



ITPC

INTERNATIONAL TREATMENT
PREPAREDNESS COALITION

STRATEGIC PLAN 2018-2020



OUR STRATEGIC PLAN 2018–2020

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***A WORLD OF BETTER
HEALTH IS NOT A DREAM.
JOIN US IN THE FIGHT
TO MAKE THIS VISION
A REALITY!***

WHY WE FIGHT!



In 2015, many governments signalled their belief in this vision when they adopted 'Health for All' as one of 17 Sustainable Development Goals and, under the goal of health, endorsed action to end the epidemics of AIDS, tuberculosis and malaria and combat hepatitis and other diseases.

But all of this means nothing unless action is taken to ensure resources, rights, and accountability.

ITPC is a leading global coalition working to mobilise action throughout the world. Our focus on expanding access to HIV treatments and other life-saving medicines has made us a model of excellence in direct treatment education, informed and vocal advocacy, and national community monitoring of health care access.

ITPC was formed in 2003 by a group of 125 HIV treatment activists from 65 countries at a meeting in Cape Town, South Africa. At that time, no more than 500,000 people had access to HIV treatment. The cost of treatment was over \$10,000 per person per year. Very few entities had the knowledge and capacity for treatment advocacy. Today, more than 21 million people have started HIV treatment. In the world's poorest countries, the cost of effective treatment has been reduced to less than \$100 per

person per year. Today, thousands of advocates have made broader access to better treatment a fundamental goal of their work.

Moving forward, ITPC will continue to invest in the key driver of past successes: the energy, skills, and informed action of people living with HIV working together for equity in medicines and health.

Through this strategic plan, ITPC recommits to:

- ✓ increase the availability and affordability of essential medicines, with particular focus on access to life-saving medicines for HIV, TB, viral hepatitis, and other illnesses;
- ✓ educate and train people to demand the health services they need;
- ✓ expand community-based health care monitoring and advocacy; and
- ✓ hold governments, donors and other authorities accountable to human rights and public health.

No one organization or sector can improve the health and political systems. This is a critical moment in history for the emergence of a unified

global community-led movement of activists who can change systems and make them work for us all.

As ITPC, we remain committed to that same urgency and solidarity that led us to a united global, regional, national and most importantly grassroots action almost two decades ago. A world of better health is not a dream, join us in the fight to that vision a reality!

If not now, when? If not us...who?

Sincerely,



Solange Baptiste,
Executive Director



Gregg Gonsalves,
Board Chair

MISSION

To enable people in need to access optimal HIV treatment.

VISION

Longer, healthier and more fulfilling lives for people living with HIV, their families and their communities.

VALUES

ITPC's work is guided by our understanding that access to HIV treatment is a human right.

Our values:

- Communities are at the center of the response.
- There is equity in treatment access.
- We work together in solidarity as a global movement.
- We are transparent about our finances and how we work.
- We are accountable to those we serve.



THE CHALLENGES AHEAD

Since 2003, the world has seen impressive advances in HIV treatment access. But the job is nowhere near done. People living with HIV and other major diseases continue face the same challenges in accessing life-saving medicines.

WIDENING TREATMENT GAP

Many effective medicines have been developed in recent years to treat and prevent leading causes of death, including HIV, TB, and viral hepatitis. Yet most people in the world are not benefitting from these medicines. For example, as of 2016, about 5 million people with active TB did not have access to potentially life-saving medicines, slowing progress against this global epidemic. Approximately 18 million people living with HIV were untreated for HIV. Over 100 million people in low- and middle-income countries were untreated for hepatitis C. Those millions of people, along with their families, friends, and communities need support to mobilise, demand access to treatment, and actively seek out testing and treatment where it can be found.

WEAK HEALTH SYSTEMS

Delivering quality health services is a complex task, especially in developing countries where some of greatest needs co-exist with the least human and financial resources. Improvements are hindered by poorly structured systems, mismanagement, corruption and lack of accountability. However, communities can mobilise to monitor the quality of health services and accessibility of health care, and

thereby help governments reform these systems and scale up investments to meet the health needs of marginalised communities.

