AIDS RESPONSE AT CODE RED

GLOBAL CALL TO ACTION

AIDS 2016 DURBAN, SOUTH AFRICA

In 2000, thousands of people from around the world marched together at the International AIDS Conference in Durban, South Africa. The march was a watershed moment in the global AIDS response. Sixteen years later and the conference is returning to Durban, yet the AIDS response is waning. We have unfinished business.

Today, 22 million people living with HIV lack access to treatment. In 2016 alone, approximately 1.2 million people around the world will die needlessly of AIDS-related illnesses. Each day 6000 people newly acquire HIV and HIV prevalence is rising in North Africa, the Middle East, Eastern Europe, and Central Asia.

Marginalized groups continue to be hit hardest, and gender inequality means HIV continues to overwhelmingly affect women and girls. Tuberculosis (TB), and its drug-resistant strains, remain a major public health emergency – with 1.5 million people dying globally last year. Dysfunctional public healthcare systems around the world lack the finances and resources needed to scale up our response to AIDS—a pandemic that has claimed the lives of 35 million of our brothers and sisters to date—let alone to deal with the crisis of tuberculosis. At the same time, stagnating donor resources and donor pull-out from middle-income countries pose a threat to the global solidarity activists mobilized to address the pandemic and threaten to divide our movement, just when it is critical for us to stand united. We are not heading toward an "end to AIDS", unless there is a change in the current trajectory of the response. It is a hypocrisy to pretend that we are.

This July, once again, we will take to the streets of Durban. We cannot let people talk of an "end to AIDS", while on the ground the AIDS response is unravelling. The global AIDS response is at CODE RED.

March with us in Durban on Monday, July 18, 2016 at 12pm to demand urgent action now!

OUR DEMANDS

1. All people living with HIV need access to quality, comprehensive HIV treatment now!

Today, of the 36.9 million people living with HIV, only 17 million have access to life-saving antiretroviral treatment. The START trial proved that all people living with HIV need immediate access to treatment for their own health. The HPTN052 trial showed us that when people are stable on ART they become non-infectious. The evidence is clear. We stand in support of the goal of reaching 30 million people on treatment globally by 2020, but this is not enough. All 20 million people, currently not on treatment, need to be offered access.

While everyone is talking about treatment for all – what is happening in reality? Where is the increased investment? Where are the new healthcare workers that we will need to sustain and grow these programmes? How can we provide quality care without many more healthcare workers? Where will we find money to buy the medicines? Where is the new investment into TB medicines? We cannot achieve access to quality treatment for all without the political will and financial commitments to make it a reality.

2. No healthcare without healthcare workers and a functional public healthcare system!

As with Ebola, the AIDS response is being undermined by dysfunctional healthcare systems and shortages of healthcare workers. Too many countries are failing to invest appropriately in their healthcare systems. India, with the world's fastest growing population and 21% of the world's disease burden, allocates just 1.2% of its GDP into the country's health budget. China, a mere 3%. In South Africa, our healthcare system continues to be misused for political patronage – and budget cuts are leading to what amounts to healthcare worker hiring freezes. We are not investing in people or in stronger healthcare systems. This is a crisis that hardly anyone is facing.

We cannot sustain 35 million people on HIV treatment without significant investment into stronger healthcare systems. We cannot respond to drug resistant TB without a large skilled workforce of healthcare professionals and serious investment in community healthcare workers, the foundation of many healthcare systems. It is time for governments to increase the amount of revenue allocated to the health sector, and for donors to scale up their investments in strengthening health care systems.

3. No more patents on medicines!

Safeguarding access to medicines is fundamental to achieving the right to health. A right enshrined in the Constitutions of nearly 50 countries – including South Africa. A right mandated by the Universal Declaration of Human Rights. But as we speak, a right that is not being realised. For years, activists globally fought against the unrelenting pressure of the pharmaceutical industry to ensure access to ARVs. While we won some important victories, when it comes to intellectual property the pharmaceutical companies are winning the war.

Evidence shows how intellectual property prevents people most in need from accessing vital medicines. New AIDS medicines, tuberculosis medicines, and a number of cancer, hepatitis C and mental health medicines, remain priced out of reach. This is as true in rich countries as it is in poor ones. We are also faced with a research and development system that fails to develop many of the medicines we desperately need. The entire world invested less than $700 million USD in TB research last year, while TB is the top infectious disease killer on the planet. This system is unacceptable. How many more people must die before we admit the system is broken?

We stand in solidarity with all people who cannot access the medicines they need. We will not allow the inhumanity of denying people medicines to continue. It is time to make medicines for people, not for profit.

4. No more discrimination and criminalization of key populations!

In many countries around the world marginalized groups continue to be at the epicenter of the AIDS epidemic. Key populations, including gay men and other men who have sex with men, sex workers, transgender women, people who inject drugs, migrants, and prisoners, are facing massive unmet need for quality HIV prevention and treatment services. These groups have been systematically silenced and/or attacked because of bigotry, hatred, and health systems that discriminate against them.

Governments must prioritize eliminating discriminatory laws, policies and practices and to ensure that national HIV programs include quality, evidence-based prevention, treatment and care for gay men and other men who have sex with men, sex workers, transgender women, people who inject drugs, migrants, and prisoners. Donors and other stakeholders need to prioritize funding the grassroots advocacy efforts that are needed to confront discrimination.

Ending the AIDS pandemic is not possible without addressing the forces of marginalization and criminalization that continue to fuel the epidemic around the world. We will not accept continued rhetoric on ending AIDS, that is not accompanied by action to ensure an end to discrimination and human rights for all.

5. Increase funding for the global AIDS response!

Funding for HIV programs from donor governments has been flat-lined in recent years. In almost every low and middle-income country, gaps in funding are undermining the HIV response and treatment and prevention services are being rationed. While some low- and middle-income governments have stepped up their investments in the response, all governments need to and can invest more.

Donor funding for the response in middle-income countries, in particular, is also under threat. This donor withdrawal is having devastating effects in terms of services for key populations, for whom donors play a critical role in funding the response, where national governments themselves drive criminalization and stigmatization. This is happening at the exact time when it is necessary to increase investments in order to curb the epidemic.

We refuse to accept lip-service from world leaders on 'ending AIDS' that is not accompanied by the financial commitments necessary to make this a reality. It is time for donor and domestic governments to put their money where their mouths are.

This is our lives. It is the lives of our brothers, sisters, and comrades that are at stake. In July 2016 at the International AIDS Conference, activists from South Africa, and around the world, will fill the streets of Durban. We are not begging, but demanding a new era in the AIDS response.

Join us.
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TAC TREATMENT ACTION CAMPAIGN

HEALTH GAP GLOBAL ACCESS PROJECT

+SECTION27 catalysts for social justice