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

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

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

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

VISION

Our vision is for longer, healthier and more fulfilling lives for people living with HIV, their families and their communities.

VALUES

ITPC’s work is guided by our understanding that access to HIV treatment is a human right. Our work as HIV advocates and activists embraces ‘health’ as defined by the World Health Organization. In the HIV context this encompasses (a) sustainable access to treatment and health care, food and clean water, adequate housing, employment, harm reduction services that include substitution therapy and clean syringes for drug users, and sexual and reproductive health services; and (b) freedom from discrimination and stigma that results in inequities based on gender or sexual orientation, behavior, type of work and socioeconomic status. Our values are:

Communities at the center of the response

Individuals, families and societies best know their own needs and how to address them. We believe that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential, and that supporting the contribution of communities at all levels of the HIV response is essential.

Equity in treatment access

It is unjust for optimal treatment to be only accessible for certain communities and not others. All people living with HIV, regardless of where they were born, your income, sexuality or gender, everyone has a right to access to HIV treatment. On the next pages you will get a glimpse some of our exciting initiatives of our organization.

Global solidarity

As a movement comprised of treatment activists, our approach to treatment access in our communities is not sufficient if people in another are in need. We have engaged by HIV are often local, and have learned over the past 30 years that global solutions that reflect collective voices are necessary to take HIV.

Transparency

As an organization, we are committed to sharing information about our programs, operations and finances publicly so that everyone can understand our work and how to collaborate with us.

Accountability

We strive to be accountable to the members of our coalition – people living with and affected by HIV worldwide.

Dear friends,

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

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

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

We sincerely hope that the communities promote relevant solutions that result in affordable medicines and a more realistic and just framework to guide development aid in the years to come.

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

In solidarity,

Christine Stegling

LETTER FROM ITPC
2014 was an essential year of reflection and growth for ITPC. As a dynamic coalition, ITPC constantly evolves to ensure our structure meets the needs of treatment activists globally. ITPC responded to challenges both new and old throughout 2014 with targeted and forceful global advocacy on treatment gaps, the mobilization of our nine regional networks around treatment issues affecting adolescents in Cape Town, South Africa. The meeting played a central role in founding the Adolescent HIV Treatment Coalition.

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

Ravindra Kellogg
ITPC’s Senior Treatment Knowledge Officer

MAP
ITPC and partners awarded an innovative US$56 million grant from UNITAID to increase access to essential medicines in middle-income countries.

JUNE
ITPC convened a think tank meeting for community leaders on treatment. The meeting played a central role in founding the Adolescent HIV Treatment Coalition.

“ITPC flexed its muscle at the launch of ViiV Healthcare. And the pharmaceutical company addressed the unique treatment needs of adolescents in Cape Town, South Africa. The meeting played a central role in founding the Adolescent HIV Treatment Coalition.”

Ravindra Kellogg
ITPC’s Senior Treatment Knowledge Officer

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

- releasing the report, Global Polio: A False Discovery That Threatens the Implementation of the WHO’s 2030 Treatment Strategy
- convening the Treatment Negotiations Zone in the Global Village
- organizing over 20 panels/workshops
- launching the Treat People Right campaign with an associated satellite session
- co-organizing the opening ceremony March 2014 with the Medicines Patent Pool and the pharmaceutical company ViiV Healthcare.

“A Community-Based Perspective at Services through the HIV Response: Meeting the Demands of Patients; Services through the HIV Response: Meeting the Demands of People Living with HIV” was convened.

Villa Johanna
ITPC’s Regional Coordinator

NOVEMBER
Bridging the Gap’s global partners – including ITPC – released the Global Action with Local Support: Why Advocacy Matters

“Showing how networks like ITPC make a difference in communities worldwide.”

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

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

ITPC Global Advisory Board member John Rock spoke at the UNAIDS Planning Committee meeting on intellectual property concerns.

On the next few pages you will read more about our programs and hear from people directly affected by ITPC’s work, as well as those leading our efforts in communities worldwide. To learn more, visit our website www.itpcglobal.org.
“In 2014, ITPC strengthened its core by focusing on education and advocacy. We decided to go deep, not wide, and therefore worked to better integrate our treatment education and research, health financing and accountability and intellectual property and rights activities. It was a year of renewed vision, vigor and fight for treatment for all.”

SOULANGE BAPTISTE
ITPC’S DIRECTOR OF GLOBAL PROGRAMS.

