WHAT COMMUNITY ACTIVISM CAN ACHIEVE

ANNUAL REVIEW 2017
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## Glossary

### ITPC & Regions

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>ITPC</td>
<td>International Treatment Preparedness Coalition</td>
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<tr>
<td>ITPC EA</td>
<td>ITPC East Africa</td>
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<tr>
<td>ITPCru</td>
<td>ITPC Eastern Europe and Central Asia</td>
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<tr>
<td>ITPC LATCA</td>
<td>ITPC Latin America and the Caribbean</td>
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<tr>
<td>ITPC MENA</td>
<td>ITPC Middle East and North Africa</td>
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<tr>
<td>ITPC SA</td>
<td>ITPC South Asia</td>
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<tr>
<td>ITPC WA</td>
<td>ITPC West Africa</td>
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### Abbreviations & Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABIA</td>
<td>Associação Brasileira Interdisciplinar de AIDS</td>
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<tr>
<td>ART</td>
<td>antiretroviral therapy</td>
</tr>
<tr>
<td>ARV</td>
<td>antiretroviral</td>
</tr>
<tr>
<td>ARASA</td>
<td>AIDS and Rights Alliance for Southern Africa</td>
</tr>
<tr>
<td>CCM</td>
<td>Country Coordinating Mechanism</td>
</tr>
<tr>
<td>CEGAA</td>
<td>Centre for Economic Governance and AIDS in Africa</td>
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<tr>
<td>CSO</td>
<td>civil society organization</td>
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<tr>
<td>EFV</td>
<td>efavirenz</td>
</tr>
<tr>
<td>FGEP</td>
<td>Fundación Grupo Efecto Positivo</td>
</tr>
<tr>
<td>FTC</td>
<td>emtricitabine</td>
</tr>
<tr>
<td>Global Fund</td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
</tr>
<tr>
<td>HCV</td>
<td>hepatitis C</td>
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<tr>
<td>IAC</td>
<td>International AIDS Conference</td>
</tr>
<tr>
<td>IAS</td>
<td>International AIDS Society</td>
</tr>
<tr>
<td>ICAP</td>
<td>ICAP at Columbia University</td>
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<tr>
<td>I-MAK</td>
<td>Initiative for Medicines, Access, and Knowledge</td>
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<tr>
<td>MSM</td>
<td>men who have sex with men</td>
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<tr>
<td>NGO</td>
<td>non-governmental organization</td>
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<tr>
<td>PEPFAR</td>
<td>President's Emergency Plan for AIDS Relief</td>
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<tr>
<td>PrEP</td>
<td>Pre-exposure prophylaxis</td>
</tr>
<tr>
<td>TAF</td>
<td>tenofovir alafenamide</td>
</tr>
<tr>
<td>TRIPS</td>
<td>Trade-Related Aspects of Intellectual Property</td>
</tr>
<tr>
<td>TB</td>
<td>tuberculosis</td>
</tr>
<tr>
<td>TDF</td>
<td>tenofovir disoproxil fumarate</td>
</tr>
<tr>
<td>TDF/FTC</td>
<td>tenofovir disoproxil fumarate/emtricitabine</td>
</tr>
<tr>
<td>TDF/FTC/EFV</td>
<td>tenofovir disoproxil fumarate/emtricitabine/efavirenz</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<td>WHO</td>
<td>World Health Organization</td>
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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 values:
> Communities are at the center of the response.
> There is equity in treatment access.
> We work together in solidarity as a global movement.
> We are transparent about our finances and how we work.
> We are accountable to those we serve.

ITPC and activists from around the world convene at IAS 2017 in Paris.
In the fight for access to optimal HIV treatment, the true power to influence change ultimately lies with those people most affected by HIV. The more knowledgeable and engaged people become, the better they can fight to change the systems that oppress them, hold duty-bearers to account, and improve their own health. Now, more than ever, is the time to invest in these communities and strengthen their capacity to demand, monitor, and work with others to achieve their right to optimal health. ITPC has and continues to make impressive progress in this area.

In 2017, we:

392

- Directly strengthened the advocacy capacity and HIV treatment knowledge of 392 activists across the globe.
- Conducted 18 national and regional trainings to empower communities to undertake research, in support of generating evidence to support better advocacy outcomes and strategies.
- Launched 2 regional community advisory boards in Latin America and Caribbean and the Middle East and North Africa, two regions neglected by the Pharma industry.
- Supported 17 community-based organizations and civil society networks in three regions to take up national advocacy strategies to address critical treatment access issues through small grants.
- Established 12 community treatment observatories (CTOs) to systematically collect data, analyze & monitor trends along the HIV continuum cascade.

18

- Achieved approximately US$472 million in annualized cost savings for our intellectual property-related interventions on key ARVs across the four focus countries of our Make Medicines Affordable campaign.

2


17

We achieved these wins in a harsh environment, with depleting resources and a small, but dedicated team. It wouldn’t have been possible without the support of our amazing and progressive donors who know the value and impact of strengthening the capacity of affected communities.

