



**AIDS**  
WILL ONLY  
**END**  
WHEN...  
WE SHIFT THE  
EMPHASIS FROM  
COUNTRIES TO  
PEOPLE

**AIDS**  
WILL ONLY  
**END**  
WHEN...  
WE WORK WITH  
KEY POPULATIONS

**AIDS**  
WILL ONLY  
**END**  
WHEN...  
WE RECLAIM  
OUR POLITICAL  
SPACE

# MISSION

Our mission is to enable people in need to access optimal HIV treatment.

# VISION

Our vision is for 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 the World Health Organization. In the HIV context this 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. Our values are:

## 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.

# LETTER FROM ITPC



Dear friends,

I am proud to present our 2014 annual report, which highlights some of our exciting initiatives with communities to expand access to HIV treatment. On the next pages you will get a glimpse of how we supported grassroots organizing, conducted national health advocacy and influenced global policy in 2014, so that people can lead healthier lives.

Our work occurs in the context of a global development discourse that increasingly calls on governments to own and finance national AIDS programmes, especially when they have been classified as middle income countries. Such a strategy ignores that the majority of people living with HIV reside in middle income countries, and that many remain unable to afford treatment or to access services due to stigma and discrimination. ITPC has been at the

centre of this debate, arguing that development aid needs to be based on a more sophisticated analysis.

Regardless of where you are born, your income, sexuality or gender, everyone has a right to HIV treatment and other essential medicines. Since ITPC's inception, we have built a movement based on the power of communities worldwide to advocate for this right. In 2014, new issues and opportunities emerged on the treatment landscape – such as the remarkable scientific development of new medicines that can cure Hepatitis C, followed by a shocking series of pricing and patent moves to keep the same medicine out of reach for the majority of the world's people living with the disease. This is why we have increased our efforts to empower communities on intellectual property literacy. Our work has helped activists around the world

respond to the emerging crisis of medicines that are unaffordable due to the abuse of international intellectual property rights.

We sincerely hope that the community activism of recent months will result in affordable medicines and a more realistic and just framework to guide development aid in the years to come.

As ITPC rallies to secure treatment access for all in need, we must also come up with new ways of understanding poverty and inequality, and shape international health policy and funding to match the real world needs - to ensure every person can fulfil their right to health.

In solidarity,

  
Christine Stegling

# 2014 YEAR IN REVIEW

2014 was an eventful year of reflection and growth for ITPC. As a dynamic coalition, ITPC constantly evolves to ensure our structure meets the needs of treatment activists globally. ITPC responded to challenges both new and old throughout 2014 with targeted and forceful global advocacy on treatment gaps; the mobilization of our nine regional networks around treatment education, community research, health financing and accountability; and new collaborations with strategic partners to address intellectual property pressures that threaten access to medicine.

In ITPC's 11th year, we strengthened our organization's ability to deliver its mission through independent registration in Botswana. We also completed

a strategic planning process to determine what ITPC wants to achieve over the next three years and how we can meet our ambitious goals. The results of our efforts – *Community Activism for Sustained HIV Treatment: Strategic Plan 2015 - 2017* – articulate our focus over the years to come.

## KEY HIGHLIGHTS FROM ITPC'S WORK IN 2014 INCLUDE:

### JANUARY

ITPC Global and ITPC East Africa commenced the advocacy phase of *Missing the Target 11*, which identified serious barriers affecting access to treatment for people living with HIV in two communities in East Africa, drawing on community-led research conducted by Kamuli Young Positives in Buyende

District, Uganda and Community Treatment Access Network in Nairobi, Kenya.

### FEBRUARY

ITPC and the Global Forum on MSM and HIV (MSMGF) condemned anti-gay attacks in Abidjan; ITPC West Africa Regional Coordinator Sylvere Bukiki spoke out about the violence and its impact on treatment programs on international radio program Voice of America.

ITPC joined forces with thirty-eight activists from 22 countries at the first-ever Hepatitis C Virus (HCV) World Community Advisory Board meeting to demand equitable access to HCV treatment from pharmaceutical companies.

### MARCH

ITPC Caribbean organized a meeting with UNAIDS, PAHO and the University of the West Indies to develop a costing analysis on treatment access services in order to better understand the true cost of treatment.

### APRIL

ITPC, GNP+, the PACT and UNAIDS convened a *meeting on treatment issues affecting adolescents*

in Cape Town, South Africa. The meeting played a central role in founding the Adolescent HIV Treatment Coalition.

“We cannot achieve zero AIDS-related deaths and zero new HIV infections if we don't focus on addressing the unique treatment needs of adolescents.”

*Bactrin Killingo*

*ITPC's Senior Treatment Knowledge Officer*

### MAY

ITPC and partners awarded an innovative US\$6 million grant from UNITAID to increase access to essential medicines in middle-income countries.

### JUNE

ITPC convened a think tank meeting for community leaders on *Strengthening Access to Health Services through the HIV Response: A Community-Based Perspective at the Bellagio Conference Center* in Italy, resulting in a galvanizing *Call to Action*.

ITPC's regional networks and partners interviewed over 700 people on whether the rollout of WHO's 2013 ARV Guidelines at the global level made a difference at the local level.

**“We're impressed by what ITPC has achieved in recent years...it has clarified the relationship between the regional networks and the global secretariat, established accountability, forged meaningful partnerships with other organizations operating in the field, diversified its funding, attracted great new staff, and strengthened its governance.”**

**RALF JÜRGENS** OPEN SOCIETY FOUNDATIONS

### JULY

ITPC flexed its muscle at the International AIDS Conference in Melbourne, Australia. Activities included:

- releasing the report, *Global Policy, Local Disconnects: A look into the implementation of the WHO 2013 treatment guidelines*;
- convening the Treatment Networking Zone in the Global Village;
- organizing over 20 panels/workshops;
- launching the Treat People Right campaign with an associated satellite session,
- co-organizing the opening ceremony march 'AIDS will only end when'; and,
- joining the International AIDS Conference's largest

act of public disobedience on Hepatitis C treatment.