TREATMENT EDUCATION AND RESEARCH

Since ITPC’s inception, supporting communities to provide others with life-changing treatment education has been at the core of our work. Our regional networks advance treatment education as part of their daily activities around the world. The release of ITPC’s new ACT Toolkit in mid-2014 provided a modern treatment education curriculum — one that takes into account the social and political components of treatment access. Since the Toolkit’s release, activists have organized treatment education workshops around the world, such as ITPC Latin America’s meeting in November 2014 in Quito, Ecuador.

ITPC has also increasingly emphasized the necessity of communities to have the capacity to conduct research and document emerging treatment gaps. Communities that are empowered to run research projects have the evidence base they need to make their voices heard in a field typically dominated by scientists and public health officials. Our community-led research projects in 2014 included:

A GLOBAL PROJECT DOCUMENTED AND ANALYZED CHALLENGES TO ACCESSING TREATMENT

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

Some of the main findings from the report:

- Country-level treatment initiation criteria do not match the WHO guidelines, and lack of funding and political will continue to delay the implementation of the 2013 treatment guidelines.
- Only 11 percent of PLHIV surveyed — 78 out of 726 people — indicated they were involved in or knew about processes to involve communities in the review and development of national treatment guidelines.
- People living with HIV still lack access to second- and third-line treatment. Of 675 PLHIV respondents, only 128 (24 percent) indicated that the recommended second-line treatment was widely available for those in need. The gap for access to third-line regimens was even more severe — 73 percent. (477 out of 652 PLHIV) reported that third-line treatment was not available in their country.
- Weak procurement and health systems result in frequent stock-outs of medicines, affecting the health of people living with HIV.
- Services for key populations, adolescents and other marginalized groups vary wildly in terms of being accessible, appropriate and stigma-free.

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Luiz Loures, Deputy Executive Director of UNAIDS, addresses adolescent treatment activists at ITPC’s Global Treatment Access Zone at the International AIDS Conference, Melbourne, Australia - July 2014
Meet our Missing the Target partners
The Community Treatment Access Network (COTANET) is a project of men and women living with HIV in Buyende District in Uganda. It was founded in 2004 and registered in 2006 as a community-based organization. The organization brings together over 700 people living with HIV.

all nine regional networks and the AIDS and Rights Alliance Southern Africa (ARASA). Over 700 people living with HIV completed the survey, as did 130 medical service providers and 120 governmental organizations. ITPC then analyzed the data and consolidated the results into a report, Global Policy, Local Discourses. The report launched on July 14, 2014 at the 10th International AIDS Conference in Melbourne, Australia to remind decision makers that talk of ending AIDS remains a dream in many communities. At the International AIDS Conference (IAC), the report received media coverage and was the subject of AIDS Map round up of documents that defined the conference.

MISSING THE TARGET 11 LAUNCHED IN KENYA AND UGANDA
ITPC’s flagship Missing the Target (MTT) program in its 11th year. The MTT program trains civil society advocates to monitor the delivery of HIV services through quantitative and qualitative research methods, so that organizations can then conduct evidence-driven advocacy. In May 2014, ITPC Global and ITPC East Africa released Missing the Target 11: A Survey to Determine the Health System’s Perspective. The report highlights the critical role that community leaders at the ITPC Bellagio meeting

HEALTH FINANCING AND ACCOUNTABILITY
ITPC’s core work includes empowering people living with HIV to take control of their lives and influence decisions that impact their health. ITPC supports grassroots organizations to put pressure on governments to ensure they invest adequate domestic funds in their health system.

ITPC SHAPING GLOBAL HEALTH CONVERSATIONS
In June 2014, ITPC organized a three-day meeting for 23 community leaders in Bellagio, Italy, on Strengthening Access to Health Services through the HIV Response: A Community-Based Perspective. While the meeting tackled how to ensure better health systems through integrating community responses, participants also shared harsh realities and reflections from the frontlines. The shared experience from participating in an AIDS movement in peril, with serious implications for curbing the epidemic and extending the movement’s work to advance broader health concerns. The meeting resulted in a public call to Action as well as a community rally during the International AIDS Conference opening ceremony, when activists took to the stage holding placards titled “AIDS will only end when’ and inserted personal messages from around the world.

