



# IMPACT OF COMMUNITY ACTIVISM

**ANNUAL REPORT 2015**



# INTERACTIVE MENU

➤ Mobilize demand for optimal HIV treatment



➤ Demand accountability from decision-makers



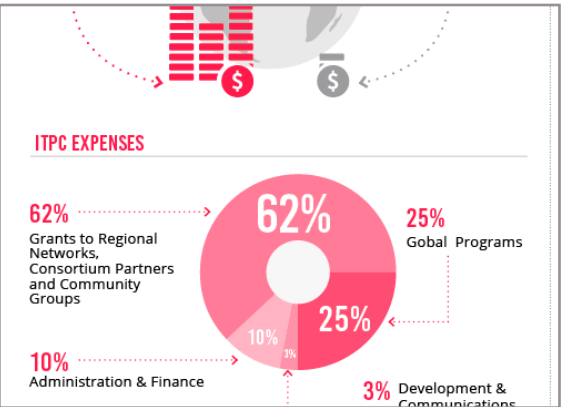
➤ Explore new partnerships and strengthen ITPC



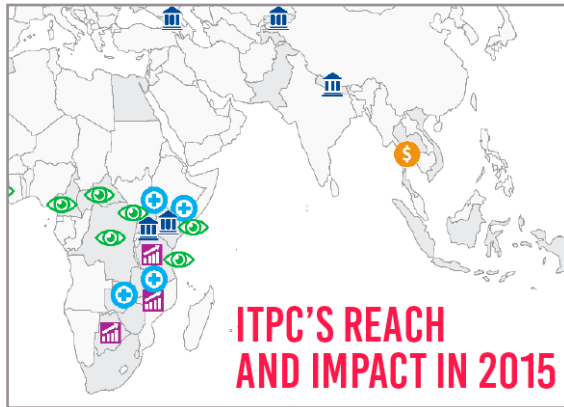
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# WE ARE A GLOBAL NETWORK OF ACTIVISTS ON HIV TREATMENT ACCESS

## 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

Communities are at the center of the response.

Equity in treatment access.

Working together in solidarity as a global movement.

Transparency in our finances and the way we work.

Accountability to those we serve.





# MESSAGE FROM SOLANGE BAPTISTE

“*The new guidance behind ‘test and treat’ means that suddenly 21 million people need treatment now.*”

Dear Friends,

I am delighted to share our annual report, which highlights ITPC’s achievements in 2015.

Although there are 16 million people on treatment today, our job as treatment activists has never been more critical. The evidence tells us that starting HIV treatment early is necessary for epidemic control, essential for good health and plays a major role in prevention too. The new guidance behind ‘test and treat’ means that suddenly 21 million people need treatment now. At a time of dwindling resources, the international community must wake up and act now!

We are facing a US\$9 billion gap to finance the HIV response<sup>1</sup>. Need has dramatically outpaced resourcing. And amidst shrinking funding, the money allocated rarely reaches communities most affected. Still far too many interventions are not evidence-informed, and in some cases actually harm those most vulnerable.

We must urgently fix the drug development model that perpetuates monopolies, and price discrimination that prevents people in middle-income countries from accessing essential medicines.

But even with good treatment policies, affordable medicines and adequate resources, we will not ‘end AIDS’ if people who need treatment do not seek services. Although early initiation is important, we must ensure people do not face coercion to get tested or start treatment. Let’s not forget that human rights are at the core of effective HIV treatment. Treatment initiation must be guided by the individual choices of patients who are knowledgeable about their options. Sadly, such education is rarely supported.

ITPC’s unique role educating, mobilizing and enabling communities to understand and demand optimal HIV treatment is not only right, but essential to ensure sustainable results. Empowered communities are better able to take more responsibility for their own health, advocate for supportive policies and hold service providers and duty bearers to account.

Throughout our annual report you can read how ITPC’s model of enabling communities to address their priorities has delivered clear impacts and value for money.

See how we:

- Helped key populations claim their space in national accountability mechanisms;
- Supported communities to monitor HIV treatment services and bring about policy changes;
- Made US\$35 million savings for cash strapped health budgets; and,
- Leveraged resources from the Global Fund for communities in West Africa.

I am proud of what we have achieved together with you, our partners and donors.

Yours

**Solange Baptiste**  
ITPC Executive Director

<sup>1</sup>UNAIDS has calculated that US\$31.3 billion are needed in 2020 to reach the UNAIDS 2020 fast track targets. (Fast-track update on investments needed in the AIDS response, UNAIDS, 2016. At current levels, this means a gap of US\$9 billion globally).



## SUMMARY

ITPC's mission is to enable all people in need to access optimal HIV treatment. To achieve this, we mobilize the power of communities, focusing on the issues that matter most to them.

As 2015 is the first year of our three-year strategic plan, we report our main achievements against our three core objectives:

**MOBILIZE DEMAND**  
**DEMAND ACCOUNTABILITY**  
**EXPLORE NEW PARTNERSHIPS**



## STRATEGIC OBJECTIVE 1



# MOBILIZE DEMAND

## for optimal HIV treatment

Even with adequate resources, affordable medicines and good treatment policies, we will not 'end AIDS' if people who need treatment do not seek services. For this reason, ITPC's first strategic objective is to strengthen the capacity of communities to demand optimal HIV treatment.

We do this through treatment education and by strengthening advocacy skills.

**In 2015, we pursued two main activities:**

### We mobilized demand for routine viral load testing

Through a new regional campaign *Be Healthy – Know Your Viral Load*. Our community research in Africa showed that viral load monitoring was not routinely available in 9 out of 12 countries surveyed.

As a result, treatment was beginning to fail for many people living with HIV after years of taking first line regimen antiretroviral drugs. We alerted decision-makers to the issue at two major conferences.

Working alongside AIDS & Rights Alliance for Southern Africa (ARASA), we enabled 13 organizations to advocate for change. Our video and website supports community efforts and amplifies their messages. Early results of the campaign include commitments from three governments to improve access to viral load testing.

### We supported key populations to demand and advocate for better HIV and health services

As part of our five year *Bridging the Gaps* program (2011 – 2015). During implementation of the program, our 19 key population partners in four regions engaged over 3,000 people to take 290 targeted advocacy actions.

As a result, national-level networks achieved nine policy changes or commitments to improve access to treatment. For example, our partner in Georgia secured a 25% reduction in the cost of opioid substitution therapy for patients. The cheaper price resulted in a 50% increase in the number of people enrolling for the therapy.

**“ We could see with our own eyes the increased confidence generated amongst sex workers to seek and claim services.”**

**Amelia Coelho Garcia,  
GEMPAC, Brazil**



## DEMAND ACCOUNTABILITY

from decision makers, focusing on health systems and trade-related barriers

The 16 million people receiving HIV treatment today is testimony to our movement's struggle for universal access and human rights. With 21 million people not yet on treatment there is still a long way to go. That is why ITPC's second strategic objective is to help communities demand accountability from decision-makers at national and global levels.

**In 2015, we pursued three main activities:**

### We supported key populations to claim their space in accountability mechanisms

ITPC ran an exciting new program in 2015, helping activists understand how the HIV response is financed. This enabled networks of key populations to claim their space in national accountability mechanisms, and demand more funding for programs that address their health needs. As a result, budgets for key populations were significantly increased in Malawi and Botswana, and for the first time, key populations were represented on the Country Coordinating Mechanism in Tanzania.

### We challenged barriers that restrict access to medicines

A new UNITAID-funded consortium, led by ITPC, is achieving significant successes challenging unmerited patents. In the first year of our program, our interventions have contributed to significant reductions in the price of essential HIV drugs. As a result, the government health

budgets in Argentina, Ukraine and Thailand have benefited from a combined saving of US\$35 million per year.

### We enabled communities to monitor the issues that matter most to them

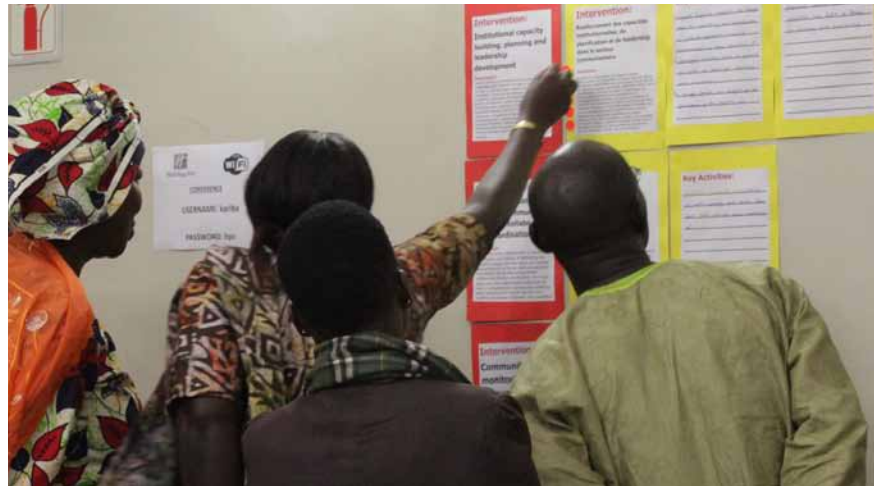
Much more than traditional monitoring and evaluation systems, ITPC Treatment Observatories enable communities to identify and monitor the issues that matter to them. In 2015, these Observatories were formalized in East, West and Central Africa and Latin America. One success story in 2015 comes from Guatemala where the increased scrutiny on government authorities helped to avert the usual stock outs of HIV drugs.