PROFIT OVER HEALTH

The current global system of trade rules and patent monopolies prioritizes profit over public health and welfare. Because of resulting high costs of medicines and health care, public health systems in many developing countries struggle to offer free or affordable medicines. The impact is destructive on the lives of patients' and their families and communities as well as countries' overall economic and social situations. The World Health Organization (WHO) calculates that almost 100 million people in Africa and Asia are pushed into extreme poverty each year, sacrificing food or homes because of catastrophically expensive personal expenses for health care. Communities and international health agencies need to redouble advocacy to governments to reform policies on patents and trade to prioritise health over profits.

CORRUPTION

Hundreds of millions of people live in countries where laws, rights and equality are not always (if ever) respected or upheld. Their voices often cannot be heard or are ignored or repressed, and few have influence over political and economic decisions that affect their lives. Furthermore, in too many countries, governments are driven by corruption and nationalism to protect their

domestic pharmaceutical industries by restricting their people's access to imports of low-cost medicines and by promoting trade policies that lengthen pharmaceutical patents and reduce generic competition. Those most vulnerable in terms of health access are often those most in need of legal and human rights protections that do not exist. Only through community-based monitoring and advocacy that holds national health programmes accountable to the goal of health for all, will health inequities be addressed and life-threatening epidemics such as HIV, TB, and viral hepatitis be controlled.

OUR COMMITMENT

Through this strategic plan, ITPC recommits to our mission of enabling people in need to access optimal HIV treatment and other life-saving medicines. We will continue to build and support a global activist coalition to confront the challenges ahead and continue to realise progress on the path to health for all.

ABOUT ITPC

ITPC was formed in 2003 by a group of 125 HIV treatment activists from 65 countries at a meeting in Cape Town, South Africa. Our mission from the start was to enable people in need to access optimal treatment related to HIV. ITPC is centred on the belief that the fight for HIV treatment remains one of the most significant global health issues of our time, and that activism about HIV has and will continue to provide inspiration, experience, and commitment to achieving health care and human rights for all.

ITPC activists have influenced and shaped HIV policies and programmes as well as decision-making structures that now ensure community voices are part of the discourse. Communities often sit at the table at country level to shape national HIV policies and programmes, are part of regional inter-governmental discussions on HIV and health and have legitimate representation at global level.

ITPC has expanded its work beyond HIV by responding to the health priorities of coalition members and advocating for access to medicines and quality health care for TB, viral hepatitis, and other life-threatening conditions.

Whatever the specific focus or area of interest, community-based activists continue to be at the centre of ITPC's leadership and work. They determine local and national priorities, build the capacity of their peers in areas of health and human development, and link with colleagues elsewhere in a global movement for universal health and rights. ITPC's funding comes from multiple contributors, and thus is not owned or controlled by any single funder or government.

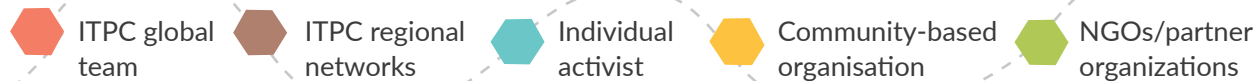
APPROACH AND STRUCTURE

ITPC is organised as an open and flexible coalition that consists of a Global Activist Network and virtual Global Team. The aim is to maintain a highly efficient and effective structure that minimizes operational costs and maximizes flexibility and responsiveness to the needs of the community activists and their communities and organizations. ITPC operates in all of the world's regions and in the world's major languages.

STRONGER TOGETHER

ITPC OPERATES IN ALL OF THE WORLD'S REGIONS AND IN THE WORLD'S MAJOR LANGUAGES.





A GLOBAL ACTIVIST NETWORK

ITPC's central structure is a Global Activist Network consisting of regional networks, partner organizations, individual treatment activists, and coalitions of key and vulnerable populations.

The Global Activist Network is a dynamic movement, not owned or controlled by any central authority. Instead, it is a movement that invites and fosters the participation and leadership of hundreds of treatment activists through sharing of information, trainings and meetings, and collaborative policy work, monitoring, and advocacy. Within the Global Activist Network, organizations and individual activists undertake the following activities, among others:

- training and mentorship of individual treatment activists;
- support and capacity building of treatment activist groups and organizations;
- support and coordination of community-led monitoring and research, including community observatories;
- support and coordination of community advocacy at local, national, regional and global levels; and
- organising regional and global dialogues to strategise on issues relevant to the ITPC movement.

