



# TURNING VISION INTO REALITY



## CONTENTS

- > 3 A Look Back for Forward Movement
- > 4 Year in Numbers: Our Reach, Results, & Impact
- > 6 In Case You Missed It
- > 8 Turning Vision into Reality
- > 9 #TreatPeopleRight
- > 11 #MakeMedicinesAffordable
- > 13 #WatchWhatMatters
- > 15 Global Influence & Thought Leadership
- > 18 Beyond the Numbers
- > 19 Value for Money



***A WORLD OF BETTER HEALTH IS NOT A DREAM, BUT WE MUST KEEP FIGHTING TO MAKE IT A REALITY***

# A LOOK BACK FOR FORWARD MOVEMENT...

## ITPC'S GLOBAL ACTIVIST NETWORK



### BRINGING TOGETHER:

#### REGIONAL NETWORKS

#### COMMUNITY-BASED ORGANIZATIONS

#### INDIVIDUAL TREATMENT ACTIVISTS,

#### KEY POPULATION COALITIONS

#### AND ITPC'S GLOBAL TEAM.

**Access to optimal HIV treatment is a human right.** Yet, today, we still struggle with a widening treatment gap that leaves 18 million people living with HIV without life-saving medicines and care. Efforts to build stronger health systems to address these needs are stifled by corruption, nationalism, and corporate monopolies that prioritize their profits over people's lives. Fortunately, a growing body of scientific evidence is reinforcing what we have known all along: **community-led responses can pave the way towards ending the epidemic.** Now, more than ever, is the time to invest in communities that will demand, monitor, and mobilize to guarantee their rights. **ITPC is proud to have made impressive progress in this area.**

In 2018, we celebrated the 15-year anniversary of the International Treatment Preparedness Summit (ITPS) that led to the organization we are today. By bringing together 125 treatment activists from around the world, the ITPS laid the groundwork for a community-driven increase in access to HIV treatment for all. On this anniversary, we wanted to seize the moment - both to recognize how far we have come and reflect on the work still left to be done.

As laid out in our [2018-2020 Strategic Plan](#), we remain committed to the same urgency and solidarity that led us to a united worldwide grassroots action

almost two decades ago. Regardless of the specific focus or area of interest, community-based activists continue to be at the core of ITPC's leadership and work. Communities determine local and national priorities, build the capacity of their peers in areas of health and human development, and link with colleagues elsewhere in a global movement for universal health and rights. We continue to be an open and flexible coalition, now operating as a [Global Activists Network \(GAN\)](#) - bringing together regional networks, community-based organizations, individual treatment activists, key population coalitions, and ITPC's global team.

This new structure, born organically out of the way we've operated and evolved over the last fifteen years, is the vehicle by which we do our work.

This Annual Report showcases the first year of that work under [ITPC's Strategic Plan 2018-2020](#).



2018 was an incredible year, filled with tough challenges, unprecedented wins, and trailblazing milestones. **The work we did - and most importantly, what we were able to accomplish - reminds us that a world of better health is not a dream, but we must keep fighting to make it a reality.**

In solidarity,  
**Solange Baptiste, ITPC Executive Director**

# ITPC'S YEAR IN NUMBERS...OUR REACH, RESULTS AND IMPACT



## 78,591

**PLHIV reached** through our Regional Community Treatment Observatory in West Africa, which collects data, and analyses & monitors trends along the HIV cascade in the region.

[Find out more on page 13](#)



## 379

**Activists and allies** networked at ITPC-hosted global meetings, like the Community Activist Summit and GSIPA2M.

[Go to page 16](#)

## 268



**Pages of treatment education** information published.

[Find out more on page 6](#)

## 2,414



**PLHIV interviewed** in our Global Treatment Access Survey.

[Go to page 14](#)

**67% Average price reduction** across 15 target ARVs in four countries under our Make Medicines Affordable work.

[Find out more on page 12](#)



## \$350,000

**Disbursed in small grants** to support community-based organizations and civil society networks to take up national advocacy strategies that address critical treatment access issues. [Go to page 9](#)





**72** COUNTRIES  
REACHED  
THROUGH  
ITPC-SUPPORTED  
PROGRAMS

# IN CASE YOU MISSED IT...HIGHLIGHTS OF THE YEAR



## ▲ JANUARY

Over 120 community activists, civil society representatives, government officials, and key stakeholders representing 34 countries gathered in Marrakech, Morocco for the Global Summit on Intellectual Property and Access to Medicines (GSIPA2M). The three-day live-streamed event sought to re-imagine what the next two decades of TRIPS implementation will (or could) bring.

