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REPORT AND RECOMMENDATIONS

INTERNATIONAL EN

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REPORT AND RECOMMENDATIONS FOR RENEWED SOLIDARITY TOWANRDS ACCESS TO ANTIRETROVIRAL TREATMENTS FOR INDIVIDUALS LIVING WITH HIV IN SUB-SAHARIAN AFRICA

RECOMMENDATIONS

The National AIDS Council restates the following :

on numerous occasions since 1995, the Council has expressed its views on the issue of inequality of access to medical care and HIV treatments ;

most notably, the Council has underlined the gap between rich and poor countries, which is widening as scientific and medical knowledge increases ;

the Council has demonstrated the impossibility of fighting the epidemic within political borders, emphasizing the need to cooperate within broader geographical zones, the history and the sociology of which testify to the networks built up by ongoing contacts, travel and trade. The Caribbean is a typical example ;

the Council's duty is not to determine policy but to open up ways toward considerations of the issues, debate and transparency.

The National AIDS Council notes the following :

a) the majority of individuals living with HIV, although informed of that fact, have no real access to medical and therapeutic care. This is the situation for almost all those living in Sub-Saharan Africa, except for those who enjoy significant personal resources, political and social power and supportive social contacts ;

b) global control of the epidemic is a prerequisite for control in individual countries, given the international movement (even limited) of individuals ;

c) globalization implies totally free circulation of information and capital, and is characterized by movement of individuals regulated on the basis of specific categories (legal/illegal, rich/poor, producers/non-producers, consumers/non-consumers, literate/illiterate, and so on), but, most importantly, very restricted flows of medical resources ;

d) the combat against AIDS is not in competition with the combat against the great scourges of humankind (malaria, nutritional deficiencies, tuberculosis or tropical diseases). In fact, in the countries of the West, the fight against AIDS began by highlighting deficiencies in the distribution of healthcare and subsequently led to substantial improvement standards in healthcare, prevention, and in the management and empowerment of care providers, researchers and administrators. Furthermore, many diseases cannot be controlled in Africa separately from the control of the HIV disease ;

e) international organizations cannot, in such circumstances, make aid or loans for the installation of care facilities conditional upon compliance with western standards without putting the cart before the horse ;

f) humanitarian medical assistance is a response that is well suited to localized disasters but it cannot serve as a health policy in the long run in this domain. National and international initiatives, although undertaken with the best of intentions and a concern to

demonstrate that access to HIV treatment in Africa is feasible, define objectives that are far too limited to ever hope to change the course of the epidemic to any significant degree before the middle of the next decade ;

g) the quality of the healthcare provided must meet universally recognized criteria of excellence and ethics, which means that programmes must be based on reference centres, adaptation to local sociological conditions, a gradual ramping up to full load, meticulous selection for order of access to treatment during the early phases, and the setting up of impartial and effective mechanisms for evaluation.

The National AIDS Council recommends :

1) that the fight against AIDS in Africa should be considered a global priority whose genuine, widespread implementation is imperative for development on that continent ;

2) that the implementation of tightly defined healthcare programmes should be assisted immediately in the hope of achieving two results : the creation of precedents and the maintenance of political pressure ;

3) that the various obstacles should be ranked in degree of difficulty, considering that the price of antiretrovirals, governed as it is by the laws of the marketplace, is of an issue of secondary importance compared with the political, administrative, scientific and socio-medical inadequacies that exist ;

4) that cooperation should be ensured with the declared aim of enabling access to HIV screening, and subsequently to antiretroviral treatments. Those treatments must be dispensed to Africans mainly by other Africans, who will provide technical monitoring for as long as is necessary. Treatment strategies can be coordinated by reference centres, which are easy to assess and equipped with the resources for clinical, epidemiological and therapeutic research. However, treatments must be provided on a local or neighbourhood basis – urban and rural units – even within the family unit, without stigma and aided by local voluntary groups whenever possible. Non-medical care personnel, social workers and community actors must be extensively mobilized for such work. As elsewhere, access to treatment must be accompanied by a stepping up of prevention policies ;

5) that public health observatories should be established, and they should be made responsible for the objective and impartial selection procedures which will inevitably be a characteristic of the initial stages of treatment ;

6) that distribution of antiretrovirals according to social status, economic position or the supposed value of the individual to society should be avoided at all costs. This kind of selective access, unethical as it is, has already been observed and carries with it the danger that local populations will become trapped in a cycle of despair, refusal of solidarity, political and social regression and the denial of civilized values.