

Accessing anti-retrovirals, saving lives

Background

The first cases of HIV were reported in America in the early 1980s, but the new virus quickly became a pandemic. HIV and AIDS devastate societies and economies, and impacts have been most keenly felt in many developing countries, particularly in sub-Saharan Africa. It hits the working age population hardest, wiping out generations of parents, nurses, farmers, teachers and civil servants. It weakens health and education systems, whilst slowing economies and impacting food supplies. During the 1990s, anti-retroviral drugs (ARVs) were developed that would enable those with HIV to lead fairly normal lives for a further twenty years. By the early 2000s, ARVs were so effective that HIV was regarded as a chronic condition in developed countries, even whilst it remained a death sentence for those unable to access these drugs. By 2005, HIV/AIDS had resulted in 20 million deaths, a further 38 million infections, and 15 million orphaned children.

International Action

The scandal of so many being impacted by a treatable, preventable virus led to the UN Secretary General's Special Envoy on AIDS in Africa referring to the situation as 'mass murder by complacency'. A global campaign to try and achieve universal access to treatment was born, with national branches. 'Stop Aids' in the UK focussed on tackling the barriers to achieving this goal, such as trade laws which made ARVs prohibitively expensive and sufficient aid to resource HIV programmes. AIDS activists across the world believed that if the G8 (the group of the most powerful political leaders) chose to act, they could halt and begin to reverse the spread of HIV.

UK Prime Minister Tony Blair decided to make global poverty a central theme of the 2005 G8 Summit being hosted in Gleneagles. He tasked the Commission for Africa with highlighting some of the actions required to tackle poverty. Tearfund partners submitted evidence to the Commission which highlighted the impact of HIV, amongst other things. Whilst welcoming these steps taken by Blair, UK campaigners wished to raise the levels of ambition and urge global leaders to address three underlying issues which cause poverty – aid, trade and debt.

The UK campaign 'Make Poverty History' (MPH) was established, rapidly encompassing over 540 organisations. Stop Aids in the UK were on the steering committee, and they pressed for universal access to be part of the wider package of MPH asks. Tearfund was one of the core MPH organisations and as another member of the steering committee with an interest in HIV, supported them in this. One of the MPH asks became universal access to HIV treatment, prevention and care by 2010.

The UK campaign exploded into action in February 2005 when Nelson Mandela stood in front of 20,000 people in Trafalgar Square and called upon them to stand against poverty. The response from the UK public exceeded all expectations. After just six months, 87% of the UK population had heard about the campaign and eight million were wearing a Make Poverty History white bracelet in support. A number of campaign activities were undertaken in the build up to the G8 Summit in July. In April, 25,000 people took part in an overnight vigil for trade justice in Westminster; the biggest protest during the 2005 UK election period. Over 500,000 people contacted the Prime Minister – 97,000 of whom were Tearfund supporters - and over 800,000 activists campaigned online through the Make Poverty History website.

The campaign highlight was a march of over a quarter of a million people in Edinburgh ahead of the arrival of the G8 leaders. Over half of these campaigners were joining a protest for the very first time. In the communiqué agreed at the 2005 G8 Summit, leaders made a number of promises around the issues of aid, trade and debt and committed leaders to "develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access to treatment for all those who need it by 2010". Tony Blair noted that "Without [Make Poverty History] efforts I would never have been able to persuade all the G8 countries to do so much".



Tearfund supporters during the G8 march

Impact at national level

Just over 1 million people were receiving ARVs in 2005, but by 2010 this has increased to approximately 7 million. In seven years, there was a more than 16-fold increase in the number of people accessing ARVs worldwide. For example, in Malawi, only 13,000 had access to ARVs in 2004, which had risen to 250,987 in

2010. In Tanzania, 21,500 people were receiving ARVs in 2005, but by 2010 258,100 were on treatment. In Zimbabwe, 24,500 people were accessing ARVs in 2005. By 2009, this figure was 218,600.

National case study: Russia

After the break-up of the Soviet Union many Russian families faced economic hardships and uncertainty about the future. Economic conditions were extremely difficult and rates of injecting drug use began to soar. Many families were forced into poverty, with single parents particularly at risk. Children sought love and approval outside the family and often found it whilst using drugs in the company of fellow teenage addicts. A lack of education and prevention measures amongst the injecting drug community resulted in epidemic levels of HIV amongst this vulnerable group.

As a member of the G8, Russia was one of the nations committing to provide universal access to HIV treatment, prevention and care at Gleneagles. Their attitude to the exploding HIV rates in Russia markedly changed after the G8; UNAIDS highlighted the Summit as being a key factor in the dramatic scaling up of Russia's HIV funding and actions. In 2006, the Government Commission on HIV/AIDS was established, comprising representatives from 11 federal ministries and services, parliamentarians and civil society. They were tasked with coordinating HIV/AIDS policy implementation, organising multisectoral participation in scaling up HIV/AIDS programs, and reviewing HIV/AIDS-related legislation and regulations.

Consequently, over 2006 and 2007 progress in containing and controlling the HIV/AIDS epidemic was made throughout Russia. One aspect of their 2006 emergency action plan was to ensure that ARVs were available throughout the Russian Federation, to anyone needing treatment. The figures show the increase in access to ARVs in Russia: in 2005, only 5,000 people were receiving treatment but by 2010 this number was 79,400. By 2007, the government budget allocated to HIV was 57 times higher than in 2005.

Community Impact

Tearfund partner Salvation Anti-Narcotic Centre has benefitted from Russia's actions to address the spread of HIV among vulnerable populations. They work closely with the government AIDS Centre which is located about 80km away, with specialists coming to Salvation Centre every three months to provide HIV testing for people going through drug rehabilitation. Those with positive test results are taken for appointments in the AIDS Centre, where they are now able to access free ARVs.

Svetlana grew up in a single parent family in Russia, and was often responsible for the care of her three siblings. At 17, she dropped out of school and began experimenting with drugs, before marrying a heroin user. When their daughter was two years old, his addiction spiralled and she began using drugs to escape the pain and domestic conflict. When Svetlana discovered she was HIV+ she was devastated to discover she had passed the virus on to her daughter. Thanks to the work of Salvation Centre, both she and her daughter are receiving ARVs. Svetlana is now training to be a Christian HIV counsellor: 'My desire is to work with people who have experienced the same issues and share God's love as it has been shared with me'.