



every time
you invest in
HIV & TB

Africa
wins!

In 2005/2006 developed and developing nations committed to supporting universal access by 2010. Yet worldwide only 42% of the people in need are able to access treatment and less than a quarter of HIV positive pregnant women have access to prevention of mother to child transmission (PMTCT). Expanded and sustained funding is needed to meet universal access targets for HIV treatment, prevention and care. But developed and developing nations are not meeting their funding commitments for HIV and health:

The Abuja declaration

In 2001 African nations committed to placing the fight against HIV/AIDS 'at the forefront and as the highest priority issue in our respective national development plans... for the first quarter of the 21st century'. Related to this African nations pledged to expand funding for health to 15% of their annual budgets. Yet today African nations continue to spend far too little on health and only 6 of 52 African nations have met or surpassed the 15% target.

African nations – meet your Abuja funding commitments for health.

The president's emergency plan for aids relief (pepfar)

In the past, the United States (US) has been a global leader in expanding access to antiretroviral therapy (ART) through PEPFAR. But today, under the Obama administration, the US is turning away from PEPFAR. The 2010 and 2011 budget requests for PEPFAR have flat-lined AIDS funding, and decreased funding for ART. The US has also stated that PEPFAR will move away from providing 'direct care' in favour of 'technical assistance.' PEPFAR funded programmes could be forced to close their doors as the US moves away from funding direct care. Across the region PEPFAR programmes have already begun to slow or in some cases even cap enrolment onto ART.

President Obama – protect access to ART by expanding PEPFAR funding.

Make universal access happen – replenish the Global Fund.

The global fund to fight aids, tuberculosis and malaria (global fund)

The Global Fund finances ART for almost two thirds of people in the developing world and its programmes have saved nearly 5 million lives since 2005, or 3,600 people a day. However currently the Global Fund is struggling to secure sufficient funding to maintain and expand its programmes. The Global Fund must raise \$20 billion from governments and funders for its upcoming round to increase the scale-up of ART and build on efforts to meet universal access.

Expanding access to ART - improving health outcomes and meeting mdgs

Reaching universal access is necessary to reducing AIDS mortality, opportunistic diseases and new infections as well as to upholding our fundamental right to health. Expanded access to HIV treatment, prevention and care is also necessary to meeting a number of other millennium development goals (MDGs) and improving health outcomes.

ART and prevention

It is becoming increasingly clear that ART is necessary as part of a package of prevention services to reduce HIV incidence. Studies have shown that ART reduces the risk of sexual transmission of HIV in sero-discordant partnerships

when the HIV positive partner is adhering to treatment. (ART is effective as part of a package of prevention services and sero-discordant partners should continue to use condoms). ART is already used to prevent HIV transmission to infants and rape survivors, yet access remains limited.

ART and maternal and infant health

HIV continues to be the leading cause of maternal and infant mortality in the African region. In at least 4 Southern African countries more than 50% of deaths in children under 5 are attributed to HIV. Expanded access to HIV treatment, prevention and care is necessary to reducing maternal and infant mortality and meeting MDG 4 - to reduce child mortality - and MDG 5 - to improve maternal health.

Initiating mothers onto ART treatment earlier will reduce maternal mortality - 80% of maternal deaths occur in women whose CD4 counts fall below 350 cell/mm³ before initiating ART. Expanded access to ART is also necessary to reducing infant mortality. ART during pregnancy and breastfeeding have been shown to reduce HIV transmission from mother to child to below 2%. Further, for HIV positive infants, immediate access to ART can reduce mortality by 75%.

ART and opportunistic infections and mortality

Evidence has shown that initiating ART at a CD4 count of 350 cells/mm³, rather than below 200 cells/mm³, reduces opportunistic diseases and death. Further ART is necessary for the successful treatment of a number of diseases, including tuberculosis, for patients with CD4 counts below 350 cells/mm³.

ART and health systems strengthening

Health system strengthening is necessary to effectively respond to an HIV epidemic and to improve health outcomes. But any reduction in funding for ART will increase opportunistic infections and AIDS related diseases - thereby increasing the burden on health systems. Experiences in a number of countries have shown that AIDS programmes have begun to strengthen health systems. Médecins Sans Frontières reported that HIV/AIDS programmes have had a positive impact in terms of human resources for health, improved laboratory monitoring and pharmacy capacity and management, and more effective health management information and procurement systems.

Now is the time for universal access – building on successes

With expanded funding, HIV programmes across the region are positioned to expand treatment and care, reduce new infections, build country health systems, support universal access targets and lay the path to meeting a number of other MDGs. Now is the time for governments and funders to leverage the successes of HIV programmes and partnerships built to strengthen their global health responses and expand access to ART to all people in need.



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