



# Community Activism for Sustained **HIV Treatment Access**

ITPC 2015-2017 STRATEGIC PLAN

# Our Strategy

BY



ITPC WILL



IN ORDER TO ACHIEVE



**INCREASED ACCESS TO OPTIMAL HIV TREATMENT**

## PART ONE

# Who We Are and What We Do

### A Dynamic Coalition of HIV Treatment and Health Rights Activists

ITPC was formed in 2003 by a group of 125 HIV activists from 65 countries at a meeting in Cape Town, South Africa. At that time, HIV treatment access in developed countries had improved due to the first wave of treatment activism by people living with HIV. In the Global South, despite burgeoning treatment access movements from South Africa to the Dominican Republic, people continued to die.

As a global coalition, ITPC was founded on a strong belief in international solidarity among people living with and affected by HIV. We believe that the fight for HIV treatment remains one of the most significant global health rights issues, with the majority of those requiring treatment still lacking adequate access.

### Who We Are

Our coalition is driven by individual activists, peer support groups, grassroots networks, community-based organizations, and non-governmental organizations that share our values and vision and that come together to address particular treatment access issues in their country, region or at the global level. It includes organizations and networks run by key populations – lesbian, gay, bisexual, transgender and intersex people (LGBTI), sex workers and people who use drugs – as well as others marginalized within the current HIV response such as women and girls and migrants. As a coalition rooted in the Global South, ITPC established its global office in Botswana in early 2015.

ITPC is an open and flexible coalition. Our nine regional ITPC networks are the backbone of our structure, leading the bulk of our programs and advocacy efforts. However, we are increasingly open to innovative collaborations with partner organizations to respond to always-evolving treatment access issues that vary significantly by country and region. A list of our networks and partner organizations is included as Appendix 1.

