

8,500 AIDS DEATHS WORLDWIDE EVERY DAY

AIDS TREATMENT




ITPC
INTERNATIONAL TREATMENT
PREPAREDNESS COALITION
ANNUAL REPORT 2013



MACIDE

The background is a solid dark orange color. Overlaid on this are several large, semi-transparent, lighter orange geometric shapes. These shapes include curved lines, triangles, and irregular polygons, creating a layered, abstract pattern. The shapes are positioned primarily on the left and bottom-left sides of the page, leaving the right side more open for text.

VISION

To ensure longer, healthier
and more productive lives
for all people living with HIV

MISSION

To enable communities in need
to access HIV treatment

FROM THE EXECUTIVE DIRECTOR AND THE GLOBAL ADVISORY BOARD CHAIR



We are proud to present ITPC's first global annual report, highlighting the many achievements and challenges of 2013, our 10th anniversary year. We are at a crossroads in the global response to HIV: better treatment is available, more people are on treatment globally and some gains have been made to address the human rights of all people, including those who are the most disenfranchised. At the same time, we see less long-term commitment by the global community to keep AIDS on the international policy agenda and we still observe mind-boggling gaps in the availability, affordability, accessibility and quality of treatment in many countries. We are still a long way off from all people everywhere in the world fully realizing their right to health.

While the rhetoric about the importance of community engagement in the HIV response continues, the reality on the ground reveals communities are still not an integral part of treatment provision. At ITPC, we know that authentic grassroots-driven responses are complex, complicated and challenging. But we also know that we need communities to hold their governments accountable; to provide peer-driven services that link patients to testing, treatment and care; and to stand up for the human rights of those who are marginalised.

The real-world solutions needed to overcome the unique obstacles people living with HIV in the Global South face in accessing treatment must come from the ground up. They must be designed and executed by community activists in the field – activists who know why drugs go missing in Ukraine; why doctors keep patients waiting in The Gambia; and how intellectual property rights are raising treatment prices in Morocco. ITPC helps these activists and their organisations develop and deploy the advocacy tools they need to increase treatment access for their communities. And, after a decade of experience, ITPC is uniquely poised to lead the HIV movement forward to secure treatment for the 25.9 million people who are eligible.

This report highlights the specifics of how ITPC, as a global network, harnesses the efforts of our nine Regional Networks to increase treatment access for those in need. You'll learn how research we are spearheading is being transformed into provocative advocacy actions that are reducing drug prices, challenging corrupted practices, stamping out stigma and discrimination and, most importantly, saving lives. You'll learn how many of these accomplishments were made possible because of the significant organisational improvements we've implemented and continue to explore, including new leadership and independent registration of ITPC's Global Secretariat and Regional Networks.

We are, in fact, a true coalition – one comprised of economically, politically and culturally diverse people from across the Global South. Though the fight for access to HIV treatment is what connects us, HIV is not what defines us. Rather, we are defined by the fight we are waging – and winning – to achieve the right to health that all people need and deserve.

Morolake Odetoynbo
Chair
ITPC Global Advisory Board

Christine Stegling
Executive Director
ITPC Global Secretariat

OUR ROLE: A GRASSROOTS MOVEMENT FOR TREATMENT ACCESS

ITPC was born in 2003 when a group of 125 treatment activists from around the world, including 65 countries of the Global South, gathered in Cape Town, South Africa to demand a rapid and community-driven increase in access to HIV treatment for the millions in need. One decade later, ITPC continues to be comprised of engaged grassroots community members working to expand access to HIV treatment and other essential medicines globally.

ITPC is driven and led by those most impacted by the pandemic. ITPC's Regional Networks have cultivated the leadership of gay and other men who have sex with men, women, people who use drugs, sex workers, young people and other marginalised groups, many of whom also guide ITPC's global advocacy. With investment and support from ITPC, activists around the world have documented unmet needs, delivered health services and advocated for more responsive health systems.

ITPC's community advocacy remains vital in the face of today's challenges. Despite new and improved treatments that have transformed HIV infection from a near-certain death sentence to a chronic condition, pharmaceutical shortages, or drug stock-outs, make it impossible for many to begin and maintain treatment regimens. Globally, 50% of people living with HIV are unaware of their HIV status; and stigma and human rights violations prevent people living with HIV from accessing quality healthcare. The treatment coverage gap is as high as 85% in the Middle East and North Africa, 75% in Eastern

“What makes ITPC unique is that the network brings together science-informed and politically savvy community activists around the most important issue in the HIV response – making sure that everyone living with HIV has access to treatment if they need it regardless of where they live.”

BEN PLUMLEY
GLOBAL ADVISORY BOARD MEMBER

Europe and Central Asia, 54% in Asia and the Pacific and 44% in sub-Saharan Africa (UNAIDS 2013).

These numbers are inexcusable, especially since treatment is available, but not accessible. In addition, the release of the 2013 World Health Organization Consolidated Guidelines on Antiretroviral Drugs for Treating and Preventing HIV Infection (WHO Guidelines) estimates 25.9 million people are now eligible for treatment. Yet implementing this “public health approach” to treatment and prevention will require radical re-thinking of how treatment is currently delivered in most countries, where even those medically in need of treatment cannot access it. The WHO Guidelines present a significant challenge and opportunity – WHO estimates as many as three million AIDS-related deaths and three

and a half million new HIV infections could be prevented between now and 2025 if the Guidelines are implemented successfully.

In the pages that follow, which detail our achievements throughout 2013, you'll learn the specifics of how ITPC's Global Secretariat and nine Regional Networks continue to build a vibrant treatment advocacy movement. You'll learn how we are implementing unique community-level research and supporting communities to transform research into national advocacy. You'll learn how we are investing deeply in the capacity building of community treatment activists through hands-on treatment education. You'll learn how all of these accomplishments were made possible because of the significant organisational improvements we've implemented and continue to explore, including new leadership and the independent registration of ITPC's Global Secretariat and Regional Networks; serious efforts to address the sustainability of our work; improvements in our communications and a forward-looking organisation-wide assessment of the diverse challenges we must overcome. Most importantly, you'll learn how ITPC's efforts continue to solidify our niche as an international HIV treatment activist network.

“Through our programming in 2013, you can see that grassroots communities are at the center of our work. ITPC is my home because the organisation stands up for the needs of the voiceless.”

ROSE KABERIA
ITPC EASTERN AFRICA REGIONAL DIRECTOR

organisations, four global networks and more than 70 grassroots organisations. As a core global network partner, ITPC continued to implement initiatives in East Africa, Eastern Europe and Central Asia, South America and South Asia, designed to tackle the human rights obstacles that key populations face in accessing HIV health services. ITPC issued small grants for community-led activism, provided trainings on treatment access issues and conducted global advocacy based on input from Bridging the Gaps partners.