Having monitored repeated stock outs of HIV medicines in West Africa, we submitted a successful proposal to the Global Fund to expand the program to 11 countries in the region.

**“ At the workshop I discovered that access to health services is a right and not a privilege”**

**Maziabi Salum  
Abdallah, Tanzania  
Network for People  
Who Use Drugs**





## STRATEGIC OBJECTIVE 3

## EXPLORE NEW PARTNERSHIPS and strengthen ITPC

There are huge challenges facing the HIV movement, including reduced funding for communities and powerful vested interests that put profits before people.

To confront these challenges, our third strategic objective is to strengthen ITPC and explore new partnerships, so we can deliver our joint mandate for social justice, more effectively.

**The main achievements in 2015 against this objective were:**

### We began working with two new global partners

We began to work with (Medecins sans Frontieres and the Global Fund) to realize our programmatic goals. At a national level we also started working with partners outside the HIV world including farmers' groups, trade unions and human rights organizations.

### We raised our global profile

ITPC had significant visibility at two major global conferences and launched our new user-friendly website, where we posted regular position statements and blog posts from activists.

### We increased capacity amongst southern partners

We organised a South-to-South knowledge exchange. We supported three internships from partners in Kenya, Zambia and Botswana to learn from partners in Morocco and South Africa about intellectual property and access to medicines.

### We also delivered excellent value for money

Among the northern based NGO community, ITPC represents a positive model of how to transfer funds and power. Over 60% of ITPC's income goes directly to ITPC's civil society partners based in the Global South, as opposed to only 1% of funds making it to civil society in the Global South through conventional international development funding. A further quarter of our funding is spent on global programs used to provide technical support to partners, to advocate in global fora and to coordinate our advocacy campaigns. Just 13 cents of every dollar is spent on finance, administration, fundraising and communications.

**“Your [ITPC Central Africa] community mobilization mechanism is fantastic. Your approach is professional, not sensational. You can count on our support...”**

**Permanent Secretary,  
Central Technical  
Group, National AIDS  
Control Committee,  
Cameroon**



# GLOSSARY

## ITPC AND REGIONS

ITPC	International Treatment Preparedness Coalition
ITPC-CA	ITPC Central Africa
ITPC-China	ITPC China
ITPC-EA	ITPC Eastern Africa
ITPCru	ITPC Eastern Europe and Central Asia
ITPC-LATCA	ITPC Latin America and the Caribbean
ITPC-MENA	ITPC Middle East and North Africa
ITPC-SA	ITPC South Asia
ITPC-WA	ITPC West Africa

## ABBREVIATIONS & ACRONYMS

ARASA	AIDS & Rights Alliance for Southern Africa
CCM	Country Coordinating Mechanism
CDC / ICAP	Center for Disease Control, ICAP at Columbia University
CEGAA	Centre for Economic Governance and AIDS in Africa
CSO	Civil Society Organization
EOI	Expression of Interest
ECOWAS	Economic Community Of West African States
FTA	Free Trade Agreements
GEMPAC	Group of Women Prostitutes of the State of Pará
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
IAS	International AIDS Society
ICASA	International Conference on AIDS and STIs in Africa
LGBTI	Lesbian, Gay, Bisexual, Transsexual, Intersex
MANERELA+	Malawi Network of Religious Leaders Affected by HIV
MOH	Ministry of Health
MSF	Médecins sans Frontières
MSM	Men who have sex with men
NGO	Non-Governmental Organization
PEPFAR	President’s Emergency Plan for AIDS Relief
TALC	Treatment Advocacy Literacy Campaign
TRIPS	Trade-Related Aspects of Intellectual Property
WHO	World Health Organization





# HIGHLIGHTS OF THE YEAR



ITPC-MENA creates a watchdog coalition to monitor trade negotiations between Morocco and European Union regarding Free Trade Agreements that will adversely affect access to medicines.

Rose Kaberia and Alma de Leon (ITPC-EA & ITPC-LATCA respectively) present threats to HIV treatment access from intellectual property laws at Social Forum 2015. Their recommendations are included in declaration to UN Commissioner of Human Rights.

ITPC-LATCA works with regional networks of key populations to identify challenges for reaching 90-90-90 goals. They present challenges to state representatives in meeting in Geneva.

ITPC provides technical assistance to sex worker group, GEMPAC, in Brazil. A focus group discussion reveals treatment education projects need to be community-led for success.

JANUARY



MARCH

ITPC & ARASA host regional workshop for key population leaders, to strengthen advocacy capacity to ensure best use of Global Fund resources for HIV and TB in Botswana, Malawi and Tanzania.

FEBRUARY



APRIL

ITPC launches 2015-2017 Strategic Plan and redesigned website.

FEBRUARY



JUNE

ITPC-SA with farmer and patient groups, and trade unions, urges India to halt negotiations on Regional Comprehensive Economic Partnership which threatens access to medicines. Protest outside Embassy of Japan in New Delhi during talks in Kyoto.

FEBRUARY



JUNE

ITPC-WA calls for improved and regular access to HIV treatment following Ebola crisis in Sierra Leone. Ebola-weakened supply systems, cause severely reduced access to antiretroviral treatment for people living with HIV.



ITPC publishes findings of community-led survey on viral load monitoring in 12 African countries. ITPC presents results at IAS conference in Vancouver and urges governments to make viral load testing routinely available.

ITPCru expands successful HIV treatment monitoring tool from Russia to Belarus, Moldova and Kazakhstan. The initiative enables individuals to report violations to treatment or testing services, and to take appropriate advocacy actions.

ITPC launches campaign calling on governments to make viral load testing routinely available. The campaign kicks off in Lusaka with a press conference and protest march attended by HIV treatment advocates from the region.

ITPC-WA coordinates a regional consultation to inform Global Fund concept note for up to US\$5 million for three years. Consultation ensures proposal is informed by interventions relevant to communities in 11 countries.

JULY

SEPTEMBER

OCTOBER

NOVEMBER



NOVEMBER

DECEMBER

DECEMBER

DECEMBER

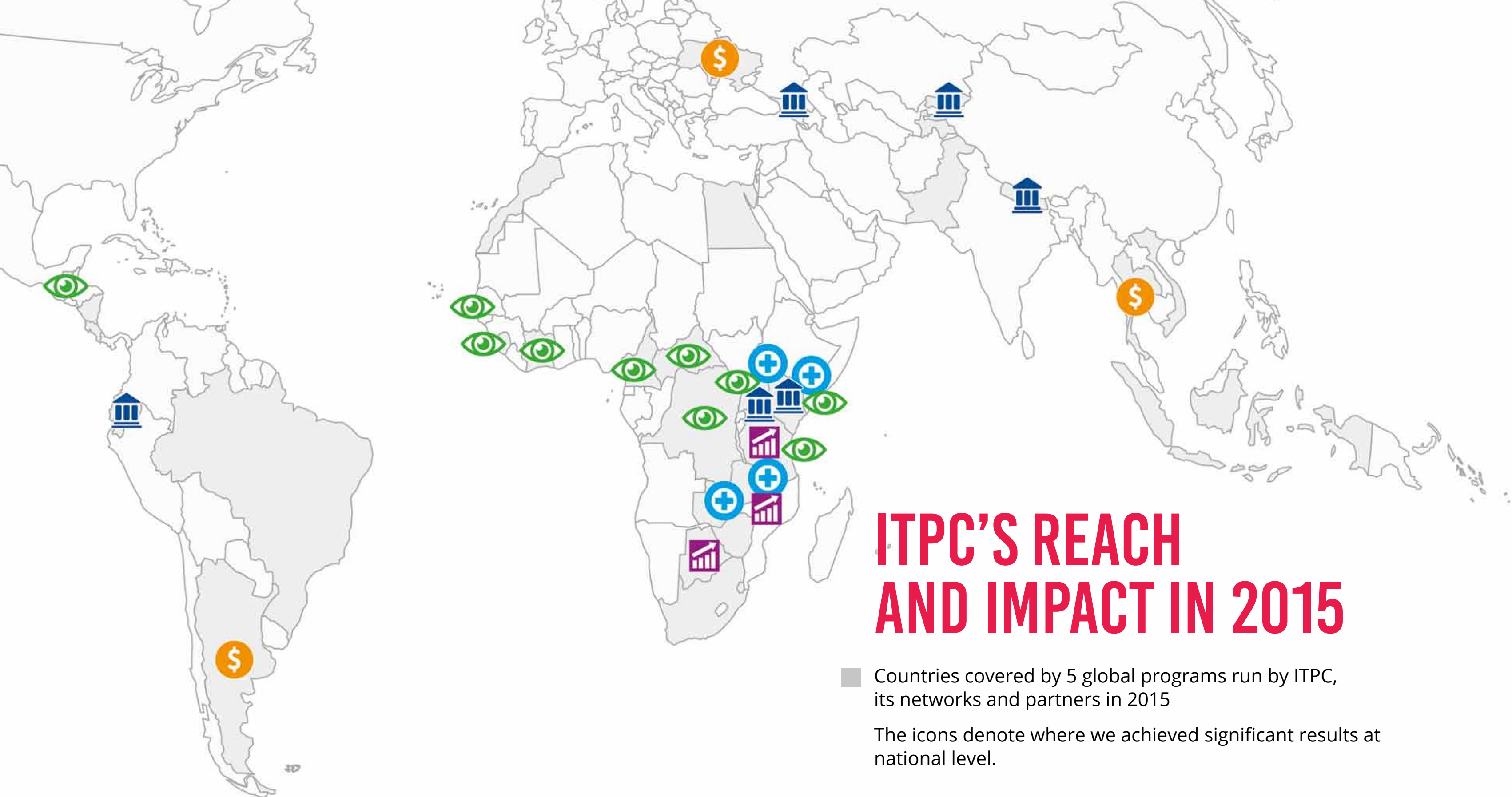
ITPC-CA issues joint Yaoundé declaration; a call from community activists demanding that people living with HIV in insecure areas be recognized as key populations so they can get their HIV treatment needs addressed.