During 2018-2020, in alignment with our commitment to be an open and adaptable coalition, ITPC will work with and support partner organizations and activists, remain open to new partnerships, and actively seek to develop new partnerships and new activist resources to address urgent health access issues in all regions of the world.





ITPC's Global Team is a diverse group based primarily in Botswana and South Africa with deep experience and commitment to health and human rights. With an average annual budget of USD 3 million, ITPC provides resourcing, support and guidance for advocacy and programme implementation by the Global Activist Network. Approximately 94 cents of every dollar is used to carry out this work, as ITPC only uses 6% of our funds for operations.



**THIS IS A CRITICAL
MOMENT IN HISTORY
FOR THE EMERGENCE
OF A UNIFIED GLOBAL
COMMUNITY-LED
MOVEMENT OF
ACTIVISTS WHO CAN
CHANGE SYSTEMS
AND MAKE THEM
WORK FOR US ALL.”** 

Excerpt from our foreword
WHY WE FIGHT

THE WAY WE WORK

ITPC's approach to building on the strategic strengths of the Global Activist Network:

- ✓ **ITPC listens to local priorities:**
A global network consisting of local organizations and activists allows for individuals and communities to articulate and voice their own local treatment priorities, needs and demands.
- ✓ **ITPC shares global information:**
A core part of the coalition's work is rapid dissemination of information about global treatment advances, new policies and guidelines, advocacy opportunities, and funding opportunities, all for improved delivery and use of life-saving medicines and health care, along with structural interventions essential for health, including education, economic development and economic and social justice.
- ✓ **ITPC encourages innovation:** Any participating organization or activist in the global activist network is free to define, recommend, and pursue strategies for action to address long standing and emerging public health problems.

WHAT WE WILL DO

During 2018-2020, ITPC will continue to build its capacity for strong global coordination, management and support of advocacy, including:

- ✓ **Improving online systems** for advocates to share information and strategies, learn from and support each other, and work together as a global activist coalition.
- ✓ **Equipping individuals and partner organizations** with tools, materials, and content for their work in treatment education and trainings, community monitoring, and advocacy.
- ✓ **Actively fundraise and manage finances, to provide resources** for regional and national efforts throughout the world, and to report back to donors about expenditure and programmatic results.
- ✓ **Conducting in-person site visits and coalition meetings**, to provide ongoing training, support, remuneration, accommodation, and recruitment and promotion of people into new levels and types of work to build the human resources that make ITPC the coalition that it is.



PRIORITIES AND STRATEGIES



ACTIVATE DEMAND FOR HEALTH

#TreatPeopleRight

ITPC will mobilise people to demand access to life-saving medicines and health care.



MAKE LIFE-SAVING MEDICINES AVAILABLE AND AFFORDABLE

#MakeMedicinesAffordable

ITPC will increase the availability and affordability of life-saving medicines and high-quality health care.



HOLD GOVERNMENTS AND LEADERS ACCOUNTABLE

#WatchWhatMatters

ITPC will support community-level monitoring of access to medicines and mobilise communities to hold governments accountable to ensure this access.



1. ACTIVATE DEMAND FOR HEALTH

#TreatPeopleRight

STRATEGY

ITPC will mobilise people to demand access to life-saving medicines and health care.

CONTEXT

Of more than 38 million people currently living with HIV, slightly over half (nearly 20 million people) had been diagnosed and accessed HIV treatment, but a remaining 18 million people are left without access to treatment.

Of 10.4 million people newly infected with TB each year, including an estimated 600,000 infected with multidrug-resistant or rifampicin-resistant TB (MDR/RR TB), only half (5.2 million people) were diagnosed and treated, and only 22% (130,000) of people with MDR/RR TB were treated, leaving about 5 million people not accessing life-saving medicines for tuberculosis.

Of approximately 150 million people currently living with hepatitis C, only 5% (7 million people) have been diagnosed and fewer than 1% (about 1 million people) have accessed direct acting antiviral (DAA) treatment. Nearly all of those accessing treatment were in high-income countries or in focus countries such as Egypt, leaving over 100 million people in low and middle-income countries untreated for hepatitis C.