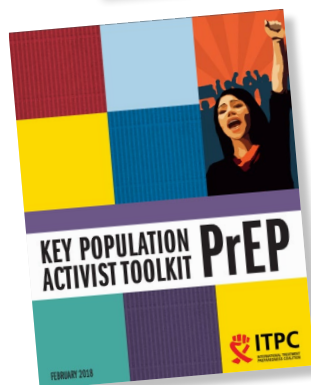
[Read more here >](#)



## ◀ APRIL

The Regional Community Treatment Observatory in West Africa (RCTO-WA) published its baseline findings on treatment access barriers in the region. The study documents the current status of HIV prevention, treatment and care indicators in each of the 10 project countries.

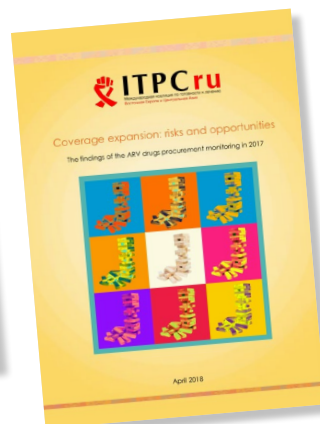
[Read the report >](#)



## ▲ FEBRUARY

ITPC launched the Key Population Activist Toolkit on PrEP, developed to equip community activists with the knowledge and skills they need to demand pre-exposure prophylaxis. The toolkit is available in English, French, and Spanish.

[Download the Toolkit >](#)



## ▲ MAY

ITPCru published a flagship report on ARV procurement monitoring, helping to expose the complicated system by which drugs are procured and costed in Russia.

[Read the report >](#)



## ▲ JUNE

ITPC launched the Activist Development Program (ADP), a new initiative aimed at capacitating and empowering activists around the world. The program kicked off with an inaugural learning exchange in Gaborone, Botswana – bringing together 10 of the world's fiercest activists for a one-of-a-kind experience.

[See more here >](#)

## JUNE

ITPC MENA took the stage at Solidays, a three-day music festival in Paris organized by Solidarité Sida to fundraise for HIV programming in Francophone countries. The two partners, alongside M-Coalition and others, look forward to implementing a new community monitoring project funded by the 5% Initiative.







## ▲ JULY

ITPC ensured the visibility of treatment access issues at the International AIDS Conference in Amsterdam, through hosting and participating in numerous events. At the pre-conference, hundreds of activists from around the world gathered for the Community Activist Summit. Throughout the week, ITPC and partners led an interactive protest called the Bad Pharma Tours.

[Read a summary >](#)

## SEPTEMBER

ITPC is named one of three successful grantees of a new three-year investment from Unitaïd to increase access to medicines, which will build on the work of our Make Medicines Affordable campaign.

[Find out more >](#)



## ▲ OCTOBER

Two community advisory boards (CABs) – one hosted by ITPC MENA and the other by ITPC LATCA – supported local activists from 22 countries to meet with pharmaceutical companies and discuss treatment access issues.

[Learn more >](#)

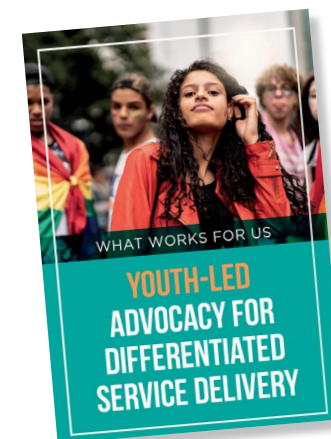
## NOVEMBER

At the PATA Summit in Dar es Salaam, Tanzania, ITPC and ARASA launched a new youth-focused chapter to the Activist Toolkit on Differentiated Service Delivery. The chapter emphasizes how differentiated service delivery (DSD) can address the needs of adolescents and young people.

[Download the Toolkit >](#)

## NOVEMBER

ITPC West Africa co-hosted a panel with UNAIDS on the West and Central Africa Catch-up Plan, demonstrating how community-led monitoring is critical to meeting regional targets.



## DECEMBER

The Global Network of Sex Work Projects (NSWP) and ITPC released the results of a collaborative research project highlighting the impact of stock-outs of commodities and treatments important to sex workers worldwide.

[Read the report >](#)

## DECEMBER

ITPC's Activist Development Program continued to build momentum with its second learning exchange. Using goal setting and program solving tools, the learning exchange focused heavily on the self-care and self-awareness needed to strengthen our ability to advocate effectively.