COMMUNITY ORGANIZING AND MONITORING OF THE GLOBAL FUND
The Global Fund to Fight AIDS, TB and Malaria (GAP) is one of the largest sources of funding available in many countries for HIV and related services. Since the inception of any ITPC’s Technical Committees are engaged at the country level to influence new Global Fund grants, monitor their implementation from a community perspective and hold governments accountable for their Global Fund education commitments. In 2014, ITPC East Africa supported key population groups to push for direct representation in the Global Funds Country Coordinating Mechanism (CCM) in Kenya and Uganda. In Kenya, the efforts resulted in a new CCM member representing key populations. ITPC Central Africa organized over 100 community groups.

“Stigma and discrimination continue to prevent sex workers from accessing treatment and related care.

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ITPC supports grassroots organizations to put pressure on governments to ensure they invest adequate domestic funds in their health system.
ITPC also joined The Community Action and Leadership Collaborative (CLAC) - a unique partnership between international networks working on the Global Fund.

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

In 2014, in partnership with GNP+ and MSMGF, ITPC organized a workshop in Cameroon to train 25 community members of a newly formed coalition composed of sex workers, men who have sex with men, people who use drugs, disabled people and people living with HIV. The purpose was to ensure that all relevant key affected population organizations in Cameroon meaningfully engaged in the Global Fund concept note development process, and subsequently ensure their recommendations received attention from the CCM. A similar workshop was organized in Tunisia in a partnership between ITPC, MENA and MSMGF. In Tunisia, over 22 representatives of affected populations and other key actors, including CCM and government officials, came together to discuss the country’s HIV response. The two workshops, as well as additional advocacy activities, successfully integrated key population concerns and recommendations into the national concept note to be submitted to the GFATM.

REVEALING THE TRUE COST OF TREATMENT IN THE CARIBBEAN
Community-led research in the Dominican Republic and Jamaica has documented the out-of-pocket expenses incurred by people living with HIV in their efforts to access and adhere to treatment. The findings will influence the design of national treatment programs, especially as governments plan to increase their domestic investment in health, as international donors retreat.
A young people, we have come a long way and successfully achieved retention in HIV care. We have sat on panels, we have been invited to international spaces, we have been volunteers and we have supported different initiatives within the HIV response.

Yet, the HIV response and “the system” – the main entities funding, building, and supporting the HIV response worldwide – but does it really come a long way and successfully achieved? We have seen a lot of progress but we also need to understand that if we are not living in a beautiful conference settings, when back home what we encounter is the exact opposite. Sure we need the political will to overcome current challenges, but we also need political will to understand that if we are not all equal in the same world, the people that will hopefully keep living in it in the next 30 to 40 years should be shaping and creating that picture.

Everyone talks about accountability; everyone says youth need to be part of the process, and that youth should also be accountable; let’s be honest – everyone says the right thing. But then very few actually invest in accountability. Data is still not disaggregated by age so that our particular needs are understood; funding proposals and/or areas of engagement are not meant to change the system. And if we, as youth, do not do this, then the system, as we are in the midst of it, is an arsenal, we are an armamentarium of Our personal harm. To do: Reflections on youth activism in 2014

But then we are supposed to believe that we all are capable of ending AIDS. We spend our youth working in insanity: doing the same thing over and over again and expecting different results. Our HIV response is now definitely moving away from insanity. We certainly have new science, we certainly have new treatment regimens. But then very few actually expect to demand generic production and over again and expecting different outcomes. “Insanity: doing the same thing over and over again and expecting different results.” —Albert Einstein

We keep living in it in the next 30 to 40 years should be shaping and creating that picture.

In May 2014, the Executive Board of UNITAID approved a USD 156 million grant award to ITPC and five partners to address intellectual property restrictions and the limited geographic scope of the voluntary licensing arrangements. Such arrangements, recognized under TRIPS, are a starting point for ongoing negotiations. ITPC was a core partner participating in the first World Hepatitis C Community Advisory Board meeting.

ITPC also issued global and regional press releases to denounce the lack of treatment and access issues for people affected by HCV. The meeting was fruitful starting point for ongoing negotiations.

In Middle-income Countries

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During 2014, ITPC scaled up its work in middle-income countries. ITPC and partners aim to generate over US$ 100 million in annual savings in the long-term through reducing prices for ARVs. Ethical drugs were re-invested in treatment among an additional 130,000 patients could be treated. ITPC’s partners on the project include the AIDS Access Foundation in Thailand and the AIDS Access Foundation in Europe.