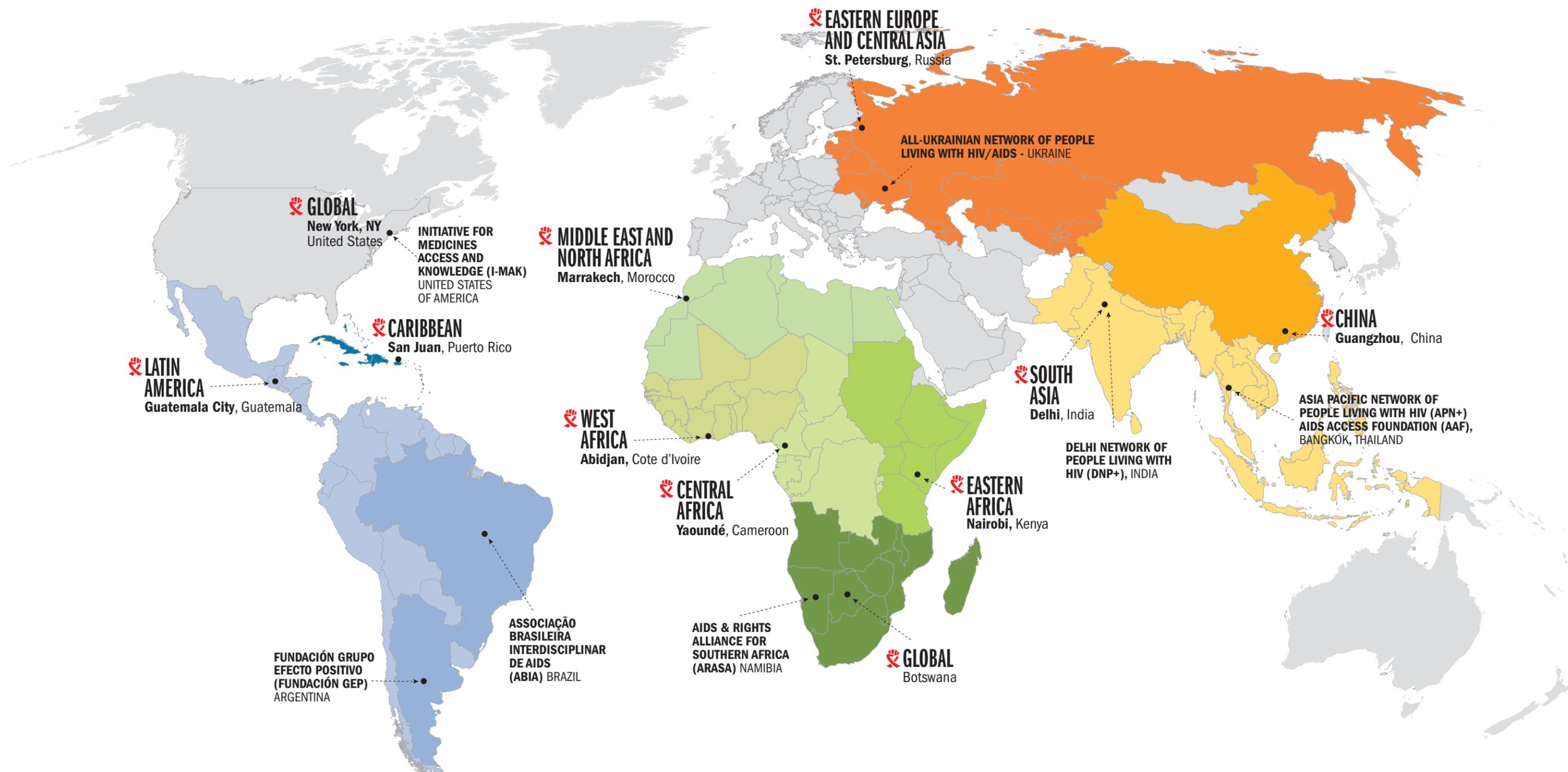
### How We Work

ITPC's Board includes representatives who are living with HIV, who identify with key population groups, who reside in the regions where we work, and who possess a range of relevant skills from governance and resource mobilization to advocacy. Our global staff functions as a coordinating team to provide support and guidance to our regional networks and strategic partner organizations for their advocacy and program implementation. Our staff also coordinates fundraising and elevates our communications to the global level. The majority of our team works virtually, with several staff located in the Global South.

With support of our staff and Board, our regional networks and strategic partner organizations run the following programs for community activists and advocates:

1. skills and organizational capacity building;
2. a small grants program to support targeted treatment advocacy initiatives;
3. community monitoring of access to treatment issues;
4. community-led research and advocacy (our Missing the Target Report series);
5. national and global advocacy;
6. convenings on issues relevant to our movement.

# Where We Work



## A Snapshot of Current ITPC Initiatives

### TREATMENT EDUCATION AND RESEARCH

Our nine regional networks, together with the AIDS and Rights Alliance of Southern Africa, carried out community-led monitoring and research on the status of the implementation of the WHO 2013 HIV treatment guidelines in 16 countries. The findings were published in the July 2014 report: *Local Policy, Global Disconnects: A Look into the Implementation of the WHO HIV Treatment Guidelines*.

ITPC is one of five global partners of the Dutch-funded Bridging the Gaps program to promote the health and rights for key populations (LGBTI people, people who use drugs and sex workers). Under this initiative, ITPC produced the Advocacy for Community Treatment Toolkit with modules on understanding HIV treatment; intellectual property rights; human rights; health and HIV financing; and community advocacy.

### HEALTH FINANCING AND ACCOUNTABILITY

ITPC West Africa's community treatment observatories are collecting qualitative and quantitative data on access to prevention of mother-to-child treatment services in Côte d'Ivoire, The Gambia, and Sierra Leone and using it in advocacy at national and local levels.

Community-led research in the Caribbean aims to document and quantify the out-of-pocket expenses incurred by people living with HIV in their efforts

to access and remain on treatment (transportation costs, child care, etc.). The findings will represent a significant community contribution to current exercises underway by UNAIDS and Caribbean governments to develop budgets and systems to ensure sustainable ART programs after donors such as the Global Fund and PEPFAR exit the region.

### INTELLECTUAL PROPERTY RIGHTS/ACCESS TO ESSENTIAL MEDICINES

ITPC has spearheaded a consortium to promote community engagement in legislative advocacy and strategic litigation to challenge intellectual property-related barriers to access to treatment in middle-income countries. Work is underway with strategic partner organizations in Argentina, Brazil, Ukraine, and Thailand and is supported by the Initiative on Medicines Access and Knowledge (I-MAK), a global NGO with experience in litigating cases challenging patent protections and other intellectual property-related barriers to access to medicines.

ITPC Russia and Ukraine, ITPC South Asia, and ITPC MENA have joined regional coalitions to oppose patents on the important Hepatitis C drug Sofosbuvir. For example, ITPC-driven advocacy and community mobilization contributed to the decision by the Indian patent office to oppose a pending patent application.

In many regions where we work, ITPC has established “Community Treatment Observatories” to systematically collect and analyze qualitative and quantitative data to be used for targeted advocacy on access to treatment.