### AUGUST

ITPC South Asia filed a lawsuit against the Indian government over drug shortages that left people living with HIV cut off from essential medicines.

ITPC East Africa organized a media briefing in Nairobi on the looming shortage of TB medication, resulting in coverage in several major media outlets including the Nairobi Star.

### SEPTEMBER

ITPC South Asia *stormed a Gilead Press Conference in New Delhi, India*, on September 15 to call global attention to exorbitant prices on Hepatitis C medicine.

“We don't use protests as the first option for conveying our

message. But if repeated letters and meetings have no effect – as is the case with Gilead, who refuses to engage with us – then we have to take our campaign public. We show up for a protest because we have no other options.”

*Loon Gangte*

*ITPC South Asia Regional Coordinator*

ITPC MENA organized a *World Community Advisory Board* meeting that brought 17 activists from nine countries in the Middle East and North Africa to engage in dialogue with the Medicines Patent Pool and the pharmaceutical company ViiV Healthcare.

“This is the first time in the MENA region that representatives of people living with HIV and civil society advocates gather together in a Community Advisory Board to meet officially with pharmaceutical companies to negotiate to ensure all people in need access lifesaving treatment.”

*Othoman Mellouk*

*Regional Advocacy Coordinator of ITPC-MENA*

### OCTOBER

ITPCru convened a conference for women affected by HIV across Eastern Europe and Central Asia.

### NOVEMBER

Bridging the Gap's global partners – including ITPC – released *Global Action with Local Impact: Why Advocacy Matters* – showcasing how networks like ITPC make a difference in communities worldwide.

ITPC and ARASA ran a new intellectual property training in Johannesburg for African HIV activists from key population networks.

### DECEMBER

ITPC Global retreated to the planning room to lay the groundwork for the launch of our UNITAID-funded project on treatment access in middle-income countries in early 2015.

ITPC Global Advisory Board member John Rock spoke at the UNAIDS Programme Coordinating Board meeting on intellectual property concerns. On the next few pages you will read more about our programs and hear from people directly affected by ITPC's work, as well as those leading our efforts in communities worldwide. To learn more, visit our website [www.itpcglobal.org](http://www.itpcglobal.org).



# PROGRAMS

**“In 2014, ITPC strengthened its core by focusing on education and advocacy. We decided to go deep, not wide, and therefore worked to better integrate our treatment education and research, health financing and accountability and intellectual property and rights activities. It was a year of renewed vision, vigor and fight for treatment for all.”**

**SOLANGE BAPTISTE** ITPC'S DIRECTOR OF GLOBAL PROGRAMS.

## TREATMENT EDUCATION AND RESEARCH

Since ITPC's inception, supporting communities to provide others with life-changing treatment education has been at the core of our work. Our regional networks advance treatment education as part of their daily activities around the world. The release of ITPC's new ACT Toolkit in mid-2014 provided a modern treatment education curriculum – one that takes into account the social and political components

of treatment access. Since the Toolkit's release, activists have organized treatment education workshops around the world, such as ITPC Latin America's meeting in November 2014 in Quito, Ecuador.

ITPC has also increasingly emphasized the necessity of communities to have the capacity to conduct research and document emerging treatment gaps. Communities that are empowered to run research projects have

### Some of the main findings from the report:

- Country level treatment initiation criteria do not match the WHO guidelines, and lack of funding and political will continue to delay the implementation of the 2013 treatment guidelines.
- Only 11 percent of PLHIV surveyed – 78 out of 726 people – indicated they were involved in or knew about processes to involve communities in the review and development of new national treatment guidelines.
- People living with HIV still lack access to second- and third-line treatment. Of 697 PLHIV respondents, only 128 (24 percent) indicated that the recommended second-line treatment was widely available for those in need. The gap for access to third-line regimens is even more severe – 73 percent (477 out of 652 PLHIV) reported that third-line treatment was not available in their country.
- Weak procurement and health systems result in frequent stock-outs of medicines, affecting the health of people living with HIV.
- Services for key populations, adolescents and other marginalized groups vary wildly in terms of being accessible, appropriate and stigma-free.

the evidence base they need to make their voices heard in a field typically dominated by scientists and public health officials. Our community-led research projects in 2014 included:

### A GLOBAL PROJECT DOCUMENTED AND ANALYZED CHALLENGES TO ACCESSING TREATMENT

The 2013 World Health Organization (WHO) Consolidated

guidelines on the use of antiretroviral drugs for treating and preventing HIV called for all people with a CD4 count of 500 or below to be offered the opportunity to initiate treatment. ITPC wanted to find out what the reality was surrounding the WHO 2013 treatment guidelines for people affected by HIV. ITPC created and administered a global survey in 16 countries in partnership with

## Meet our Missing the Target partners

**The Community Treatment Access Network (COTANET)** is a project of men and women living with HIV, sex workers and HIV advocates in Majengo, part of Nairobi North District. The organization was started in 2008 at a local community forum of HIV-positive advocacy champions in Majengo.

**Kamuli Young Positives (KYP)** is an organization for and by young people living with HIV in Buyende District in Uganda. It was founded in 2004 and registered in 2006 as a community-based organization. The organization brings together over 700 young people living with HIV.

all nine regional networks and the AIDS and Rights Alliance Southern Africa (ARASA). Over 760 people living with HIV completed the survey, as did 130 medical service providers and 62 non-governmental organizations. ITPC then analyzed the data and consolidated the results into a report, Global Policy, Local Disconnects. The report launched in July 2014 on the eve of the International AIDS Conference in Melbourne, Australia to remind decision-makers that talk of ‘ending AIDS’ remains a dream in many communities. At the International AIDS Conference (IAC), the report received media coverage and was included in AIDS Map’s round-up of documents “that defined the conference.”