Natalia Isaleva, a former sex worker and chief executive officer of the Kirovograd regional branch of LEGALIFE in Ukraine, used a small ITPC grant through Bridging the Gaps to connect her community to mobile and rapid CD4 testing, providing a cheaper and more accurate CD4 count to people living with HIV residing outside of urban areas. Natalia's efforts have put LEGALIFE and other community activists in negotiations with rapid testing manufacturers, HIV service organisations, the head of the national

GLOBAL IMPACT FROM THE GROUND UP

ITPC is more than the sum of its parts: it is a global entity directed by nine Regional Networks of grassroots activists that articulate the needs of their communities. Most networks are governed by boards composed primarily of people living with and/or affected by HIV. The ITPC Global Secretariat is the hub that brings these regional networks together into a coalition of mobilised actors.

ADDRESSING HUMAN RIGHTS BARRIERS TO ACCESSING TREATMENT

In 2013, ITPC continued to play a critical role in advancing the Bridging the Gaps program. Formed in 2011, Bridging the Gaps is a groundbreaking global program that aims to achieve universal access to the prevention of HIV and sexually transmitted infections and treatment, care and support for sex workers; lesbian, gay, bisexual and transgender people; and people who use drugs. The program is a partnership between five Dutch-based

2013 IMPACT AT A GLANCE

- **72,693** people referred to health services including the prevention, care and treatment of HIV; opportunistic infections; Tuberculosis; and sexually transmitted infections.
- **173** significant policy changes achieved, including the implementation of transportation concession cards for people living with HIV in Goa, West India; the commitment to secure CD4 count machines in six cities across Bangladesh; improved HIV testing and outreach for men who have sex with men by the Belize Ministry of Health; and the insertion of an article into the Administrative Code of the Republic of Moldova that prosecutes persons who violate the privacy of people living with HIV.
- **72,300** people participated in **8,586** advocacy activities including meetings with government officials, the dissemination of official advocacy letters, the organisation of advocacy rallies and the formation of new coalitions.
- **59,697** people received education to improve their knowledge on HIV transmission and prevention, antiretroviral treatment, prevention of vertical transmission, Hepatitis, treatment adherence and sexual and reproductive health and rights.
- **658,408** HIV information-related materials distributed including booklets, flyers, CDs, posters, t-shirts and videos.
- **22,910** people were counseled on social aspects of HIV treatment-related issues, including stigma and discrimination and relationship concerns.

reference laboratory and the Ministry of Health. Through LEGALIFE's lobbying efforts, Ukraine's national Clinical Antiretroviral Therapy Guidelines are now considering including this technology.

An ITPC Bridging the Gaps small grant resulted in similar success for the Uganda Harmonised Rights Alliance (UHRA). UHRA used their grant to conduct trainings for health workers on providing appropriate and rights-based care to local sex workers, which resulted in improved quality of services at the local health care facilities. UHRA also organised treatment literacy workshops for sex workers. One workshop participant, Jane, a sex worker from Kawempe, reported attending the workshop after a failed suicide attempt. She said that she didn't know where to get HIV medicine, or how to make the right food choices to maintain her health. During the workshop, she learned about friendly health workers she could contact to discuss her health needs. Since connecting with medical and peer support, Jane is no longer isolated.

Around the world, severe stigma and discrimination continue to impede the ability of women living with HIV to access treatment. In 2013, ITPC, in partnership with other global organisations, began investigating the current barriers that exist for women as a result of a perceived HIV diagnosis. The partnership between ITPC and the Coalition of Organisations of Women Living with HIV in Cote d'Ivoire resulted in the publication "Experiences of Stigma and Discrimination Against Pregnant Women and Mothers Living with HIV in Cote d'Ivoire." This report, which



includes anecdotal data from more than 20 women speaking openly about the issues they confront in realizing their sexual and reproductive health, provides heart-breaking proof that the indifference of healthcare workers, the self-stigma that can accompany an HIV-positive diagnosis and the isolation from confused and/or outraged family members all seriously impact HIV positive women's ability to live healthy and happy lives.

Also in 2013, ITPC developed an initiative entitled *Leadership for Life*, in partnership with the Global Network of People Living with HIV (GNP+) and the International Community of Women Living with HIV, that looks to remedy the lack of involvement that women living with HIV have around the decision-making that affects their health and the health of their children. This partnership resulted in two pilot rapid situation assessments that included one-on-one interviews and focus groups involving hundreds of women (and in some cases, their partners) on how to better

involve women living with HIV in health-related decision-making.

GLOBAL AND REGIONAL ADVOCACY FOR THE RIGHT TO HEALTH

In 2013, part of ITPC's advocacy focused on mobilizing communities to quickly react to global health developments. ITPC responded to the new WHO Guidelines in June 2013 by issuing a press statement that the Guidelines were "a step in the right direction" but outlining our concerns - such as the failure to specify the unique role communities play in supporting access to HIV services, as well as not encouraging governments to pass laws aimed at reducing stigma and discrimination towards people living with HIV.

In response to the Guidelines' release, ITPC developed plans in 2013 for global monitoring of the Guidelines implementation from a community perspective. In 2014, ITPC Regional Networks will conduct live monitoring of the Guidelines' implementation in over 18 countries. In each of these countries, patients, clinicians and policymakers will provide standardised and verifiable feedback. ITPC will release the results of this community-led research at the July 2014 International AIDS Conference, along with a campaign to support country-level advocacy for the Guidelines' implementation and community involvement.

Another core area of our work in 2013 was increasing knowledge among civil society, government officials and other decision-makers to catalyse further debate about intellectual

property rights and public health. Throughout 2013, ITPC has emerged as a leader uniquely positioned to tackle intellectual property issues from a community perspective, to build the capacity of community members to engage in this highly technical arena and to support national-level coalitions to pressure governments to avoid taking actions that would compromise access to essential medicines.

In June 2013, Othoman Mellouk, the regional coordinator of ITPC MENA and the leader of ITPC's global advocacy for equitable trade and intellectual property policy, represented ITPC at a meeting on intellectual property and access to HIV treatment in middle-income countries that was organised by UNAIDS, UNITAID, WHO and the Brazilian government. This meeting, held in Brasilia, Brazil, was both a direct outcome of ITPC's advocacy work and a milestone in achieving consensus around the impact of intellectual property barriers on access to treatment.

In November 2013, ITPC released a joint policy brief with GNP+, the Global Forum on MSM & HIV, the International Network of People Who Use Drugs and the Global Network of Sex Work Projects entitled "Access Challenges for HIV Treatment Among People Living with HIV and Key Populations in Middle-Income Countries." The brief documents how access to essential medicines in middle-income countries – including improved antiretrovirals – is in jeopardy due to pricing and patent constraints, the broader regulatory environment and lack of investment in research and development.

ITPC also occupies an important position on the UNAIDS Programme Coordinating Board Non-Governmental Delegation, which influences UNAIDS Board decision-making. At the UNAIDS Programme Coordinating Board meeting in December 2013, ITPC and allies succeeded in securing intellectual property issues as a topic of serious discussion for the Board's meeting in June 2014, which will raise intellectual property concerns among governments and HIV decision-makers.