## PART TWO

# Our 2015-2017 Strategy

### Addressing the Global HIV Treatment Gap

ITPC advocates for optimal treatment for all, as it is essential to the fulfillment of the right to health. We fight for the most effective drug combinations and low-cost, technologically appropriate diagnostics (such as CD4 testing and routine viral load monitoring), including second- and third-line drugs that are largely unavailable in poor communities in the Global South, including in middle-income countries.

Rhetoric abounds about “the end of AIDS,” but the HIV epidemic is still a colossal global health crisis, with an estimated 2.1 million people newly infected with HIV and 1.5 million deaths from AIDS in 2013. Approximately 35 million people around the world are now living with HIV and of these almost 68% live in Africa. Under the 2013 World Health Organization's Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection, *29 million people living with HIV should benefit from HIV treatment now*. However, as of June 2014, only about 13.6 million people have started HIV treatment, and only a fraction of those are benefitting from that treatment to the point of being virally suppressed.<sup>1</sup>

In addition to improving health and prolonging lives, we now know that the use of antiretroviral treatment also prevents the transmission of HIV and that the use of ARV drugs by uninfected individuals (pre-exposure prophylaxis - PrEP) can protect them from becoming infected. We support global trends towards starting treatment earlier among people with HIV to protect their own health and prevent HIV transmission to their partners. In doing so, we pressure governments to adjust funding and programming strategies to support early initiation, to support the option B+ approach to eliminating vertical transmission, and to consider the use of PrEP, especially for key populations.

Unacceptably, in many countries no reliable data is available on treatment coverage for key populations, and treatment coverage data is often not disaggregated by age and sex. Recent UNAIDS data shows that two out of three people aged 0 – 14 lack access to treatment worldwide.<sup>2</sup> And while treatment coverage data for adolescents aged 10-19 is unavailable,

### WHAT DO WE MEAN BY OPTIMAL TREATMENT?

We are dedicated to enabling safe, affordable, client-centered, high-quality, uninterrupted, affordable treatment for HIV, AIDS-related opportunistic infections, TB and Hepatitis C. Optimal treatment must be linked to diagnostics and other health services – prevention, treatment, care and support. ITPC works to guarantee optimal treatment as a right for all people living with HIV, particularly for disenfranchised and marginalized populations.

UNAIDS estimates that HIV-related mortality among adolescents increased by 50 percent over the past seven years while falling for all other age groups.<sup>3</sup> Data in Africa shows that more women are now infected than men and confirms what communities have known for years – that gender inequality significantly contributes to HIV vulnerability.

The treatment gap is even more alarming when seen in the context of the funding gap. Ironically, the rhetoric on “ending AIDS” coincides with funding decreases by the very donors promoting this agenda. Progress toward closing the treatment gap will become more difficult as donors reduce funding for HIV and many countries move into middle

<sup>1</sup> UNAIDS, Fast Track Report, 2014. [http://www.unaids.org/sites/default/files/media\\_asset/JC2686\\_WAD2014report\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/JC2686_WAD2014report_en.pdf)

<sup>2</sup> UNAIDS (2013), Programme Coordinating Board Powerpoint

<sup>3</sup> UNAIDS (2013) PCB Thematic Segment: HIV, adolescents and youth background note [http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2013/pcb33/agendaitems/20131121\\_Thematic-segment-HIV-%20youth-adolescents%20.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2013/pcb33/agendaitems/20131121_Thematic-segment-HIV-%20youth-adolescents%20.pdf)

## WE ADVOCATE FOR MORE THAN HIV TREATMENT

Women with HIV are 5 times more likely than their HIV negative peers to develop cervical cancer.<sup>1</sup> People living with HIV are from 26-31 times more likely to develop TB than persons without HIV<sup>2</sup>. An estimated 7 million people living with HIV are co-infected with Hepatitis C<sup>3</sup>. The treatment access movement has raised awareness at community and global levels about co-infections, contributing to more robust screening, accelerated drug development, and in some cases price reductions. ITPC considers access to treatment and support for co-infections as a critical component of our work and an important entry point for pursuing a broader right to health agenda.

1 Grulich AE, et. al. Incidence of cancers in people with HIV/AIDS compared with immunosuppressed transplant recipients: a meta-analysis. *Lancet* 2007; 370(9581): 59–67.

