

# HIV Treatment, Microbicide and Vaccine Advocacy:

## DEVELOPING A JOINT INTERNATIONAL AGENDA FOR ACTION

JOHN GODWIN (1), RALF JÜRGENS (1), STEPHANIE NIXON (2), DAVID PATTERSON (1), MARY ANN TORRES (3). CANADIAN HIV/AIDS LEGAL NETWORK (1), IAVI (2), ICASO (3)



417, Rue St-Pierre, Suite 408  
Montréal, Québec,  
Canada H2Y 2M4  
tél: (514) 397-6828  
fax: (514) 397-8570  
EMAIL: info@aidslaw.ca  
WEB: www.aidslaw.ca

For further information, contact Richard Elliott, Director of Policy and Research, at relliott@aidslaw.ca.

### 1 Objectives

Identify and strategize on areas of mutual interest among HIV treatment, microbicide and vaccine advocates, three groups that have historically worked in competition. This project also sought to promote a comprehensive, rights-based approach to the global HIV/AIDS pandemic.

### 2 Methods

**Phase I:** Literature review and development of a background paper.

**Phase II:** Three-day expert consultation involving community-based activists, researchers, lawyers, health care providers, and representatives from WHO, UNAIDS and the Canadian government.

**Phase III:** Revision and dissemination of publications based on the consultation. Preparation and endorsement of a Statement of Commitment.

### 4 Conclusion

This process brought together leading HIV treatment, microbicide and vaccine advocates for the first time to develop a common agenda for action, marking a new era of collaboration and an important precedent in the global response to HIV/AIDS. The resulting paper, Action Plan, and Statement of Commitment are being shared widely to promote further collaboration.

### 3 Results

HIV treatment, microbicide and vaccine experts from 12 countries gave unanimous support for a **Statement of Commitment to Building a Comprehensive Global HIV/AIDS Response** and agreed on areas of mutual concern including funding, clinical trials, equity pricing, patents, stimulating R&D, regulatory

issues, manufacturing, delivery, and national planning, leading to the publication and release of:

- a background paper analyzing of areas of mutual concern for HIV treatment, microbicide and vaccine advocacy
- an Action Plan to guide advocacy in this area.

### Statement of Commitment to Building a Comprehensive Global HIV/AIDS Response (excerpt)

#### Goal:

We share the common goal of the full realization of the human right to health for all people living with and affected by HIV/AIDS.

#### Commitments:

- Promoting the human rights of all people to equitable access to HIV/AIDS prevention, treatment, care and support
- Promoting comprehensive and integrated HIV/AIDS responses that address the prevention-care-treatment continuum and the social, economic, political, legal and cultural factors that drive the epidemic
- Pursuing our agendas as advocates for treatments, microbicides and vaccines in a mutually supportive manner

#### Strategies:

- pursue both short-term and long-term strategies with equal vigour
- vastly expand access to treatment, care and prevention services to combat HIV/AIDS in developing countries
- expand research efforts to speed up the quest for new therapeutic, diagnostic and preventive products

- mobilize communities in pursuit of these strategies

#### A Human-Rights Approach:

HIV/AIDS responses should be framed in the context of the human right to the highest attainable standard of health, and other human rights related to health such as the rights to life, non-discrimination, privacy, work, social security, education and information, freedom of movement, and the right to share in scientific advancement and its benefits.

#### Prevention-Treatment-Care

**Continuum:** Treatment strategies will not succeed if prevention efforts fail, as the number of people needing treatment will keep rising. Prevention strategies will be hindered unless treatment and care are accessible, as these generate hope, reduce stigma and increase willingness to get tested. Clinical trials of new prevention technologies can support efforts to scale up treatment by improving infrastructure and involving communities, while scaling up treatment strengthens the capacity to trial, and eventually deliver, new prevention technologies.

#### Acknowledgments:

Consultation organized by the Canadian HIV/AIDS Legal Network, AIDS Law Project (South Africa), and ICASO. Funding provided by the International AIDS Vaccine Initiative, UNAIDS, WHO-UNAIDS HIV Vaccine Initiative, Canadian International Development Agency, the International Partnership for Microbicides, and Health Canada.