

Draft WHO HIV/AIDS Strategy 2011-2015
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Intervention by Michelle Childs, Médecins Sans Frontières

Médecins Sans Frontières welcomes the ambitious goals and strategies in the Draft WHO HIV/AIDS strategy 2011–2015. WHO has shown strong leadership in the past with its “3 by 5” initiative and in issuing treatment guidelines that embrace the latest evidence, recommending earlier treatment with better drugs to increase survival and reduce new infections.

But the draft strategy falls short in key areas. There is reluctance to put numerical targets on the number of people to access ART by 2015, based on WHO recommended eligibility criteria. The strategy needs to set additional targets, including targets for countries to implement key recommendations, like updating national treatment protocols and decentralizing comprehensive HIV services. An important part of WHO’s role is to develop implementation targets and monitor progress achieved in member states.

Future success depends on strong political and financial support, both by affected countries and donors. Yet donors recently failed to support the most austere level of funding needed by the Global Fund to maintain programs. The Fund does not have the resources to approve a new round of proposals until mid-2012. 2011 will be the first year without a new round of approvals since the Fund’s creation in 2002.

This will severely affect countries’ ability to maintain the pace of scale-up of improved treatment and prevention services. Some governments have delayed or indefinitely postponed implementation of the new guidelines due to financial constraints.

Member states should support innovative financing, such as financial transaction taxes or proposals from the Leading Group on Innovative Financing for Development, to raise additional, dedicated and regular funds for HIV and other health issues, to help finance the MDGs. If support for universal access is not maintained, then we will, as Ban Ki Moon said, be guilty of “snatching defeat from the jaws of victory.”

WHO should monitor, at country level, the operational impact of limited funding on the pace of scale-up of the recent recommendations. WHO should assess the risk to national ART programs in the near, medium, and long-term, and report back to the World Health Assembly.

Continued scale up is under threat as increased patent protection in developing countries leads to higher drug prices. Generic competition has been critical in reducing the price of medicines, and the strategy rightly emphasizes the full use of TRIPS flexibilities like compulsory licences to foster competition. It also recommends differential pricing as a way to overcome patent barriers, despite this proving less effective in ensuring sustainably low prices. Instead, other mechanisms to reduce the price of patented medicines should be supported, in particular the Medicines Patent Pool.

Finally, we welcome WHO’s voice in identifying clauses in free trade agreements which threaten access to medicines, such as data exclusivity, demanded by the EU in ongoing negotiations with India.