## MISSING THE TARGET 11 LAUNCHED IN KENYA AND UGANDA

ITPC’s flagship **Missing the Target (MTT) program is in its 11th year.** The MTT program trains civil society advocates to monitor the delivery of HIV services through quantitative and qualitative research methods, so that organizations can then conduct evidence-driven advocacy. In May 2014, ITPC Global and ITPC East Africa released *Missing the Target 11: Barriers to Accessing HIV Treatment from a Community Perspective: Experiences of Orphans and Vulnerable Children in Uganda and Sex Workers in Kenya.*

The report documents serious barriers affecting access to treatment for people living with HIV in two communities in East

Africa, drawing on community-led research conducted by Kamuli Young Positives (KYP) in Buyende District, Uganda and Community Treatment Access Network (COTANET) in Nairobi, Kenya. In addition to the main report, ITPC released an issue brief and short video featuring the lead researchers from Kenya and Uganda. In 2014, ITPC Global and ITPC East Africa also organized an intensive advocacy training in Nairobi, Kenya to allow the MTT partners to develop concrete action plans to influence local policies based on their research findings. Since the report launch and training, KYP has successfully lobbied for young people living with HIV to be included on the District Health Committee to represent the needs of children and youth and COTANET has participated in the National AIDS Council committee preparing the new Kenya AIDS Strategic Plan to elevate the perspectives of sex workers.

## SOME OF THE MAIN FINDINGS FROM THE REPORT:

- Children affected by HIV lack treatment literacy, child-friendly healthcare and essential services.

- Stigma and discrimination continue to prevent sex workers from accessing treatment and related-care.
- Cross-cutting barriers to treatment access include stock-outs and inaccessible health facilities.

“The *Missing the Target 11* report demonstrates that despite our considerable achievements in the HIV response, the more things change the more they remain the same.”

*Solange Baptiste*

*ITPC’s Director of Global Programs*

**“I’m so humbled to be involved in Missing the Target process 11 because it allows us to address barriers that affect us as sex workers, in accessing treatment and care for HIV. The work was based in the community, we are the researchers, not ITPC coming down to do it.”**

**LILLIAN AKOTH** COTANET

## HEALTH FINANCING AND ACCOUNTABILITY

ITPC’s core work includes **ensuring that communities are empowered to inform discussions on health financing.** People affected by HIV have a right to contribute to decisions about national health budgets and ensure sufficient resources are allocated to the most needed programs. ITPC supports grassroots organizations to put pressure on governments to ensure they invest adequate domestic funds in their health systems.

## ITPC SHAPING GLOBAL HEALTH CONVERSATIONS

In June 2014, ITPC organized a three-day meeting for 23 community leaders in Bellagio, Italy, on Strengthening Access to Health Services through the HIV Response: A Community-Based Perspective. While the meeting tackled how to ensure better health systems through integrating community responses, participants also shared harsh realities and reflections from the frontlines. The shared experience from participants was of an AIDS movement in peril, with serious implications for curbing the epidemic and extending the

movement’s work to advance broader health concerns. The meeting resulted in a public Call to Action as well as a community rally during the International AIDS Conference opening ceremony, when activists took to the stage holding placards titled ‘AIDS will only end when’ and inserted personal messages from around the world.

## COMMUNITY ORGANIZING AND MONITORING OF THE GLOBAL FUND

The Global Fund to Fight AIDS TB and Malaria (GFATM) is one of the largest sources of funding available in many countries for HIV and related services. As a result, many of ITPC’s regional networks are engaged at the country level to influence new Global Fund grants, monitor their implementation from a community perspective and hold governments accountable for their Global Fund related commitments. In 2014, ITPC East Africa supported key population groups to push for direct representation in the Global Fund’s Country Coordinating Mechanism (CCM) in Kenya and Uganda. In Kenya, the efforts resulted in a new CCM member representing key populations. ITPC Central Africa organized over 100 community

## Key elements of the Call to Action

as determined by community leaders at the ITPC Bellagio meeting  
“Strengthening Access to Health Services through the HIV Response” July 2014

## We can’t end AIDS until we realize:

1. The HIV movement is now an industry.
2. Donors retreat from HIV with no strategy for how communities will receive lifesaving medicines and services in their wake.
3. Pharmaceutical companies hold as much power as ever, and are increasingly negotiating behind closed doors.
4. Everyone talks about a human rights approach – but no one does it.
5. Weak health systems prevent progress on HIV.

## We can’t end AIDS unless – we radically strengthen our movement. Together we must:

- Re-engage politically.
- Invest in activism and cultivate smarter advocacy strategies
- Shape the future of community responses
- Campaign together to increase access to medicines
- Re-invigorate the movement for treatment education
- Analyze funding streams and re-direct resources to communities

activists – including people living with HIV, MSM, women and youth – to share their views on priorities during Global Fund

country dialogues. As a result, key populations and other affected groups helped shape Global Fund concept notes.

ITPC also joined The Community Action and Leadership Collaborative (CLAC) - a unique partnership between international networks working on the Global Fund.

CLAC's members include the AIDS and Rights Alliance for Southern Africa (ARASA), the Global Network of People Living with HIV (GNP+), Global Action for Trans\* Equality (GATE), the Global Forum on MSM & HIV (MSMGF), the Global Network of Sex Work Projects (NSWP), the International Network of People Who Use Drugs (INPUD). CLAC's networks and their respective regional and county-level affiliates have combined their strengths to facilitate greater participation by key population groups in Global Fund country dialogues. The partnership also supports the development of quality rights-based and evidence-informed programming for concept notes to help meet the needs of key populations and other vulnerable groups.