Despite the development of effective medicines to treat and prevent the world's leading causes of death, including HIV, TB and hepatitis C, most people in the world are not accessing or benefitting from these medicines. The current global health effort does not focus sufficiently on community mobilization for health, and instead is largely provider-focused and donor-driven. International health funding is provided primarily to national

governments that are often plagued by competing health priorities, mismanagement and low accountability. Furthermore, most governments are politically unable or unwilling to invest in the health of marginalised communities. Only community mobilization within countries can bring change to these health systems and delivery of health.

Progress in global health requires mobilization of people's demand for health.

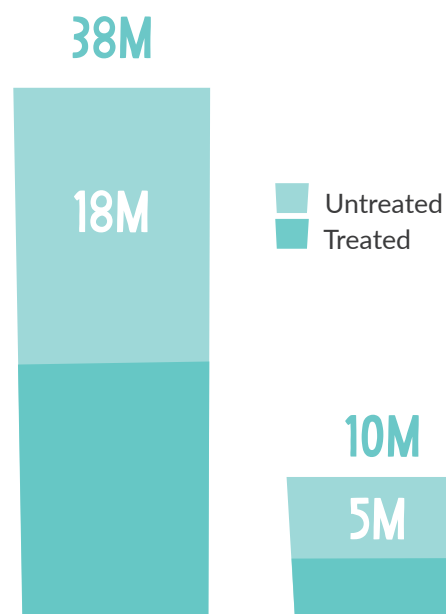
When people become informed of health threats and know of their options and possibilities for testing, treatment, and health care to prevent and treat potential causes of illness, they can start to seek out those health services.

When communities become informed about testing and treatment, people are more likely to support each other in identifying risk, accessing services, adhering to treatments, and achieving better health outcomes.

When patients and community activists mobilise in support community-based education, testing, and treatment adherence, and help people link to local clinics and health services.

When patients and communities advocate, they can successfully challenge barriers to health, including poverty, illiteracy, gender inequality, social stigma and discrimination, and criminalization.

WIDENING TREATMENT GAP



Number of people
(in millions)
living with HIV

Source: UNAIDS

Number of people
(in millions)
newly infected with
TB each year

Source: WHO 2017
Global Tuberculosis Report

ITPC'S ROLE

For the past fifteen years, ITPC has succeeded in building capacity of communities in every region of the world to identify and address long-standing and emerging public health problems. Working closely with a global network of activists that includes coalitions of key and vulnerable populations, ITPC provides treatment information and education to encourage people most at risk to seek testing, optimal treatment and quality health care.

- **ITPC focuses on building knowledge and capacity through treatment education on HIV, TB, viral hepatitis, and other life-threatening conditions.** We also link this access to structural inequalities, including inequality related to poverty, gender, race/ethnicity, language, religious, national origin and citizenship. ITPC has experience in supporting people to use their newly-developed treatment literacy in helping to develop innovative health service delivery models that engage key populations as providers and educators, to advocate for service scale up and replication, and to advocate for structural changes related to education, economic development, and social justice.
- **ITPC supports communities to define their own priorities.** Individuals, families and communities best know their own health needs and how to address them. ITPC works with people in communities at high risk for HIV, TB, viral hepatitis, or other life-threatening conditions

to determine their priorities for health access and to develop strategies to achieve that access. Members of the ITPC coalition have pioneered community-based treatment education approaches designed to de-mystify treatment using community-appropriate, non-technical language and training methodologies.

- **ITPC supports key populations to work for treatment access for all:** All people living with or at high risk of contracting HIV, TB, viral hepatitis, or other life-threatening conditions have a right to access treatment. This includes key populations for HIV, TB and viral hepatitis, such as sex workers, LGBTI people, people who use drugs, women and girls, migrants, adolescents and young people, and prisoners.

It is this unique combination of health education and human rights and advocacy training that has made the treatment access movement so effective. ITPC will to adapt and refine these methods so that they are applicable to the future challenges of sustaining treatment over the long-term.

WHAT WE WILL DO

ITPC will support a global activist network, consisting of partner organizations, individual treatment activists, and coalitions of key and vulnerable populations, that will support treatment information, education, and advocacy. ITPC's global team will:

ACTION

Maintain up-to-date online information about treatment access and communicate about life-saving medicines through print, digital, and broadcast media in at least five languages.