2 World Health Organization. <http://www.who.int/tb/challenges/hiv/en/>

3 Soriano V, Vispo E, Labarga P, Medrano J, Barreiro P. Viral hepatitis and HIV co-infection. *Antiviral Res* 2010; 85:303–15

income status and become ineligible for Global Fund and other bilateral funding. In a funding crunch, support for civil society work, which is critical to treatment scale up, is always the first thing cut. Finally, including HIV together with other health priorities in the post-2015 development agenda could potentially lead to a further decrease in financing for the HIV response.

AIDS will not end unless people everywhere have optimal access to treatment that is sustained over decades. There is no doubt that HIV remains a global health and human rights

issue that can only be successfully addressed when patients and community activists participate in health and vibrant community systems, hold governments accountable for delivering on their right to health, and shape international health policy. Reaching this point requires significant investments in communities that today many governments have been unwilling to make.

### Supporting our communities to stay on treatment over the long-term

ITPC recognizes that accessing treatment is not the end of the story for people living with HIV. In Sub-Saharan Africa, by the end of 2012, only half of people living with HIV knew their status; a third of people living with HIV were receiving ART; and less than a quarter had their viral load suppressed. Low levels of understanding about HIV treatment result in poor treatment monitoring and patients accepting whatever treatment regimen is prescribed to them, even if there are side effects due to toxicity. While better second- and third-line regimens continue to evolve in developed countries, many people around the world cannot access them.

ITPC's treatment education and advocacy approaches are focused on access, but also on stabilizing treatment programs so that they are effective at the community level for decades to come. Studies show that people fall out of treatment at various points following an HIV diagnosis for many reasons. These include strained and collapsing health systems; poor access to quality diagnostic methods such as routine viral load testing; stigma and discrimination, especially among key populations and women and girls; long waiting times at pharmacies and clinics; lack of transport to far flung HIV treatment clinics; and treatment stock-outs.

Only sustained adherence and retention in treatment will lead to undetectable viral loads and the prevention of onward transmission of HIV on the scale necessary to end AIDS. This cannot be achieved without community and treatment education linked to activism to address the systemic human rights and development-related barriers to access to medicines. Members of the ITPC coalition have pioneered community-based treatment education approaches designed to de-mystify treatment using community-appropriate, non-technical language and training methodologies.

It is the unique combination of health education and human rights and advocacy training that has made the treatment access movement so effective. ITPC aims to adapt and refine these methods so that they are applicable to the particular challenges of sustaining treatment over the long-term.

### Challenging global trade and patent systems that block access to treatment

Global activism against excessive prices of medicines and limiting competition through overbroad protection, enforcement and exclusivity of intellectual property, such as pharmaceutical patents and test data, characterized the first few years of the treatment access movement. However, over time and with the growth of a variety of access programs and diminishing funding for advocacy, the treatment movement has become fragmented with a marked lack of community-driven advocacy on intellectual property rights and access to medicines. Community activists in middle-income countries in Asia, North Africa, Eastern Europe and Latin America have continued to work on these issues with little global solidarity and even less funding.

The situation continues to grow more acute as more and more countries transition from low to middle-income status. Sixty-two percent of the HIV burden is concentrated in middle-income countries (MICs)<sup>4</sup>, many of which face challenges to affordable ARVs due to patent barriers. These countries are also excluded from pharmaceutical industry access programs that offer discounted pricing for low-income countries. For MICs outside of sub-Saharan Africa, the situation is especially dire, as nearly 6 million people need ART and less than one-third are accessing treatment.<sup>5</sup> Alarmingly, this trend is not globally acknowledged and there has been no action to prevent the inevitable life-threatening consequences.

Equally worrisome is the fact that least developed countries will soon face similar issues – the 'transition period' granted by the World Trade Organization (WTO) for many poor countries to ignore patent laws ends in 2021.

Trade and patent regimes that prioritize corporate profits over peoples' lives affect each region differently. The strength of the ITPC coalition lies in our ability to develop regional and national strategies to challenge trade agreements and patent laws based on the real-life consequences for communities affected by HIV. With the support of ITPC's global team, these national and regional strategies have the potential to contribute to the renewal of a global trade agenda with access to essential medicines as a core priority.

### The evolution of the treatment access movement-beyond 2015

The treatment access movement has much to be proud of. Once considered an activist pipe dream, our demand for universal access to antiretroviral treatment (ART) is now the

guiding policy of global health institutions worldwide. We have influenced and shaped HIV policies and programs as well as decision-making structures that now ensure community voices are part of the discourse. Communities often sit at the table at country level to shape national AIDS policies and programmes, are part of regional inter-governmental discussions on HIV and health, and have legitimate representation at global level.