Our work investing in communities is more relevant than ever. By educating people living with HIV about their rights, which is at the core of all our programs, we light a fire that fuels a demand for justice. We build a spirit of activism that grows out of the rage of knowing that we have been short-changed by our governments, the duty bearers, who are meant to uphold our right to health and life.
HIGHLIGHTS OF THE YEAR

JANUARY
The Global Fund gives ITPC final approval to support the Regional Community Treatment Observatory in West Africa (RCTO-WA). This decision by the Global Fund was eagerly welcomed by communities in West Africa who are facing unacceptable challenges getting access to HIV treatment.
Read the announcement

FEBRUARY
ITPC and ITPC West Africa officially launch the RCTO-WA, extending community-based monitoring of HIV treatment access to 11 West African countries (pictured top left).
See highlights from the launch event in Abidjan

MARCH
ITPCru publishes extensive report on the analysis of 4500 public procurement monitoring data for ARVs in Russia. The report puts forth recommendations for improving drug provision in the country (pictured center left).
Read the report

ITPC South Asia expresses outrage following a decision by the Indian Parliament to pass the HIV/AIDS Prevention & Control Bill and absolving itself from responsibility of providing treatment for people living with HIV in India (pictured bottom left).
Read the statement

Advocates, activists, and researchers took to ITPC's listserv to share strong reactions and spark discussion on the development of WHO guidelines on the management of advanced HIV disease (including same day start of ART).
Read the summary here

APRIL
The RCTO-WA builds critical connections at regional level, positioning the project as a key player in the UNAIDS Catch-Up Plan.
Read more here

MAY
ITPC kicks off a consultative process on PrEP by hosting the Community-led Consultative Think Tank Meeting on PrEP Access and Use in Port of Spain, Trinidad & Tobago (pictured above). The meeting informed the development of a global position statement and key population activist toolkit on PrEP.
Read the full meeting report here

Bridging the Gaps Alliance partners draft declaration on the right of people who use drugs to be protected from state sanctioned violence, following extrajudicial killings in the Philippines and elsewhere.
Read the statement
HIGHLIGHTS OF THE YEAR

JUNE
ITPC and the AIDS and Rights Alliance of Southern Africa (ARASA) host a regional workshop on differentiated service delivery for activists from Asia and Southern Africa (pictured top right).
Read about the meeting

The RCTO-WA conducts a baseline assessment, rolls out a digital project database and archiving system, and continues to build capacity for community monitoring through a series of intense trainings.
Read about the project’s milestones

JULY
ITPC LATCA and allies urge Guatemala and the international community to expand HIV treatment coverage through the use of compulsory licensing for fixed-dose combination tablet (pictured center right).
Read the statement

ITPC South Asia condemns the harmful provisions included in the Regional Comprehensive Economic Partnership (RCEP), which undermine access to affordable medicines across the Asia Pacific region (pictured bottom right).
Watch the video statement here

At the IAS conference in Paris, ITPC participates in numerous sessions to ensure visibility and action on HIV treatment access. At the closing plenary, ITPC IP and Access to Medicines Lead Othman Mellouk delivers the community address.
Read a summary of our activities

ITPC MENA celebrates a victory as Bristol-Myers Squibb extends voluntary license on atazanavir to Egypt.
Read full blog post here

AUGUST
On International Youth Day, ITPC reflects on the future of the HIV response through the eyes of youth leadership.
Read a blog post about the Intergenerational Summit on Positive Youth Leadership

SEPTEMBER
Director of Global Programs and Advocacy Wame Mosime speaks to donors about civil society driven actions on sustainability and domestic mobilization for HIV at the FCAA Philanthropy Summit in Washington D.C.
Read a summary of the session here

OCTOBER
IP and Access to Medicines Lead Othman Mellouk addresses the Human Rights Council’s 2017 Social Forum in Geneva, Switzerland explaining why we can’t stand back while Big Pharma abuses the patent system at the expense of public health
Read the full statement here

ITPC MENA releases comparative study on intellectual property provision in Tunisia, Morocco, and Egypt. The study assesses intellectual property provisions in different bodies of laws that have an impact on access to medicines in the three countries.
Read about the study here available in English, French and Arabic
**HIGHLIGHTS OF THE YEAR**

**NOVEMBER**
Prevention Access Campaign and ITPC announce a groundbreaking partnership to amplify the Undetectable=Untransmittable (U=U) message among communities of people living with HIV worldwide.

[Read the statement about the partnership](#)

ITPC and ARASA, in collaboration with the IAS, develop a new toolkit – What Works for Me: Activist Toolkit on Differentiated Service Delivery – to empower people living with HIV to access treatment options that best meet their needs (pictured top left).

[Read about and download the toolkit](#)

**DECEMBER**
At the AIDS conference in Abidjan, Cote d’Ivoire, ITPC leads, co-hosts and participates in sessions to raise the flag for optimal HIV treatment. Every day, ITPC leads satellite sessions, protest actions against pharmaceutical companies, and hosts the Treatment Networking Zone (pictured center left).

[Read a summary of our activities](#)

ITPC publishes the Community Demand Creation Model in a special supplement of the Journal of the International AIDS Society (JIAS).

[Read the journal article](#)

Consortium partner ABIA, challenge ViiV Healthcare’s patent application on key HIV drug, dolutegravir (DTG) in Brazil (pictured bottom left). Brazil currently procures DTG at a cost of US$ 547.50 per patient per year, if a patent monopoly is ruled out then generic versions could be sourced for around $44 per patient per year.