Develop treatment education curricula and organise treatment education trainings and workshops to engage people in every region of the world.


Facilitate partnerships across health and rights issues and across regions of the world to strengthen treatment information and education.

RESULTS

Treatment access information is available and updated quarterly about medicines and options for testing, prevention, treatment and health care for HIV, TB, viral hepatitis, and other life-threatening conditions.

Online activist dialogue is facilitated through online tools (including listservs and social media groups) about treatment information and education needs, priorities, and strategies, with a focus on HIV, TB, and viral hepatitis.



ITPC WILL CONTINUE TO INVEST IN THE KEY DRIVER OF PAST SUCCESSES: THE ENERGY, SKILLS, AND INFORMED ACTION OF PEOPLE LIVING WITH HIV WORKING TOGETHER FOR EQUITY IN MEDICINES AND HEALTH.” 

Excerpt from our foreword
WHY WE FIGHT



2. INCREASE AVAILABILITY AND AFFORDABILITY OF LIFE-SAVING MEDICINES

#MakeMedicinesAffordable

STRATEGY

ITPC will work to increase the availability and affordability of life-saving medicines and high-quality health care.

CONTEXT

An increasing proportion of the world’s health challenges, including cardiovascular disease, cancers, diabetes and hypertension, requires medicines that are currently priced beyond the reach of the average person. Even for infectious diseases such as HIV, hepatitis, and tuberculosis, for which medicines are procured or subsidised in many low-income countries, newer medicines used for treatment and prevention are still too expensive for most of the world.

AVAILABLE BUT NOT AFFORDABLE

Antivirals	HIV: Raltegravir, Darunavir, Dolutegravir PrEP: Tenofovir/Emetricitabile HBV: Tenofovir HCV: Sofosbuvir, Ledipasvir, Daclatasvir
Antibiotics	MDR-TB: Bedaquiline and Delamanid
Diagnostics	Viral load testing HIV drug resistance testing

A primary barrier to affordable medicines and health care is a global system of trade agreements and patent systems that prioritizes profit over public health and welfare. The countries of North America and Western Europe, as leading exporters of medicines and other pharmaceutical products, routinely and coercively protect their domestic corporate interests at the expense of millions of lives.

Worst affected are people living with HIV in highly unequal societies. Throughout the world, even in countries that are considered “high-income” or “middle-income” in Africa, Asia, Europe, Latin America, North America, Eastern Europe and the Middle East, the poorest and most marginalised communities cannot afford health care. In too many of these countries, pharmaceutical companies work to maximise extraction of profits, while national governments are paid, coerced, or inclined to look the other way.

Because of high costs of medicines and health care, the World Health Organisation calculates that almost 100 million people in Africa and Asia are pushed into extreme poverty each year, sacrificing food or homes because of catastrophically expensive personal expenses for health care. This is unnecessary. The world has many producers of medicines, schools to train health care providers, and the means to fund and deliver health services

and supplies where needed. What is lacking is commitment to elevating lives over profit in policies for access to medicines and services.

ITPC’S ROLE

ITPC is a global coalition of activists with experience in developing regional and national strategies to challenge harmful trade agreements and patent laws based on the real-life consequences for communities affected by HIV, TB, viral hepatitis, and other life-threatening health issues.

- **ITPC mobilises activists in every region of the world.** Every country is affected differently by international trade, patent laws, and accessibility of life-saving medicines and health care. Through trainings, mentorship and organizational support, ITPC helps local activists to monitor market and patent information, identify access barriers, develop targeted advocacy strategies most appropriate to their country’s context, and then implement targeted interventions and organise others for informed vocal campaigns for treatment access. Since our creation in 2003, ITPC has fostered an entire generation of activists who are speaking out for quality medicine and health care for all.

- **ITPC advocates across multiple regions of the world and on multiple access issues:** ITPC works globally and has an ability to share national and regional strategies toward a global movement for health and rights. ITPC was founded with a focus on HIV, and our core expertise and commitment are the health of people living with HIV. But our focus has always included accessibility of treatment for TB, viral hepatitis, and other health issues faced by communities affected by HIV, and we believe that our experience, expertise, and advocacy strategies are applicable and essential to broader health. Achieving access to treatment in one community is not sufficient while other communities are in need. ITPC advocates for optimal treatment for all, meaning the most effective drug combinations and low-cost technologically-appropriate diagnostics, including newer and less toxic drugs that are largely unavailable in poor communities in the Global South.