ITPC-MENA unite activists to urge ViiV Healthcare to allow affordable access to their antiretroviral drug, dolutegravir, in four North African countries; Algeria, Libya, Morocco and Tunisia.

ITPC-EA meets with World Bank in Nairobi to urge them to reverse their decision to classify Kenya as a Lower Middle Income Country, as new status means reduced donor support and high prices for life-saving drugs.

ITPC and partners welcome WHO guidelines, and raise three concerns: 1) community-led treatment education should be supported; 2) people are denied access to affordable medicines; and 3) viral load monitoring is not routinely available.





### Improvements to HIV treatment following community monitoring

*Kenya, Uganda and Tanzania, Côte d'Ivoire, The Gambia, and Sierra Leone, Central African Republic, Democratic Republic of Congo and Cameroon, Guatemala*



### Improved budgets for, and representation of, Key Populations

*Tanzania, Malawi, Botswana*



### National commitments to improve access to routine viral load monitoring

*Uganda, Zambia, Malawi and Kenya*



### Reduced prices of HIV drugs following patent challenges

*Argentina, Ukraine, Thailand*



### Policy changes and commitments to improve health services for key populations

*Kenya, Uganda, Georgia, Kyrgyzstan, Ecuador and Nepal*





*Be Healthy – Know Your Viral Load, March, Lusaka Zambia*

## STRATEGIC OBJECTIVE 1

# MOBILIZE DEMAND FOR OPTIMAL HIV TREATMENT

ITPC has been working on several fronts in 2015 to help communities demand optimal HIV treatment. Our major new regional campaign *Be Healthy – Know Your Viral Load*, addresses the crucial issue of routine viral loading testing. At the same time, the final year of the *Bridging the Gaps* program has been delivering results as community activists advocate for better HIV and health services.

Read on for the detail...



## MAJOR NEW CAMPAIGN IN 2015

We set up a major new campaign -  
*Be Healthy – Know Your Viral Load*



Solange Baptiste presents community research at IAS in Vancouver, July 2015

**High-quality HIV treatment outcomes are dependent on the use of monitoring tools that accurately define the effectiveness of treatment.**

**The use of routine viral load testing to monitor HIV treatment is therefore strongly recommended in the new 2015 WHO treatment guidelines.**

When activists highlighted concern about the effectiveness of HIV treatment, ITPC conducted a community-led survey to investigate further. In spite of WHO recommendations, we found that viral load was not being routinely monitored in most countries surveyed.

### We identified the issue through community research

Through our regional networks, ITPC consulted communities and conducted a workshop with activists from across Africa to find out what HIV treatment issues they wanted to address in 2015. The absence of routine viral load monitoring emerged as a common theme.

With ARASA, we coordinated a survey with community research teams in Botswana, Cameroon, Cote d'Ivoire, Egypt, Kenya, Malawi, Morocco, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe from policy makers, service providers, representatives of non-governmental organizations, and recipients of care and

treatment. The results exposed that in nine out of 12 countries surveyed, viral load monitoring is not routinely done. Also, that whilst most governments had good policies in place, this didn't necessarily mean that people living with HIV had access to viral load tests. We published the findings in an issue brief titled *[Routine for You, But Not for Me](#)* and shared the results of the survey at the IAS Conference in Vancouver in July 2015.



*[Be Healthy - Know Your Viral Load website](#)*



# ACTOR TO ACTIVIST



**Doreen Nasaala** is an actor, a student, and a mother. Born HIV positive 21 years ago, she has been on the same HIV treatment for half her life. Doreen found out about viral load testing through sensitization activities organized by the Uganda Network of Young People living with HIV.

Once informed about HIV treatment and the role of viral load testing, Doreen was inspired to use social media to mobilize others to demand access to the test.

She organized a petition to the Ministry of Health and a flash mob in Kampala. She also educated Ugandan soldiers about viral load tests at the Bombo barracks in Luweero district.

*“ Personally I have never had that viral load test. There are only four machines in Uganda and it is so expensive. Not getting the test makes me feel bad. I just guess that I am fine, and that the medicine is working... but I don't know the truth. If I had the test, I would know how I am health wise.”*



Doreen participates in our film *Be Healthy – Know Your Viral Load* [watch here](#)





*“ I want to thank ITPC and ARASA for giving us the funding to push for routine viral load in Kenya. We did not know how successful this would be. I am happy to say we have achieved a lot; from 7 viral load machines to 37 and from 7 referral labs to 8.*

*The government has now given each county a target for viral load tests, which shows they have also taken the issue up.”*

Patricia Asero Ochieng, DACASA, Kenya

### We supported in-country education and advocacy

With support from *Robert Carr civil society Networks Fund*, we provided US\$156,000 in community-driven grants to 13 community treatment focused organizations in the 12 countries in Africa. The funding enabled the grantees to pursue improved treatment through national-level advocacy relevant to their context.

In order to amplify national-level advocacy, ITPC and ARASA developed a regional campaign called ‘*Be Healthy – Know Your Viral Load*’. The campaign was aimed at three distinct audiences: people living with HIV, treatment activist groups and decision makers. *Two versions of a six-minute film* were created to target two of the audiences with relevant messages. A *shorter version of the film* was also created for sharing on social media. In addition to the film, we prepared a *website*, print and campaign materials to support the aims of the campaign. We implemented a media strategy to attract attention to the campaign in Zambia, in September 2015, and captured some of the results on *Storify*. The story was covered on *All Africa, Science Speaks* and several times in *Zambia Daily Mail*.



### We launched the campaign with a protest march

We launched the campaign with a protest march and press briefing on 30 October in Lusaka, led by local partner Treatment Advocacy and Literacy Campaign (TALC). We delivered a petition to the Zambian Ministry of Health calling on all African governments to adopt the 2013 HIV treatment guidelines on the use of routine viral load testing.





**Routine viral load tests must be accessible for all**

In Zambia, on 30 October, hundreds of people marched to launch a new campaign calling on African governments to make viral load tests routinely available to all citizens living with HIV. ...

November 10, 2015

**National partners built on the momentum of the campaign**

By the end of the year the 13 country partners, representing nine countries:

- engaged 1,631 people, including adolescents, women, and key populations, in treatment education;
- carried out 168 advocacy actions involving 2,041 people and;
- distributed 7,219 materials such as booklets, flyers and posters.

As a result of these advocacy activities partners achieved new commitments from national decision makers to scale up viral load testing. See more detail about these impacts in four countries on the next page.

**We took our campaign to the International Conference on AIDS and STIs in Africa**

ITPC featured the campaign heavily in four high profile sessions at the International Conference on AIDS and STIs in Africa (ICASA) in December 2015. As a result of our work with ARASA and the high visibility of our campaign, MSF joined forces with us to promote *Be Healthy – Know Your Viral Load* at the ICASA conference (see more on page 33).



**We identified opportunities to build and scale up the campaign**

We started to work with MSF to help increase community demand for viral load testing outside MSF's pilot sites in Southern and Eastern Africa. Working with MSF we started with a baseline survey in nine countries to assess the level of awareness and knowledge, amongst people living with HIV, on treatment monitoring and the use of routine viral load testing. In 2016, in collaboration with MSF, ITPC will lead the development of an updated toolkit for communities on viral load testing, and conduct workshops to provide community activists with the knowledge to demand the scale up of routine viral load monitoring in their countries.





## COUNTRY BY COUNTRY

The impact of ‘Be Healthy – Know Your Viral Load’

### ZAMBIA

**ACTION** In the wake of the increased media interest following the protest, grantee TALC held meetings with the government.

**RESULT** **Commitment to buy viral load testing machines**

The Zambian Ministry of Health issued a directive to all HIV treatment facilities instructing them to offer viral load tests to clients. In support of the anticipated increase in demand for viral load testing, the Ministry committed to procuring viral load testing machines for all provinces, a significant improvement on the one machine available in a private laboratory in Lusaka.

### MALAWI

**ACTION** In Malawi, the Centre for the Development of People (CEDEP) conducted a baseline situational analysis to identify the barriers, best practices and opportunities to scale up routine viral load testing. The results of the survey informed the development of a stakeholder consortium—where groups of people living with HIV, NGOs, and representatives from the Ministry of Health met to agree how to increase accessibility of routine viral load testing in Malawi.

**RESULT** **Commitment to train health workers on viral load testing**

As a result of the workshop, CEDEP was invited to sit on the Malawi Technical Working Group on antiretroviral therapy organized by the Ministry of Health, to lead the group’s work on viral load testing issues. This is the first important step in increasing civil society’s voice and influence at the national policy level. In addition, the Malawi Community Health Services Unit committed to incorporating viral load testing information into their district-wide training for all health service providers.

