discrimination and stigmatisation threaten our dignity and hamper efforts to address the epidemic. Our experience as African PLWAs has been that of token involvement, not meaningful participation, in decision-making processes. PLWAs must be included in all key decision-making processes related to policies, programmes, and implementation strategies. *It is only through our active involvement that we can succeed at addressing the AIDS pandemic.*

Alleviating the effects of the AIDS epidemic will require political leadership and greater accountability from national governments, international organisations, the private sector, especially the pharmaceutical industry, and wealthy countries, particularly the United States and the European Union. We are faced with enormous barriers: national governments do not prioritise HIV/AIDS treatment; donor countries refuse to fulfil commitments to mobilise necessary resources; pharmaceutical companies deny access to essential medicines and diagnostics by charging exorbitant prices; structural adjustment programmes, driven by the World Bank and International Monetary Fund, destroy public health-care systems; and debt to rich countries hampers financing of vital social services, including health-care. Community mobilisation and civil society action are essential for forcing action and ensuring greater accountability from all these institutions.

Health is a prerequisite for sustainable development. The AIDS epidemic presents an immense challenge to health-

A humanitarian crisis due to lack of food security presents an immediate threat to many Africans and the gravity of this situation is exacerbated by the HIV epidemic. We therefore call for emergency food aid to address this crisis. The delivery of this food aid should not be hampered by unreasonable conditions imposed by donor or recipient governments. Food security requires active intervention and planning from the state to ensure sustainable production and equitable distribution in a manner that benefits society. Farmers and other agricultural workers and nutritional experts must be consulted.

We make the following key demands of national governments in Africa, donor countries, multilateral institutions, pharmaceutical companies, and the broader private sector:

WE DEMAND THAT NATIONAL GOVERNMENTS IN AFRICA:

- Create and implement clear, legally binding HIV/AIDS policies and plans including antiretroviral treatment as part of a comprehensive continuum of care, which should be brought to scale and include:
  - -Prevention: Expand distribution of male and female condoms, and invest in research for microbicides and vaccines.
  - -Voluntary Counselling and Testing (VCT): Ensure accessibility to VCT centres in rural and urban areas. This will promote openness and assist prevention and treatment efforts.
  - -Prevention of Mother-to-Child-Transmission (MTCT)/Parent-to-Child-Transmission (PTCT): Immediately implement programmes that integrate MTCT/PTCT into all antenatal care facilities, as they serve as an important entry point for care. Successfully implemented MTCT/PTCT prevention programmes should be linked to existing and future ARV treatment programmes, and must provide women with all information necessary to make informed choices about feeding options.
  - -Post-Exposure Prophylaxis (PEP) for sexual assault survivors and occupational exposure:
  - -Treatment of opportunistic infections (OIs): Treat aggressively all OIs, including tuberculosis (TB), Kaposi's Sacoma, thrush, and meningitis; expand access to key drugs such as fluconazole, acyclovir, and cotrimoxazole; and monitor resistance and side-effects (especially with cotrimoxazole).
  - -Treatment of TB: Revise diagnostic protocols; improve diagnosis; devote resources to research for new, easier to use drugs; and utilise existing TB clinics to scale-up ARV programmes.
  - -Treatment of sexually transmitted infections (STIs): Ensure access to appropriate, vigourous treatment of STIs and education.
  - -Nutritional support: Ensure adequate nutritional information, education, and support to affected individuals and families.
  - -Palliative care: Ensure clinic-linked home-based end of life care.
  - -Clinical trials: Ensure that all clinical trials abide with universal ethical guidelines and that pharmaceutical companies guarantee treatment for life for all trial participants. This standard must be developed by the WHO

- Fulfil commitments made at the Abuja Summit to dedicate *at least* 15% of annual national budgets to improve health, particularly HIV/AIDS, TB, and malaria because of the overwhelming burden of death and disease on our families, communities and economies. This should include ensuring retention of skilled health-care workers through sufficient remuneration.

- Implement the Doha Declaration on the TRIPS Agreement and Public Health, and take steps to increase local production of generics through south-south collaboration (including technology transfer with Brazil, Thailand, India and other countries manufacturing generic medicines)

- Ensure inclusion of ARVs on national essential drug lists at primary care level

- Intensify treatment education and promote treatment literacy for PLWAs, communities, and health-care workers

- Apply to the GFATM with comprehensive proposals that expand or launch ARV treatment programmes using the lowest cost, quality drugs available to ensure equitable and sustainable access

- Promote equity, transparency and accountability in the allocation of national health and HIV/AIDS budgets. Non-partisan resource allocation is indispensable for effective health care interventions

WE DEMAND THAT DONOR COUNTRIES (members of the Organisation of Economic Development and Cooperation or OECD and middle-income countries):

- Fulfil existing commitments to adequately fund the Global Fund to Fight AIDS, Tuberculosis and Malaria and other HIV/AIDS financing mechanisms with at least $10 billion of new funding annually *as a proportion of GDP*