WHAT WE WILL DO

ITPC will increase access to life-saving medicines and health care through targeted national and regional policy work and advocacy, and mobilization of organizations and communities throughout the world. ITPC's global team will:

ACTION

At a national level in at least 10 middle-income countries, **develop policies and advocacy plans** to promote access to affordable medicines and health care.

At a national level in at least 10 middle-income countries, **promote community understanding and engagement** in legislative advocacy and strategic litigation to challenge trade and intellectual property-related barriers to access to treatment, and facilitate budget advocacy to increase domestic investment for health.

Organise and support regional coalitions to remove trade-related barriers to medicines and diagnostics, and to support advocates working at a national level.

Convene coalitions to prioritise access to affordable medicines and patient-centred and human rights-based health care.

RESULTS

Improved laws, policies, and policy enforcement will be proposed to increase access to optimal treatment and related services for all, especially for HIV, TB, viral hepatitis, and other life-threatening conditions.

Increased community advocacy for access to optimal treatment and related services for all.

Improved quality of patent examination by national offices.

Improved government policies on international trade and intellectual property related to life-saving and cost-efficient medicines

Strategic partnerships and collaborations that result in robust joint advocacy initiatives on issues related to treatment access.

On-line activist dialogue is facilitated in at least five languages about treatment access needs, priorities, and strategies, with a focus on HIV, TB, and viral hepatitis.



3. HOLD GOVERNMENTS AND LEADERS ACCOUNTABLE

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#WatchWhatMatters

STRATEGY

ITPC will support community-level monitoring of access to medicines and mobilise communities to hold governments accountable to ensure this access.

CONTEXT

Most of the world's people live in countries and communities where political and economic power is held by an elite few, in which laws, rights and equality are not respected or protected, and most have little influence over political and economic decisions that affect their lives. Only a small fraction of the world can be said to live in countries that are highly equal, participatory and held accountable to public interests.

International programmes that rely only on national health systems will never reach the poorest and most marginalised unless there is domestic political will for government spending and monitoring to achieve universal access, combat corruption, and enforce rule of law. Donor-driven international funding initiatives and vertically-siloed health programmes are not capable of creating this political will. As a result, without community-based monitoring and advocacy to hold health programmes accountable to the goal of health for all, health inequities will persist, and life-threatening epidemics of HIV, TB, and viral hepatitis will never be controlled.

Collection of data and evidence about community-level experience of health care is crucial to informing health system managers and policy makers about how to improve health delivery. Activists can be trained and mentored to survey patients and investigate health services to document the availability, accessibility, costs and affordability, and competency of services. Using this data, health system managers can target their efforts to increase quality and efficiency, reduce corruption and redirect cost savings toward the highest quality medicines, technologies and services.

ITPC'S ROLE

ITPC is a global organization with experience in supporting independent community-level monitoring of treatment access and organising communities to advocate and hold their governments accountable to improving that access. ITPC has also been a leading advocacy voice arguing for attention by global health funders to the plight of the poor and marginalised in middle-income countries. ITPC activists work collaboratively with many government health ministries to develop solutions which allows ITPC to provide information, training, and monitoring across all sectors. In 2015, ITPC formalised a new form of community-based monitoring called community treatment observatories (CTOs) in West and Central Africa and

Latin America. Designed by activists within each country, these observatories have documented the performance of health service providers, exposed contradictions between provider claims and patient experience, developed recommendations for remediation, and have mobilised coalitions to push for change.

During the past two years, ITPC has used a **#WatchWhatMatters** social media strategy to support global advocacy, designed so that a global network of activists can draw attention to timely and targeted policy issues and potential advocacy strategies. This has helped a decentralised global activist network to act quickly and in targeted ways to achieve change.

ITPC's approach of building capacity of community-based activists to generate data and use that data to advocate with their own governments and health systems has several strengths:

- **ITPC demonstrates that community-level research is cost-effective and is scalable and sustainable.** Many internationally-funded health programmes have not been sustained when international funding ended because local governments and communities weren't involved or prepared to sustain them.