### UGANDA

**ACTION** In Uganda, the African Young Positive Network (AY+) held meetings to lobby policy makers and key implementers, including the AIDS Control Programme in the Ministry of Health in Kampala and with the Country Coordinating Mechanism (CCM) of Uganda.

**RESULT** **Commitment to buy viral load testing machines**

As a result of these meetings, AY+ secured commitment for an increased number of viral load testing machines across the country, with support from the Ugandan Health System Strengthening project, financed by the Global Fund. Furthermore, MOH representatives committed to write to all District Health Officers promoting the use of viral load testing for all people living with HIV in Uganda.

### KENYA

**ACTION** Working with the national network of people living with HIV, DACASA used every opportunity to advocate. Meetings with PEPFAR, were important as the Kenya Government is still dependent on external donors for financing HIV treatment. DACASA also advocated for treatment education and adherence counselling for people with a high viral load.

**RESULT** **Commitment to scale up routine viral load testing**

Commitment to buy 30 more viral load machines, on top of the seven currently available, and an additional Referral Laboratory bringing the total to eight. Also support for treatment education and counselling. The Government has now set targets for viral load testing for each county.



## WE HELPED KEY POPULATIONS

identify and demand health services that meet their needs

In 2015, we completed a five-year program that supported key affected populations to improve understanding of HIV and treatment amongst their peers. This work was carried out under *Bridging the Gaps*, a global initiative supported by an alliance of five Dutch organizations, five global key population networks and more than seventy local partners. The initiative strengthens the HIV response for sex workers, LGBTI people, and people who use drugs.

### We distributed US\$480,000 in small grants

In the final two years of the program, we distributed small grants to enable communities to use their new knowledge to identify gaps in treatment, and to demand better services.

Beginning in 2013, we committed US\$480,000 over two years to grassroots groups and coalitions in 14 countries across Latin America, Anglophone Africa, Eastern Europe and Central Asia, and South and Southeast Asia.

### Our country partners supported and mobilized thousands of people

By July 2015, 19 country partners reported that they had:

- engaged 3,271 people in treatment education training on treatment access and adherence;
- counseled 4,245 people on topics including HIV and transmission, antiretroviral therapy, prevention of mother to child transmission and treatment adherence;
- referred 5,186 people to health services, including prevention, care and treatment for HIV, opportunistic infections, TB and sexually transmitted infections;
- carried out 290 advocacy actions involving 3,065 people and;
- distributed 27,455 education materials such as booklets, flyers and posters.



## TAKING CONTROL

Sergey Popov, a former drug user, encountered problems with his HIV treatment in Ryazan city in Russia in early 2015.

First, his antiretroviral drugs were changed without explanation. Then, staff at the AIDS center rudely refused him a CD4 test. With lack of knowledge and support Sergey was unable to defend his rights. He got in touch with the ITPCru advocacy team. Armed with the right information and legal advice, Sergey immediately resolved his treatment issues for himself.

*"Knowing about HIV treatment and my rights has made a huge difference. I now want to share what I have learned with others."*

Sergey's experience motivated him to help others. In June 2015, he attended ITPCru training to learn how to monitor supply of treatment, and how to advocate in Russia.

With the knowledge, skills and contacts, Sergey set up a group called "Clear Sky".

The group uses peer-counselling and advocacy consultations to ensure people living with HIV understand their treatment and know their rights. With further support from ITPCru, Clear Sky organized a roundtable meeting with local officials to create more understanding about the HIV treatment challenges they face.

Sergey Popov, 2015  
Clear Sky, Russia





MY SUCCESS STORY

I am a single, woman living with HIV in Brazil. I star in my daily life in the fight against AIDS.

The challenge of coordinating the Vidda project was huge. I could see the lack of public policies to address AIDS, the lack of services and limited access to HIV treatment for sex workers. And every day with the absence of state responsibilities it is not hard to understand why so many of my companions have passed away. Why is there such neglect?

We met with HIV services – to enable them to understand the reality of sex work and living with HIV in our country. We took cautious steps because we would have to win against the silences, barriers, stigma and veiled violence from the public services. We imparted training and information to help them meet the needs of sex workers.

Many sex workers tested for HIV regularly and sought basic services, such as getting condoms. Being unable to disclose their profession meant they couldn't get access

to the full range of services they needed, such as a vaccination against Hepatitis B.

There is little data on the proportion of sex workers that have access to services as they cannot identify themselves for fear of prejudice and discrimination. They must remain silent because otherwise they would have to stop working.

In implementing the Vidda project, female sex workers with HIV participated with us, and facilitated contact with their partners. This gave us expertise and experience to understand the silences and the difficulties they face, and to support them.

I learned and was touched in multiple ways by the impact of the project. We could see with our own eyes the increased confidence generated amongst sex workers to seek and claim services.

Thanks ITPC for a successful partnership.

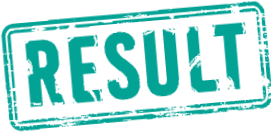
**Amelia Coelho Garcia, April 2015**  
**GEMPAC, Brazil**

**Our partners secured policy changes and new commitments**

As a result of the advocacy and education activities listed above, grantees achieved some significant successes, including nine policy changes or new commitments.

For example, the Georgian Harm Reduction Network secured a 25% reduction in payments by patients for opioid substitution therapy (OST). This in turn resulted in a 50% increase (from 1200 to 1800 per year) in the number of patients enrolled in OST services.

9 POLICY CHANGES OR NEW COMMITMENTS



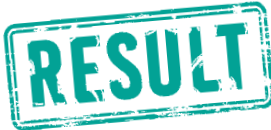
**We helped community activists carry out projects and secure funding**

In addition to direct program impacts, key population networks supported by the program, reported increased capacity to carry out projects and secure independent funding. In Brazil, the advocacy campaign driven by the Group of Women Prostitutes of the State of Pará (GEMPAC) increased their organization's visibility,

allowing them to secure on-going support for their Vidda project. The project, which was initiated under a small grant from ITPC, is now being carried out with funding from the Pará state government. The Coordinator of Project Vidda, Amelia Garcia, tells her story (left).

As part of the *Bridging the Gaps* program we developed an [Advocacy for Community Treatment \(ACT\) Toolkit](#). Translated into three languages, the ACT Toolkit helps community activists to become effective advocates for HIV treatment access. It has a special focus on supporting key populations to secure their right to health. In 2015, ITPC's Regional Directors used the toolkit as the basis for treatment education training. For example, ITPC-EA found that treatment knowledge was low amongst sex worker networks. To address this, ITPC-EA organized several sessions to train sex worker and treatment activists using the toolkit. In turn, the activists used the toolkit to run sessions for members of their networks.

KEY POPULATION PROJECT SECURES STATE FUNDING







Joan Chamungu, National Coordinator at Tanzania Network of Women Living with HIV, Tanzania

## STRATEGIC OBJECTIVE 2

# DEMAND ACCOUNTABILITY FROM DECISION-MAKERS

In 2015, ITPC ran an exciting new program that increased key population participation in three national accountability mechanisms. We led a new multi-country consortium to address intellectual property barriers to HIV treatment in four countries.

We also strengthened advocacy capacity amongst 165 community activists, who went on to challenge initiatives that threatened access to medicines.

**Read on for the detail...**



# KEY POPULATIONS CLAIM THEIR SPACE

## in national accountability mechanisms

Together with ARASA, we ran an exciting new program that increased key population participation in national accountability mechanisms in three African countries. Supported by a special grant from the *Robert Carr civil society Networks Fund* and the *Global Fund to Fight AIDS, Tuberculosis and Malaria*, the program strengthened capacity amongst key populations.

The program brought about better representation for inadequately served populations on national decision-making bodies. As a result, key population leaders secured improved allocation of national budgets for the communities they represent.



### Workshop increases capacity of key population leaders

In March 2015, we facilitated a regional workshop to equip activist leaders from Malawi, Tanzania and Botswana. The workshop enabled key population leaders to participate actively in the processes of the New Funding Model of the Global Fund. It strengthened knowledge and skills about HIV financing and how to advocate for interventions that support those most affected by HIV. The workshop was supported by ITPC's African Regional Coordinators, and representatives from the Global Forum on MSM, the Southern Africa Litigation Centre, the Centre for Economic Governance and AIDS in Africa (CEGAA) and the Global Fund.

### Increased capacity amongst key population leaders fuels change

Participants developed and implemented advocacy plans to bring about the changes they wanted to see in their countries.

The plans included: 1) strengthening capacity of their peers in-country; 2) monitoring the allocation and use of Global Fund national resources; and 3) running targeted in-country advocacy actions.

Following the regional and subsequent national training, key population members in all countries were better able to participate in priority setting, caucus and Country Coordinating Mechanism meetings. In such meetings, key population representatives made compelling cases for increased resources for specific activities, which in Botswana and Malawi, were then reflected in the ultimate budget allocations. Here you can read highlights and impacts of the country activities.

**INCREASED CAPACITY  
AMONGST KEY  
POPULATIONS**



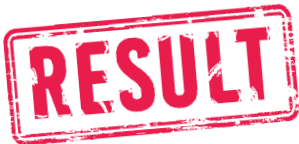


Increased funds secured for key population interventions in Botswana

Program partners in Botswana created a storm when they petitioned the Parliamentary Sub Committee on Health and the Global Fund Country Coordinating Mechanism. The petition, was informed by a policy brief by CEEGA. Media attention contributed to the pressure on decision makers to allocate resources to interventions for key populations.