In 2014, in partnership with GNP+ and MSMGF, ITPC organized a workshop in Cameroon to train

25 community members of a newly formed coalition composed of sex workers, men who have sex with men, people who use drugs, disabled people and people living with HIV. The purpose was to ensure that all relevant key affected population organizations in Cameroon meaningfully engaged in the Global Fund concept note development process, and subsequently ensure their recommendations received attention from the CCM. A similar workshop was organized in Tunisia in a partnership between ITPC MENA and MSMGF. In Tunis, over 22 representatives of affected populations and other key actors, including CCM and government officials, came together to discuss the country's HIV response. The two workshops, as well as additional advocacy activities, successfully integrated key population concerns and recommendations into the national concept note to be submitted to the GFATM.

**COMMUNITIES MONITOR ACCESS TO TREATMENT**

In 2014, ITPC West Africa set up community treatment

observatories to collect information on access to HIV services, including prevention of mother-to-child transmission service, in Cote d' Ivoire, The Gambia and Sierra Leone. Twenty treatment activists conducted the research and monitoring work in the three countries. Thanks to the support of German International Cooperation (GIZ), the project has already piloted a situational analysis to understand critical bottlenecks to accessing quality antiretroviral treatment (ART). The analysis identified issues with supply chain management in The Gambia, leading to drugs expiring in facilities before reaching distribution centers and stock-outs. In Côte d'Ivoire, access to viral load testing remains challenging given the test machines are only available at private health centers and unaffordable for most people. In Sierra Leone, the Ebola outbreak continues to affect people living with HIV – many of whom reported avoiding clinics for fear of being identified as Ebola infected. People living with HIV in Sierra Leone were forced to disclose their HIV status when arriving at clinics. There were also

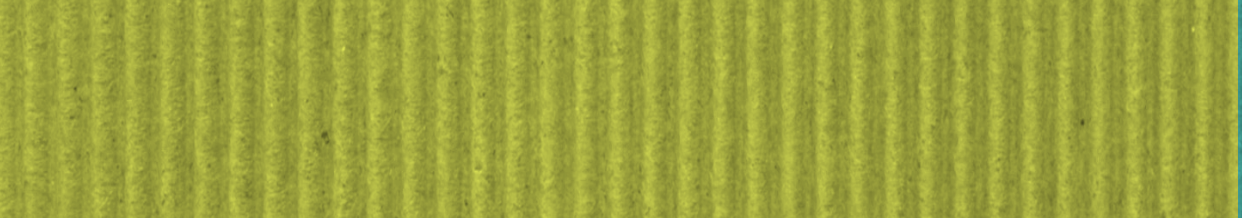
reports of treatment disruptions and increased mortality in Sierra Leone.

ITPC West Africa also captured the innovative ways communities respond to problems – for example, in one village treatment activists distributed antiretroviral drugs (ARVs) via bicycles to ensure they reached recipients in time. ITPC West Africa has issued concrete recommendations for how to scale-up access to ART, and is supporting advocacy to call attention to the proposed solutions.

**REVEALING THE TRUE COST OF TREATMENT IN THE CARIBBEAN**

Community-led research in the Dominican Republic and Jamaica has documented the out-of-pocket expenses incurred by people living with HIV in their efforts to access and adhere to treatment. The findings will influence the design of national treatment programs, especially as governments plan to increase their domestic investment in health, as international donors retreat.

ITPC staff at the International AIDS Conference, Melbourne  
Silent ITPC protest at International AIDS Conference  
Lawyer/ HIV activist, Kajal Bhardwaj at ITPC Bellagio Meeting  
Bactrin Killingo of ITPC, presents abstract



## ACTIVIST SPOTLIGHT

# WE STILL HAVE A LOT OF WORK TO DO: REFLECTIONS ON YOUTH ACTIVISM IN 2014

**CARLO OLIVERAS** ITPC Caribbean Regional Network Coordinator

“As young people, we have come a long way and successfully achieved inclusion in HIV spaces. We have sat on panels, we have sat in some decision-making spaces, we have been volunteers and we have supported different initiatives within the HIV response.

Yet, the HIV response and “the system” – the main entities funding, delivering and advocating for HIV programs that are in positions of power – have all played a role in forgetting about the real needs of young people. In 2014 the World Health Organization (WHO) released data that AIDS is the second leading

cause of death among adolescents worldwide – but does it really surprise us? It didn’t come as a shock to us, young people working in communities, where our friends are the ones forming that statistic.

If adolescents and young people in general have been forgotten, then young MSM, young drug users, young transgender, young sex workers, young people living with HIV and young women are even more invisible.

We cannot have an honest discussion about changing this reality over UN-sponsored Grade A steaks, fancy forks and knives in beautiful conference settings, when

back home what we encounter is the exact opposite. Sure we need the political will to overcome current challenges, but we also need political will to understand that if we are looking to build a sustainable world, the people that will hopefully keep living in it in the next 30 to 40 years should be shaping and creating that picture.

Everyone talks about accountability; everyone says youth need to be part of the process, and that youth should also be accountable; let’s be honest – everyone says the right things. But then very few actually invest in accountability. Data is still not disaggregated by age so that our particular needs are understood; funding proposals and/or areas

of engagement are not meant to change the system. And if we, as youth activists, challenge the system, we are bombarded with the always-charming question, “But what are you actually doing? What is the youth movement doing?”