[Read full blog post here](#)

ITPC Executive Director Solange Baptiste speaks to news media following a press conference in Paris.
REACH & RESULTS

With our networks and partners, we ran projects to improve access to optimal HIV treatment in these countries in 2017:

- **Groundwork laid for expanded community monitoring**
  - Zimbabwe

- **Training delivered to increase capacity on HIV treatment, rights and advocacy**
  - Benin, Côte d’Ivoire, Gambia, Georgia, Ghana, Guinea Bissau, Guinea Conakry, India, Indonesia, Kenya, Kyrgyzstan, Liberia, Lithuania, Malaysia, Mali, Mexico, Myanmar, Nepal, Senegal, Sierra Leone, Swaziland, Tajikistan, Tanzania, Thailand, Uganda, Ukraine, Vietnam, Zimbabwe

- **Patent oppositions filed**
  - Brazil, Ukraine

- **Community monitoring systems established**
  - Benin, Côte d’Ivoire, The Gambia, Ghana, Guinea Bissau, Guinea Conakry, Kyrgyzstan, Liberia, Mali, Pakistan, Russia, Senegal, Sierra Leone, Togo, Ukraine

- **Training delivered on intellectual property and access to medicines**
  - Algeria, Argentina, Armenia, Azerbaijan, Belarus, Bolivia, Burkina-Faso, Cameroon, Chile, Colombia, Congo, Costa Rica, Côte d’Ivoire, Dominican Republic, El Salvador, France, Georgia, Guatemala, Kazakhstan, Kyrgyzstan, Latvia, Lebanon, Mexico, Moldova, Morocco, Peru, Russia, Switzerland, Tajikistan, Tunisia, Ukraine, Uzbekistan, Venezuela

- **Community-based research conducted**
  - Egypt, Kyrgyzstan, Moldova, Ukraine

- **IP intervention resulted in price reduction of 50% or more on at least two ARVs**
  - Brazil, Argentina, Thailand, Ukraine

- **Treatment activists mobilized to demand differentiated service delivery**
  - India, Kenya, Malawi, South Africa, Tanzania, Vietnam, Zimbabwe

- **Treatment activists capacitated to participate in regional Community Advisory Boards**
  - Algeria, Armenia, Azerbaijan, Belarus, Bolivia, Chile, Costa Rica, Dominican Republic, Ecuador, Egypt, El Salvador, Georgia, Guatemala, Jordan, Kazakhstan, Kyrgyzstan, Latvia, Lebanon, Mauritania, Mexico, Morocco, Pakistan, Peru, Russia, Tajikistan, Tunisia, Ukraine, Uzbekistan, Venezuela

- **Treatment activists mobilized to demand routine viral load testing**
  - India, Kenya, Malawi, South Africa, Tanzania, Thailand, Vietnam, Zimbabwe

- **Patent oppositions filed**
  - Brazil, Ukraine
MOBILIZE DEMAND

MOBILIZE DEMAND
for Optimal Treatment

In line with ITPC’s Strategic Plan 2015-2017 Objective 1, we intensified our efforts on treatment education as the first critical step towards mobilizing communities to advocate for optimal HIV treatment. The focus of this work in 2017 was on:

> Capacitating key population activists through treatment educations trainings
> Leading a community-led consultative process on access to and use of PrEP
> Supporting treatment education through the development of activist toolkits on PrEP and differentiated service delivery
> Amplifying demand for routine viral load testing through small grants advocacy
We need a format like this [training], even if it is under a tree! It is important that community people can discuss the real issues. Facilities have sensitizations, but people are not attending those to learn about PrEP...”

Activist, Swaziland

MOVING INTO THE PREVENTION SPACE

Over the last 15 years ITPC’s work has uncovered glaring gaps along the HIV treatment cascade, pointing to on-going needs of people living with HIV in Africa, Asia, the Middle East, Eastern Europe, and Latin America and the Caribbean. In the context of our overall work on treatment access, it has become clear that discussions about PrEP must be better integrated into issues related to treatment access.

“Treatment as prevention” and similar frameworks reinforce the fact that all steps of the cascade are linked and should be treated as such. As an extension of our existing work in community-led advocacy for HIV treatment, ITPC embarked on an initiative to develop and implement innovative community-led demand creation solutions for access to and use of oral pre-exposure prophylaxis (PrEP) for HIV by key populations. Supported by the USAID- and PEPFAR-funded LINKAGES project and M·A·C AIDS Fund, this initiative included conducting a preliminary literature review of global community perspectives on PrEP, hosting the Community-led Consultative Think Tank Meeting on PrEP, articulating key PrEP messages by key population networks and PrEP experts in a policy statement, and the developing the Key Population Activist Toolkit on PrEP.

BRINGING THE FOCUS Back to Key Populations

As part of our work supported by Bridging the Gaps II, focusing on scaling access to treatment among key populations, we designed and ran three regional trainings in South Asia, East Africa, and Eastern Europe and Central Asia (EECA). A total of 125 participants, representing communities of key populations and networks of people living with HIV, attended the three-day workshops. ITPC led and facilitated the training sessions using the Advocacy for Community Treatment (ACT) Toolkit Second Edition. Participants were of diverse ages and genders, and raised key issues regarding access to HIV prevention and treatment services.
EMPOWERING COMMUNITIES to Demand Services that Work for Them

Last year, AIDS and Rights Alliance for Southern Africa (ARASA) and ITPC jointly undertook a baseline study among PLHIV to assess community perceptions of the current needs and gaps in ART delivery. Carried out in seven countries in sub-Saharan Africa, the survey sought out to determine the ‘readiness’ of community and people living with HIV to advocate for differentiated services delivery (DSD) and identify any potential barriers to implementing DSD in a way that directly addresses the needs of community.

In 2017, the findings from this assessment informed the development of a community toolkit on DSD which was pilot-tested at a workshop held in Bangkok, Thailand in June 2017. The workshop brought together participants from seven countries and over 20 global and national people living with HIV networks to strengthen the capacity of networks of people living with HIV and civil society organizations on antiretroviral (ART) delivery to foster regional and in-country advocacy and support for community-led demand creation. The new toolkit – titled What Works for Me: Activist Toolkit on Differentiated Service Delivery – was launched in November, ahead of ICASA. It is available in both English and French.