The final total allocation of the TB/HIV grant for Botswana was US\$23.6m. Out of this, US\$2.5m was allocated to programs for MSM, transgender and sex workers, a further US\$1.09m for creating an enabling legal environment and US\$2.6m for community system strengthening. This accounts for just over a quarter of the total country allocation. Previously there was no allocation for key populations. Also, for the first time, several of the key population partners were selected as sub-recipients of the Global Fund grant.

INCREASE FROM  
0% TO 10% OF BUDGET  
FOR KP PROGRAMS



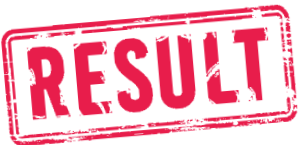
Representation for key populations in Global Fund processes in Tanzania

Key population networks in Tanzania successfully participated in the review of the Tanzania National Coordinating Mechanism (TNCM) governance manual, and advocated for three key population seats. They secured one full and one alternate seat – a first in Tanzania where key populations were not previously represented in Global Fund processes.



The operational budget of the TNCM now includes provision for non-state actors to hold caucus meetings to consult constituencies, prepare for meetings and debrief afterwards. In November 2015, the partners marched on the streets of Dar es Salaam and launched a policy brief on sustainable health financing at a specially convened press conference. A few days after the march the newly elected President suspended international travel of government officials, and celebrations such as World AIDS Day, claiming he was redirecting funds to address the health needs of citizens.

KEY POPULATIONS  
INFLUENCE NATIONAL  
RESPONSE



FROM ZERO  
TO HERO

*“Of my six friends who started injecting heroin at the same time, I am the only one still alive and free”, explains Maziabi Salum Abdallah, founder of Tanzania Network for People Who Use Drugs. “Two friends died of HIV-related complications, two died of overdoses, and the other one is in jail.”*

In 2011, Maziabi explained that he turned his life around when he gave up drugs. Over the next few years he went from stealing to fund his drug addiction, to becoming the leader of a self-help activist network. He now advocates to get adequate health services for people who use drugs.

In 2015, Maziabi attended a workshop where he discovered that, *“Access to health services, is a right, and not a privilege”*.

That realization encouraged Maziabi to demand more for the people he had come to represent. And as a result of his advocacy efforts with other key population networks, Maziabi was elected to become an alternate member on the Tanzania National Coordinating Mechanism – the body that decides the national HIV response strategy.

Now he is able to more adequately represent the interests of his peers. As Maziabi reflects *“I have gone from zero to hero”*.

[See Maziabi tell his story](#)





“ Our participation in individual consultative meetings, and in budgeting and costing consultations resulted in increasing the Global Fund allocation for community system strengthening from below US\$1 million previously to over US\$10 million...”

“One of our key achievements was being able to sit down and make specific suggestions and proposals with donors. We felt we were really able to help them maximize value for money, particularly important with today’s shrinking funds.”

Bruce Tushabe, MANERELA+, Malawi

See Bruce Tushabe’s blog post to find out more

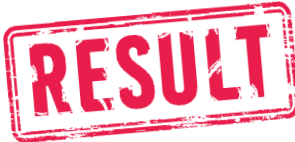


Civil Society secure bigger portion of Global Fund pie in Malawi

The host partner in Malawi convened meetings with civil society organizations (CSOs) to share the Global Fund Concept Note budget and the implications of the costings devised by the Ministry of Health (MOH). Training was provided which enabled the CSOs to understand the MOH budget, and advocate for the changes they needed. Disgruntled with the performance of the principal recipient, the CSOs successfully lobbied for a change. As a result, the role is now divided between ActionAid, World Vision and the Ministry of Health. The program funded quarterly meetings for CSOs to strategize and prepare for Country Coordinating Mechanism (CCM) meetings and feedback afterwards.

The strengthened engagement of CSOs at the CCM enabled partners to successfully influence national plans and challenge budgets. The Global Fund HIV grant allocation for CSO activities increased from below US\$1 million previously, to over US\$10 million. The partners also influenced stronger engagement of CSOs in PEPFAR’s country operation plan development processes, where they advocated for less of a focus on biomedical interventions.

10 FOLD BUDGET INCREASE FOR COMMUNITY SYSTEM STRENGTHENING





# WE ARE CHALLENGING BARRIERS

that restrict access to medicines

In 2015, ITPC started implementing an ambitious new project that enables civil society to challenge barriers that limit access to essential medicines. The project, funded by UNITAID, is called *Making HIV treatment affordable in middle-income countries* and focuses on four countries: Argentina, Brazil, Thailand and Ukraine.

Led by ITPC, the consortium includes four national partners, and legal experts, the Initiative for Medicines, Access & Knowledge (I-MAK). To reduce the price of antiretroviral drugs, our strategy is to challenge barriers that prevent market competition between drug manufacturers.



The animation explains how pharmaceutical companies keep prices high

As part of the UNITAID funded work, we have developed a website for our [Make Medicines Affordable](#) campaign and adapted an [animation](#). The website, which will be launched in early 2016, will highlight the successes of our interventions and provide access to civil society-friendly tools which will enable others to adopt and adapt the strategies we develop. You can read more about our work under this project under the following headings.

## We supported civil society advocacy efforts to promote intellectual property law reform

Through our UNITAID funded project, we have been supporting civil society's advocacy efforts to achieve law reform around intellectual property in two countries: Ukraine and Thailand. In these two countries we opened discussions to revise laws and policies to strengthen patent examination processes, and include all "flexibilities" possible (see box).

In Ukraine and Thailand our partners engaged in research to enable the governments to amend intellectual property laws to be more conducive to public health. The All-Ukrainian Network of People Living with HIV drafted a public health-friendly law on patents, in collaboration with the National Intellectual Property Institute. In Thailand, our partner AIDS ACCESS Foundation, coordinated with other civil society partners to make 20 recommendations for improvements. The governments of both countries are currently considering the proposed changes.

The World Trade Organization's Trade-Related Aspects of Intellectual Property (TRIPS) agreements introduced a requirement on countries to grant patents on medicines. However, the agreement allows countries to take advantage of "flexibilities" to tailor the intellectual property protection to local circumstances and needs.





Legal and intellectual property experts offer advice to patent office officials in Kyiv, June 2015

We used patent oppositions to secure access to four antiretroviral and key hepatitis C drugs

In 2015, our *Make Medicines Affordable* consortium members filed four patent oppositions on key antiretroviral drugs. While these opposition cases are still ongoing, our policy dialogue and communication activities around the patent challenges enabled governments to procure generic medicines in Argentina, and negotiate lower prices with drug companies in Thailand and Ukraine. The resulting reduced prices means we have helped to make annual savings of US\$25 million in Argentina, US\$5 million in Thailand and US\$5 million in Ukraine.

US\$35MILLION  
SAVINGS FOR  
PUBLIC HEALTH

RESULT

We coordinated multiple advocacy activities to improve access to medicines

In December 2015, we launched a campaign in Morocco and Tunisia calling for the use of compulsory license on dolutegravir. At ICASA 2015, a pan-African solidarity campaign was organized to protest at the exclusion of North African countries in a voluntary license from ViiV Healthcare on the drug dolutegravir. A dialogue has since been initiated with ViiV about how to extend access of dolutegravir.

Together with Treatment Action Group, Médecins du Monde, Médecins Sans Frontières, ITPC has actively engaged in advocacy for access to a new generation hepatitis C medicines. We defended generic competition through the use of TRIPS flexibilities in discussions at the WHO Strategic and Technical Advisory Committee (STAC) and the WHO Civil Society Reference Group. We have also made several presentations to sensitize decision makers globally, regionally and at country level. Our campaigns targeting pharmaceutical companies succeeded in forcing Gilead and Bristol-Myers Squibb to extend their voluntary license territory to additional countries.

ITPC–MENA collaborated closely with the Ministry of Health and the local generic drug manufacturing industry in Morocco. This cooperation resulted in generic versions of hepatitis C drugs, sofosbuvir and daclatasvir, now being registered and produced locally.

Also building on our success last year, ITPC–MENA worked with the Egyptian patent office on their examination of a patent application on daclatasvir. At the end of 2015, again we were successful, and the patent was rejected on the grounds that it lacked novelty and inventiveness.

Now that generic versions of these drugs are available, it doesn't just reduce the price locally, but potentially offers cheaper drugs for export to other countries excluded from Gilead and BMS licenses.



### Results of increased capacity on intellectual property

**In Tunisia and Morocco,** the trainees mobilized other organizations in their countries to create national civil society coalitions against EU free trade agreements (FTA). The coalitions are now monitoring the FTA negotiations, and sensitizing the public, media and decision makers about the potential negative consequences on public health and access to medicines.

**In Moldova and Kazakhstan,** the trainees went on to conduct patent searches on sofosbuvir and work with generic drug companies to explore if they could register the drug in their countries.

**In Belarus,** members of the Eastern Europe Central Asia Community Advisory Board with technical support from ITPCru, produced a draft compulsory license.

**In Latin America,** a study on prices of antiretroviral drugs in six countries, revealed the high cost charged for patented drugs in the region.