I want to answer that question: We are juggling our lives as many of you also are. Some of us have two part time jobs, some of us are volunteers, some are mothers, fathers, students, and many other things. We have grown up in a world of great inequality, we have witnessed that the system does not work for everyone equally, and this system needs to change if we want to get anywhere.

But then we are supposed to believe that we all are capable of ending AIDS. Albert Einstein once said: “Insanity: doing the same thing over and over again and expecting different results.” Our HIV response is now definitely maneuvering in insanity. We certainly have new science, we certainly have new treatment, but if one thing is certain it is that we are not all equal under the same sun.

I do not have the answers. But I wish we could at least have a more honest conversation.”



## INTELLECTUAL PROPERTY AND ACCESS TO MEDICINES

During 2014, ITPC scaled up its longstanding work on challenging the intellectual property rights barriers that interfere with people’s access to essential medicines. ITPC began building local movements to demand generic production of lifesaving drugs, as well as challenge international trade deals that threaten to impose unjust patent systems from the U.S. and Europe on the developing world. ITPC also embarked on a unique three-year project to ensure HIV treatment reaches poor people in middle-income countries.

### ADDRESSING TREATMENT ACCESS IN MIDDLE-INCOME COUNTRIES

In May 2014, the Executive Board of UNITAID approved a US\$6 million grant award to ITPC and five partners to address intellectual property barriers that prevent people from accessing life-saving medicines.

The three-year project started in November 2014 and focuses on eliminating intellectual property obstacles to generic competition

for second and third-line HIV antiretrovirals (ARVs) in four countries: Argentina, Brazil, Thailand and Ukraine. ITPC and partners aim to generate over US\$150 million in annual savings in the long-term through reducing prices for ARVs. If these savings were re-invested in treatment it could mean an additional 130,000 patients could be treated.\* ITPC’s partners on the project include the Associação Brasileira Interdisciplinar de AIDS in Brazil; All-Ukrainian Network of People Living with HIV/AIDS in the Ukraine; AIDS Access Foundation in Thailand; Fundación Grupo Efecto Positivo (Fundación GEP) in Argentina; and the global Initiative for Medicines, Access and Knowledge (I-Mak).

Under the UNITAID grant ITPC and partners are using law reform, as well as pursuing the implementation of TRIPS flexibilities including patent oppositions and compulsory

\* This financial projection is calculated with the formulation:  $(\text{Cost savings per ARV} = (\text{current price} - \text{generic price}) \times \# \text{ of patients taking the drug})$  and the patient projection calculated with the formulation:  $(\text{Additional patients treatable} = \text{total ARV cost savings} / \text{average per-patient cost of treatment})$ .

licenses for specific second- and third-line ARVs, to expand access to optimal treatment regimens. The coalition will also engage in direct community organizing, so that people living with HIV and their allies are empowered to hold their governments to account. While the grant focuses on four countries, the partners expect to incite debate and potential use of TRIPS flexibilities in neighboring countries.

### DEMANDING AFFORDABLE HEPATITIS C TREATMENT IN DEVELOPING COUNTRIES

ITPC created campaigns, in partnership with other civil society organizations, to address pharmaceutical company Gilead’s exorbitant pricing policies for sofosbuvir, their recently released Hepatitis C treatment that entered the U.S. market as Solvaldi® in November 2013 at an outrageous price of US\$84,000 per patient. ITPC also issued global and regional press releases to denounce restrictions and the limited geographic scope of the voluntary license signed between Gilead and Indian generic pharmaceuticals. Meanwhile, ITPC Asia engaged in intensive advocacy with

Indian generic producers to ensure generic drugs and active pharmaceutical ingredients remain available in countries excluded from the Gilead license territory. ITPC MENA undertook similar tactics in Egypt and Morocco.

ITPC was a core partner participating in the first World Hepatitis C Community Advisory Board meeting in Bangkok in February 2014. The meeting was organized by the Treatment Action Group and the Asia Pacific Network of People Living with HIV/AIDS using ITPC’s HIV Community Advisory Board model. During the meeting, 38 activists from 22 countries held the first global dialogue with pharmaceutical companies that produce HCV treatment. While there was no immediate agreement reached, the meeting was a fruitful starting point for ongoing negotiations.

ITPCru then organized two Eastern European and Central Asia (EECA) Community Advisory Board meetings in Russia and Georgia with manufacturers of HCV drugs, including Janssen, BMS and Gilead, to discuss access issues for people affected

by Hepatitis C in EECA. In Russia, ITPCru lobbied the government regarding the need to adopt a national HCV treatment strategy, as well as revise the country's Essential Medicines List to include Hepatitis C treatment. The final version of the Russian Essential Medicines List included the novel pegylated interferon and telaprevir – the first direct acting antiviral for treating HCV to be included. ITPCru also produced a report on the HCV drug registration, pricing and procurement landscape in Russia.

#### EFFECTIVE ADVOCACY RESULTS IN THREE CHEAPER VERSIONS OF CRITICAL DRUG

In Northern Africa, ITPC MENA engaged in active advocacy with the Egyptian patent office for invalidation of a Gilead patent on sofosbuvir as well as with the Egyptian Ministry of Health during their negotiations with Gilead. ITPC-MENA successfully advocated for the local production of generics in Egypt - despite the agreement with Gilead to promote price competition and to ensure possibility of supply to other developing countries. As a result in 2015, three generic versions of sofosbuvir were available on

the market in Egypt. In Morocco, ITPC MENA launched a media campaign to respond to Morocco's exclusion from Gilead's voluntary license and to pressure the Ministry of Health to make HCV treatment available. As a result of the media pressure, Morocco's Health Minister denounced publicly Gilead's exclusion of Morocco and initiated efforts for the local production of a generic version of sofosbuvir. A local version of the drug was successfully registered in 2015.

