

News

Access denied

One young speaker at AIDS 2006 highlights how HIV treatment raises global challenges

BY SHAWN SYMS

"Over and over again, I see my friends dying because they have no access to treatment."

That's how HIV-positive Frika Iskandar, of Indonesia, informed attendees of a UN-sponsored speaking tour on women and AIDS early last year that she considered herself lucky to be receiving antiretroviral (ARV) drugs at all. Since then, the UN and other international agencies have ramped up efforts to get medicine to people around the world who need it.

But it hasn't been enough. Iskandar -- who addresses the opening ceremonies of the international AIDS conference in Toronto on Aug. 13 -- told *Eye Weekly* those life-saving drugs are still out of reach for many Indonesians today.

"For now, the cost of drugs is covered by the government, but they're only available in big-city hospitals," explained the 24-year-old advisor with APN+, the Asian Pacific Network of People Living With HIV/AIDS. Most people in small cities and rural areas of the sprawling nation have no way to get treatment, she noted, often because they are too poor or too sick to travel.

Fighting HIV is a challenge in the world's fourth most populous nation, whose 245-million people are dispersed across a group of nearly 18,000 islands in southeast Asia.

Dr Peter Piot, executive director of the United Nations task force UNAIDS, has dubbed the country "the new frontline of the AIDS epidemic." Indonesia initially seemed relatively untouched by the virus compared to hard-hit neighbours such as Thailand, but the numbers have since skyrocketed. UNAIDS reports a significant rise in IV drug use -- combined with inadequate access to clean needles and lack of knowledge about HIV -- as pivotal to the epidemiological shift.

In late 2004, the Indonesian government began providing anti-HIV meds free of charge. But according to UNAIDS, only 5,000 people have availed of them -- in a country where some estimates put the number of infections at over 200,000.

The free drugs came as part of the government's commitment to a World Health Organization (WHO) international campaign called "3 by 5," which sought to provide three million people globally with anti-HIV treatment by 2005. That initiative underperformed by 1.7 million people.



The barriers to access are not unique to Indonesia but a global phenomenon, especially in developing countries. In many places, people are afraid to come forward for treatment because of the fear of discrimination if their HIV status became known.

In Sri Lanka, "people have had their homes burnt to the ground. Some have lost their jobs -- others just [have been] abandoned and disowned by their families," AIDS activist Aruna Hewapathirane told a UN forum on treatment access. He added that the future of the local ARV program is in jeopardy anyway, because all funding runs out in two years.

The WHO's 3 by 5 campaign has been superceded by an even more aggressive UNAIDS goal of trying to provide universal access to HIV meds for all who need them, globally, by 2010, a target Iskandar deems "far too optimistic." AIDS activists around the globe agree.

In fact, the UN may not even come close, according to the International Treatment Preparedness Coalition (ITPC), a watchdog group monitoring the international efforts.

The ITPC consists of people with HIV/AIDS and their supporters in over 100 countries. They say fewer than half of those who need AIDS treatment globally will have access by 2010, because of disorganization and a lack of accountability on the part of governments and international aid agencies.

Even in the best circumstances, maintaining an effective ARV regimen is challenging. Some drugs require cold storage -- not an option if you live in a village without electricity or if you're homeless. Treatment helps little if you don't eat -- and AIDS-ravaged nations like Kenya also suffer from chronic food shortages.

Many countries lack the infrastructure to import and distribute the meds in a timely way, and the nature of HIV and antiretroviral treatment is such that if doses are missed, the virus can become resistant, rendering the drug ineffective. Patients must then be switched to "second-line" therapies, which are far more expensive and unavailable in many countries, including Indonesia, according to Iskandar.

Methadone programs -- shown to significantly improve HIV-treatment adherence among drug users -- are illegal in countries that need them most. And many nations with AIDS epidemics are also plagued with widespread tuberculosis (TB) outbreaks, a lethally synergistic combination. HIV increases the progression of TB from a latent state to a virulently infectious one -- and TB is the world's largest killer of people with HIV.

Activists say the drug companies sometimes compound the problem. According to medical-aid group Médecins Sans Frontières, Illinois-based Abbott Laboratories dragged its heels for over a year in getting its new formulation of an important second-line ARV drug, Kaletra, into the hands of Africans. The drug doesn't require refrigeration and can be taken without food.

But treatment activists are furious about its distinctly non-humanitarian pricing. Gregg Gonsalves of the ITPC says Abbott won't budge on a cost of \$500 per person per year -- even in countries where most people earn less than two dollars a day. "It's immensely unaffordable to people in low-income and middle-income nations," says Gonsalves. In Brazil, the government threatened to illegally break the patent of drugs like Kaletra and allow local versions to be produced more cheaply, to try to force prices downward.

Gonsalves was involved in the pioneering AIDS Coalition To Unleash Power (ACT UP) in New York City in the '90s. Today he's based in South Africa, where people with AIDS have fought an uphill battle with their own government.

President Thabo Mbeki and health minister Manto Tshabalala-Msimang have both taken advice from controversial AIDS deniers -- people who reject the notion that HIV causes AIDS, despite overwhelming scientific evidence. Tshabalala-Msimang shocked the international community by suggesting vitamins, garlic and beetroot were a better alternative to medication. South Africa has the largest population of people with HIV of any nation in the world.

According to Gonsalves, the strength of organizations like the ITPC is what's lacking from much of the international bureaucratic response -- direct involvement of people with AIDS in setting policy. Frika Iskandar agrees, citing tokenism. "They ask for our testimony at the end of the process, instead of getting our input from the beginning. It's bullshit."

In the late '80s, ACT UP coined the activist directive of "drugs into bodies." Despite treatment

advances since then, the concept has poignant resonance in the global context today. Gonsalves is hesitant to draw direct comparisons between the heady days of ACT UP -- whose strategies included a dramatic shutdown of the US Food and Drug Administration and the interruption of a Catholic mass at New York's largest cathedral -- and international treatment activism today.

But an increasing radicalization is taking place in some of the nations hardest hit by AIDS. In Zambia on July 29, 1,000 people with HIV/AIDS marched in the streets to protest the failures of the country's National AIDS Council. The protesters laid 279 crosses on the doorstep of the council's offices. The crosses represented the number of people who die from AIDS in the sub-equatorial nation each day.

Frustrations with Abbott and other treatment-access barriers will fuel activist protests at the Toronto conference, predicted ITPC's Gonsalves. As he stated, "There is a lot of anger."

ILLUSTRATION BY SETH SCRIVER