- **ITPC combines national monitoring and advocacy efforts with regional compilation, reporting and advocacy**, which amplifies the voices and impact of people in each country. Real-time data collected by communities themselves is a powerful tool to get the attention of policy makers and public opinion leaders. Health system managers are able to use community-generated data to ensure a competent health workforce, reduce instances of misspending and corruption, and improve the effectiveness and efficiency of health spending.
- **ITPC supports and integrates advocacy across multiple fields of expertise**, including patient health literacy, health service quality and competency, protocols for adoption of new medicines and technologies, medicine procurement and supply chain management, human rights monitoring and reporting, and international trade and intellectual property laws and policies.

COMMUNITY TREATMENT OBSERVATORIES (CTOs)

WHY CTOs ARE IMPORTANT

Community-level collection of data and evidence captures patient experience of health care

Research is independent of government and donors

Community-based research is cost-effective, highly scalable, and builds durable skills and experience

WHAT CTOs DO

Patient surveys and investigation of health services to collect data and evidence about:

- Community-level knowledge of health and health care
- Disease outbreaks and other emerging health issues
- Availability, accessibility, costs and affordability, and competency of health services
- Introduction and adoption of new medicines and technologies
- Medicine and supply stock outs
- Human rights violations
- Positive impact of quality medicines and health care

THE IMPACT OF CTOs

- Communities can use data and evidence for advocacy for improved access to medicines and health care.
- Policy-makers and health system managers use the data and evidence to improve delivery of medicines and health care
- Health systems increase quality and efficiency and reduce instances of corruption and incompetence.
- Governments improve spending on health

WHAT WE WILL DO

ITPC will support a global activist network, consisting of partner organizations, global and regional coalitions, and individual treatment activists, to support community-level monitoring of health services and mobilization of communities to hold governments accountable to public health commitments.

ACTION

In at least 20 countries, build the foundation for community treatment observatories through: engaging stakeholders, establishing a strategy and structure for each country, creating database and data collection and analysis systems, and training of community research teams.

Help to launch and, where necessary, sustain community treatment observatories in 10 countries.

Actively produce reports and other communications to summarise data and evidence, including through visuals and stories, from multiple countries at a regional and global level.

Link people through online communication tools, including listservs and social media groups, through which they can discuss treatment access needs, priorities, and strategies.

RESULTS

Community observatories are established and operating in most regions of the world, including Eastern Africa, West Africa, the Middle East and North Africa, South Asia, Eastern Europe and Central Asia, and Latin America and the Caribbean.

Community-generated data collection and research is conducted on accessibility of treatments and health services for HIV, TB, hepatitis C, and other life-threatening health issues.

Treatment access information is made available and updated quarterly about medicines pricing, importation policies, and barriers to affordable health care, especially for HIV, TB, HCV, and other life-threatening conditions.

On-line activist dialogue is facilitated in five languages (English, Spanish, Russian, French, and Arabic) about use of data and evidence in advocacy about treatment access needs, priorities, and strategies.

JOIN US IN THE FIGHT TO MAKE THIS VISION A REALITY:



BECOME AN ACTIVIST

Sign up for ITPC's mailing list to get the latest tips on how to become a more effective activist, updates on our Activist Development Program plus other resources and opportunities to get involved around the world.



DONATE

Whether you're a philanthropist looking to make a one-time contribution or an institutional donor interested in providing on-going support, every dollar counts! We can carry out this strategic plan faster and reach even further with you as a significant force propelling us forward.



PARTNER WITH US

Our Global Activist Network has room for everyone. If you see potential synergies with our work send us an email right now. Let's get in touch and see how we can work together!



DO BUSINESS BETTER

Doing business better is easier than you think...

If you're a **funder**, let us know what projects you're interested in. We have gathered a wealth of insight from over 15 years of activism across the globe.

If you're a **government official**, let us work together and create a standout model for effective health systems.

If you're a **company representative**, work with us to find a way to express and expand your corporate social responsibility.



STAY CONNECTED

Jump into the conversation and engage with over 4,500 activists already making an impact in their communities.

 www.facebook.com/ITPCglobal

 <https://twitter.com/ITPCglobal>

 YouTube channel

 www.itpcglobal.org

 admin@itpcglobal.com