One of ITPC's core initiatives is the Missing the Target series of reports that, for the past decade, has been critical in helping community activists hold governments and global institutions accountable to their commitments to guarantee access to treatment. ITPC's Missing the Target model is unique in empowering communities

affected by HIV to both understand research methodology and undertake community-led research. This research often reveals overlooked challenges, the solutions to which are then the focus of strategic advocacy actions. To date, Missing the Target has supported communities affected by HIV in more than 30 countries to expose, document and resolve challenges to treatment access through lasting policy change. As a result of the Missing the Target Cycle 10 research, community-level advocacy resulted in the following achievements.

ITPC Central Africa is now recognized as a go-to source for information around treatment access on the ground. Subsequently, activists in the region are now invited more frequently to attend meetings where HIV treatment policy decisions are made and to participate in ongoing treatment debates.





ITPC's Russia network, ITPCru, undertook advocacy actions that persuaded local Ministries of Health across Russia to initiate the development of a price reduction strategy for antiretrovirals that includes direct involvement of community activists.

In India, ITPC South Asia's campaign to demand phase out of the toxic antiretroviral drug stavudine (d4T) catalysed India's National AIDS Control Organisation to officially endorse, and initiate, a phase out of d4T and replacement with more optimal antiretrovirals.

Concurrent with the advocacy actions for Missing the Target 10, community-level research was conducted for the 11th report in the

series, released in early 2014. Missing the Target 11 examines the challenges faced by sex workers in the Majengo



district of Nairobi, Kenya and orphans and vulnerable children affected by HIV in the Buyende District, Uganda. The research has revealed a disheartening number of complex barriers that continue to hinder access to treatment. ITPC looks forward to reporting on the continued advocacy wins generated by Missing the Target 10 and Missing the Target 11 in the months to come.

BUILDING THE CAPACITY OF COMMUNITY TREATMENT ACTIVISTS

ITPC's efforts to build the capacity of treatment activists in 2013 continued to be a collaborative process between the ITPC Global Secretariat and the Regional Networks. ITPC Global Secretariat staff continuously support the Regional Network staff through technical assistance, monitoring and evaluation, preparation for key regional and global advocacy meetings, curriculum development, development of regional boards, grantmaking, fundraising, financial management and human resources. In each region where ITPC works we also provided grants to support community-driven advocacy projects and held capacity-building workshops for grantees prior to the implementation of their funded projects. Another highlight of 2013 has been research trainings with our Missing the Target 11 country teams from Kenya and Uganda.

OUR ORGANISATION: INTERNAL AND EXTERNAL IMPROVEMENTS

“With Christine, ITPC has found not only a strong proponent of community activism, but also a seasoned advocate and strategist. Under her leadership, we look forward to further expanding the key role ITPC plays in ensuring that the needs of people living with HIV remain paramount.”

**MOROLAKE ODETOYINBO
ITPC GLOBAL ADVISORY BOARD CHAIR**

LEADERSHIP AND INDEPENDENT REGISTRATION

In May 2013, the ITPC Global Advisory Board successfully concluded an extensive international search that led to the appointment of Christine Stegling as executive director of the global network. Ms. Stegling started her work in the field of HIV and human rights in the late 1990s in Botswana, initially working for the Ministry of Health, then as a lecturer at the University of Botswana, and for eight years as the executive director of the Botswana Network on Ethics, Law, and HIV/AIDS (BONELA). Under her leadership BONELA became a leading HIV organisation in the country and was a founding member of the AIDS Rights Alliance of Southern Africa (ARASA). Prior to joining ITPC, Ms. Stegling was the associate director

of the HIV Best Practice Unit at the International HIV/AIDS Alliance in the United Kingdom.

Christine’s appointment subsequently drew the attention of Open Society Foundations, resulting in ITPC receiving an inaugural New Executives Fund grant in 2013. The prestigious grant, which was established to provide financial assistance to nonprofits around the world that are working to promote social change, allowed Christine to hit the ground running and to quickly put her ideas into action. Specifically, resources from this grant supported an ITPC global strategy meeting, held over a five-day period in October 2013 in Johannesburg, South Africa. The meeting brought together representatives from ITPC’s nine Regional Networks, the Global Secretariat, the Global Advisory Board,



“The Global Secretariat’s independent registration in Southern Africa ensures ITPC’s future is physically and ideologically rooted in the Global South. While ITPC continues to envision a decentralized Secretariat with key staff hosted in different regions, basing our core team in Southern Africa will contribute to renewed partnerships with regional organizations and ensure we better serve the region with the highest HIV prevalence.”

CHRISTINE STEGLING
ITPC EXECUTIVE DIRECTOR

the Asia Pacific Network of People Living with HIV (APN+) and ARASA to proactively address big picture questions about ITPC’s role as a global network, as well as improving ITPC’s global advocacy and communications approaches.

Under Ms. Stegling’s leadership, one of the priorities of ITPC’s Global Secretariat is to transition away from our current fiscal sponsor, the Tides Center, and to register independently. Independent registration will help

meet three organisational needs: improved structure; increased transparency and accountability to affected communities; and community ownership leading to strengthened organisational sustainability.

In 2013, the Global Advisory Board resolved that the Secretariat should register in South Africa given the country’s high HIV burden and symbolism of registering in the country of ITPC’s creation. Subsequently, the ITPC Board also decided to conduct further due diligence by considering the possible legal and financial implications of registering in other Southern African countries as well. We are confident that in this way we will ensure the best fit for ITPC’s needs when we register in Southern Africa and we look forward to announcing our registration and the related transition plans by the end of 2014.

COMMUNICATING MORE STRATEGICALLY

During 2013, ITPC renewed our communications strategy to increase the role communications plays in advancing our advocacy agenda. For example, the Missing the Target 11 process of documenting treatment gaps on the ground was expanded in 2013 to include an advocacy and communications component; several regional websites were developed, such as those of ITPC Latin America which includes a mechanism through which community members can report drug stock-outs as they occur; and ITPCru developed hard-hitting videos and cultivated their regional listserv in Russian.

At its global meeting in Johannesburg, the ITPC collective

also made a number of commitments to improve external communications mechanisms to ensure ITPC’s work is disseminated effectively and new members are engaged in the movement. ITPC’s internal communications continue to be cost-effective; in addition to hosting staff and board meetings online, ITPC began hosting monthly calls to discuss urgent treatment advocacy issues with Regional Networks and partners worldwide.

RETHINKING OUR ROLE AS A GLOBAL NETWORK

In 2013, we assessed our network’s strengths and weaknesses, and have begun implementing a series of internal changes to ensure ITPC remains relevant in the global health landscape. ITPC – like other global networks tackling structural issues – faces challenges in meaningfully measuring our impact. Change is often slow and does not occur within short time periods. However, ITPC is committed in 2014 to improving our evaluation model so we can more clearly track, monitor and understand the impact of our work. At the same time ITPC is putting in place measures to ensure the increased financial sustainability of our Regional Networks, including through supporting more regional-based fundraising. In 2014, ITPC will also embark on a new strategic plan for the following three years, and this process will include critical input from a range of diverse actors from within and outside of ITPC’s networks.