- Implement the Doha Declaration in good faith and resolve the problems of production for export in a way that ensures that countries with insufficient manufacturing capacity have the right to import quality generics in the most efficient manner

- Immediately stop pressuring developing countries to: focus primarily on prevention interventions, procure drugs from proprietary companies only, and scale back proposals to the GFATM

- Cancel debt and ensure reinvestment into social services, particularly health-care

- Increase investments into research and development for better drugs, diagnostics, vaccines and microbicides

WE DEMAND THAT MULTILATERAL INSTITUTIONS (including WHO, WTO, UNAIDS, UNICEF, the Global Fund, etc.):

- Immediately develop a strategic plan including specific targets and timelines to achieve the goal of providing ARV treatment for *at least* 3 million people by 2005

- Provide technical assistance to African countries to develop and implement sound treatment programmes and proposals

- Demand independence from member states to fulfil mandates without political interference

- Define a research & development agenda that will meet the needs of resource-limited settings including simplified treatment regimens (ARV therapy, TB); simplified diagnostic and monitoring tools (for ARV therapy, TB, management of OIs); microbicides; and vaccines

- Develop international ethical guidelines for clinical trials that guarantee life-time treatment free of charge for all trial participants

Pharmaceutical industry profiteering and patent abuse has already caused and continues to cause death and suffering across our continent and elsewhere. Excessive prices have ensured that this continent with the greatest disease burden has the lowest access to essential medicines.

WE DEMAND THAT THE PHARMACEUTICAL INDUSTRY:

- Unconditionally reduce prices of drugs, diagnostics, and monitoring tools

- Immediately stop blocking the production and importation of generic drugs by developing countries

- Issue non-exclusive voluntary licenses upon request

- Provide free treatment for life for all participants in clinical trials and abide by international ethical standards

WE DEMAND THAT THE PRIVATE SECTOR (including multinational corporations, parastatals, large corporations, and other private sector entities):

- Contribute to the social good through social investments to address HIV/AIDS
- Implement comprehensive HIV/AIDS workplace policies, including provision of HIV/AIDS education, VCT, psycho-social support, and provide treatment, including ARV therapy, for all workers
- Adopt non-discriminatory hiring and promotion policies and practices
- Ensure that private medical insurance provides appropriate care and treatment for PLWAs

AND WE COMMIT OURSELVES TO:

- Develop a community-based response to the AIDS pandemic in Africa that places PLWAs at the centre and ensures the involvement of PLWAs in key decision-making processes that will affect our lives
- Mobilise our communities, our political leaders, and all sectors of society throughout the continent to ensure access to ARV treatment for all who need it, starting with the immediate implementation of the WHO goal to ensure ARV treatment for *at least* three million people in the developing world by 2005
- Work with our governments, wherever possible, to develop national treatment plans that include ARV treatment as part of a comprehensive continuum of care, with the concrete goal of providing ARV treatment for at least 10% of the predicted number of PLWAs by 2005
- Advocate for local production and importation of generics, regional procurement of medicines, and other strategies to ensure equitable and sustainable access to the lowest cost quality drugs, diagnostics, and monitoring tools
- Hold our governments, donors, international agencies, and the private sector, particularly the pharmaceutical industry, accountable to implement sound policies and programmes and meet identified targets by carefully monitoring progress and raising our voices in protest when necessary, together with our international allies
- Promote treatment literacy for PLWAs, communities, and health-care workers by developing and disseminating simple, accessible treatment education information on all aspects of HIV/AIDS care and treatment
- Share information and expertise with each other to support capacity-building for increasing access to treatment at the local, national, and regional level
- Mobilise for a Global Day of Action on the Global Fund to Fight AIDS, Tuberculosis and Malaria on 9 October 2002 to demand more money from donor countries, prioritisation of treatment in national proposals and funding decisions, increased transparency and monitoring of fund disbursements, and active involvement of PLWAs in Country Coordinating Mechanisms
- Mobilise for a Global Day of Action Against Coca-Cola, the largest private employer in Africa, and other multinationals on 17 October 2002 to demand ARV treatment for all HIV-positive workers and their families
- Mobilise for a Global Day for Access to HIV/AIDS Treatment on 1 December, World AIDS Day, 2002

We know this is an immense challenge. Millions of lives are at stake. We must succeed.

Co-Founders: Zackie Achmat, Treatment Action Campaign (TAC) in South Africa and Milly Katana, Health Rights Action Group in Uganda and a Board member of the Global Fund to Fight AIDS, TB, and Malaria, representing NGOs of the developing world.

Countries represented: Botswana, Burundi, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Swaziland, Tanzania, Togo, Uganda, Zambia, and Zimbabwe.

Convening organisations: AIDS Consortium - South Africa; AIDS Law Project (ALP) - South Africa; AIDS Law Unit: Legal Assistance Centre - Namibia; Catholic AIDS Action - Namibia; Coping Centre for People with AIDS (COCEPWA) - Botswana; Kara Counselling and Training Trust - Zambia; Médecins Sans Frontières (MSF); Network of Zambian People Living with HIV/AIDS (NZP+) - Zambia;