### We increased community capacity for effective advocacy on access to medicines

In 2015, we made significant progress towards our objective of increasing community participation in national trade negotiations that impact access to medicines. We did this by strengthening capacity amongst treatment advocates and networks of people living with HIV. We trained activists on the impact of intellectual property laws on access to medicines, and how to advocate for the use of public health safeguards and “flexibilities” to increase access to low cost generic medicines.

Our regional networks organized five capacity building workshops in three regions made up of middle-income countries: Eastern Europe and Central Asia, Middle East and North Africa and Latin America. In total, 165 advocates from Kazakhstan, Moldova, Lithuania, Guatemala, Nicaragua, Morocco, Tunisia and Egypt were trained. Since the workshops, the activists been putting their new knowledge to good use. In the box (left) you can see a sample of the actions they have taken.

### We used community generated research to put a spotlight on pricing and patent information

In 2015, ITPC’s regional networks conducted research on intellectual property status, pricing, registration and access to antiretroviral medicines. This research is critical for decision makers to help them understand the impacts of patents, and for civil society advocates to develop appropriate strategies to challenge unmerited patents.

Results of this research were published and used by our networks and national partners to inform our advocacy strategies. One example comes from Eastern Europe and Central Asia. Research was conducted on antiretroviral and hepatitis C drugs procurement and prices and on government spending on HIV programs.

By highlighting expenditure and gaps in treatment, research helps improve efficiency, and thereby make more funding available to treat more people.



Othoman Mellouk

*“ Our research in this field is critical. We are shining a torch on the opaque world of intellectual property. This is the first step in challenging barriers to essential medicines.”*

Othoman Mellouk, Access to Medicines Lead, ITPC

*“ These guys [ITPCru] have shown us how to use numbers when dealing with the state.”*

Ivan Fedoseenko, Omsk, Western Siberia Region, Russian Federation



# MONITORING THE ISSUES

that matter most to communities

ITPC established Treatment Observatories to enable communities to monitor access to HIV treatment. Community treatment observatories are a formalized system of monitoring key indicators from a community perspective. Distinct from traditional monitoring and evaluation systems, communities identify and keep an eye on issues that they care most about.

Observatories systematically collect and analyze qualitative and quantitative data and use this data for targeted advocacy on access to treatment. In 2015, with the support of Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), observatories were formalized in East Africa, West Africa, Central Africa and Latin America. Here you can see some of the impacts of their work.

*“Your [ITPC-CA] community mobilization mechanism is fantastic. Your approach is professional, not sensational. You can count on our support...”*

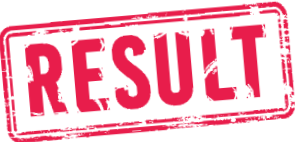
Permanent Secretary, Central Technical Group, National AIDS Control Committee, Cameroon



## ITPC EAST AFRICA

Focused on Country Coordinating Mechanism (CCM) management and transparency issues in the use of Global Fund resources in Kenya, Uganda and Tanzania.

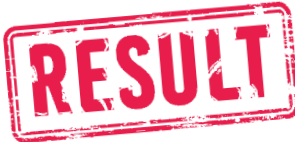
More transparency and better representation for communities in CCM



## ITPC CENTRAL AFRICA

Ensured more meaningful involvement of key populations in Country Coordinating Mechanisms in Central African Republic, Democratic Republic of Congo and Cameroon.

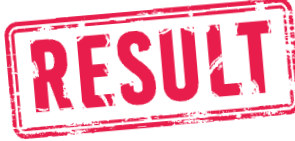
Key population priorities integrated into the Global Fund Concept notes



## ITPC WEST AFRICA

Trained 150 community treatment advocates. Community treatment observatories collected data on state of treatment, with emphasis on stock outs in Côte d'Ivoire, The Gambia, and Sierra Leone. Used findings in regional, national and local advocacy.

Community Treatment Advocates now able to assess stock levels in each country



## ITPC LATIN AMERICA AND CARIBBEAN

Trained 50 community leaders and established two treatment committees established to monitor, predict and prevent stock outs and monitor management of Global Fund resources.

No stock-outs in Guatemala in areas covered by Treatment Observatories







John Kimbio from Kenya attends Press Briefing at Section 27, South Africa as part of his internship

### STRATEGIC OBJECTIVE 3

## EXPLORE NEW PARTNERSHIPS AND STRENGTHENING ITPC

In the first year of our strategic plan we strengthened ITPC, explored the horizons for potential new partnerships, supported South-to-South knowledge sharing, raised our global profile and began working with new partners to realize our programmatic goals. With our move to Botswana, ITPC became an independent organization based in the Global South. New partners and stronger, more independent regions, means ITPC is in good shape going into 2016.

In the context of ever dwindling resources for the HIV response, and de-prioritization of HIV in the new Sustainable Development Goals, our third strategic goal is about strengthening ITPC, creating opportunities for South-to-South knowledge building and exploring new partnerships. ITPC recognizes the need to connect to and leverage a new and unique combination of capital and innovation from across the public, private, and philanthropic sectors. Our third strategic goal will help to secure ITPC's sustainability into the future. In 2015, we made a good start, exploring new partnerships, facilitating South-to-South exchanges, and strengthening our organization for the future.

**Read on for the detail...**



## AT THE GLOBAL LEVEL, we secured two new partners

While resource mobilization for HIV organizations has become increasingly difficult in recent years, we successfully created new partnerships in 2015 including with Médecins Sans Frontières (MSF) and the Global Fund.



Participants at West Africa regional consultation discuss priorities. ICASA, Zimbabwe, Dec 2015

### We joined forces with Médecins Sans Frontières

Although ITPC and MSF have been long time allies, we did not work on a specific project together before. In 2015, MSF engaged ITPC to help increase community demand for viral load testing. With MSF Southern Africa, we developed a project to increase understanding about the need for routine viral load testing amongst people living with HIV starting with a baseline survey in 2015. The work enables ITPC to expand its existing *Be Healthy – Know Your Viral Load* campaign.

### Global Fund invites ITPC to submit Concept Note

Having monitored repeated stock outs of HIV medicines in West Africa through our Treatment Observatories (see page 29), we submitted an Expression of Interest (EOI) to the Global Fund. ITPC submitted the EOI in April 2015, detailing a US\$4.8 million request covering eleven West African countries. In August 2015, we learnt we were successful when we were invited to submit a full Concept Note.

To ensure the Concept Note was informed by the priorities of communities in the region we hosted an online and face-to-face regional consultation. ITPC facilitated an online regional dialogue that captured responses in French and English from more than 150 individuals from throughout the region. Following this we brought together 35 participants from 10 West African countries in December 2015.

Read a summary of the [West Africa regional consultation](#).



## AT NATIONAL LEVEL

we started working with new partners



Pre-implementation workshop for UNITAID-funded 'Making medicines affordable in middle-income countries'.

**In Brazil**, through our national Make Medicines Affordable partner, ABIA, ITPC supported the Working Group on Intellectual Property (GTPI) of the Brazilian Network for the Integration of Peoples (REBRIP). GTPI brings together a wide range of civil society organizations, social justice movements and experts working on the right to health in Brazil. We supported them to file lawsuits and administrative actions, conduct advocacy on access to medical innovations and to raise awareness about the impacts of trade agreements and abuses of the intellectual property system.

**In Thailand**, through our partner AIDS Access Foundation, ITPC provided support to a civil society coalition of farmers, laborers, anti-alcohol and tobacco groups, as well as PLHIV networks. Together they monitor Free Trade Agreements (FTA) negotiations especially the Trans-Pacific Partnership. We supported round-table meetings and workshops to increase understanding on the impact of FTA on access to medicines.

**In Morocco**, ITPC provided financial and technical support to ALCS to create the Moroccan collective for the right to health in Morocco. The collective brings together the largest network of human rights organizations (AMDH), trade unions, indigenous groups and HIV organizations. Today the collective is leading advocacy in Morocco for the use of TRIPS flexibilities and access to medicines, and constitutes the major civil society platform monitoring Free Trade Agreements with the European Union.

We still have much to do in the coming two years of our strategic plan to forge new partnerships inside and outside the HIV world. Our work increasing our global visibility and strengthening our organization has created a strong platform from which to do this.



## WE INCREASED GLOBAL VISIBILITY

In 2015, ITPC amplified national and regional level issues at important meetings and conferences.

Here is a snapshot of some of our key initiatives:

### Our regional networks took centre stage at the Social Forum in Geneva

ITPC-LATCA and ITPC-EA represented their constituencies in presentations about threats to access to medicines. Both recommendations were adopted in a declaration to the UN Commissioner on Human Rights.

### We had our first substantial program presence at IAS Vancouver 2015

At IAS in Vancouver, ITPC co-hosted and chaired a joint Satellite Session with MSF and WHO on viral load in which we presented our rapid assessment of access to routine viral load testing. ITPC participated in the Pangaea Global AIDS Foundation's drug optimization meeting with high-level pharmaceutical representatives and key stakeholders such as CHAI, WHO and AFROCAB. Also, Solange Baptiste, ITPC's Director of Global Programs and Advocacy, chaired a session on "Advancing Scale-up of Optimal HIV Treatment in Resource-limited Countries" including Ben Plumley, CEO, Pangaea; Dr Tsitsi Mutasa-Apollo, from the Zimbabwe Ministry of Health; and Chief Science Officer at the Clinton Health Access Initiative (CHAI).

