



Dedicated to eliminating the barriers to global access to affordable life-sustaining medicines for people living with HIV/AIDS

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**Activists Applaud New Global AIDS Treatment Guidelines,
Call for Immediate Adoption**
*Improved drugs and monitoring, available to all, provides opportunity for
transformation of HIV response, must mean medicines for all to be effective*

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New York, NY: Health GAP (Global Access Project) today congratulated the World Health Organization on a bold new set of anti-retroviral treatment (ART) guidelines that set a new minimum standard that countries in the global South should take to leverage HIV treatment as a central tool in beginning to end the AIDS crisis. Health GAP called on governments around the world to immediately adopt these guidelines to harness the potential for a further closing of the gap between standards of care for patients in poor and rich countries. The group also applauded those governments who have already rejected incrementalism and have begun offering new medicines and earlier ART to people living with HIV, along with routine viral load monitoring.

The new WHO guidelines are based on important scientific evidence showing that less toxic drugs and earlier initiation of ART can provide dramatic benefit to the health and survival of PLWHAs and prevent HIV transmission. WHO now recommends that, in all settings, everyone presenting with a CD4 cell count of less than 500 cells/mm³ should be offered ART and that ART should be offered regardless of CD4 count to pregnant/breastfeeding women, those with TB or HBV co-infection, those in serodiscordant couples and all children less than 5 years of age. The result is that nearly all who want access to ART should now be given access--a number estimated to be over 26 million of the 35 million.

“There is a threat that instead of leveraging the clinical and prevention benefit from earlier treatment initiation with improved medicines, donors and poor countries will instead resist aggressive implementation of the new guidelines, continuing with current, outdated standards of care—claiming that the upfront costs would be too great,” said Asia Russell of Health GAP. “This is a false trade off. Investing slightly more now in better treatment for more people is not only a moral imperative--it’s also dramatically more cost effective than diagnosing someone and telling that person to wait until they are catastrophically ill to start treatment.”

Today, Health GAP called on donors and national governments to embrace this opportunity for dramatic advances in the fight against HIV by treating these guidelines

as a minimum standard and offering HIV treatment to all who want access and rolling out newer medicines and viral load monitoring to replace CD4 testing, which too often results in people lost in the system and delays in initiation. However, success in program expansion will depend on much more extensive engagement of people living with HIV their communities in program design, implementation, and oversight--in particular, in provision of non facility based treatment and prevention support services to increase demand creation, reduce loss to follow up and increase program quality. These interventions must receive substantial investment as a cornerstone of implementation of the new guidelines.

However, Health GAP also *criticized* any approach that would restrict ART access to those who meet the definition of being part of a “couple.” Instead all those seeking access to ARVs to minimize the risk of sexual transmission of HIV should be given access.

“The choice countries face is between incrementalism—taking years to phase out older drugs like d4T and to expand eligibility criteria—and a transformative approach that gets ahead of the virus,” said Matthew Kavanagh of Health GAP. “A human-rights based response calls for better—programmatically advances beyond those in the US and Europe and the promise to give people living with HIV the tools that will save both lives and money in the long term.”

The WHO also echoed the call for new drugs to be made available to people—continuing the move to Tenofovir-based first line treatment while creating policies to make second and third line drugs available. Health GAP applauds this move and calls on governments and international bodies to eliminate the patent barriers to making these drugs and other newer, better medicines available and affordable.

“Too few countries make use of flexibilities under the World Trade Organization to allow them to produce and import generic AIDS Drugs. Instead, Big PhARMA has continued to promote the lie that maximalist intellectual property rules will help developing countries,” said Professor Brook Baker, Senior Policy Analyst. “We should take up the call from leaders in the Global Commission on HIV and the Law to suspend TRIPS and create new models to ensure that research and development funding for new AIDS drugs does not come at the expense of affordable access for people around the world.”

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