In India, a country with a high number of people living with Hepatitis C, ITPC's regional network engaged with partners from civil society (the Delhi Network of People Living with HIV and I-MAK) to file a patent opposition on a patent application submitted by Gilead to the India Patent office. ITPC China launched a nation-wide campaign called "HCV Treatment Wishlist", to mobilize over 2,000 HCV patients nationwide to demand direct acting antiviral treatment to be accessible in China as soon as possible. By the end of 2014 over 50 HCV patients in five provinces had written letters to China's Intellectual Property Office to lodge opposition to Gilead's

patent application for sofosbuvir. ITPC China also created HCV training manuals, printing 1,000 copies and sending them to community based organizations nationwide to provide counseling to communities.

ITPC's efforts to draw global awareness to Hepatitis C treatment access were also on display at the International AIDS Conference (IAC). During an IAC main session, ITPC publicly challenged Gilead's access strategy, followed by an activist demonstration against the company's policy. The Hepatitis C rally was the most visible and vocal activist demonstration at the IAC.

#### TRAINING NEW INTELLECTUAL PROPERTY ACTIVISTS

In February, ITPC MENA organized a three-day training in Casablanca on intellectual property and access to medicines for activists from the MENA region (including participants from Algeria, Egypt, Jordan, Libya, Morocco, Sudan, Tunisia, Pakistan and Palestine). Thirteen activists received intensive coaching to understand how patent systems affect access to essential medicines, as well as opportunities for civil

society to make a difference on patent-related issues. Following the training, the 13 activists engaged in national advocacy – for example protesting the European Union Free Trade Agreement in Morocco, engaging in ARV price negotiations in Tunisia and lobbying for HCV treatment in Egypt.

ITPC also embarked on a new partnership with the AIDS and Rights Alliance Southern Africa (ARASA) to increase the capacity of HIV treatment activists in Africa to understand and respond to emerging intellectual property concerns. The first Community Involvement in Access to Affordable HIV Treatment: Focus on the Influence of Intellectual Property & Free Trade Agreements occurred in November 2014 in Johannesburg, South Africa. The four-day training provided intensive mentoring for 14 human rights and key population activists, who attended from across the continent. Following the workshop, ITPC and ARASA issued a closed request for proposals for participants to apply for funding for country-level advocacy on access to optimal HIV treatment.

## BUILDING ACTIVISM

### CATALYZING ACTIVISM WITH SMALL GRANTS

As part of the 2013-2015 Bridging the Gaps – health and rights for key populations program – ITPC provides US\$480,000 in grant funding to 18 grassroots initiatives by and for key populations living with HIV. ITPC's small grants provide a much-needed resource for advocacy and activism, as well as essential seed funds, for small community groups that often cannot access funding elsewhere. In 2014 ITPC Latin America supported grantees in Brazil, Costa Rica and Ecuador; ITPCru in Georgia, Kyrgyzstan, Tajikistan, and Ukraine; ITPC South Asia in Indonesia, Nepal, Pakistan and Vietnam; and ITPC East Africa in Kenya, South Africa and Uganda.

In July 2014, ITPC received one-year midterm reports from all grantees that revealed numerous examples of how community-led programs create change. Collectively, during the first year of project implementation, the grantees:

- engaged 1,650 people in treatment literacy trainings on treatment access and adherence;

- counseled 2,062 people on topics including HIV disease and transmission, ARV treatment, PMTCT and treatment adherence;
- referred 2,612 people to health services, including the prevention, care and treatment for HIV, opportunistic infections, TB and sexually transmitted diseases;
- carried out 140 advocacy actions such as meetings with officials, advocacy letters and e-mails, public demonstrations, and more; engaged 1,665 people in such advocacy;
- distributed 18,135 materials

such as booklets, flyers, posters, and tee shirts carrying information and/or advocacy messages about HIV testing, prevention, treatment, and other topics; and

- achieved eight policy changes or new commitments as a result of their advocacy work. For example, in Georgia, the Georgian Harm Reduction Network secured lower co-payments for Opioid Substitution Therapy (OST) patients. This in turn resulted in a 50% increase (from 1200 to 1800 patients per year) in the number of patients enrolled in OST services.

**“ITPC-East Africa has been at the forefront of supporting, nurturing and empowering drug users in Uganda through the Uganda Harm Reduction Network (UHRN). ITPC-EA has taken a risk on us and being our first funder in the region, the organization has given us a platform to express our potential to organize and advance our advocacy for health, social, economic and human rights.”**

WAMALA TWAIBU FROM UHRN

ITPC BRIDGING THE GAPS PARTNER IN UGANDA

### A NEW TOOL FOR TREATMENT ACTIVISTS

In 2014, ITPC released the *Advocacy for Community Treatment (ACT) Toolkit*. The ACT Toolkit facilitates community activists to become effective advocates for HIV treatment access, with a special focus on supporting key populations and ensuring everyone's right to health is respected. The ACT Toolkit is available in English, French, Spanish and Russian, along with a series of PowerPoint presentations that correspond to the main Toolkit sections, so that the Toolkit can be used in different contexts.

Topics covered in the participatory ACT Toolkit include: the science of HIV, the relationship between human rights and treatment, how trade impacts the availability of medicines, financing for health and community advocacy planning. The Toolkit provides critical education on opportunities and barriers for treatment scale-up, as well as practical guidance on how to mobilize communities. The toolkit was rolled out at two major ITPC trainings in 2014, including a grantee workshop with Bridging the Gaps Latin American grantees in Ecuador and a Southern African activist workshop in South Africa.