At the same time, or perhaps as a result of this increased engagement, civil society has also become more donor-driven and bureaucratized, diminishing the passionate, political ambition that characterised the innovative ways of the early days of the HIV movement. The global treatment targets that we demanded, and that have now been taken up by UNAIDS, run the risk of remaining lofty goals with no real world implementation if we do not seriously address the broader health systems, development and human rights challenges that block our path.

We believe that we can best reposition ourselves in a changing development and funding landscape by joining with other social justice movements. Together with allies, we can take political action on issues that are now priorities of the AIDS activist movement but cut across many development and human rights priorities. These include mobilizing domestic resources for health while at the same time advocating for sustained international funding; ensuring that resources flow to community-led approaches; overturning discriminatory laws against marginalized populations; and challenging the global patent architecture which blocks access to medicines.

4 Schwartländer, Bernhard. Presentation "What will it take to turn the tide?" UNAIDS/IME 2012. AIDSinfo Online Database and I-MAK analysis.

5 AIDSinfo Online Database and I-MAK analysis 2014. Note: Statistics are most applicable to MICs outside of sub-Saharan Africa (SSA), as MICs in SSA are typically included in originator drug access programs.

## ITPC's Mission, Vision, Values

### Mission

To enable people in need to access optimal HIV treatment

### Vision

Longer, healthier and more fulfilling lives for people living with HIV, their families and their communities

### Values

ITPC's work is guided by our understanding that access to HIV treatment is a human right. Our work as HIV advocates and activists embraces 'health' as defined by WHO which, in the HIV context, encompasses (a) sustainable access to treatment and health care, food and clean water, adequate housing, employment, harm reduction services that include substitution therapy and clean syringes for drug users, and sexual and reproductive health services; and (b) freedom from discrimination and stigma that results in inequities based on gender or sexual orientation, behavior, type of work and socio-economic status.

**Communities at the center of the response** – Individuals, families and societies best know their own needs and how to address them. We believe that supporting the contribution of communities at all levels of the HIV response is essential, and work to ensure meaningful participation across our organization.

**Equity in treatment access** – It is unjust for optimal treatment to be only accessible for certain communities and not others. All people living with, and at high risk of contracting HIV, have a right to access treatment, including children and those who are often marginalized or disenfranchised in society. This includes (but is not limited to) key populations, such as sex workers, LGBTI people, people who use drugs, young women and girls, migrants, adolescents and young people, and prisoners. Our approach to treatment is to enable access for *all* who need it.

**Global solidarity** – As a movement comprised of treatment activists, achieving access to treatment in one community is not sufficient if people in another are in need. The challenges posed by HIV are often local, and we have learned over the past 30 years that global solutions that reflect collective voices are necessary to halt HIV.

**Transparency** – As an organization, we are committed to sharing information about our programs, operations and finances publicly so that everyone can understand our work and how to collaborate with us.

**Accountability** – We strive to be accountable to the members of our coalition – people living with and affected by HIV worldwide.

# The Work of ITPC from 2015-2017

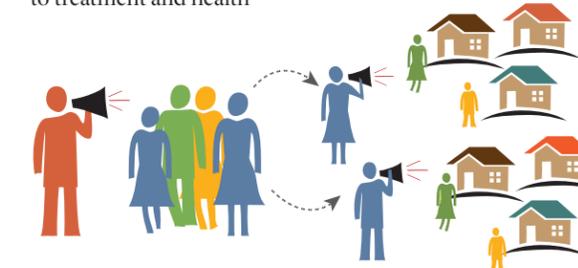
ITPC will work towards one *overarching goal* for the next three years:

## To Increase Access to Sustainable Treatment of HIV, TB And Hepatitis C through Community Activism

This goal will be pursued through three crosscutting approaches:

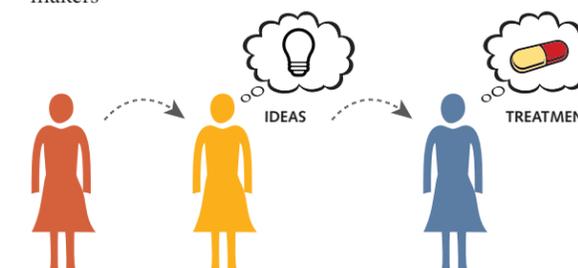
1

**Mobilizing and coordinating** our global coalition of community-based treatment activists to advocate for their right to treatment and health



