

Health GAP • International Community of Women Living with HIV/AIDS East Africa (ICW EA) • National Community of Women Living with HIV/AIDS Uganda (NACWOLA) • National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU) • Action Group for Health, Human Rights and HIV/AIDS (AGHA) Uganda • Community Health And Information Network (CHAIN) Uganda • International Treatment Preparedness Coalition (ITPC) • Together Against AIDS Positive Association Uganda

Press Statement

For Immediate Release: July 29 2010

For more information contact: Asia Russell, Health GAP: [+256 776 574 729](tel:+256776574729) or [+1 267 475 2645](tel:+12674752645) (Kampala)/asia@healthgap.org Matthew Kavanagh, Health GAP: [+1 202 486 2488](tel:+12024862488) (Washington DC)/matthew@healthgap.org

Following Activist Pressure, White House Announces Green Light for AIDS Treatment Scale up in Uganda • Similar Treatment Access Crises Loom Unless the Obama Administration Keeps Its AIDS Funding Promises

(Kampala and Washington) Today advocacy organizations in the US and Uganda welcomed the announcement that the U.S. global AIDS program, PEPFAR, has reversed its ban on enrollment of new HIV patients on treatment in Uganda, following criticism from people with HIV, clinicians, advocates, and public health experts in the US, Uganda and around the world.

In a [statement](#) by Ambassador Eric Goosby, the Coordinator of PEPFAR, the U.S. government committed to increasing investments of additional resources for HIV treatment in Uganda. Specifically, the White House has pledged to return to the rate of new patient enrollment taking place before treatment caps were put in place--approximately 3,000 new patients each month until 2013. Advocates fear that the treatment caps, in place for almost one year, have already set back the country response to HIV, as a result of HIV treatment waiting lists expanding to crisis levels. This situation followed an instruction by PEPFAR to AIDS treatment providers to cap new HIV treatment enrollment (See October 29, 2009 USG communication to PEPFAR Implementing Partners).

"The White House has responded to public criticism from people with HIV and other experts," said Asia Russell of Health GAP. "Now people with HIV, implementers, and other partners are picking up the pieces, and reconstructing efforts to scale up to reach HIV treatment access for all. There is no time to waste."

Because the White House has recommended virtually no increased funding for PEPFAR for two consecutive years, advocates point out that the crisis in Uganda will be duplicated in multiple additional countries unless the Obama Administration increases its investment of additional funds in PEPFAR. "This announcement means the waiting lists in Uganda will ease--for now," said Matthew Kavanagh of Health GAP. "But what about in other countries? Uganda is just the tip of the iceberg--Ambassador Goosby also said that he was worried there would be 'Kampala situations' in other countries soon. President Obama and Congress must prevent that, by keeping their AIDS funding promises."

As a Senator and Presidential candidate, President Obama promised publicly and in writing to spend at least \$50 billion fighting AIDS over 5 years, as the U.S. 'fair share' response to the pandemic. Instead, U.S. AIDS funding has been virtually flat-lined by the Obama White House and Congress.

Advocates also challenged the Government of Uganda to significantly scale up its investments in HIV treatment. "Our government should commit to its own target of treating an increasing number of HIV positive Ugandans," said Lillian Mworeko, of the International Community of Women Living with HIV East Africa. "Our country could mobilize the resources--but we need the political will from our leaders." In 2009, Uganda budgeted 60 billion Ugandan Shillings (\$30 million) for antiretroviral medicine and anti-malarial treatment through procurement from the local manufacturing company Quality Chemicals Limited, but

advocates expressed concern with the lack of transparency in the procurement, and higher prices charged by Quality Chemicals relative to other suppliers. "\$30 million is not enough. We need a commitment from our President to a permanent budgetary allocation for HIV treatment that increases over time, so that the Government of Uganda sets its own target for the number of people supported on treatment."

The advocates called on the White House and Congress to commit to progressive scale up in HIV treatment to reach one third of those people in clinical need—as it has already pledged to do—even while leveraging increased commitments from national governments and other donors. "Shifting away from HIV treatment scale up misses the opportunity to save lives," said Dorcas Amoding of Community Health and Information Network Uganda. "It also will result in substantial numbers of new infections as evidence shows significant prevention benefits associated with universal HIV treatment coverage. Moreover it will simply postpone—and likely increase—ballooning treatment costs, because people will present later, when they are seriously ill, requiring complex care. An urgent course correction is needed—so that communities benefit fully from the direct and indirect benefits of HIV treatment, contributing ultimately to reduced rates of new HIV infections, declining HIV prevalence, and—potentially—an eventual end to the pandemic."

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