### We had significant exposure at ICASA 2015

ITPC's global team led and joined several sessions on viral load testing. These included a poster abstract on "The State of Routine Viral Load Testing Across Africa" and joint sessions with:

- CDC/ICAP on the optimization of viral load monitoring;
- MSF Southern Africa on why viral load matters; and
- ARASA on the strategic scale up of viral load testing.

ITPC Regional Networks in Africa hosted an ITPC Community Village Booth, which served as the gathering point for discussions and actions around treatment access. ITPC-MENA led treatment activists from all over Africa to urge ViiV Healthcare to allow affordable access to an essential drug in four North African countries. ITPC's Executive Director, Christine Stegling spoke on the panel at UNAIDS/ECOWAS Satellite Session on Manufacturing in Africa.

### ITPC posted regular position statements and launched new website

Over the year we canvassed views from partners and put out joint position statements. Here are three of them:

- In June, [\*ITPC welcomed new evidence for early start to HIV treatment\*](#) and rejects arguments there aren't sufficient funds to scale up community-led HIV treatment.
- On World Hepatitis Day ITPC warns that [\*the prohibitive price of hepatitis C virus drugs will result in needless deaths\*](#).
- Ahead of World AIDS Day 2015, [\*we responded to the new WHO HIV treatment guidelines\*](#), highlighting concerns about progress.

To support our increased emphasis on global visibility [\*ITPC launched its new website\*](#), in May 2015. The website represents a major jump forward for ITPC, as it is user-friendly and enables staff to add new content quickly. We increased new content to the website nine-fold, with an average of over five new posts a month since June 2015.



## WE SUPPORTED SOUTH-TO-SOUTH LEARNING

### We facilitated internships to strengthen knowledge on affordable access to medicines

Another objective under strategic goal three was to create opportunities for South-to-South learning. In 2015, in partnership with the ARASA and funded by Robert Carr civil society Networks Fund, we facilitated a joint regional skills exchange program in Africa. Three participants were selected from partner and grantee organizations to conduct an internship at another partner organization in the region.

The purpose of the internship was to increase knowledge and build capacity around intellectual property and treatment financing, as part of an effort to develop strong platforms and infrastructure that support South-to-South coalition building. Participants developed detailed work plans around current activities of their host organizations. Participants also documented their internship.

Read an extract from  
[John Kimbio's internship diary](#)

### We organized training on Video for Change facilitated by experts in the region

We also collaborated with global NGO WITNESS to facilitate a South-to-South exchange to share learning on Video for Change. WITNESS trains and supports activists around world to use video to expose human rights abuse, and fight for change. Activists from 11 of ITPC and ARASA's national partner organizations attended a day's training supported by three experienced video activists from the region. The video activists, including well-known Zambian film maker Musola Kaseketi, co-facilitated the training to share their knowledge.



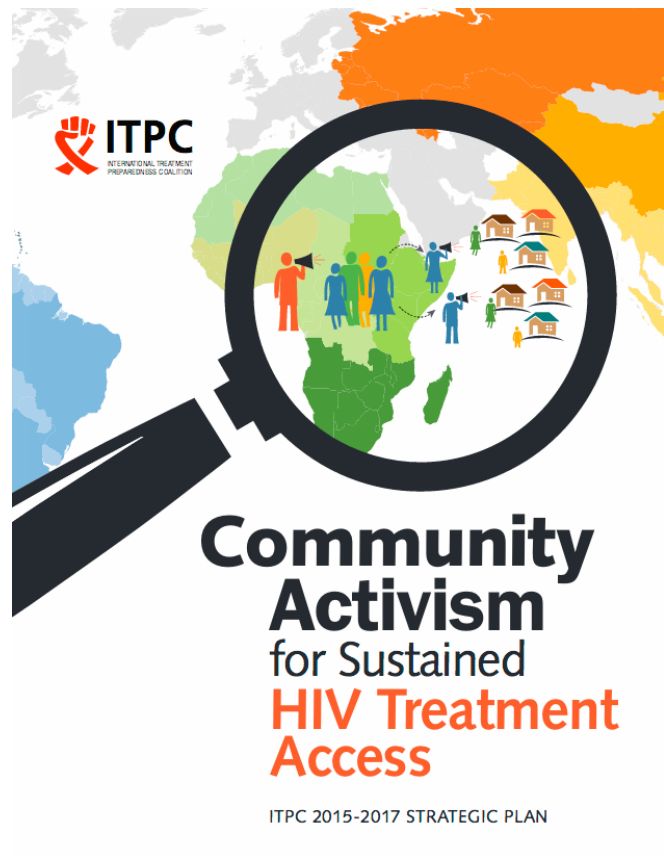
Musola Kaseketi sharing her knowledge about film

“ *It is about the process of bringing about change in policies, law or people's behavior and attitudes. Video advocacy is about using visual media as a strategic tool to engage people to create change.*”

WITNESS. Read more in a [blog post](#) about the training.



## WE STRENGTHENED ITPC



### We published our strategic plan

After internal and external review starting in 2014, we developed a strategic plan to guide our work over the three years from 2015 to 2017. Our strategic plan articulates our vision to increase access to sustainable treatment of HIV, TB and Hepatitis C through community activism.

The plan spells out exactly how we intend to achieve our ambitious goals. With this Annual Report, at the end of the first year of our plan, we report back on our progress against each of our strategic objectives. In this way we hold ourselves accountable to the people we serve, and to our donors, partners and supporters.

### We established ITPC in Botswana

In 2015, we established ITPC in Botswana in line with our long held aim to locate ourselves in the Global South. In January, ITPC was registered as a not-for-profit company under the registrar of companies in Botswana. We recruited a Gaborone-based Senior Program Consultant, and started the process of recruiting two new full-time posts, an Office Manager and Senior Finance Officer also to be based in Gaborone.

In line with the move to Botswana, we closed the physical office space in New York in December 2015. We continue to have three US-based staff, and three staff based in different parts of the world (Kenya, Morocco and the United Kingdom).

“ The passion and the commitment by the community, and the dedication and support of partners like ITPC–East Africa has made things possible.”

George Owino, Professionals in Pride in Kenya



ITPC regions go from strength to strength

ITPC supports eight thriving regional networks which are governed by their own boards, composed primarily of people living with HIV and other regional treatment activists. The ITPC global team is the hub that brings the regional networks together in a consortium of partners.

In 2015, ITPC Latin America and ITPC Caribbean merged to become ITPC Latin America and Caribbean (ITPC–LATCA). ITPC Middle East and North Africa registered as an independent organization (see panel right) which brings the total of five regions now registered including:

- ITPC Middle East and North Africa (ITPC–MENA): formed in 2010 and registered independently in Morocco in January 2015.
- ITPC Latin America and the Caribbean (ITPC–LATCA): In June 2015, after consulting advisory bodies ITPC Latin America and ITPC Caribbean merged to form ITPC LATCA based in Guatemala.
- ITPC West Africa (ITPC–WA): founded in 2008, registered independently in 2013 and headquartered in Cote d'Ivoire.
- ITPC Central Africa (ITPC–CA): was founded in 2008, registered independently in 2013 and is headquartered in Cameroon.
- ITPC Eastern Africa (ITPC–EA): established in 2005, and is independently registered in Kenya.



ITPC Latin America and ITPC Caribbean merge to form ITPC LATCA

Unregistered Networks include:

- ITPC Eastern Europe and Central Asia (ITPCru): was formally established in 2005, having first distributed grants in 2003. Humanitarian Action, a Saint Petersburg based NGO hosts and fiscally sponsors ITPCru.
- ITPC China: was established in 2008 and is headquartered in Kunming. The regional partner and fiscal sponsor of ITPC China is AIDS Care China.
- ITPC South Asia (ITPC–SA): established in 2008 and is fiscally sponsored by our regional partner, the Delhi Network of HIV Positive People (DNP+).

ITPC MIDDLE EAST AND NORTH AFRICA – STRONGER AND MORE SUSTAINABLE

ITPC Middle East and North Africa had a special year in 2015, reaching maturity, and becoming a legally registered non-governmental organization (NGO) in Morocco. Starting from 2016, the newly established NGO operates independently from its former fiscal sponsor Tides, and its administrative host, Association de Lutte Contre le Sida (ALCS).

Highly qualified and experienced staff enabled the organization to participate in, and contribute to, relevant discussions around access to medicines, in which they had some significant successes. This work is critical, particularly given that ITPC–MENA is the only organization involved in strengthening treatment advocacy in the region.

ITPC-MENA developed and diversified funding sources, and thereby increased the sustainability of their activities. For example, Ford Foundation covered most of ITPC-MENA's budget in 2014. By 2015, Ford's contribution reduced to a third, and in 2016 it is set to reduce to a fifth.