ITPC, Funders also embarked on a unique three year project to ensure HIV treatment reaches poor youth in middle-income countries.

Treatment Access In Middle-income Countries

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HCV drugs, including Janssen, Gilead and AbbVie, are currently available in countries excluded from the Gilead license territory. ITPC’s African partners in Egypt and Morocco are juggling their lives as many of you are. Some of us have two part time jobs, some of us are volunteers, some are mothers, fathers, students, and many other things. We have grown up in spaces, we have been volunteers where we have witnessed that the system does not work for everyone equally, and this system needs to change if we want to get anywhere.

And we have supported different initiatives within the HIV response.

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

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

Despite the political will to overcome current challenges, we also need political will to understand that if we are not all equal under the same sun, there is one thing is certain, it is that we are certainly have new treatment, but if people living with HIV and young women are even more invisible.

We are bombarded with the always-imagining the TRIPS flexibilities in neighboring countries. They are juggling their lives as many of you are. Some of us have two part time jobs, some of us are volunteers, some are mothers, fathers, students, and many other things. We have grown up in spaces, we have been volunteers where we have witnessed that the system does not work for everyone equally, and this system needs to change if we want to get anywhere.

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By Hepatitis C in ECA. In Russia, ITPC led efforts to develop a national protocol for treatment use. In 2012, 1,665 people were engaged in the country’s Essential Medicines List to include Hepatitis C treatment. The final version of this Russian Essential Medicines List included the drug as a registered antihiv treatment and telaprevir – the first direct acting antiviral for treating HCV to be included. ITPC also produced a report on the HCV drug procurement landscape in Russia.

Effectiveness advocacy results in three cheaper versions of critical drug

In Northern Africa, ITPC MENA successfully advocated for the Egyptian Ministry of Health to lift the ban on sofosbuvir from the Egyptian Essential Drug List in 2015. This was the result of a combination of activities. As a result of the 2013-2015 Bridging the Gaps – health and rights for key populations program – ITPC provided €35,000 in grant funding to 18 grassroots organizations to give vulnerable people living with HIV, ITPC’s small grants provide a much-needed resource for community-based organizations as essential seed funds, for small community groups that otherwise cannot access funding elsewhere. In 2015 ITPC MENA supported grants in Brazil, Costa Rica and Ecuador; ITPC in Georgia, Kyrgyzstan, Kazakhstan, and Ukraine; ITPC South Asia in Indonesia, Nepal, Pakistan and Vietnam; ITPC Africa in Kenya, South Africa and Uganda.

In 2014 ITPC received one-year multi-country from all grants that revealed numerous examples of how community-led programs create change. Collectively, during the first year of project implementation, the grants: • engaged 1,676 people in treatment literacy trainings on treatment access and adherence; • counseled 2,062 people on topics including HIV disease and transmission, treatment, PMTCT and treatment adherence; • referred 2,612 people to health services, including the prevention, care and treatment for HIV, opportunistic infections, TB and sexually transmitted infections; • carried out 140 advocacy actions such as meetings with small cities, advocacy letters and e-mails, public demonstrations, and more engaged 1,663 people in such advocacy; • distributed 18,135 materials such as booklets, flyers, posters, and ice-sheets carrying essential information and cues for action. Messages about HIV testing, prevention, treatment, and other topics; and • achieved eight policy changes or new commitments as a result of their advocacy efforts. For example, in Georgia, the Georgian Health Information Network secured lower co-payments for Opioid Substitution Therapy (OST) patients. This last year in resulted in a 0.5% increase (from 1,200 to 1,800 patients per year) in the number of patients enrolled in OST services.

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

WAMALA TARYERU FROM UHRN

ITPC BRIDGING THE GAPS PARTNER IN UGANDA

NEW TOOL FOR TREATMENT ACTIVISTS

In 2014, ITPC released the A NEW TOOL FOR TREATMENT ACTIVISTS. The ACT Toolkit facilitates community activists to become effective advocates for HIV treatment access, with a special focus on using the language of key populations and ensuring every voice rights to be heard. As respected. The ACT Toolkit is available in English, French, Spanish, and Russian. It is accompanied by a series of PowerPoint presentations that correspond to the sections of the Toolkit, so that the Toolkit can be used in different contexts.