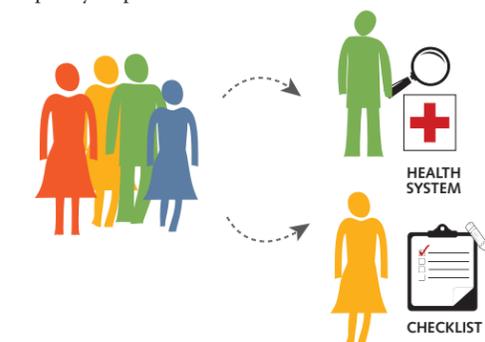
2

**Building knowledge and skills** about treatment, advocacy and human rights among coalition members and policy makers



3

**Enabling community monitoring** of health systems and policy implementation



**Three interlinked strategic objectives support our goal:**

### Strategic Objective ①

#### Mobilize Demand for Optimal Treatment

*ITPCru supported and mobilized rural area sex workers in Ukraine to advocate for and successfully access cheaper and more accurate CD4 tests using mobile technologies. As a result, Ukraine is now considering including this technology in their national Clinical Antiretroviral Therapy Guidelines.*

The progress we have seen in access to treatment and improvements in quality HIV services are based on communities self-organizing and demanding their right to health. Members of ITPC play an important role engaging their peers to request effective treatment at the clinic level, advocate for equitable and uninterrupted access to medicines at national level, and form broader coalitions of affected people to carry those demands to regional and global policy structures. Advocacy by individual patients within the health system or by pressure groups at local and national level has always been, and will remain, an integral part of service delivery.

## TREATMENT EDUCATION

Before treatment became available (to the extent that it is) both in developed countries and in the Global South, people living with HIV began educating themselves about what HIV treatment is, how it works, its side effects, and its life saving benefits. Without this process of self-education, there would be no demand for treatment, and it would not be available on the scale that it now is. Treatment education (including information about testing protocols, diagnostics, etc.), combined with advocacy for accessibility and good quality, is at the heart of ITPC's work. We are committed to sustaining and evolving our education methods so that they are relevant in the varying contexts in which members of our coalition live.

In order for communities to demand optimal treatment, they need to access information in formats that communicate often scientifically complex information in easily accessible language. Communities that are knowledgeable about the latest developments in treatment and diagnostics (who are "treatment literate") are able to make strategic demands of their governments and ensure their peers do not fall off the treatment cascade, i.e. they are linked and retained in care, from testing to treatment initiation to long term retention and viral suppression.

Communities not only need to understand treatment, they need to understand politics and policies that affect access to treatment and how to influence and challenge them. These include issues such as national budget allocations for health, regulatory issues and discriminatory laws that drive sex

workers, gay men, transgender people, people who use drugs, and migrants underground and away from treatment.

Through our small grants mechanism, and because our coalition members possess diverse skills and expertise, ITPC is well positioned to build the knowledge base of our community in a way that combines accessible treatment education with training about human rights and advocacy strategy development.

### How we will do this:

- Fund and support treatment, advocacy and human rights education provided by community organizations to their peers.
- Fund and support community groups to actively engage with and monitor local health systems to ensure they are providing optimal treatment services.
- Cultivate and document innovative HIV service delivery models that engage people living with HIV and key populations as providers, educators, and patients to advocate for scale up and replication.
- Convene South-to-South learning opportunities on optimal, patient-centered and human rights-based health service delivery and health advocacy.
- Support community coalitions at national and regional levels to take up-to-date information on medicines, treatment options and diagnostics into policy spaces to encourage evidence-based discussions and decision-making.
- Facilitate community involvement in drug development through direct engagement with research and development organizations and pharmaceutical companies.
- Advocate for sustained and sufficient funding for the HIV response from governments, donor governments, multi-lateral institutions and private philanthropies.

### Our expected results:

- Increased knowledge and skills in the communities we work with about treatment and diagnostics, human rights and advocacy strategy development.
- Increased community advocacy for optimal treatment and related services for all, including key populations.
- Dissemination of community-based strategies for improving long-term treatment adherence and retention.
- Higher level of community influence and participation in local health service provision as appropriate in a given context.

### How we will hold ourselves accountable:

1. Improved policies around drug development, intellectual property, human rights and service delivery at a local, regional and global level as a result of targeted community advocacy.
2. More meaningful community participation in local health service delivery that contributes to better quality of services and optimal treatment and care for all.
3. Strategic partnerships and collaborations that result in robust joint advocacy initiatives on issues related to treatment access.

