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Australasian Society for HIV Medicine Inc

Response to AusAID's draft strategy: "Australia's HIV/AIDS Strategy for the Development Cooperation Program"

June 9, 2004

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

ASHM welcomes the development of this strategy and the opportunity to discuss and have input on the issues involved. We look forward to future consultations on the implementation of this strategy.

There are a number of key areas on which we would like to provide further comment at this stage.

1. Treatment and capacity-building

We welcome the inclusion of treatment in the draft Strategy. However, we believe that the aims in terms of treatment and care could be strengthened. For example, the Consultation Document released as part of the process of producing a new UK Government Strategy on HIV/AIDS states that:

"Responses should support efforts to provide increased, and eventually universal, access to treatment and care for people with HIV/AIDS, as part of the WHO/UNAIDS '3 by 5' goal to provide anti-retroviral therapy to 3 million people in developing countries by the end of 2005."

While we support maximising the effective use of existing fixed-dose combinations and standardised protocols, we feel that it is important to add that access to new drugs/combinations/vaccines is vital in dealing with the complex and changing nature of the disease. We want options to be maximised, and don't want to see programs and/or countries locked into regimens which are not useful in all circumstances or are later superseded.

We would also like to see an explicit mention of the need to improve country access to drugs needed to treat opportunistic infections and diseases, and improving access to the diagnostic equipment required, including laboratory and radiological equipment.

We would like to see more added to the document on capacity-building – in terms of standardised skill-building. The WHO has placed a large a degree of emphasis on training to support simplified testing strategies, simplified treatment protocols, standardisation of training and accreditation programs. Aside from drug supply, this is a major factor holding

back access to quality treatment and care. The promotion of accreditation programs feeds into creating systems of imparting and updating knowledge. The latter is often overlooked but is essential when dealing with HIV/AIDS. Australia has much to offer in this area by utilising the experience of relevant Australian organisations working in this area.

In terms of supporting the sustainability of capacity-building, we would also like the document to support facilitating of the strengthening of relationships between scientific and medical societies within the region and (e.g. societies of laboratory scientists, physicians, general practitioners, surgeons etc).

It has been brought to our attention that blood safety has not been included in the document as an issue. As transmission of HIV still occurs through this avenue in the region, it is an important area in which Australia can contribute in terms of capacity-building. Similarly, prevention of mother-to-child transmission/antenatal screening should also be mentioned in the document.

2. TRIPS

We believe that this is an area of policy inconsistency across government departments. While this strategy is concerned with expanding access to treatment, the negotiating position of the Australian government in trade negotiations has consistently been to strengthen protection of intellectual property rights (both within the WTO and in bilateral trade deals with countries like the US and Thailand). In practice, this runs counter to increasing access to relatively cheaper generic medicines and diagnostics.

We believe that there are still grounds for grave concern about the impact of trade negotiations on current and future access to generic medicines. What has occurred through the WTO (and the growing web of bilateral trade deals internationally) is a strengthening of international intellectual property law – with certain safeguards (such as permitting compulsory licenses or parallel importation). However, these safeguards have been compromised within the WTO framework by numerous cumbersome and restrictive conditions. Many bilateral trade deals also override these safeguards (by including intellectual property provisions above and beyond TRIPS).

In addition, the future impact of TRIPS is potentially significant. Countries such as India have to become TRIPS compliant from 2005 – threatening the supply of generic medicines to other countries, and the supply of active constituents upon which many other domestic manufacturers rely.

We believe that it is worth including one further aspect of the Doha agreement in the draft Strategy:

“We [the World Trade Organisation] agree that the TRIPS Agreement does not and should not prevent Members from taking measures to protect public health. Accordingly, while reiterating our commitment to the TRIPS Agreement, we affirm that the Agreement can and should be interpreted and implemented in a manner supportive of WTO Members' right to protect public health and, in particular, to promote access to medicines for all.”

We believe that this more general stipulation about protection of public health is a vital part of the Doha declaration – as it is the standard against which to measure all subsequent agreements on conditions/restrictions and their effects.

In addition, we understood from earlier consultations that a cross-sectoral working group was being considered (potentially including the Department of Immigration, Multiculturalism and Indigenous Affairs; Department of Health and Aged Care; AusAID; and Department of Foreign Affairs and Trade). The need to coordinate across Australian government departments and agencies is not included in the draft Strategy. However, we believe that it is potentially important in this case for the government to consider the health implications of trade negotiations, and how this relates to its overseas development program.

3. Research

We welcome the emphasis on research in the draft Strategy. We feel that the inclusion of clinical research is important. Promoting better HIV/AIDS treatment and care necessitates looking at issues of testing, laboratory work, treatment of opportunistic infections, as well as antiretroviral therapy and its related issues (resistance, side effects). Clinical priorities may include, but not be limited to: developing cheaper and simpler methods of diagnosis and monitoring; mapping opportunistic infections in resource-poor settings and developing management algorithms; clinical management issues related to resistance; and simpler drug regimens.

We believe that the document should include the need to link project activities and research. This synergy allows the benefits of existing activities to be maximised, along with research outcomes.

4. Partnerships

In implementing this strategy, we are pleased to see the emphasis on partnerships with experienced organisations. This is vital to pursue in-country and with global programs.

We welcome the document's mention of organisations including the Global Fund ("Australia therefore strongly supports their role and looks forward to continued engagement.") However, we would like to see a stronger and more specific commitment to supporting and funding the Global Fund included in the document.

Partnership is also important in involving experienced organisations in Australia. We would like to see this stated more explicitly in the draft Strategy – along with some comment on strategies for pursuing this.

There is considerable expertise and willingness to participate in this way amongst the HIV/AIDS sector in Australia. However, the significant problem which community, clinical and research organisations face in doing so is the lack of a funding base or an institutional framework to support it.

In particular, there is a schism between those government departments and agencies which are primarily concerned with domestic activities and those concerned with international activities. In line with the recommendations contained in the government's response to the review of the national HIV/AIDS strategy, we believe that there is an urgent need for more discussion and collaboration across departments and agencies to find ways to bridge this divide and facilitate the involvement and activities of organisations in Australia which have a potentially significant and beneficial role to play in enhancing the quality of international development policy/assistance.

As stated above, we believe that there is a role to play for a cross-sectoral working group – as HIV/AIDS is a multi-sectoral development issue. We believe that it is imperative that any such a body include community representation.

Similarly, we believe that AusAID needs to carefully consider how to manage ongoing consultation and involvement of community, clinical and research organisations in implementing this strategy. The AIDS Task Force which is mentioned in the document is likely to be a vital body in monitoring and implementing the draft Strategy – and needs to find a healthy balance between turnover and consistency in terms of membership. The analysis and projections of this body should be as transparent as possible – with more structured relationships being built with key stakeholders.

We look forward to being part of an ongoing collaborative and consultative process around this Strategy.

[Developed and approved by the ASHM board. Prepared by Marina Carman, Policy and International Programs Coordinator.]