# HOW ITPC INFLUENCES GLOBAL HEALTH DECISIONS

GLOBAL	
ITPC Global	UNAIDS Human Rights Reference Group, <i>Member</i> UNAIDS Human Rights Reference Group, Intellectual Property Sub-Committee, <i>Chair</i> USAID LINKAGES Project Advisory Board, <i>Member</i>
ITPC MENA	WHO Strategic and Technical Advisory Committee (STAC) on HIV, <i>Member</i> WHO Civil Society Reference Group on Hepatitis, <i>Member</i> WHO Civil Society Reference Group on HIV, <i>Member</i> Global Forum on MSM & HIV, <i>Co-chair</i> Sidaction International Review Panel of France, <i>Member</i>
KEY GLOBAL MEETINGS	
ITPCru ITPC Latin America ITPC Caribbean ITPC Central Africa	World Hepatitis CAB, Thailand UNAIDS 34th Programme Coordinating Board (PCB) Meeting, Switzerland HIV Young Leaders Fund Summit, Switzerland United Nations General Assembly, Geneva Coalition of PLHIV Networks and Key Population Organizations, Cameroon
REGIONAL	
ITPC Global ITPC Global ITPCru ITPC MENA	AFROCAB, <i>Chair</i> ARASA Board, <i>Member</i> European AIDS Treatment Group (EATG) European Community Advisory Board, <i>Member</i> East Mediterranean WHO Regional Office Working Group on HIV Treatment, <i>Member</i>

“ITPC is both an intellectual force and fierce advocate in the international HIV sector. Theirs is a welcome and powerful voice on access to medicines and diagnostics, which for MSM and other key populations is critical. Congratulations on a great year and thank you for being such a terrific partner!”

GEORGE AYALA  
EXECUTIVE DIRECTOR MSMGF

REGIONAL <i>(continued)</i>	
ITPC West Africa ITPC West Africa ITPC West Africa	Economic Community of West African States (ECOWAS), <i>Member</i> West Africa Health Organizaiton (WAHO), <i>Member</i> Joint UN Regional Team on AIDS for West and Central Africa, <i>Member</i>
KEY REGIONAL MEETINGS	
ITPCru	EECA AIDS Conference, Russia
ITPC East Africa	UNAIDS and UNDP CSO Dialogue Forum on post-2015, East Africa
ITPC Latin America	UNAIDS Global Fund Latin America Concept Note Review: Nicaragua, Panama and Costa Rica Council of Ministers of Health of Central America - Meeting on The National Plan of Health, Dignity and Positive Prevention 2015-2019, Guatemala UNAIDS Regional 90-90-90 Consultation, Switzerland PAHO, UNAIDS Latin American and Caribbean Forum on Continuum of Care, Mexico REDCA+ Strategic Plan Regional Meeting, El Salvador
ITPC Caribbean	Latin America and Caribbean Network of Young People Living with HIV Strategic Planning Meeting LAC Forum on HIV treatment, Mexico PANCAP Annual General Assembly, Guadeloupe
ITPC West Africa	Civil Society Forum of West Africa on the Policies Related to Drugs, Ghana
KEY NATIONAL MEETINGS	
ITPC Central Africa	Secours Avicole VIH-SIDA (SECAV) Workshop on Global Fund, Democratic Republic of Congo National Community Consortium for HIV, Malaria, Tuberculosis in Cameroon and DRC
ITPC Latin America	CCM Global Fund Concept Note Consultation, Guatemala
ITPC West Africa	UNICEF & Ivorian Ministry of Health Workshop on Community Engagement in the Elimination of Vertical Transmission of HIV, Cote d'Ivoire
ITPC Caribbean	Caribbean Vulnerable Community Coalition (CVC) Support of Youth Treatment Meeting, Jamaica
ITPC East Africa	Community Engagement and Accountability Forum on the Progress and Status of the Implementation of the Plan for the Elimination of New HIV Infections among Children by 2015 and Keeping Mothers Alive, Kenya
ITPC China	High-level Forum on HCV, China

# ITPC IN THE MEDIA

ITPC Regional Networks and ITPC Global appeared regularly in print and online media outlets throughout 2014. A sample of media highlights is included below.

## Silent protest leaves NACO red faced

### MUMBAI MIRROR

ITPC Asia's unexpected protest calls attention to drug shortages in India

## Uganda's thriving drug scene

### ALJAZEERA

One of ITPC's Bridging the Gaps grantees, The Uganda Harm Reduction Network, is featured for their work supporting people who use drugs to access health services.

## A veteran AIDS activist has déjà vu from ebola panic

### NATIONAL PUBLIC RADIO

ITPC Global Advisory Board member Gregg Gonsalves speaks out against the stigma directed towards Ebola patients and survivors.

## From Haiti to Vietnam, HIV treatment needs higher doses of fact

### OPEN SOCIETY FOUNDATION VOICES BLOG

ITPC Caribbean Coordinator Carlo Oliveras documents how myths persist around HIV treatment in Haiti, and why treatment education remains the critical link.