## Strategic Objective ②

### Demand Accountability from Decision-Makers on Optimal Treatment: A Focus on Health Systems and Trade-Related Barriers

*Over the course of 2014, ITPC MENA successfully mobilized communities and advocated for the need for open, unrestricted competition in the market causing the patent office to invalidate the patent application filed by Gilead Sciences on Sofosbuvir (the breakthrough Hepatitis C drug) in Egypt.*

Ten million people were receiving treatment at the end of 2013 in large part because they demanded action and accountability from governments, donors and policy makers. The centrality of human rights goals and discourse in the HIV response is due to unrelenting advocacy by communities demanding that decision-makers address the rights issues that compromise access to HIV treatment, prevention, care and support. Over the next three years, ITPC will continue to support communities to be at the center of monitoring the performance of health systems, pointing out gaps in the treatment cascade, assessing whether local procurement systems work and providing reality checks to official reports on treatment access and the human rights situation of those populations most affected by HIV.

ITPC will build on our existing monitoring efforts including national treatment observatories that monitor drug availability and service delivery quality from a community perspective, and our "Missing the Target" methodology that engages community-based researchers to gather evidence on key access issues. Real-time data collected by communities themselves is a powerful tool to get the attention of policy makers and public opinion leaders. We will also continue to advocate for non-discrimination of people living with HIV and key populations, with a special focus on inclusion and participation in the health sector.

The price of medicines continues to be a major obstacle for universal access to treatment. While first- and second-line treatment is now more widely available, pricing continues to be a major challenge for health systems and patients, especially in middle-income countries. In addition, many ART programs around the world are maturing, with an increasing number of patients needing third- and fourth-line treatment, which are either not available or not accessible due to exorbitant prices. Recent initiatives to address the affordability of medicines have mostly centred on industry-driven tiered pricing strategies and voluntary licenses, rather than proven strategies to promote robust generic competition.

Voluntary licenses (VLs) offered by originator companies to lower prices are insufficient and often limited in scale – frequently excluding middle-income countries where pharmaceutical companies seek higher profit margins. Licenses such as these, which are often used by multinational companies to manage competition or create monopolies, can also undermine a country's negotiation power and ability to use TRIPS flexibilities to secure treatment for their populations. Tiered pricing strategies do not result in the lowest sustainable prices or price reductions over time and do not take into account the difference of income between the poor and the wealthy in developing countries. More importantly, it removes decision-making power from governments and puts it in the hands of private negotiations and the market.

Consequently, ITPC will work on a range of trade-related barriers to treatment access. We will pay special attention to issues of pricing of medicines and diagnostics in middle-income countries. In addition, we will meet the urgent need to ensure that communities fully understand the intellectual property context of their countries to be able to either work with their governments or advocate for better laws regulating patents and advocate for the implementation of TRIPS flexibilities that prevent overprotective patents from blocking access to medicines.

At the global level, ITPC will continue to advocate for full financing of national AIDS responses and, in particular, increased support for community-led advocacy and treatment education programs.

### How we will do this:

- Facilitate evidence gathering and information sharing around treatment gaps that can be readily used by both treatment advocates and decision-makers at national, regional and global levels.
- Provide our networks with up-to-date information on treatment access issues to shape local, national, regional and global discourse.

### EXAMPLES OF SOCIAL JUSTICE ALLIANCES IN THE ITPC COALITION

**ITPC-MENA** is part of the Collective for the Right to Health, consisting of 37 human rights, women's rights and labor rights organizations. As part of the collective, ITPC-MENA spearheaded a campaign against the Morocco-European Union Free Trade Agreement that included provisions that would limit access to medicines in the country.

**ITPC East Africa** has joined women's rights groups to challenge property and inheritance rights in Kenya. They brought women living with HIV who were victims of land and property grabbing to testify to councils of elders, provincial government authorities and Parliamentarians as part of efforts to reform customary law. They also worked with the Kenya National Commission of Human Rights to help women reclaim their property.

- Convene dialogues at the global and regional level on health systems strengthening and HIV.
- Advocate for supportive patent laws at country level.
- Work with the international community governments in middle-income countries to implement TRIPS flexibilities and ensure TRIPS+ provisions are not enacted or their impacts are mitigated.
- Actively participate in HIV-related donor convenings among private and public funders to press for sustainable

resource flows for the community-response to HIV.

#### Our expected results:

The increased participation of members of ITPC in AIDS accountability mechanisms such as national AIDS control bodies, Country Coordinating Mechanisms, National Tuberculosis programs and other government health policymaking venues.