Topics covered in the perspectives ACT Toolkit include: • The relationship between access to treatment and trade impacts the availability of medicines; financing for health and community advocacy planning. The Toolkit provides critical education on opportunities and barriers for treatment scale up, as well as practical guidance on how to mobilize communities. The Toolkit was rolled out at two major ITPC trainings in 2014, including a webinar workshop with Bridging the Gaps Latin American grantees in Ecuador and a Southern African activist workshop in South Africa.
"ITPC is both an intellectual force and fierce advocate in the international HIV sector. Theirs is a welcome and powerful voice on access to medicines and diagnostics, which for MSM and other key populations is critical. Congratulations on a great year and thank you for being such a terrific partner!"

GEORGE AYALA
EXECUTIVE DIRECTOR
MSMGF

GLOBAL

ITPC Global
UNAIDS Human Rights Reference Group, Member
UNAIDS Human Rights Reference Group, Intellectual Property Sub-Committee, Chair
StEAD UNAIDS Project Advisory Board, Member

ITPC MENA
WHO Strategic and Technical Advisory Committee (STAC) on HIV, Member
WHO Civil Society Reference Group on Hepatitis, Member
WHO Civil Society Reference Group on HIV, Member
Global Forum on MSM & HIV Co-chair
Sidaction International Review Panel of France, Member

REGIONAL

ITPC Global
World Hepatitis CAB, Thailand
UNAIDS 34th Programme Coordinating Board (PCB) Meeting, Switzerland

ITPC Latin America
UNAIDS 34th Programme Coordinating Board (PCB) Meeting, Switzerland

ITPC Caribbean
UNAIDS 34th Programme Coordinating Board (PCB) Meeting, Switzerland

ITPC Central Africa
UNAIDS 34th Programme Coordinating Board (PCB) Meeting, Switzerland

ITPC MENA
UNAIDS Human Rights Reference Group, Intellectual Property Sub-Committee, Chair
StEAD UNAIDS Project Advisory Board, Member

KEY GLOBAL MEETINGS

ITPC Global
UNAIDS Global Fund Latin America Concept Note Review, Nicaragua, Panama and Costa Rica
UNAIDS Regional 90-90-90 Consultation, Switzerland
UNAIDS Latin American and Caribbean Forum on Continuum of Care, Mexico
MEDICA+ Strategic Plan Regional Meeting, El Salvador

ITPC Latin America
UNAIDS Global Fund Latin America Concept Note Review, Nicaragua, Panama and Costa Rica
UNAIDS Regional 90-90-90 Consultation, Switzerland
UNAIDS Latin American and Caribbean Forum on Continuum of Care, Mexico
MEDICA+ Strategic Plan Regional Meeting, El Salvador

ITPC Caribbean
Latin America and Caribbean Network of Young People Living with HIV Strategic Planning Meeting
LAC Forum on HIV Treatment, Mexico
UNAIDS CARIB Annual General Assembly, Guadeloupe

ITPC West Africa
UNAIDS and UNDP CSO Dialogue Forum on post-2015, East Africa

KEY NATIONAL MEETINGS

ITPC Global
UNAIDS Human Rights Reference Group, Intellectual Property Sub-Committee, Chair
StEAD UNAIDS Project Advisory Board, Member

ITPC Latin America
UNAIDS Human Rights Reference Group, Intellectual Property Sub-Committee, Chair
StEAD UNAIDS Project Advisory Board, Member

ITPC Caribbean
UNAIDS Human Rights Reference Group, Intellectual Property Sub-Committee, Chair
StEAD UNAIDS Project Advisory Board, Member

ITPC MENA
UNAIDS Human Rights Reference Group, Intellectual Property Sub-Committee, Chair
StEAD UNAIDS Project Advisory Board, Member

REGIONAL

ITPC Central Africa
Secours Avicole VIH-SIDA (SECAV) Workshop on Global Fund, Democratic Republic of Congo
National Community Consortium for HIV, Malaria, Tuberculosis in Cameroon and DRC

ITPC Latin America
UNAIDS Global Fund Latin America Concept Note Review, Nicaragua, Panama and Costa Rica
UNAIDS Regional 90-90-90 Consultation, Switzerland
UNAIDS Latin American and Caribbean Forum on Continuum of Care, Mexico
MEDICA+ Strategic Plan Regional Meeting, El Salvador