[Read more >](#)

# TURNING VISION INTO REALITY

In line with the vision outlined in our [Strategic Plan](#), we intensified our efforts in three areas:



**ACTIVATING DEMAND  
FOR HEALTH**

#TreatPeopleRight



**MAKING LIFE-SAVING MEDICINES  
AVAILABLE AND AFFORDABLE**

#MakeMedicinesAffordable



**HOLDING GOVERNMENTS  
AND LEADERS ACCOUNTABLE**

#WatchWhatMatters

On the following pages we recap some of the most important milestones and accomplishments under each of these strategic pillars.



# #TreatPeopleRight

## ACTIVATING DEMAND FOR HEALTH

Treatment education remains at the core of ITPC's work to empower people living with HIV and their allies with information about HIV treatment and access issues.

We continued our efforts on treatment education as the critical first step in mobilizing communities to demand access to life-saving medicines and health care.



## WHAT WE'RE MOST PROUD OF:

-  Launching our new **Activist Development Program** with 10 fierce activists representing Fiji, Kenya, UK, Zimbabwe, Panama, Botswana, Nepal, Nigeria, Ukraine, and Egypt. *Learn more on the next page!*
-  Promoting treatment education through the development our Activist Toolkit on Pre-Exposure Prophylaxis (PrEP) available in English, Spanish, and French, and What Works for Us: Youth-Led Advocacy for DSD available in English and French.
-  Strengthening the **advocacy capacity and HIV treatment knowledge of 194 activists** through national and regional treatment education trainings across the globe.
-  Catalysing demand for routine viral load testing and differentiated service delivery through **\$350,000 in small grants-supported advocacy**. *Read more about the success of this work on the next page!*






# #TreatPeopleRight

## ACTIVATING DEMAND FOR HEALTH



### Improving Access to Differentiated Service Delivery and Routine Viral Load Testing

With support from the International AIDS Society (IAS) and in partnership with the [AIDS and Rights Alliance for Southern Africa \(ARASA\)](#), we supported community networks in 7 countries to advocate for increased access to [differentiated service delivery \(DSD\)](#) and [routine viral load testing \(RVLT\)](#). Over the course of 2018, these organizations raised awareness about inadequate access to DSD and RVLT, met with policy makers to present the needs of PLHIV, and implemented community DSD models.

-  Our partners in India, Malawi, Tanzania and Zimbabwe participated in national consultations and technical working groups to ensure **meaningful engagement of communities in the development and roll out of national DSD guidelines.**
-  Advocacy by country partners in Malawi and Vietnam led to the streamlining of operations at select facilities, which **reduced turnaround times for viral load test results and a greater uptake and awareness of viral load testing among PLHIV.**
-  Country partners in India **successfully set up a community ART refill center, the success of which has inspired expansion to 10 additional sites** in Gujarat state and plans to expand to other states.

### Creating a New Program that Invests in HIV Activists Around the World

There are activists around the world who need a little help to accelerate the work they are doing in their communities. In June 2018, ITPC launched a new initiative called the [Activist Development Program \(ADP\)](#), aimed at providing the support activists need to do more of what they know works.

Over the course of the two-year program, ADP participants – called ADP Fellows – gain technical knowledge and leadership skills through in-person learning exchanges, access information on pressing treatment access issues via an exclusive networking platform, and benefit from on-going mentorship and hands-on networking with global influencers. Over the course of 2018, ADP fellows met twice for [two learning exchanges](#) and will continue to do so through 2020.



***“I never thought I would meet an activist from the opposite side of the world who is going through exactly what I’m going through. Stock-outs, no viral load test. We have the same problems and maybe we can learn from each other to find the solutions.”***

Temo Sasau, ADP Fellow, Fiji

The ADP meets an undeniable need among activists, providing a safe space and a platform to learn, grow, connect, and reflect; and ultimately helping to increase civil society influence and capacity to mobilize movements. [Learn more about the ADP.](#)



# #MakeMedicinesAffordable

## MAKING LIFE-SAVING MEDICINES AVAILABLE & AFFORDABLE



In order to make and keep medicines affordable for all those in need, we need to refocus the global trade agenda so that access to medicines is a core priority.

Since 2015, ITPC has led a consortium of national organizations and legal experts – operating under the campaign name [Make Medicines Affordable](#)

or MMA, – working to remove intellectual property (IP)-related barriers to HIV treatment in middle-income countries.

Since its original conception as a project campaign, Make Medicines Affordable has organically grown and evolved into a global strategic pillar under which all of ITPC's work on

intellectual property and access to medicines is housed. Most recently, the MMA consortium was expanded from four countries to 17 thanks to [renewed investment from Unitaid](#).