From ITPC’s reflections so far, a few things are clear. ITPC welcomes the global consensus that governments

must assume ownership of their health systems and HIV responses, ensuring resources are allocated appropriately at the national level. However, many countries lack the political will to provide adequate funding for health, and mobilising adequate resources for authentic community activism is increasingly difficult, especially in an environment of decreasing resources for middle-income countries. These countries comprise a growing share of the global HIV burden, but have lower rates of antiretroviral treatment coverage compared to low-income countries. While it is estimated that 57% of people living with HIV were in middle-income countries in 2010, it is projected that 70% of people living with HIV will be in middle-income countries in 2020. The gap in treatment coverage is also expected to grow, with estimates suggesting that in 2020 only 33% of eligible patients in middle-income countries and 37% in low-income countries will be receiving treatment.

As some governments anticipate increasing HIV treatment for millions of people in the context of preventing new infections, continued inequity gaps emerge in each country and for specific communities. At the same time, other countries continue to violate the human rights of people living with or affected by HIV through laws and policies that impede the HIV response and make treatment scale-up impossible. It is in this context that ITPC continues to play a crucial role to enable all communities to demand full realisation of the right to health. This can only be done through strengthening local coalitions to address

gaps at the national level, and through leveraging cross-regional collaborations to tackle the systemic barriers preventing access.

While HIV treatment remains our focus, ITPC recognizes it cannot be addressed in isolation. Twelve years after the World Trade Organisation's "Doha Declaration on the Trade-Related Intellectual Property Rights Agreement and Public Health" – which allowed countries to ignore patent protections and issue compulsory licenses to ensure lifesaving medications reach people in need – few countries have utilized these flexibilities. Free trade agreements on the horizon may further hinder the ability of people living with HIV to access affordable drugs. Moving forward, ITPC will seek innovative collaborations to ensure communities mobilise around access to all essential medicines – such as new Hepatitis C drugs that are entering the market at exorbitant prices. Only through addressing intellectual property barriers within a broader, more inclusive coalition can we realize a world where all people have access to the medicines they need.

“There is no other HIV organisation that occupies decision-making positions at the global level, the regional level and the country level like ITPC.”

JOHN ROCK
GLOBAL ADVISORY BOARD MEMBER

ITPC REGIONAL NETWORKS

In the pages that follow, you will read about ITPC's Regional Networks.

Originally conceived to facilitate community-driven grantmaking to grassroots HIV treatment initiatives, the networks have now grown to also assume leadership and advocacy roles. In 2013, the networks achieved real-world advances through nurturing community activism with more than 30 active grantees – to which we committed \$635,000 in direct financial support. Community activists increased access to life-saving HIV treatment, game-changing policy initiatives and international-level negotiations that have transformed HIV treatment policy.

ITPC's Regional Networks are:

ITPC CARIBBEAN

ITPC LATIN AMERICA

ITPC MIDDLE EAST AND
NORTH AFRICA

ITPC WEST AFRICA

ITPC CENTRAL AFRICA

ITPC EASTERN AFRICA

ITPCru

ITPC CHINA

ITPC SOUTH ASIA

ITPC works through a strategic partnership with ARASA in Southern Africa and in Asia and the Pacific with APN+.

ITPC CARIBBEAN



ITPC CARIBBEAN'S efforts throughout 2013 resulted in significant growth of the organisation's influence at the community and international levels. In 2013, ITPC funded five organisations that successfully connected nearly 4,000 men and women to services that include prevention, care and treatment for HIV, sexually transmitted diseases and opportunistic infections. Additionally, ITPC Caribbean has mobilised more than 1,200 people for targeted advocacy work. In addition to supporting local grassroots organisations to connect people living with HIV to treatment, ITPC Caribbean worked to address the structural barriers impeding treatment access, achieving several specific wins in 2013:

ITPC Caribbean hosted a meeting in the Dominican Republic that resulted in a coalition of seven organisations united in an effort to revise the existing "Law on HIV and AIDS." The coalition, led by ITPC Caribbean, submitted an injunction to modify articles in the national law that criminalise HIV transmission.

ITPC Caribbean presented at the

33rd UNAIDS Programme Coordinating Board meeting, where they delivered an intervention on the treatment gaps for adolescents living with HIV, as well as the potential impact of Free Trade Agreements on access to medicines. As a result of this advocacy, the board adopted a decision-point to "ensure that national programs effectively address the barriers to HIV testing and treatment faced by children and adolescents."

ITPC Caribbean regional coordinator, Carlo Oliveras, became the steering committee chair of the HIV Young Leaders Fund – a resource mechanism modeled on ITPC's signature community-driven

approach to grantmaking and advocacy – that is both led by, and designed to engage, youth affected by HIV.

Mr. Oliveras's leadership of the Fund will help ensure new voices enter the treatment advocacy movement, as well as strengthen ITPC's ability to respond to the needs of young people living with HIV.

Carlo Oliveras
Regional Coordinator
ITPC Caribbean
San Juan, Puerto Rico
office: +17875012048
e-mail: co@itpc-latca.org
www.ctagitpc.com

ITPC CARIBBEAN IN BRIEF

ITPC Caribbean is a coalition of activists that hail from countries that include Antigua/Barbuda, Aruba, Bahamas, Belize, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Puerto Rico, St. Lucia, Suriname and Trinidad & Tobago. Since 2005, ITPC Caribbean has distributed more than \$1.1 million in grants to 86 community-based organisations. ITPC Caribbean's main goal is to increase access to HIV treatment, particularly among marginalised communities, and has been successful in drawing attention to the unique treatment needs affecting adolescents and young people living with HIV. ITPC Caribbean is part of the fiscal and administrative hub, ITPC Latin America and the Caribbean, that is headquartered in Guatemala City, Guatemala.

ITPC LATIN AMERICA'S strategy unites regional, national and local networks of HIV activists to collaborate, give consensus and generate synergy across activist movements. In 2013, ITPC Latin America funded four organisations that successfully connected 1,238 men and women to services like counseling and treatment for HIV and opportunistic infections. In addition:

ITPC Latin America developed an important tool in the "Second Study of Prices of ARVs and Factors Related to Six Latin American Countries: Bolivia, Ecuador, Honduras, Guatemala, Nicaragua, and Peru." This study transformed data into real advocacy actions that have ignited ongoing community mobilization to guarantee access to HIV treatment.

ITPC Latin America mobilised more than 50,000 people for advocacy activities. ITPC Latin America's advocacy helped secure an increase of the annual national HIV budget from \$40 million to \$98 million in Guatemala.