To further facilitate demand creation for differentiated service delivery, ITPC and ARASA conducted a treatment education training for eight organizations representing eight countries in Africa and Asia in Johannesburg, South Africa in November 2017. Subsequently, seven small grants were issued to organizations in Kenya, South Africa, Tanzania, Malawi, Zimbabwe, Vietnam, and India to promote demand creation activities. Where DSD policies or guidelines exist, organizations will advocate for operationalization of the guidelines; where policies do not exist, organizations will advocate for development and adoption of policy frameworks to facilitate the institutionalization of DSD models in countries.
COMMUNITIES ADVOCATE for Routine Viral Load Testing

Building on the launch of the Be Healthy - Know Your Viral Load campaign in 2015, ITPC continued its advocacy-related activities calling for increased uptake of routine viral load testing (RVLT). In 2017, we focused on empowering community-based organizations to carry out context-specific advocacy-related initiatives around RVLT.

With support from the Robert Carr Network Fund (RCNF) and in collaboration with the AIDS and Rights Alliance for Southern Africa (ARASA), ITPC issued a closed call for proposals inviting applications from community organizations who either previously participated in the launch of the Be Healthy – Know Your Viral Load campaign or attended one of the Regional Activists Workshops on RVLT held in Addis Ababa, Bangkok and Panama in 2016. Of the fourteen applications received, the ten strongest proposals demonstrating clear and innovative objectives and activities, a nationwide focus, and the required organizational capacity to carry out the activities, were retained. The grants, each worth USD 10,000 were disbursed to organizations based in Bangladesh, Djibouti, Dominican Republic, Ethiopia, Honduras, Pakistan, Peru, Tanzania, Vietnam and Zambia. Implementation, which began in July 2017 will run until June 2018.

These small grants have catalyzed the work of the recipients and allowed them to better meet the needs of the people living with HIV in their local contexts. For example, grantees in Bangladesh and Pakistan adapted the material in ITPC’s Activist Toolkit on Campaign for Routine Viral Load Monitoring in local languages, making it more accessible. In Vietnam, our grantee is advocating not only for increased access to RVLT for people living with HIV but for these costs to be covered by the national health insurance scheme.

I am starting an NGO focusing on HIV treatment advocacy and came by your organization online. The resources I got from your website were tremendously helpful to my advocacy campaign. Here in Ghana, people living with HIV don’t know how important knowing their viral load is. It seems [in the health facility] they are still using CD4 as a measure to check treatment success, forgetting that it could take a long time for CD4 counts to go down even at a time when viral load is increasing…"

Email from an activist in Ghana
Demand Accountability from Decision-Makers on Optimal Treatment: A Focus on Health Systems and Trade Related Barriers.

In line with ITPC’s Strategic Plan 2015-2017 Objective 2, we expanded our work focusing on health systems and trade-related barriers to treatment access. The focus of this work in 2017 was on:

- Empowering civil society and governments to challenge unmerited patents and use legal reform to make medicines affordable;
- Building capacity around intellectual property and access to medicines, and expanded regional platforms for civil society engagement with the pharmaceutical industry;
- Enabling communities to monitor HIV treatment services and demand improvements from policy makers.

**MAKING MEDICINES AFFORDABLE**

We continued to expand our partnerships and build the momentum around our Make Medicines Affordable campaign – working to make HIV treatment affordable in middle-income countries across the globe. The project, which started in 2015, and is supported by UNITAID, challenges intellectual property barriers that block access to medicines. Our work supports patent law reform, challenging unmerited patents, and advocating for the use of Trade-Related Aspects of Intellectual Property (TRIPS) flexibilities – such as compulsory licensing. To do this, we use targeted legal interventions, policy dialogue, and law and policy reform strategies.

In 2017, we saw continued success, with successful patent oppositions on TDF/FTC in Brazil and Argentina. This allowed other companies to manufacture and sell the drug in the countries, thereby increasing competition and bringing down prices dramatically. By achieving price reductions, these countries can purchase more ARVs and provide treatment to more people who need it.

Activists from the All-Ukrainian Network of People Living with HIV/AIDS appeal the dismissal of a patent opposition against AbbVie’s patent on lopinavir/ritonavir.
Our impact figures have already noticed significant price reductions and savings that have been achieved across several target ARVs interventions and policy dialogues with government officials. In Argentina, for example, civil society action has led to the price reduction of two key HIV drugs, which in turn led to $50 million in annualized savings, enough to provide treatment to 27,000 people for 10 years.

On 23 August 2017, biopharmaceutical company Gilead Sciences announced that it will extend Medicines Patent Pool (MPP) license for several medicines, including TAF and sofosbuvir to the territory of Ukraine. This decision was adopted under significant pressure from Ukrainian civil society, including our campaign partner the All-Ukrainian Network of People Living with HIV/AIDS, who opposed the patent applications on both medicines more than a year prior to the announcement. The Network submitted a patent opposition to the Kyiv Commercial Court demanding the invalidation of the TAF patent.
A Tool for Comparing Intellectual Property Laws

We provided technical support to ITPC MENA who developed an easy, reliable tool to measure the impact of intellectual property laws on public health and access to medicines. The data collection tool and analysis methodology that came out of this research has been successfully tested in the three initial countries: Morocco, Egypt and Tunisia. In 2017, ITPC MENA published the outcomes of the three-country assessment (pictured left) and presented the report at ICASA 2017.