In 2018, we intensified advocacy for improved accessibility and affordability of life-saving medicines.

## WHAT WE'RE MOST PROUD OF:

- Hosting the [Global Summit on IP and Access to Medicines \(GSIPA2M\)](#)**, an unprecedented 3-day meeting with over 120 civil society and community experts debating and discussing today's most pressing IP-related treatment access issues. **The GSIPA2M was so successful that ITPC now plans to make it a biennial event!**
- Catalysing an average price reduction of 67% across 15 target ARVs in four countries and contributing to a total annualized financial benefit of \$238 – 345 million** from the work of our [MMA](#) consortium. *Read more about this accomplishment on the next page!*
- Enabling the participation of 33 countries in [community advisory boards](#)** – including in Middle East and North Africa, Latin America and the Caribbean, and Eastern Europe and Central Asia – and promoting civil society engagement with the pharmaceutical industry. [Learn more about our CABs](#).
- Partnering with Intellectual Property Watch to publish a 10-article series highlighting the role of civil society groups** in pushing for the use of TRIPS flexibilities. [Read the series here](#).
- Advocating for the inclusion of sofosbuvir – used in the treatment of hepatitis C – on the List of Vital and Essential Drugs in Russia. As a result, ITPCru helped cut the drug's price from US\$10,000 to \$5,900 for three months treatment.**
- Spearheading collaborative research on IP laws** in Georgia, India, Kazakhstan, Kyrgyzstan, Malaysia, Moldova, Peru and Ukraine, inspired by [an innovative data collection methodology developed by ITPC MENA](#).

# #MakeMedicinesAffordable

## MAKING LIFE-SAVING MEDICINES AVAILABLE & AFFORDABLE



### Removing Intellectual Property Barriers in Middle-Income Countries

In 2018, we continued to remove IP barriers to market competition. MMA partners in Argentina, Brazil, Thailand, and Ukraine each filed patent oppositions on the drug tenofovir alafenamide (TAF). In total, we've filed 14 patent oppositions since the beginning of the project in 2015. Of the five decisions taken during the project period, four resulted in the patent application being withdrawn or the patent being revoked.

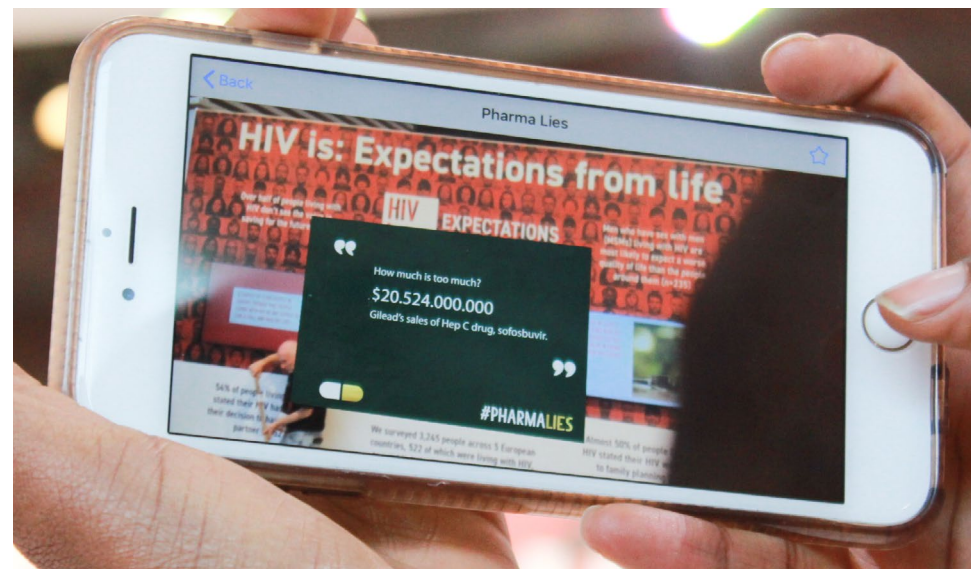
**Based on an independent external evaluation, our consortium's work has resulted in an estimated annualized financial benefit<sup>1</sup> between \$238 – 345 million<sup>2</sup>.** This represents the total financial impact of ARV price reductions achieved through targeted legal interventions, policy dialogue, and law and policy reform strategies. In particular, we supported patent law reform, filed patent oppositions, and advocated for the use of Trade-Related Aspects of Intellectual Property (TRIPS) flexibilities – such as compulsory licensing. [Learn more about our consortium's work.](#)