ITPC Latin America activists successfully called for the addition of third-line

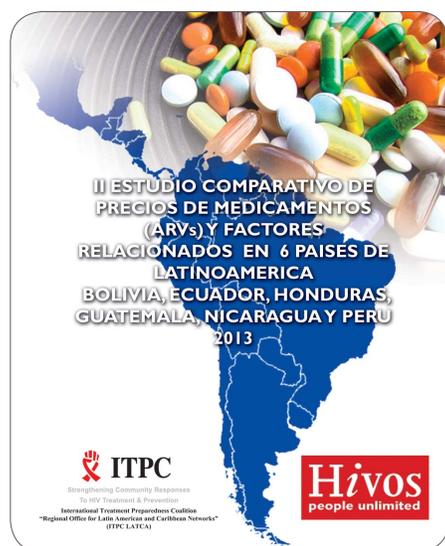
ITPC LATIN AMERICA IN BRIEF

ITPC Latin America is a coalition of activists currently operating in Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay and Venezuela. Since 2005, ITPC Latin America has distributed more than \$1.1 million to 89 organisations. Their efforts focus on guaranteeing access to quality HIV treatment. In the past year, ITPC Latin America has prioritized sustaining the financial resources required to meet the needs of communities impacted by HIV and training activists to overcome the barriers posed by pharmaceutical patents. ITPC Latin America is part of the fiscal and administrative hub, ITPC Latin America and the Caribbean, and is headquartered in Guatemala City, Guatemala.

treatment into the new treatment guidelines of some countries in the region. Without third-line treatment, people living with HIV who experienced treatment failure had no other options. New antiretrovirals like darunavir, etravirine, raltegravir, saquinavir and atazanavir have now been made available as part of third-line antiretroviral treatment regimens. ITPC Latin America also advocated for the implementation of the 2013 World Health

Organization Consolidated Guidelines on Antiretroviral Drugs for Treating and Preventing HIV Infection.

Alma Griselda de León
Regional Director
ITPC Latin America-Caribbean
Guatemala City, Guatemala
office: +50224742813
e-mail: adl@itpc-latca.org
www.itpc-latca.org



ITPC MIDDLE EAST AND NORTH AFRICA



N 2013, ITPC MENA focused on regional and international advocacy. Activists participated in critical global consultations and conferences as well as at the board meetings of key global health institutions like the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS and UNITAID. Specifically, in 2013:

ITPC MENA hosted a five-day training for ten judges from Morocco and Tunisia on intellectual property rights and public health. In order to familiarize participants with the dynamics of the issue, the course used real-world scenarios from the community to shed light on the regional pharmaceutical sector as well as certain trends and practices. The training greatly enhanced the participants' ability to use the public health-related aspects of intellectual property rights flexibilities in the interpretation and application of their own national laws towards local generic pharmaceutical production and

ITPC MENA IN BRIEF

ITPC Middle East and North Africa (MENA) is headquartered in Marrakech, Morocco and is the only network in the region of people living with HIV and allies focused on treatment. Community activists host capacity-building workshops and online webinars, adapt and translate treatment information and produce HIV-related publications. The network documents critical issues in a region – which includes Algeria, Egypt, Lebanon, Libya, Mauritania, Morocco, Tunisia and will extend to Jordan, Lebanon, Sudan and Yemen in 2014 – where the majority of people in need of treatment do not receive it. Community-level data collection helps ITPC MENA track the progress of treatment delivery and identify treatment access barriers, which they then disseminate through reports and video testimonies.

to promote access to medicines in their countries.

ITPC MENA published the first comprehensive manual on antiretroviral treatment in Arabic. The groundbreaking manual fills an enormous void in resources on the treatment of people living with HIV in the region. It contains up-to-date information, including the new 2013 World Health Organization Consolidated Guidelines on Antiretroviral Drugs for Treating and Preventing HIV Infection.

Othman Mellouk
Regional Coordinator
ITPC Middle East-North Africa
Marrakech, Morocco
office: +212524439843
e-mail: o.mellouk@gmail.com
www.itpcmena.org

ITPC West Africa's efforts throughout 2013 were focused primarily on the elimination of HIV vertical transmission. Specifically, the Regional Network supported a new coalition of women living with HIV that resulted in extensive community discussions around International Women's Day, community research around the stigma and discrimination women experience and a pilot project that aimed to strengthen the leadership of women living with HIV. Additionally, in 2013:

ITPC West Africa hosted, as part of the Leadership for Life initiative, a rapid situation assessment in Kenya and Cote d'Ivoire on issues faced by women living with HIV. The assessment revealed challenges specific to women's access to HIV treatment and explored ways in which to support their development and leadership. It was concluded that community involvement regarding the prevention of vertical transmission should be combined with efforts to improve service delivery within health

ITPC WEST AFRICA IN BRIEF

ITPC West Africa focuses on countries that include Benin, Burkina Faso, The Gambia, Guinea Bissau, Guinea Conakry, Cote d'Ivoire, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo. A strong coalition of activists that span the region, ITPC West Africa primarily addresses issues of treatment access and stigma and discrimination, while simultaneously building the leadership of women and young people living with HIV, enabling them to participate in decisions that affect them. Since its inception, ITPC West Africa has distributed nearly \$700,000 to 74 organisations. Those grants have successfully connected 9,429 men and women to services like counseling and treatment for HIV, opportunistic infections and the prevention of vertical transmission. Additionally, ITPC West Africa has mobilised more than 4,900 people for advocacy activities. ITPC West Africa is headquartered in Abidjan, Cote d'Ivoire.

infrastructures. As a result, advocacy work was taken up by community members to join national technical working groups on the prevention of vertical transmission

ITPC West Africa was a strong presence at the International Conference on AIDS and Sexually Transmitted Infections in Africa in Cape Town, South Africa in December 2013. A booth, hosted by ITPC West Africa, featured the message: Community Involvement in Implementing New Antiretroviral Guidelines: End Stigma Now!, which was derived from previous

civil society campaigns. The booth created a forum for discussion among key stakeholders from WHO, UNICEF and International HIV/AIDS Alliance.

Sylvere B. Bukiki
Regional Director
ITPC West Africa
Abidjan, Côte d'Ivoire
office: + 22522524463
e-mail: biziyaremyes@yahoo.fr
www.itpcwa.org



ITPC CENTRAL AFRICA



2013 was a banner year for ITPC Central Africa, witnessing numerous steps toward creating a replicable model of HIV treatment access advocacy across the region that addresses issues of pharmaceutical stock-outs, health funding and the accountability of healthcare providers. In 2013:

ITPC Central Africa, through intense joint advocacy actions, convinced the Permanent Secretary of the National AIDS Control Committee and the Minister of Public Health in Cameroon to recognize the escalating problem of stock-outs of critical HIV medication.

ITPC Central Africa, after lengthy efforts by local activists, persuaded the President of the Republic of Cameroon to add an additional \$10 million to the amount of domestic health funding earmarked for the purchase of antiretroviral treatments.

ITPC Central Africa, with the assistance of legal counsel, mobilised community

members in Cameroon to identify two healthcare providers engaged in subpar behaviour that included absenteeism and outright discrimination against people living with HIV. As a result of that mobilisation, the two healthcare providers were replaced with two far more qualified staff members appropriately concerned with the well-being of their patients.