Building Capacity in Intellectual Property and Access to Medicines

In 2017, ITPC expanded its treatment education efforts to support community expertise in intellectual property and access to medicines. We conducted three regional IP trainings in EECA (pictured below), LATCA, and MENA, providing the treatment activists with the fundamental knowledge in intellectual property rights. In total, 57 activists were trained on the technical content and entry points to advocate more effectively for access to affordable, quality treatment.

“This training has updated my knowledge about patents and intellectual property in the framework of pharmaceutical production, and has allowed me to understand what the access barriers are for people in Colombia and other countries in the region – particularly in situations such as Venezuela, where people living with HIV who arrive in different countries of the region without medication and have suffered a sustained violation of the right to health. In this context, ITPC LATCA has begun to question the action of governments and to think of possible actions in the immediate future that mitigate the situation of unattended migrants and, in general, affected populations...”

Fabian Betancourt, Liga Colombiana de Lucha contra el Sida, Colombia
Expanding Platforms for Community Engagement with Big Pharma

Communities struggle to gain a seat at the table when it comes to trade-related negotiations – particularly with the pharmaceutical industry. This is why mechanisms like community advisory boards (CABs) are critical to ensuring civil society can productively engage in the conversation.

We established two new community advisory boards in LATCA and MENA – two regions that continue to be neglected by the pharmaceutical industry. With on-going support, ITPCru also continued to host the EECA CAB to facilitate dialogue between community activists, advocates and pharmaceutical industry, and build capacity of activists in advocacy and give them the opportunity to meet with senior management of drug companies.

The coordination of these regional CABs is lead up to the upcoming World CAB pre-meeting, hosted by ITPC in January 2018. Following in the footsteps of the last World CAB hosted by ITPC in New Delhi in 2008, the 2018 World CAB will review progress and challenges over the last ten years and outline next steps for addressing treatment access issues globally. Outcomes and lessons learned from these on-going CABs will be broadcasted via a knowledge-sharing platforms where community activists can connect and access resources.

A community advisory board is a formalized mechanism used to promote community and civil society engagement and representation in clinical trials and drug development dialogues with pharmaceutical companies. CABs also focus on empowering community activists to work in this space through capacity development and training.

“The [CAB] meetings with pharmaceutical companies organized by ITPCru allowed us to significantly improve our knowledge in many aspects, including on the availability and affordability of medicines, price reduction strategies, intellectual property issues, etc. Now, we organize our own trainings for EECA activists, and conduct joint research on access to treatment and treatment procurement monitoring…”

Aibar Sultangaziyev, Association “Partnership Network”, Kyrgyzstan
WATCHING WHAT MATTERS

We believe that community-driven monitoring of health services at national, regional, and global levels is critical to securing access to optimal HIV treatment. That’s why we created Watch What Matters – a community monitoring initiative to gather data on access and quality of HIV treatment globally. It relies on a unique model that empowers communities to systematically collect and analyze qualitative and quantitative data on barriers to access. Currently, Watch What Matters is implementing several projects including the Regional Community Treatment Observatory in West Africa (RCTO-WA) and Missing the Target 12.

Scaling-Up Community Monitoring of HIV Services in West Africa

Community-based monitoring offers the potential of increasing domestic oversight and advocacy to demand improvements to HIV treatment, particularly as it affects key populations. While affected communities make up most users of HIV treatment services, they often lack the necessary capacity and information they need to participate meaningfully in decision-making.

In January 2017, ITPC launched the Regional Community Treatment Observatory in West Africa (RCTO-WA). The project is empowering networks of people living with HIV to systematically monitor HIV care and services by collecting and analyzing qualitative and quantitative data on barriers to access. The goal is to increase access to treatment in 11 West African countries: Benin, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Senegal, Sierra Leone and Togo.

The observatory is a mechanism that systematically collects data to monitor trends on treatment access along the HIV cascade to produce evidence for targeted advocacy. It is also a monitoring mechanism to improve access to quality and uninterrupted access to ART. Watch our video about ITPC’s model of community monitoring of HIV treatment services.
Since launching, we’ve achieved a number of milestones in establishing the RCTO-WA at national and regional level. All the 11 countries have a functioning network of trained data collectors that collect monthly quantitative data, and quarterly qualitative data through focus group discussions (pictured top and middle right). In each country, the observatory is hosted by a PLHIV network, and managed by a national focal point coordinator; data collectors and data verification leads; an academic institute or an expert for the review and analysis of the data; and a community consultative group (CCG). Collected data is uploaded into an online database and analyzed to inform targeted advocacy.

In addition to the online database, the RCTO-WA has developed a website which serves as the primary communication platform for the project. Accessible in English, French, and Portuguese, the platform provides the latest news and resources on community monitoring, as well as a resource center for all public reports, tools, and regional campaign actions.

**Identifying Treatment Access Barriers Among People Who Inject Drugs**

Under the Bridging the Gaps II initiative, we began the 12th edition of our Missing the Target (MTT) report series – focusing on the status of treatment access among people who inject drugs and are living with HIV in Pakistan and Kyrgyzstan. With partners Mainline, Nai Zindagi, and APLHIV in Pakistan, and ITPCru, AFEW, and Partner’s Network in Kyrgyzstan, data collection took place over the course of 2017. Initial findings have already leveraged noticeable change. In Kyrgyzstan, in-country partners – with technical assistance from ITPCru – presented preliminary findings at a meeting with Ministry of Health representatives on HIV treatment adherence (pictured bottom right). As a result, they were invited to join a working group to help develop a national plan to improve HIV treatment adherence. In 2018, national partners in both countries will develop advocacy plans to address key issues that affect PWID-PLHIV.