# ITPC REPRESENTS VALUE FOR MONEY

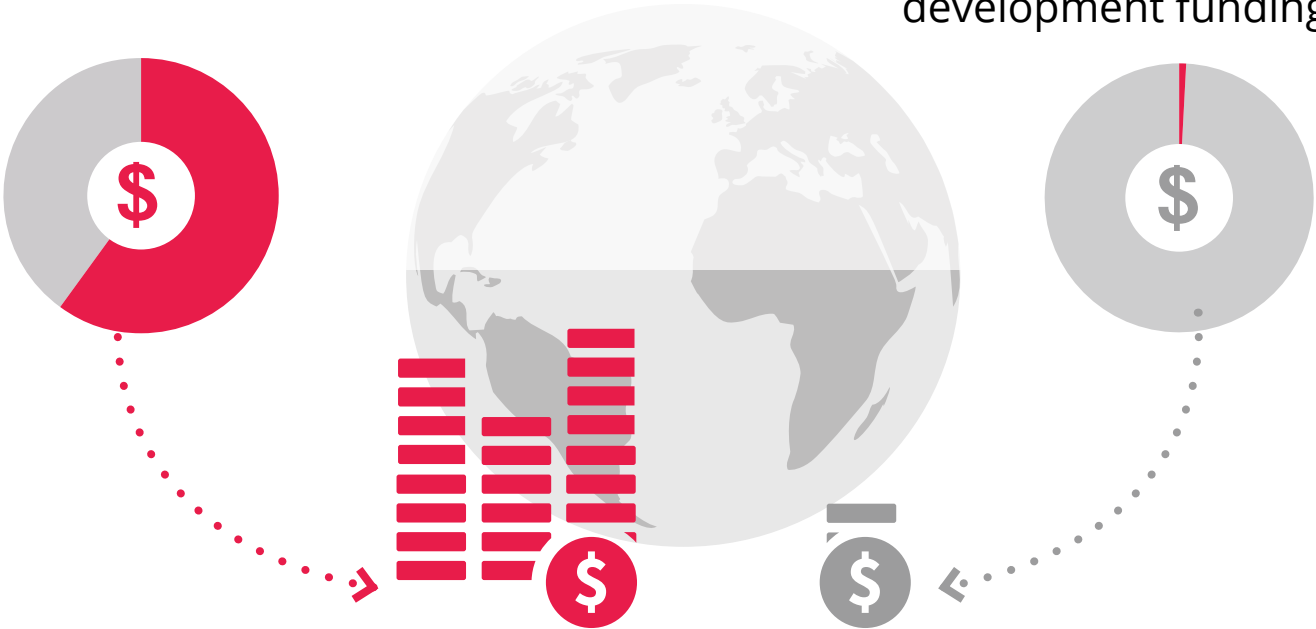
ITPC continues to represent excellent value for money. Our model of funding civil society organizations in the Global South proves to be, not only effective but, incredibly efficient. Although many global NGOs talk about the *importance of funding southern civil society organizations* the verdict is that they are not putting their money where their mouth is. According to CIVICUS ‘very little resource goes to those who need it most’ *with less than 1% of the US\$21 billion spent on international development* every year going to civil society organizations in the Global South (2015). In contrast, over 60% of ITPC’s expenditure in 2015 was granted on to civil society organizations in the Global South.

A further quarter of our funds was spent on global programs. Activities under this expenditure line include: coordinating community research and regional campaigns, providing training and technical support, consulting partners and engaging in advocacy at regional and international levels. One tenth of our funds was spent on administrative and finance systems, while only 3% went on fundraising and communication costs.

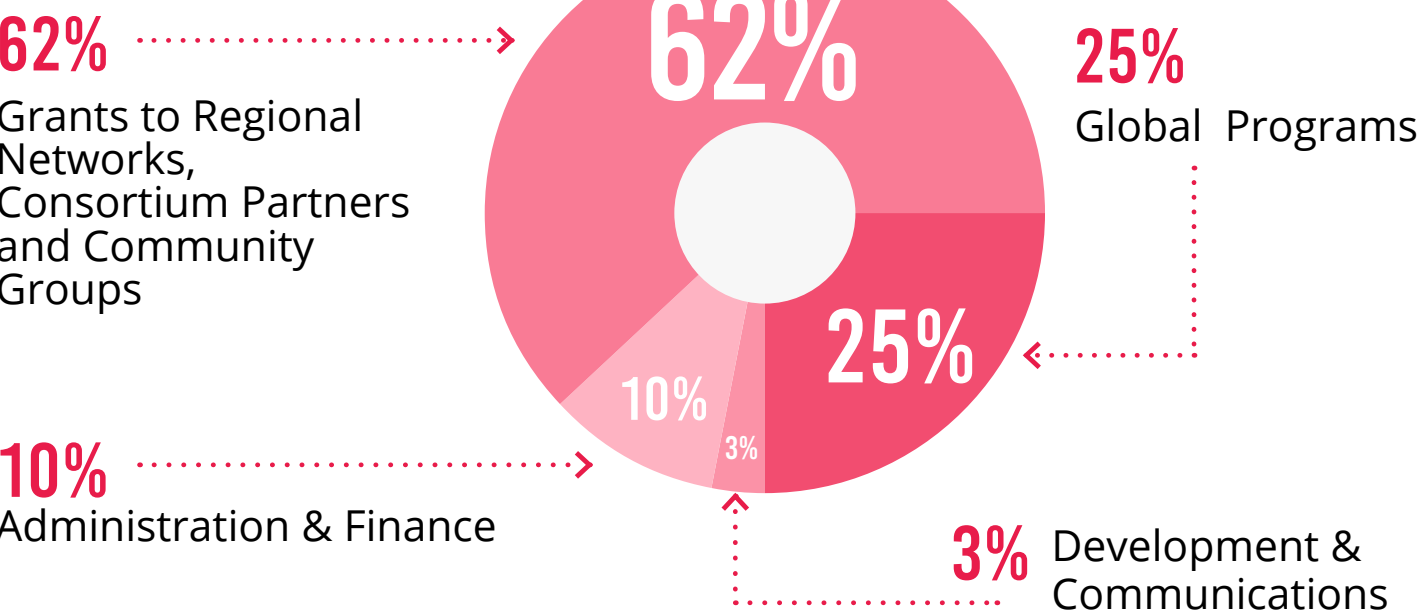
Our move to Botswana will mean reductions in administrative, office and staff costs, so we expect to make significant savings in future years.

**OVER 60%**  
of ITPC’s income was transferred to southern-based civil society organizations in 2015

**COMPARED TO 1%**  
of income transferred to southern-based civil society organizations via conventional international development funding.



## ITPC EXPENSES



**“ We will use any savings to expand our programs and further invest in communities.”**

Solange Baptiste,  
ITPC Executive Director



**1/4** of our funding was used to provide technical support to partners, advocate in global fora and coordinate our advocacy campaigns.



**JUST 13 CENTS** of every dollar is spent on finance, administration, fundraising and communications.



# THANK YOU

We are very grateful to our progressive and dedicated donors who continue to believe in our vision and make our work possible.

## DONORS

In 2015, ITPC benefited from the generous support of:

Aids Fonds

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

Dutch Ministry of Foreign Affairs

Ford Foundation

Hivos

Levi Strauss Foundation

M·A·C AIDS FUND

Médecins sans Frontières-Belgium

Open Society Foundations

Robert Carr civil society Networks Fund (RCNF)

The Global Fund

UNAIDS

UNITAID, hosted and administered by the World Health Organization (WHO)

## ITPC GLOBAL ADVISORY BOARD 2015

We would like to thank our Global Advisory Board for their continued support and guidance.

**Gregg Gonsalves**

Chair, New Haven, United States

**Ava Avalos**

Gaborone, Botswana

**Francisco Rossi Buenaventura**

Bogota, Colombia

**Lucy Chesire**

Nairobi, Kenya

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Gaborone, Botswana

**Ben Plumley**

San Francisco, United States

**John Rock**

Sydney, Australia

## ITPC GLOBAL STAFF 2015

Without the dedication and abilities of our global team we wouldn't be able to achieve the goals we set ourselves.

**Christine Stegling**

Executive Director (until Dec 2015)

**Solange Baptiste**

Director of Global Programs and Advocacy

**Bactrin Killingo**

Treatment Knowledge and Research Lead

**Othoman Mellouk**

Intellectual Property and Access to Medicines Lead

**Trisa Taro**

Program Officer

**Julia Powell**

Strategic Communications Lead (from May 2015)

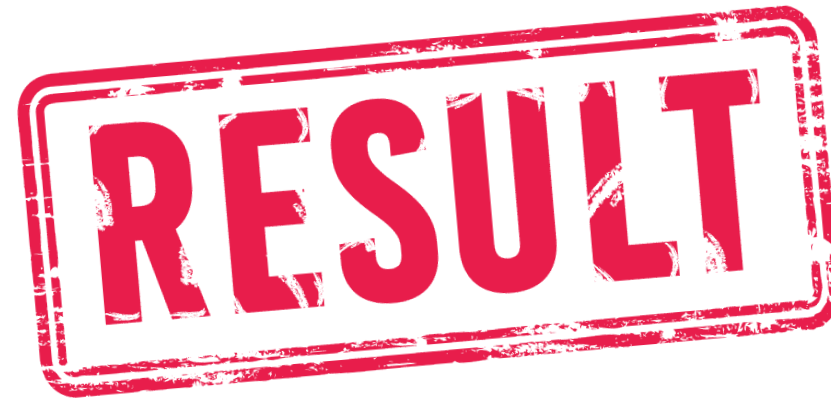
**Elizabeth Tejada**

Director of Finance and Administration

**Maria Dabao**

Office and Fiscal Assistant (until July 2015)





Educating, mobilizing and supporting communities to address their priorities delivered clear, sustainable results in 2015.



See our online summary at [www.itpcannualreport.org](http://www.itpcannualreport.org)

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