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Contact:

Kay Marshall, New York, +1 347-249-6375, kaymarshall@mac.com
Aditi Sharma, Delhi, +91 991 0046 560, aditi.campaigns@gmail.com

Evidence from Six Countries Confirms Fears of People Living With HIV/AIDS: Treatment Rationing Is Escalating

*New report documents early warning signs of devastating impact to
come from flatlining and cutting AIDS funding*

DELHI & KAMPALA – *Rationing Funds, Risking Lives: World Backtracks on HIV Treatment*, the new report from the International Treatment Preparedness Coalition (ITPC), documents early warning signs resulting from the global pullback on AIDS commitment and funding: caps on the number of people enrolled in treatment programs, more frequent drug stock outs, and national AIDS budgets falling short.

“AIDS is not over. ITPC’s report clearly shows that the response is being starved, not over-funded. Governments, North and South, cannot afford to put the clock back and return us to the days when HIV was a death sentence,” said Aditi Sharma of ITPC, coordinator of the report.

The effect of government budget cuts and flatlined funding from major donors like U.S.’ PEPFAR (President’s Emergency Plan for AIDS Relief) and the Global Fund to Fight AIDS, Tuberculosis and Malaria are already being felt in the developing world. The Fund would need \$20 billion over the next three years to help meet the health-related Millennium Development Goals (MDGs), but G8 nations and other donors are warning that raising even \$13 billion (the lowest target which will mean a dramatic slow-down in pace of delivery) is a “huge stretch.”

“In my home country, Uganda, for the first time since 2004, some HIV-positive men and women who are in need of life-saving antiretroviral treatment are being turned away because of funding cuts. Our greatest fear is that we may have to ration HIV medications for those already receiving treatment. How do you tell an HIV-positive mother that she can no longer have the drugs she needs to stay alive? ITPC’s report makes it painfully clear that Uganda is not alone in facing an escalating treatment crisis,” said Peter Mugenyi of the Joint Clinical Research Centre in Uganda and author of the foreword.

As evidence mounts that AIDS treatment is inexorably linked with other health issues, including maternal health and tuberculosis, ITPC argues that it will not be possible to build sustainable, credible health systems as the waiting lines for AIDS drugs grow.

“Providing access to AIDS treatment for four million people has been the most ambitious public health effort in history,” said ITPC’s Gregg Gonsalves. “Around the world thousands of doctors, nurses, legislators, and activists helped make treatment scale-up possible. Now a few power brokers and politicians who claim AIDS receives too much money seem intent on bringing to an end this remarkable effort, in effect saying to millions of people: drop dead. Without treatment, this is certainly their fate.”

Rationing Funds, Risking Lives documents numerous gains in providing access to HIV treatment in six countries. However, people living with HIV often struggle to afford medicines for opportunistic infections, transport costs, food, and second-line medications and continue to face stigma and discrimination. Programs to prevent vertical transmission of HIV run contrary to WHO guidelines in several countries and fail to reach most women.

In several countries, the financial sustainability of AIDS treatment programs is in question, effectively ending any hope of achieving universal access to HIV treatment or the MDGs.

India: access to second-line antiretrovirals (ARVs) is severely limited because of strict eligibility criteria for the government program and high cost in the private sector.

“As an emerging economy, India is facing dwindling support from donors,” said Vikas Ahuja, of Delhi Network of Positive People (DNP+). “At the same time, we need to meet growing need, expand treatment access for most at risk populations and increase access to second-line ARVs and prevention of vertical transmission services. The government must urgently develop and implement sustainable plans to keep people alive.”

Kenya: donor cutbacks and a lack of adequate domestic funds will cause the financing gap for treatment to further widen this year.

“The outlook in Kenya is bleak. In the last few years, we’ve made progress on expanding access to treatment, but 90 percent of AIDS treatment funding comes from external sources,” said Rosemary Mburu, of the Kenya AIDS NGO Consortium (KANCO). “We are now facing cutbacks from some donors, which will devastate our already over-burdened treatment programs. The government must step up and find ways to fill the financing gap.”

Latvia: the government is imposing limits on the number of patients provided with free ARVs as HIV treatment costs are shockingly high compared to most other middle-income countries.

“Latvia has been hard hit by the economic downturn and AIDS treatment programs are likely to be one of the casualties of government cutbacks,” said Inga Papatde of Apvieniba HIV.LV. “HIV rates here are among the highest in the European Union, so this is no time to cap treatment programs and limit access. The government needs to move quickly to bring the price of HIV drugs down, including by using generic medicines.”

Malawi: the health care system is further weakened by a severe shortage of qualified doctors and nurses.

“In Malawi, some health facilities only distribute ARVs once or twice a week, to allow overworked healthcare workers to also focus on other health concerns,” said Martha Kwataine of the Malawi Health Equity Network (MHEN). “We face a severe shortage of doctors and nurses, and we cannot adequately scale up HIV treatment or other health programs until this crisis is addressed.”

Swaziland: tuberculosis is the leading killer of people living with HIV, yet effective integration of TB and HIV treatment is lacking.

“Here in Swaziland, TB is the major cause of death for Swazis living with HIV, said Tengetile Hlophe of Swaziland for Positive Living (SWAPOL). “Far too many people are living with both diseases, but may only be receiving treatment for one. Many of those lives could be saved if TB and HIV treatment programs are better integrated.”

Venezuela: the government is working from an outdated national AIDS plan and lacks reliable data on the number of people living with HIV or those in need of treatment.

“We don’t know how many people in Venezuela are living with HIV and how many need treatment—the government has no reliable figures,” said Renate Koch of Acción Ciudadana Contra el Sida (ACCSI). “The government must take responsibility for improving epidemiological data and must work with civil society to develop a National Strategic Plan in order to increase awareness, testing, and treatment of HIV.”

The report, the 8th in the *Missing the Target* series, is published by International Treatment Preparedness Coalition (ITPC). The full report is available at www.itpcglobal.org. /ENDS