ITPC Central Africa mobilised community members in the Democratic Republic of Congo in order to include the

priorities of people living with HIV in the country concept note submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

James Clovis Kayo
Regional Director
ITPC Central Africa
Yaoundé, Cameroon
office: +23722042534
e-mail: jamesckayo@gmail.com
www.catag-info.org

ITPC CENTRAL AFRICA IN BRIEF

ITPC Central Africa distributed its first grants in 2005 and has, since that time, distributed nearly \$600,000 to 64 organisations in countries that include Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Gabon, Republic of the Congo, Rwanda and Sao Tome & Principe. The work of these grantees, which has connected 8,448 men and women to services like up-to-date HIV treatment information and counseling for opportunistic infections and sexually transmitted diseases, has transformed the community response to the epidemic in this region. Additionally, ITPC Central Africa has mobilised nearly 1,100 people for targeted advocacy activities. ITPC Central Africa is independently registered and headquartered in Yaoundé, Cameroon.

In 2013, ITPC Eastern Africa was instrumental in continuing the ongoing fight for access to optimal HIV treatment throughout the region by advocating for the improvement of national healthcare policy. Through their highly successful efforts, people living with HIV have a growing voice at the policy-making table at all levels of government. In 2013:

ITPC Eastern Africa continued to be a key member of the Coalition on Access to Medicines – which has worked to amend the articles currently in the Kenya Anti-Counterfeit Act that threaten to block access to generic medicines. The coalition launched its campaign by releasing a five-chapter position paper outlining its proposals and a call to action so that community members continue to push for adoption of the amendments.

ITPC Eastern Africa litigated, and continues to litigate, along with a number of other stakeholders, to ensure that communities affected by HIV are included in negotiations around the Economic Partnership Agreement with the European Union. This inclusion is essential to ensuring the interests of people living with

ITPC EASTERN AFRICA IN BRIEF

ITPC Eastern Africa is a powerful presence in Djibouti, Ethiopia, Kenya, South Sudan, Tanzania (including Zanzibar) and Uganda. Since 2005, ITPC has distributed more than \$1 million in grants to 86 organisations. In 2013, ITPC Eastern Africa funded seven organisations that successfully connected 16,500 men and women to services like counseling and treatment for HIV, Tuberculosis and reproductive health. ITPC Eastern Africa also mobilised nearly 8,500 people for advocacy work.

ITPC Eastern Africa was independently registered in 2008 and is headquartered in Nairobi, Kenya. ITPC Eastern Africa provides financial support through small grants, capacity building through grantee training workshops and technical assistance on project implementation through hands-on site visits. As a result, many of these organisations have grown from loosely affiliated groups of people living with HIV to independently registered non-governmental organisations conducting their own grantmaking, research and advocacy.

HIV are appropriately represented in such forums and that policy outcomes take their needs into account.

ITPC Eastern Africa under Missing the Target 11 provided training, mentoring and financial support to community-based organisations to conduct community-based research on barriers to HIV treatment faced by sex workers in the Majengo slum in Nairobi, Kenya, and by orphans and vulnerable children in the Buyende District of Uganda. As a result, ITPC Eastern Africa documented frequent

shortages and stock-outs of drugs and supplies; stigma and discrimination from healthcare providers towards sex workers; and lack of youth-friendly treatment services.

Rose Kaberia
Regional Director
ITPC East Africa
Nairobi, Kenya
office: +2540202501468
e-mail: rose@itpc-ea.or.ke



2013 was an extraordinary year that saw numerous accomplishments in the effort to achieve systemic changes in HIV treatment and care in Eastern Europe and Central Asia. All of these wins were, and/or will be shortly, realised entirely by the advocacy efforts of ITPCru and partner organisations. For example, in 2013:

ITPCru implemented the Bridging the Gaps program through supporting key population groups in Georgia, Kyrgyzstan, Tajikistan and Ukraine to increase access to HIV services and conduct human rights advocacy. ITPCru provided mentorship and trainings to further aid these organizations in their work.

ITPCru designed and implemented a nation-wide system in Russia that gathers real-time data via the monitoring of drug procurement and provision and then translates that data into immediate advocacy actions addressing drug stock-outs, disrupted tenders and exorbitantly high prices. These actions



have stifled potential corruption and, over time, will hopefully move Russian policy-makers to commit to centralised and simplified HIV treatment for all in need. One notable success was a local campaign in Khakassia, where there was an antiretroviral treatment shortage in November 2013 leaving 30 people without medicine. ITPCru began a campaign to

address this shortage, including sending a petition letter to the government, and as a result, those in need started to receive medicines.

As recognized experts on HIV treatment, ITPCru, along with other civil society groups, was invited by government ministries to contribute chapters on medications, stock-outs and other key issues to the

National HIV Response Strategy. When finalised, the strategy will be considered in Parliament as the basis of the next National HIV Response. ITPCru's recommendations include universal antiretroviral treatment, stock-out prevention, and a focus on vulnerable groups that until now have gone unaddressed.

ITPCru helped achieve significant price reductions – as a result of sophisticated comparative monitoring of the cost of medications in various regions combined with strategic advocacy – of important drugs, like the six-fold price reduction of lamivudine/zidovudine and Hepatitis C therapies in St. Petersburg as well as other reductions elsewhere in the Russian Federation.

Grigoriy Vergus
Regional Coordinator
ITPCru
Saint Petersburg, Russia
office: +78123151522
e-mail: gregory.vergus@itpcru.org
www.itpcru.org

ITPCru IN BRIEF

ITPCru, headquartered in St. Petersburg, Russia, unites HIV activists and organisations in the region towards a comprehensive treatment access agenda. ITPCru provides critical information platforms that are the main source of real-time information on HIV treatment, including a listserv with more than 1,100 subscribers and a popular YouTube channel with videos viewed more than 72,000 times. ITPCru also runs grassroots advocacy campaigns in several countries.

ITPCru distributed its first grants in 2003 and was formally established in 2005. Since 2003, ITPCru has distributed more than \$1.4 million in funds to 107 grantees in countries including Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Russia, Tajikistan, Ukraine and Uzbekistan. The efforts of these grantees, which have connected 3,681 men and women to services like care for the prevention of vertical transmission, HIV counseling and HIV treatment information, cannot be overstated. Additionally, ITPCru has mobilised nearly 200 people for advocacy work.



Throughout 2013, despite ITPC China's invaluable influence on new national treatment guidelines, system-wide change has been slow. For example, the new guidelines require the much-needed phasing out of the toxic medication, d4T. Regrettably, but understandably, many treatment disbursement sites have been reluctant to change patient regimens, due to a lack of training and the existence of an enormous remaining stockpile of the drug. To address this critical issue, in 2013:

ITPC China advocacy activities directly resulted in only 2% of the entire drug procurement order for 2014 being comprised of d4T, a drastic decrease and an enormous victory.