### Showing the Truth Behind Pharma Lies

Pushing ourselves to innovate and attract a wider audience to our cause, we developed the [Pharma Lies app](#) – an augmented reality experience uncovering the greed of pharmaceutical companies. Available for iOS and Android mobile devices, the app was launched at AIDS 2018 and coupled with the Bad Pharma Tours. When used to scan pharmaceutical booths around the conference venue, [the app displayed facts on how the](#)

[various pharmaceutical companies maximize profits over people](#) – helping to counter Big Pharma's often 'health promoting' marketing lines. The app sought to connect activists with each other and increase awareness about Big Pharma's lies among conference attendees.

**The app was used more than 1300 times and garnered over 200 tweets on social media using #PharmaLies.** To date, there have been articles on [hornet.com](#) and [HIV Norway](#). ITPC and the MMA campaign partners aim to use it as needed in other events or specific campaigns targeting specific pharma companies. [Read more about Pharma Lies.](#)



<sup>1</sup> financial impact of price reductions and the "savings" realized by ARV programs, which they defined as the net reduction in ARV budgets. We reference only the "financial benefit" figures here, as net ARV budget reductions were not a target outcome of the project. In fact, savings enabled by price reductions are typically reinvested into treatment programs, and in some cases, shifting to superior formulations may actually increase per patient costs.

<sup>2</sup> Excludes savings generated by the one-time generic procurement of darunavir (DRV) in Brazil, which are not included in annualized savings figures as the country has reverted to purchasing the branded product.



# #WatchWhatMatters

## HOLDING GOVERNMENTS AND LEADERS ACCOUNTABLE






Community-led monitoring and research offer the potential to increase domestic oversight and advocacy for improvements to HIV treatment.

Watch What Matters is a community monitoring and research initiative that gathers data on access to and quality of HIV treatment globally. It fulfills one of ITPC's core strategic objectives,



to ensure that those in power remain accountable to the communities they serve. Currently, Watch What Matters is implementing several projects including the Regional Community Treatment Observatory in West Africa (RCTO-WA), the Zimbabwe Community Treatment Observatory (ZCTO), and Missing the Target report series.

Over the course of 2018, we supported community-level monitoring of access to medicines and mobilized communities to hold governments accountable to ensure this access.

## WHAT WE'RE MOST PROUD OF:

-  Strengthening our Regional Community Treatment Observatory in West Africa, which collected and analysed over 18 months of data, covering 78,591 PLHIV on ART and 101 health facilities. *Read more about the project's progress on the next page!!*
-  Launching the Zimbabwe CTO – the first of its kind to use digital data collection tools. The data collected over 5 months by the Zimbabwe National Network for PLHIV and Zimbabwe Young Positives covered 10,142 people on ART.
-  Helping Kyrgyzstan become the first country in EECA with a nationally approved human rights-based adherence improvement plan,

thanks to advocacy by the Partners Network Association, supported by ITPCru, through our Missing the Target research on treatment access barriers among PWID. [Learn more about MTT.](#)

-  Partnering with the Global Network of Sex Work Projects (NSWP) on a community-led research project highlighting the impact of stock-outs of commodities and treatment on sex workers worldwide.
-  Reaching 2,414 PLHIV across 14 low- and middle-income countries in our Global Treatment Access Survey. *Learn more about the survey below!*



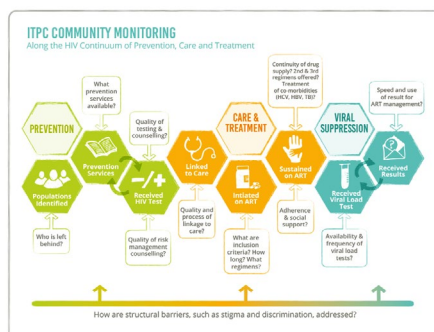
# #WatchWhatMatters

## HOLDING GOVERNMENTS AND LEADERS ACCOUNTABLE



### Scaling-Up Community Monitoring of HIV Services in West Africa

Throughout 2018, ITPC continued the implementation of its [RCTO-WA](#), working to increase access to optimal HIV treatment through the systematic monitoring of HIV care and services in 10 West African countries: Benin, Cote d'Ivoire, the Gambia, Ghana, Guinea, Liberia, Mali, Senegal, Sierra Leone, and Togo. The project involves 10 national community treatment observatories (CTOs) run by national networks of PLHIV and one regional CTO managed by ITPC West Africa and the RCTO project team in Abidjan, Côte d'Ivoire.