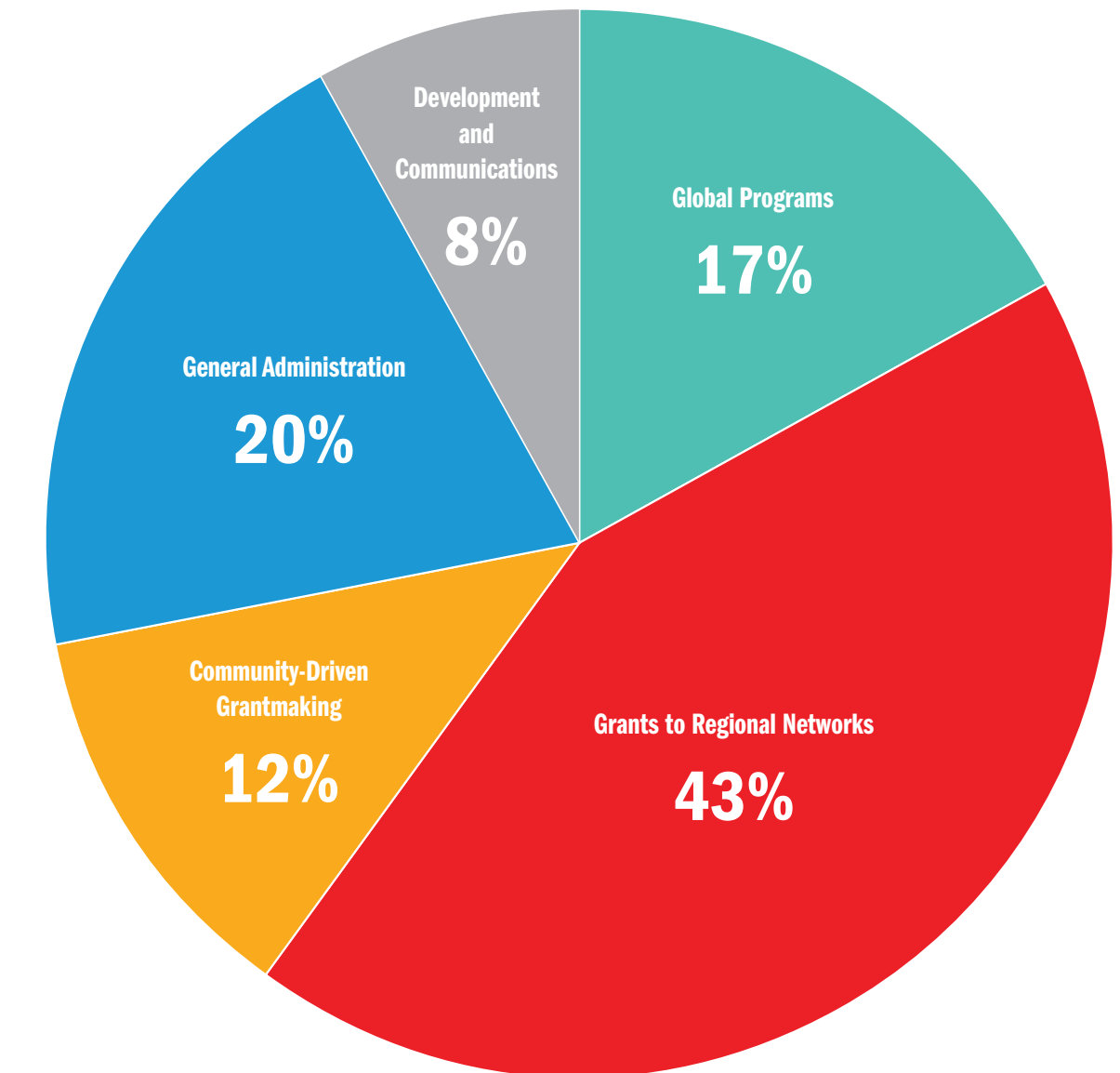
## Of guidelines, targets and resources: the documents that defined the 2014 International AIDS Conference

### AIDS MAP

ITPC's report Global Policy, Local Disconnects is featured in the article, along with quotes from ITPC's Executive Director Christine Stegling.

# FINANCIAL STATEMENT

**2014 EXPENSES**  
**\$2,458,663**



# THANK YOU

## DONORS

ITPC is grateful to the forward thinking donors who believe in a human rights response to HIV, and who make our work possible.

Aids Fonds  
AJG Foundation  
Deutsche Gesellschaft für  
Internationale Zusammenarbeit  
(GIZ) GmbH  
Dutch Ministry of Foreign Affairs  
Ford Foundation  
Hivos  
Levi Strauss Foundation  
M·A·C AIDS Fund  
Robert Carr civil society  
Networks Fund (RCNF)  
Rockefeller Foundation  
Pangaea Global AIDS Foundation  
Open Society Foundations  
UNITAID, hosted and  
administered by the World  
Health Organization (WHO)

## ITPC GLOBAL ADVISORY BOARD 2014

ITPC would like to thank the Global Advisory Board for their continued support and guidance over the last year.

In particular, we would like to thank Morolake Odetoyinbo and Addie Guttag who left ITPC in mid-2014. We are indebted for their tireless efforts, valuable insights and huge investment of energy and time over the many years they have been part of ITPC. We will miss Morolake's energy as an African treatment activist who has chaired the organization in such an inspirational way, and Addie's insights and professional guidance on matters of good governance, finance and fundraising. A big thank you from all of us at ITPC!

**Morolake Odetoyinbo**  
Chair (until August 2014)  
Lagos, Nigeria

**Gregg Gonsalves**  
Vice Chair  
Chair (since September 2014)  
New Haven, United States

**Lucy Chesire**  
Nairobi, Kenya

**Addie J. Guttag**  
Treasurer (until August 2014)  
New York City, United States

**Ben Plumley**  
San Francisco, United States

**John Rock**  
Sydney, Australia

**Francisco Rossi Buenaventura**  
Bogota, Colombia

**Pedro Polokoetsile Motau**  
Gaborone, Botswana  
(since September 2014)

**Ava Avalos**  
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(since September 2014)

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**AIDS**  
**WILL ONLY**  
**END**  
**WHEN...**  
**WE PUT PEOPLE**  
**BEFORE PROFITS**

**AIDS**  
**WILL ONLY**  
**END**  
**WHEN...**  
**GOVERNMENTS**  
**INCREASE**  
**DOMESTIC**  
**HEALTH FUNDING**

**AIDS**  
**WILL ONLY**  
**END**  
**WHEN...**  
**THE GLOBAL FUND**  
**IS FULLY FUNDED**