ITPC Caribbean
Latin America and Caribbean Network of Young People Living with HIV Strategic Planning Meeting
LAC Forum on HIV Treatment, Mexico
UNAIDS CARIB Annual General Assembly, Guadeloupe

ITPC West Africa
UNAIDS and UNDP CSO Dialogue Forum on post-2015, East Africa

ITPC China
High-level Forum on HCV, China

REGIONAL (continued)

ITPC West Africa
Economic Community of West African States (ECOWAS), Member

ITPC East Africa
WHO Strategic and Technical Advisory Committee (STAC) on HIV, Member
WHO Civil Society Reference Group on Hepatitis, Member
WHO Civil Society Reference Group on HIV, Member
Global Forum on MSM & HIV Co-chair
Sidaction International Review Panel of France, Member

ITPC West Africa
UNAIDS Global Fund Latin America Concept Note Review, Nicaragua, Panama and Costa Rica
UNAIDS Regional 90-90-90 Consultation, Switzerland
UNAIDS Latin American and Caribbean Forum on Continuum of Care, Mexico
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ITPC West Africa
Civil Society Forum of West Africa on the Policies Related to Drugs, Ghana

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High-level Forum on HCV, China

ITPC MENA
WHO Strategic and Technical Advisory Committee (STAC) on HIV, Member
WHO Civil Society Reference Group on Hepatitis, Member
WHO Civil Society Reference Group on HIV, Member
Global Forum on MSM & HIV Co-chair
Sidaction International Review Panel of France, Member

ITPC Global
UNAIDS Human Rights Reference Group, Member
UNAIDS Human Rights Reference Group, Intellectual Property Sub-Committee, Chair
StEAD UNAIDS Project Advisory Board, Member

ITPC MENA
WHO Strategic and Technical Advisory Committee (STAC) on HIV, Member
WHO Civil Society Reference Group on Hepatitis, Member
WHO Civil Society Reference Group on HIV, Member
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Civil Society Forum of West Africa on the Policies Related to Drugs, Ghana

ITPC China
High-level Forum on HCV, China
ITPC IN THE MEDIA

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

Silent protest leaves NACO red faced
MUMBAI MIRROR
ITPC Asia’s unexpected protest calls attention to drug shortages in India

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

A veteran AIDS activist has déjà vu from ebola panic
NATIONAL PUBLIC RADIO
ITPC Global Advisory Board member Gregg Gonsalves speaks out against the stigma directed towards Ebola patients and survivors.

From Haiti to Vietnam, HIV treatment needs higher doses of fact
OPEN SOCIETY FOUNDATION VOICES BLOG
ITPC Caribbean Coordinator Carlo Oliveras documents how myths persist around HIV treatment in Haiti, and why treatment education remains the critical link.

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

2014 EXPENSES
$2,458,663

FINANCIAL STATEMENT

- Grants to Regional Networks: 43%
- Development and Communications: 8%
- General Administration: 20%
- Community-Driven Grantmaking: 12%
- Global Programs: 17%
- International Programs and ITPC Global: 12%

Of guidelines, targets and resources: the documents that defined the 2014 International AIDS Conference
AIDS MAP
ITPC’s report Global Policy, Local Disconnects is featured in the article, along with quotes from ITPC’s Executive Director Christine Stegling.
THANK YOU

DONORS

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

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

ITPC GLOBAL ADVISORY BOARD 2014

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

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

Morolake Odetoyinbo
Chair (until August 2014)
Lagos, Nigeria
Gregg Gonsalves
Vice Chair (since September 2014)
New Haven, United States
Lucy Chesire
Nairobi, Kenya
Addie J. Guttag
Treasurer (until August 2014)
New York, United States
Ben Plumley
San Francisco, United States
John Rock
Sydney, Australia
Francisco Rossi Buenaventura
Bogota, Colombia
Pedro Polokwane-Motau
Gaborone, Botswana
(since September 2014)
Ava Aralos
Gaborone, Botswana
(since September 2014)

ITPC GLOBAL STAFF 2014

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Senior Treatment Knowledge Officer
Teresa Taro
Program Officer
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Communications Officer
Elizabeth Tejada
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AIDS WILL ONLY END WHEN... GOVERNMENTS INCREASE DOMESTIC HEALTH FUNDING

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

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

Graphic design: Sarah Sills

INTERNATIONAL TREATMENT PREPAREDNESS COALITION

INTERNATIONAL TREATMENT PREPAREDNESS COALITION