A CTO is a mechanism run by a group of community members – like a network of people living with HIV – that systematically and routinely collects data on aspects of prevention, testing, care and treatment services. [To learn more about CTOs, download our step-by-step implementation guide.](#)

During our first year of data collection from July 2017 to June 2018, the RCTO-WA conducted 538 facility visits, 279 key informant interviews, and 110 focus group discussions. The data collected captures treatment access and retention data for 78,591 PLHIV, including 15,442 young people and 9,357 people from key populations.

Moving into 2019, the last year of the project, the RCTO-WA looks forward to publishing its wealth of data and implementing a regional advocacy plan. [Check out some of the other RCTO-WA's publications to date.](#)



### Uncovering Barriers to Quality HIV Treatment Around the World

In 2018, ITPC carried out a global research project known as the [Global Treatment Access Survey](#), aimed at assessing access to quality HIV treatment around the world and highlighting the key achievements and remaining challenges. Building on [ITPC's flagship global research methodology](#), the research included quantitative and qualitative surveys among PLHIV who were receiving services from health care facilities in 14 low- and middle-income countries across seven regions of the world.

In total, the Global Treatment Access Survey included 2,414 quantitative survey interviews with PLHIV and 96 qualitative interviews with PLHIV, health care workers and political stakeholders.

The results have highlighted key advocacy priorities and ITPC is excited to share the key findings in 2019. [Learn more about the Global Treatment Access Survey.](#)





## THE VOICE OF COMMUNITIES

ITPC continues to make strategic and concerted efforts to amplify treatment access issues at key meetings and conferences. Throughout 2018, we participated in global conferences, contributed to scientific literature, and influenced policy by amplifying community voices. On the following pages are some of the most significant events and contributions for us during the year.

## LEAVING OUR MARK AT AIDS 2018

At the International AIDS Conference (AIDS 2018) in Amsterdam, we ensured treatment access issues were brought to the center of a highly-saturated conference. ITPC hosted community events, presented at more than a dozen press conferences, satellite sessions and skills-building workshops, and led and supported protest actions.

[See more on the next page](#)





“I am so glad to be sitting next to all of you. We need new blood. Because if we disappear, people will die.”

We kicked off AIDS 2018 with our Community Activist Summit pre-conference event, attended by more than 250 activists and allies. The Summit provided an opportunity for the group to reflect on the state of activism today and how to address our most critical problems in new and innovative ways. [Check out the three key outcomes of the Summit here!](#)



“Forget the Amsterdam city tour, the **BAD PHARMA TOUR** is the best in town!”


One of the conference's most talked about events was the Bad Pharma Tours. Treatment Networking Zone organizers – including ITPC and the MMA partners – guided activists on an interactive protest through the pharmaceutical stands exposing the truth behind Big Pharma's lies. The tours were not only an opportunity to share information with a wider audience in a fun new way, it also was an important chance to inform conference attendees of the MMA initiative and share information on pharmaceutical practices, intellectual property and access to medicines issues. [See more photos on the Make Medicines Affordable Facebook page!](#)



“If we are honest with ourselves, equity in access to optimal treatment is the elephant in the room.”

Director of Global Programs and Advocacy Wame Mosime co-moderated the highly anticipated session on safety of dolutegravir (DTG) in pregnancy which presented the late breaking findings, interpretations and implications for treatment access and programming. [Get all the latest information from the panel's presentations here!](#)



 “We say this over and over again...  
**TREATMENT EDUCATION** is the critical  
first step to creating demand.”

Executive Director Solange Baptiste explained why treatment education remains central in the fight against HIV at the #UequalsU satellite session! [Check out highlights from her presentations.](#)



*“We need to stop thinking of prevention on one side and treatment on the other. We have to think through the entire continuum as one.”*

IP and Access to Medicines Lead Othoman Mellouk spoke at a session about the politics of PrEP, reminding everyone that there is no 'one size all' approach. [See his main talking points here!](#)

# SERVING IN CRITICAL SPACES OF INFLUENCE

In 2018, ITPC participated in over two dozen high-level meetings including the Banbury Think Tank, International Association of Providers of AIDS Care (IAPAC) Summit, and International Francophone Conference on HIV and Hepatitis (AFRAVIH). We're proud to have influenced decision-making across multiple platforms that help shape the treatment access agenda. Here are some examples of key spaces where we do that:



## WHO HIV Drug Resistance Network (HIVResNet)

Based on our current work in community monitoring, ITPC was invited to join the steering group of the [WHO HIV Drug Resistance Network \(HIVResNet\)](#). Functioning as co-chair of Working Group 5 on Advocacy, we represent community issues and bring to the table direct experience tracking quality of service delivery in our Regional Community Treatment Observatory in West Africa. The advocacy working group will be working to develop a standardized framework for community monitoring of quality HIV care and treatment and an advocacy plan to increase awareness around HIV drug resistance.