*It is important that civil society organizations continue to be involved at all levels. This initiative will contribute to the improvement of this...”*

Dr. Liliane Konan, Representative of Dr. Raymonde Coffie, Cote d’Ivoire Minister of Health and Public Hygiene, during the RCTO-WA project launch event in January 2017.
STRENGTHEN & EXPLORE CONNECTIONS

Strengthen and Explore Linkages with Allied Social Justice Movements

In line with ITPC’s Strategic Plan 2015-2017 Objective 3, we sought new connections within and beyond the treatment access movement. The focus of this work in 2017 was on:

> Increasing collaborations that benefit the treatment access movement;
> Engaging strategically in key conferences and fora where we can introduce and reinforce the influence of treatment access as a social justice and human rights issues;
> Facilitating meaningful South-to-South learning that contribute to more effective advocacy efforts.

New Collaborations in 2017

In 2017, we continued to forge new partnerships in our efforts to strengthen advocacy and bring the community perspective to a wide range of policy makers and implementers.

Helping Communities Understand Undetectable = Untransmittable

In November 2017, ITPC and Prevention Access Campaign (PAC) announced the formation of a partnership to amplify the Undetectable=Untransmittable (U=U) message among communities of people living with HIV worldwide. U=U reinforces the public health benefits of antiretroviral therapy (ART), affirming that a person living with HIV on ART with an undetectable viral load cannot sexually transmit HIV. The growing campaign has already been endorsed by more than 450 community partners in 65 countries, and the U=U science confirmed by leading public health bodies including UNAIDS, the U.S. Centers for Disease Control and Prevention (CDC), the European Centers for Disease Control and Prevention (ECDC), and the International AIDS Society (IAS). ITPC is currently working on ensuring messaging that responds the needs of communities with respect to the science behind U=U. The messaging will be integrated into ITPC’s existing treatment education curriculum and Be Healthy – Know Your Viral Load campaign.
An Expanded Collaboration to Put Communities at the Center

Building on work done in 2016, ITPC and ARASA continued to work with the IAS to support the implementation of responsive and appropriate ART delivery. ITPC now leads a second phase of the project, mobilizing communities to implement differentiated models of ART delivery. This phase has resulted in the development of the Activist Toolkit on Differentiated Service Delivery and small grants advocacy that will continue through 2018. We aim to support a longer-term goal of promoting community demand of patient-centered models of care amongst national governments in Africa and beyond.

Joining a New Partnership for Health Financing

In 2017, we joined the Joep Lange Institute (JLI) – a collaboration of organizations whose mission it is to promote a digital agenda for innovation in global health. ITPC has and will continue to contribute to the global initiative to maximize impact through targeted approaches to scale up, strengthen and sustain HIV response. To date, we have participated in dialogues on reducing HIV incidence through differentiated service delivery and the impact of reduced funding for HIV on scale-up strategies. One of our ultimate aims of working together is to make health markets and health systems work for people.

Stronger Advocacy Partnership for Key Populations

We also entered into a new and stronger partnership with the Bridging the Gaps alliance members to strengthen our combined voice to advocate on our shared goals. In 2017, we agreed on a framework for developing a joint advocacy strategy on four priority issues: 1) sustainable funding; 2) meaningful engagement; 3) violence and repressive environments; and 4) the shrinking civil society space for key populations.
GLOBAL INFLUENCE & VISIBILITY

ITPC continues to make strategic and concerted efforts to amplify national and regional level issues at key meetings and conferences. Over the course of 2017, ITPC participated in meetings and conferences to present community-based research, influence international policy and amplify the voices of the people we represent. Below are the three of the most significant events for us during the year, as well as a list of the policy fora and process meetings we participated in to ensure that the community perspective was heard:

International AIDS Conference 2017 in Paris

At the International AIDS Society Conference on HIV Science (IAS 2017) in July, we ensured treatment access issues were brought to the center of an otherwise strictly scientific conference. On every day of the conference, ITPC had a role presenting at high-profile press events, satellite sessions and skills-building workshops, and leading and supporting protest actions. At the closing plenary, ITPC IP and Access to Medicines Lead Othoman Mellouk delivered a powerful speech for the community address.

When you meaningfully invest in communities, you can do more and you can do better!” ITPC Executive Director Solange Baptiste spoke at the IAS 2017 Official Press Event on Impacts of Investing in HIV (pictured top left) highlighting the unintended consequences of the shift to domestic funding and why community investment and strengthening is critical.

Civil society can take direct actions - like patent oppositions, which are already making an impact in countries like Argentina, Ukraine, Russia, and Thailand.” ITPC Intellectual Property Lead Sergey Golovin (center) spoke on a panel on the affordability of drugs, highlighting case studies from Eastern Europe and Central Asia.

Gilead Sciences is funding this conference and making a lot of positive public relations, but we all know that its pricing practices leave millions of people without access to lifesaving treatment!”

ITPC IP and Access to Medicines Lead Othoman Mellouk delivered the community address at the closing plenary. Read the full statement here!
Human Right Council’s 2017 Social Forum

On Wednesday, October 4, 2017 ITPC Intellectual Property and Access to Medicines Lead Othoman Mellouk addressed the Human Rights Council’s 2017 Social Forum in Geneva, Switzerland, explaining why we can’t stand back while Big Pharma abuse the patent system at the expense of public health.

International Conference on AIDS and STIs in Africa (ICASA) 2017 in Abidjan

ITPC had a strong presence at the International Conference on AIDS and STIs in Africa (ICASA) in Abidjan, Cote d’Ivoire on 4-9 December 2017. Four abstracts submitted by national partners of the RCTO-WA project were accepted and presented. We hosted two satellite sessions (on domestic financing and differentiated service delivery), as well as the Global Treatment Networking Zone, where we facilitated twice daily community dialogues around community monitoring and intellectual property. We also participated as expert panelists on sessions on community monitoring hosted by UNAIDS, UNICEF, and WHO.