ITPC China activists partnered with patients to advocate, individually and collectively, with healthcare providers on improving their treatment regimens. One of the notable results of this advocacy is in Yangjiang City of Guangdong Province, where ITPC China achieved a decline from roughly 30% to 3% in usage of d4T over a six-month period.

ITPC China supported a lawsuit, the threat of which successfully motivated healthcare providers to disregard – and in one case even return – some of the large quantities of d4T that remain in the country.

ITPC China organised an action day on July 28th, World Hepatitis Day. Community-based organisations in Henan, Guangxi, Guangdong and Yunnan provinces collaborated with local infectious disease hospitals to run a free Hepatitis C testing and counseling day. As a result, hundreds

of people received counseling and testing. In Guangdong, after the action, there were three times as many people actively enrolled in treatment than in 2012.

Hongwei Lu “Luther”
Regional Coordinator
ITPC China
Guangzhou, China
office: +862062338778
e-mail: itpcchina@126.com
www.itpc-china.org

ITPC CHINA IN BRIEF

ITPC China, headquartered in Guangzhou, has been a leading voice in the fight for antiretroviral treatment in China. Efforts by community activists were instrumental in steering the national treatment guidelines revision process to more closely reflect the new World Health Organization's Consolidated Guidelines on the use of Antiretroviral Drugs for Treating and Preventing HIV Infection. ITPC China's close partner and fiscal sponsor is AIDS Care China.

Since 2005, ITPC China has distributed more than \$1.1 million in funds to 137 grantee organisations. During the most recent grant cycle, which concluded in 2013, ITPC China supported 13 grantees through its small grants programme designed to support ARV optimisation advocacy and Hepatitis C awareness building. As a result of the grantees' collective work under this grantmaking cycle alone, 14,280 people living with HIV were served; 7,328 people received screening for, and 940 were diagnosed with, Hepatitis C; 186 people were referred to treatment; and 419 women living with HIV received cervical cancer screening.

ITPC SOUTH ASIA

In the fight for equitable and optimal access to HIV treatment, ITPC South Asia made significant strides in clearing the path for generic pharmaceutical production in India, eliminating drug stock-outs, and securing the human rights of people living with HIV. In 2013:

ITPC South Asia has mobilised nearly 2,500 people for targeted advocacy activities. ITPC South Asia organised widely-attended street protests in Delhi to voice opposition to the signing of the India-European Union Free Trade Agreement. As a result, the signing of that agreement has been delayed. With India serving as the pharmaceutical provider to much of the developing world, the agreement could potentially affect more than 80% of the antiretroviral treatment currently procured from Indian generic pharmaceutical companies.

ITPC South Asia responded throughout the year to drug and diagnostic stock-outs by reporting the issues to the National AIDS Control Organisation and others. ITPC South Asia also organised a strategy meeting of civil society in 2013 to discuss how to respond to stock-outs in a more systematic and coordinated way.



ITPC South Asia revitalized efforts to pass the “The HIV AND AIDS (Prevention and Control) Bill” that had stagnated in the Indian parliament since 2006 and aims to protect the rights of people living with HIV. In partnership with DNP+, ITPC South Asia organised a protest in support of the bill and is now sensitising members of parliament on the need for the bill.

ITPC South Asia participated in the Bridging the Gaps program through funding 14 community groups in Indonesia, Nepal, Pakistan, and Vietnam to

enhance HIV treatment knowledge, collect treatment-access data and advocate for meaningful HIV policy improvements for key populations.

Loon Gangte
Regional Coordinator
ITPC South Asia
New Delhi, India
office: +911129534370
e-mail: loon_gangte@yahoo.com

ITPC SOUTH ASIA IN BRIEF

Grantmaking by ITPC South Asia and DNP+ has supported grassroots groups responding to HIV in Bangladesh, India, Nepal, Pakistan and Sri Lanka. Since 2005, nearly \$850,000 has been distributed to more than 78 organisations in the region. ITPC South Asia, long a leader in advocating for the treatment rights of people living with HIV, is fiscally sponsored by our regional partner the Delhi Network of Positive People (DNP+) and is headquartered in Delhi, India. DNP+ was recently honored with the prestigious UNAIDS Red Ribbon Award in the category of Advocacy and Human Rights. ITPC South Asia also works closely with APN+, the regional network of people living with HIV. Together, they connected 7,198 men and women to life-changing services like counseling and treatment for HIV, opportunistic infections and Tuberculosis.

OUR RESOURCES: A LITTLE GOES A LONG WAY

ITPC's inaugural annual report represents a significant step towards further financial accountability to the communities that we serve and to the donors who make our work possible. At ITPC, a little bit goes a long way; and the achievements that you have read about are all the more extraordinary given the relatively modest financial means available to support them. In an era where sources of funding for community-driven HIV programming are limited, ITPC's donors remain committed to our mission.

ITPC's Global Secretariat has not yet registered independently. Instead, we have operated as a project of the Tides Center, a U.S.-based nonprofit organization that acts as our fiscal sponsor and recipient of grant funding. We expect to continue this arrangement in the interim period until our registration in Southern Africa, after which we will establish ITPC independently.

The Global Advisory Board's decision to take this step reflects our commitment to increase our financial transparency, accountability and efficiency. After this has been accomplished, ITPC will undergo independent audits and make the results publicly available. In the interim period, ITPC's finances are treated for accounting purposes as part of Tides. During the fiscal year ending December 31, 2013, ITPC's program expenses constituted 71% of our total organisational budget; and 55% was invested directly in grassroots groups and regional networks of HIV treatment activists.

The generous donors listed below contributed to ITPC's revenue during this period. We treasure financial participation at all levels, and in this annual report we gratefully acknowledge the supporters whose financial gifts and commitments – of which the smallest was \$250 and the largest was a pledge of more than \$1.7 million over two years – made our work in 2013 possible.

AIDS FONDS

AJG FOUNDATION

ROBERT CARR CIVIL SOCIETY NETWORKS FUND

IRENE DIAMOND FUND

LOUIS DORFF

DUTCH MINISTRY OF FOREIGN AFFAIRS

FORD FOUNDATION

GUTTAG FAMILY FOUNDATION

LEO HINDERY, JR.