## Coverage, Quality and Impact of HIV Services (CQUIN) Network by ICAP

ITPC is a community engagement partner with [ICAP at Columbia University](#) in the scale-up of differentiated service delivery (DSD) models as part of their [CQUIN project](#). Over the course of 2018, during several meetings held in Mozambique, eSwatini, and Ethiopia, ITPC encouraged participants to consider what effective community engagement should look like, especially when looking at the quality aspects of service delivery. We have even been able to shape the language used at the Network-level from 'patients' to 'recipients of care.'



## Forum on the Risks of Periconceptional Dolutegravir Exposure

In response to data from the Tsepamo birth defect surveillance study in Botswana, HIV treatment guidelines groups from around the world have made recommendations on the potential safety risks of post-conception DTG exposure. The IAS convened a high-level group of experts to discuss data quality, data interpretation and appropriate messaging of the risks and benefits of administering ART such as DTG to women living with HIV of child-bearing potential. Forum participants include representatives from IAS, CDC, ITPC, AfroCAB, HIV iBase, WHO, Gates Foundation, EGPAF, Botswana Ministry of Health, UCL, Georgetown University, PENTA, and others. To date, the forum has developed and published a [FAQ and Interim Considerations reference guide](#).



## African Society for Laboratory Medicines (ASLM)

Following participation in ASLM's Laboratory Medicine (LabCoP) online sessions and in-person workshops, ITPC was invited to join the [LapCoP Project Oversight Committee](#) in October 2018. Our Executive Director Solange Baptiste serves on the committee alongside representatives from CDC, WHO, Global Fund, CHAI, Gates Foundation, and Unitaid.

# BEYOND THE NUMBERS

Change takes time, and in our line of work immediate and quantifiable results can take years to actualize – but in the critical moments where **advocacy is met with real and lasting change, the impact is felt universally.**



Loon Gangte

February 26 at 8:48am · 🌐

One box is tick out of 2 advocacy goal for this year.  
Routine Viral Load test for all now, hellyeah!!



👍 Like

💬 Comment

➦ Share

Loon Gangte, Regional Coordinator of ITPC South Asia, shares the news on Facebook.

## Communities Champion Historic Win on Routine Viral Load Testing in India

Leading up to 2018, India's National ARV Programme was implementing 'targeted viral load testing', where recipients of care on first-line ART could only receive a viral load test after being referred to the State AIDS Clinical Expert Panel who would review each request based on a set of clinical criteria. This cumbersome process left viral load testing out of reach for many. And with only ten viral load machines in entire the country, only 1.5% of the 1.2 million people living with HIV on ART could obtain a viral load test each year.

In 2017, ITPC South Asia, Delhi Network of Positive People (DNP+), and partners brought the [Be Healthy – Know Your Viral Load campaign to India](#), building on the momentum gained by activists across over thirty countries in Africa, Asia, and Latin America and the Caribbean since 2015. Through the campaign, they were able to share results of community-led research on viral load testing that provided undeniable evidence to National AIDS Control Organization (NACO)

and UNAIDS. Following a series of meetings and advocacy letters presenting the compelling case for and demanding the implementation of routine viral load testing nationwide, **their efforts were rewarded with a historic win.** On 26 February 2018, the Union Minister for Health and Family Welfare, Shri JP Nadda, launched the *Free Routine Viral Load Testing for All People Living with HIV Initiative* – declaring viral load testing be made available at no cost and increasing laboratory capacity to respond to the uptake of service.

**This is a vital victory for the health of PLHIV communities across India, helping to ensure that treatment monitoring is accessible and affordable for all.** ITPC South Asia and partners celebrated this momentous occasion and continue to use it as a foundation for on-going advocacy to further improve access and quality of HIV services.