ITPC MENA led activists in action against ViiV Healthcare, whose voluntary license for dolutegravir (DTG) includes all countries in Africa except Algeria. The actions and activities gained significant visibility far beyond the conference itself, with social media coverage reaching more than 27,000 impressions (persons reached) each day.

Contributing to the Scientific Literature

We also contributed to the expansion of community-focused approaches in scientific literature. In November 2017, ITPC published its Community Demand Creation Model for demand creation in the latest supplement of the Journal of the International AIDS Society (JIAS). The article – titled Community-drive demand creation for the use of routine viral load testing: a model to scale up routine viral load testing – was written following more than three years of work conducting treatment education and community mobilization around routine viral load testing, which included:

> Development of Activist Toolkit on Routine Viral Load Testing;
> Training of 240 PLHIV activists across Africa, Asia, and Latin America; and
> Disbursement of US $90,000 to network partners in support of their national advocacy work

The special Supplement of JIAS, developed by ICAP at Columbia University and supported by the US Health Resources and Services Administration (HRSA), aimed to provide a state-of-the-art review of the challenges and opportunities presented by the scale-up of routine viral load services in low-resource settings.

“Your contribution will be very important towards achieving our overarching goal of organizing and disseminating much-needed information on routine viral load testing...”

Miriam Rabkin, ICAP at Columbia University
## Meetings and Areas of Influence

<table>
<thead>
<tr>
<th>Meeting / Process</th>
<th>Location</th>
<th>ITPC’s Role</th>
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</thead>
<tbody>
<tr>
<td><strong>GLOBAL</strong></td>
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<tr>
<td>World Hepatitis C Summit</td>
<td>Sao Paulo, Brazil</td>
<td>Speaker</td>
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<tr>
<td>Jeop Lange Institute Think Tank Meetings</td>
<td>Geneva, Switzerland</td>
<td>Participant</td>
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<tr>
<td>Conference on Retroviruses and Opportunistic Infections (CROI) 2017</td>
<td>Seattle, Washington, USA</td>
<td>Participant/Speaker</td>
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<tr>
<td>Intergenerational Summit on Youth Leadership</td>
<td>Cape Town, South Africa</td>
<td>Participant</td>
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<tr>
<td>Funders Concerned About AIDS (FCAA) Philanthropy Summit</td>
<td>Washington DC, USA</td>
<td>Speaker</td>
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<tr>
<td>World Community Advisory Board on HCV Generic and Diagnostics</td>
<td>Bangkok, Thailand</td>
<td>Participant</td>
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<tr>
<td><strong>REGIONAL</strong></td>
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<tr>
<td>International Conference for AIDS and STIs in Africa (ICASA) 2017</td>
<td>Abidjan, Cote d’Ivoire</td>
<td>Speaker</td>
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<tr>
<td>Francophone Mediterranean Seminar on HIV and Hepatitis (AFRAMED) 2017</td>
<td>Hammamet, Tunisia</td>
<td>Speaker</td>
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<tr>
<td>The HIV Coverage, Quality, and Impact Network’s (CQUIN) Community of Practice Workshop on Differentiated Service Delivery</td>
<td>Harare, Zimbabwe</td>
<td>Speaker</td>
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<tr>
<td>Maisha Conference</td>
<td>Nairobi, Kenya</td>
<td>Facilitator</td>
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<tr>
<td>Key Population Consultative Forum</td>
<td>Dar es Salaam, Tanzania</td>
<td>Facilitator</td>
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<tr>
<td>PEPFAR COP-ROP Meeting of process approval of the Strategic Technical Alignment Results (STAR)</td>
<td>Washington DC, USA</td>
<td>Participant</td>
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<tr>
<td>Second Regional Meeting Regional Platform for Support, Communication and Coordination of Civil Society and Communities for Latin America and the Caribbean</td>
<td>Bogota, Colombia</td>
<td>Participant</td>
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<tr>
<td>Meeting of Induction and installation of the Strategic Monitoring Group (SMG) for grants from regional organizations of the Global Fund in Latin America and the Caribbean for the period 2017 - 2019.</td>
<td>Panamá City, Panama</td>
<td>Presenter</td>
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</table>
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<tr>
<td>Exchange meeting between the regional grants ORAS-CONHU and CAR-LAC on the</td>
<td>El Salvador</td>
<td>REDCA+ Adviser</td>
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<td>information system and key strategic monitoring indicators</td>
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<tr>
<td>Third Latin American and Caribbean Forum on Sustainability of the HIV Response</td>
<td>Haiti</td>
<td>Regional Expert</td>
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<tr>
<td>“End to AIDS in Latin America and the Caribbean: towards the sustainability of</td>
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<td>the regional goals of the Accelerated Action”</td>
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<tr>
<td>High level dialogue “Specifying international commitments in favor of human,</td>
<td>Costa Rica</td>
<td>Participant</td>
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<td>sexual and reproductive rights and nonviolence towards women with HIV”</td>
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<tr>
<td>Open Contracting Summit</td>
<td>Amsterdam, The</td>
<td>Presenter</td>
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<tr>
<td>Global Forum for Global Change</td>
<td>Windhoek, Namibia</td>
<td>Participant</td>
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<tr>
<td>Community, Rights and Gender Strategic Initiative</td>
<td>Nouakchott, Mauritania</td>
<td>Participant</td>
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<tr>
<td>MENA Regional Communication and Coordination Platform</td>
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<tr>
<td>Civil Society and Key Populations Needs Assessment Mission</td>
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<tr>
<td>Consultation on Voluntary Licenses: Civil Society Demands and Proposals</td>
<td>Bangkok, Thailand</td>
<td>Participant</td>
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<tr>
<td>Regional Consultation on Strengthening the Role of Civil Society Organizations</td>
<td>Cairo, Egypt</td>
<td>Participant</td>
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<tr>
<td>in the Regional and National Response to Viral Hepatitis</td>
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<tr>
<td>EECA AIDS Conference 2018 Agenda Development</td>
<td>Moscow, Russia</td>
<td>Head of Civil Society</td>
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<tr>
<td>Committee</td>
<td></td>
<td>Committee</td>
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<tr>
<td>Eastern Europe and Central Asia Community for Access to treatment (ECAT) – IP</td>
<td>Moscow, Russia</td>
<td>Initiator</td>
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<tr>
<td>Agenda Development for EECA Region</td>
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<tr>
<td>NATIONAL</td>
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<tr>
<td>Roundtable on “Putting an End to the AIDS Epidemic: Cities are Engaging!”</td>
<td>Marrakech, Morocco</td>
<td>Organizers</td>
</tr>
<tr>
<td>Global Fund Country Review Meeting on HIV and TB</td>
<td>Nakuru, Kenya</td>
<td>Technical Review Member</td>
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<tr>
<td>PEPFAR COP Meeting</td>
<td>Nairobi, Kenya</td>
<td>Participant</td>
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<tr>
<td>Civil Society Workshop on Universal Access to Viral Hepatitis Treatments</td>
<td>Rabat, Morocco</td>
<td>Participant</td>
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<tr>
<td>Country Dialogue Workshop with Stakeholders for the Development of Applications for HIV and Tuberculosis Funding from the Kingdom of Morocco in the New Round of Funding 2018 – 2020.</td>
<td>Rabat, Morocco</td>
<td>Participant</td>
</tr>
<tr>
<td>MENA Regional Civil Society Knowledge Strengthening and Dialogue Meeting</td>
<td>Marrakech, Morocco</td>
<td>Facilitators</td>
</tr>
<tr>
<td>CRG Strategic Initiative MENA Regional Coordination and Communication Platform</td>
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<tr>
<td>Regional Consultation on Accelerating Access to Continuum of HIV Care</td>
<td>Beirut, Lebanon</td>
<td>Presenter</td>
</tr>
<tr>
<td>National HCV Summit</td>
<td>Delhi, India</td>
<td>Facilitator</td>
</tr>
<tr>
<td>Consultative Meeting with Federal Surveillance Health Authority (Roszdravnadzor)</td>
<td>Moscow, Russia</td>
<td>Initiator</td>
</tr>
<tr>
<td>Group on Healthcare Issues in the Ministry of Economic Development of The Russian Federation</td>
<td>Moscow, Russia</td>
<td>Participant</td>
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</tbody>
</table>
ITPC continued to represent excellent value for money in 2017. Over the year, we spent 51% of our overall budget pursuing our strategic objective 1, to mobilize demand for optimal HIV treatment. We spent 42% of our budget on objective 2, to hold decision makers to account with an emphasis on health systems and challenging unfair trade barriers. Given our commitment to being lean and flexible, only 7% of our funds were spent on operations (administration, finance, development and communications).