HIVOS

LEVI STRAUSS FOUNDATION

M·A·C AIDS FUND

MOROLAKE ODETOYINBO

OPEN SOCIETY FOUNDATIONS

BEN PLUMLEY

QF TRADING

ITPC GLOBAL ADVISORY BOARD

Morolake Odetoyinbo,
Chair

Lagos, Nigeria

Gregg Gonsalves

Vice Chair

New Haven, United States

Lucy Chesire

Nairobi, Kenya

Addie J. Guttag

Treasurer

New York City, United States

Ben Plumley

San Francisco, United States

John Rock

Sydney, Australia

Francisco Rossi Buenaventura

Bogotá, Colombia

ITPC GLOBAL SECRETARIAT STAFF

Christine Stegling

Executive Director

Solange L. Baptiste

Director of Global Programs

Caitlin L. Chandler

Communications Officer

Maria Dabao

Office and Fiscal Assistant

Louis Dorff

Director of Global Development

Bactrin Killingo

Senior Knowledge Officer

Trisa Taro

Program Officer

Elizabeth Tejada

Director of Finance and Administration

2013 EXPENSES \$2,430,943

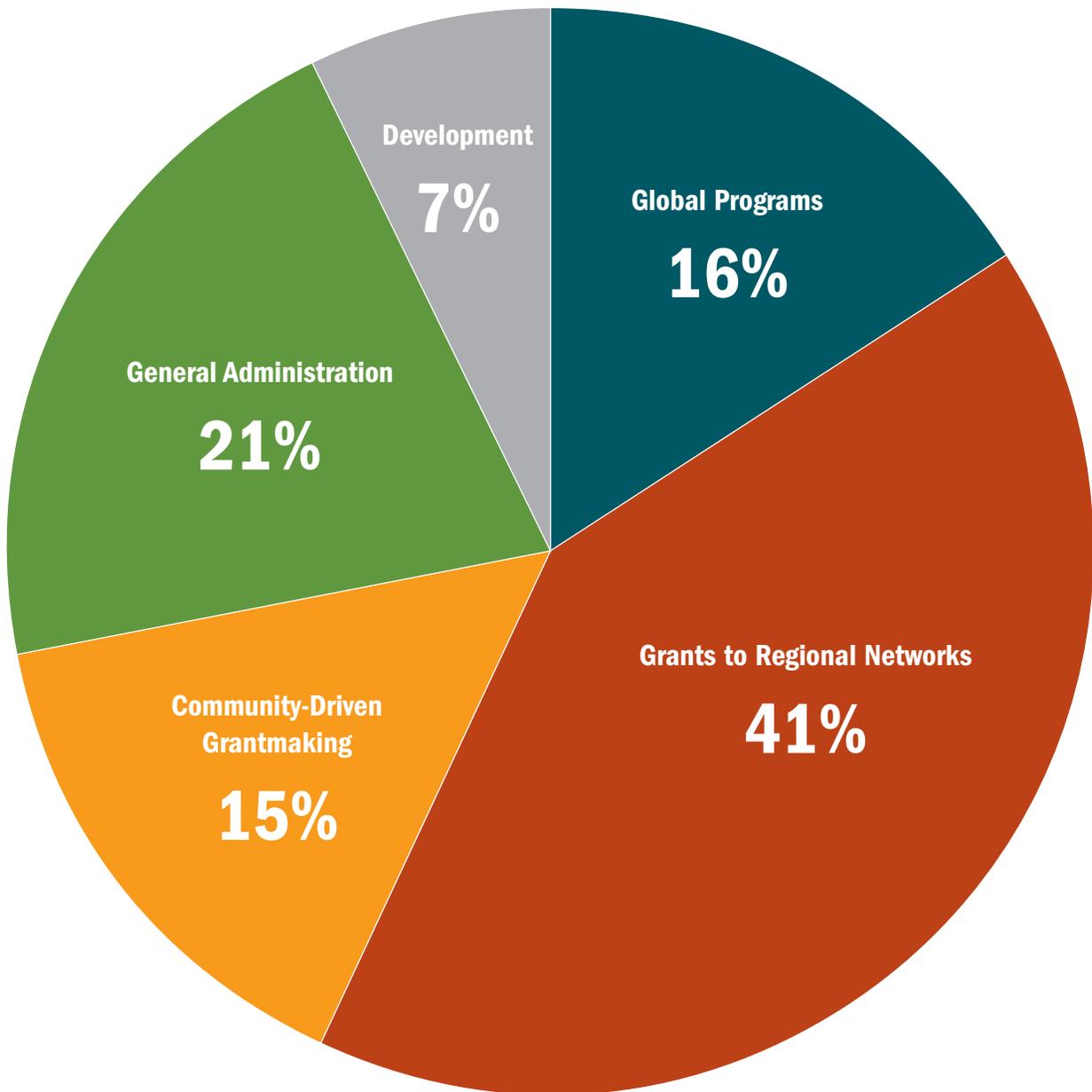


PHOTO CREDITS/CAPTIONS

COVER

© 2002 Sara A. Holtz
Courtesy of Photoshare
© 2006 Rose Reis
Courtesy of Photoshare
© 2005 Dilip Chandra Poudel
Courtesy of Photoshare

COVER AND PAGE 17

© Xinhua/Li Jian

PAGE 4

© 2005 Pradeep Tewari
Courtesy of Photoshare

PAGE 5

© 2005 Amrita Gill-Bailey
Courtesy of Photoshare

PAGE 6

© 2009 David Snyder
Courtesy of Photoshare
© Xinhua/Li Jian

PAGE 10

ITPC Caribbean's Carlo Oliveras with youth from the after-school program for adolescents coordinated by partner organization Place Tymoun in Cap Haitien, Haiti, February 2014.

PAGE 11

The ITPC Latin America-Caribbean report, "Second Study of Prices of ARVs and Factors Related to Six Latin American Countries: Bolivia, Ecuador, Honduras, Guatemala, Nicaragua, and Peru."

PAGE 11

Alma de León of ITPC Latin America, speaking with a reporter about the importance of engaging civil society in the HIV response at the launch of the UNAIDS Treatment 2015 initiative in Panama City, Panama, July 2013.

PAGE 12

ITPC MENA coordinating a treatment advocacy training for regional activists. From left to right: Othoman Mellouk of ITPC MENA; Fatimata Ball of the Mauritania Network of People Living with HIV; and Nadia Rafif of Association Lutte Contre le Sida.

PAGE 13

© 2008 Joseph Kariuki
Courtesy of Photoshare

PAGE 14

© 2012 Emily Carter/PSI
Courtesy of Photoshare

PAGE 15

ITPC East Africa demonstrating at a rally in Nairobi, Kenya on PEPFAR funding cuts. From left to right: Angeline Ochieng, Rose Kaberia, and Eunice Meme.

PAGE 16

Activist Andrey Skvortsov picketing in front of pharmaceutical company Roche's Moscow office on the eve of World Hepatitis Day, demanding the reduction of prices for Hepatitis C medication in the region at an action coordinated by ITPCru and our partner Patients in Control, July 2013.
*Credit: Andrey Skvortsov of Patients in Control.

PAGE 18

ITPC South Asia staff with regional partners and activists, at a retreat focused on Hepatitis C advocacy in Guwahati, Assam, December 2013.

CONTACT

Louis Dorff
Director of Development
ldorff@itpcglobal.com
+16465308558 x105

WRITER Matthew Montelongo
DESIGNER Sarah Sills



ITPC

INTERNATIONAL TREATMENT
PREPAREDNESS COALITION

Global Secretariat
494 Eighth Avenue, Suite 505
New York, NY 10001 USA
+16465308558
itpcglobal.org