- A growing body of community-generated research on treatment access used consistently by decision-makers at national, regional and global levels.
- Increased community and civil society participation in and contribution to national trade negotiations that impact access to essential medicines and intellectual property discussions, especially in middle-income countries.
- Community advocacy for non-discriminatory health policies at the local level that improve access to treatment and health care.
- Increased community-driven advocacy holding governments and external donors to their commitments to funding the global HIV response, especially community-driven work.

#### How we will hold ourselves accountable:

1. Representation and contribution by communities to changes in policies, norms and practices in accountability systems and bodies.
2. Use of community research by decision-makers that affect HIV treatment access.
3. Documented community advocacy for non-discriminatory health practices, increased HIV financing as well as for law reform and TRIPS flexibilities in middle-income countries.
4. Involvement of ITPC leadership in advocacy among donors to maintain their commitment to the HIV response.

### Strategic Objective ③

#### Strengthen and Explore Linkages with Allied Social Justice Movements

The failure of many governments to provide treatment for all who need it and to adequately invest in health systems is a matter of social justice. International and regional trade agreements that prioritize corporate profits over human lives are in violation of human rights standards. It is this understanding that influences our decision to more deliberately link with allied social justice movements. Our first entry point is the broader right to health movement embedded in

movements for economic, social and cultural rights.

While in some regions of the world the treatment access movement has been linked to other social justice movements, in others, these connections can be significantly strengthened. ITPC already works with women's rights, sexual and reproductive health rights, and LGBTI rights organizations. We plan to strengthen these relationships as we explore alliances with climate justice activists and others working to create a system that works to ensure rights for the poorest and most marginalized.

We expect to energize our coalition to sustain our fight for treatment through these alliances, while at the same time, sharing the strategies that have made the AIDS movement so successful.

#### How we will do this:

- Join with allied organizations to advocate that the right to health to be enshrined and enforced in national law.
- Identify strategic conferences and meetings where we can introduce or reinforce the inclusion of treatment access as a social justice/human rights issue (e.g. World Social Forum, meetings of alliances on global trade issues, etc.)
- Engage in innovative and synergistic partnerships outside of the 'HIV world' that can be leveraged to increase treatment access outcomes.
- Facilitate South-to-South learning across movements including, health, poverty, human rights and trade.

#### Our expected results:

- Increased cross-sectoral collaborations that result in more sustainable resource allocations and strategies that benefit the treatment access movement.
- Increased political demands (in addition to technical) that lead to joint action across movements and contribute to improved policies on treatment access at the national, regional and global level.
- Renewed political energy in the treatment access movement to sustain a long-term fight for treatment in the context of dwindling funds for HIV advocacy work.

#### How we will hold ourselves accountable:

1. New cross-sectoral partnerships that result in collective actions and contribute to an improvement in treatment access.
2. Joint technical and political demands across sectors that play a part in removing treatment access barriers.

#### Our Future

Through mobilizing community activists around these three objectives, we are confident that we can make progress on HIV treatment access, strengthen and sustain health and community systems, and contribute to a more socially just world. We know it will not be easy – working on issues such as intellectual property involves tackling entrenched power norms and policies set-up to benefit only rich countries and companies. But this kind of great imbalance cannot hold – history reveals to us time and again that grassroots movements effect change. Through expanding and diversifying our coalition and supporting ordinary people to make a difference, ITPC plans to keep driving the treatment movement - we hope you join us.

# Appendix One

The ITPC Coalition includes the following organizations:

- AIDS Access Foundation (AAF)  
Thailand
- Associação Brasileira Interdisciplinar de AIDS (ABIA)  
Brazil
- All-Ukrainian Network of People Living with HIV/AIDS  
Ukraine
- Asia Pacific Network of People Living with HIV (APN+)  
Thailand
- AIDS & Rights Alliance for Southern Africa (ARASA)  
Namibia
- Fundación Grupo Efecto Positivo (Fundación GEP)  
Argentina
- Initiative for Medicines Access and Knowledge (I-MAK)  
United States of America
- ITPC CARIBBEAN  
Puerto Rico
- ITPC CENTRAL AFRICA  
Cameroon
- ITPC EASTERN AFRICA  
Kenya
- ITPC LATIN AMERICA  
Guatemala
- ITPC MIDDLE EAST AND NORTH AFRICA (MENA)  
Morocco
- ITPCru (Eastern Europe and Central Asia)  
Russia
- ITPC SOUTH ASIA  
India
- ITPC WEST AFRICA  
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