Out of the total spent on programs in 2017, we transferred over half (54%) in grants to regional networks and consortium partners. The remaining 46% was spent on global programs contributed to: coordinating community research and regional campaigns, providing training and technical support, consulting partners and engaging in advocacy at regional and international levels.

Just 7 cents in every dollar goes to administration, finance, development and communications.
DONORS

We are very grateful to our progressive and dedicated donors who continue to believe in our vision, and make our work possible. In 2017, ITPC benefited from the generous support of:

- Aidsfonds
- AJG Foundation
- Andrea Guttag
- Dutch Ministry of Foreign Affairs - Bridging the Gaps II Alliance
- FHI 360 / LINKAGES
- International AIDS Society
- Levi Strauss Foundation
- M-A-C AIDS Fund
- Open Society Foundations
- Robert Carr civil society Networks Fund
- The Global Fund to Fight AIDS, Tuberculosis and Malaria
- UNITAID
- Viiv Healthcare

THANK YOU

ITPC GLOBAL STAFF

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

Solang Baptiste
Executive Director

Elizabeth Tejada
Director of Finance and Administration

Wame Mosime
Director of Global Programs and Advocacy

Bactrin Killingo
Treatment Education Lead (until August 2017)

Othoman Mellouk
Intellectual Property and Access to Medicines Lead

Alain Manouan
Community Treatment Monitoring Lead

Trisa Taro
Program Impact Manager

Julia Powell
Strategic Communications Lead (until April 2017)

Pedro Garcia
Monitoring & Evaluation and Research Manager

Helen Etya'ale
Program Coordinator

Norma Mashele
Finance Manager

ITPC GLOBAL ADVISORY BOARD

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

Gregg Gonsalves
Chair, United States

Ava Avalos
Vice Chair, Botswana

Francisco Rossi Buenaventura
Colombia (until December 2017)

Lucy Chesire
Kenya (until August 2017)

Nompumelelo (Mpumi) Gumede
South Africa

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John Rock
Australia (until December 2017)
Educating, mobilizing and supporting communities to address their priorities delivered clear, sustainable results in 2017.

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Graphic design: Fruit Design, Brighton