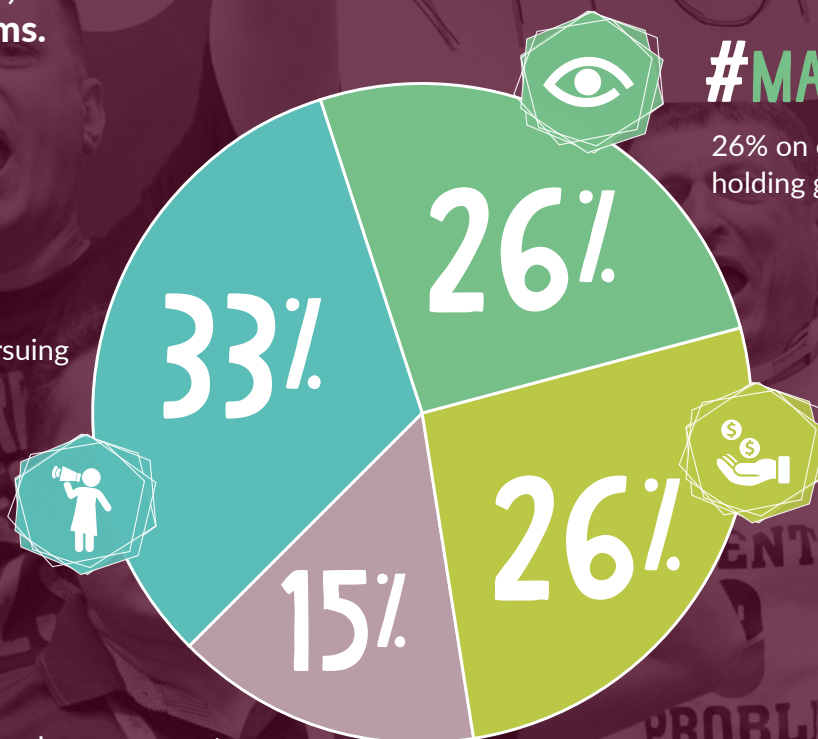


# VALUE FOR MONEY

In 2018, ITPC continued to exemplify value for money. Over the year, 85 cents of every dollar went to programs.

## #TREATPEOPLERIGHT

33% of our overall budget was spent pursuing our #TreatPeopleRight strategic pillar, to activate health demand for health.



**Only 15%** of our funds were spent on operations (administration, finance, development and communications).

## #MAKEMEDICINESAFFORDABLE

26% on our work to #MakeMedicinesAffordable holding governments and leaders accountable.

## #WATCHWHATMATTERS

26% on our #WatchWhatMatters campaign to hold governments and leaders accountable.

Out of the total spent on programs in 2018,

**48%** We transferred nearly half (48%) in grants to regional networks and consortium partners.

**52%** The remaining 52% was spent on global programs that included: coordinating community research and regional campaigns, providing training and technical support, consulting partners and engaging in advocacy at regional and global levels.

# THANK YOU

## DONORS

We are grateful to our progressive and dedicated donors who continue to believe in our vision, invest in the value of communities, and make our work possible. In 2018, ITPC thrived thanks to the generous support of:

**Aidsfonds**

**AJG Foundation**

**Dutch Ministry of Foreign Affairs  
- Bridging the Gaps II Alliance**

**International AIDS Society**

**Levi Strauss Foundation**

**Open Society Foundations**

**Robert Carr Fund**

**The Global Fund to Fight AIDS,  
Tuberculosis and Malaria**

**Unitaid**

**ViiV Healthcare**

## ITPC GLOBAL BOARD

We thank the Global Board for their continued support and invaluable guidance.

**Gregg Gonsalves,**  
Chair, USA

**Ava Avalos,**  
Vice Chair, Botswana

**Polokoetsile Motau,**  
Treasurer, Botswana

**Nompumelelo Gumede,**  
South Africa

**Jarasa Kanok,**  
USA

**Karyn Kaplan,**  
USA

**Nathaniel Wong** (from Nov 2018), USA

## ITPC GLOBAL TEAM

We are a small, dedicated team who are proud to commit our energy, expertise, and creativity to this important work each and every day.

**Solange Baptiste,**  
Executive Director

**Wame Mosime,**  
Director of Global Programs and Advocacy

**Othoman Mellouk,**  
Intellectual Property and Access to Medicines Lead

**Alain Manouan,**  
Community Treatment Monitoring Project Director

**Bactrin Killingo,**  
Treatment Education Co-Lead (from Dec 2018)

**Tracy Swan,**  
Treatment Education Co-Lead (from Dec 2018)

**Trisa Taro,** Program Impact Manager

**Pedro Garcia,** Monitoring & Evaluation and Research Manager

**Helen Etya'ale,** Program Coordinator

**Elizabeth Tejada,** Director of Finance and Administration

**Norma Masheleng,** Finance Manager

**Mercy Motasi,** Executive Assistant (from Nov 2018)

